

Medical Staff Orientation

**Community
Medical Center** | **RWJBarnabas
HEALTH**

Dear Provider:

Welcome to RWJ Barnabas Health Community Medical Center. We are excited to have you as part our team and look forward to your participation.

In order to ease your transition to your hospital community, we are providing access to pertinent information online at www.rwjbh.org/cmcdocs. This site will provide you with information about our hospital structure, history, mission, and values, as well as policies, procedures, bylaws, rules & regulations, code of conduct, and HIM.

Things to do and know:

- You will receive emails regarding system access login: (1) Epic Team, (1) Network Team, (3) Health Information Management
- Sign-up for Epic Training
- Security: Badge pick-up
- Physician Wellness Criteria: Tuberculosis screening must done annually
- Influenza and COVID-19 documentation is required
- Medical Staff Quality: Medical records must be kept current as per Bylaws, CPOE should be >85%, HCAHPS Physician Communication Goal is >85%
- Hospital Wi-Fi is: BHGUEST Password: bhwifi!!

We are pleased to have you on the Medical Staff and look forward to working with you.

Medical Staff Services

Medical Staff President: Joseph J. Albanese, DO

Chief Executive Officer: Patrick Ahearn

Administrative Leadership

- **Chief Executive Officer President: Patrick Ahearn** – Patrick.Ahearn@rwjbh.org
Executive Assistant: Sarah McCrudden– Sarah.McCrudden@rwjbh.org
- **Chief Medical Officer: Meika Neblett, MD**– Meika.Neblett@rwjbh.org
Executive Assistant: Alexis Murtagh – Alexis.Murtagh@rwjbh.org
- **Chief Nurse Officer: Donna Bonacorso** – Donna.Bonacorso@rwjbh.org
Executive Assistant: Donna Hardin – Donna.Hardin@rwjbh.org
- **Chief Human Resources Officer: Debbi Patti** – Debbie.Patti@rwjbh.org
Corporate Care: Caryl Russo – Caryl.Russo@rwjbh.org
- **VP Ancillary & Support Services: Neil Bryant** – Neil.Bryant@rwjbh.org
Assistant Vice President: Kelley Weidner – Kelley.Weidner@rwjbh.org
Executive Assistant: Alexis Murtagh – Alexis.Murtagh@rwjbh.org
- **VP Finance: Christopher Reidy** – Christopher.Reidy@rwjbh.org

Medical Staff Office and Clinical Medical Education Hours and Contact Information

OFFICE HOURS: 7:30am to 4:30pm – Monday through Friday (excluding observed holidays)

- **Director: Iris Iliopoulou**
iris.iliopoulou@rwjbh.org
- **Administrative Coordinator: Theresa Nielsen**
theresa.nielsen@rwjbh.org
- **Credentialing Coordinator: Susan Heck, CPCS**
susan.heck@rwjbh.org
- **CME/Administrative Coordinator: Jennifer Kuzma**
jennifer.kuzma@rwjbh.org

Mailing Address:

Medical Staff Office
Community Medical Center
99 Highway 37 West
Toms River, NJ 08755

Phone: 732-557-8082 **Fax:** 732-557-8935

Medical & Dental Staff Officers 2024

- **President:** Joseph Albanese, DO
Phone: 732-818-0700
- **Vice President:** Karambir Dalal, MD
Phone:732-849-1075
- **Secretary:** Apurv Agrawal, M.D.
Phone:732-840-8880
- **Treasurer:** Marie Bonvicino, M.D.
Phone:732-691-3525

Department Chairs and Section Chiefs 2024

Anesthesia	Eleni Kotsis, DO (Interim)
Emergency Medicine	Gerardo Chiricolo, MD
Medicine	William Strazzella, DO
Gastroenterology	Edgar Bigornia, MD
Nephrology	Jose Iglesias, MD
Pulmonary	Dhiren Shah, MD
Hematology/Oncology	Gurpreet Lamba, MD
Cardiology	James L. Pasquariello, MD
OB/GYN	Gerardo Lopez, MD
Family Medicine	Dennis Novak, MD
Orthopedics	Christopher Passariello, MD
Neurology	Tejas Deliwala, MD
Pathology	Randah Al-Kana, MD
Pediatrics	Christina Piel, MD
Podiatry	Megan Lubin, DPM
Radiology	Douglas Gibbens, MD
Ophthalmology	Elyse Trastman-Caruso, M.D.
ENT	Steven Kupferberg, MD
Urology	Peter Howard, MD
Surgery	Steven Priolo, MD
General Surgery	Steven Priolo, MD (Chair)
Neurosurgery	Richard Hartwell, MD
Oral Surgery	Elisa Velzaquez, MD
Plastic Surgery	John Vaccaro, MD
Robotics	Steven Lowry, MD
Thoracic Surgery	Peter Scalia, MD
Breast	Sumy Chang, MD
Bariatrics	Steven Binenbaum, MD
Vascular Surgery	Vijay Kamath, MD

Committee Meetings

Committees	Chair and/or Contact	Frequency	Day	Time
Medical Executive Committee	Joseph J. Albanese, DO	Monthly	1 st Tuesday	6:00pm
Blood Utilization Committee	Paolo Miguel Ata	Quarterly	2 nd Tuesday	2:30pm
Credentials Committee	Karambir Dalal, MD	Monthly	3 rd Monday	5:30pm
Critical Care Committee	Dhiren Shah, MD	Quarterly	2 nd Tuesday	7:30am
Infection Prevention Committee	Guarav Nagar	Every other month	2 nd Tuesday	12:00pm
Bio-ethics Committee	Bruce Ackerman	Quarterly	Bi-Monthly	12:00pm
Quality Committee	Melissa Grando	Monthly	4 th Tuesday	7:30am
Medical Education Committee	David D'Ambrosio, MD	Quarterly	2 nd Wednesday	8:00am
OR Advisory Committee	Steven Priolo, MD Kathy Saitta-Martinez	Bi-Monthly	3 rd Wednesday	7:00am
Robotics Committee	Steven Lowry, MD Kathy Saitta-Martinez	Quarterly	3 rd Tuesday	7:00am
Pharmacy & Therapeutics Committee	Anne Chekenian Dr. Jose Iglesias	Monthly	4 th Tuesday	8:00am
Bylaws Committee	Marie Bonvicino, MD	Call of the Chair	Call of the Chair	8:00am
Performance Improvement Council Committee	Laila Reed	Monthly	3 rd Friday	7:30am
STEMI Review Committee	Robin Nolan	Monthly	4 th Tuesday	6:00pm
Cancer Committee	TBD	Quarterly	2 nd Friday	8:00am
Radiation Safety Committee	Jaime Reuter	Quarterly	3 rd Wednesday	12:00pm
Cardiac Cath QA	Robin Nolan	Quarterly	2 nd Thursday	5:30pm

Peer Review/Committee Meetings

Meetings	Chair and/or Contact	Frequency	Day	Time
Anesthesiology Peer Review	Angela Romano	Monthly	1 st Thursday	6:30am
Cardiology Peer Review	Kelly Lovering	Monthly	4 th Wednesday	5:30pm
Antimicrobial Stewardship Program	Gargi Patel	Bi-Monthly	2 nd Tuesday	12:00pm
CMC Board of Trustees	Sarah McCrudden	Varies	1 st Thursday	8:00am
CMC Board of Trustees (Annual)	Sarah McCrudden	Once a year	3 rd Thursday	8:00am
CME Program	Jennifer Kuzma	3x a month	1 st , 3 rd , 4 th Thursday	12:00pm
ICU Peer Review	Kelly Lovering	Monthly	4 th Wednesday	12:00pm
IM/FP Peer Review	Kelly Lovering	Monthly	4 th Wednesday	9:00am
Neurology Peer Review	Kelly Lovering	Monthly	3 rd Tuesday	9:00am
OB/GYN Peer Review	Melissa Grando	Monthly	2 nd Thursday	7:15am
Orthopedic Peer Review	Angela Romano	Quarterly	3 rd Tuesday	5:30pm
Pediatric Peer Review	Melissa Grando	Quarterly	2 nd Tuesday	12:00pm
Podiatry Peer Review	Angela Romano	Quarterly	4 th Monday	5:00pm
Radiation Oncology QA	Tara Boyars	Monthly	4 th Thursday	12:30pm
Radiology Peer Review	Jaime Reuter	Quarterly	3 rd Wednesday	12:00pm
Surgery Peer Review	Angela Romano	Monthly	2 nd Monday	7:00am
Utilization Review	Jessica Campanella	Monthly	4 th Wednesday	7:30am
Vascular Peer Review	Angela Romano	Quarterly	2 nd Monday	5:30pm

Department Meetings

Departments	Chair and/or Contact	Frequency	Day	Time
Anesthesiology	Taylor Kelly	Quarterly	3 rd Thursday	7:00am
Cardiology	James L. Pasquariello, MD Theresa Nielsen	Quarterly	2 nd Thursday	6:00pm
Emergency	Gerardo Chiricolo, MD Kayla Marchlewski	Monthly	2 nd Tuesday	8:00am
Family Medicine	Dennis Novak, MD Theresa Nielsen	Quarterly	3 rd Tuesday	8:00am
Medicine	William Strazzella, DO Theresa Nielsen	Quarterly	3 rd Thursday	6:00pm
Neurology	Tejas Deliwala, MD Theresa Nielsen	Quarterly	3 rd Tuesday	5:30pm
Obstetrics and Gynecology	Gerardo Lopez, MD Theresa Nielsen	Quarterly	3 rd Thursday	7:00am
Ophthalmology	Elyse Trastman-Caruso, M.D. Jennifer Kuzma	Quarterly	4 th Monday	5:30pm
Orthopedics	Michael Pensak, MD Jennifer Kuzma	Quarterly	3 rd Tuesday	5:30pm
Pediatrics	Christina Piela, MD Theresa Nielsen	Quarterly	2 nd Tuesday	12:00pm
ENT	Stephen Kupferberg, MD Theresa Nielsen	Quarterly	4 th Friday	8:00am
Pathology	Randah Al-Kana, DO	Quarterly	4 th Friday	4:30pm
Podiatry	Megan Lubin, DPM Theresa Nielsen	Quarterly	4 th Monday	5:30pm
Radiology	Jamie Reuter Douglas Gibbens, MD	Quarterly	3 rd Wednesday	5:30pm
Surgery	Steven Priolo, MD Jennifer Kuzma	Quarterly	2 nd Monday	6:00pm
Urology	Peter Howard, MD Jennifer Kuzma	Quarterly	1 st Wednesday	7:00am

Community Medical Center

Periop Important Phone Numbers

Hospital Emergency #		***111
Outside Line		Dial 9 before number; for long distance dial 9 +1 before number. If unable to connect, go thru Operator.
Perioperative Administrative Director	Kathleen Saitta-Martinez, MSN, MBA, RN, CNOR	732-557-8992 or x 18992 in house
OR Director	Antonette Chiappano, RN	732-557-8045 or x 18045 in house
Director PACU, SDS, ENDO & PAT	Michelle Gransden BSN, RN, CPAN	732-557-4020 or x 14020 in house
OR #		732-557-8040 or x 18040 in house
OR Scheduling	Samantha Sickler	732-557-8068
Holding Area		732-557-8000 X 11412 or X 11412 in house
Periop Educator	Debra Laurie MSN, RN, CNOR	732-557-4018 or x 14018 in house
CMC Safety Officer	Robert Day	732-557-8000 x 14079
IT		732-557-8965 or x 18965 in house
SIS	Ashley Siegle, MSN, RN	732-557-8071 or x 18071 in house
PACU		732-557-8019 or X 18019 in house
SDS		732-557-8018 or X 18018 in house
PAT		732-557-8004 or X 18004 in house
ENDO		732-557-8000 x 11580 or X 11580 in house

Community Medical Center Patient Care Services Phone Numbers

**DONNA C. BONACORSO, MSN, RN, NEA-BC
CHIEF NURSING OFFICER & VICE PRESIDENT OF PATIENT CARE SERVICES**

DEPARTMENT	NAME	OFFICE	UNIT
ASSISTANT VICE PRESIDENT	MARLEY NICOLAS, MSN, RN	11018/18715	
3A - PCU/Centralized Telemetry	Susan Buckley, BSN, RN	12227	18113
3B - Surg Unit II / Tele / Float Pool	Susan Campolattaro, MSN, RN, NE-BC	11383	18124
3D - Transitional Care Unit - TCU	Jennifer Horath, MA, LNHA	12442	12270
3E - Orthopedics/3C Swing Unit	Melissa Gagliano, MSN, RN, NEA-BC	12469	18253, 18125
4A - Med/Surg III	Cecile Gayanilo, MSN, RN, RNC	14081	18114
4B - Oncology/Vascular Access Team	Jill Miller, BSN, RN, Interim Director Ariana Wilson, BSN, RN	11542 18228	18107, 11068
4P - PCU	Janice Pierce, BSN, RN BC Wound Care, Lynda Wechkus, BSN, RN, WCC	18188	18254/ 18274
Bed Management	Terry Kraemer, RN	12471	18002
Nursing Supervisors/Sitters	Marley Nicolas, MSN, RN	11331 11018 / 18715	
ASSISTANT VICE PRESIDENT	KIM CLEMENT, DNP, RN, NEA-BC, CCRN	12162	
2A – PCU	Lindsey Hacker, BSN, RN	12433	18112
2C – PCU	Erica Vigilante, BSN, RN	11466	18106
2D – PCU	Jennifer Nugent, BSN, RN, CMSRN, Director	18103	18102
5A - Nursery	Donna Fitzpatrick, MSN, RNC, Director	18746	18105
5B – L & D		12093	18033
5C – Pediatrics			18108
5E / 5F – Mother/Baby			18104

DEPARTMENT	NAME	OFFICE	UNIT
2B – Swing 2E1 – CCU 2E2 – SICU 2F – MICU	Shannon Maxwell, MSN, RN . RRT x11066; or Vocera 12780 and speak “Rapid Response”	11018/18715	
Respiratory Therapy/Neuro/Sleep Center	Frank Rizzuto, RRT-NPS	11238	
ADMINISTRATIVE DIRECTOR	NICOLE JACKSON, BSN, RN	18286	
Emergency Department	Amanda Chappell, BSN, RN, CEN, FN-CSA, Interim	12096	12909
Emergency Screening	Kelly Ryan, BSN, RN, ADPC, ED/CRISIS	12921	12909
Observation	Pamela Bogan, BSN, RN	18197	18273
ADMINISTRATIVE DIRECTOR	KATHLEEN SAITTA-MARTINEZ, MSN, MBA, RN, CNOR	18992	
Operating Room	Antonette Chiappano, MSN, RN, CNOR	18045	18040
PACU/SDS/PAT/SPEU	Michelle Gransden, BSN, RN	14020	18019 18018 11580
Central Sterile Processing	Michael Wilke, BBA, CRCST	18978	
Center for Bariatrics	Amber Cutone, BSN, RN-BC, CBN	18959	18966
Hemodialysis	Meghan Azer, DaVita	18090	18091
ASSISTANT VICE PRESIDENT, Service Line Development	KIMBERLY GARNER, MBA, BSN, RN, CMSRN	11560	
Neuroscience Services, Primary Stroke Center, Sleep Center	Lindsey Smith, MSN, RN, SCRNP, Director Amanda Leibowitz, BSN, RN, Stroke Coordinator Gerald J. Ferencz, M.D., Medical Director	18149 18198	
ASSISTANT VICE PRESIDENT, Service Line Development	STEPHANIE CRON, MSN, RN	12286	
Cardiology Services	Tara Iorio, BSN, RN, CVRN-BC	12837	18031
DIRECTOR – NURSING FINANCE	JEFFREY ANDERSON, MBS, BSN, RN-BC	18029	
Staffing Office		18014	
DIRECTOR – CENTER FOR PROFESSIONAL DEVELOPMENT, INNOVATION & RESEARCH (CPDIR)	SUSAN URBANEK, MSN, RNC-OB	11534	18015
Clinical Nursing Educators			
OTHER INFORMATION:	VOCERA 12780		
Joint Program Coordinator	Lisa Marchlewski, BSN, RN	18194	
Inpatient Hospice		12500	12495
Infection Control	Gaurav Nagar	18265	
Human Resources – Nurse Recruiter	Tish Chirumbolo	18747	
Outpatient Infusion	Jaytinder Singh	18239	
<i>Directors of Patient Care Revised 06 20 23</i>			

Physician Lounge

The Physician Lounge is located on the first floor next to the Medical Staff Office and includes:

- Restrooms
- Coat closet
- Computer workstations
- Television
- Communication bulletin boards
- Coffee, tea, soup (lunch only), and snacks are available all day

Bylaws, CMC Medical Staff Rules & Regulations, and Policies and Procedures

See “Bylaws, Policies and Procedures” section on:

www.rwjbh.org/community-medical-center/for-healthcare-professionals/for-providers/

Photo ID Badge

Physician Photo Badge for Community Medical Center
(1st Floor)

Contact: Valerie Hewatt x11248

HOURS: 8:30am to 12:30pm - Monday through Friday
1:30pm to 4:30pm – Monday through Friday

Your ID Badge will be available for pickup in the Medical Staff Office after the Board of Trustees has approved your application and you have completed/returned the Orientation Attestation Form.

***Please contact Security for badge access/issues**

Health Information Management

- For HIM Help please call: 732-557-8155

HIM Leadership Information

- Maggie Keating, Coding Regional Director
Phone: 732-923-6043 Email: Maggie.Keating@rwjbh.org
- Kimberly Good, HIM Operations Regional Director
Phone: 732-557-8133 Email: Kim.Good@rwjbh.org
- Katty Holley, HIM Operations Regional Assistant Director
Phone: 732-923-9260 E-Mail: Katty.Holley@rwjbh.org
- Kenny Sotomayor, HIM Operations Supervisor
Phone: 732-557-8291 Email: Kenny.Sotomayor@rwjbh.org

Hybrid Medical Record

EPIC is the EMR for electronic documents.

Onbase- Software utilized to digitize medical record documentation and upload it into Epic .

Galen – Archived medical records from previous EMRs available in Epic for reference (dating back to 2020)

Suspension

The following are the conditions that will result in suspension. Once completed Epic automatically releases the suspension of admitting privileges

- **History and Physical Examination-** must be on the medical record at the time of discharge (Bylaws and Joint Commission on Accreditation require its presence no later than at the end of the first twenty-four (24) hours of hospital stay or within thirty (30) days of an elective admission.
- **Report of Operation-** must be on the medical record at the time of discharge (Joint Commission on Accreditation requires its presence immediately after surgery.) Undictated operative or invasive procedure report(s) more than 24 hours after the date of the procedure. All inpatient and outpatient surgical / procedures are included in this time frame (Cardiac Caths / Interventional Radiology / Minor Room / Endoscopies, etc.)
- **Medical Record is completed** within 15 days of discharge
- **Physician Post Discharge Queries:** No documented response within 7 days of being written

Health Information Management Documentation Platforms

Situation and Background

Epic utilizes **Dragon Medical One** dictation to facilitate timely documentation of reports and notes. If needed, Community also offers the dictation service **Acquity** where dictated reports are interface into to Epic.

Assessment

Dragon Medical One is the recommended platform to document physician reports in place of traditional dictation. Dragon PowerMic Mobile can be downloaded and installed from Google Play or Apple Apps to utilize Dragon from your cell phone. In addition, there are power mics located throughout the hospital. Epic Haiku / Canto can also be downloaded and downloaded and installed from Google Play or Apple Apps to document reports in the Epic EMR. Dragon is embedded in both software applications.

Recommendation

All Physicians (and providers who are credentialed to document reports in the chart) **are highly encouraged** to utilize Dragon technology when dictating reports / notes for immediate availability of the information for patient care and provider communication.

Dragon

Nuance® Dragon® Medical One Quick Reference Guide

Correcting and deleting

- Scratch that
- Delete that
- Undo/Redo that
- Select <XYZ>
- Select that (selects last utterance)
- Select first/last/next word/all
- Select <word> through <word>
- Unselect that
- Correct <XYZ>
- Correct that
- Resume with <XYZ> (deletes text up to that word)

Inserting lines and spaces

- New paragraph
- New line
- Insert before/after <XYZ>

Capitalizing

- Cap that
- Cap <XYZ>
- All caps on/off
- All caps that

Navigating

- Go to beginning/top
- End of sentence/paragraph
- Go back
- Go to bottom/end
- Insert before/after <word or phrase>

Getting help

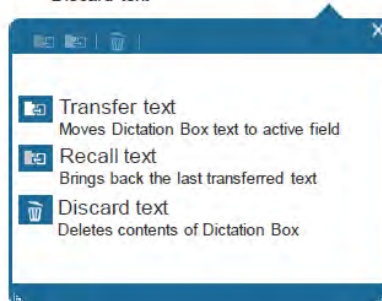
- Give me help
- What can I say

Dictate Punctuation:

Say	To type
Comma	,
Period or full stop	.
Exclamation point, exclamation mark	!
Question mark	?
Colon	:
Semi colon	;
Open quote ... Close quote	" ... "
Open paren ... Close paren	(...)

Useful Dictation Box Commands:

- Open/close dictation box
- Transfer text
- Discard text



Microphone Control





Standby Mode:

Enter: Say Go to sleep/Stop Listening/Stop Recording
Exit: Say Wake up

Microphone Best Practices

Headset:

- Position the microphone just below your mouth and approx. 3-5 fingers or 2" away from chin
- Click the Microphone button on the DragonBar  to talk
- Click the mic  to stop recording or say **Stop Listening**
- Pause briefly before and after saying commands to ensure they are recognized
- Speak in full sentences, including punctuation

PowerMic:

- Hold PowerMic in non-dominant hand
- Press and hold red talk button to dictate
- Release button to turn microphone off




Managing Your Vocabulary

Add words:

1. Say **Add Word** or say **Add that to Vocabulary**
2. Type correct spelling

Note: you can enter a new single word, acronym or a short phrase

3. Click **Default Pronunciation** or click the mic icon  to **TRAIN**

Note: It is not necessary to press the talk button to train a word

Manage your custom words:

1. Say **Manage Vocabulary** > search for the word/phrase to **change/delete/train** > correct as needed

Note: if the word/phrase has already been trained, delete and re-add to correct spelling

2. Click **+** to add a new word/phrase

Health Information Management Dictation Platform

DICTATION INSTRUCTIONS		STANDARD WORK TYPES																							
Inside the Facility: <table border="1"> <tr> <td>Barnabas Health Behavioral Center:</td> <td>Ext. 24613</td> </tr> <tr> <td>Community Medical Center:</td> <td>Ext. 13823 or ***600</td> </tr> <tr> <td>Monmouth Medical Center:</td> <td>***600</td> </tr> <tr> <td>Monmouth Southern Campus:</td> <td>Ext 24613 or ***600</td> </tr> </table>		Barnabas Health Behavioral Center:	Ext. 24613	Community Medical Center:	Ext. 13823 or ***600	Monmouth Medical Center:	***600	Monmouth Southern Campus:	Ext 24613 or ***600																
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Community Medical Center:	Ext. 13823 or ***600																								
Monmouth Medical Center:	***600																								
Monmouth Southern Campus:	Ext 24613 or ***600																								
Outside the Facility, dial: (844) 446-1509 Step 1: Enter your Dictation ID, followed by the # key. Step 2: Press 1 to Dictate or 3 to Review. Step 3: Enter Facility Location Code, followed by the # key.																									
<table border="1"> <tr> <td>BHBH: 9</td> <td>MMC: 6</td> </tr> <tr> <td>CMC: 8</td> <td>MSC: 7</td> </tr> </table>		BHBH: 9	MMC: 6	CMC: 8	MSC: 7	<table border="1"> <tr> <td>24</td> <td>History and Physical</td> </tr> <tr> <td>55</td> <td>Consultation</td> </tr> <tr> <td>122</td> <td>Operative Report</td> </tr> <tr> <td>17</td> <td>Discharge Summary</td> </tr> <tr> <td>44</td> <td>Procedure Note</td> </tr> <tr> <td>45</td> <td>Progress Note</td> </tr> <tr> <td>62</td> <td>Electroencephalogram</td> </tr> <tr> <td>100</td> <td>Video Electroencephalogram</td> </tr> <tr> <td>141</td> <td>Behavioral Health Psychosocial Assessment</td> </tr> </table>		24	History and Physical	55	Consultation	122	Operative Report	17	Discharge Summary	44	Procedure Note	45	Progress Note	62	Electroencephalogram	100	Video Electroencephalogram	141	Behavioral Health Psychosocial Assessment
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BASIC DICTATE KEYS		CARDIOLOGY WORK TYPES	
1	Play	182	Cardiac Catheterization
2	Record/Pause	88	Echocardiography
3	Rewind	128	Holter Monitor
4	Pause/Stop	104	Stress Test Report
5	New Dictation – Done	136	Cardioversion
6	Go to End	132	Coronary Angioplasty
7	Fast Forward	103	Tilt Table Test
8	Rewind to Beginning – to Start	102	Transesophageal Echo Report
9	Suspend/Pend	105	Nuclear Stress Test
0	Help	106	Stress - IV Nuclear
*	STAT (Prioritize dictation)	120	Peripheral Angioplasty

Please note – Faxed / E-Mailed copies of Dictated Reports will no longer be sent once the cutover occurs. These Reports will now be in your Epic Inbox. Copies of your reports can be found there.

Community Medical Center's Restraint Use Philosophy

Recognizing that all patients have the right to freedom from restraint of any form, and restraints can only be utilized to ensure the immediate physical safety of the patient, staff or others, restraints will:

- Only be utilized when clinically appropriate
- Be the least restrictive and most effective method
- Be discontinued as soon as risk is no longer present/threat of harm is no longer present
- Never be used as a means of coercion, discipline or retaliation
- Only be used as a last resort

Always consider underlying causes for behavior requiring restraints

What is a Restraint?

Any physical or mechanical device, or manual method, which immobilizes or reduces the patient's ability to freely move his or her arms, legs, body or head.

The following items are not considered restraints:

- Safety and positioning products used temporarily when a patient is undergoing a test or procedure
- Orthopedic devices, surgical dressings, adaptive supports such as braces, age appropriate devices such as crib, high chair belts
- Handcuffs or shackles used by law enforcement officials

Indications for Restraint

Non Violent/Non Destructive (NVND) 'Medical' Restraint

Directly supports medical treatment & healing and is necessary to protect the patient from harm

Violent Self-Destructive (VSD) 'Behavioral' Restraint

Used to protect the patient from immediate risk of harm/injury to self or others

Physical Hold

Holding a patient in a manner that restricts the patient's movement against the patient's will is considered a restraint

A physical hold falls under the Violent Self Destructive 'Behavioral' category and requires a face to face evaluation

Physicians Orders

- A physician order is required before a restraint is applied
- If an **emergent circumstance** exists, an RN may initiate the restraint, followed by an MD face to face evaluation and order within one hour
- No standing orders, protocols or verbal/telephone orders for restraints
- Renewal of order: prior to renewing order, face to face must be completed. If the order is not renewed by end of present order, the restraint is discontinued at end of ordered time

Timeframes for Orders

NVND 'Medical' Restraint

Up to 24 hours

VSD 'Behavioral' Restraint

- Adults up to 4 hours
- Adolescents(9-17 of age) up to 2 hours
- Under age 9 up to 1 hour

Face to face assessment required within one hour

Contraindications to Restraints

Fractured limbs

CPAP/BiPAP

Open Wounds

IV, Ostomy or incision sites that can be compromised

Pregnancy

Elevated intracranial pressure

Discontinuation of Restraints

When the risk of harm and associated behavior are no longer present, and the restraint is not needed to protect the patient, staff or others from harm, **the restraint will be discontinued**

RN may remove restraints from patient based on assessment

If patient requires restraints again, even within original order timeframe, a new order and face to face assessment is required

Stroke Program Leadership

Medical Director – Gerald Ferencz, MD

Admin. Director, Neuroscience Development – Kim Garner, MBA, BSN, RN, CMSRN

Director, Neuroscience – Lindsey Smith, MSN, RN, SCRNP

Stroke Coordinator – Amanda Leibowitz, BSN, RN, SCRNP

The program receives full support from the Senior Leadership Team and the Board of Trustees.

ADVANCED PRIMARY STROKE CENTER

Joint Commission Disease Specific Certification STROKE:

Guidelines derived from:

- Brain Attack Coalition (BAC): Recommendations for Primary Stroke Centers
- American Stroke & Heart Associations (ASA/AHA): Statements for Stroke



**The Joint
Commission**



**American Heart
Association**
**American Stroke
Association**

CERTIFICATION

Meets standards for

Primary Stroke Center

The Joint Commission Requirement Standard of Care Stroke Measures

Core Measure	Indication	Resources
1. DVT Prophylaxis	Order Within 24 Hours of Admission	SCD/Heparin/ Lovenox If Refusing one modality must order the other or document not a candidate for either pharmacological or mechanical DVT Prophylaxis
2. Discharged on Antithrombotic	If Patient not a candidate- You must document a reason why in progress note or order	Aspirin/Plavix/Brilinta
3. Anticoagulation Therapy for Atrial Fibrillation/ Atrial Flutter	If patient not a candidate- You must document a reason why in progress note or order	Coumadin/ Xarelto / Eliquis/ Pradaxa/ IV Heparin
4. Stroke IV Thrombolytic Therapy	Door to needle time 60 minutes or less. If not a candidate- You must document a reason why in progress note.	TNK (Tenecteplase) and TPA (Alteplase)
5. Antithrombotic Therapy by end of Hospital Day 2	Must be given Stat ASA in ED if not IV thrombolytic candidate. Then ordered daily by primary physician/ Neurologist. If patient not a candidate you must document the reason why.	Aspirin/Plavix/Brilinta *If NPO order rectal
6. Discharge on statin Medication	LDL greater than or equal to 70 must be prescribed a statin medication inpatient and on discharge. If patient not a candidate- you must document a reason why not prescribed.	Statin Medication: Atorvastatin/ Simvastatin/ Pravastatin/ Rosuvastatin

The Joint Commission Requirement Standard of Care Stroke Measures

Core Measure	Indication	Resources
8. Stroke Education	Education Packet/ Booklet	Provided and documented by nursing. Make sure there is a neurology follow up documented in the discharge
10. Assessed for Rehab	All Stroke Patients must be assessed by rehab services unless a documented reason why not ordered.	PT/OT/Speech Evaluations for all Stroke Diagnosis
CSTK- 01 NIHSS	NIHSS must be documented on all stroke patients within the first 12 hours of admission on patients. If Patient will receive IV thrombolytic therapy it must be documented prior.	NIHSS- Achieved by AHA online. Must be certified to perform.
STK-OP-1 Door in Door Out	This measure reports the median time (in minutes) from hospital arrival in the emergency department to transfer of a hemorrhagic stroke patient or an ischemic stroke patient to another hospital	The Goal is <120 minutes.

Recommendations

- **Clinical Practice Guidelines are embedded in Order sets.**

☰	💡	📄	NEU - Acute Stroke Team Activation
☰	💡	📄	ED Acute Stroke Team Activation
☰	💡	📄	NEU - Stroke Ischemic NO IV Thrombolytic Therapy
☰	💡	📄	NEU - Stroke Ischemic Post IV Thrombolytic Therapy
☰		📄	NEU - Hemorrhagic Stroke
☰		📄	NEU - Stroke - Post Mechanical Thrombectomy
☰		📄	NEU - Subarachnoid Hemorrhage
☰		📄	ED/IP Stroke - IV Thrombolytic Administration

- **MUST** be used on ALL patients admitted with diagnosis of stroke or with suspicion of stroke.
 - If stroke is in the differential diagnosis – should use the stroke orders until it has been ruled out and then can remove the patient from the stroke orders.



Stroke Contact Hours

- As a Primary Stroke Center accredited by The Joint Commission, the following providers are required to obtain **8 Stroke/cerebrovascular contact hours *YEARLY as identified as part of the acute stroke team.***
- Acute Stroke Team:
 - ED Providers
 - ICU Providers
 - Hospitalist Providers
 - Neurology Providers

CMC Guidelines Inclusion/Exclusion Screening for Intravenous Administration of IV Thrombolytics*

A. Inclusion Criteria: (Requires all Yes)

	Yes	No
<input type="checkbox"/> Diagnosis of Ischemic stroke causing measureable neurological deficit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Onset of symptoms < 3 hours before beginning treatment (if greater than >3 hours or < 4.5 hours refer to section (C))	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Age greater than or equal to 18 years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Patient/family able to understand benefits/risks of IV thrombolytic	<input type="checkbox"/>	<input type="checkbox"/>

C. Additional Warnings for IV thrombolytic therapy use from 3-4.5 hour:

- None
- Age > 80 years
- Severe Stroke (NIHSS > 25)
- Taking an oral anticoagulant regardless of INR
- History of both diabetes AND prior ischemic stroke

CMC Guidelines Inclusion/Exclusion Screening for Intravenous Administration of IV Thrombolytics*

B. Exclusion Criteria (Do not administer IV thrombolytic to treat acute ischemic stroke in the following situations in which risk of bleeding is greater than the potential benefit):

- Current intracranial hemorrhage
- Subarachnoid hemorrhage
- Active internal bleeding
- Recent bleeding within 21 days
- Recent (within 3 months) intracranial or intraspinal surgery or serious head trauma, or ischemic stroke
- Presence of intracranial conditions that may increase the risk of bleeding
- Hypodensity of mass effect suggesting infarction of 1/3 of hemisphere or greater
- History of intracranial hemorrhage, vascular malformations, aneurysm, larger number > 10 cerebral micro bleeds, intracranial neoplasm
- Bleeding diathesis*
- Platelet count < 100,000
- Anticoagulant (warfarin) with INR > 1.7 or PT > 15 seconds
- Concurrent use of direct thrombin inhibitors and Xa inhibitors; Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban) The use of IV thrombolytic therapy in patients taking direct thrombin inhibitors or direct factor Xa inhibitors has not been firmly established but may be harmful.† (COR III: Harm; LOE C-EO)§| IV thrombolytic therapy should not be administered to patients taking direct thrombin inhibitors or direct factor Xa inhibitors unless laboratory tests such as aPTT, INR, platelet count, ecarin clotting time, thrombin time, or appropriate direct factor Xa activity assays are normal or the patient has not received a dose of these agents for >48 h (assuming normal renal metabolizing function).
- LMWH within prior 24 hours
- PTT > 40 seconds related to unfractionated heparin, advanced liver or renal disease
- Current uncontrolled hypertension (Systolic > 185 mm Hg or diastolic > 110 mm Hg)
- Blood glucose < 50mg/dl (unless symptoms remain after treatment)
- Unable to determine edibility

Case Management

Shawna G. Kates, LSW, MSW, MBA, CMAC
Director, Case Management

Shawna.Kates@rwjbh.org

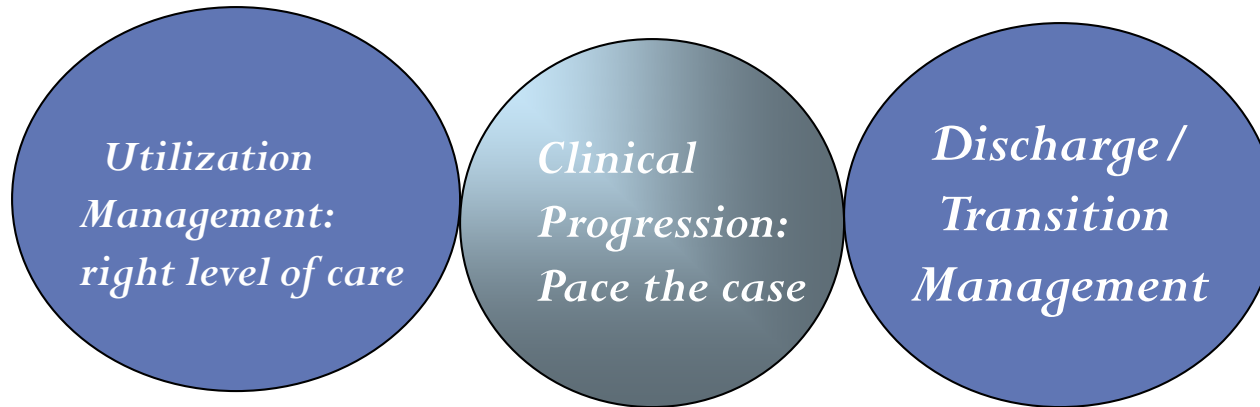
(732) 236-3820 cell

(732) 557-8000 x 18076 office

**Community
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Care Coordination: The Linkages!



- **Care Coordination:**

- Managing the elements and sequencing of care to achieve targeted outcome(s).
 - *Historically, “discharge “was the outcome. In current best practice, outcomes are the reasonable state of stability to transition patients for further recovery and sustainability in the community.*
 - *Provider offers treatments, education, and information and referrals to achieve the outcomes.*

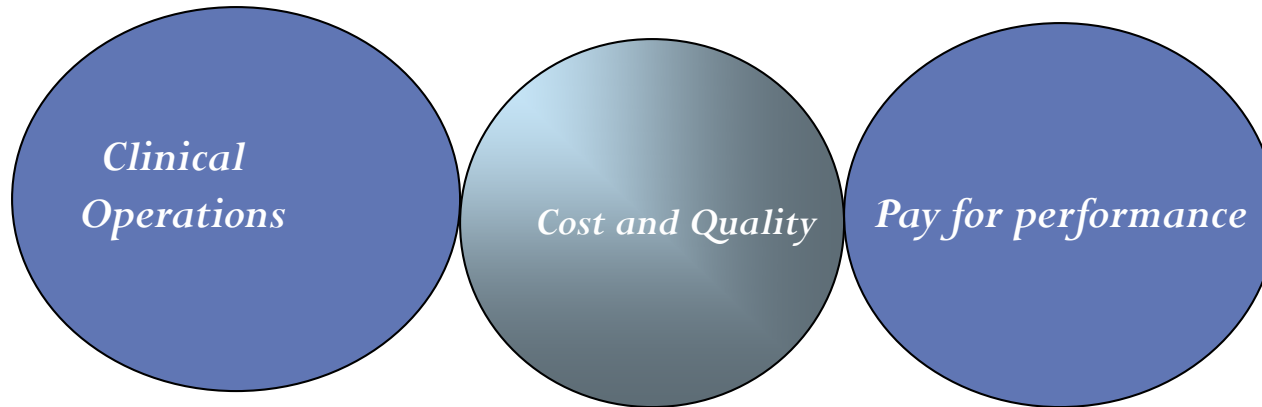
- **Best achieved:**

- When there is a focus on coordination of care as a highly- standardized process, and always using a multi-disciplinary model.

- **Begins prior to entry to the “building”:**

- *Scheduling, booking, Direct Admits, ED/ RDU, and even Peri-op and from Home care and rehab*

Care Coordination: Case Management and Social Work Transect all domains



•Clinical Operations:

- Case Management, Bed Management, Capacity Management, Operational Delay prevention, Productivity, Logistics, effective use of portals (ED, RDU, Hospice, Cath lab,)

•Cost and Quality:

- Care Coordination using multidisciplinary model, CDIP and DRG Maximization, Clinical effectiveness, Utilization management, Discharge Planning, Post acute preferred network

•Pay for Performance:

- Transitions in Care, Population Health, Readmission prevention, Bundled payments, Patient Satisfaction, Employee engagement and community narrow networks .

Case Managers and Physician: Collaboration IS KEY!

- **Chronic communication regarding assessment of where is the patient along the clinical care trajectory is essential.**
 - **Case Mangers and MDs will discuss:**
 - Is the patient in the right place/unit/bed/level of care at the right time?
 - Has the MD determined the accurate Status orders for LOC?
 - If Observation LOC, MDs are mindful to use limited number of consultants
 - Is the MD applying interventions or tests to *an inpatient* that are most appropriate for *outpatient level of care*.
 - What is post dc Plan for patient/family self-management/ transition to alternative setting in the community?
 - Rx, treatment, DME, clinical needs and barriers
 - **Social Work and MDs will discuss:**
 - Target date for discharge
 - Advance directive/POLST/ capacity issues
 - Functional recommendations for post acute care
 - Clinical and social barriers to safe transition

UTILIZATION CRITERIA AND DENIAL PREVENTION

- Utilization Criteria:
 - Managed care, commercial and self pay uses Milliman and Interqual criteria
 - HURC (Hospital Utilization Review Corporation) is 3rd party UM contract company
 - Denials management adheres to managing our clinical course with respect to criteria
 - Medicare: Follows CMS 2 qualifying midnight rule,
 - Versalus: 3rd party UM company

METRICS BENEFICIAL TO PHYSICIANS

- Performance and Operational metrics that engage and benefit MDs:
 - LOS: Greater than 4 days, greater than 65 years old and 4 day LOS, RDU Observation Hours, etc.
 - Denials: By Payer, by LOS, By DRG
 - Case Mix Index
 - Avoidable days report– supports MDs when resources or services not available
 - Utilization Review of Denials (by \$, MD, LOS, and by cause and payer)
 - MD Discharge orders before 11am;
 - Actual discharges within 2 hours of MD order
 - RWJBH Homecare and Hospice performance

Clinical Documentation Management Program

Nancy Jobes, RN, CCDS, MSN
Administrative Regional Director, South
Contact: 732-557-2805 or extension 12805
Cell: 908-814-7409

Clinical Documentation Management Program: Goals

Clinical Documentation Management Program Bridges the gap between Medical Provider and Coding Professional

- Assist with improving physicians overall performance measures and quality scores, and metrics including case mix index
- Capture severity of illness (SOI) and risk of mortality (ROM) correctly
- Reflect accurate clinical picture of the patient
- Assist in capturing correct LOS assignment
- Reduce coding professional queries post Discharge
- Concurrent Clarifications = Clinical Documentation Clarifications
- The Clinical Documentation team uses software and writes clarifications to the CMS coding guidelines

*****The Clinical Documentation Team (CDS') at CMC is comprised of all RN's that have been in the field for over 10 years or more**

Documentation Continuous through Medical Record

Continue concurrent documentation from the clinical documentation clarification to the progress notes and discharge summary for compliant documentation

**Documentation must be in notes/discharge summary for coding professionals to code

Your Clinical Documentation Team at CMC

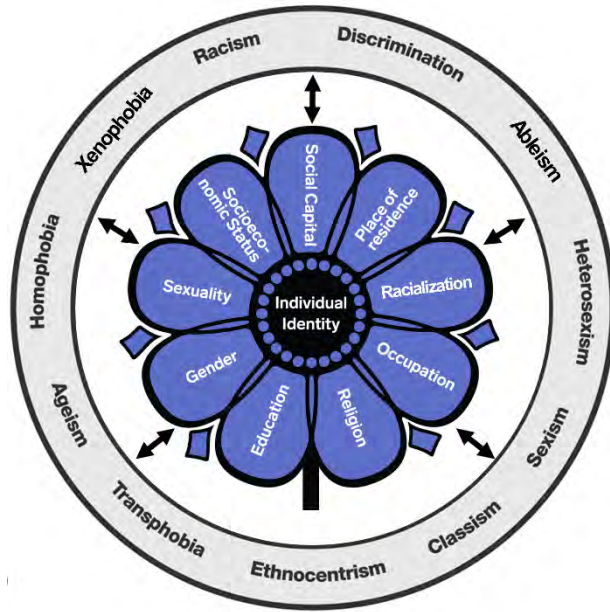
- ****Nancy Jobes: regional director ex: 12805**
 - Cell: 908-814-7408
- ****Ellen Liesch: CDS ex: 10324**
- Rich Bianco: CDS ex: 10314
- ****Lisa Askey: CDS ex: 13134**
- ****Arlene Dato: CDS ex: 10543**
- ****Maryann Wheeler: CDS ex: 13135**
- Megan Azambuja: CDS ex: 13133
- Lito Lingat: CDS ex: 10553
- ****Brenda Matin: CDS ex: 13136**

**** indicates certification in Clinical Documentation: CCDS**

Physician Advisor and MD/DO Partnership

- Role of Physician Advisor: internal and external
 - Clinical review process
 - Regulatory Compliance
- Examples of daily communication goals:
 - BPCI bundled payments and right level of care
 - Level of Care (LOC)
 - Length of Stay (LOS)
 - Outpatient testing versus inpatient
 - Status orders
 - Denial risk and actual denials

Office Diversity & Inclusion



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Office Diversity & Inclusion

Cultivating an environment of...

- *Mutual Respect* for *ALL*.
 - Colleagues
 - Patients
 - Family Members
 - Community
- *Healthcare Equity* where everyone can be their healthiest selves
- *Employment Experience*
 - Hiring, Promoting and Performance management

Regardless of...

- Race
- Ethnicity
- Age
- Linguistics
- Gender+
- Sexual Orientation
- Abilities
- Religion
- and more...

Our Goal

Health Equity is defined as the **“attainment of the highest level of health for all people.”**

Equality



The assumption is that everyone benefits from the same supports. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of “affirmative action”), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed.** The systemic barrier has been removed.

Equity for our Staff is **“providing opportunities for advancement & growth to reach their highest level of potential.”**

RWJBH Policies: Employees

Fair Employment Practices: Equal Employment Opportunity and Freedom from Discrimination, Harassment and Retaliation

https://thebridge.rwjbh.org/Resource.ashx?sn=FairEmploymentPracticesPolicy_FINAL_6102022

-RWJBH is committed to a work environment in which all individuals are treated with respect and dignity and believes each individual has the right to work in a professional atmosphere that respects Protected Characteristics, promotes equal employment opportunities, and prohibits discriminatory practices, including harassment. With that goal, RWJBH requires our work environment be free from inappropriate dialogue and conduct. RWJBH will not tolerate any form of unlawful discrimination or harassment and requires our employees to assist in maintaining our workplace goals by using our reporting processes. RWJBH will not tolerate any retaliation for good faith reporting of concerns or complaints.

RWJBH Policies: Patient

Requests for or Refusal by a Patient and RWJBH Workforce Members with Personal Characteristics

<https://thebridge.rwjbh.org/Resource.ashx?sn=RequestsfororRefusalbyaPatientandRWJBHWorkforceMem>

-Patients, as well as their family members, representatives and visitors are expected to recognize and respect the rights of our other patients, visitors, and RWJBH Workforce Members. Discrimination, verbal threats, threats of violence, disrespectful communication and/or harassment of other patients or of any RWJBH Workforce Member, for reasons related to race, color, age, culture, disability (physical or intellectual), ethnicity, gender, gender identity or expression, language, military/veteran status, sex, national origin, religion or sexual orientation (collectively or individually, "Personal Characteristics"), will not be tolerated. This prohibition applies to a patient's family members, representatives, and visitors, as well as the patient.

2-RWJBH will not accommodate requests for or refusal by a patient for the services of RWJBH Workforce Members based on a Personal Characteristic of a RWJBH Workforce Member, except in the limited situation where the patient (or other individual on the patient's behalf) requests that an accommodation based on gender only is necessary to protect a patient's religious or cultural beliefs ("Accommodation Exception"). When an Accommodation Exception is requested, RWJBH will evaluate the request on an individual basis and may accommodate or refuse to accommodate such request.

Sepsis

Inpatient Process

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What is sepsis?

- Sepsis is a life threatening condition caused by the body's response to infection, which can lead to tissue damage, organ failure, amputations and death.
- Situation: Missing early identification and interventions for patients identified as a Sepsis Alert with the risk for progression to severe sepsis/septic shock.
- Background: Inpatient nurses rely on Providers for orders to begin the bundle for Sepsis Alerts. Waiting on callbacks from admitting Physicians cause a delay in initiating Sepsis Bundles.
- Assessment: A new process with an interdisciplinary team will focus on improving the current barriers in treating sepsis patients. Education needs to be provided on new inpatient process for all medical surgical areas
- Recommendation: Standardized protocol on what to do when a Sepsis Alert is triggered. CBL to review sepsis bundles and standards of care.

WHAT TRIGGERS A SEPSIS ALERT?

Inclusions:

- Age 18 or older Admitted (not in certain L&D, OR, or PACU)
- Sepsis order set not initiated during encounter

Exclusions:

- User is logged-in to these virtual departments such as Quality, Ctr of Excellence, Case Management, Bloodless Medicine, IV Team, ECMO will not get BPA
- Patients admitted to Burn ICU, CTICU/CVICU
- Hospice patients
- Patients on IV Vasopressive/Vasoactive meds
- Patients with an Active "Do not trigger DI/Sepsis alert BPAs" Order

At least 2 of these [Modified SIRS criteria]:

- Temp <36 or >= 38.4 (96.8F-101.1F)
- HR >=96
- RESP >=23
- WBC >=12.14 or < 4k or Bands >=10.1 in past 24 hrs (only if no colony stim factor meds i.e., epoetin in the past 7 days)

Lookback for 6hrs, or most recent value

At least one of these [Organ Dysfunction criteria]:

- Lactate >= 2.1 [in past 6 hours]
- MAP <65 or SBP <90 (lookback 6 hours)
- Most recent Bilirubin >= 2.1 and <10 (lookback 24 hrs)
- Most recent INR > 1.5 (lookback 24 hrs) and patient has not received Warfarin in past 5 days
- Creatinine increased 50% in last 72 hrs.

EPIC SEPSIS BEST PRACTICE ADVISORY BASED ON ST JOHNS SEPSIS ALGORITHM

INPATIENT PROCESS FOR SEPSIS ALERTS

- RN OR PROVIDER RECEIVES THE SEPSIS BPA
- RN OR PROVIDER MUST DIAL ***111 TO NOTIFY THE OPERATOR TO ANNOUNCE “MEDICAL ALERT, SEPSIS RESPONSE TEAM, UNIT”
- OPERATOR WILL ANNOUNCE VIA VOCERA; VOCERA GOES TO RRT, RN, RESPIRATORY, HOSPITALIST, VASCULAR ACCESS TEAM, RN SUPERVISOR
- OPERATOR WILL CALL INPATIENT NURSING UNIT WITH SEPSIS ALERT AND ROOM NUMBER

The Sepsis Response Team

Rapid Response Nurse
Hospitalist, APN, PA
Respiratory Therapist
Vascular Access Team (VAT)

Hospitalist to call Attending Physician and inform of Sepsis Alert

Primary Nurse Responsibilities

- While waiting for Sepsis Response Team:
 - Get an initial set of vitals
 - Check blood sugar
 - Make sure patient has working IV site
 - Have “WOW” at bedside with patient chart open
 - Document Sepsis Alert in Critical Events

Sepsis Response Team Responsibilities

- Initiate Sepsis bundle in Epic
- or
- Abort Sepsis Alert in Epic, PROVIDER MSUT DOCUMENT REASON FOR ABORTING INCLUDING ALTERNATIVE RATIONALE FOR PATIENT MEETING CRITERIA

SEPSIS : 1 HOUR BUNDLE

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 Inpatient Sepsis Checklist | DRAFT DO NOT USE

Date	Time Alert Issued	RRR Hospital / Mid Level Provider	Attending
Time completed			
Primary RN Initials			
TASK			
Vitals: BP HR/RR/TEMP/PULSE OX (Document in Cerner)			
Lactic Acid Drawn by RN, handed off to RT for POC processing			
BLOOD CULTURES X 2 *DRAW BOTH SETS PRIOR TO ABX			
# 1			
# 2			
Initiate IV FLUID BOLUS PER MD ORDER, GUIDELINE: 30 ML/KG			
PATIENT WEIGHT: _____ kg			
<div style="border: 1px solid red; padding: 2px;"> Initiate Broad Spectrum Antibiotic (ASAP and after both sets of Blood Cultures) <small>*Remember to always infuse BSA before VANCO!</small> </div>			
<small>1) Vital Signs: BP/HR/RR/Temp/PULSE OX q 20 mins. (Documented in Cerner)</small> <small>2) Reassessment by provider documented in Cerner.</small>			
<small>3) Hourly vital signs documented (document about pulse oximetry in Cerner)</small> <small>4) Document VITALS Q20 (upon fluid completion, repeat in 30 minutes)</small> <small>5) Broad antibiotic completed</small>			
Lactic Acid # 2 (if initial result >2.0) Drawn by RN handed off to RT for POC processing			
Septic Shock treated team by Alerting Provider			
Vital signs: BP HR/RR/Temp q 30 MINUTES X 2			
Consider Vasopressors for MAP <65mmHg			
<small>---SBID CHECKLIST to use with patient! Copy for Unit Director</small> <small>Patient Disposition: Transfer to ICU _____ Continue to observe</small>			

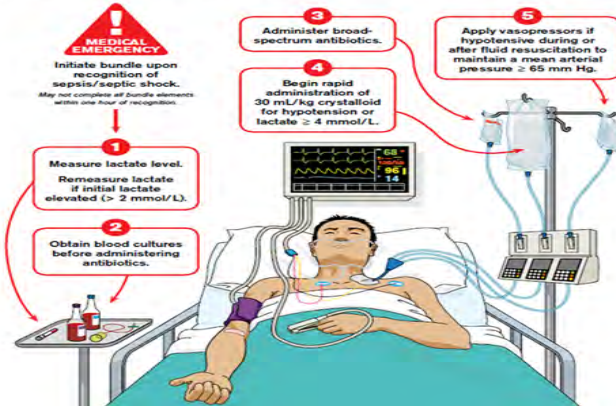
NOT PART OF THE MEDICAL RECORD		
Signature	Name (Printed)	Initials
CHARGE/ADPC		
PRIMARY RN:		
RRT RN:		
RESP THERAPY		

To be completed within 1 hour of presentation upon receiving orders

- Vitals – BP/HR/RR/TEMP/PULSE OX – document in Epic
 - Vital Signs Q20 minutes – document in Epic
- Lactic Acid drawn by RN, no tourniquet, send on ice
 - hand off to RT for Point of Care processing
- Obtain blood cultures X2
 - Both sets to be drawn prior to administration of antibiotics
- Initiate IV fluid bolus per Provider order
 - Guideline 30mL/kg
- Initiate Broad Spectrum Antibiotics per Provider order
- **INITIATE INPATIENT SEPSIS CHECKLIST!!!!**

Hour-1 Bundle Initial Resuscitation for Sepsis and Septic Shock

Surviving Sepsis Campaign



Sepsis 3 Hour bundle

- To be completed within 3 hours of presentation upon receiving orders
 - Fluid bolus completed – document amount infused in Epic
 - Vitals once upon fluid completion & Repeat in 30 minutes
 - BP/HR/RR/TEMP/PULSE OX – document in Epic
 - Second antibiotic completed
 - Draw 2nd Lactic Acid if initial result >2.0
 - If necessary to be drawn by RN and handed off to Respiratory for POC processing

When crystalloid fluids were required for septic shock there must be a note by an LIP within six hours of septic shock that indicates a reassessment was performed

The Transitional Care Unit at Community Medical Center

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What Is a Transitional Care Unit?

- A skilled nursing/sub-acute facility is an in-patient rehabilitation and medical treatment center staffed with trained medical professionals that give patients round-the-clock assistance with healthcare and activities of daily living (ADLS). A skilled nursing facility **is a temporary residence for patients undergoing medically-necessary rehabilitation treatment.** Typically the skilled nursing facility is located within a nursing home that provides **custodial care** to residents who live onsite 24/7.
- The Transitional Care Unit “TCU” is defined as a distinct unit within an acute care general hospital that utilizes long-term care beds to provide subacute and very much operates like a skilled nursing facility.
- The TCU patient’s admission must be medically necessary with an acceptable admitting diagnosis.
- What makes the TCU different from a traditional skilled nursing/sub-acute facility?
 - The average length of stay is 8 days or less
 - Patients admitted to the TCU need to be able to meet their discharge goals in about 8 days and have a prescribed discharge plan to return to their original community setting
 - TCU does not accept patients that are already residents at a long term care facility unless that facility cannot accommodate the patient’s current medical needs
 - Although patients who are accepted to the TCU should no longer require intensive diagnostic or invasive procedures, should this become medically necessary during the patients stay, the TCU has direct access to these services through the main hospital
- When considering a patient for TCU, the main focus is the patient’s discharge plan and their ability to transition to their original community setting with the appropriate available resources.
 - Common diagnosis/services provided are patients in need of post surgical care, IV antibiotic therapy, wound care to include wound vac management, cardiac management, pain management and respiratory therapy.
 - Patients receive 1-2 hours of rehabilitation services 7 days a week with their individualized plan of care based on their needs and ability
 - Currently TCU does not accept patients who need weaning off high-floor oxygen or in need of vent support.

Benefits of using The Transitional Care Unit at Community Medical Center:

- **Optimal continuity of care**
 - Typically a TCU patient can continue to see their primary care physician and their specialty care physicians.
 - TCU also uses Epic and therefore has access to the patient's complete medical record
 - The TCU patient continues to have access to the services they received while in the hospital provided that these services are relevant to the reason the patient was originally admitted to TCU
- **Better management of the patient's Length of Stay**
 - The TCU shares the common goal of getting the patient to their original community setting as soon as the patient is medically ready
 - The TCU works closely with the population health department in managing our "bundle" patients
- **The TCU follows many of the same clinical pathways and policies and procedures that are utilized in the hospital setting**
- **The TCU has access to the RRT which enhances our ability to treat in place or when needed, have the patient directly admitted to an inpatient unit.**
 - This alleviates the need for the TCU patient to be sent the emergency room for assessment

**Please contact us if you have a potential
patient referral or if you have any
questions or concerns:**

- Alberto Samante, RN - Director of Case Management
- Jennifer Horath, MA, LNHA – Nursing Home Administrator for TCU
- The Transitional Care Unit at Community Medical Center (732) 557-2270 or ext. 12270

Introduction to Healthcare Risk Management

Bruce Ackerman, Director of Risk Management, Local
Privacy Officer

Phone: (732) 557-8032 or Internal Ext. x18032

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What is Risk Management?

- A process used to reduce and, when possible, eliminate the risk of injury to patients, visitors, employees, volunteers and medical staff, as well as to protect the hospital's financial resources.
- A department that oversees the risk management program at the hospital. Works closely with the Legal Affairs Department and serves as a resource that is available for consultation.
- Oversee potential and actual malpractice claims at Community Medical Center.

Goals of Risk Management

- To strive for the highest quality of care achievable utilizing *available resources*.
- To identify *actual* and potential problems in an effort to *proactively* reduce or eliminate risks and harm to all individuals at the facility.
- Investigate issues when they occur and share results with the appropriate departments and committees that can make changes.
- Reduce liability for the hospital, medical staff, and employees.
- Protect the financial assets of the organization.

What is Negligence?

- ▶ Professional Negligence – Failure to perform duties according to the standard of care.
- ▶ Most medical malpractice lawsuits make a claim of negligence. To prove this claim, plaintiff must prove:
 - ▶ Duty/Standard of Care
 - ▶ Breach (Deviation from the duty/SOC)
 - ▶ Damages (Harm)
 - ▶ Causation (breach in SOC cause damages)

The Standard of Care

- The ordinary and reasonable skill as commonly used by another healthcare professional in similar circumstances. (reasonable person)
- Defined by:
 - Policies and Procedures
 - National Standards
 - Training/Education
 - Textbooks, etc.
- The SOC is dynamic and changes as there are advances in medicine, etc.
- In medical malpractice cases, experts generally will be used to testify about the SOC.

Documentation must demonstrate that the proper standard of care was provided

How can you reduce your risk?

- ▶ Adhere to the appropriate standard of care.
- ▶ Effectively communicate and document care.
- ▶ Provide patients with sufficient and appropriate information about treatment and include any potential risks associated with treatment.
- ▶ Develop A Good Bedside Manner - A patient/family's decision to consult an attorney is often triggered more by anger over the manner in which a healthcare provider interacted with them rather than by actual treatment issues.

Handoff Communication

- Handoff Communication (Introduced by TJC as a National Patient Safety Goal in 2008.)
- Even the best executed handoff has an inherent risk.
- Ideally, the number of handoffs should be reduced or, when possible, eliminated including verbal orders.
- Must be an interactive process.
- When necessary to handoff care of a patient, there should be a systematic approach to the handoff process (i.e. SBAR, read back and verify, repeat back)

Guideline for Patient and/or Family Disclosure

- Promptly: within 24 hours.
- Done with physician and administration present
- Express regret
- Explain on the fact as to what happened, not how or why
- Explain prognosis and how the event will effect the patient and what we are doing to mitigate the harm.
- Admit if an error and take responsibility and apologize
- Inform of full investigation will follow and follow-up communication with patient or family.

Documentation

- Documentation is a practitioner's responsibility during patient care.
- Documentation records the clinician's evaluation of the patient and response to care and treatment
- Accurate documentation can be one of your best defenses in a lawsuit.
- Medical malpractice cases can be rendered indefensible due to problems with the medical record
- Charting and documentation will be used in a medical malpractice case. It provides valuable evidence regarding the patient's condition, treatments, and response to treatments.
- You can't always control the patient's response to care, but you can control the way you document care.
- Attorneys will try to argue "if it wasn't written, it wasn't done"

DOCUMENTATION

Hints/Tips

➤ DO

- Write legibly
- Date, time and sign all entries in the medical record.
- Correct entry errors properly (even minor errors).
 - Manual entries- Draw a single line through the error, but let it remain readable. Date, time and initial this correction. Write the correct information if applicable.
 - Electronic entries- delete entry and amend if applicable. Deleted note will remain and flagged as redacted.
- Document a patient's refusal or inability to provide information or complete information
- Use only approved abbreviations

➤ DO NOT

- Do not lose or destroy medical records
- Do not add to someone else's notes
- Use the medical record to criticize others
- Document self serving statements after an adverse event has occurred
- Document derogatory remarks about a patient
- Proxy Chart – charting others actions as if they were your own.

Informed Consent

- ▶ Licensed independent practitioners (LIP's) must obtain a patient's consent after a discussion of the material risks, benefits, alternatives and potential outcomes (preferably by the person performing and/or recommending the procedure).
- ▶ Provide information that a reasonable or prudent patient in similar circumstances would want to know before undergoing a procedure or treatment.
- ▶ Informed consent is a process, not a form. The informed consent process must be documented.
- ▶ Care providers must respect the patient's decision.

Patient Refusal

- ▶ Based on informed choice (think of it as “informed refusal”)
- ▶ Must include discussion of the consequences of refusal
- ▶ Legally competent patients may refuse any care
- ▶ Care providers must respect the patient's decision
- ▶ Refusal must be carefully documented in the medical record.

Confidentiality and Privacy

- In a Healthcare facility, we must take measures to prevent unauthorized disclosure of protected health information (PHI).
- PHI includes any information relating to a person's health condition, medical treatment or payment for health services that is created or received by the Hospital and that may identify the individual (including images, even if patient not identified).
- Always take measures to protect unauthorized access to or disclosure of PHI. These measure include:
 - Maintaining patient confidentiality and privacy at all times.
 - Never sharing or displaying a password to any computer system. Avoid creating simple passwords such as "password 123".
 - Do not walk away from log-in.
 - Properly disposing of anything that contains PHI.
 - Refraining from discussion of patient care in public areas or with others who are not part of the care team without the patient's permission.
 - Never disclosing PHI without patient authorization.

Confidentiality and Privacy

► Exceptions:

- Healthcare facilities may use and disclose PHI for the purpose of Treatment, Payment and Health Care Operations without obtaining a written authorization from the patient. Information may also be disclosed to certain oversight agencies (i.e. NJDOH)
- Questions about privacy and confidentiality should be directed to the Privacy Officer.

Safety Event (Incident) Reporting

- A Patient Safety Event (incident) is any unusual occurrence, accident, or mishap, which is not consistent with the routine operation of the hospital, or routine care of the patient.
- The event may be an error, poor outcome, or an accident, which could have or has resulted in a patient injury.
- A safety event could be an unsafe condition, that does not specifically effect anyone, but could result in harm, e.g. unsecured narcotics, unsecured O2 cylinder, etc.
- All events involving patients, physicians, visitors, volunteers, vendors, students, and employees will be reported immediately using the online incident reporting system..
- The Event Report is a confidential management tool used to accurately and objectively and document the facts surrounding an event.
- All reports are reviewed and investigated.
- Reports are never copied or distributed without approval from the Risk Management Department.
- Some incidents may identify events that require further investigation and may be reportable to certain regulatory agencies (i.e. NJDOH).

Safety Event (Incident) Reporting

- ▶ Events must be reported to the within 24 hours of the occurrence.
- ▶ Any event resulting in harm requires immediate investigation and should also be called in to the Patient Safety Hotline (22082)
- ▶ The first person to discover the event should be the person to write the report. The manager/supervisor should also be notified
- ▶ The narrative description should be a chronological summary of the facts and circumstances
- ▶ Name, date, age and status of the patient involved should be included
- ▶ Report should be factual and concise

How to enter a Safety Event Report

- A “Verge Safety Reporting” shortcut can be found on the desktop of all computers that have Internet access.



- After the event type is selected, a data entry screen will appear
- If you are reporting a patient event, you will need to use the patient's medical record number and admission date and/or account number in order to look up the patient
- All requested data must be filled out and saved to submit the event

Other Ways Safety Event Reports are used

- ▶ **Information from incident reporting and safety hotline calls can help identify:**
 - ▶ Investigation/Follow up – incident reports alerts risk management of issues that are then reviewed to ensure proper follow up.
 - ▶ Potential Compensable Events (PCE) – incident reports may help identify events that could possibly result in a claim for monetary compensation due to harms incurred while on hospital property. May trigger reporting to insurance carriers.
 - ▶ Serious Preventable Adverse Events / Reportable Events – incident reports may identify issues that require intense analysis of a processor a Root Cause Analysis (RCA). Some of these events must also be reported to an official agency such a the NJDHSS.

EMTALA

Emergency Medical Treatment and Labor Act

It is the policy of Community Medical Center to comply with the standards of EMTALA regulations in providing a medical screening examination and such further treatment as may be necessary to stabilize an emergency medical condition for any individual coming to the Emergency Department seeking treatment, regardless of the individual's medical or psychiatric condition, race, religion, age, gender, color, national origin, immigration status, sexual preference, handicap, or ability to pay. CMC shall not delay providing an appropriate medical screening examination or further medical examination and stabilizing treatment to inquire about an individual's method of payment or insurance status or to request preauthorization from a managed care plan.

Refer to Policy at <https://thebridge.rwjbh.org/>

Fire Safety

Robert Day
Director, Fire & Safety

Fire Safety

- Fire Alarm Procedures & CMC Fire Plan

- R.A.C.E.
- Pull Fire Alarm or Call Emergency Phone Number ***111
- Oxygen shut off responsibilities

- Fire Alarm Activation

- What will happen when the alarm is pulled?
 - The alarm will sound
 - Fire & Smoke doors will close
 - Fire Department will be automatically notified
 - HVAC system will shut down



- Compartmentation

- Specialty style of building construction – fire walls, fire doors, smoke doors, automatic closing doors, self-closing doors & patient room doors

Fire Safety

- At the Scene of a Fire, remember “R.A.C.E.”

R	Rescue	Move patients to a safe area
A	Alarm	Pull the fire alarm or notify the Hospital Operator at ***111
C	Confine / Contain	Close all doors
E	Extinguish / Evacuate	Extinguish small fires when able or Evacuate through fire doors

Fire Safety

- Away from the scene of the fire...

- Close all doors
- Clear the corridors
- Listen for the PA announcements
- Follow all instructions by responding police and fire officials

- Evacuation

- Horizontal
 - Going from one fire compartment to another compartment
 - This is the first means of evacuation on a nursing unit
- Vertical
 - Going from one floor to a floor below
 - This would only be done if you could not do a horizontal evacuation
 - Know where your vertical evacuation route leaves the building

Fire Safety

- Fire Extinguishers
 - Always located within 75'

Water	Class "A"	Ordinary Combustibles
Co2	Class "B-C" fires	Liquids
Dry powder	Class "B-C" fires	Electrical
Dry powder	Class "A-B-C" fires	All
K type for kitche		Grease Fires

Fire Safety

- Fire Extinguisher Operations, remember “P.A.S.S.” ...

P	→ Pull the pin
A	→ Aim extinguisher nozzle at the base of the flames
S	→ Squeeze trigger while holding the extinguisher upright
S	→ Sweep the extinguisher from side-to-side

Fire Safety

- Know the location of....
 - Fire alarm pull stations
 - Fire extinguishers
 - Fire doors and smoke doors
 - Oxygen shut off stations
 - Evacuation Routes
 - Emergency Operations Plan
- The fire safety equipment listed above can never be blocked by equipment, carts, stretchers, wheelchairs, etc.

Plain Language Emergency Alerts

Making it easier to respond to emergencies

**Community
Medical Center**

RWJBarnabas
HEALTH

Three Types of Alerts

1. Facility Alert
2. Security Alert
3. Medical Alert

Facility Alert

Just as it sounds, a Facility Alert is any type of emergency that affects all or part of the building and occupants. Examples include:

- Hazardous Materials spill
- Evacuation of all or part of the facility
- Fire
- Command Center Activation
- Weather Emergency

Security Alert

Any security threat to the facility or a specific location within. Examples include:

- Active Shooter
- Bomb Threat
- Disruptive / Disorderly Persons
- Elopement
- Missing Person (Child / Infant / Adult)

**Some Security Alerts may not be announced overhead

Medical Alert

Any medical emergency that requires a clinical response from throughout the facility. Examples include:

- Mass Casualty Incident
- Cardiac Arrest
- Sepsis Alert
- Rapid Response Team

How Do I initiate an Emergency Alert?

When an emergency occurs:

1. Call the emergency phone number ***111
 - *If calling from an inpatient bedside phone, dial x555
2. Give your name and extension
3. State the emergency using this script
 - A. Type of Alert (Facility, Security, Medical)
 - B. Type of Emergency (e.g. Fire, Missing Person, Stroke)
 - C. Detailed Location of the emergency
 - D. If needed, specific directions

CMC Approved Alerts

Medical Alert

- Any Medical Emergency Requiring a Specialized Response May Be Used
- Mass Casualty Incident

Terminating an Alert

- Once the emergency situation has been resolved some alerts may need to be cancelled, the announcement terminating an emergency will be:
- “All Clear” – Repeated 3 times via overhead page

Emergency Alerts

Community Medical Center's Emergency Alerts

Facility Alert + Fire Alarm + Location

Facility Alert + Hazardous Materials Incident + Location

Security Alert + Infant/Child Abduction + Location + Description

Security Alert + Security Assistance + Location

Security Alert + Patient Elopement + Location

Security Alert + Suspicious Item / Bomb Threat + Location + Directions (as needed)

Security Alert + Hostage Situation + Location

Emergency Alerts

Community Medical Center's Emergency Alerts

Security Alert + Active Shooter + Location + Directions (as needed)

Medical Alert + Mass Casualty Incident + Location

OR

Facility Alert + Command Center Activation + Location

Medical Alert + Pediatric Cardiac Arrest + Location

Medical Alert + Adult Cardiac Arrest + Location

Medical Alert + Hypothermia Response Team + Location

Medical Alert + Stroke Response Team + Location

Medical Alert + Sepsis + Location

Medical Alert + Malignant Hyperthermia Response Team + Location

Medical Alert + Rapid Response Team + Location

All Clear

Interpreters

- There are 30 Martti's throughout Community Medical Center's Campus
- Martti's are our designated device for our limited English proficient patients (including those who require ASL services)
- Martti's can be found at any nurses station or in the staffing office located on the 2nd floor
- Patient Experience oversees the Martti interpretation devices, they must stay plugged in at all times and be connected to BHMObILE Wi-Fi
- If requested, a tutorial on how to use the Martti can be arranged with Eva Bautista in Patient Experience at extension 18078 or email Eva.Bautista@rwjbh.org
- In addition, there are instructions attached to each Martti device



Interpreters

- For Language Assistance: (information in the policy “Language Interpretation Services”) RWJBH is committed to ensuring that the diverse needs of our patients are met and recognizes that all patients have a fundamental right to effective communication related to healthcare needs. It pertains to our Limited English proficiency, Deaf/Hard of Hearing and Low Vision/Blind population.
- If an in person interpreter is required for any patient please contact patient experience OR the staffing office (outside of business hours 8a-4p M-F)
- In person interpreters can only be scheduled and approved by the above listed departments

SAFETY LESSONS

Our Patient Story

A 28 year old Turkish speaking female arrived to our L&D department for a scheduled cesarean section. The patient spoke no English, but her husband was perceived to be fluent in English, and was at her bedside throughout her stay. Over the course of 2 days, the patient was consented for procedures and medications without the use of translator services. On the third day of her stay, after welcoming her newborn son, the care team entered the room and attempted to use the MARTTI IPad to consent for a circumcision. The calls dropped multiple times, and they decided to rely on a family member to translate. The procedure was carried out, and when the newborn was returned to the room, the mother was distraught, as it was against her cultural wishes to have the procedure performed at this time.

WHAT WENT WRONG?

- We did not follow appropriate protocols when caring for the mother or newborn. Patient Rights state that we must communicate with patients in their preferred languages.

HOW DID THIS HAPPEN?

- Staff / Providers did not perceive the lack of translation services to be an immediate threat to patient safety.
- Staff / Providers were unaware of redundant services.

What Success Looks Like

1. Don't harm me.
2. Help me.
3. Be nice to me.



HOW DO WE PREVENT THIS FROM HAPPENING AGAIN? Our Action Plan:

- **Cross Check:** A multi-disciplinary team conducted a Root Cause Analysis.
- **You & Me Together:** Share this patient safety story as a learning opportunity. Align our October Health Literacy Awareness Month with tasks to raise awareness!
- **Focus on the Task:** Cognitive aids will be placed on all MARTTI devices. Badge buddies will be created.
- **Accurately Communicate:** CBLs were sent out house-wide, inventories of all equipment were conducted, SBARs were distributed. Memos and flyers were shared with providers / residents.



Above the surface you see the **Symptoms** of the problem

Dig deeper to find the **Root Cause** of the problem

Continuing Medical Education

- Community Medical Center offers weekly engaging and diverse activities in healthcare continuing medical education (CME). Through CMC's activities in healthcare CME, the information is presented on clinical practice, quality improvements, healthcare delivery, and more to help you, our physicians and advanced practice providers, best serve the patient!
- If you wish to become a speaker, please reach out to the Jennifer Kuzma, Administrative Coordinator at 732-557-8527

Institutional Review Board (IRB)

- All research must be approved by the IRB before it can be conducted.
- Request an initial application by contacting the IRB office at 732-557-8059 or email Theresa.Nielsen@rwjbh.org
- Meetings are held on the first Tuesday of the month at 8:00 am
- Application along with the required documents must be submitted a minimum of two (2) weeks before the meeting

IRB #: _____
(Assigned by IRB Office)

**Community Medical Center
Institutional Review Board**

Initial Application Submission Checklist

(Application will not be considered unless checklist is complete)

*In conducting the initial review of proposed research, the IRB must obtain information in sufficient detail to make determinations required under Federal Regulations. The following documents are to be provided to the IRB Office a minimum of **two [2] weeks** before the next scheduled meeting:*

- All **NEW** investigators, co-investigators and research team members must provide documentation of completion of the CITI program on Biomedical Research – Basic/ Refresher and Conflicts of Interest **prior** to study approval. You can reach the CITI program at: <http://www.citiprogram.org> (see attached instructions). **Established investigators and research team members are to contact the IRB Office.**
- Completed IRB Application *(Required)*
- Complete Research Proposal including relevant surveys, questionnaires, marketing materials, videotapes, and/or data collection tools *(Required)*
- Investigator's Brochure, Device Manual, or Package Insert and/or a document that specifies safety experience, and warranty information, if applicable.
- Informed Consent *(Contact IRB Office if requesting Waiver of Consent)*
- HIPAA Authorization Form *(Contact IRB Office if requesting Waiver)*
- Finance/Operations Protocol Review Form and all relevant contracts
- Curriculum Vitae (Dated within the last three [3] years, and initialed) for **all investigators, co-investigators and research team members**
- Conflicts of Interest in Research Form for **all investigators, co-investigators and research team members** (must be submitted with initial application and will be required on an annual basis (January 1st) while the study is open)
- Protocol Specific Financial Interest Disclosure Form for **all investigators, co-investigators and research team members** (must be submitted with initial application and will be required at Continuing Review while the study is open)
- Copy of FDA Form 1572 and Financial Disclosure Information (FDS/Sponsor) for all Investigators *(Required for Clinical Trials)*
- IT & HIPAA Security Assessment Form – IRB Studies – Please submit to the IT&S email address on the form copying the IRB Coordinator.
- Initial IRB Processing Fee of \$3,000 (Check made out to: Community Medical Center and mailed to the IRB Office) [If applicable]

I:\IRB\FORMS\IRB Initial Application Packet\IRB Initial App Checklist.docx

Implicit Bias Education

- To prevent healthcare disparities, RWJBH system Ending Racism has determined that all healthcare providers complete this course. Please click the link below to the NJHA site:
 - <https://education.njha.com/courses/43377>
- Please bring a copy of your Certificate of Completion to the Credentials Committee Interview or to the Medical Staff Office

Thank you.

Orientation Attestation

ORIENTATION Attestation – Please print this ONE Slide and fax to the Medical Staff Office 732-557-8935

I acknowledge that I have received, reviewed and understand the orientation documents that were sent to me via email. I understand that changes may be made to these documents at any time in order to maintain compliance with federal and state requirements, accreditation standards and the mission, vision, and values of RWJBH Community Medical Center. I understand that Medical Staff policies are also available on the physician extranet (portal) [www. thebridge.rwjbh.org](http://www.thebridge.rwjbh.org) or through the Medical Staff Office and that it is my responsibility to review these policies and comply with them.

I understand it is my responsibility to open and read e-mails/correspondence that is sent by the Medical Staff Services department on behalf of the Medical Staff and Administration Leadership(s).

Print Name: _____

Signature _____ **Date** _____