

# MEDICAL STAFF ORIENTATION

**Monmouth  
Medical Center  
Southern Campus**

**RWJBarnabas**  
HEALTH

# Table of Contents

SECURITY/ID BADGES/ACCESS CARDS/PARKING .....	3
IDENTIFICATION BADGES/ACCESS CARDS.....	3
PARKING .....	3
EMERGENCY CODES and FIRE/EVACUTATION PLAN.....	3
EMERGENCY PREPAREDNESS/EMERGENCY MANAGEMENT PLAN .....	3
Five Star Café.....	3
Physician Lounge.....	4
MAILBOXES.....	4
CELL PHONE USAGE.....	4
PATIENT CONFIDENTIALITY AND HIPAA.....	4
INFECTION CONTROL .....	5
NJ Communicable Disease Reporting System (CDRSS) .....	7
ELECTRONIC MEDICAL RECORD - CERNER .....	7
INFORMATION TECHNOLOGY .....	7
DICTATION INSTRUCTIONS.....	8
RADIOLOGY .....	10
LABORATORY.....	11
MARKETING COMMUNITY SERVICES .....	12
PRACTICE ANNOUNCEMENT TO THE COMMUNITY.....	12
PATIENT TESTIMONIALS.....	12
PHYSICIAN RELATIONS .....	13
PHYSICIAN REFERRAL SERVICES .....	13
OFFICE MANAGERS ASSOCIATION .....	13
Medical Affairs .....	13
Patty Martin   Director, Medical Affairs .....	13
Pragati Dakwale   Credentials Coordinator, Medical Affairs.....	13

## SECURITY/ID BADGES/ACCESS CARDS/PARKING

The Security Department is responsible for maintaining the overall safety of the hospital and its surroundings, as well as protecting property for patients, visitors, and staff. Uniformed security officers are posted at specific on-campus locations, and they conduct regular patrols inside and outside the building. For ID badges and door access please reach out to Pragati Dakwale by calling 732.886-4591 or via email [Pragati.Dakwale@rwjbh.org](mailto:Pragati.Dakwale@rwjbh.org). All other concerns with security should contact security at 732-363-1900, ext 22589.

### IDENTIFICATION BADGES/ACCESS CARDS

All Monmouth Medical Center Southern Campus associates, including physicians, are required to wear a photo identification badge that is clearly visible to all patients. These ID cards also provide access to the physician parking lots.

### PARKING

Physician Parking Lot is located on Spruce Street and is accessed with your ID badge.

## EMERGENCY CODES and FIRE/EVACUATION PLAN

Codes can be found on your ID badge and posted throughout the hospital.

### EMERGENCY PREPAREDNESS/EMERGENCY MANAGEMENT PLAN

The goal of the Emergency Management Plan is to define and coordinate the overall hospital response should an internal or external disaster occur. A disaster is considered an influx of unexpected injuries or illness requiring immediate attention. This type of situation may strain our internal resources, particularly in the Emergency Department, requiring additional staff and resources to effectively handle the situation. There are two types of disasters that would activate the Medical Center's Emergency Management Plan: (1) Internal Disaster: This is an event, which would cause or threaten physical damage and/or injury to the Medical Center, our personnel, or patients/visitors located in our facilities. Examples might be fire emergencies, weather emergencies, or utility failures. This type of emergency might also require the evacuation of employees, patients, or visitors. (2) External Disaster: This is an event or events which occurs in the community not threatening to our staff, patients, or visitors, but requires rapid response to expand our services to receive care for an unexpected number of casualties that will arrive at our hospital.

## Five Star Café

The dining area, located in the main hallway of the 1<sup>st</sup> Floor, is open from 7:30 am-9:00 am, 11:30 am-1:30 am and 4:30 pm to 6:00pm. When the cafeteria is closed, coffee, water and snacks are available at all times in the Physicians' lounge. Televisions, computers, and restrooms are also available. Immediately adjacent to the dining room is the Medical Records Dictation Room.

## Physician Lounge

The Physician's lounge has two main entrances, one from the parking lot and another through the Medical Affairs Office located at room 1006. Televisions, computers, and restrooms are available in the area. In addition soup is available weekdays for lunch, and snacks and drinks will available regularly.

## MAILBOXES

Physician mailboxes are located in the Physicians' lounge. Mailboxes are to be used for hospital business only; solicitation and advertising are not permitted. To obtain a mailbox, contact the Medical Staff Office at 732.886.4661.

## CELL PHONE USAGE

Cellular phones may be used in all lobbies, waiting areas, patient family lounges, business offices, and elevators throughout Monmouth Medical Center. Signs are posted at the entrance of all patient care areas asking that cellular phones be turned off. When speaking on a cellular phone within public areas of the hospital, please remember that patient confidentiality and courtesy should be maintained

## PATIENT CONFIDENTIALITY AND HIPAA

Health care providers have a legal and ethical obligation to protect patient privacy and confidentiality. The Health Insurance Portability and Accountability Act (HIPAA) is the Federal Law which protects the privacy of patient health information. Protected health information (PHI) is defined by HIPAA as information created or maintained by a health care provider that relates to the past, present or future physical or mental health of a patient. PHI includes any information that can identify a patient, such as name, address, medical record number, diagnosis, etc. To protect patient privacy and safeguard PHI please follow these guidelines:

Obtain patient information in a private setting

Never discuss test results, care or treatment with the patient's family members without permission from the patient

Avoid discussing patient information in open areas where others may overhear

Do not discuss confidential information in cafeterias, elevators or outside of the facility

Do not disclose any patient information to anyone who is not actively involved in the patient's care

When using a workstation on wheels (WOW), be aware that the convenience offered by this technology also increases the chance of unauthorized viewing of PHI

Log off the computer when finished with viewing any patient records

Be mindful of your surroundings when you are viewing electronic PHI, avoid letting unauthorized individuals read over your shoulder

Do not share your password with anyone and do not use another's password. Your user ID represents you.

Do not access a patient record unless you are involved in the care of that patient or are participating in an IRB sanctioned research project

Use passwords for every device that holds electronic health information

Patient information may not be stored on unencrypted thumb drives, laptops, etc.

Follow IRB HIPAA requirements for all research involving patient information

Ensure that your employees follow HIPAA Privacy and Security regulations

To minimize the risk of faxing to the wrong recipient, use the preprogram feature on your device for frequently used fax numbers.

When discarding a document that contains PHI, use the security containers located throughout the facility, instead of regular garbage cans.

At the time of admission, all patients are provided with a copy of MMCSC's Privacy Notice. This document is also displayed in English and Spanish at several locations throughout the hospital.

## INFECTION CONTROL

Hand Hygiene is the #1 method to prevent the spread of infection. All healthcare workers are required to "Clean In/Clean Out" upon entering and exiting a patient's room or cubicle. Waterless alcohol-based hand sanitizers can be used to routinely decontaminate hands if there is no evidence of blood or body fluids before and after having direct or indirect contact with patients or their environment. If hands are visibly soiled or contaminated with blood or body fluids, use hospital provided soap and water using friction for at least 15 seconds. Also use soap and water before eating, after using a restroom, and when caring for C difficile patients.

Artificial nails are NOT permitted on direct care providers. The length of natural fingernails must be no longer than ¼ inch. Nail polish is allowed in good condition without chips.

Wearing gloves does not replace hand hygiene; hands must be cleaned before donning and after removing gloves.

Standard Precautions apply to all patients; as all patients' blood and body fluids are considered potentially infectious. Standard Precautions include hand hygiene, use of personnel protective equipment (PPE); gloves, gown, mask, eye protection, or face shield.

Transmission based precautions include Contact, Droplet, and Airborne isolation. Infection Prevention and Control follows the CDC/HICPAC Recommendations: Type and Duration of Precautions – Selected Infections/Conditions

Contact precautions: Infections such as Multi-drug Resistant Organisms (MDROs) are spread through contact with the patient or their environment. Examples of MDROs include MRSA, VRE, ESBL, and other gram negative organisms

The use of Personnel Protective Equipment (PPE) such as a gown and gloves are required when caring for patients with MDROs.

Use disposable equipment when applicable

Disinfect shared stethoscopes and equipment after each patient contact.

C .difficile patients with symptomatic diarrhea require contact precautions. Hand Hygiene with soap and water only. Disinfect stethoscopes/equipment with bleach per manufacturer's guidelines

Droplet precautions: Diseases such as influenza, pandemic flu, meningococcal meningitis or MDRO of respiratory system are spread through transmission of droplets.

The use of a surgical mask is required along with PPE and equipment requirements outlined under contact precautions.

Airborne precautions: Diseases such as tuberculosis (confirmed or suspect), measles, herpes zoster in an immunocompromised patient or disseminated, and chicken pox are spread through the air therefore airborne precautions are utilized.

The use of an N 95 mask is required when caring for a patient on airborne precautions.

N-95 mask usage requires personal fit testing to ensure proper protection

Patient must be placed in a negative pressure room/environment

Exposure Control Plan includes prevention of blood borne pathogen exposures, use of sharp safety devices, encourage hepatitis B vaccination, and insure the safe disposal of all sharps.

Should an exposure occur:

Wash affected area immediately

Report to Occupational Health or the ED (off-shift or weekends)

TB Control Plan requires direct care givers to have an annual TST and N 95 Fit Testing.

Infection Prevention and Control follows NJDOH requirements for the identification of patients diagnosed with tuberculosis and follows state regulations for discharge criteria.

National Patient Safety Goals (NPSG) are established by the Joint Commission (TJC). They include best practices and education to improve patient safety.

NPSGs require organizations to develop strategies and processes to:

Increase the performance of Hand Hygiene

Prevent healthcare associated infections due to MDROs

Prevent surgical site infections

Prevent central line associated bloodstream infections

Prevent catheter associated urinary tract infections

Prevent ventilator associated pneumonia

Facilities are expected to follow best practice recommendations/bundles that reduce the risk for healthcare associated infections.

Bundle strategies to keep our patients safe include:

Strict hand hygiene and adherence to transmission based precautions

Central line insertion checklist to ensure sterile technique is maintained

Devices (central line, urinary catheter, or ventilator) are inserted for appropriate indications and are assessed daily for removal

The indication for the need to continue a device must be documented daily

Urinary catheter orders include some indications with automatic stop dates with nurse driven protocol for removal

Surgical patients receive education on infection prevention and appropriate antibiotics and skin preparation.

Patients/Families are educated when receiving a central line or urinary catheter/when going to surgery/being placed on a ventilator so they understand the steps the clinician will take to keep them safe.

### NJ Communicable Disease Reporting System (CDRSS)

The Laboratory and Infection Prevention and Control are mandated to report patients with communicable diseases/sexually transmitted diseases electronically into CDRSS or via telephone to the local and state health departments. Infection Prevention and Control Policies can be found on the MMCS Intranet.

## ELECTRONIC MEDICAL RECORD - CERNER

All physicians are required to attend a 1 1/2 hour session on the Cerner Millennium Application. Cerner is a Clinical Information System for Electronic Health Records. Training classes are scheduled for the new physicians and on a continual basis for system updates. Please contact Pragati Dakwale at [Pragati.Dakwale@rwjbh.org](mailto:Pragati.Dakwale@rwjbh.org) or 732-886-4591 to schedule a class.

### INFORMATION TECHNOLOGY

Monmouth Medical Center Southern Campus' clinical information system provides physicians and their practice staff with online access to the following patient information:

Demographics

Admission and discharge dates

Radiology, Nuclear Medicine, and Cardiac Lab results

Consults, history & physicals, discharge summaries, and medication summaries

Orders

Patient location

Lab results

## DICTATION INSTRUCTIONS

TO ACCESS THE DICTATION SYSTEM:

INSIDE HOSPITAL – DIAL EXT. 24613

OUTSIDE HOSPITAL – DIAL 732-886-4613

DICTATION WORKTYPES:

1 - PRE-OP/STAT HISTORY AND PHYSICAL

2 - HISTORY AND PHYSICAL

3 - CONSULTATION

5 - OPERATIVE REPORT

6 - DISCHARGE SUMMARY

10 - STRESS TEST

11 - HOLTER MONITOR

12 - PULMONARY FUNCTION

15 - EMG

16 - EEG

17 - EVOKED POTENTIAL

### BEHAVIORAL HEALTH WORKTYPES

21 - BHBH ADMISSION ASSESSMENT

22 - BHBH DISCHARGE SUMMARY

41 - BHBH INTENSIVE OUTPATIENT ADMISSION ASSESSMENT

121 - MMCSC ADMISSION ASSESSMENT

122 - MMCSC DISCHARGE SUMMARY

\*\*\*\*\*TO DICTATE: \*\*\*\*\*

AT THE PROMPT – ENTER YOUR USER ID FOLLOWED BY THE # KEY

AT THE PROMPT TO DICTATE PRESS “1” – TO LISTEN PRESS “3”

AT THE PROMPT – ENTER THE APPROPRIATE WORKTYPE NUMBER LISTED ABOVE FOLLOWED BY THE # KEY.



AT THE PROMPT – ENTER THE PATIENT’S 10 DIGIT ACCOUNT NUMBER (E.G. 2002XXXXXX) FOLLOWED BY THE # KEY.

TO BEGIN RECORDING PRESS 2

TO PAUSE DICTATION – PRESS 2

TO RESUME DICTATION – PRESS 2 AGAIN

TO REWIND DICTATION – PRESS 3

TO FAST FORWARD DICTATION – PRESS 4

TO GO BACK TO BEGINNING OF DICTATION – PRESS 7

WHEN DICTATION IS COMPLETED:

TO DICTATE ANOTHER REPORT – PRESS 8

TO END DICTATION & RECEIVE A CONFIRMATION NUMBER – PRESS 5

(PLEASE NOTE THIS CONFIRMATION NUMBER)

TO LISTEN TO DICTATION:

ACCESS THE SYSTEM AS INSTRUCTED ABOVE

AT THE PROMPT – PRESS 3 TO RETRIEVE.

AT THE PROMPT - ENTER THE PATIENT’S 10 DIGIT ACCOUNT NUMBER (E.G. 2002XXXXXX) FOLLOWED BY THE # KEY.

IF YOU CANNOT RETRIEVE A DICTATION IT IS BECAUSE IT HAS NOT BEEN DICTATED; OR THE PHYSICIAN WHO CREATED THE DICTATION USED SOME OTHER NUMBER OTHER THAN THE PATIENT’S 10 DIGIT ACCOUNT NUMBER (E.G. MEDICAL RECORD NUMBER) WHEN DICTATING.

FOR ASSISTANCE, PLEASE CALL TRANSCRIPTION AT EXT. 25112

FOR AFTER HOURS DICTATION SYSTEM SUPPORT, PLEASE CALL 888-342-8283.

**RADIOLOGY COMMUNICATION PLAN - All orders should be entered into Cerner**

<b>Modality</b>	<b>Weekday Hours</b>	<b>Contact numbers</b>	<b>Comments</b>
Diagnostic	8am – 8am 24 hours	Ext: 20251	All Stat orders will be completed asap
CAT SCAN	8am – 8am 24 hours	Ext: 24446	
MRI	7am – 7 pm	Ext: 21132	
	Special On Call 7pm – 7am M-F	Contact nursing supervisor to verify stat indication meet criteria, then contact radiology director.	Ordering physician should be told service is closed and nursing supervisor will be contacted to try and get a tech or have pt transferred to CMC
NM	8am – 4:30pm	Ext: 22038	
	Special On Call 4:30pm – 8am	Contact nursing supervisor to verify stat indication meet criteria, then contact radiology director.	Ordering physician should be told service is closed and nursing supervisor will be contacted to try and get a tech or have pt transferred to CMC
Ultrasound	7am – 11pm	Ext: 22037	
	On Call 11pm -7am	Contact operator for on call tech to be contacted STAT only	
<b>Modality</b>	<b>Weekend Hours</b>	<b>Contact numbers</b>	<b>Comments</b>
Diagnostic	8am-8am 24 hours	Ext: 20251	
Cat Scan	8am-8am 24 hours	Ext: 24446	
NM	On Call 8am -12pm Saturday/Sunday	Contact operator for on call tech to be contacted	
	Special On Call 12pm Sat to 8am Monday	Contact nursing supervisor to verify stat indication meet criteria, then contact radiology director.	Ordering physician should be told service is closed and nursing supervisor will be contacted to try and get a tech or have pt transferred to CMC

<b>MRI</b>	<b>On Call 8am – 4:30pm Saturday/Sunday</b>	<b>Ext: 21132</b>	
	<b>Special On Call 4:30pm -8am</b>	<b>Contact nursing supervisor to verify stat indication meet criteria, then contact radiology director.</b>	<b>Ordering physician should be told service is closed and nursing supervisor will be contacted to try and get a tech or have pt transferred to CMC</b>
<b>Ultrasound</b>	<b>8am–4:30pm Saturday 9am-3:30pm Sunday</b>	<b>Ext: 22075</b>	
	<b>On Call 4:30pm-Sat - 9am Sunday 3:30pm Sun -7am Monday</b>	<b>Contact operator for on call tech to be contacted</b>	

**Stat Results** will be called to floor and entered into PACS. On Weekdays 8am to 5pm results can be obtained by contacting the report secretary at 22022.

**Radiology Administrative Director – Adam Rosa- Office ext: 22312, Cell-732-503-3864**

## LABORATORY

Accredited by the College of American Pathologists, the Laboratory at MMC and MMCS provides thousands of different diagnostic tests – from a standard blood count and urinalysis to the new generation of complex tests. The Laboratory at MMC and MSC also offers these specialized testing services:

- Bacteriology (MMC)
- Chemistry
- Cytogenetics (MMC)
- Cytology (MMC)
- Endocrinology (MMC)
- Flow cytometry (MMC)
- Hematology
- Molecular diagnostics
- Postmortem pathology
- Surgical pathology
- Transfusion services

In addition we have the availability to send tests to several reference laboratories including, Quest Diagnostics, our major reference laboratory of choice for diagnostic testing not performed at MMC and MMCS.

Utilize Monmouth's services for their outpatients. For more information, please call 732.363.1900 ext. 22050

With a staff of highly trained Pathologists, Medical Laboratory Scientists, and Medical Laboratory Technicians, the Lab provides services that are specifically designed for physicians.

Please utilize one of our Outpatient Laboratory Blood Drawing Stations for your patients care:

- Monmouth Medical Center Southern Campus
    - 600 River Avenue, Lakewood, NJ 08701
    - Monday-Friday: 7:00AM – 4:30PM
    - Saturday/Sunday: 8:30AM – 1:30PM
  - Monmouth Medical Center
    - 255 Third Avenue Long Branch, NJ 07740
    - Monday-Friday: 7:00AM – 3:30PM
    - Saturday: 8:00AM – 12:00PM
- Consultations with Pathologists

Members of the Laboratory Team are available to answer technical questions 24 hours a day, seven days a week, 365 days per year.

For more information about Laboratory services, call 723.923.7353

## MARKETING COMMUNITY SERVICES

### PRACTICE ANNOUNCEMENT TO THE COMMUNITY

While the hospital is prohibited from advertising private practices, all new members of the Medical Staff are offered the opportunity to announce their appointment through a post to the hospital's Facebook page. To have a post developed, the Department of Marketing and Public Relations requires the submission of information, including education, training, including any fellowship programs, board certifications, and any area of special interests.

### PATIENT TESTIMONIALS

Sharing patient success stories is a very effective way of promoting MMC programs and services. If you have a patient who is willing to be interviewed and photographed for one of our hospital magazines and/or a press release or social media post, please reach out to Marketing and Public Relations at 732.886-4590.

## PHYSICIAN RELATIONS

### PHYSICIAN REFERRAL SERVICES

Monmouth Medical Center Southern Campus physician referral and health information service can be reached at 1.888.724.7123. Calls are provided with the names of physicians who meet their needs, including medical training, office locations, hours of operation, insurance coverage, and language needs. Additionally, physician profiles are available through a searchable interface at [www.rwjbh.org](http://www.rwjbh.org). Newly credentialed providers can be added to the Physician Referral database upon receiving your privileges by accessing this link (or attached PDF) <https://www.rwjbh.org/for-healthcare-professionals/for-physicians/updating-your-physician-profile/physician-profile-update-form/>



Doc-Updates-1-27-  
23.pdf

If you have any questions about this questionnaire, please contact Alyssa Ruby-Mako, Regional Director, Physician Relations, 732-272-7772, [Alyssa.Ruby-Mako@rwjbh.org](mailto:Alyssa.Ruby-Mako@rwjbh.org)

Alyssa Ruby-Mako | Regional Director, Physician Relations

Monmouth Medical Center and Monmouth Medical Center Southern Campus | 300 Second Avenue | Long Branch | NJ 07740

732.923.6703 | Cell: 732.272.7772 | [Alyssa.Ruby-Mako@rwjbh.org](mailto:Alyssa.Ruby-Mako@rwjbh.org)

Ashley Esposito | **Assistant Director**, Physician Relations

Monmouth Medical Center | 300 Second Avenue | Long Branch | NJ 07740

732.966.2576 | Fax: 732.728.5087 | [Ashley.Esposito@rwjbh.org](mailto:Ashley.Esposito@rwjbh.org)

**For** additional information or any questions, please contact the Medical Staff Office:

### Medical Affairs

Monmouth Medical Center Southern Campus

600 River Avenue | Room 1006 | Lakewood | NJ 08701

Patty Martin | Director, Medical Affairs

Office 732.886-4661 | [Patricia.Martin@rwjbh.org](mailto:Patricia.Martin@rwjbh.org)

Pragati Dakwale | Credentials Coordinator, Medical Affairs

Office 732.886-4591 | [Pragati.Dakwale@rwjbh.org](mailto:Pragati.Dakwale@rwjbh.org)

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
<p><b>Safety Together</b></p>	<p>Safety Together is our journey towards zero harm for patients, and all team members. The effort is a cultural transformation, guided by high reliability principles. Safety Together is comprised of many aspects of clinical care, leadership and the system in which we work:</p> <ul style="list-style-type: none"> <li>- Error prevention through understanding human performance and making habit of proven error prevention behaviors and tools</li> <li>- Leadership methods for committing to, and reinforcing Safety Together, as well as finding and fixing problems that are getting in the way of safe care</li> <li>- Learning from safety events through robust root cause analysis</li> </ul> <p>The error prevention behaviors and tools are:</p> <p><b>S-</b> Speak up for safety</p> <p><b>A-</b> Accurately communicate</p> <p><b>F-</b> Focus on the task</p> <p><b>E-</b> Exercise and accept a questioning attitude</p> <p><b>T-</b> Thoughtfully interact</p> <p><b>Y-</b> You and me together</p>	<p>Practitioners are in unique roles as both leaders and “sharp-end” providers of care. Human error is inevitable, but harm is not. Through working with your colleagues as a part of a team, you can catch and trap human errors before they reach our patients. You should:</p> <ul style="list-style-type: none"> <li>- Attend Safety Together training to learn the expectations</li> <li>- Follow the behavioral expectations and use the tools yourself</li> <li>- Listen to concerns, and address them in a respectful manner, even if they are incorrect</li> <li>- Cross check others if they inadvertently make a mistake</li> <li>- Thank others for cross-checking you or catching/trapping errors you inadvertently make</li> <li>- Encourage others to ask questions so they fully understand</li> <li>- Reduce power distance by encouraging others to speak up, and responding respectfully.</li> <li>- Thoughtfully interact with your colleagues and your patients to ensure teamwork</li> </ul>
<p><b>Mission /Vision</b></p>	<p>Mission- MMCSC is committed to exceptional service and quality for our community through our passion for excellence and perfection</p> <p>Vision- MMCSC is an exception place to get care and an exceptional place to give care</p> <p>Value Statement</p> <p>C- Commitment &amp; Compassion</p> <p>L- Leadership &amp; Loyalty</p>	<p>As a practitioner on staff, you help us achieve our goals for patient care by partnering with us in the mission and goals of the organization for safe high quality care.</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	A- Accountability R- Respect, Recognition & Research A- Agility S- Safety & Satisfaction	
<b>Culture of Safety</b>	A culture of safety: <ul style="list-style-type: none"> <li>• Encourages teamwork, effective communication, transparency, and accountability.</li> <li>• Promotes the reporting of medical errors or near misses so data can be collected, analyzed, and improvements made.</li> <li>• Establishes expectations and defined actions addressing dangerous or disruptive behaviors that threaten the performance of the health care team..</li> </ul>	How you can exhibit the characteristics of the Successful Healthcare Team member: <ul style="list-style-type: none"> <li>• Openly communicate with one another</li> <li>• Share important patient information with all staff caring for the patient</li> <li>• Trust and respect one another</li> <li>• Work together for the good of the team and patient</li> <li>• Keep the patient at the center of their attention</li> <li>• Avoid behavior that intimidates others and affects staff morale that undermines a culture of safety and can be harmful to patient care.</li> <li>• Review SBAR in Cerner</li> </ul>
<b>Team Work</b>	Important concepts include: <b>Communication</b> verbal/ non-verbal and through written documentation <b>Collaboration</b> “none of us is as good as all of us” <b>Coordination of care</b> increases efficiency and reduces redundancy  Hand off communication is vital between team members.	When we work together as a team, we contribute to the overall success of patient care quality, patient care safety and ultimately patient satisfaction.  Make sure you communicate effectively with all team members especially during transitions of care.
<b>Patient Safety Patient Safety Events</b>	Immediate reporting of patient safety events is requested. You can report in the following ways <ul style="list-style-type: none"> <li>•Patient Safety Hotline BESAFE ext. 27233</li> <li>•Quality/Standards Department ext X24437</li> </ul> A staff member can assist you to enter a report into Verge. <b>Adverse Event</b> :an event that is a negative consequence of care that results in unintended injury or illness ,	You are expected to report patient related events immediately using the hospital resources such as direct reporting, completing an incident report, QPCO's (Quality Patient Care Occurrence Forms) or the patient safety hotline.

**Physician and Physician Extender Orientation/Education**

Topic	Important Points	Your role as a practitioner
	<p>which may or may not have been preventable</p> <p><b>Sentinel Event:</b> A Sentinel Event is an unexpected occurrence resulting in death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.</p> <p><b>Examples of occurrences include:</b> Suicide, wrong side surgery, a patient fall that results in death or major permanent loss of function, Infant Abduction, Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities, or death of a patient directly associated with the use of restraints</p>	
<p><b>Disclosure to Patient and/or Family</b></p>	<p>New Jersey Department of Health Patient Safety Act mandates reporting of serious preventable events within 5 days of occurrence.</p> <p>Patients have the right to be informed about the outcome of their care, including unexpected outcomes.</p> <p>When a health care injury occurs, the patient (and/or family/representative) is entitled to a prompt explanation of how the injury occurred and its short-term and long-term effects.</p> <p>When an error contributed to the injury, the patient (and/or family/representative) should receive a truthful and compassionate explanation about the error and the remedies available to the patient.</p> <p>Disclosure should be made by the most appropriate members of the health care team (physician, primary care nurse, charge nurse, social worker, case manager etc.)</p> <p>Documentation of the conversation should be made in the patient's</p>	<p>The Quality/Standards and Risk Management departments respectively can provide guidance and support during this process. Please contact them directly at:</p> <ul style="list-style-type: none"> <li>• Standards- Ext 24437</li> <li>• Risk Management - 24805</li> </ul> <p>Document disclosure in Electronic Medical Record or on Disclosure Progress Note when disclosing to patients.</p>



**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>medical record</p>	
<b>Risk Management</b>	<p>The Risk Department manages all facility risks and the Incident report is internal communication to the Risk Department            What to report:            Incidents such as falls, medical or patient safety related event            Lost / damaged patient property, other property loss            Equipment damage or malfunction            Exposure to infectious material            Anything not consistent with routine patient care</p>	<p>Be sure enter incident report in the electronic incident reporting system</p>
<b>Performance Improvement</b>	<p>Our Method of assessing our performance is through PDCA which stands for: Plan-Do-Check-Act</p> <p>The (PIC) Performance Improvement Committee oversees the quality and performance improvement projects for the hospital.</p> <p>We use TEAMS to help improve performance and provide “Just in time training” to participants. RCA (root cause analysis) and FMEA (Failure Mode and Effect Analysis) are two examples of team activity used by the hospital to identify reasons for patient safety events or proactively identify areas of risk.</p>	<p>Physicians and allied practitioners are welcomed on teams as important members.</p> <p>If you would like to become a member of the Performance Improvement Council ( PIC) , please contact Dr. Mohan at 732-886-2579</p>
<b>Patient Safety Goals</b>	<p>National Patient Safety Goals: Joint Commission provides requirements to prevent errors; Monmouth Medical Center Southern Campus has processes in place to meet the goals.</p> <ul style="list-style-type: none"> <li>• Use at least 2 identifiers when providing care, treatment, services.</li> <li>• Eliminate transfusion errors related to patient misidentification.</li> <li>• Timely reporting of critical results of tests, diagnostic procedures.</li> <li>• Label all medications, medication</li> </ul>	<p>Following the National Patient Safety Goals has been proven to prevent patient safety events. All staff is expected to comply with these important processes.</p> <p>Medication reconciliation begins with you.</p> <p>Reconciling medications cannot occur without your involvement.</p> <p>Your role in medication reconciliation is extremely important. This is the</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>containers, other solutions on and off sterile field in perioperative, and other procedural settings.</p> <ul style="list-style-type: none"> <li>• Maintain and communicate accurate patient medication.</li> <li>• Reduce the risk of health care-associated infections. (See below)</li> <li>• Universal Protocol/ Time out /Site marking</li> <li>• Identify patients at risk for suicide.</li> <li>• Effectively manage clinical alarms</li> </ul>	<p>foundation for medication ordering and safety for our patients.</p>
<p><b>Infection Prevention and Control-General information</b></p>	<p>The Infection Prevention and Control Department is responsible for all practices to prevent infection.</p> <p>Our behavior at work is a crucial defense against exposure to ourselves, employees and patients Work Practice Controls such as PPE (Personal Protective Control) and the use of Universal Precautions at the source of the potential hazard are designed to prevent hazards from reaching the employee or physician.</p>	<p>Use Standard Precautions when treating all blood and other body fluids, secretions, excretions (except sweat) as if they are infected.</p> <p>If you are exposed to a needle stick or blood/body fluid splash, immediately wash the area with soap and water. If the eyes sustain an exposure, flush continuously for 10 minutes. Fill out an incident report. Immediately visit Corporate Care/Employee Health during business hours or report to the Emergency Department after hours, on weekends or holidays. The source patient and you will be tested for Hepatitis B and C and HIV. Rapid HIV tests are used so results are available quickly. HIV prophylaxis must be administered as soon as possible if indicated to prevent replication of the virus. Medications are available free of charge and are located in the ED and Pharmacy.</p> <p>If you are exposed to a needle stick or blood/body fluid splash, immediately wash the area with soap and water. If the eyes sustain an exposure, flush continuously for 10 minutes. Fill out an incident report and bring it to Corporate Care during business hours Monday to Friday or to the ED after hours and on weekends and</p>

Physician and Physician Extender Orientation/Education

Topic	Important Points	Your role as a practitioner
		<p>holidays.</p> <p>The source patient and you will be tested for Hep B, Hep C and HIV                      A rapid HIV test is performed by the laboratory 24/7 so results will be available quickly. HIV prophylaxis must be administered as soon as possible if indicated to prevent replication of the virus. Medications are available free of charge and are located in the ED and Pharmacy.                      Follow up in Corporate Care</p>
<p><b>Infection Prevention and Control- Sharp Safety</b></p>	<p>Our behavior at work is a crucial defense against exposure to ourselves; employees and patients</p>	<p>Activate the safety feature of the sharp device. The sharp user is responsible for safe handling &amp; disposal.                      Do not recap, remove, or bend needles.                      Never reuse a needle or syringe                      Place used sharps in designated puncture resistant container.                      Place specimens in leak proof containers                      Use Personal Protective Equipment when there is risk of exposure.                      Be alert for unexpected patient movement.( ex. cough, sneeze, codes, agitated patients).</p>
<p><b>Infection Prevention and Control – Single dose vials and multi-does vials</b></p>	<p>Single dose vials are never to be used as a multi-dose vial outside of the strict controls of the pharmacy compounding area. The risk for infection from contamination is high as these vials do not contain preservatives.</p> <p>Multi-dose vials should never be used be used for more than one patient.</p> <p>All multi-dose vials used in procedural areas must be specific to that patient only and discarded after the procedure is completed.</p>	<p>Never use a single dose vial as a multi-dose vial.</p> <p>Use of a multi-dose vial must be limited to use on one single patient. Vials used for more than one dose, must contain a Beyond Use Date.</p> <p>Make sure that all multi-dose vials are immediately discarded in procedural rooms or when a procedure has been performed at bedside.</p>
<p><b>Infection Control – Hand Hygiene</b></p>	<p>Hand Hygiene is the single most effective step in preventing the spread of hospital acquired infections</p> <p>Use an alcohol based hand sanitizer</p>	<p>All physicians and allied health personnel are expected to comply with the hand hygiene expectations in order to prevent the spread of infection to our patients.</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>or wash hands:</p> <ul style="list-style-type: none"> <li>• Before and after removing gloves</li> <li>• Before or after entering;/exiting patient rooms</li> <li>• Before inserting invasive device</li> <li>• After contact with contaminated objects and equipment</li> </ul> <p>Must use soap and water for the following:</p> <ul style="list-style-type: none"> <li>•If hands are visibly soiled with dirt or are contaminated with material, blood or other body fluids.</li> <li>•When caring for patients with C. difficile requires hand washing. Wash hands for at least 15 seconds</li> </ul>	<p>Please remember when entering a patient room “clean in” and when exiting a room “clean out”</p> <p>Clean your hands before putting on gloves, and after removing gloves.</p>
<b>Infection Control- medical equipment, devices and supplies</b>	<p>The hospital has a program for the cleaning and disinfection of all medical equipment and ensuring that devices and supplies are safe for patient use.</p>	<p>Never re-use a needle or syringe. Use safe injection practices. Always check for expiration dates and do not use if outdated Follow hospital policy/procedures for the cleaning and disinfection of equipment brought in from the outside or another hospital.</p>
<b>Infection Control- Influenza vaccination</b>	<p>The hospital has a vaccination program and goal to have every physician and allied professional vaccinated against Influenza.</p> <p>Vaccination of healthcare workers prevents the spread of the Flu during the season.</p>	<p>Please use the hospital resources for free vaccination during October-April. The goal of the RWJ Barnabas Health System is to have all employees and LIP’s receive the influenza vaccination</p> <p>If you have been vaccinated else it is important that you bring the attestation to the Medical Staff office as we need to count you in our final numbers for total vaccination rates.</p>
<b>Infection Control- MDRO</b>	<p>Multi Drug Resistant Organisms including MRSA, VRE, and ESBL for example can increase hospital stays, costs, and mortality. The best practices for prevention include:</p> <ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Adhering to isolation practices</li> </ul>	<p>Use the best practices every day for every patient.</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<ul style="list-style-type: none"> <li>• Using PPE or Personal Protective Equipment</li> <li>• Cleaning of patient care equipment</li> </ul>	
<b>Infection Control-CLABSI</b>	<p>Central Line Associated Blood Stream Infections are associated with increased hospital stays, costs, and mortality.</p> <p>The best practices or the CLABSI bundle for prevention include:</p> <ul style="list-style-type: none"> <li>• Hand hygiene prior to catheter insertion or manipulation</li> <li>• Use checklist for insertion</li> <li>• Do not use femoral insertion sites</li> <li>• Use the standardized insertion kit.</li> <li>• Use maximum sterile barrier precautions</li> <li>• Use chlorhexidine alcohol skin prep antiseptic</li> </ul>	Follow the hospital bundle for prevention of infections.
<b>Infection Control -SSI</b>	<p>Surgical Site Infections results in 7-10 additional hospital days and increases the risk of death by 2-11 times.</p> <p>The best practices or the SSI bundle for prevention include:</p> <ul style="list-style-type: none"> <li>• Proper hair removal- never shave</li> <li>• Appropriate antibiotic administration timing( within 1 hour of incision, 2 hours for vancomycin, levoquin, and fluroquinolones-cipro)</li> <li>• Discontinuation of prophylactic antibiotics within 24 hours</li> </ul>	Follow the hospital bundle for prevention of infections.
<b>Infection Control-CAUTI</b>	<p>Indwelling catheter associated urinary tract infections are associated with increased hospital stays, costs, and mortality.</p> <p>The best practices for prevention or the CAUTI bundle include:</p> <ul style="list-style-type: none"> <li>• Limit the use and duration</li> <li>• Use aseptic technique for site preparation, equipment and supplies</li> </ul>	Follow the hospital bundle for prevention of infections. Ensure that catheter use is appropriate and discontinued ASAP.
<b>Anti-coagulation</b>	Many patients are at risks for DVT or	Assess every patient for their risk for

Physician and Physician Extender Orientation/Education

Topic	Important Points	Your role as a practitioner
	<p>PE development during their hospitalization.</p> <p>Appropriate prophylaxis decreases the risk of developing DVT or PE.</p> <p>Pharmacists ensure that for those patients that receive warfarin:</p> <ul style="list-style-type: none"> <li>* INRs are ordered for patients</li> <li>* INRs are not suprathapeutic</li> </ul> <p>Pharmacists are ensuring that patients receiving intravenous heparin infusions are converted to warfarin within 48 hours.</p> <p>Pharmacists perform therapeutic medication reviews for appropriate dosing (ie renal dosing, dosing according to indication) of anticoagulants</p>	<p>DVT or PE.</p> <p>Order appropriate prophylaxis</p> <p>The electronic medical record system prompts the clinician to address VTE prophylaxis on patients 18 and older and results in the proper orders being entered into the Cerner system.</p> <p>Orders for pharmacological and mechanical prophylaxis are linked to the patient status order (upon initial patient entry into the hospital).</p> <p>VTE order subsets are embedded in specific order sets (e.g., Total Knee Replacement).</p> <p>VTE concerns can be addressed for all patients upon initial admission and throughout the hospitalization as a patient's condition may change..</p> <p>If pharmacologic and/or mechanical prophylaxis is applicable to the patient and not ordered, the physician needs to complete the "Reason Not Ordered" section.</p>
<p><b>Fire Safety</b></p>	<p><b>RACE- Rescue/ Alarm/ Contain/Extinguish</b>            Dial ***111 and say CODE RED and location            Away From the Scene of the Fire</p> <ul style="list-style-type: none"> <li>• Close all doors</li> <li>• Clear corridors</li> </ul> <p>Evacuation  <b>Horizontal/Initial Evacuation:</b>            From one fire compartment to another compartment  <b>Vertical Evacuation:</b>            Going from one floor to the floor below and is only done when a horizontal evacuation is not possible</p>	<p>Follow hospital instructions, do not use elevators or leave location until all clear.</p> <p>Follow security directions.</p>
<p><b>Environment of Care</b></p>	<p>Examples of unsafe conditions include:</p> <ul style="list-style-type: none"> <li>• Ladders left unattended in</li> </ul>	<p>Please report all identified issues to the appropriate manager of the department or service for follow-up.</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>hallways</p> <ul style="list-style-type: none"> <li>• Patient care rooms with electrical wires on floor as a tripping hazard</li> <li>• Storage in stairwells that would pose an exit issue in a fire situation</li> </ul>	<p>Escalation to senior management when your reporting is not addressed in a timely manner. Report unsafe conditions to the Safety Office at (609) 462-3086</p>
<b>Life Safety / ILSM- interim Life Safety Measures</b>	<p>ILSM are put into place only when due to construction, alternative fire exits are identified or if the fire alarm or sprinkler systems are not working. A fire watch is initiated for the duration of the out of service timeframe.</p>	<p>Be aware of any interim Life Safety Measures in place in your service or department.</p> <p>Look for specific information from the facility Safety Officer when appropriate.</p>
<b>Emergency Management/Disaster</b>	<p>When a disaster is called, the Office of Emergency Management will open the command center. All communications and actions to be taken will originate from there.</p>	<p>Wear your badge at all times for access to the hospital.</p> <p>Read all communications posted during the disaster timeframe and follow directions.</p>
<b>Hospital CODES</b>	<p>CODE Red- Fire            CODE Blue- adult medical emergency            CODE White- pediatric medical emergency            CODE Amber- child abduction            CODE Yellow- bomb            CODE Gray- security issue            CODE Silver- hostage situation/active shooter            CODE Orange – hazmat            CODE Triage- disaster            CODE Clear- the situation has been cleared            CODE FACE/CODE STROKE- Stroke            CODE SMART- Sepsis</p>	<p>To call a code Dial “***111”.</p> <p>Listen to overhead page for further instructions when warranted.</p>
<b>Patient Rights /Ethical treatment</b>	<p>Patient rights are guaranteed by the Federal and State government. The following are patient rights topics:</p> <ul style="list-style-type: none"> <li>• Effective communication</li> <li>• Informed consent</li> <li>• Privacy &amp; respect</li> <li>• The right to participate in care decisions, to designate someone to speak or make decisions for you, (Advance Directive, POLST, designation of surrogate decision maker)</li> </ul>	<p>Respect the patient and family rights.</p> <p>Obtain copies of policies or procedures that address these individual topics if you have questions.</p> <p>As a physician you are mandated to document the presence of an advance directive if your patient has one in the medical record.</p>

**Physician and Physician Extender Orientation/Education**

Topic	Important Points	Your role as a practitioner
	<ul style="list-style-type: none"> <li>• The right to have an emotional support person with you.</li> <li>• To know the identities and roles of every care provider.</li> <li>• Information tailored to patient age, language and ability to understand</li> <li>• Translation and interpretation services</li> <li>• The right to refuse any aspect of care.</li> <li>• Withholding or withdrawing care</li> <li>• Cultural and spiritual values, beliefs and preferences</li> <li>• Pain management</li> <li>• Visitation and patient support person</li> <li>• Research and clinical trials</li> <li>• Patient Complaints/Grievances.</li> <li>• Freedom from abuse and neglect</li> <li>• Freedom from Restraint ( see below)</li> </ul>	<p>POLST orders must be converted to a hospital order upon admission. A copy is placed in the medical record. Document all discussions with family regarding a patient's decision regarding DNR.</p> <p>Use the resources available for translation and interpretation services</p>
<b>Restraint</b>	<p>Physicians are responsible for orders for restraint. There are two types of restraint: Medical Surgical or non-violent or Behavioral also known as violent / self-destructive. These orders are time limited;</p> <ul style="list-style-type: none"> <li>•Medical Use (nonviolent, non-self-destructive behavior): orders cannot exceed 24 hours</li> <li>•Behavior Management Use (violent, self-destructive behavior) - Orders are time limited:             <ul style="list-style-type: none"> <li>• Age 18 and older: 4 hours maximum duration</li> <li>• Age 9-17years: 2 hours maximum duration</li> <li>• Under age 9: 1 hour maximum duration</li> </ul> </li> </ul> <p>Orders for restraint require a face-to-face evaluation of the patient, describing the behavior and validating the need for restraint <b>WITHIN ONE HOUR OF THE TIME RESTRAINTS WERE APPLIED.</b></p>	<p>Ensure that restraint orders and documentation are timely.</p> <p>Conduct a face to face evaluation within 1 hour of the application of the restraint.</p> <p>Ensure that alternatives are implemented and restraint is discontinued ASAP. Nursing staff should have exhausted alternatives to restraint before orders are given.</p>
<b>Abuse</b>	Types of abuse include: Child abuse, child abuse-sexual, Elder abuse and neglect, and adult abuse.	Support and protect our patients from abuse. Call the Social Work department for guidance at ext: x



**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>Each victim must be offered, when appropriate hospital and community resources that is available for counseling, information and assistance.</p> <p>In the case of a child, it is mandatory to report all suspected cases of abuse, sexual abuse and neglect to NJ Division of Child Protective Permanency Services (DCPPS)</p>	24436
<b>Pain Management</b>	<p>Pain management is an important patient right. When Pain is identified, a comprehensive plan should be put into place. We must assess using the most appropriate tool or scale recognizing age, ability to self-report, cultural differences and medical condition will affect which scale /tool we utilize.</p> <p>All patients are initially screened for pain whether inpatient or outpatient. Upon the presence of pain, we must do a full assessment, intervene, and do a follow up re-assessment.</p> <p>It is important to consider any personal, cultural, spiritual and/or ethnic beliefs that may impact the patient's perception of pain.</p>	Ensure that your patient is treated for pain, is educated about pain management techniques and orders are specific including specific dosages for specific parameters.
<b>Cultural Diversity</b>	<p>Includes gender, gender identity and expression, race/color, religion, ethnicity, national origin, Physical abilities, pregnancy, culture, sexual orientation, ideas / perspectives.</p> <p>Cultural Competence = Valuing Diversity + Appreciating Differences</p>	<p>Cultural competence is an expectation of the 21<sup>st</sup> century healthcare provider.</p> <p>Our patients expect &amp; deserve respect</p> <p>We must recognize cultures vary in regard to eye contact, assigned role, social setting, physical distance, gestures, tone of voice, language &amp; hearing Our code of conduct supports this.</p>
<b>Information management : HIPAA and Health Information privacy</b>	<p>HIPAA and privacy are an important component of patient care at the medical center. We follow the federal regulations and have processes in place to ensure privacy is not violated including audit trails for computerized information.</p>	<p>Do not discuss patients in public.</p> <p>Do not leave patient information in an area accessible to others.</p> <p>Do not share passcodes.</p> <p>Do not access information that you do not have a business reason to do so.</p>

**Physician and Physician Extender Orientation/Education**

Topic	Important Points	Your role as a practitioner
<p><b>EMTALA</b></p>	<p>We are required by law to provide emergency treatment to all regardless of age, race, religion, gender, disability, sexual orientation, or ability to pay.</p> <p>A medical screening and stabilization exam MUST be performed on anyone presenting to the ED or medical center campus with complaint of a medical emergency or request for examination.</p> <p>EMTALA mandates that the transfer of patients to another health care facility is based on their health care needs.</p> <p>Patients are not transferred to another facility based on their ability or inability to pay.</p> <p>Patients are transferred to another facility if they require emergency care that our facility does not provide.</p> <p><b>Transfer Requirements:</b></p> <ul style="list-style-type: none"> <li>• Copies of the patient's medical records</li> <li>• Inter-facility Transfer Form completed and signed by the physician.</li> <li>• Transport equipment and personnel to assure a safe and effective transport for the patient (ambulance).</li> </ul>	<p>Follow the EMTALA rules and requirements as violations are monitored by: N.J. State Dept. of Health Center for Medicare/ Medicaid Services</p> <p>Fines are substantial and can render against the physician and the hospital.</p> <p>Most average \$25,000-50,000.</p> <p>Medicare termination up to 6 month</p> <p>A physician or qualified medical personnel as defined by the Medical staff rules and regs must perform a Medical Screening exam on all patients presenting to the OB setting.</p>
<p><b>Ethics committee / End of Life</b></p>	<p>The BioEthics Consultation Service may be contacted on a 24-hour, 7-days/week basis to provide assistance to physicians, nurses, social workers, patients, family members and other caregivers involved in conflicts or difficult treatment decisions.</p> <p>The Ethics Consultation Services is accessed through the Medical Center Operator –or- may be ordered through Cerner.</p>	<p>Do not hesitate to use the services of the committee members.</p>
<p><b>Patient Experience - The Final Stage of Life</b></p>	<p>When a person enters the final stage of the dying process, their physical, emotional, spiritual and mental needs</p>	<p>You are expected to access the resources available to your patients and their families.</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>must be met.</p> <p>Monmouth Medical Center Southern Campus is committed to support the patients, their families and caregivers during the end of their life by enhancing their quality of life, and offering individualized, compassionate and comfortable care.</p>	<p>Barnabas Health Hospice and Palliative Care 732-962-0468</p> <p>Barnabas Health Home Care 732-962-0468</p>
<b>Patient Experience – HCAHPS</b>	<p>HCAHPS, the CMS patient satisfaction survey is mandated by the federal government. Of the 8 domains the survey focuses on physician communication especially courtesy and respect, listening to patients carefully, and explaining to patients in a way that they can understand. Hospital re-imburement is tied to the success of the HCAHPS data that is publicly reported.</p>	<p>Ensuring that your patients and their families understand their disease, care plan, treatment and care needs after discharge is an important component of keeping our patients healthy.</p> <p>Be certain to allow patients and families to ask questions and ensure that they understand the information that you share with them.</p>
<b>Access to Hospital and Medical Staff Policies</b>	<p>All policies are accessible through the medical staff office</p>	<p>Be familiar with those policies and procedures that affect your practice.</p>
<b>Organ donation</b>	<p>The NJ Sharing Network is the designated organ procurement organization responsible for the recovery of organs and tissue for the 5,000 New Jersey residents currently awaiting transplantation. Nurses notify the Sharing Network based on triggers.</p>	<p>Allow the Sharing Network coordinator to guide any discussion regarding the end of life. They are specially trained to deal with this sensitive topic.</p>
<b>Waived testing/ Point of Care</b>	<p>The Department of Laboratory/Pathology maintains the requirements for all Point Of Care / Waive testing competency. Information can be obtained through your department Chair office, Medical Staff office or Laboratory department.</p>	<p>You may not practice waive testing or Point of Care until the requirements for competency have been completed</p>
<b>Regulatory</b>	<p>Each hospital has oversight by many regulatory, accrediting or governing agencies. Each oversight body maintains specific regulations or rules that healthcare facilities are required to comply with. Although the regulations/standards of these</p>	<p>Please follow all regulations as indicated.</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>oversight agencies are usually aligned with each other, we are always required to adhere to the rules that are most stringent. These regulatory oversight agencies including but not limited to:</p> <ul style="list-style-type: none"> <li>• The New Jersey Department of Health and Senior Services- General Licensing Standards, Specific Licensing Standards (e.g. Hospital Licensing Standards)</li> <li>• NJ Department of Health and Human Services- Division of Mental Health oversight standards</li> <li>• US Department of Health and Human Services               <ul style="list-style-type: none"> <li>○ Center for Medicare/Medicaid Services- Conditions of Participation, EMTALA</li> <li>○ Office of Civil Rights- HIPAA</li> </ul> </li> <li>• College of American Pathologist (CAP)- Clinical Laboratory Improvement Amendments</li> <li>• Nuclear Regulatory Commission- Code of Federal Regulation- Energy</li> <li>• The Joint Commission- Specific Comprehensive Accreditation Standards</li> </ul>	
<p><b>Hospital Accreditation</b></p>	<p>Achieving accreditation status identifies providers as having met standards established by Accrediting Organizations.</p> <p>Medicare conditions of participation set forth the conditions for participating in and receiving reimbursement in the Medicare Program.</p> <p>This may be done by seeking deemed status designation through an accrediting organization.</p>	<p>Participation in Survey Readiness Activities</p> <p>During a survey, you may be interviewed and asked about your patient's plan of care</p> <p>Be familiar with the Credentialing Process and the Medical-Staff by-laws</p>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
	<p>Monmouth Medical Center Southern Campus has Hospital Accreditation and deemed status by The Joint Commission.</p> <p>Benefits of Accreditation</p> <ul style="list-style-type: none"> <li>• Helps organize &amp; strengthen safety efforts</li> <li>• Provides a competitive edge in the marketplace</li> <li>• Improves risk management and risk reduction</li> <li>• May reduce liability insurance costs</li> <li>• Provides professional advice and council</li> <li>• Enhances staff recruitment and development</li> <li>• Provides deeming authority for Medicare certification</li> <li>• Recognized by insurers and other third parties</li> <li>• Provides a framework for organizational structure and management</li> <li>• Provides practical tools to strengthen or maintain performance excellence</li> </ul>	
<p><b>Disease Specific Certifications and Centers of Excellence</b></p>	<p>Consumerism in healthcare leads each hospital to look for ways to ensure we are delivering the highest quality of care to our patients. Our Hospital is proud to hold Disease Specific Certifications or be recognized as a Center of Excellence in the following categories:</p> <ul style="list-style-type: none"> <li>• Heart Failure</li> </ul> <p>In order to achieve this recognition, we must substantiate that we provide care using the latest evidence based medicine, teach our patients and their caregivers how to manage their disease and their recovery and ensure our clinicians are up to date on the latest evidence.</p>	<ul style="list-style-type: none"> <li>• Utilize the pre-established order sets and protocols available to you within the Clinical Information System.</li> </ul>

**Physician and Physician Extender Orientation/Education**

<b>Topic</b>	<b>Important Points</b>	<b>Your role as a practitioner</b>
<b>Leapfrog</b>	<p>The Leapfrog Hospital Recognition Program is a comprehensive hospital initiative that focuses on important patient safety, quality, and resource-use standards.</p> <p>Each hospital is scored for its performance based on physician order entry, ICU physician staffing, maternity care, managing serious errors (never events), readmissions and length of stay.</p> <p>Leapfrog reports contains data collected from participating hospitals in all 50 states. The Leapfrog reports are made available to the public, who can then make comparisons between their local hospitals quality scores and reimbursement levels.</p>	<ul style="list-style-type: none"> <li>• Follow policy went inserting urinary catheters and central lines</li> <li>• Discontinue catheters and central lines asap</li> <li>• Do not deviate from established CPOE processes</li> <li>• Always use approved order sets to provide evidence based care</li> <li>• Ensure accurate medication reconciliation at discharge which is the most important deterrent to patient readmissions</li> <li>• Function as a team member at all times; ask for assistance as needed</li> </ul>
<p><b>Violence in the workplace-</b> Monmouth Medical Center Southern Campus is committed to providing a safe workplace for employees, physicians, patients and staff. We are also committed to reducing the propensity for violence in the workplace.</p>		
<b>Behaviors that interfere with Patient Safety</b>	<p>“Intimidating and disruptive behaviors” include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities.</p> <p>Behaviors constituting the above definition are unprofessional, destructive and not acceptable at Monmouth Medical Center Southern Campus as per our policy.</p>	<p>Be respectful in all interactions with hospital staff.</p> <p>Medical staff ;leadership can intervene for issues which are repetitive, sensitive, or produce a high level of frustration.</p>
<b>Sexual Harassment Prevention</b>	<p>Sexual harassment of any employee by a supervisor, co-worker, physician or agents of Monmouth Medical Center Southern Campus is an unlawful employment practice and will not be tolerated.</p> <p>Monmouth Medical Center Southern Campus will be free from sexual harassment and provides a complaint process in the event that an employee</p>	<p>Treat all staff with respect</p> <p>Immediately report allegations of sexual harassment pursuant to Monmouth Medical Center Southern Campus's policy.</p>

Physician and Physician Extender Orientation/Education

Topic	Important Points	Your role as a practitioner
	or physician believes they have been subject to sexual harassment	
<b>Active Shooter</b>	<p>Monmouth Medical Center Southern Campus has established guidelines for employees in the event of an active shooter in or around the hospital.</p> <p>Code Silver – alerts to an active shooter or similar threat of violence or hostage situation</p>	<p>Call 911 or the hospital emergency line “***111” and announce “active shooter”. Provide the location and a description of the person and type of weapon if known..</p> <p>If safe, evacuate patients, visitors and staff or shelter in place.</p> <ul style="list-style-type: none"> <li>• <b>Run</b> – immediately evacuate the area leaving all belongings behind</li> <li>• <b>Hide</b> - outside of the shooter’s view silencing cell phones and pagers</li> <li>• <b>Fight</b> – When your life or the lives of others are at risk, you may make the personal decision to try and incapacitate the shooter to survive</li> </ul>
<b>Documentation</b>	<ol style="list-style-type: none"> <li>1. Electronic Medical Record Suggestions: <ul style="list-style-type: none"> <li>• Avoid Copy and Paste</li> <li>• Review templated, prebuilt text documentation to ensure documentation for the current date of service is relevant and in agreement with current information</li> </ul> </li> <li>2. H&amp;P documentation should include the following: <ul style="list-style-type: none"> <li>• History of the present illness</li> <li>• Review of systems</li> <li>• Past medical, family and social history</li> <li>• Current medications and dosages</li> <li>• Allergies</li> <li>• Physical examination</li> <li>• Impression and Plan</li> </ul> </li> <li>3. Bedside procedures performed should be documented in detail and include the indications for performing the procedure</li> </ol>	<p>If you use the ‘copy and paste’ function, be sure to carefully review your notes for accuracy before signing.</p> <p>Bedside procedures which are invasive in nature must be performed in a manner consistent with the Universal Protocol for side/site</p>

**Physician and Physician Extender Orientation/Education**

Topic	Important Points	Your role as a practitioner
	<p>4. The final progress note should include sufficient detail and include the following:</p> <ul style="list-style-type: none"> <li>• Final diagnoses</li> <li>• Condition of patient</li> <li>• Discharge instructions</li> <li>• Follow-up care required</li> </ul> <p>5. Place of Service Documentation Guidelines</p> <ul style="list-style-type: none"> <li>• Patient encounter with a physician and NPP from the same group practice on the same date of service (Split/Shared Visit Inpatient Hospital/Outpatient Hospital) <ul style="list-style-type: none"> <li>○ Both the physician and the NPP should personally document in the medical record his/her key portion of the E/M split/shared visit.</li> <li>○ The physician’s documentation must clearly indicate that a face-to-face visit took place to bill under the physician.</li> </ul> </li> <li>• Recognize appropriate site of service for correct billing: <ul style="list-style-type: none"> <li>○ ED (use ED codes)</li> <li>○ Observation (use observation codes; may only billed by the provider that ordered and documented the observation service) <ul style="list-style-type: none"> <li>○ Outpatient (use outpatient visit codes for patient seen in outpatient hospital-based office/clinic <u>or</u> observation when the provider has not ordered observation)</li> <li>○ Inpatient (use inpatient hospital care codes)</li> </ul> </li> </ul> </li> </ul>	<p>identification and verification.</p>
<p><b>ACA Accountable Care Act Section 1557</b></p>	<p>Mandates nondiscrimination and provision of auxiliary aids for the deaf or hear of hearing and translation services for patients with limited English proficiency</p>	<p>Use the hospital translation service and be sure to document the ID number of the translator in your notes. The Nursing staff can assist you with this.</p>