YaleNewHavenHealth
Bridgeport Hospital

Medical Staff Education

Yale NewHaven Health Bridgeport Hospital

Purpose

This education module is designed to support the delivery of quality patient care in these areas and satisfy regulatory mandates as well as to inform you about other matters that are important for you to understand as a Member or Affiliated member of the Bridgeport Hospital Medical Staff.

We recognize that not all aspects of this training will be applicable to all individuals.

Following your review of this material, please take and return the self-test at the end. A score of at least 80% is necessary at the time of initial and re-appointment to the Medical Staff. The test confirms a basic understanding of the concepts addressed.

Presentation Outline

I. Continuing Medical Education Requirements
II. Standards of Appearance
III. Medical Staff Health
IV. Patient Safety Events
V. Special Patient Care Considerations
VI. Safety
VII. Infection Prevention & Control
VIII. TJC National Patient Safety Goals
IX. Legal Compliance: Fraud & Abuse, Private Inurement and Excess Benefit Transaction
X. High Reliability Organization Information
XI. Standard of Professional Behavior

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I. CONTINUING MEDICAL EDUCATION REQUIREMENTS

Continuing Medical Education (CME) Requirements

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The State of Connecticut requires physicians to participate in CME as a condition of continued licensure.

- A minimum of 50 contact hours every two years in an area of the physicians practice is required
- At the time of each re-appointment, attest to having them on file and available if requested

Continuing Medical Education (CME) Requirements

Additionally, at least one (1) contact hour of training or education must be earned on each of the following subject areas every six (6) years:

- Infectious diseases including acquired immune deficiency syndrome
- Risk management
- Sexual assault
- Domestic violence
- Cultural competency
- Behavioral health

The Yale CME Office offers on line courses in the above mentioned required topics. Go to www.cme.yale.edu, “our offerings”, “on line learning”, “webcasts” and scroll down to identify “CT Mandated Courses”. These courses are available to all Medical Staff members.

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II. STANDARDS OF APPEARANCE

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Standards of Appearance

Members and Affiliate members of the Medical Staff are expected to adhere to professional dress standards when attending to patients in the hospital.

Except in emergency situations, your cooperation in avoiding use of the following items is appreciated:

- Exercise clothing – including shorts, sweatpants, sweatshirts, t-shirts
- Jeans

Please also:

- Be sure to cover midriffs and offensive tattoos
- Follow Infection Control Policies surrounding fingernails
  - No artificial nails
  - Nails must be kept to ¼ inch or shorter

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III. MEDICAL STAFF HEALTH

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Medical Staff Health

Medical Staff Policy and Physician Health Committee

Goals:

- To educate Medical Staff about physical, psychological and substance abuse issues that may affect a practitioner's ability to safely deliver care
- To encourage self-referral of medical staff with health problems
- To remediate and rehabilitate physicians with health problems as quickly and to the extent possible
- To establish a mechanism for the identification and referral of medical staff with health problems
- To evaluate referred or self-referred concerns with appropriate confidentiality

Medical Staff Health (con't)

Signs of Potential Practitioner Impairment:

- Odd behavior / personality changes
- Making rounds at unusual / inappropriate times
- Lack of availability or inappropriate responses to phone calls
- Social withdrawal
- Increased problems in quality
- Changes in personal hygiene and grooming
- Inability to focus and follow conversations

Practitioners considered "At-Risk":

Impaired practitioners may be found in all specialty areas but are reportedly most often in:

- Anesthesiology
- Psychiatry
- Emergency Medicine

Medical Staff Health (con't)

Self – referrals or reports of suspected impairment should be brought to the attention of one of the following:

Ryan O'Connell, MD, *Interim Chief Medical Officer and Chair Physician Health Committee*

Ryan.O'Connell@bpthosp.org

(203) 384-3717

Legal & Risk Services Department

(203) 688-2291 or off hours available via page operator (203) 688-3111

Note: For a copy of the Medical Staff Health Policy, please contact the BH Medical Staff Administration (203-384-3742) or go to the Intranet, click on the "Bridgeport Hospital" tab and then "Policies"

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IV. PATIENT SAFETY EVENTS

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Patient Safety

The State of Connecticut Department of Public Health (DPH) requires that certain events that occur in the hospital setting be reported within seven (7) days of awareness.

Report these events through the YNHHS Department of Legal & Risk Services.

(203) 688-2291

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Patient Safety(con't)

Surgical / Invasive Procedure Related:

- Surgery performed on the wrong body part, wrong patient or wrong procedure performed
- Unintended retention of a foreign object in a patient after surgery or other procedure
- Intraoperative or immediate (w/in 24 hours of surgery) death in an ASA Class I or II patient
- Patient death or serious disability as a result of surgery including hemorrhage greater than 30% of circulating blood volume
- Perforation during open, laparoscopic and/or endoscopic procedure resulting in death or serious disability

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Patient Safety(con't)

Care Management Related:

- Patient death or serious disability associated with a medication error (wrong drug, dose, route, patient, rate or time) or medication reaction
- Patient death or serious disability associated with a hemolytic reaction due to administration of incompatible blood or blood products
- Lab or radiology test results not reported to the treating practitioner or reported incorrectly which result in death or serious disability due to incorrect or missed diagnosis in the emergency department
- Death or serious disability associated with hypoglycemia when onset occurs in the hospital
- Death or serious disability associated with failure to identify and treat hyperbilirubinemia in neonates

Patient Safety(con't)

Environment Related:

- Patient death or serious disability associated with a burn incurred from any source while in the hospital
- Patient death or serious disability associated with a fall in the hospital

Obstetrics Related:

- Obstetrical events resulting in death or serious disability to the neonate
- Maternal death or serious disability associated with labor and delivery in a low-risk patient

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Patient Safety(con't)

Product or Device Related:

- Patient death or serious disability related to the use of contaminated drugs, devices or biologics provided by the hospital
- Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than intended
- Patient death or serious disability associated with intravascular air embolism that occurs in the hospital

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V. SPECIAL PATIENT CARE CONSIDERATIONS

PAIN MANAGEMENT
USE OF RESTRAINTS
ORGAN DONATION
PATIENT RIGHTS
INTERPRETER SERVICES
ANTIBIOTIC STEWARDSHIP

Pain Management

Yale NewHaven Health Bridgeport Hospital

What is my role?

- Pain is expected to be assessed using objective criteria with regular reassessment and appropriate analgesia prescribed to appropriately manage pain.

  This includes:

  - Using and/or understanding the objective scale appropriate for your population of patients (i.e., 1-10 numeric pain scale; faces scale; etc.)
  - Writing medication orders that define parameters for administration that match the appropriate scale for use (e.g., X medication Y mg PO PRN for Pain Score 8-10)
  - Assessing and reassessing the patients and documenting these assessments using this scale
  - Considering non-pharmacologic interventions
  - Considering an appropriate plan for ongoing pain control after discharge

For More Information:

Refer to the "Pain Assessment & Management Policy"

- Go to the BH Intranet
- Click on the "BH Hospital" tab
- Click on the "Policies" header
- Click on "BH Policies and Procedures"

Use of Restraints or Seclusion

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BH is committed to prevent, reduce, and eliminate the use of restraints and seclusion whenever clinically feasible and to promote the rights, dignity and physical integrity of the patient to the fullest extent possible.

All physicians and advanced practice providers must understand the regulatory requirements and strive toward achieving this goal.

For *violent / self-destructive* reasons:

- If an RN applies a restraint, a MD/DO/APRN/PA must be notified *as soon as clinically feasible* after application to obtain an order.
- The MD / DO / APRN / PA / specially trained RN must conduct and document a Face-to-Face assessment within one hour of the application of the restraint / seclusion.
- The Face-to-Face assessment must include a review of the patient's:
  - *immediate situation,* including the behavior necessitating restraint / seclusion;
  - *reaction to the intervention*
  - *medical and behavioral condition*

  And a decision to *continue or terminate* the restraint
- A restraint order is time limited (4 hours for adult; 2 hours for ages 9-17; 1 hour for <8 years old) and if required longer, an RN may assess the need for continuing the intervention and obtain a renewal of the order for up to 24 hours. If required beyond 24 hours, a new Face-to-Face evaluation is required.
- Restraint / seclusion must be discontinued as soon as it is no longer required. An RN may discontinue the intervention without obtaining an order.

For *non-violent / non self-destructive* reasons:

- MD / DO / APRN / PA must write an order each calendar day.
- MD / DO / APRN / PA must complete an assessment within 24 hours of each order and document the assessment in the medical record

For more information refer to the "Restraint and Seclusion" policy

- Go to the BH Intranet
- Click on the "BH Hospital" tab
- Click on the "Policies" header
- Click on "BH Policies and Procedures"

Organ Donation

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Nationwide and at Y-NHH hundreds of patients are awaiting life- saving heart, liver, kidney and pancreas transplants and many die waiting for the organ that they will never receive. Transplant can become a reality for many of these patients **IF** the guidelines below are followed:

Referrals to New England Donor Services (NEDS) will be made in compliance with CMS conditions of participation.

Any hospital staff member can make a referral to NEDS utilizing the following clinical triggers only:

"GIVE" TRIGGERS:

G – Glasgow Coma Scale (GCS) is low, indicating cerebral insult from a catastrophic or irreversible condition

I – Intubated, unable to maintain patent airway independently

V – Ventilatory support required due to absence of, or ineffective, spontaneous respiratory effort

E – End of life discussion anticipated with potential for discussion re: brain death or comfort measures only

Referrals to NEDS should occur, **PRIOR TO** initiating brain death testing, preferably when potential to progress to brain death is determined and **PRIOR TO** discussing withdrawal of life sustaining therapies with the family / next of kin / power of attorney.

Do not mention donation to a family, this is the responsibility of NEDS

If a patient's family raises the issue of organ donation, please refer to NEDS – 1-800-446-6362.

After patient death notify NEDS within one hour of asystole for assessment and determination of medical suitability for tissue donation.

Patient Rights

What is my role?

- **Informed consent**—All patients must be properly and completely consented for procedures that will be performed.
- **Disclosure**—Patients, and when appropriate their families, must be informed of outcomes, including unanticipated outcomes, especially those causing significant harm, whether or not an error occurred. *Please contact the Legal Department for guidance regarding disclosures 203-688-2291.*
- Policies are established to manage disruptive behavior or behaviors that undermine the culture of safety.

For More Information:

"Consent for Operation or Other Procedures" Policy

"Disclosure of Unanticipated Outcomes to Patients and Families Policy"

"Medical Staff Bylaws: Medical Staff Code of Conduct"

- **Go to the BH Intranet**
- **Click on the "Bridgeport Hospital" tab**
- **Click on the "Policies" header**
- **Click on "BH Administrative Policies & Procedures Manual"**

Interpreter Services

Yale NewHaven Health Bridgeport Hospital

Healthcare providers are required by State and Federal law and Joint Commission to use appropriate interpreters to communicate with limited English proficient patients and their family/ caregivers.

Patient family members , friends or other non-Hospital personnel present with the patient are NOT considered appropriate interpreters.

Interpreters/Translation Services

- Bridgeport Hospital Offers language interpretation option, including a video interpretation service , a video interpretation phone booth in the main lobby , live Spanish interpreters, sign language, sound amplifiers and a language phone. If you need interpretation services contact the nurse on staff.

Antimicrobial Stewardship at Yale-New Haven Health System

Yale NewHaven Health Bridgeport Hospital

- All acute care hospitals are required by The Joint Commission to have an antimicrobial stewardship program (ASP)
- Antimicrobial stewardship is every health care provider's responsibility and involves a multi-modal process that is a coordinated effort to mitigate unnecessary or inappropriate antimicrobial usage to improve patient care and decrease patient harm and antimicrobial resistance
- Yale-New Haven Health System has an Antimicrobial Stewardship Committee that develops and monitors system-level antimicrobial use and looks for opportunities for improvement in antimicrobial therapy management
- Certain antimicrobials require pre-authorization or approval by ID and/or pharmacy prior to use as part of the ASP
- Additional components of the ASP include a Pharmacist Driven IV to Enteral Protocol and Renal Dose Adjustment Protocol

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VI.SAFETY

GENERAL SAFETY
MEDICAL EMERGENCIES
EMERGENCY CODES STAFF RESPONSE ACTION
FIRE SAFETY
MATERIAL SAFETY DATA SHEETS
HANDLING MEDICAL WASTE

General Safety

Yale NewHaven Health Bridgeport Hospital

What is my role?

- Your identification badge must be displayed at all times while on hospital property.
- Bridgeport Hospital has been designated as a smoke-free facility. Blue painted lines mark the perimeter where smoking is not permitted.
- If you identify a specific problem that relates to safety risks in the hospital environment , it is important to report this through the patient service or other relevant manager and/or electronic event reporting application on the Clinical Workstation to resolve the care risk for your safety and the safety of our patients.

For More Information:

"Identification of Employee Policy" &

"Smoking Regulations – Hospital Policy"

- **Go to the BH Intranet**
- **Click on the "Bridgeport Hospital" tab**
- **Click on the "Policies" header**
- **Click on "Bridgeport Hospital Administrative Policies & Procedures Manual"**

RL Solutions (to report safety risks)

- **Go to the BH Intranet**
- **Click on the "Bridgeport Hospital" tab**
- **Click on the "Report A Safety Event" header**

Medical Emergencies

Yale NewHaven Health Bridgeport Hospital

Cardiopulmonary Resuscitation Codes

- Dial “155” from a Hospital phone (press code button in patient room) and indicate the type of code (see below) and specific location:

  ADULT: “Code **Blue**”
  PEDIATRIC: “Code **White**”

- Begin CPR until additional personnel arrive

For more information:

- Go to the Intranet
- Click on the “Bridgeport Hospital” tab
- Click on the “Policies” header
- Click on “Bridgeport Hospital Policies and Procedures”
- Search for *Cardiopulmonary Resuscitation Process “Code Blue, Code White and Respiratory Alert” Process* Policy (Will be transitioning to System Policy: *YNHHS Cardiopulmonary Emergencies)*

Medical Emergencies

Yale NewHaven Health Bridgeport Hospital

Rapid Response Team (RRT) – **ADULT**

- **Team Members**
  - Hospitalist Attending Physician
  - RN (ICU-level training)
  - Respiratory Therapist

- **When is it appropriate to call the "RRT"?**
  ***Criteria guidelines include but are not limited to*:**
  - HR < 40 or > 120
  - RR < 10 or > 30 sustained for 5 minutes or more
  - SBP < 90 or > 200
  - Difficulty breathing
  - O2 saturation < 90% on prescribed oxygen
  - Change in mental status
  - Staff worried about patient *for <u>any</u> reason*
  - Rothman Index Alerts: decrease in score greater than 40% in 12 hours
    - Pt enters "very high" warning lane
  - Sepsis Alert: Patient meets sepsis criteria (vital signs/labs)

Medical Emergencies

Yale NewHaven Health Bridgeport Hospital

Rapid Response Team (RRT) -- **ADULT**

- *Any member* of the healthcare team can activate the Rapid Response Team (RRT) as deemed necessary for a declining patient based on the "criteria guidelines"
- Patients and family members are also able to activate the RRT independent of the health care team in accordance with YNHHS Policy
- The Primary Team will be notified of RRT activation on their patient for input/treatment decisions

How do I activate the RRT?

1. Contact the page operator by dialing 155 (on campus)
2. Identify the patient to be seen, including location (unit, floor, room number)
3. Pages go out simultaneously to all RRT members and response occurs in less than 5 minutes

Emergency Codes Staff Response Action

Yale NewHaven Health Bridgeport Hospital

EMERGENCY CODE	WHO TO CONTACT	STAFF RESPONSE	WHAT TO EXPECT
CODE "D" Disaster	• DIAL 155 Internally • DIAL 203-330-7400 To call the Incident Command Table	• Members of Hospital Incident Command should report to the Command Center. • All employees should immediately report to their respective departments.	Employees will receive further instructions from their immediate supervisor. Potential for Surge of patients, Evacuation, and Shelter in place.
CODE BLACK Bomb Threat	• DIAL 155 Internally • DIAL 911 from any other building, including all other Outpatient locations	• Departments will visually search their own area. • Maintenance & Security should not to use 2-way radios. • Report any suspicious package or item immediately by calling 155.	A verbal, written or behavioral indication of a threat to use an explosivedevice.
CODE GRAY Combative Person	• DIAL 155 Internally • DIAL 911 from any other building, including all other Outpatient locations	• Call ext. 155 and state the need for a Code Grey response and the location.	Emergency response by Psychiatry & Security for an act or threat of violence against a patient, visitor or staff member. This includes intimidation, harassment and/or coercion.
CODE BROWN Power Outage	• DIAL 155 Internally • DIAL 203-384-3466 from any other building, including all other Outpatient locations	• BH Utilize flashlights, ensure that patient care equipment are on Emergency Power (RED OUTLETS). • Take action to provide continuity of care.	BH has 3 emergency generators for backup. All critical electrical systems, life safety lighting, (RED ELECTRICAL OUTLETS) will continue to work uninterrupted.
CODE RED Fire	• DIAL 155 Internally • DIAL 911 from any other building, including all other Outpatient locations	R = Rescue patient/others A = Activate Fire Alarm C = Confine/ Close doors E = Extinguish & Evacuate if necessary Fire Extinguisher Use: P = Pull the pin A = Aim nozzle at base of fire S = Squeeze the handle S = Sweep from side to side	Smoke or fire in any area of the building. Staff should be ready to evacuate the area if directed.

Emergency Codes Staff Response Action

Yale NewHaven Health Bridgeport Hospital

CODE ORANGE Hazardous Materials Incident	• **DIAL 155** Internally • **DIAL 911** from any other building, including all other Outpatient locations	• EVACUATE everyone from the area • REPORT the incident • IDENTIFY the chemical & amount using the MSDS online	An uncontrolled or accidental release of hazardous material posing a risk to health and safety.
CODE WHITE Pediatric Medical Emergency	• **DIAL 155** Internally • **DIAL 911** from any other building, including all other Outpatient locations	- Staff should assist the patient until the arrival of the Code White Team.	The Code White team will respond to the location and will assume the responsibility of patient care.
CODE AMBER Infant/Child Abduction	• **DIAL 155** Internally • **DIAL 911** from any other building, including all other Outpatient locations	- Provide a brief description of the missing child, including age, gender, height, hair color, and color/type of clothing. - Seal off your unit/dept. by positioning yourself in corridors, exits and stairwells. - Report location of child or suspected abductor to Security immediately.	Visitors will not be allowed to enter or exit the building. Expect a response by security and local law enforcement. There will be continued overhead announcements with description of child and suspected abductor.
CODE GREEN Evacuation	• **DIAL 155** Internally • **DIAL 911** from any other building, including all other Outpatient locations	- Staff should return to their unit and discuss the situation with their supervisor and await further instructions.	Move patients, staff, and visitors away from the threatening event. Consider shutting down medical gasses or equipment. Unless immediate danger exists, do not evacuate until directed by the Command Center. Request staff assistance for transportation and movement of patients. Once clear of the immediate threat, all patients and visitors will be relocated to a Patient Holding Area.
CODE PINK Birth Outside of the Delivery Room	• **DIAL 155** Internally • **DIAL 911** from any other building, including all other Outpatient locations	- Staff should assist the patient until the arrival of the Code Pink Team.	The Code Pink team will respond to the location and will assume the responsibility of patient care.
CODE SILVER Active Shooter/ Active Assailant	• **DIAL 155** Internally • **DIAL 911** from any other building, including all other Outpatient locations	RUN: Have an escape route & plan in mind, Leave your belongings behind. Keep your hands visible. HIDE: Hide in an area out of the shooter's view. Block entry to your hiding place & lock doors. Silence your cell phone and/or pager. FIGHT: As a last resort & only when your life is in imminent danger, try to incapacitate the shooter. Use physical aggression and throw items at the active shooter.	When Law Enforcement arrives: Remain calm and follow instructions. Put down any items in your hands (i.e., bags, jackets). Raise hands and spread fingers. Keep hands visible at all times. Avoid quick movements toward officers such as holding on to them for safety. Avoid pointing, screaming or yelling. Do not stop to ask officers for help or direction when evacuating.

Fire Safety

Yale NewHaven Health Bridgeport Hospital

Response when you see fire or smoke

RACE

Rescue anyone in danger
Alarm- Activate the alarm
Call 155 "Code Red"
Confine the fire, close all doors
Extinguish the fire / Evacuate.

Take notice of where fire pull boxes, stairwell exit doors and fire extinguishers are located throughout the hospital

Using a portable fire extinguisher

PASS

P ull the pin
A im at the base of the fire standing six to ten feet away
S queeze the trigger in 5 min bursts
S weep from side to side

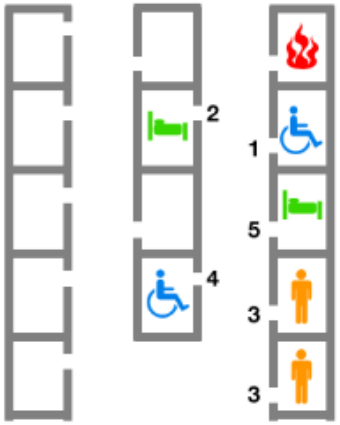
Fires can spread rapidly.
Before re-entering the room with an extinguisher, touch the closed door with the back of your forearm. If the door is warm, do NOT open it. The fire behind the door is probably too large to fight.

Evacuation

Any patients in the room of fire origin should be moved to a protected location immediately. Remaining patients should be removed from the danger zone in this order:

1. Patients in rooms next to the room of fire origin, regardless of their mobility
2. Patients in rooms directly across the hallway from the room of fire origin, regardless of their mobility
3. Other patients in the danger zone, in this order

   a. Walking patients / b. Wheelchair patients / c. Bed patients



<u>Horizontal evacuation</u> is the first strategy used to defend-in-place. Patients are moved down the hall, out of the danger zone, through at least one set of fire or smoke doors.

<u>Vertical evacuation</u> involves moving patients down the stairs to a lower floor or safe area of the facility. In general, the fire department orders vertical evacuations.

Fire Safety (cont.)

Yale NewHaven Health Bridgeport Hospital

What you can do to maintain a fire-safe environment

Never block medical gas, vacuum valves, fire extinguishers, fire alarms, electrical panels and automatic fire doors

Keep hallways and exits clear of obstruction and free of clutter. Nothing can be stored in stairways

Never use door wedges or tape over a door latch because they prevent doors from closing and allow a fire to spread

Fire rated doors have a fire resistive rating that was tested and certified. Combustible loads (papers, laminations, decorations etc.) cannot be adhered to these doors because these items add fuel in the event of a fire and this reduces the fire resistive rating of the door

All employees must keep means to egress (exit) open by maintaining clear and unobstructed corridors. If an object is in the corridor practice a questioning attitude and ask if it can be moved.

Fire Safety: Procedural Areas

Yale NewHaven Health Bridgeport Hospital

Fire Safety in Procedural Areas

Fire is an inherent risk in the procedural areas. It is an ever present danger and poses a real hazard to patient and healthcare worker safety. It is important that staff working within the procedural areas are knowledgeable at preventing surgical fires and handling fires should they start.

Fire Safety: Procedural Areas

Yale NewHaven Health Bridgeport Hospital

Perfect Storm for Procedural Area Fires

Fiber optic Light Sources

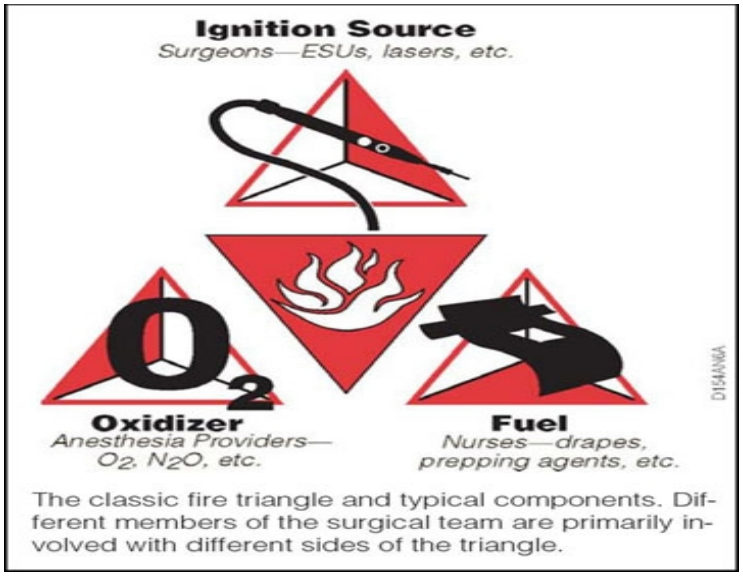
- Place light source in standby when not in use and turn off when cable is not connected
- Keep away from flammable items
- Do not allow to hang off side of sterile field

Electrosurgical Unit (ESU)

- Use lowest setting to achieve results
- Place ground pad on a large muscle
- Use a safety holster when not in use
- Keep active electrode tip clean
- **ALLOW PREP TO DRY BEFORE USING**
- Remove foot pedal when not in use
- Use Bipolar when appropriate

Electrical Equipment

- Inspected by Biomed
- Check equipment for stickers
- Check for damaged cords
- Remove equipment that emits smoke



The classic fire triangle and typical components. Different members of the surgical team are primarily involved with different sides of the triangle.

Oxidizers

- Highly flammable
- Use with caution in presence of ignition sources
- The strategies used for Oxygen should be used for Nitrous Oxide
- Oxygen
  - Maintain adequate ventilation especially under drapes of patient having face or neck surgery
  - Know the location of O2 shut off valves
  - Use medical air when possible because it has <30% oxygen

Fuel

- Linens
- Lap pads, dressing, tape
- Towels
- Endotracheal tubes
- Shoe covers
- Body hair
  - Clip hair
  - Use water soluble jelly in hair if appropriate
- Intestinal gases
- Prepping Agents
  - Allow sufficient dry and evaporation time as per manufacturer written instructions

Flammable Gases

- Oxygen
- Nitrous Oxide
- Intestinal gases (Contain Hydrogen and Methane)
- Shut off valves for gases
  - You need to know where they are and how to turn off

Prep Solutions

- Alcohol and Tincture Solutions are flammable
- Do not allow to pool
- Allow dry and evaporation time
  - Follow written manufacturer guidelines for appropriate prep dry times
- Do not drape until alcohol has dried

Fire Safety: Procedural Areas

Yale NewHaven Health Bridgeport Hospital

- **Should a fire occur in a surgical procedure the primary concern is the patient**
  - Remove or extinguish burning materials, Rescue the patient from immediate danger
    - O2 and gases will be d/c'd per anesthesia
  - Pull alarm
  - Provide appropriate care to patient

- **If the fire is confined to patient**
  - Follow race protocol – no matter how small!!!
  - Resume ventilation, control breathing, assess and treat injuries

- **If the fire spreads beyond the patient**
  - Follow RACE protocol
  - Decision to evacuate in collaboration with anesthesia, surgeon and emergency personnel
  - Evacuate patient on bed or stretcher
  - Anesthesia or designee will unplug their equipment
  - Circulating Nurse will
    - Unplug electrical devices, if necessary
    - Disconnect all equipment connected to surgical field
  - Scrub will gather instruments into basin and place on OR bed
  - Surgeon/Proceduralist will control surgical wound
  - All team members will remove patient out of procedure room
    - Last staff member to exit room will close door to isolate the fire
  - Hospital personnel will report to room with extinguishers
  - Nurse manager or designee will turn off gases/shut down valves for that room (per anesthesia)
  - Anesthesia and surgeon will determine to continue or terminate procedure
  - Nurse manager or designee will arrange for emergency equipment in designated area

Material Safety Data Sheets “MSDS” Program

Yale NewHaven Health Bridgeport Hospital

Safety Data Sheets are informational tools that tell us the hazards of a chemical or product and how to properly protect yourself when using, as well as much other emergency response information.

Safety Data Sheets can be located on the BH Intranet home screen by clicking on the Chemical SDS sheets formerly(MSDS) icon.

Yale NewHaven Health Bridgeport Hospital

Handling Medical Waste

- Safe handling of hazardous materials is important.
- Dispose of all regulated* medical waste appropriately red plastic lined medical waste containers.

*Includes blood, blood products, pleural fluid, amniotic fluid, semen, CSF, peritoneal fluid, synovial fluid, vaginal secretions, pericardial fluid.

To report a safety concern, or for any safety-related questions, call the Safety Manager.

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VII. INFECTION PREVENTION & CONTROL

OVERVIEW
HAND HYGIENE
INFECTION PREVENTION PRECAUTIONS

Overview

Yale NewHaven Health Bridgeport Hospital

What is my role?

- Central to our Exposure Control Plan is the **mandatory use of STANDARD PRECAUTIONS:**
  - Handwashing before entering and leaving a patient room; before and after every patient contact; immediately after skin exposure to blood or other potentially infectious material.
  - Wearing gloves when there is a risk of exposure to blood or other potentially infectious materials from all patients. Gloves must be removed and hands washed immediately after the task. Wearing gloves is not a substitute for hand washing.
  - Use of goggles or glasses with side shields, masks or face shields to protect mucous membranes from accidental exposure when a procedure might result in splashing, spraying or aerosolization of blood and other body fluids.
  - Discarding of sharps in the appropriate puncture resistant containers provided in patient care rooms and treatment areas. Sharps are discarded without breaking, bending or recapping.
  - Promptly cleaning up all spills of blood or other potentially infectious material in an appropriate manner with decontamination of the site with approved disinfectant.
  - Handling of soiled linens, medical waste and laboratory specimens in a safe manner.
- Other precautions are used in situations that are designed to reduce transmission of epidemiologically significant organisms by direct or indirect contact. This may include **CONTACT PRECAUTIONS**:
  - Handwashing with soap and water or alcohol based sanitizer before entering or leaving a patient room and before or after contact with a patient or his/her environment.
  - NOTE: If the patient is known to have C. difficile or norovirus, soap and water must be used to wash hands.
  - Use of appropriate gloves and gowns
  - Appropriate cleaning and disinfection of equipment/supplies before removal from the room.

For More Information:

Infection Prevention and Control Manual

- **Go to the BH Intranet**
- **Click YNHHS tab**
- **Click on the "Policies" header**
- **Click on the "Yale New Haven System Policies and Procedures"**
- **Click on "Infection Prevention and Control Manual (YNHHS)"**

Hand Hygiene

Yale NewHaven Health Bridgeport Hospital

Proper Performance of Hand Hygiene

Using Soap and Water

- Turn on faucet, wet hands, apply soap
- Rub hands together to form a lather for at least ***15*** seconds **making sure** to cleanse thumbs, areas in between fingers, and under fingernails
- Thoroughly rinse lather from hands
- Pat dry with clean paper towel
- Use paper towel to turn off faucet
- Dispose of paper towel in appropriate receptacle

Using Alcohol-based Hand Rub

- Push the dispenser *once* and coat all surfaces of your hands including:
  - between fingers
  - under fingernails
  - back of hands and wrists
- Rub hands together briskly until dry (No rinsing needed)

Other Considerations

- Artificial nails, nail art or nail jewelry is not permitted
- Gloves are not a substitute for hand hygiene
- Perform hand hygiene *before* putting on gloves
- Remove gloves after patient care and immediately perform hand hygiene
- Wear a new, clean pair of gloves for each patient encounter and never wash, disinfect or sterilize gloves for re-use

When should an alcohol-based hand rub not be used?

- When hands are visibly soiled or dirty
- When hands have been in direct contact with blood or body fluids
- After contact with a patient, or their environment, who has *C. difficile*

In the above cases, hand hygiene should be performed using soap and water instead of an alcohol-based hand rub.

Infection Prevention:

Yale NewHaven Health Bridgeport Hospital

-Standard & Contact Precautions

Standard Precautions

- Used for patients known or suspected to be colonized and/or infected with epidemiologically significant organisms (e.g., MDROs)

- MDROs are most commonly transmitted via contact:
  - *Direct contact transmission*: organisms are transferred from one person to another
  - *Indirect contact transmission:* transfer of an organism through a contaminated intermediate object or person (e.g., unwashed hands, improperly cleaned patient care devices, instruments, equipment, environment)

Contact Precautions

- Contact Precautions are intended to prevent transmission of organisms (such as MDROs) that are spread by direct or indirect contact with a patient or a patient's environment.
- Require putting on gown and gloves
  - *Prior* to entering a patient room even if…"I'm not going to touch anything."
  - Perform hand hygiene *before* putting on gloves so gloves are not contaminated. This protects the patient and you.
  - Tie gown at the waist and neck to keep it from opening and/or slipping off the shoulders to prevent contamination of your clothing.
- Remove gown and gloves before leaving the room.
- Perform hand hygiene immediately after removal of gown and gloves, before touching anything or anyone.

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Infection Prevention:

- Contact Plus
- Droplet
- Airborne Precautions

Contact Plus Precautions

Used for patients with C. difficile and/or norovirus infections

- Infected patients to remain on precautions until discharge
- Require gown and gloves to enter room. Remove and discard before leaving the room
- Perform hand hygiene before putting on gloves and when removing gloves (handwashing with soap and water in sink preferred)

Droplet Precautions

Used for patients with infections spread by large respiratory droplets (e.g., Influenza, rhinovirus, meningococcal meningitis)

- Required to wear a mask before entering room. Remove mask and discard when leaving room
- Perform hand hygiene before entering room and when leaving room

Airborne Precautions

Used for patients with confirmed or suspected infections spread by small droplet nuclei that may be suspended in air currents for extended periods of time (e.g., tuberculosis, chickenpox or disseminated zoster-along with contact precautions)

- Patients must be placed in an Airborne Infection Isolation Room (negative pressure)
- Require a N95 or PAPR respirator to enter room. Staff are required to be fit tested to use a N95 respirator and must do a fit check when putting on the respirator.
- Perform hand hygiene before entering room and when exiting.

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VIII. TJC NATIONAL PATIENT SAFETY GOALS

NPSGs were established by the Joint Commission to help accredited organizations address specific areas of concern with regards to patient safety such as:

ANTICOAGULATION
HOSPITAL ACQUIRED INFECTIONS
MULTI-DRUG RESISTANT ORGANISMS (MDRO)
CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI)
CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)
SURGICAL SITE INFECTIONS (SSI)

Anticoagulation

Yale NewHaven Health Bridgeport Hospital

- As part of the Joint Commission's National Patient Safety Goal, all hospitals are required to reduce the likelihood of harm to patients associated with the use of anticoagulant therapy.
- Yale New Haven Health System (YNHHS) provides a safe, efficient and standardized approach to monitoring anticoagulation therapy.
- Anticoagulant Management includes monitoring of patients receiving therapeutic dosing of Unfractionated Heparin (UFH), Low Molecular Weight Heparin (LMWH), fondaparinux, warfarin, direct thrombin inhibitors (DTIs) and Direct Oral Anticoagulants (DOACs) to individualize the care provided to each patient.
- Components of Anticoagulation Monitoring program include:
  - Approved protocols for UFH, LMWH, Fondaparinux, Warfarin, DTIs and DOACs
  - Standard Epic order sets/panels to ensure appropriate dosing based upon indication, as well as associated lab work and clinical monitoring
  - Monitoring via the Epic anticoagulation scoring report of all patients receiving therapeutic doses of medications listed above by pharmacists
  - Pharmacists will contact the providers as indicated to make therapeutic recommendations outside the protocol
  - Education on warfarin are given to providers, nurses and pharmacist in the form of in-services
  - New patients started on warfarin for deep vein thrombosis and atrial fibrillation are educated by the pharmacist
- Anticoagulation safety practices are evaluated through drug utilization evaluations and review of adverse drug reaction reports
- Safety alerts related to anticoagulants from FDA, ISMP or other organizations are reviewed at Pharmacy and Therapeutics Committee and distributed to providers, pharmacists and nurses.

Hospital Acquired Infections

Yale NewHaven Health Bridgeport Hospital

Hospital Acquired Infections (HAIs) are an important issue for all hospitals. The areas of current focus are:

- Multidrug-Resistant Organisms (MDROs)
- Central Line Associated Blood Stream Infections (CLABSIs)
- Surgical Site Infections (SSIs)
- Catheter-Associated Urinary Tract Infections (CAUTIs)

Multi-Drug Resistant Organisms (MDRO):

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Prevention and Control

Background

- HAIs are more likely to be caused by multi-drug resistant organisms (MDRO) than community acquired infections.
  - MDROs are bacteria resistant to first-line therapies.
  - MDROs are often difficult to treat due to their innate or acquired resistance to multiple classes of antimicrobial agents.
    - In some cases, there are few, if any, options for patient treatment.
  - Examples of MDROs:
    - Vancomycin resistant enterococcus (VRE)
    - Methicillin resistant *Staphylococcus aureus* (MRSA)
    - Gram negative bacteria (e.g., E. coli, Pseudomonas, Klebsiella, Enterobacter, Acinetobacter) resistant to first-line antibiotic agents and/or carrying certain resistance traits (e.g., ESBL = extended spectrum beta-lactamase; KPC = *Klebsiella pneumoniae* carbepenemase)
- MDRO infections are particularly difficult and problematic to treat in certain patient populations such as:
  - Immunosuppression
  - Prosthetic devices
  - Device-related infections (e.g., central line infection, Foley catheter related infection, ventilator associated pneumonia)
- Although *C. difficile* (C. diff) is not technically an MDRO, it poses similar challenges for prevention of transmission and treatment.
  - Outbreaks of a particularly virulent strain of C. diff are being increasingly reported across the US.

Scope

- The CDC estimates that healthcare-associated infections (HAI) account for an estimated 1.7 million infections and 99,000 associated deaths each year in the US.
  - Cost: $17 - 29 billion a year.
  - One of the top ten leading causes of death.
- HAIs are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting.
  - HAIs are not present or incubating at the time of admission.
  - HAIs lead to:
    - increased length of stay
    - more diagnostic tests
    - more treatment
    - more antibiotics
    - more antibiotic resistance

Central Line Associated Blood Stream Infections (CLABSI)

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Scope

- Estimated 30,396 Central Line Associated Bloodstream Infections (CLABSI) in the U.S.: 2011 data[1]
- 26% of total CLABSI occur in ICU's[1]
- CLABSI mortality estimates 12-25%[2]

[1]Magill, S. et al NEJM 370: 1198-1208 (2014)

[2]MMWR: 60:08; 243-248 (March 4, 2011)

Indications:

- A central venous access device (CVAD) is an intravenous catheter that terminates in the superior vena cava
- Indication for CVAD: A CVAD must be used to administer certain vesicant medications and to perform hemodynamic monitoring. Otherwise, consider using a PIV or midline prior to placing the CVAD.
  - If midline is indicated-call hospitalist team for placement

Orders:

- After CVAD insertion, the tip location is confirmed, a provider order is required prior to use
  - Use Manage Orders and select "CVAD maintenance panel"

Central Line Associated Blood Stream Infections (CLABSI)

Yale NewHaven Health Bridgeport Hospital

Risk Factors & Mitigation Strategies

- Prolonged duration of CVAD
  - Once CVAD is no longer clinically indicated it should be removed promptly
- The preferable insertion site is the subclavian vein.
  - Femoral site should be avoided as much as possible.
- Type of CVAD
  - Tunneled CVAD's have a lower infection risk than non-tunneled
  - PICC lines have a similar infection risk compared to IJ and subclavian CVAD's
  - Re-assess dialysis catheter necessity when treatments are completed
- TPN
- Thrombosis:
  - Alteplase can be instilled into any CVAD lumen that does not have a blood return
- Break in sterility during insertion
  - When inserting a CVAD maximal sterile barrier precautions are used. A nurse will be at the bedside to assist as well as to complete a central line insertion checklist.
  - If hair removal is required-use clippers rather than a razor

Patient and Family Education

Education should occur at time of consent if possible using educational materials that have been developed for this purpose regarding CVAD devices in general and information related to CLABSI.

Catheter Associated Urinary Tract Infections (CAUTI)

Yale NewHaven Health Bridgeport Hospital

Scope:

The Joint Commission requires that hospitals fully implement best practices to prevent indwelling catheter-associated urinary tract infections

Mitigation Strategies to prevent CAUTI:

- Limit use and duration
  - Appropriate indications available in Indwelling Urinary Catheter Order
- Consider alternatives to indwelling Catheters:
  - Male: Condom Catheter
  - Female: External Urinary Catheter (in trial phase now)
  - Bladder scan/straight cath schedule:
    - One straight cath does not necessarily indicate the need for an indwelling urethral catheter
- Utilize urine culture algorithm available in the EPIC order
  - Algorithm can assist in determining culture necessity
- Utilize the Indwelling Urinary Catheter Removal Protocol
  - This order allows the RN to remove the catheter, once the indication listed in the Indwelling Urinary Catheter order is no longer met
  - This eliminates unnecessary calls to the provider for removal orders

Surgical Site Infections (SSI)

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Background

- In spite of advances in infection prevention practices, surgical site infections (SSIs) remain a substantial cause of morbidity and mortality among patients.
- A systematic approach must be applied with the awareness that SSI risk is influenced by characteristics of the patient, operation, personnel, and healthcare setting.

Scope

- Estimated 24 million surgical procedures yearly
- 2 to 5% of operations are complicated by an SSI
- SSIs account for 24% of all Hospital Acquired Infections (HAI)
  - Third most frequent HAI
  - Most costly HAI
- SSIs prolong hospital stay an average of 7-10 days
- Patients with an SSI have a 2-11 times higher risk of death compared with operative patients without an SSI
- Total cost may exceed $10 billion/yr
  - Attributable costs vary: $3000-$29,000

[1]Anderson, Kaye, Classen et al. Strategies to Prevent Surgical Site Infections in Acute Care Hospitals Infect control Hosp Epidemiol 2008;29:S51-S61.

Surgical Site Infections (SSI) (cont'd)

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Prevention Strategies

- Preoperative Antibiotics:

  "Timing is everything"
- Minimize patient microbial burden
  - Surgical site disinfection before incision
  - Pre-operative antibiotic prophylaxis
  - Smoking cessation
- Optimize wound condition
- Optimize patient immune defenses
  - Control blood glucose in diabetics

Risk Factors

Wound Classification		Infection Rate
1	Clean	<2%
2	Clean contaminated	<10%
3	Contaminated	20%
4	Dirty	30 to 40%

Endogenous
- Diabetes mellitus
- Advanced age
- Obesity
- Malnutrition, recent weight loss
- Cancer
- Immunosuppressed (e.g., steroid use)
- Other remote site of infection

Exogenous
- Prolonged preoperative stay
- Preoperative hair removal by shaving
- Length of operation
- Maintenance of body temperature
- Surgical technique
- Incorrect use of prophylactic antibiotics

Surgical Site Infections (SSI) (cont'd)

Yale NewHaven Health Bridgeport Hospital

Efforts to Reduce SSI

- Patient and Family Education
  - All surgical patients must be educated regarding measures to prevent SSIs.
    - Educational materials that have been developed specifically for patients should be used.
- Whiteboard
  - Pre-operative antibiotic choice (if indicated), timing, duration; follow evidence based guidelines
  - Hair removal – no shaving: razors removed from OR
  - Normothermia
  - Glucose control
- Monitor compliance with best practices or evidence based guidelines
  - ALL staff members empowered to **stop** a procedure if there has been a breach in sterile technique or any non-adherence with checklists/protocol.

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IX. LEGAL COMPLIANCE: FRAUD & ABUSE, PRIVATE INUREMENT AND EXCESS BENEFIT TRANSACTIONS

Stark & Anti-Kickback Law

- Stark and Anti-Kickback Statutes restrict *financial relationships* with persons or entities that make, receive, or influence referrals of patients or services to or from hospitals.
- Financial relationships include the exchange of anything of value (e.g., cash, services, support).
- Anti-Kickback Statute imposes civil and criminal liability for those who knowingly and willfully offer or pay *any* remuneration, in cash or in kind, to any person as an inducement for referrals.
- Subject to meeting certain exceptions, Stark and Anti-Kickback prohibit referrals when the physician and the hospital have a *financial relationship*. To be permissible, relationships must generally be in writing, signed by both parties, at fair market value and commercially reasonable.
- Yale New Haven Health Policy requires that, ***prior*** to entering into ***any*** financial relationship with a physician or other who is in a position to refer patients, the Health System's Legal & Risk Services Department must be contacted to review the proposed arrangement and to prepare a signed written contract that complies with the law.

Private Inurement & Intermediate Sanctions

Yale NewHaven Health Bridgeport Hospital

- **INTERMEDIATE SANCTIONS - EXCESS BENEFIT TRANSACTIONS**
  - A hospital may not provide a benefit to a "Disqualified Person" that exceeds the value received by the hospital (e.g., when the hospital pays compensation that's not reasonable).
  - A "Disqualified Person" is (a) any person who is currently or was in the prior 5 years in a position of substantial influence over the hospital's affairs, and (b) a family member or entity controlled 35% or more by a person described in (a).
  - Persons with substantial influence include voting trustees, certain officers, and others with the ability to exercise substantial influence.
  - Financial relationships between a hospital and an Insider or Disqualified Person must be reasonable and fair market value, and must be approved *in advance* by the Health System's Legal & Risk Services Department, as well as by the hospital's Board of Trustees based on market comparability data that supports the appropriateness of the proposed arrangement.

Risk & Penalties

Yale NewHaven Health Bridgeport Hospital

- Stark penalties can be severe
  - Denial/Refund of claims for referred services
  - Up to $15,000 per service monetary penalty
  - Exclusion from government health care programs
- Anti-Kickback violation is a felony offense
  - Criminal fines and imprisonment for up to 5 years
  - Up to $50,000 per service monetary penalty *plus* potential fine of up to three times the penalty amount
  - Exclusion from government health care programs
- Private Inurement & Excess Benefit Transaction
  - Private Inurement can result in revocation of a hospital's tax-exempt status.
  - Significant penalty taxes may be imposed on individuals who engage in impermissible transactions (including on the "Disqualified Person" and on the manager who approved the transaction). The hospital may also be subject to penalty taxes.
  - Excess benefit transactions must be corrected when discovered.

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X. HIGH RELIABILITY ORGANIZATION INFORMATION

High Reliability

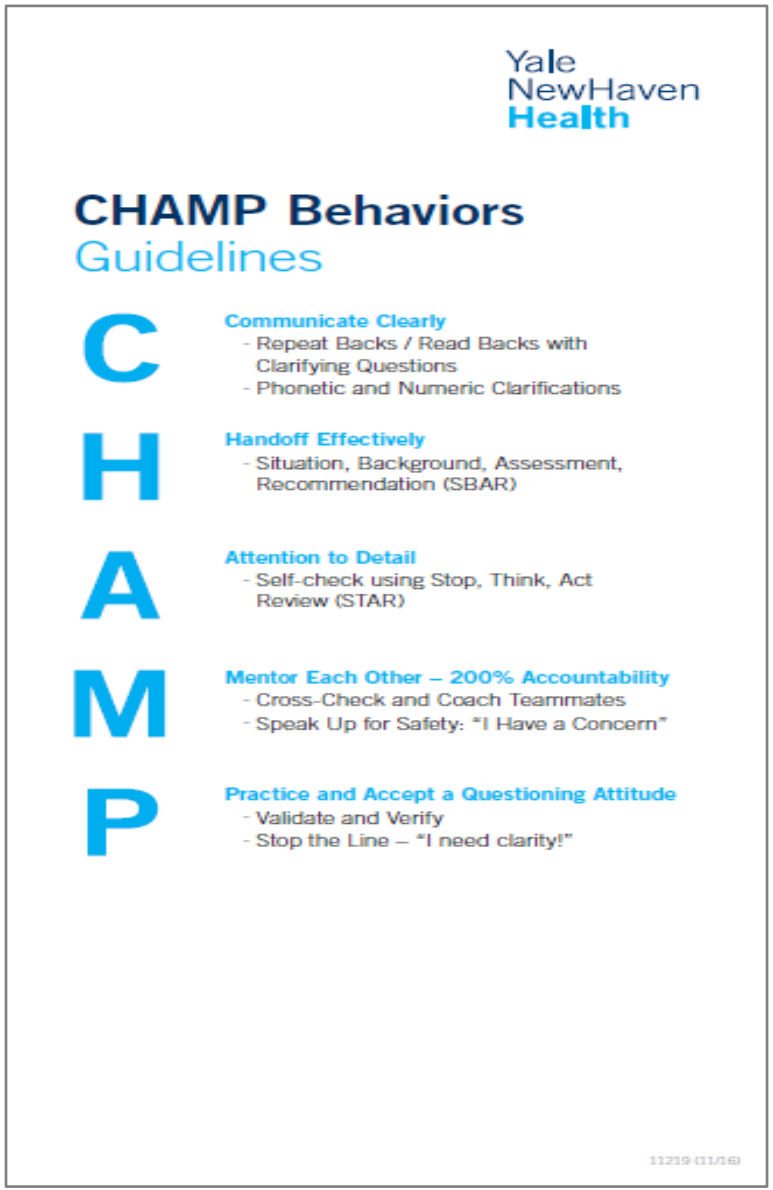
Yale NewHaven Health Bridgeport Hospital

High Reliability Organizations (HROs) operate under very challenging conditions all the time yet manage to have fewer serious safety events by focusing on an established set of principles and practices.

HRO focuses on
Safety, Quality, Experience and Finances
to achieve Excellence.

We need your commitment on this journey!

HRO Tools



Yale NewHaven Health

CHAMP Behaviors
Guidelines

C — **Communicate Clearly**
- Repeat Backs / Read Backs with Clarifying Questions
- Phonetic and Numeric Clarifications

H — **Handoff Effectively**
- Situation, Background, Assessment, Recommendation (SBAR)

A — **Attention to Detail**
- Self-check using Stop, Think, Act Review (STAR)

M — **Mentor Each Other – 200% Accountability**
- Cross-Check and Coach Teammates
- Speak Up for Safety: "I Have a Concern"

P — **Practice and Accept a Questioning Attitude**
- Validate and Verify
- Stop the Line – "I need clarity!"

11219 (11/16)

HRO Tools - ARCC

What is ARCC?

Ask a question to gently prompt the other person of a potential safety issue.

Request a change to make the person fully aware of the risk.

Voice a **Concern** if the person is resistant.

Finally, use the **Chain of command** if the concern is disregarded.

In short, ARCC and other tools like it, depend on physicians, nurses, and other personnel having a more questioning attitude than in the past. This creates not only the opportunity but also the expectation that caregivers will question and speak up if they have misgivings about a plan of treatment. At the same time, physicians and other caregivers must be willing to accept a questioning attitude as a means to improving patient safety and not view it as an affront to their decision-making and authority.

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XI. STANDARDS OF PROFESSIONAL BEHAVIOR

Standards of Professional Behavior

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Standards of Professional Behavior

Patient-Centered Care – Put patients and families first
- Keep patients safe and use high reliability practices
- Deliver the highest quality of coordinated care and service
- Make patients and families part of the team
- Ensure a quiet, clean environment

Respect – Value all people
- Protect others' privacy and dignity
- Introduce yourself and your role
- Be curious, ask questions and listen without interruption
- Support, recognize and appreciate others

Compassion – Be empathetic
- Smile, make eye contact and offer a warm greeting
- Offer thoughtful gestures of courtesy, comfort and kindness
- Identify and respond to feelings, concerns and requests
- Communicate with courtesy and respect

Integrity – Do the right thing
- Be on time and prepared
- Promote diversity and be inclusive
- Work as a team and speak well of others
- Value different ideas, perspectives and feedback

Accountability – Be responsible and take action
- Own your work and follow through on commitments
- Explain what you are doing and why
- Present a professional image
- Acknowledge when wrong, apologize and take action

Videos

Yale NewHaven Health Bridgeport Hospital

The high reliability organization journey and compliance with the standards of professional behavior require a continuing commitment to behavioral change and education.

Please review the two YNHHS training videos below that build on the initial training all staff received on CHAMP and Standards of Professional Behaviors:

- The video, "YNHHS Standards of Professional Behavior is available via the following link: https://vimeo.com/ynhh/review/187379332/3c9b5dc336

- The video, "HRO: Tools in Action" is available on the following link: https://vimeo.com/207518855

Attestation

Please complete the Attestation of this module

Questions

Direct questions regarding content to:

Medical Staff Administration

Phone: 203-384-3716