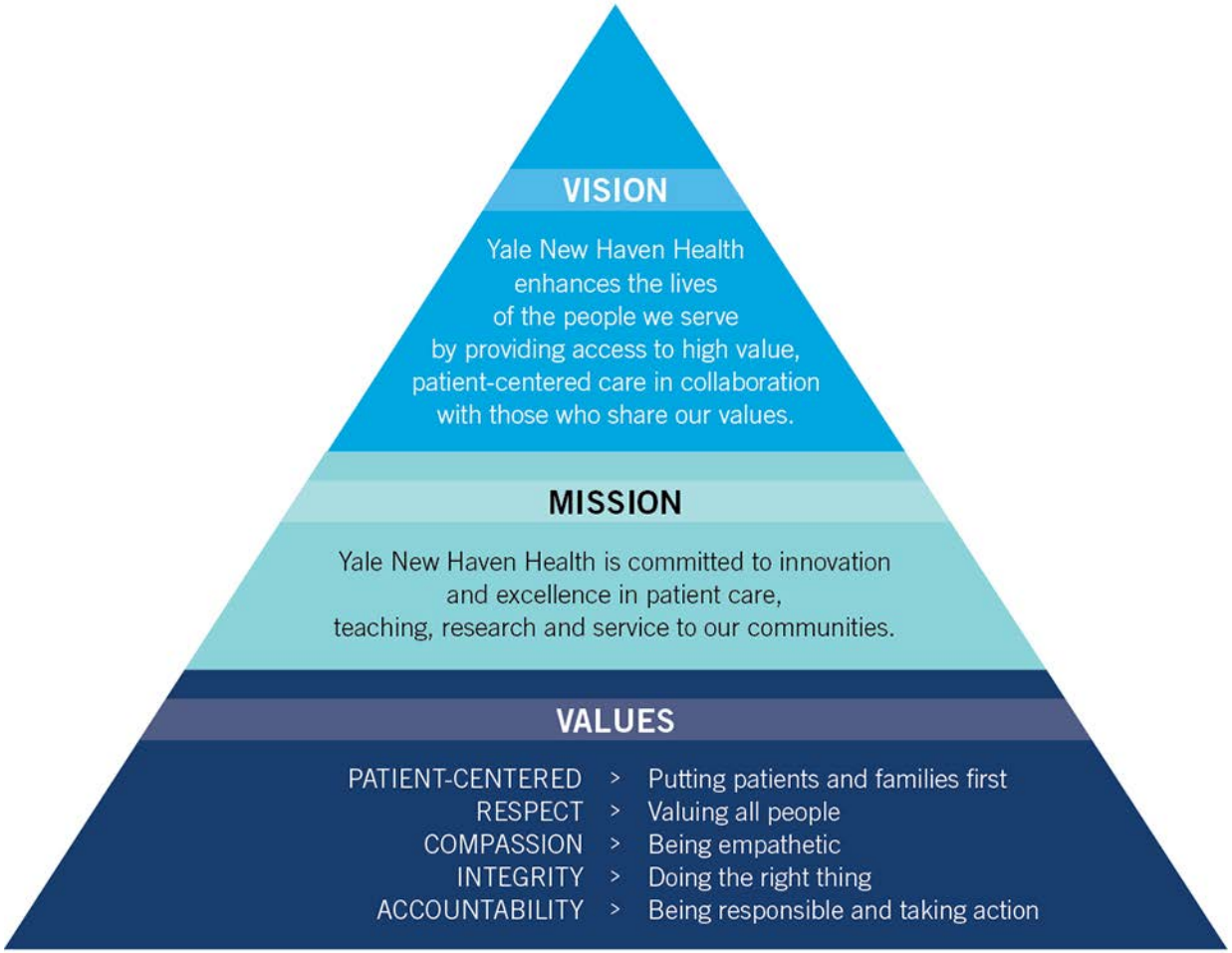
Yale NewHaven Health Westerly Hospital

Yale NewHaven Health Lawrence + Memorial Hospital

Medical Staff Education

VISION, MISSION AND VALUES



YaleNewHavenHealth

Bridgeport Hospital | Greenwich Hospital | Lawrence + Memorial Hospital | Westerly Hospital | Yale New Haven Hospital | Northeast Medical Group

Purpose

This education module is designed to: support the delivery of quality patient care, satisfy regulatory mandates; and inform you about other matters that are important for you to understand as a Member or Affiliated member of the Lawrence + Memorial and/or Westerly Hospital Medical Staff.

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

Following your review of this material, please complete and return the self-test at the end. A score of at least 80% is necessary to pass the test. The test confirms a basic understanding of the concepts presented.

Presentation Outline

I. Continuing Medical Education (CME) Requirements
II. Standards of Appearance
III. Physician/Health Professional Affiliate (HPA) Health
IV. Patient Safety Reporting
V. Special Patient Care Considerations
VI. Safety
VII. Infection Prevention & Control
VIII. The Joint Commission (TJC) National Patient Safety Goals
IX. High Reliability Organization (HRO) Information
X. Privacy and Corporate Compliance
XI. Library Resources
XII. Legal compliance: fraud & abuse, private inurement and excess benefit transactions

I. CME REQUIREMENTS

CME Requirements

The State of Connecticut and State of Rhode Island require physicians to participate in CME as a condition of continued licensure.

- The State of Connecticut requires a minimum of fifty (50) contact hours every two years in an area of the physicians practice.

- The State of Rhode Island requires a minimum of forty (40) contact hours every two years.

  At the time of each re-appointment, supply copies of certificates or attest to having them on file and available if requested

CME Requirements (continued)

The **State of Connecticut** requires 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 (AIDS)
- 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”, “online courses”, “webcasts” and scroll down to identify “CT Mandated Courses”. These courses are available to all Medical Staff members.

CME Requirements (continued)

Of the forty (40) hours required by the **State of Rhode Island**, a minimum of four (4) hours must be related to:

- Risk Management
- Ethics
- Opioid pain management/chronic pain management
- End of life/palliative care

II. STANDARDS OF APPEARANCE

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

III. PHYSICIAN/HEALTH PROFESSIONAL AFFILIATE (HPA) HEALTH

Physician/HPA Health

Physician Health Committee:

The goal of the Physician Health Committee is to assist and to rehabilitate, rather than to discipline, licensed practitioners in retaining or regaining optimal function.

For further details, please refer to:

- **L+M Hospital**: Medical Staff Bylaws, Article VIII. Collegial Intervention, Corrective Action; Automatic and Summary Suspension; Physician's Health Matters; Disruptive Behavior. Section 5. Physician Health
- **Westerly Hospital**: Medical Staff Organization Manual, Part Two, Medical Staff Committees, 2.10 Physician Health Committee

Physician/HPA Health (continued)

Referrals or reports of suspected impairment should be brought to the attention of:

Oliver Mayorga, MD, Senior Vice President/Chief Medical Officer

- oliver.mayorga@lmhosp.org
- (860) 442-0711, Ext 4370

IV. PATIENT SAFETY REPORTING

Patient Safety Events

Under the **Connecticut Department of Public Health** and the **Rhode Island Department of Health** statutes, hospitals are required to report certain adverse patient safety events.

If you become aware of an adverse patient safety event, please report that event via the on-line event reporting system (RL Solutions) located on the Hospital Intranet Home Page. You can also contact your supervisor via email or telephone. This will allow the hospital to determine if the event needs to be reported.

V. SPECIAL PATIENT CARE CONSIDERATIONS

- Pain Management
- Use of Restraints

Pain Management

The purpose of these policies are to provide guidelines for our healthcare team to recognize, assess, intervene and manage pain.

Pain Management at Lawrence + Memorial & Westerly Hospitals:

I. All patients are screened for pain and have a right to assessment of pain, appropriate interventions, and pain management.

II. Pain is identified by patient self-report and nursing assessment (if patient is unable to self-report).

III. Inadequate pain control and side effects of pain interventions are reported to the primary physician or Health Professional Affiliate (HPA).

IV. Patients and family are educated about pain, pain assessment, and pain relief modalities.

For further details, please refer to the full policies:

- **L+M Pain Management Policy** in the Patient Care Services Section of the L+M Hospital Policy Manual
- **Westerly Pain Management Policy** in the Westerly Hospital Policy Manual

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Use of Restraints

L+M Healthcare 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.

The **L+M Hospital Restraint & Seclusion Policy** is:

- Types of restraints or seclusion regulations/standards described in this policy are not specific to treatment setting or diagnosis, and are driven by patient behaviors. This policy applies to all uses of restraint in all hospital care settings.
- The use of restraint or seclusion is based on a comprehensive patient assessment that includes a physical assessment to identify medical conditions that may be causing behavior changes in the patient.
- The use of restraint or seclusion is documented in the patient's plan of care, reviewed and revised as clinically indicated (at least every twenty-four (24) hours).
- L+M hospital ensures the use of restraint or seclusion is clinically justified and guided by criteria present in current evidence-based practice guidelines, practice parameters, pathways of care or other standardized care procedures developed by the appropriate professional organizations.
- The use of restraint or seclusion is only used to ensure the immediate physical safety of the patient, staff or others, and is discontinued at the earliest possible time.
- Seclusion is only used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others.
- All patients have the right to be free from physical or mental abuse and corporal punishment.
- Emotional, physical and social considerations (for example, history of sexual or physical abuse) that place a patient at greater psychological risk are taken into account during restraint duration.
- All patients have the right to be free from restraint or seclusion, of any form, imposed by staff as a means of coercion, discipline, convenience or retaliation.
- Restraint or seclusion is only used when less restrictive interventions have been determined to be ineffective or inappropriate to protect the patient or others from harm.
- Use of restraint is implemented in accordance with safe and appropriate restraint techniques as determined by hospital policy and in accordance with State law.
- The type or technique of restraint or seclusion used is the least restrictive intervention that is effective to protect the patient, a staff member or others from harm.
- Restraints are ended at the earliest possible time regardless of the timeframe specified in the order.
- Explanation of the plan and rationale for using restraint or seclusion and the condition/behavior required for release from restraint or seclusion is explained to the patient and/or family.
- If the restraint or seclusion is discontinued, a new order is obtained prior to re-initiation of the restraint or seclusion.
- If an emergency situation arises, staff are to contact Public Safety to assist with patient care needs.

Use of Restraints (continued)

The **Westerly Hospital Restraint & Seclusion Policy** is:

- All patients have the right to be free from restraint or seclusion that is not medical necessary or is used for purposed other than patient benefit & safety. Restraint or seclusion will only be used when alternative methods are not sufficient or effective in promoting healing or safety.

For further details, please refer to the full policies:

- **L+M Restraint & Seclusion Policy** in the Patient Care Services Section of the L+M Hospital Policy Manual
- **Westerly Restraint & Seclusion Policy** in the Westerly Hospital Policy Manual

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VI. SAFETY

- Medical Emergencies
- Security Emergencies
- General Safety

What is my role?

- Display your identification badge at all times while on hospital property
- Be aware of your surroundings
- Report all concerns
- When in doubt, call Public Safety

Medical Emergencies

L+M (call 8888)	Westerly (call 222)
Code Blue – cardiac arrest/medical emergency (public areas)	**Code Blue** – cardiac arrest
Code PCI – an emergent angioplasty case is arriving or is occurring	
Code RRT – medical emergencies (inpatient areas only)	
Code Stroke – new onset potential stroke	
Code Black – bomb threat/facility lockdown	**Code Green** – bomb threat
Code Silver – person discharging a firearm with intent to harm or kill	**Code Silver** - hostile person with a weapon
Code Orange - hazardous material release	**Code Orange** - hazardous material release

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Security Emergencies

L+M (call 4911)	Westerly (call 222)
Code Amber – infant/child is missing from our facility	**Code Amber** – infant/child abduction
Code Grey – assist Security Team with managing and/or de-escalating a situation	**Code Grey** - assist Security Team with managing and/or de-escalating a situation
Code Red – fire alarm is activated. Follow RACE procedures. Rescue Alarm Confine Extinguish/Evacuate	**Code Red** - fire
	Code Yellow – trauma patient

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Security Emergencies (continued)

L+M (call 4911)	Westerly (call 222)
Code Triage Assessment – Site Assessment Group convened to establish awareness, determine need to pursue Code Triage Activation	**Code Triage** – disaster plan in effect
Code Triage Standby – Alert and warning announcement of situation or event with potential impact on facility. Code Triage Group notified. No response to. No response to command center.	
Code Triage ICS Level (I) – Scaled incident operations for all hazards event with probable impact. EOP in effect. Principal assigned HCIS respond to Command Center. Department Plans activated as needed.	
Code Triage ICS Level (II) – Expanded (full) incident operations. EOP in effect. Principal assigned HCIS Staff respond to command center; additional pre-assigned positions activated. Department plans activated as needed.	

General Safety – Handling Medical Waste

- Safe handling of hazardous materials is important.
- Dispose of all regulated* medical waste appropriately in 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.

General Safety
Material Safety Data Sheets “MSDS” Program

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 L+M Intranet home screen by clicking on the “MSDS Direct” icon or the Westerly intranet home screen by clicking on the “MSDS Online” icon.

General Safety
Chemical Spills and Sharps Disposal

Chemical Spills:

In case of hazardous material spills:
1. Leave the affected area
2. Call Public Safety
3. Give your name, location, name of chemical (if possible) and estimated quantity
4. Engineering will respond.

For further details, please refer to the full policies:

- **L+M Hazardous Materials Spills Policy** in the Environment of Care Section of the L+M Hospital Policy Manual
- **Code Orange Policy** in the Westerly Hospital Policy Manual

Sharps Disposal:

Sharps must be placed in puncture-resistant containers.

Examples of sharps include: all types of needles, blades, scalpels, razors, blood vials, and vacutainers.

VII. INFECTION PREVENTION & CONTROL

- Overview
- Hand Hygiene
- Standard & Contact Precautions

Overview – What is my role?

The use of **STANDARD PRECAUTIONS** is **mandatory**:

- Perform 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.
- Wear gloves when there is a risk of exposure to blood or other potentially infection 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 goggles/glasses with side shields or masks with face shield to protect mucous membranes from accidental exposure when a procedure might result in splashing, spraying, or aerosolization of blood and other body fluids.
- Discard sharps in the appropriate puncture resistant containers provided in treatment areas. Sharps should be discarded without breaking, bending, or recapping.
- Promptly clean up all spills of blood or other potentially infectious material in an appropriate manner with decontamination of the site with approved disinfectant.
- Handle 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**:

- Wash hands 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, soap and water must be used to wash hands.**
- Use appropriate gloves and gowns
- Clean and disinfect equipment/supplies before removal from the room.

Hand Hygiene

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

Hand Hygiene (continued)

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.

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.

VIII. TJC NATIONAL PATIENT SAFETY GOALS

TJC NATIONAL PATIENT SAFETY GOALS (NPSG)

The purpose of the National Patient Safety Goals is to improve Patient Safety

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

- Identifying patients correctly
- Improving staff communication
- Using medicines safely
- Using alarms safely
- Preventing infection
- Identifying patient safety risks
- Preventing mistakes in surgery

IX. HIGH RELIABILITY ORGANIZATION

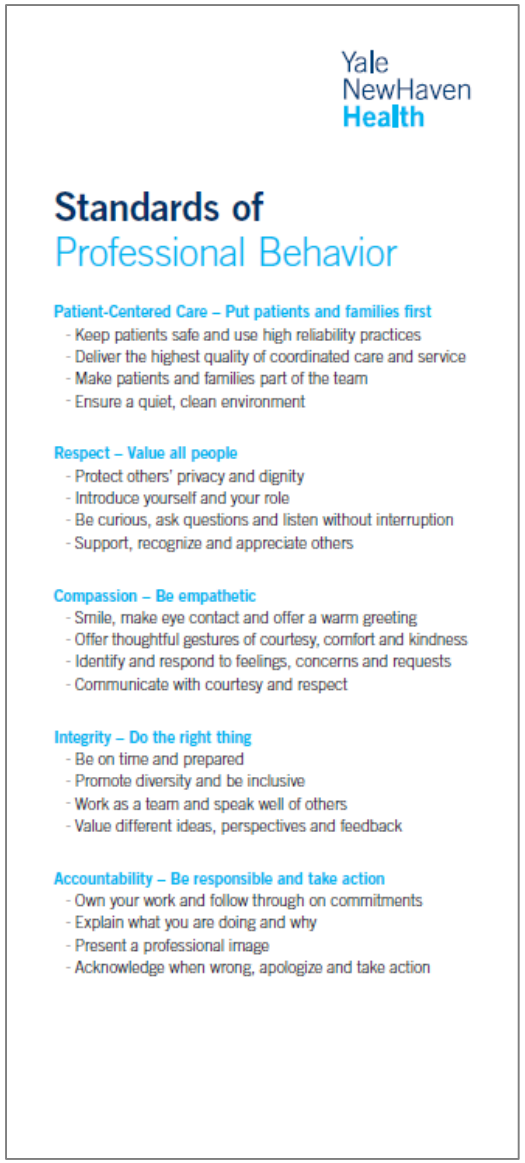
High Reliability

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



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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

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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!"

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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.

Videos

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

ONLINE SAFETY EVENT REPORTING

Online Event Reporting is a tool used to promote safety

- **It is a consistent process for reviewing and assessing unanticipated events**
  - Confidential
  - Record of events or situations that are unexpected, cause harm, or are near misses

- **Enter a brief factual report**
  - Do not be judgmental, finger point, or blame anyone
  - Do not make assumptions

- **Document what happened and any actions taken**
  - Do not document in the patient's medical record that an Event Report was submitted
  - Do not tell the patient or the patient's family that an Event Report was submitted

HOW TO REPORT A SAFETY EVENT

- Access Hospital Intranet Home Page
- Select the “RL” Image
- Log-in using your Epic “Username” and password
- Click the “New File” button and locate the specific form
- Complete all of the required fields (marked with green asterisks)
- Submit the file

EVERY EMPLOYEE/PROVIDER MATTERS

Each one of us, no matter what our role, plays an important part in assuring our patients receive high quality care and are satisfied with their experience at Lawrence + Memorial Hospital and/or Westerly Hospital.

The choices you make and the behaviors you exhibit all contribute to patient safety and satisfaction.

SAFETY BEGINS WITH YOU!

x. Privacy and Corporate Compliance

Compliance – Key Laws and Regulations

False Claims Act: A false claim is an incorrect bill sent intentionally or recklessly to the government payers for payment.

To prevent false claims, follow these standards:

- Bill only for services actually performed, using the appropriate codes
- Ensure documentation supports medical necessity
- **Document patient records completely and accurately** to support patient care

We want you to report any concerns regardless of the concern or issue.

The Compliance Department will investigate and take appropriate action.

If you suspect that erroneous claims are being produced, report your concerns through one of the following methods:

- **Your proper chain of command**
- **Directly to Compliance**
- **Corporate Compliance Hot Line**

Compliance – Key Laws and Regulations (continued)

HIPPA (Health Information Portability and Accountability Act):

- Federal law that establishes basic privacy rights for patients while allowing the flow of information needed to provide high quality care and ensures security of electronic patient information. All protected health information (PHI) in any form (paper, electronic, verbal) must be handled with care to avoid inappropriate disclosures.

EMTALA (Emergency Medical Treatment and Labor Act):

- Requires hospital screening for emergency treatment regardless of ability to pay and also prevents hospitals from transferring patients in an unstable condition. A Qualified Medical Professional must perform a Medical Screening Examination.

XI. LIBRARY RESOURCES

Library Resources
L+M Hospital and Westerly Hospital

- Anne-Marie Kaminsky, Library Manager
  - akaminsky@lmhosp.org
  - 860-442-0711, x2238
- Library Locations
  - At L+M in Room 2.450 on the second floor near the cafeteria
  - At Westerly on the 3rd Floor near Medical Staff Administration
- Online resources available through Library Team Site on the intranet
- Key resources available through EPIC include DynaMed Plus, Clinical Key and Micromedex
- Services provided: article retrieval, literature searches, training in use of online resources

XII. 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

- **PRIVATE INUREMENT**
  - The hospital is a tax-exempt healthcare organization. As such, the hospital's income and assets may not be used for non-charitable purposes to benefit any individual who has a significant relationship with the hospital (this individual is known as an "Insider").

- **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

- 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.

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

Antimicrobial Stewardship at Yale New Haven Health System

- 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

Questions

Direct questions regarding content to:

Medical Staff Administration

Phone: 860.271.4387

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Attestation

Please complete the:

- Attestation of completion of this module