

MEDICAL STAFF INFORMATION REVIEW

Expectations of Saint Francis Memorial Hospital Medical Staff Members

Medical Staff expectations that physicians have of each other as members of our Medical Staff are distilled from Medical Staff bylaws, Rules and Regulations, policies and procedures and organizational policies as well as from key concepts reflecting our Medical Staff's culture and vision.

Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life as evidenced by the following:

1. Achieve patient outcomes that consistently meet or exceed generally accepted Medical Staff standards as defined by comparative data and targets, medical literature and results of peer review activities.
2. Provide appropriate patient care that consistently meets or exceeds generally accepted Medical Staff standards as defined by comparative data and targets, medical literature and results of peer review activities.
3. Assure that each patient is evaluated by a physician and progress notes are recorded at least on a daily basis or more often as necessary but at least daily and document findings in the medical record at that time.
4. Cooperate with hospital efforts to implement methods to systematically enhance disease prevention.
5. Provide for patient comfort, including prompt and effective management of acute and chronic pain according to medically appropriate standards.
6. Honor patient desires and discuss end-of-life issues when appropriate to a patient's condition, including advance directives and patient and family support, and use Bioethics Committee consultation as needed.

Medical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others as evidenced by the use of evidence-based guidelines when available, as recommended by the appropriate specialty, in selecting the most effective and appropriate approaches to diagnosis and treatment.

Practice Based Learning and Improvement: Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care as evidenced by the following:

1. Review of individual and specialty data for all dimensions of performance and utilize this data to for self improvement to continuously improve patient care.
2. Respond in the spirit of continuous improvement when contacted regarding concerns about patient care.
3. Use information technology to manage information, access on-line medical information; and support one's own continuing education

Interpersonal and Communication Skills: Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams as evidenced by the following:

1. Communicate clearly with other physicians and caregivers, patients and their families through appropriate oral and written methods to ensure accurate transfer of information.
2. Maintain medical records consistent with the Medical Staff bylaws and Rules and Regulations and regulatory guidelines including but not limited to chart entry legibility and timely completion of History and Physical examination reports, Operative Reports, procedure notes, appropriate abbreviations, discharge summaries and signature requirements.
3. Request inpatient consultations by providing adequate communication with the consultant including a clear reason for consultation by direct physician-to-physician contact, and document the same in the medical record.
4. Support the Medical Staff's efforts to maintain patient satisfaction rates for physicians.
5. Address disagreements in a constructive, respectful manner away from patients or non-involved caregivers.

Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society as evidenced by the following:

1. Act in a professional, respectful manner at all times to enhance a spirit of cooperation and mutual respect and trust among members of the patient care team.
2. Refrain from inappropriate behavior including but not limited to impulsive, disruptive, sexually harassing or disrespectful behavior or documentation in the medical record that does not directly relate to the patient's clinical status or plan of care or is derogatory or inflammatory.
3. Respond promptly to nursing requests for patient care needs and physician consultation requests.
4. Respect patient rights by discussing unanticipated adverse outcomes with patients and/or appropriate family members, by not discussing patient care information and issues in public settings and wearing appropriate identification when seeing or attending patients.
5. When participating on emergency room call panel respond by telephone within 30 minutes of being called, and be available to arrive at the hospital within 1 hour of responding to exam the patient.
6. Follow ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
7. Utilize sensitivity and responsiveness to patients' culture, age, gender, and disabilities
8. Make positive contributions to the Medical Staff by participating actively in Medical Staff functions, serving when requested and by responding in a timely manner when provided information on Medical Staff matters requesting Medical Staff member input.
9. In the spirit of early assistance, help to identify issues affecting the physical and mental health of fellow Medical Staff members.

Systems Based Practice: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare as evidenced by the following:

1. Ensure timely and continuous care of patients by clear identification of covering physicians and by availability through appropriate, timely and redundant electronic communication systems.
2. Strive to provide quality patient care that is cost effective by cooperating with efforts to appropriately manage the use of valuable patient care resources according to comparative data and current professional standards.

3. Cooperate with guidelines for appropriate hospital admission, level of care transfer, and timely discharge to outpatient management when medically appropriate.
4. Participate in the hospital's efforts and policies to maintain a patient safety culture, reduce medical errors and meet national patient safety goals.
5. Follow nationally recognized recommendations regarding infection control procedures and precautions when participating in patient care.
6. Advocate for quality patient care and assist patients in dealing with system complexities.

Medical Staff leaders work to improve individual and aggregate Medical Staff performance through non-punitive approaches and by providing appropriate positive and constructive feedback that allows each physician the opportunity to grow and develop in his or her capabilities to provide outstanding patient care and valuable contributions to our hospital.

Code of Conduct

Members of the Medical Staff are required to behave in a professional, cooperative and respectful manner at all times and with all people – patients, professional peers, hospital staff, visitors, and others in the hospital. Assessment of whether particular behaviors adversely impact quality patient care is not limited to care of specific patients or patient health. Rather, it is based on the understanding that quality patient care embraces a number of components in addition to medical outcome.

Because all personnel play an important part in the ultimate mission of delivering quality patient care and must work together as a team, it is specifically recognized that patient care can be adversely disrupted by conduct that is rude, verbally or physically abusive, threatening, combative or sexually harassing at any level of the hospital.

Timely and thorough communication with patients, families, treatment team members, and to third party payors as necessary is expected. Refusal to communicate with responsible persons, refusal to return phone calls from the hospital staff, incomplete or ambiguous communications or inappropriate communication in a patient care setting disrupts and detracts from quality patient care and general patient satisfaction.

The patient care setting is not an acceptable forum to vent criticisms of the hospital, its staff, or professional peers. Derogatory statements made to an inappropriate audience, or placed in the medical records of patients are considered unprofessional and may be disruptive.. Medical Staff members should report a situation or condition that they feel is deficient and not being effectively responded to by the individual(s) in charge. In such instances, the proper reporting would be to the next higher step in the process (e.g., an administrative staff member for system issues; the department chair or the chief of staff for peer issues.)

Physician concerns about safety or quality of care provided may be reported to The Joint Commission without resulting disciplinary or punitive action.

Health Insurance Portability and Accountability Act (“HIPAA”)

Medical Staff members have access to and use of the hospital and CHW network (Intranet, Extranet, or audio/video/PDA/telecommunication devices, desktops and laptops) enabling them to view or copy confidential or privileged patient-related information that is electronically stored and made available to health care professionals.

As a condition of receiving access to the network, members agree that information sought through the network shall be limited solely to that of patients who are being cared for by the member and the hospital. Medical Staff members must limit use of the information obtained from the network solely to providing health care services to the patient to whom it relates. Network patient information shall not be used for any other purpose or disclosed to any third party without the written authorization of said patient.

Where specifically permitted by the hospital, Medical Staff members and their business associate(s) [as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)], may also use the Information for obtaining payment for services and for certain health care operations as permitted under HIPAA.

Member agreement to comply with CHW’s Network Usage Policy is secured by member signature at appointment and reappointment.

To assure compliance with HIPAA, and security and integrity of the network and the information therein, member’s network activity is electronically monitored, recorded and audited. Members acknowledge that any violation of the network usage agreement could result in irreparable harm, and agree that that in the case of breach of the agreement and trust, the patient, CHW and hospital shall have every remedy available at law, including immediate injunctive relief.

Medical Staff Bylaws and Rules and Regulations

The SFMH Medical Staff Bylaws and Rules and Regulations are copied to a disc for your convenience. You should keep current understanding of these as you are responsible for complying with them. If you have any questions about the bylaws and rules, please contact the Medical Staff Administration or a Medical Staff Officer.

Medical Staff Officers

Chief of Staff	ROBERT A. HARVEY, MD
Vice Chief of Staff	GARY AGUILAR, MD
Immediate Past Chief of Staff	PATRICIA GALAMBA, MD

Medical Staff Organization

The Medical Staff is organized into four Departments:

- Medicine
- Psychiatry
- Special Services (radiology, nuclear medicine, radiation oncology and pathology)
- Surgery

Departmental Officers

Medicine Department Chair:	FRED HOM, MD
Psychiatry Department Chair:	MEL BLAUSTEIN, MD
Special Services Department Chair:	DANIEL LENTZ, MD
Surgery Department Chair:	VICTOR PRIETO, MD

Disaster Codes:

<u>Code</u>	<u>Meaning</u>	<u>Dial ext. 6610</u>
TRIAGE LEVEL I	Disaster Plan alert	
TRIAGE LEVEL II	Disaster plan activation	
TRIAGE LEVEL III	Full disaster plan activation	

Disaster information from outside	415-353-6411
• Fire safety (Extinguish)	Call ext. 2222; Use RACE (Rescue, Alarm, Contain,
Hazardous materials	HazMat Coordinator ext. 6337
Hospital Safety Officer	ext. 6350

RESTRAINT/SECLUSION

Orders for restraint or seclusion are used only to protect the immediate physical safety of the patient and only when less restrictive interventions are ineffective and must adhere to the hospital Restraint and Seclusion Policies.

- Non-behavioral medical-surgical restraints:

Orders for non-behavioral medical-surgical restraint(s) must be time limited, not to exceed twenty-four (24) hours, and shall specify the type of restraint to be used and why the restraint is required. The least restrictive form of restraint is used and the order is discontinued at the earliest possible time regardless of the scheduled expiration of the order.

- Behavioral restraints:

Orders for behavioral restraint(s) must be time limited, not to exceed twenty-four (24) hours, and shall specify the type of restraint to be used and why the restraint is required. The least restrictive form of restraint is used and the order is discontinued at the earliest possible time regardless of the scheduled expiration of the order.

- Behavioral seclusion:

Orders for behavioral seclusion (involuntary confinement in a room alone for a period of time) may only be used in the behavioral health unit for violent and self-destructive behavior and for patient or staff safety and the order is discontinued at the earliest possible time regardless of the scheduled expiration of the order..

Infection Control

Infection Control Practitioner ext. 6174

CA SB 1058/SB 158 requires: public reporting of infection rates, active surveillance for MRSA on hospital admission, MD's to inform patient of their MRSA status, MRSA information to be given to patients, focus on cleaning the environment of care and healthcare professional education.

- Equipment that's used for more than one patient must be cleaned between each use.
- Hand Hygiene must be performed before and after every patient encounter

Types of transmission based precautions:

Contact • Droplet • Airborne

Isolation Precautions

- EVERYONE who enters the room is required to follow the posted directions
- Contact Precautions require GOWNS and GLOVES for contact with patient or bed

Airborne Precautions

If patient does not have productive cough they need an order for induced sputum X3 to expedite the assessment for discharge or transfer.

TB or R/O TB patients must stay in their room except for essential diagnostic testing.

Discontinuation of Contact Precautions

Patient remains in contact precautions:

- MRSA
 - If patient positive on admission they remain in contact precautions for entire visit.
 - Upon readmission they will be placed into precautions until screening cultures are completed.
- VRE - for all admissions
- C.diff- until patient Rx complete and stool returns to baseline
 - Lice/Scabies- Until 24 hrs after effective Rx

Neutropenic Precautions

- For patients with WBC <1000/mm³
- Very few restrictions and protective equipment are required
- All visitors must cleanse hands before entering
- No visitors with colds or other infections
- No Fresh Flowers or Plants
- Place mask on patient whenever they leave the room

12 Steps to Prevent Antimicrobial Resistance in Hospitalized Adults

Campaign to Prevent Antimicrobial Resistance in Healthcare Settings

- 1) Vaccinate
- 2) Get the catheters out
- 3) Target the pathogen
- 4) Access the experts
- 5) Practice antimicrobial control
- 6) Use local data
- 7) Treat infection, not contamination
- 8) Treat infection, not colonization
- 9) Know when to say “no” to vanco
- 10) Stop treatment when cured
- 11) Isolate the pathogen
- 12) Break the chain

Judicious Use of Antimicrobials

- Use empiric coverage that targets suspected pathogen/s
- Avoid unnecessary multiple antibiotic combinations.
- Review C&S and decrease multiple antibiotics based upon sensitivity patterns

To prevent emergence of Vancomycin Resistance

- **MRSA Cellulitis**
 - Use Clindamycin if C&S confirms its sensitivity
- **Pneumonia**
 - If **NO** MRSA is isolated from sputum culture then d/c Vanco empiric coverage.

Empiric Antibiotics for Community-Acquired Pneumonia

Non-ICU	ICU
<p>ONE of these</p> <ul style="list-style-type: none"> • Levaquin • Azithromycin • Doxycycline • Rocephin 	<p>TWO antibiotics for the first 24 hours as empiric therapy :</p> <ul style="list-style-type: none"> • Rocephin <p>PLUS Levaquin or Azithromycin</p> <p>If suspect Pseudomonas, Use:</p> <ul style="list-style-type: none"> • Zosyn or Cefepime or Imipenem <p>Plus Levaquin or Azithromycin</p>
For aspiration: Clindamycin or Unasyn	
For PCN allergy: Aztreonam or Levaquin	
Some are using Vancomycin along with the others due to community MRSA	

Prevent Infection Step 2: “GET THE CATHETERS OUT”

Fact: Catheters and other invasive devices are the #1 exogenous cause of hospital-onset infections

➔ **D/C all non-essential catheters**

Central Lines

CA SB 739

- Central-Line Insertion Practices
- Maximal barriers are used

➔ **Daily Documentation of Need for Central Line**

All central lines must be assessed daily by the ATTENDING PHYSICIAN

(or his covering physician_who has the authority to order discontinuation of the central line)

- Forms are taped to the front of patient’s chart to facilitate easy compliance.

Urinary Catheters

- When admitting a patient from the ED with an indwelling catheter, discontinue it prior to transfer to the floor if it is non-essential
- Daily evaluate the need for the catheter in your patients and discontinue when non-essential.

CMS Medicare Reimbursement

Transforming Medicare from passive payer to active purchaser of high quality, efficient healthcare. As of October 2008 there is no reimbursement for conditions not documented by MD as **“Present on Admission”** or care related to hospital acquired conditions that could reasonably have been prevented through the application of evidence-based guidelines (e.g. hospital acquired stage III pressure ulcers, central line-associated bloodstream infections, catheter-associated UTI).

Use Antimicrobials Wisely

Step 7: Treat infection, not contamination

Fact: A major cause of antimicrobial overuse is treatment” of contaminated cultures

Proper R/O Sepsis BC Order

- Two sets drawn from peripheral blood
- If patient has no other primary site of infection it is assumed that the line was the source

Catheter tips

- Catheter tips are NOT cultured. They do not provide valuable additional information to determine sepsis
- Blood culture results will guide therapy
- If patient has no other primary site of infection it is assumed that the line was the source

National Patient Safety Goal #13 (*Encourage patient’s active Involvement in their care as a safety strategy*): Information is provided to patients regarding:

- Hand hygiene practices *Patients are encouraged to ask you to clean your hands if they don’t see you do it.*
 - Respiratory hygiene practices
 - Contact precautions (if needed) within 48 hrs of admission
- Patient understanding is evaluated and documented.

Reduction of Health Care Associated Infections

Prevention of spread of multi-drug resistant organisms (MDRO’s) in the hospital setting:

Any equipment used for more than one patient eg STETHOSCOPIES, thermometers, blood pressure cuffs, etc.) must be cleaned between patients. Use of the “Super sani-cloth” wipes (aka the purple container wipes) with 2 minutes wet time needed.

Contact precautions must be followed by anyone who comes into contact with the patient, their environment, or bed. This means gowns and gloves upon entering the room and discarded at exit in addition to hand hygiene with the Purell dispensers or traditional hand washing.

Prevention of Central Line Associated Bloodstream Infections (CLABSI)

During the insertion of central lines, maximal barriers are used (eg the “blue drapes”) as well as the use of sterile gloves and site prep with sterilizing topical agent, and use of facial mask.

All central line dressings are to remain dry and intact at all times, with dressing changes as needed to maintain this.

All ports on all lines are covered with a cap from the first time they are hung. (aka “the green caps”)

Blood cultures must be drawn from two separate veni-puncture sites and NOT through an intravascular catheter unless veni-puncture access is not possible.

Prevention of surgical site infections (SSI)

The surgeon should:

- Order preop shower/or chlorhexidine wipes for the patient
- Sterile scrub of surgeons hands and arms with an antiseptic agent before surgery
- if removal of hair is required, using electric clippers with no use of razors or shaving.
- follow published guidelines for antimicrobial prophylaxis for specific surgeries, with delivery of the antimicrobial agent within 1 hour of incision).

Notification of Patient with MRSA

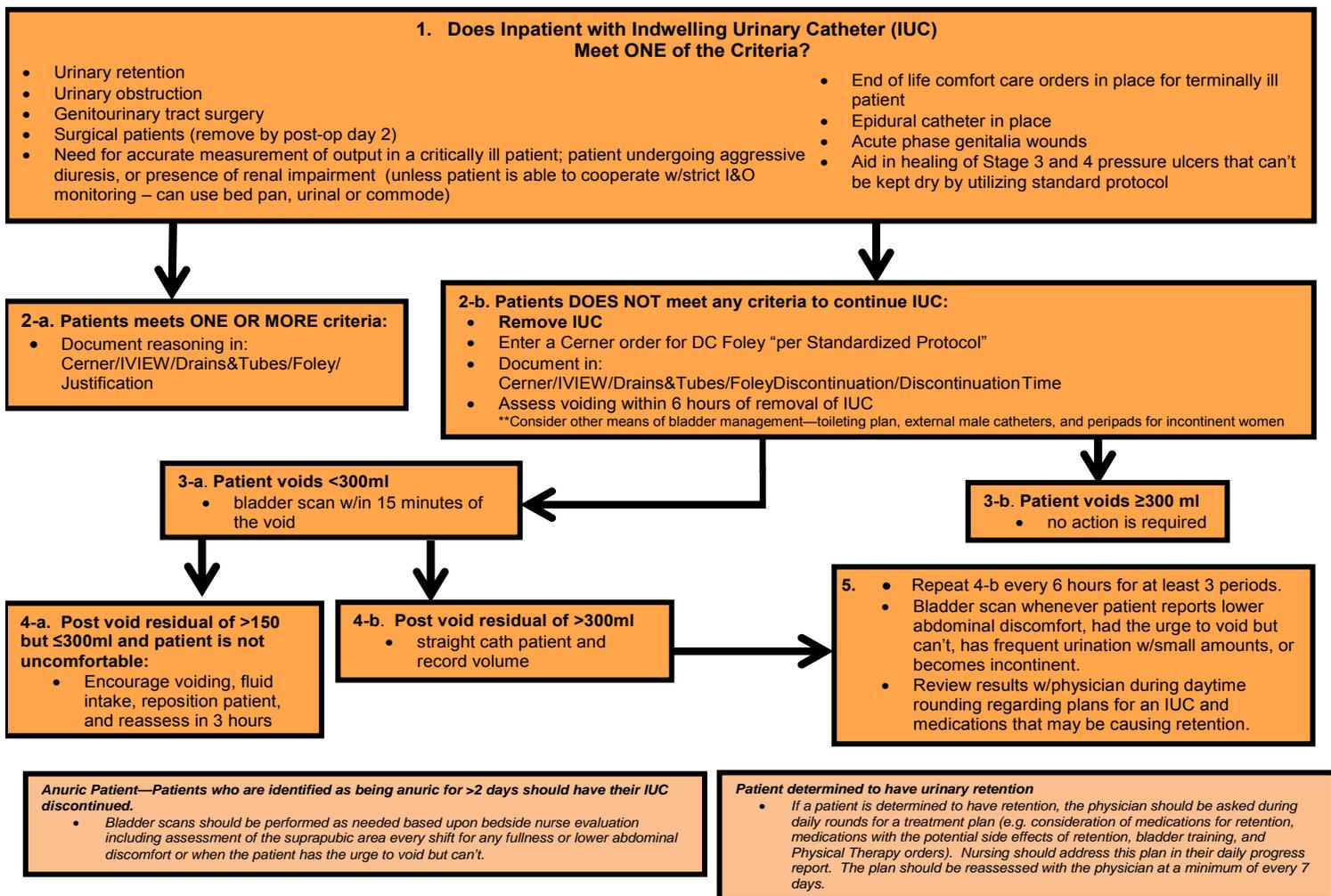
Attending physicians are required to inform the patient, or the patient's representative, of a positive MRSA culture as soon as possible after the culture result is known.

- use weight based dosing of antimicrobials
- keep traffic in the room to a minimum
- skull caps are not to be used, rather use the full net cap
- Use only SFMH scrubs in the operating room and new scrubs are to be donned if one has left the hospital

*****NEW Bladder Management Protocol

At SFMH, we have instituted a medical staff approved bladder management protocol for nurses to follow for appropriate use of indwelling urinary catheter devices. The process is outlined in Fig 1. Note that for complex genitourinary issues such as GU surgery, wounds, ongoing retention, the protocol then requires individual physician management and orders. In simple cases, patients will have catheters removed as part of the protocol without individual physician consultation or intervention.

Nursing Standardized Procedure: Bladder Management



Bioethics Committee Consultations

Bioethics Committee consultations are available at the request of the patient, family and health care providers to address ethical questions that arise in patient care, and to help resolve ethical conflicts, issues, or questions. Anyone involved in an ethical issue arising out of patient care may ask for a consultation without fear of intimidation or reprisal. This includes physicians, nurses, staff, trainees, families and patients.

Bioethics consultations are provided by a team of healthcare professionals comprised of physicians, nurses, social workers, clergy, legal advisors, and hospital administrators experienced in dealing with ethical issues. Bioethics consultations are advisory in nature and free. The team may meet with the care givers and the patient and/or appropriate family members. The issues discussed will be documented, but the purpose of the bioethics consultation is **NOT** to make patient care decisions. All discussions are confidential.

Some examples of when a bioethics consultation may be helpful are starting and stopping life support, DNR orders, refusal of treatment, who participates in the final decision about what is the best medical treatment or treatment recommendations that don't seem right. Physicians may contact the Medical Staff Office at ext. 6355 to request a Bioethics Consultation.

Pain Assessment & Management

PURPOSE:

To assure an interdisciplinary team approach, including the patient and family, to pain management across the continuum, and to assure that patients' rights to pain management are upheld. Pharmacological and/or non-pharmacological interventions may be utilized in pain management, with the knowledge that cultural preferences will be respected in development of the plan. Pain medication will be provided within a reasonable time from the patient's request.

GUIDELINES:

- A. All patients and their families will be informed that pain management is an important part of their care at Mercy Hospitals.
- B. The patient's self-report will be the primary means of determining pain. If the patient is unable to self-report, the following criteria will be used to determine the most appropriate intervention:
 1. Pathology (e.g.: if the patient's condition is normally associated with pain, treat the patient as if pain is present, i.e. new fracture, post-surgical). Note: This is a much better measure than behaviors or physiologic parameters.
 2. Behaviors (e.g.: if the patient is frowning or moaning, treat the patient as if pain is present) FLACC Scale
 3. Physiological parameters (e.g.: elevated vital signs). This is the least accurate measure of pain.
- C. Each patient will identify a comfort-function goal (e.g., 3/10 to ambulate and deep breathe) upon the admission assessment. For the surgical patient, level of pain should not interfere with recovery activities. The goal for patients with chronic medical pain needs to be at a level that maintains their quality of life. The goal will be documented on the patient's record.
- D. Intensity of pain will be assessed and documented with a tool appropriate to the patient's age, cognitive level, and language, using one of the following pain scales: the 0-10 Numerical Scale, Pritchett & Hull Associates, Inc., infant pain scale based on the NIPs (0-1 year of age) and the FLACC scale for the preverbal/nonverbal patients.
- E. If pain intensity is treated at 4 or greater and/or unacceptable to the patient (based on the patient's comfort-function goal), pain-relieving interventions will be implemented, as appropriate, with regular reassessment and follow-up. The physician will be notified when a patient consistently has a

- pain rating of 4 or higher or fails to achieve the comfort-function goal in spite of maximum safe analgesic doses.
- F. Pain will be addressed in consideration of the patient’s personal, spiritual, cultural, and ethical concerns regarding treatment and interventions.
 - G. All members of the clinical team are accountable to assist in managing the patient’s pain, according to the competencies and scope of practice of the practitioner (e.g.: identifying that pain is present, reporting or intervening, documenting assessment, reassessment, interventions, response, patient education, making referrals as indicated, etc.).

According to American Academy on Pain Management, the patient’s Bill of Rights on pain management should be an integral part of patient care approach and these are:

- Patient has the right to choose and access health care providers who can provide proper, respectful, informed, and nondiscriminatory pain management.
 - Patient has the right to receive information about his or her pain condition and treatment options.
 - Patient has the right to participate in his or her own care by making decision about which treatment options to pursue in pain management.
 - Patient has the right to receive follow-up care during re-evaluation of the patient’s pain and the use of further measures to treat pain.
 - Patient has the right to have their pain-related medical bills and cost of various pain treatments explained.
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EMERGENCY MANAGEMENT

IF YOU ENCOUNTER ANY EMERGENCY SITUATION WHILE AT SAINT FRANCIS: Call X2222

TO CONTACT SECURITY:

- For routine assistance: dial 353-6350
- Wear photo I.D. badges at all times.
- Report suspicious persons, a crime, or a Security incident of any kind by calling 353-6350.
- Be prepared to give a description of the individual, location of the incident, and your name.

IN AN EARTHQUAKE:

WHEN AN EARTHQUAKE STRIKES:

1. Remain calm, do not exit the building.
2. Move away from windows, shelving or other furnishing that may fall on you.
3. Find shelter under a sturdy desk or table. Kneel down, cover your head with your arms, and duck down on your knees.
4. **DUCK AND COVER AND HOLD ON.**
5. Do not use elevators.
6. If you are inside an elevator, exit elevator at the soonest opportunity. If the car becomes disabled, push the “alarm” and use the phone to summon help.

SAINT FRANCIS PHYSICIAN’S ROLES DURING A DISASTER:

In the event of an emergency, you may be notified by phone call, page, or overhead page or you may hear about a situation on the news.

- If you are in a physician leadership role at SFMH you should report to the Hospital's Incident Command System (HICS) on the second floor, Hoffman Room. You will be provided with an update and your immediate role.

IF YOU ARE ON SITE:

Report to the HICS (Command Center) on the second floor, Hoffman Room.

IF YOU ARE OFF SITE:

- Ensure the safety of your immediate family and yourself first;
- Wait to be called in and/or report for your next scheduled shift;
- If called in, report directly to the HICS (Command Center) on the second floor, Hoffman Room. You will be asked to wear your name badge or you will be provided one. You will be asked to sign in on a designated sheet and then given an assignment.
- PLEASE DO NOT REPORT DIRECTLY TO THE EMERGENCY ROOM unless requested to do so.

DISASTER HOTLINES:

Dignity Health: 1-877-249-0189 1-877-249-0218

SFMH: 415-353-6000

IF PHONES ARE DOWN, LISTEN TO THE RADIO:

KCBS-AM 740, KNBR-AM 680 or KGO-AM 810

Please remember these critical action steps in an emergency.

IF THE CODE TRIAGE IS A MASS CASUALTY INCIDENT:

- Expedite admissions, discharges and transfers for surge capacity.
- If ordered by HCC, non-urgent tests or procedures may be cancelled or rescheduled.
- Maintain normal SFMH Standards of Care unless specifically directed by HCC to implement crisis care.

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