

# Welcome to Cape Fear Valley Health System

Provider Orientation

# Instructions to Applicant

All new applicants will be required to review this on-line orientation as part of their application process. After reviewing the slides, please print and sign the confirmation of completion statement at the end of this presentation and include it with your application. If you did not complete the orientation prior to submitting your application, please return the signed statement to the Medical Staff Office to be included with your application (by fax to 615-5959 or by e-mail to [aennis@capefearvalley.com](mailto:aennis@capefearvalley.com)). An electronic record of your completion of this on-line orientation will also be maintained.

# Additional Orientation Requirements

- Please note that prior to beginning to function at CFVHS there will be additional on-site orientation steps that will need to be completed. These include, but are not limited to:
  - Computer orientation
  - Obtaining ID badge
  - Obtaining parking information
  - Facility tour

Please contact the Medical Staff Office following review and approval of your application to schedule this additional orientation.

- Employed Practitioners – you will need to complete additional orientation steps through Human Resources. Please contact your Office Manager/recruiter following review and approval of your application to schedule this additional orientation.

# Purpose and Target Audience

To provide new providers joining the medical/allied health staff of Cape Fear Valley Health (CFVH) information on CFVH policies, order sets, procedures and peer review practices. Also included is patient safety information, Joint Commission requirements, National Patient Safety Goals and how CFVH builds a culture of patient safety. This knowledge will assist you to better operate in the CFVHS

# Overview of Cape Fear Valley Health System

8<sup>th</sup> Largest Health System in North Carolina

## CURRENT FACILITIES:

- Cape Fear Valley Medical Center – 539 beds
- Cape Fear Valley Rehabilitation Center – 78 beds
- Highsmith-Rainey Specialty Hospital (long term acute care) – 66 bed
- Melrose Behavioral Healthcare – 32 beds
- Hoke Hospital – 41 beds
- Bladen County Hospital (critical access) – 58 beds
- Physician Primary Care & Specialty Clinics – 25 offices
- Emergency Medical Services (EMS and Lifelink)
- Health Pavilion North – comprehensive multi-specialty outpatient facility
- Harnett Health – management agreement



# Certifications::Accreditations

*At CFVHS, we are proud to be nationally recognized in so many areas. Our accreditations and certifications demonstrate our commitment to quality care.*



- Heart Attack Care: Chest Pain Center Accredited by the Society for Cardiovascular Patient Care and Disease Specific Certification by The Joint Commission (TJC).
- Cancer Care: Accredited by the American College of Surgeons Commission on Cancer
- Breast Care: Accredited by the National Accreditation Program for Breast Centers
- Weight Loss Surgery: Accredited by the American Society for Bariatric Surgeons
- Physical Rehabilitation: Accredited by Commission on Accreditation of Rehabilitation Facilities
- Sleep Medicine: Accredited by the American Academy of Sleep Medicine
- Emergency: Level III Trauma Designation by The NC Department of Health and Human Services
- Disease Specific Certification by The Joint Commission in:
  - Heart Failure
  - Advanced Stroke Care
  - Pneumonia
  - Sepsis (CFVH and Bladen)
  - Hip & Knee Replacement Surgery
  - Wound Care (HRSH)

**(NOTE: Details regarding Program Goals, PI Measures, Educational Resources and Clinical Practice Guidelines for areas certified by TJC are available on the Physician Portal)**



# Building a Culture of Quality Care and Patient Safety



## OUR MISSION

*providing exceptional* **HEALTHCARE**  
*for all our* **PATIENTS.**

*Reduce*  
**Mortality**

*Zero*  
**Harm**

*Increase*  
**Evidence-  
Based Care**

*Reduce*  
**Readmission**

**HEALTH SYSTEM PRIORITIES :: THE BIG DOTS**



# Quality Definition :

Doing the right thing,  
the right way,  
at the right time ...

*every time*

# Six Safe Behaviors with Tools

Safety Behavior Expectation	Error Reduction Tool
1- <i>Pay Attention to Detail</i>	Stop, Think, Act, Review (STAR)
2- <i>Communicate Clearly and Directly</i>	SBARR Check Backs / Repeat Backs Phonetic/Numeric Clarifications Ask Clarifying Questions
3- <i>Perform Effective Handoffs</i>	SBARR 3 Ws (What? Why? Warnings?)
4- <i>Be Aware of Big Picture &amp; Have a Questioning Attitude</i>	Stop and Ask Briefs/Huddles/Debriefs
5- <i>Work Together with Your Teams</i>	Escalation of Concerns Peer Checking and Coaching
6- <i>Follow the Rules</i>	Know the Policies Follow Procedures Use Checklists

# Opportunities for failure exist even when we practice safe behaviors

## Breakdowns

- Most breakdowns are **PROCESS** related
- Breakdowns in **BEHAVIOR** occur when procedures are not followed
- **EQUIPMENT** breakdowns are the least common

In order to get better we need to report errors...

**Submit a SIR!**

# Safety Culture at Cape Fear Valley

Our safety culture revolves around three principles:

- Trust
- Report
- Improve

***We have to TRUST that in our system when we REPORT occurrences IMPROVEMENTS in processes and safety will occur.***

# What is a SIR?

- Cape Fear Valley Health's mechanism to report, identify, and analyze quality of care issues and potential threats for patient and employee harm
- SIR stands for Safety Improvement Report
- SIRs are entered via the Physician Portal

# Why are SIRs important?

- A health system our size should have 15,000-18,000 SIRs a year
- Cape Fear Valley Health had over 15,000 SIRs reported in 2015!
- A report of a singular incident may result in immediate steps taken to protect our patients
- Each SIR is reviewed by a multidisciplinary team of people to gain insight from different perspectives
- Each SIR is categorized according to the level of harm

# How to Enter a SIR

1. Access the Physician Portal
2. Click on the Feedback/SIR tab

The screenshot displays the ValleyLink Physician Portal interface. At the top, it says "WELCOME DR. AUL" and "User: caul". The navigation bar includes tabs for Home, Setup, Syngo X-Ray, ValleyLink Clinical Access, ECG, FAQs, and Logout. The main content area features a central "ValleyLink" logo with a "Feedback/SIR" button highlighted in a red box. To the left of the logo are buttons for MerckMedicus, MedScape, Micromedex, CFV Email, UpToDate, and Zynx. To the right are buttons for Physician Rolodex, Medical Staff Svcs, Pharmacy/Lab, and Zynx. The top right corner shows a "Census Update" section with a dropdown menu and a "Status: Normal" button. The bottom right corner lists "MS Office Products" including Microsoft Excel, PowerPoint, Access, and Word. The bottom of the page contains a copyright notice: "© 2007 Cape Fear Valley Health System".

3. Click on Submit a SIR



4. Enter SIR information.

The screenshot shows the 'INFOWEB' interface with a search bar in the top right. A navigation menu includes 'Home', 'Groups', 'Forms', and 'Policies'. The main content area is titled 'Physician SIR : New Item' and contains a form with the following fields:

- Physician Name: (optional) [Text input field]
- Facilities: (required) [Dropdown menu with 'Cape Fear Valley Health' selected]
- Location: (optional) [Text input field]
- Event Date: (optional) [Calendar icon]
- Account #: (required) [Text input field with a red error indicator]
- Comments: (optional) [Text area]

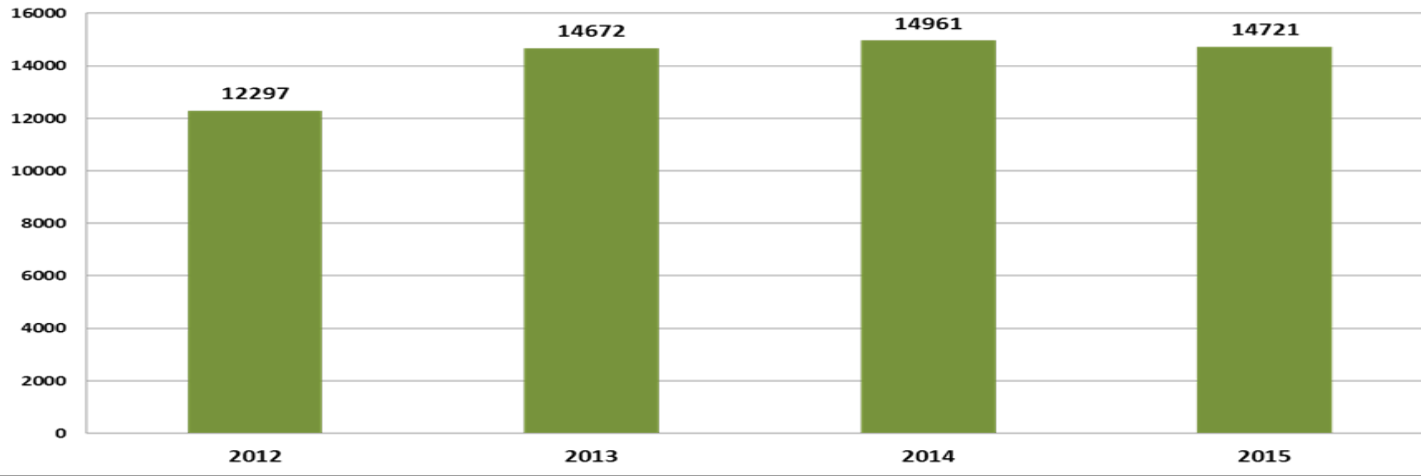
A 'Submit' button is located at the bottom of the form.



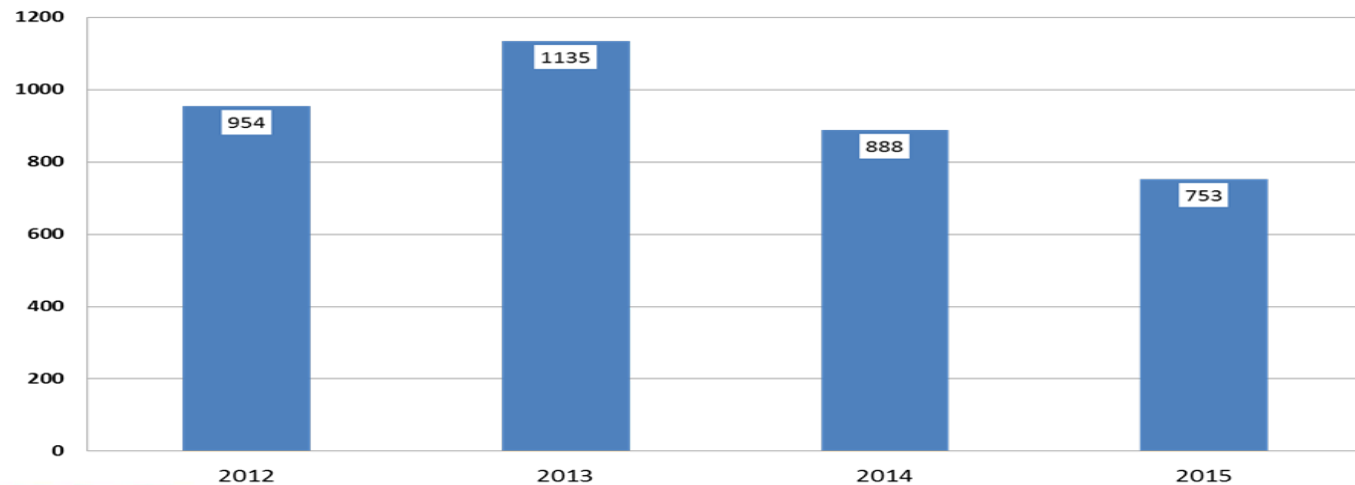
# How Do We Improve Reliability?

- Increase the reporting of events
- We identify “Good Catches” when providers report events that do not reach the patient
- We observe and hear providers using the 6 Safe Behaviors and error prevention tools
- Reduce the number of harmful events and grievances over time

### Corporate CFVHS Total Number of QCCs 2012-2015



### CFVMC QCC Actual E-I Harm Events by Year 2012 - 2015



*Goal: Robust reporting leading to decreased harm*

# Fill out a SIR every time for:

- Delays in treatment
- Equipment failures, issues, or problems
- Patient identification issues
- Patient injuries, falls
- Medication issues (orders, labeling, reactions, prescribing)
- Everyone's Safety

# 2016 National Patient Safety Goals

## ➤ Goal #1 Patient identification

*Use at least two patient identifiers when providing care, treatment, and services.*

- **Patient's FULL name**
  - Including middle initial
  - Including Jr., Sr., III, etc. as applicable
- **Patient's Date of Birth**

## ➤ Goal # 2 Communication

Improve the effectiveness of communication among caregivers

## ➤ Goal #3 Medication Safety

*Improve the safety of using medications*

# 2016 National Patient Safety Goals

- **Goal #6 Clinical Alarms**  
*Improve clinical alarm safety*
- **Goal #7 Healthcare Associated Infections**  
*Reduce the risk of health-care associated infections*
- **Goal #15 Safety Risks**  
*Identify patients at risk for suicide and take precautions*

# Keep Safe: Rapid Response



- What: The Rapid Response Team responds immediately when a patient's condition is worsening. Rapid Response is also called if visitors or staff need medical assistance
- Who: Anyone can call Rapid Response- a patient, family member, and any hospital staff member
- When: Always activate the Rapid Response to assess the patient if you feel the patient doesn't look right .( i.e. not responding, chest pain, difficulty breathing, seizure)
- How: **Dial 22 Cisco**  
**Dial \*22 Nortel**

Tell the operator Rapid Response is needed and your location



# Clinical Performance Improvement Committee (CPIC)



# Clinical Performance Improvement Committee (CPIC)

- To improve the quality of care rendered by the individual physician and LIP
- Although Peer Review is a Joint Commission requirement, our goal is to share lessons learned with Medical Staff to avoid errors
- Drive true performance improvement
- Identify operational issues and identify solutions
- Engage the Medical Staff in improvements for their respective departments



# Internal Peer Review

## Sources of Case Referrals

- **Patient Relations (Patient/family complaints/grievances)**
- **SIR Safety Improvement Report**
- **Hospital department referrals (Infection Control, Case Management, Surgical Services, Health Information Management (HIM), Risk Management, etc.)**
- **Committee referral (Pharmacy & Therapeutics, Professional Well-Being Committee, etc.)**

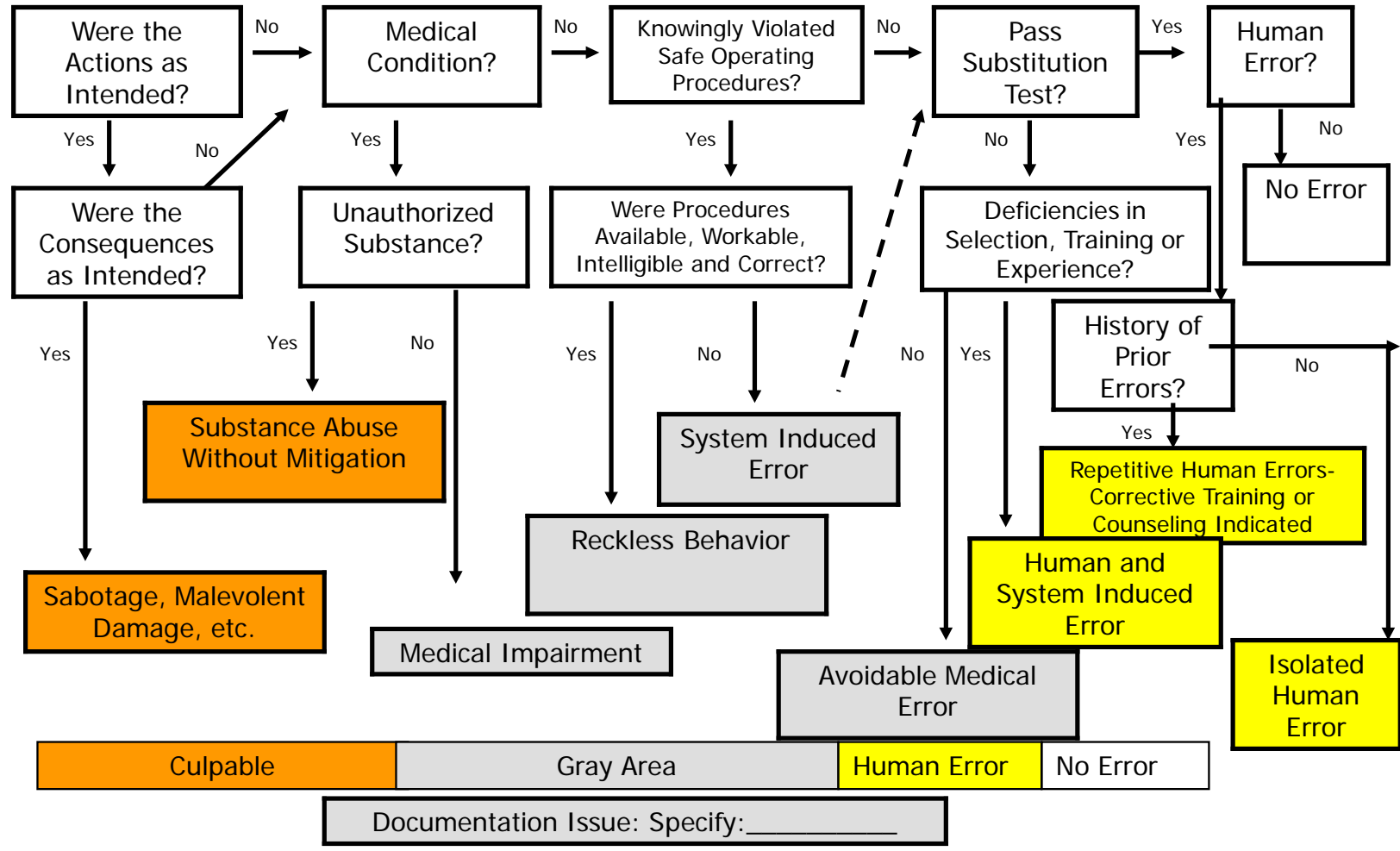
# Just Culture- CPIC Outcomes

- **The Just Culture approach is helpful in communicating Peer Review Findings to the individual staff member and the Medical Executive Committee (MEC).**
- **It assists CPIC in drilling down further to address broader physician or hospital system issues.**
- **Identification of system/process opportunities.**

Issue: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Clinical Performance Improvement Committee (CPIC) Peer Review Algorithm\*

\*Adapted from James Reason "Managing the Risks of Organizational Accidents"



# Ongoing Professional Practice Evaluation (OPPE)

# Focused Professional Practice Evaluation (FPPE)

# Ongoing Professional Practice Guidelines, (OPPE)

- **Joint Commission Requirement to evaluate performance of the medical staff**
- **OPPE – 6 month evaluation of key indicators within the physician practice.**
- **Each physician meets with their section chair to review their OPPE.**

# Focused Professional Practice Review (FPPE)

There are three reasons a FPPE may be conducted.

1. Orientation to a new facility

- Medical Staff arranges this review.

2. New credentials (Procedures etc.)

- Medical Staff arranges this review and may require proctor.

3. Trended Opportunities for Improvement

- This FPPE may be recommended by Medical Executive Committee from recommendation from CPIC. Quality and Patient Safety will arrange for this review.

Physical Medicine and Rehab (PM)  
 Cape Fear Valley Medical Ctr  
 Role(s): Attending

Risk Method: 3M™ APR DRG  
 Internal Peer: XZY  
 Total IP Cases: 141 of 141

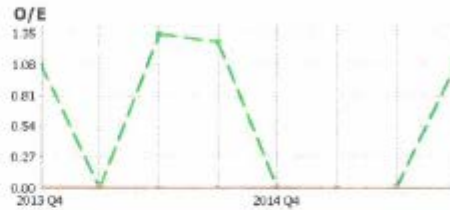
Profile Status: Review  
 Timeframe: Apr 2015 - Sep 2015

# Physician Profiles

## Outcomes

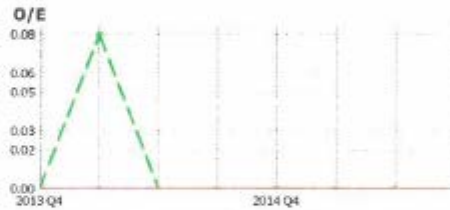
### MORTALITY

	Cases	Observed	Observed/Expected
<b>My Performance</b>	<b>130</b>	<b>0.0%</b>	<b>0.0</b>
Internal Peer	453	0.2%	0.5
External Peer	0		



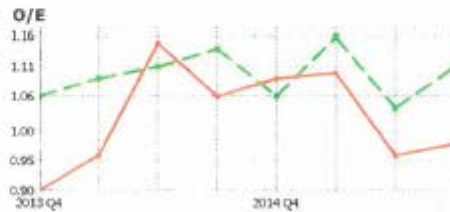
### COMPLICATIONS

	Cases	Observed	Observed/Expected
<b>My Performance</b>	<b>141</b>	<b>0.0%</b>	<b>0.0</b>
Internal Peer	502	0.0%	0.0
External Peer	0		



### LENGTH OF STAY

	Cases	Observed	Observed/Expected
<b>My Performance</b>	<b>141</b>	<b>11.1</b>	<b>1.0</b>
Internal Peer	502	12.8	1.1
External Peer	0		



### 30-DAY READMISSIONS

	Cases	Observed	Observed/Expected
<b>My Performance</b>	<b>1</b>	<b>0.0%</b>	<b>0.0</b>
Internal Peer	0		
External Peer	0		



● Exceeds target    ■ Fails to meet target

— My Performance    - - Internal Peer

# Patient Safety and Quality

## Evidence-Based Care:

CFVHS believes the use of evidence-based care allows us to provide the highest quality care for our patients. CFV evidence based care order sets include:

- Heart Failure (CHF)
- Heart Attack (AMI)
- Community Acquired Pneumonia (CAP)
- Surgical Care Improvement Project (SCIP)
- Sepsis
- Stroke

(NOTE: A copy of all order sets are available through Form Fast. Recently adopted/updated order sets will be available on the Physician Portal for a period of two months after implementation)



**The Joint Commission  
Disease Specific Certified  
Programs  
at Cape Fear Valley Health**

# **Joint Commission Certified - Acute Myocardial Infarction Program**

## **Program Goals:**

Provide Evidence Based Care from admission all the way to post discharge care.  
Promote Self Management through education.

## **Performance Improvement Measures:**

Troponin collect to result time <60 mins  
Door to Balloon Time  
AMI All Cause Readmissions  
AMI LOS

## **We also Track (not for Joint Commission Purposes):**

Meds at D/C: ASA, Statin, Beta Blocker, ACE/ARB for EF<40%  
ASA on arrival

## **Educational Resources:**

AMI HQI Packet on FormFast  
Cardiac Health Education Book  
Discharge Instructions  
Care Notes  
Up-To-Date  
Mosby's Nursing Skills and Consult  
AMI Coordinator- (910) 615-7083

## **Clinical Practice Guidelines:**

Can be found on the infoweb-> References->Clinical Practice Guidelines->AMI Guidelines  
American Heart Association  
*American College of Cardiology*  
*Society for Cardiovascular Angiography and Interventions*

# Joint Commission Certified -Advanced Stroke Program

## Program Goals:

- Improve use of evidence based care
- Increase patient satisfaction
- Reduce length of hospital stay
- Reduce 30 day readmissions
- Reduce mortality

## Performance Improvement Measures:

- Thrombolytic Administration
- Antithrombotics by Day of stay 2
- VTE Prophylaxis by Day of stay 2
- Stroke Education
- Anticoagulation for A-Fib
- Assessed for Rehab
- Discharge on Statins
- Antithrombotics @ D/C

## Educational Resources:

- Stroke HQI Packet
- Stroke Education Booklet
- Discharge Instructions

InfoWeb: Care Notes, Up-To-Date, Mosby's Nursing Skills & Consult, Stroke References- Found Under the "Reference" Tab  
Stroke Coordinator (x7077)

## Clinical Practice Guidelines:

\*Available from any computer terminal; on the InfoWeb, under the reference tab

- AHA/ASA 2015- Guidelines for Early Management of Patients with Acute Ischemic Stroke
- AHA/ASA 2015- Guidelines for the Management of Aneurysmal Subarachnoid Hemorrhage
- AHA/ASA 2011- Racial-Ethnic Disparities in Stroke Care: The American Experience
- AHA/ASA 2015- Guidelines for the Management of Spontaneous Intracerebral Hemorrhage
- American Academy of Neurology 2014- Guidelines for the Early Management of Adults with Ischemic Stroke

# Certified Joint Commission- Heart Failure Care Program

## Program Goals:

- Improve use of evidence based care
- Increase patient satisfaction
- Reduce length of hospital stay
- Reduce 30 day readmissions
- Reduce mortality

## Performance Improvement Measures:

- Follow Up Appointment within 7 Days of Discharge
- Systolic BP <140 and Diastolic BP <90 by Discharge
- Evidence Based Beta Blocker if EF<40%
- Lipid Lowering Medication Ordered at Discharge if Co-morbid:  
CAD or CVA or PVD or Diabetes

## Educational Resources:

- CHF HQI Packet
- CHF Education Book
- Discharge Instructions
- InfoWeb: Care-notes, Up-To-Date, Mosby's Nursing Skills & Consult
- Heart Failure Coordinator (x4809)

## Clinical Practice Guidelines:

\*Available from any computer terminal; on the InfoWeb, under the reference tab  
2013 ACCF/AHA Guideline for the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines.

# Joint Commission Certified- Pneumonia Program

## Program Goals:

- Improve use of evidence based care
- Increase patient satisfaction
- Reduce length of hospital stay
- Reduce 30 day readmissions
- Reduce mortality

## Performance Improvement Measures:

- Influenza Vaccination Rates
- Pneumococcal screening/vaccination rate
- 30 day all cause readmissions
- Appropriate Antibiotic Selection for Pneumonia Patients

## We also track the following Measures:

- Blood cultures, ICU patients
- Mortality
- Healthcare Associated Pneumonia
- Length of Stay

## Educational Resources:

- Pneumonia HQI Packet
- Discharge Instructions
- InfoWeb: Care Notes, Up-To-Date, Mosby's Nursing Skills & Consult
- Pneumonia Coordinator (x7015)

## Clinical Practice Guidelines:

Can be found on the infoweb->References->Clinical Practice Guidelines-> Pnuemonia Clinical Practice Guidelines

Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults (2007) and Guidelines for Management of Adults with Hospital-acquired, Ventilator-associated, and Healthcare-associated Pneumonia (2005)

# Joint Commission Certified -Race 2 Recovery Elective Hip/Knee Replacement

## Program Goals:

Improve the quality of patient care  
Increase patient satisfaction  
Improve outcomes  
Increase patient knowledge of events to come  
Decrease Blood Transfusions  
Prevent infections

## Performance Improvement Measures:

Pre-op class attendance  
30-day All-Cause Readmissions  
Reduction of Nausea and Vomiting in Post Operative Hip and Knee Patients  
Functional Ambulation Status Improvement for Hips to ambulate  $\geq$ 250 feet  
And Knees to have a zero degree extension

## Educational Resources:

Race 2 Recovery Guidebook  
Race 2 Recovery Patient Education Seminar  
Discharge Instructions  
Care Notes  
Up-To-Date  
Mosby's Nursing Skills and Consult

## Clinical Practice Guidelines:

\*Available from any computer terminal: infoweb, Reference tab, Clinical Practice Guidelines

\*The American Academy of Orthopedic Surgeons (AAOS):

The Clinical Practice Guideline on Preventing Venous Thromboembolic Disease in Patients Undergoing Elective Hip and Knee Arthroplasty – September 2011

\*American Society of Health System Pharmacists (ASHP):

Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery – 2013

## Joint Commission Certified- Sepsis Program

### Program Goals:

- Early Identification of signs and symptoms of sepsis through screening
- Develop and sustain a smooth orchestration of care in the Emergency Department from triage to early identification and implementation of goal directed therapy.
- Develop and sustain a smooth orchestration of care within the adult inpatient population from early identification to implementation of goal directed therapy.
- Initiation of medical treatment with the use of order sets (CPOE and EMSTAT) based on positive screening.
- Education to the patient/family or caregiver to assist with self-management of their disease process by reducing the risk factors
- Community awareness: Immunizations
- Education to clinical staff to include physicians, mid-level providers, and nursing staff.

### Performance Improvement Measures:

- Lactate Collected
- Fluid Resuscitation (30ml/kg)
- Appropriate Screening
- Composite Score

### We also track the following Measures:

- Blood cultures
- Mortality
- Length of Stay
- Readmissions

### Educational Resources:

- Sepsis Educational Handout
- Discharge Instructions
- Info Web: Care Notes, Up-To-Date, Mosby's Nursing Skills & Consult
- Pneumonia/Sepsis Coordinator (x7015)

### Clinical Practice Guidelines:

Can be found on the info web->References->Clinical Practice Guidelines-> *"Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2012"*

# Joint Commission Certified- Wound Care Program

## Program Goals:

- Improve use of evidence based care
- Increase patient satisfaction
- Identify risk for skin breakdown
- Implement strategies to prevent and/or manage pressure ulcers
- Reduce pain and minimize infection
- Reduce and mitigate the overall incidence of pressure ulcers
- Reduce risk factors that contribute to the development of pressure ulcers
- Monitor the incidence and severity of pressure ulcers
- Promote an optimal level of function, comfort and quality of life
- Monitor and evaluate outcomes

## Performance Improvement Measures:

- Nutritional Supplements Implementation during Hospitalization
- Reduce Hospital Acquired Pressure Ulcers
- Wound Treatment Orders Initiation on Admission
- Evidence of Self-management Knowledge Prior to Discharge

## Educational Resources:

- Wound Care HQI Packet
- Discharge Instructions
- InfoWeb: Care Notes, Up-To-Date, Mosby's Nursing Skills & Consult
- Wound Care Coordinator (x1106)

## Clinical Practice Guidelines:

- Nutritional information can be found on the InfoWeb->References->Clinical Practice Guidelines-> Prevention and Treatment of Pressure Ulcers Clinical Practice Guidelines
- National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance (2014)



# Surgical Care Improvement Project (SCIP)

- **Prophylactic antibiotics** given within 1 hour prior to surgical incision (2 hrs for vanco)
- Prophylactic antibiotic **selection** consistent with current guidelines
- Prophylactic antibiotics **DC'd within 24 hours** of anesthesia end time (48 hrs for cardiac)
- **Clippers for hair removal**
- Controlled **post-op serum glucose** (cardiac patients, POD 1&2 <180)
- Recommended **VTE prophylaxis** within 24 hours of anesthesia end time
- **Beta Blocker** given the day before surgery and/or the day of surgery and POD 1 and/or POD2
- Urinary Catheter Removed by POD 1 or 2 an order to utilize the urinary catheter removal justification protocol will allow nursing documentation to be acceptable
- Surgery patients with **Perioperative Temperature Management**

## Be Sure to Document:

- Document therapeutic reason for continuing antibiotics beyond approved time frame
- Contraindications to VTE prophylactics if not ordered
- Document valid reason for not removing urinary catheter (must be documented on POD 1 or 2)

# Mandatory Order Sets

The Medical Executive Committee has mandated that physicians use the following order sets:

- AMI, HF, Pneumonia

The use of the following order sets is highly encouraged:

- Stroke, Sepsis, DVT
- Central Line Bundles
- Ventilator Associated Bundle
- Blood Order

**Order sets can be found in CPOE**

# Infection Prevention and Control Provider Orientation

# Hand Hygiene

- Use alcohol waterless hand wash as primary means to sanitize hands
- Use soap and water if:
  - Visible contamination is present on hands or gloves
  - Questionable contact with fecal material occurs. *You must wash your hands with soap and water.*
    - Alcohol base hand rubs are ineffective against *Clostridium difficile*.
- **When to perform hand hygiene:**
  - Before & after work
  - Before & after contact with each patient
  - After contact with soiled material
  - Before & after using bathroom
  - Before handling food or medications
  - Before donning gloves & After removing gloves
  - Before entering AND when exiting a patient's room

# Isolation Practices at CFVHS

- **When indicated, isolation is used in addition to Standard Precautions**
  - **For Inpatient Settings, CDC's Transmission Based Isolation Categories are used.**
    - Airborne
    - Special Airborne Contact
    - Contact
    - Contact Special Enteric
    - Droplet
    - Protective
  - **For Outpatient Settings, CDC's Syndrome Based Precautions are used.**
- **The CDC HICPAC Isolation Table is available on the Infoweb under References**
- **Compliance regarding protective personal equipment is necessary to reduce risk of transmission to other patients.**

# MDRO: Methicillin Resistant Staphylococcus Aureus (*MRSA*)

- More severe, life threatening MRSA infections occur most frequently among patients in health care settings
  - Patients at risk – weakened immune systems, wounds, catheters inserted, procedures make it easier for MRSA to enter body
  - Contact Isolation Precautions
  - Hand Hygiene with alcohol foam or soap and water
- The most common body site colonized is the nose
  - Clearance Protocol FormFast 0856
    - Two swabs of the nares: One swab taken, upon return of negative result collect second swab

# MDRO: Clostridium Difficile (c.diff)

- Linked to 14,000 American Deaths each year
- Most at risk – patients receiving antibiotics, PPI, GI surgery, long length of stay, elderly, immunocompromised,
- Shed in feces – c.diff spores transferred via healthcare personnel's hands
  - Soap and Water for Hand Hygiene
  - Contact Special Enteric
- CFVHS Lab Specimen
  - Must be loose/liquid stool (Bristol Stool Type 7)
  - NOT recommended to retest within 7 days of positive
    - No test for clearance
- Treatment –metronidazole, PO vanc, fidaxomicin
  - Refer to Fecal Microbiota Transplant Policy for persistent c.diff

# CAUTI Prevention Measures

## Core Measures

- Insert catheters only for appropriate indications
- Leave catheters in place only as long as needed
- Only properly trained persons insert and maintain catheters
- Insert catheters using aseptic technique and sterile equipment
- Maintain a closed drainage system
- Maintain unobstructed urine flow
- Hand hygiene and standard (or appropriate isolation) precautions

## Supplemental Measures

- Alternatives to indwelling urinary catheterization
- Portable ultrasound devices to reduce unnecessary catheterizations



# CLABSI Prevention Measures

## Core Measures

- Removing unnecessary CL
- Following proper insertion practices
- Facilitating proper insertion practices\*
- Complying with hand hygiene recommendations
- Performing adequate skin cleaning
- Choosing proper CL insertion sites
- Performing adequate hub/access port cleaning
- Providing education on CL maintenance and insertion

## Supplemental Measures

- Implementing chlorhexidine bathing\*
- Biopatch

\*Not part of 2002 HICPAC Guidelines for the Prevention of Intravascular Catheter-Related Infections

# Infection Control Department

Business Hours: Monday to Friday 8:00 to 4:30

Phone Number: 615-4792

After Hours for urgent issues use Chain of Command – Nursing Supervisor.

Nursing Supervisor can reach Infection Control after hours

# Why Antibiotic Stewardship?

- Evidence shows antimicrobial use is:
  - Over 50% of the time inappropriate
  - The 2<sup>nd</sup> most common cause of adverse events
  - Frequently associated with prescribing errors
  - Associated with super infection such as *Clostridium difficile* infection
- Goal: Optimize antimicrobial therapy while minimizing resistance and adverse reactions

# Antimicrobial Stewardship at CFV

- Inter-professional subcommittee of P&T
- Responsible for antimicrobial formulary, policies, and education
- Utilizes a pharmacist to review antibiotic use and provide prospective feedback to optimize therapy including:
  - Bug/Drug mismatch
  - De-escalation and Duration of therapy
  - IV to PO and dose optimization changes

# KEY POLICIES/PROCEDURES



# Medical Staff Bylaws and Related Documents/Health System Policies and Procedures

Members of the staff are expected to be familiar and comply with the Medical Staff Bylaws, Rules and Regulations and Credentials Policies and Procedures as well as related medical staff policies. In addition, staff members are expected to be aware of and comply with Health System policies. The Medical Staff Bylaws and related documents are accessible through the Physician Portal and a summary was provided with your application to the staff. Health System policies are available electronically through PolicyTech and key policies are available on the Physician Portal for ease of access.



# Do Not Write or Use

Please note the following key points:

- **“Resume or Continue”** such as “resume pre-op orders” or “resume home medications” – these orders must be written out.
- **DNR/DNI simultaneously** – must specify only one or order is invalid and staff will call for clarification
- **U** for units – write out units
- **QD** – write out “daily” or “every other day”

**(NOTE: A complete list of unapproved abbreviations is available on the Physician Dashboard).**



# Telephone Order Read Backs

The preference is that you write orders in patient records yourself. If this is not possible **you are required to authenticate your order within 96 hours.** You and your colleagues that cover for you can sign these orders for each other. This is both a patient safety and quality of care issue. In addition, this is a regulation of the Centers for Medicare and Medicaid and The Joint Commission.





# Legibility

\***Legibility** of your documentation can have a significant impact on patient safety and quality of care.

\***Legibility** of your documentation is important to facilitate timely and accurate reimbursement and reduce potential liability for you and the health system.

\***Legibility** – to assist staff in following up should illegible orders be identified, you are to include your physician ID/dictation number with your signature on all orders.

# Writing Medication Orders



- Use CPOE or approved order form
- Sign, date and time order; include ID number in compliance with legibility policy
- Include drug name, dose, frequency and route of administration
- Weight based dosing is required for pediatric orders
- Place prescriptions in the chart, do not give to the patient or family



# Restraint/Seclusion Orders

- **Medical/Surgical Restraint** orders are active up to one calendar day (order expires at 11:59 pm the next day). Orders require a face-to-face assessment within a calendar day of the order.
- **Behavioral Restraint** orders are active for a limited amount of time (based on patient's age). Orders require a face-to-face assessment within one hour of a new restraint order.

**NOTE: The complete "Restrains, Seclusion and Safety Devices" policy is available via the Physician Dashboard. The Restraint/Seclusion order set is available through Form Fast)**

# Blood Utilization

(being reviewed by April Maroschak)

## Products available through Transfusion Services:

- Packed Red Blood Cells (PRBC)
- Frozen Plasma
- Cryoprecipitate
- Single Donor Apheresis Platelets
- Rh Immune Globulin (Rhogam)
- Micro Dose Rh Immune Globulin
- Component Alliquots
- Irradiated Blood Products
- Leukoreduced Blood Products

## Services Offered by Transfusion Services:

- Autologous Transfusion and Directed Blood Donation (coordinated through the Blood Donor Center)
- Therapeutic Phlebotomy (coordinated through the Infusion and Injection Series Clinic)
- Blood Conservation Program – available to patients seeking alternatives that limit the use of blood or blood products.

**(NOTE: Additional detail regarding transfusion services is available on the physician portal)**

# CPOE- A Brief Introduction

With health care reform underway, the importance of increasing patient safety daily using an electronic order entry system supports **Cape Fear Valley's mission of: "Improving the quality of every life we touch through commitment of excellence by our providers."**

- Reduced medication errors and adverse drug events
- Standardization and improvement of care
- Improved efficiency of care delivery
- Statistics show a direct correlation between consistent use of CPOE and improvements in quality and safety:
  - efficiency of patient care; reduction of health disparities, increased engagement with patients and families;
  - Improved care coordination; adequate privacy and security of personal health information; and public health

# Helpful Tips:

- ❑ Please ensure patient is in a bed in ValleyLink before order entry!
- ❑ On admission- Perform the Admission Medication Reconciliation **BEFORE** you enter your orders
- ❑ If you miss something, the system will still not allow you to add the order and will force you to return to the screen highlighting the items needed in **PINK**
- ❑ The Unit Secretaries are the CPOE SuperUsers on each unit; please solicit help from them if you have any questions
- ❑ You can also call Support Services at 5500 or email the CPOE Team at [cpoe@capefearvalley.com](mailto:cpoe@capefearvalley.com)
- ❑ All CPOE Tipsheets are placed on the Infoweb here:

**ValleyLink** In April 2007, Cape Fear Valley Health initially implemented ValleyLink Clinical Documentation on Pediatrics and in PICU. Today, this technology is utilized system wide by 12 disciplines on nearly 350 forms and is used to process all physician inpatient orders! The ValleyLink journey continues in Bladen and Hoke Counties...



[ValleyLink Training Manuals](#) | [Nursing Portal Help](#) | [ValleyLink Tip Sheets](#)

[What to Order - Common Diagnostic \(X-ray\) Exams](#) | [Send Feedback to ValleyLink Team](#)

[CPOE Resources](#) | [Lab Test Catalog](#) | [Med Rec Training](#)

[How do I get nursing documentation changed in ValleyLink?](#)

# RESPONSIBILITIES – PROVIDER ON CALL FOR THE EMERGENCY DEPARTMENT - EMTALA



**EMERGENCY**

- Respond (by phone or in person) within 15 minutes of notification
- Respond in person within 30 minutes of notification.
- In the event of lack of agreement between the on-call provider and the ED physician, the on-call provider must respond in person within 30 minutes.
- If, after examining the patient, the on-call provider determines transfer is indicated (s)he assumes the responsibility to work with ED personnel to coordinate patient's transfer.

**NOTE: A detailed Summary of Responsibilities: Physicians Serving “On Call” to the CFV Emergency Departments” , to include EMTALA guidelines, is available on the Physician Portal)**



# Pain Management

- CFVHS, through its care providers, assesses, intervenes and reassesses our patient's pain/agitation on an ongoing basis.
- Pain scales used include:
  - Self Report/Visual Analogue Scale (VAS)
  - Wong-Baker Faces Rating Scale (FACES)
  - FLACC Scale
  - Neonatal/Infant Pain Scale (NIPS)
  - Pain Assessment in Advanced Dementia Scale (PAIN AD)
  - Comfort Scale

**(NOTE: The complete Pain Management policy is available via the Physician Portal)**





# CFV Ethics Committee

- The CFV Ethics Committee is an interdisciplinary group that is available to assist staff in identifying, analyzing and resolving ethical issues.
- The CFV Ethics Committee performs three basic functions:
  - Medical ethics education
  - Policy review/development
  - Case Consultations
- In both its policy support and case consultations services, the CFV Ethics Committee makes recommendations only.
- The CFV Ethics Committee is available for formal consultation. To request a consult, complete an Ethics Consultation Worksheet, available on Form Fast, form #FF3323. Forward the completed form to the Medical Staff Office. If you have questions regarding the consult service, please contact the Medical Staff Office – 6039.

# CORPORATE COMPLIANCE

- The Corporate Compliance Department leads initiatives related to the investigation and remediation of potential breaches of confidentiality as well as other compliance issues.
- According to the Administrative “Investigation of Breaches of Privacy Policies and Procedures”, a breach of confidentiality is – “The unauthorized disclosure or use of protected health information (PHI). This may be internal or external, and may or may not have harmful effect.” **Accessing the PHI of any patient for whom you are not the attending or consultant physician of record, to include a family member or friend, is considered a breach of confidentiality and steps as outlined in the referenced policy will apply.**
- CFVHS has a Confidential Message Line that can be used to report potential breaches or other issues of concern. The Confidential Message Line can be accessed at: 819-615-6140

# CORPORATE COMPLIANCE

- New applicants are provided a copy of corporate compliance policies with request for signed acknowledgement in conjunction with their initial application. Each year thereafter staff members are asked to review corporate compliance documents and submit signed acknowledgement statement.
- Key policies are available on the Info Web and include:
  - Access to PHI Without Patient Authorization
  - Accounting for Disclosures of PHI
  - Auditing Computer and Communication Devices
  - Code of Conduct Policy
  - Code of Organization Ethics
  - Corporate Compliance Policy
  - Conflict of Interest
  - Investigation of Breaches of Privacy

# Patient Relations Overview

We like to think of ourselves as the customer service of the hospital, helping patients and family members, assisting visitors, finding lost items, listening to concerns and complaints to help resolve them, helping to console those that have losses, providing interpreting services, providing notary public services where needed, issuing service recovery, and generally, doing what it takes to make hospital visits easier for patients and their families.

For any questions, concerns, or any of the services listed above, Patient Relations can be contacted by phone at 910-615-6120.

We are located on the first floor, next to the security office.

# Physician Conduct/Health

- It is expected that members of the medical and allied health staff will treat others with respect, courtesy and dignity. Providers are to conduct themselves in a professional and cooperative manner and are not to exhibit behavior that could be construed as disruptive or harassing.
- At times providers may experience an impairment, defined as any physical, mental or behavioral condition that interferes with the ability to engage safely in professional activities. Common warning signs of potential impairment include, but are not limited to:
  - Attitude/behavior changes
  - Physical changes
  - Performance changes

It is the intent of CFVHS to provide a process that facilitates the confidential diagnosis, treatment and rehabilitation of practitioners who may suffer from a potentially impairing condition.

**(NOTE: Related Policies “Conduct-Medical/AHP Staff”, “Harassment-Medical/AHP Staff” and “Practitioner Health” are available on the Physician Portal)**

# HOW TO FILE A CONCERN OR COMPLAINT

- Access the SIR reporting process via the Physician Portal/InfoWeb
- Contact the facility Chief Medical Officer

# PHYSICIAN COMMUNICATION

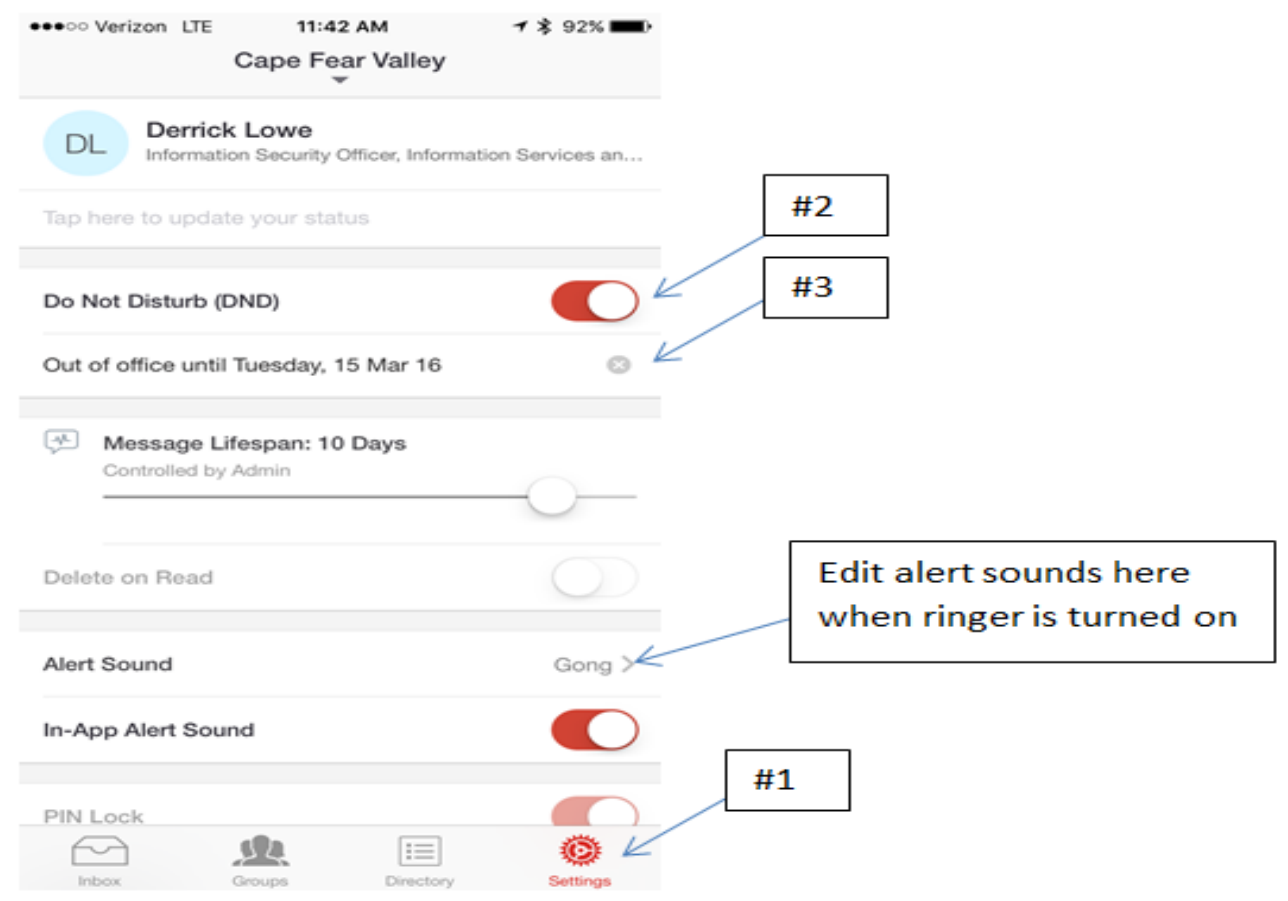
- Medical Staff Communications are forwarded to providers via the preferred e-mail address provided to the Medical Staff Office. If no preferred e-mail is provided, the default will be your hospital e-mail address.
- Information is posted on the Physician Portal.
- The preferred method for consultations is direct physician to physician calling.
- **Tiger Text** is a HIPAA compliant secure messaging system that is available for use by all staff members.

# Quick Tips for using TigerText:

**I. Out of office** – You will still receive text messages but you won't get the alert. Once this feature has been turned off (manually), you will start receiving alerts.

- [I. Out of office](#)
- [II. Create New Groups](#)
- [III. Broadcast Group](#)
- [IV. AMION](#)

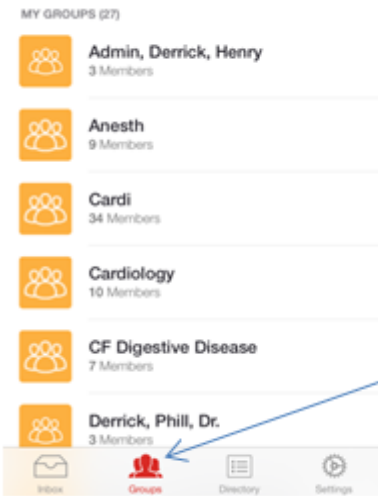
1. Click settings at bottom of screen
2. Click "do not disturb"
3. Enter out of office message



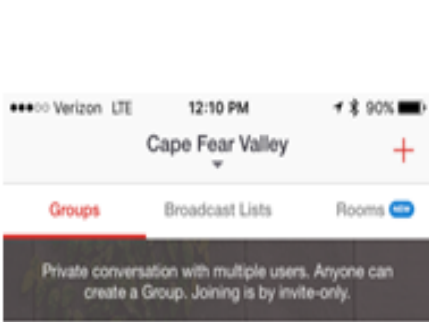


**II. Create New Group** – This type of group will allow one user send message to everyone in the group and each reply can be read by everyone in the group.

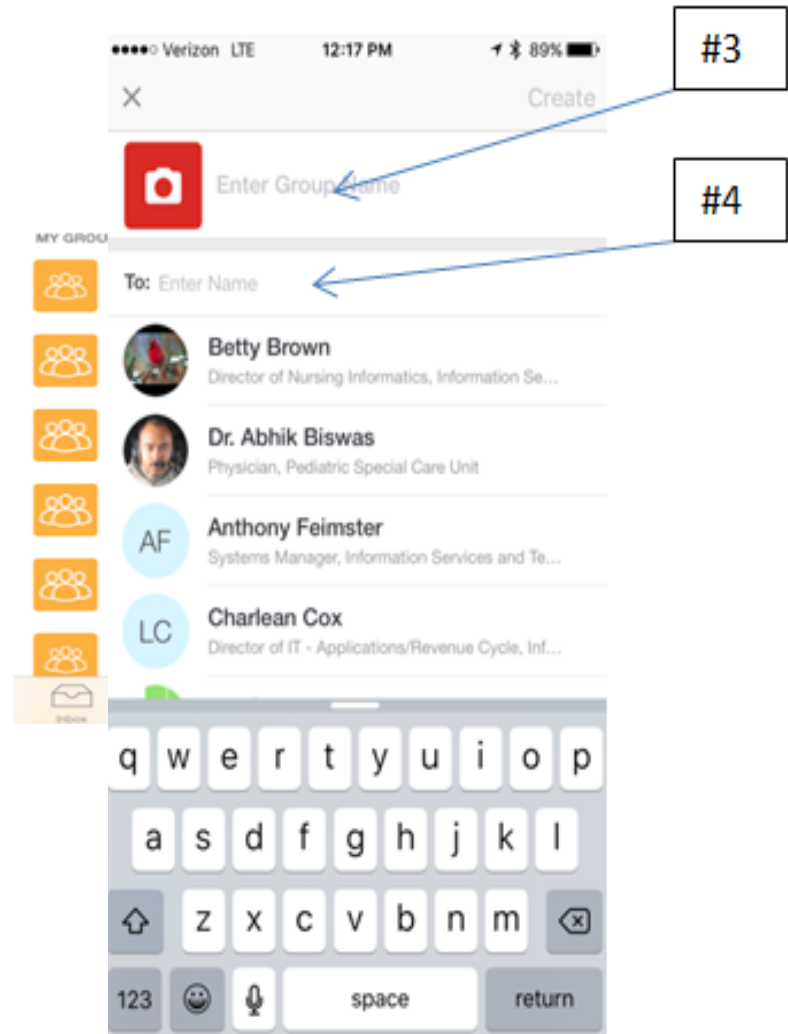
1. Click group tab at bottom of screen
2. Click + tab in upper right corner of screen
3. On the next screen, enter group name
4. Add members to the group



#1



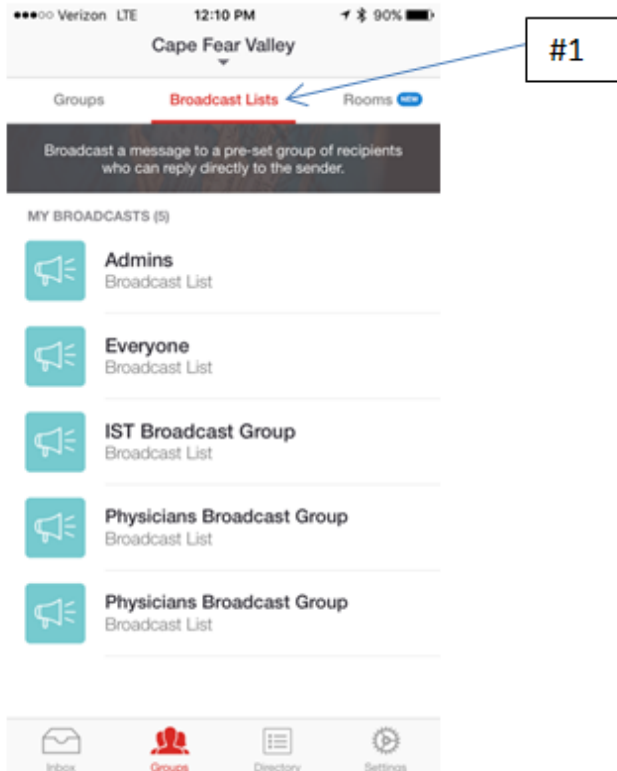
#2



#3

#4

**III. Broadcast Group** - This type of group will allow one user to send message to everyone in the group and each reply can be read by the sender only. If you would like a special broadcast group, please contact the administrator for TigerText.



**IV. AMiON** –Use the AMiON scheduling app to manage on-call schedules.

1. Click Directory Tab
2. Compose new message by clicking “AMION” bot in the directory tab
3. Type “help” and hit send (this will return options for using this feature)

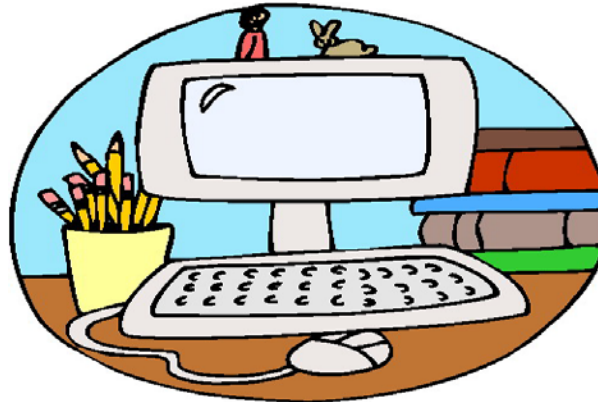
## MEDICAL STAFF/ADMINISTRATIVE LEADERSHIP

A current listing medical staff and administrative leadership for the Health System is available on the Physician Portal.



# COMPUTER ASSISTANCE

- Contact the Information Technology Physician Liaison at 615-5243.



- Contact the Physician Help Desk and 615-5550)

# CONFIRMATION OF COMPLETION OF ON-LINE ORIENTATION

- I confirm that I have reviewed the preceding CFVHS on-line orientation and acknowledge that I am responsible for being aware of its content to include referenced bylaws, policies and procedures.
- I am aware that there will be additional elements of orientation that will need to be completed on-site following review and approval of my staff application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Named: \_\_\_\_\_

(Please return this signed statement with your staff application or forward via fax (910-615-5959) or e-mail [aennis@capefearvalley.com](mailto:aennis@capefearvalley.com). Confirmation of completion of on-line orientation is required to facilitate processing of your application for staff membership).