

Quality, Patient Safety and Compliance Education


Medical Affairs Department

Waterloo Medical Center
3421 West 9th St.
Waterloo, IA

Cedar Falls Medical Center
515 College Street
Cedar Falls, IA

Oelwein Medical Center
201 8th Ave. SE
Oelwein, IA

MercyOne Medical Group—Northeast Iowa

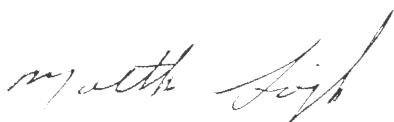


2020

Dear Provider,

Every year the Medical Affairs office of MercyOne Northeast Iowa provides the attached booklet. This booklet contains important quality, patient safety and compliance information needed to assist you in ensuring that all of your patients receive exceptional and compassionate health care services in our system. For some of the information in the booklet, regulatory agencies such as CMS, Joint Commission, etc. require that the medical staff review the material annually. The remainder of the content has been specifically chosen to keep you updated on quality and safety information in one convenient location. Please take the time to read the entire booklet and then place it in a location where you can refer to it as needed in the future.

Our focus continues to be on enhancing our culture of quality and safety throughout MercyOne. Your support and appropriate use of the patient safety behaviors and error prevention tools will further enhance the safety for everyone, particularly our patients but also our visitors, colleagues and physicians. Thank you for your ongoing commitment to safety and clinical excellence.



Matthew Sojka, MD, CPE, MMM, Vice President of Medical Affairs

319-272-5655 • Matthew.Sojka@mercyhealth.com

EMERGENCY AND MEDICAL ALERTS

FIRE ALARM

If a fire is discovered, remember R.A.C.E.S.

- R Remove –Patients, visitors and colleagues from area and from area on either side of the fire.
- A Alarm –Pull the nearest fire alarm pull station and dial the appropriate emergency number to report the specific location of the fire.
- C Contain –The fire in the immediate area.
- E Extinguish –The fire or evacuate as appropriate.
- S Send –Someone to the appropriate entrance to direct the fire fighters.

After the alarm sounds and you hear FIRE ALARM, announced overhead three times along with the location, and the response, you should:

1. Close all doors.
2. Clear corridors of equipment.
3. Reassure visitors and patients.
4. Do not use elevators.
5. From the appropriate entrance, direct the firefighter to the correct location.

Know the location of fire extinguishers and remember P.A.S.S.

1. P Pull the pin.
2. A Aim the nozzle at the base of the fire.
3. S Squeeze the lever.
4. S Sweep from side to side across flames.

If necessary, evacuate to the nearest exit or smoke compartment. Smoke compartments are separated by double doors that close automatically when the fire alarm is activated.

SEVERE THUNDERSTORM OR TORNADO WARNING

A Severe Weather Alert announcement indicates severe weather or tornado is imminent or upon us. When the hospital receives notification of an approaching tornado or severe weather, the hospital operator announces SEVERE WEATHER ALERT (Thunderstorm or Tornado), and the response three times.

1. Stay calm, reassure patients and visitors.
2. Move to an inner room or corridor or inner stairwell. Avoid glass windows and doorways.
3. Patients who cannot be moved to corridors should be covered with pillows, blankets, or mattresses, and moved as far from windows and outside walls as possible.
4. Close all doors so they latch.
5. Close blinds and/or curtains.
6. Do NOT open windows; clear windowsills of all materials.
7. Clear hallway of obstacles blocking clear path to exits.
8. Be prepared for power failure. Get flashlights, know location of bypass phones. Avoid elevators.
9. Visitors can be encouraged to stay in building, but cannot be held against their will.

MISSING PERSON

When any person is discovered missing, MISSING PERSON plus location with a description and age of the person and the response is announced by the hospital operator 3 times.

1. Immediately, all doors are secured and a search for the missing person begins.
2. Areas where the missing person was last seen are secured and staff searches the area.
3. Look for suspicious looking people who appear to be concealing something.
4. If a person wishes to leave the hospital, they cannot be held against their will, but a search of purse, duffel bag, coat, etc. is appropriate. If the person refuses to be searched, contact Security or the House Supervisor.
5. Remember that a small child or infant can be hidden easily. Always be aware of suspicious looking people in your department.

ACTIVE SHOOTER

Upon receiving information of someone within the facility or on the property using a dangerous weapon in a threatening manner, immediately dial **4. If another colleague is available, have him/her dial 911. Never assume someone else is calling for help. A description, location, and actions of the armed person should be given. Remember the acronym A.L.I.C.E.

- A Alert: Announcement is made to the entire campus
- L Lock down: Lock down the campus
- I Inform: Real time information is communicated
- C Counter: If unable to evacuate, use counter techniques throwing items at the person to try to disable him/her
- E Evacuation: Immediately leave the threatened area as soon as safely possible

VIOLENT INTRUDER ALERT

The Emergency Department physician, Charge Nurse, House Supervisor, Administrator, or Security/designee can initiate a Violent Intruder Alert when the ED or any other area is under the threat of a violent situation or persons. The Operator will announce SECURITY ASSISTANCE REQUIRED (location) and LOCK DOWN. The Security Team responds to secure the area. Remove other patients and visitors from public waiting rooms. Law enforcement will determine when the Violent Intruder Alert can be cancelled.

SECURITY ASSISTANCE REQUIRED

When a situation takes place where a patient, visitor or colleague has become emotionally disturbed, a SECURITY ASSISTANCE REQUIRED, location and response is announced three times by the hospital operator.

A specially trained Security Team will respond to the scene to assist with bringing the situation under control and working with local authorities if needed.

Everyone except the Security Team should stay away from the announced area where the Security Assistance is required to avoid interfering with the function of the team or risking personal injury.

BOMB THREAT

When the hospital receives a threat of a bomb within the facility, the operator announces BOMB THREAT, the location if known, and the response three times.

Staff immediately begins searching their departments and public areas for the suspected bomb.

Upon finding a suspicious looking object:

1. Do not touch or move the object.
2. Notify the house supervisor, security or police.
3. Secure the area.
4. Await further instructions.
5. Be prepared to evacuate if necessary.

STEMI ALERT

A STEMI Alert may be initiated by the Emergency Physician/ Cardiologist/ Primary Care Physician for emergent patient situations characterized by diagnostic ST-segment elevation per EKG. The STEMI Alert, initiated by dialing **4, activates the Interventional Cardiology Team at Waterloo Medical Center for rapid treatment of this cardiac emergency.

CODE BLUE

A Code Blue is a medical emergency called in the event of a patient's cardiac or respiratory arrest. Within the hospital, specialized staff is mobilized to respond with emergency care at the bedside.

To call a Code Blue: dial **4 or pull the Code Blue bar in the room.

RAPID RESPONSE ALERT:

RAPID RESPONSE may be called by staff caring for patients in the hospital setting. Nursing staff may initiate a Rapid Response Alert for concerns about emergent patient clinical situations (other than cardiac or respiratory arrest) which require increased assistance.

The Rapid Response Alert activates a group of specialized staff and equipment to treat the immediate medical emergency using Medical Executive Committee-approved protocols. The attending physician will be notified of the condition changes of the patient. Rapid Response Alert events include, but are not limited to: seizures, unconsciousness, bleeding, uncontrolled chest pain, changes in mental status.

Condition H:

A Condition H is a request for emergency assistance (Rapid Response) initiated by hospital patients and/or their families. A Condition H brochure is provided to each patient on admission with the exception of mental health patients. Patients and families may activate the Condition H if they feel the patient has an emergent situation that is not being addressed. The response team is notified and responds to the bedside.

DISASTER ALERT

This plan establishes procedure in the event of a disaster that involves injury of people in numbers that would exceed normal capabilities of the hospital.

Notification of a Disaster

When the hospital receives notification of a disaster situation that may exceed organizational resources, a DISASTER ALERT will be called. After announcement, please check online or in the Emergency Preparedness Guide at the unit closest to you to review department specific protocols in your area. All colleagues return to their departments to review plans and prepare.

All MercyOne hospitals are implementing Incident Command System (ICS) as an "All Hazards" incident management tool for internal and external disasters including natural disaster, public health emergencies, traumatic events and terrorism. A coordinated all-organization and provider approach benefits all. Clear reporting channels through the ICS are to be followed.

Key Elements for Medical Staff in the Hospital ICS are:

- During a disaster non-critical activities should be curtailed or suspended for the duration of the incident. All patients are evaluated and released from the hospital and/or active care as rapidly as appropriate. Modification or discontinuation of less than essential services will be done by various departments as the need arises. The Incident Commander or Senior Leader will determine the necessity of modifications/discontinuation of services. All clinical providers are responsible to maintain usual standards of care and ensure patient safety. In addition, in a disaster situation, providers are responsible for ongoing evaluation of hazards and special duties related to the disaster. This may include reallocation of resources, staffing, and patient disposition. Medical Staff: Report to the Emergency Department for assignment from the Disaster Physician (Emergency Department physician designated to triage and who assigns Medical Staff duties). All available physicians are to respond.
- If coming from outside the facility, enter through the Clinic Entrance. Photo identification will be required.
- Provide updates, or request any special needs, to the Medical Staff Liaison in the Incident Command Center (ICN).

TRAUMA ALERTS

A Trauma Alert notifies and assembles all the resources that are needed to care for a trauma patient with multi-system or major trauma.

- Level I: Highest severity – Unstable trauma patient
The On Call Trauma Surgeon is expected to be in the Emergency Department upon arrival of the patient.
- Level II: The Emergency Department Physician evaluates the patient, initiates treatment and determines plan of care.
- All multiple system injured patients admitted to the hospital or operating room must be admitted to the trauma surgeon/trauma services.
- Admission may be transferred, if appropriate, to primary need service.

STROKE ALERT

A stroke is suspected based on one positive finding on the Cincinnati Stroke Scale (facial droop, arm drift, or abnormal speech). A STROKE ALERT may be called for a positive Cincinnati Stroke Scale and the last known well time is less than four hours. STROKE ALERT rapidly initiates the chain of events required to determine the type of stroke treatment promptly.

SEPSIS ALERT

A Sepsis Alert may be called by nursing staff caring for patients in both the emergency department and inpatient settings. Nursing staff may initiate a Sepsis Alert for concerns about a patient that meets sepsis criteria and requires increased assistance. The Sepsis Alert activates a group of specialized staff to treat the immediate sepsis emergency using Medical Executive Committee approved protocols. The attending physician will be notified of condition changes of the patient.

ELOPEMENT PRECAUTIONS

Safety measures will be taken to provide optimum protection for the patient's safety when the physician/staff have determined that the patient is non-decisional and/or at risk for elopement or who is court-committed. Even if the patient has been informed of the risks of leaving the hospital, every reasonable measure must be made to prevent him/her from leaving if he/she is a committed or non-decisional patient. If after completing an Elopement Risk Assessment the patient is determined to be "at risk" safety measures will include moving him/her closer to the nurses' station, notifying the physician, 15 minute checks, and possibly a safety companion.

TOBACCO/SMOKE FREE ENVIRONMENT

MercyOne is a smoke-free environment. This applies to all colleagues, patients, visitors, contractors, volunteers, medical staff physicians, tenants, and the tenant's staff in medical or professional office building on all campuses of MercyOne. This includes all buildings, grounds, parking lots, and structures, and any vehicles owned or leased by MercyOne. The use of tobacco in any form, as well as E-cigarettes, is prohibited. Physicians may not write orders allowing patients to smoke. Compliance: It is the joint responsibility of security, hospital staff, and physicians to implement the policy with patients.

VIOLENCE IN THE WORKPLACE

It is the policy of MercyOne to provide a work environment free from threats, intimidation and violent acts. Everyone needs to know the following regarding workplace violence:

- Examples include: written, verbal or physical threat to harm, physically touching another in a way that is unwelcome and/or with intent to cause distress or injury, approaching or threatening another with a weapon, causing or attempting to cause injury, or coercing or intimidating another person.
- Who to report violent acts to: any member of management, Human Resources or Security. Situations involving weapons or extreme force that may potentially inflict serious bodily harm should immediately be referred to security or the local authorities by dialing the designated emergency response number.
- Incident follow up: an colleague sustaining an injury requiring immediate medical attention as the result of any type of incident in the workplace is to go to either the nearest Colleague Health and Safety office, the Emergency Department or nearest Urgent Care location, depending on the seriousness of the injury. Colleague Health and Safety should be notified as soon as possible.
- Violence prevention measures: training and education, work practice controls, design of physical environment.

Retaliating or discriminating against someone for reporting workplace violence and/or cooperating in an investigation is prohibited.

A CULTURE OF SAFETY

ADVERSE EVENT

Reporting errors and or a near-miss is important so that:

- The injured person receives care.
- Changes or improvement can be made in the environment, equipment or process so no one else is injured.
- Physicians should report adverse events and or a near-miss to the Vice President of Medical Affairs or Risk Management.

MEDICATION SAFETY

- High-alert medications are drugs that have a heightened risk of causing significant patient harm when they are used in error. Errors may or may not be more common with these drugs; however the consequences of an error with these medications are clearly more devastating to patients. There have been error prevention strategies implemented including:
 - Tall Man lettering to decrease the likelihood of confusing "Look Alike - Sound Alike" medications.
 - Identification of hazardous/high alert drugs in the Pyxis through warning stickers.
 - Protocols/procedures for consistent dosing and handling of high risk materials.
 - Specialized training for preparation of chemotherapeutic medications.
 - Double checking dosing in both pharmacy and nursing.
- Medication reconciliation reduces or eliminates the errors of transcription and administration, omission, duplication of medications, drug-drug interactions, and drug-disease interactions and provides a complete, reconciled list of medications for patient education and provider information and communication. Medication reconciliation should occur on admission to the facility at each level of care, at each level of care transition, and upon discharge from the facility. The physician reviews the medication summary and reconciles the patient's medications by reviewing and documenting which medications to continue or discontinue and adds any new medications.
- The organization has a list of abbreviations, acronyms, symbols and dose designations that are not to be used. Many abbreviations can be confusing or hard to read, which can lead to mistakes that could harm patients. Using the electronic record to place orders eliminates this potential for error.
- Read-back for verbal and telephone orders provide a safe method for communicating patient orders. The provider should expect the receiving personnel after writing the down the order to repeat the order back to the provider for confirmation. Verbal orders are highly discouraged unless critical to patient care.

INFECTION PREVENTION

Methods to Prevent Health Care Colleague Infections:

Hand Hygiene

- Wash hands with soap and water or use hand gel every time you enter a patient room and when you leave a patient room.

Standard Precautions

- Used with all patients to prevent exposure to Blood Borne Pathogens (HIV, Hepatitis B and Hepatitis C). A written copy of the Exposure Control Plan that lists procedures to minimize risk of exposure is available from Infection Control.
- Use good hand hygiene.
- Wear gloves, gown, mask, or eye protection as needed during procedures that have a potential for exposure to blood and body fluids.
- Use red biohazard bag for anything that contains drip-able, pourable, squeezable, or flake-able blood or body fluids with visible blood.
- Do not recap needles or dismantle the safety device.
- Report any needle stick or other blood or body fluid exposure to Colleague Health and Safety (272-5030) or after hours to the Emergency Department.
- Hepatitis B vaccine protects against Hepatitis B. It is provided free to all colleagues by Colleague Health and Safety.
- Practice Respiratory hygiene – cover your cough.

- Wear a mask when doing spinal procedures such as lumbar punctures, myelograms, or spinal procedures. Facemasks should always be worn when injecting material or inserting a catheter into the epidural or subdural space.
- Follow safe practices with sharps: One needle, One syringe, One time only.

Transmission-Based Precautions/Isolation Precautions

- Used in addition to Standard Precautions to prevent spreading diseases and organisms to other patients and staff.
- Isolation Precaution signs with specific measures to follow are posted outside of the room doors of hospitalized patients.

Multi-Drug Resistant Organisms (MDROs)

- Includes but not limited to MRSA, C Difficile, VRE, CRE, and ESBL.
- Contact precautions are used for all patients infected with a MDRO.
- Contact precautions are used for history of ESBL and CRE
- History of MRSA and VRE do not need to place patient in contact isolation.

Contact Precautions, this includes:

- Perform hand hygiene and put on gown, gloves, or mask before entering the patient room.
- Remove gown, gloves, or mask and perform hand hygiene before leaving the room.
- Use dedicated patient care equipment before using on another patient (including stethoscopes).

Central Line Infection Prevention

- Infection prevention efforts are focused on evidence based practices including:
 - Hand hygiene before starting the procedure.
 - Maximum barrier precautions.
 - All people in the room wear a cap and mask.
 - The inserter wears a sterile gown and gloves.
 - The patient is covered from head to toe in a sterile drape.
 - Use CHG and scrub site for 30 seconds. Allow to dry.
 - Avoid femoral line placement.
 - Utilize the central line insertion kits/cart.
 - Do weekly dressing changes, more frequently if indicated.

Surgical Site Infection Prevention

- Prevention methods are focused on evidence based practices including:
 - Effective hand scrubs.
 - Strict sterile technique.
 - Pre-procedure CHG showers and CHG washcloths to surgical site prior to procedure.
 - Nasal screening for MRSA and decolonization of nares with povidone iodine.
 - Appropriate antibiotic for procedure being performed within one hour of incision (two hours of incision for Vancomycin and fluoroquinolones).
 - Re-dosing prophylactic antibiotic if duration of procedure is more than three hours.
 - Prophylactic antibiotic discontinued within 24 hours of surgery end time.
 - Clip hair only when necessary. Do not shave.
 - Control serum blood glucose throughout all phases of surgical process.
 - Maintain normothermia throughout all phases of surgical process.
 - Remove urinary catheter post-op day 1, post-op day 2 or earlier.
 - Patient education about care of incision at home.
 - Patient education about signs and symptoms of infection.
- Additional surgical site infection prevention protocol includes:
 - VTE prophylaxis as appropriate.
 - Continue patient's beta blocker during peri-operative time.

Prevention of Catheter Colleague Urinary Tract Infection (CAUTI)

- CAUTIs occurring from a catheter which was in place during a hospital stay, the hospital will not receive payment for the treatment of the infection.
- Prevention methods are based on evidence-based practices that include:

- Only insert urinary catheters for appropriate reasons – acute urinary retention or bladder outlet obstruction, accurate urinary output in critically ill patients, select surgery patients, to assist in the healing of open stage 3 or stage 4 sacral or perineal decubitus wounds in incontinent patients, prolonged immobilization (ex: unstable pelvic fracture), or end of life care.
- Use aseptic technique to insert catheter.
- Review urinary catheter need daily and remove promptly.

TB Signs and Symptoms

- Cough for longer than three weeks
- Blood in sputum
- Night sweats
- Fever
- Loss of appetite
- Unexplained weight loss
- Unusual fatigue
- Chest pain
- Hoarseness

If TB is suspected please complete the following:

- Order airborne precaution isolation – negative pressure room.
- Keep door closed.
- Use a N-95 mask fitted by the Colleague Health and Wellness Department.
- Limit patient transport.
- In room
 - Hand hygiene when entering and leaving room.
- After leaving room:
 - Remove N-95 mask.
 - Dispose of mask or properly store in paper bag if to be reused.

COVID-19

The safety of our patients and colleagues is paramount in all we do. In order to keep patients safe we test our patients for COVID-19 pre-surgical and pre-procedure. Patients, visitors and colleagues are following universal masking requirements. Colleagues are also wearing eye protection (face shield, goggles or safety glasses) with patient facing encounters. For further information about COVID-19, visit our COVID-19 intranet page.

SURGICAL SITE VERIFICATION (UNIVERSAL PROTOCOL)

Immediately before the procedure starts, suspend activities as possible and pause while the individual performing the procedure or RN call a final “Time Out” with verbal confirmation of the correct patient, correct procedure, and correct site, correct patient position and availability of correct implant devices and any other special equipment immediately before the procedure starts. If any of the verifications do not match, the procedure will not start until all questions and concerns are resolved by each member of the care team.

- Wrong site, wrong procedure, and wrong person surgery must be prevented.
- A robust approach using multiple, complementary strategies-is necessary to achieve the goal of eliminating wrong site, wrong procedure, wrong person surgery.
- Active involvement and effective communication among all members of the surgical team is important for success.
- To the extent possible, the patient (or legally designated representative) should be involved in the process.
- Consistent implementation of a standardized approach using a universal, consensus-based protocol will be most effective.
- The protocol should be flexible enough to allow for implementation with appropriate adaptation when required to meet specific patient needs.
- A requirement for site marking should focus on cases involving right/left distinction, multiple structures (fingers, toes), or levels (spine).
- The universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room.
- In concert with these principles, the following steps, taken together, comprise the Universal Protocol for eliminating wrong site, wrong procedure, and wrong person surgery.

Procedure: Pre-operative verification process

Purpose:

To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient’s expectations and with the team’s understanding of the intended patient, procedure, site and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure

Process:

An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the “time out” just before the start of the procedure.

Procedure: Marking the operative site

Purpose:

To identify unambiguously the intended site of incision or insertion.

Process:

For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site should be marked such that the mark will be visible after the patient has been prepped and draped. The surgeon should mark his/her initials on the site.

Procedure: “Time Out” immediately before starting the procedure

Purpose:

To conduct a final verification of the correct patient, procedure, site.

Process:

Verbal communication among all members of the surgical/ procedure team, consistently initiated by a designated member of the team, conducted in a “fail-safe” mode, i.e., the procedure is not started until any questions or concerns are resolved.

RESTRAINTS

The use of restraints requires interdisciplinary assessment and clinical justification and is used only when other measures have been found to be ineffective in protecting the patient.

Medical/Nonviolent Restraints are used to limit mobility during medical or surgical care for patients at risk of dislodging medical airway devices or other life-supporting equipment.

Behavioral/Violent Restraints are used to protect a patient in danger of causing physical harm to self or others.

- Restraint policies and procedures are part of system-wide initiatives to eliminate and/or reduce the use of restraints, prevent emergencies that have potential to lead to restraint, monitor the use of restraint episodes, and to identify and implement non-restrictive alternatives whenever feasible.
- All restraint orders must be on the appropriate restraint order set: Medical/Nonviolent Restraints or Behavioral/Violent Restraints.
- Documentation of restraint use includes:
 1. Clinical justification for restraint/seclusion
 2. Type of restraint
 3. Time restraint/seclusion initiated
 4. Assessment by physician/LIP/trained registered nurse within one hour of restraint application
 5. Patient assessment and monitoring documentation
 6. Each written order for restraint/seclusion is limited to:
 - Medical/Nonviolent – 24 hours
 - Behavioral/Violent – four hours for adults, two hours for age 9-17 years, one hour for children under 9 years of age
- If a patient is recently released from restraint or seclusion and exhibits behavior that can only be handled through the reapplication of restraint or seclusion, a new order would be required.
- Documentation of restraint and clinical justification must be documented in the physician progress notes. This includes the initial application and each subsequent renewal for an ongoing episode.

ANTIBIOTIC STEWARDSHIP

Current Stewardship initiatives include:

- Daily Clinical Pharmacy review of all inpatient positive cultures for de-escalation opportunities
- Review of broad-spectrum antibiotics for appropriate use
- Sepsis Quality Measures

Local resistance patterns impacting clinical practice

- E. coli resistance to fluoroquinolones and sulfamethoxazole/trimethoprim (Bactrim)
 - Use alternate agents for UTI (nitrofurantoin, cefuroxime),
 - Streptococcus pneumonia resistance to macrolides (azithromycin)
- Use alternate agents for otitis media, sinusitis (amoxicillin, cefdinir)
- Add Amoxicillin (1000mg TID) or Doxycycline for oral therapy of community-acquired pneumonia (CAP) without risk factors or comorbidities

Provider Resources:

- Annual Antibigram/Pocket cards
- Antibiotic Stewardship website (Under quick links on Intranet Home Page)






For more information on the Antibiotic Stewardship program, call 319-272-8802.

PATIENT EXPERIENCE

PATIENT- AND FAMILY-CENTERED CARE: Grounded in mutually beneficial partnerships among health care providers, patients, and families. Patient- and family-centered care applies to patients of all ages, and it may be practiced in any health care setting.

CULTURAL COMPETENCE:

Cultural Beliefs	
Be ONE	I benefit from and strengthen MercyOne.
Personalize Care	Your experience. My responsibility.
Own It!	I own my actions to deliver our Key Results.
Improve Daily	I make improvements every day for those we serve including each other.
Innovate	I imagine and embrace bold new ideas to revolutionize health.

Key Results		
	Consumer Experience	"Would Recommend" at the 75th percentile by 2021
	Team Engagement	Overall engagement at the 75th percentile by 2021
	Quality	All cause unplanned 30-day readmission rate 13.8%
	Financial Performance	Operating Margin at 3.5%
	Ambulatory Growth	3.4 million non-inpatient encounters generating revenue

EFFECTIVE COMMUNICATION: Key strategies to improving communication and providing culturally competent care to patients include:

Using a patient-centered care approach

- Creating rapport by building relationships with patients and family members, asking them for their ideas, and asking them about concerns.
- Treating the patient as a person and orienting them to the care process.
- Tailoring care plans to the patient's needs and preferences.
- Making sure patients understand medical instructions by asking them to repeat them (also known as the teach-back method)

Learning more about health literacy: the ability to obtain, process, and understand basic health information and services to make appropriate health decisions.

- Even people with strong literacy skills can face health literacy challenges, such as when they are not familiar with medical terms or how their bodies work; or they are diagnosed with a serious condition and are scared or confused.

INTERPRETATION AND TRANSLATION SERVICES: Services are offered throughout MercyOne. Access to interpretation and translation services:

1. For in-person: dial extension 319.272.7474
2. For telephonic: CyraCom at 800-481-3293

Account number and PIN are required to access this service. Account number 501016370. The PIN is your four digit department number.

PATIENT RIGHTS AND RESPONSIBILITIES

- All patients have rights and receive notice of them. (Inpatients receive a copy and copies are made available to outpatients).
- Patients also have the responsibilities in regards to their care as outlined in the brochure they receive.
- Your responsibility as a physician or allied health provider is to be aware of these rights and support and respect them.

ETHICS COMMITTEE

The Ethics Committee assists patients, families, physicians, nurses, social workers, and other care givers in negotiating some of the difficult ethical, interpersonal, and communicative dilemmas which arise in health care situations. Types of consultation include: end of life/DNR/medical futility issues, beginning of life issues, and cultural/religious issues. Anyone can request an ethics consultation by contacting via pager the House Supervisor at:

Waterloo	Oelwein	Cedar Falls
319-274-6205	319-274-6205	319-274-4725

END OF LIFE/PALLIATIVE CARE

Palliative care focuses on relief of the pain, stress and other debilitating symptoms of serious illness; it is not dependent on prognosis and can be delivered at the same time as treatment. Goals of palliative care are symptom management, communication, support for the family, relief of suffering and provision of the best possible quality of life for patients and their families. A key benefit of palliative care is that it customizes treatment to meet the individual needs of each patient.

Palliative care relieves symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. It helps patients gain the strength to carry on with daily life. It improves their ability to tolerate medical treatments. And it helps them better understand their choices for care. Overall, palliative care offers patients the best possible quality of life during their illness. Palliative care is NOT the same as hospice care. Palliative care may be provided at any time during a person's illness, even from the time of diagnosis. And, it may be given at the same time as curative treatment.

Usually a team of experts, including palliative care doctors, nurses and social workers, provides this type of care. Chaplains, massage therapists, pharmacists, nutritionists and others might also be part of the team. Working in partnership with a primary doctor, the palliative care team provides: expert treatment of pain and other symptoms,

clear communication, help navigating the health care system, guidance with difficult and complex treatment choices, detailed practical information and emotional and spiritual support.

PAIN ASSESSMENT AND MANAGEMENT

The goal of pain assessment and management at MercyOne is to provide an optimal level of pain relief while maintaining the highest quality of life for each of our patients. Pain assessment is a collaborative interdisciplinary effort by the health care team. The basis of pain assessment is the patient self-report, assessed through various pain intensity scales and tools. Pain management strategies include patient/family involvement in treatment plans and goals, in addition to traditional pain management interventions and modalities.

To ensure optimal pain management for our patients, medication orders for pain control must always include the indication for patient use, the route, the frequency, as well as the identification of rank-ordering for multiple pain medications.

Opioid Use Reduction (OUR) initiative encourages the use of multi-modal analgesia strategies, requires the use of the Prescription Monitoring Program, mandatory education for licensure renewal and supply reduction.

FALL RISK REDUCTION PROGRAM

- All patients are at risk for falls.
- Patients need to be assessed for their fall risk.
- Patient and families need to be instructed on how to prevent falls.
- A yellow door sign, arm band and yellow patient gown indicate a patient is a fall risk.

PROVIDER EXPERIENCE

SUICIDE RISK ASSESSMENT

- Suicide during an inpatient stay is in the top 5 of sentinel events for The Joint Commission since 1995.
 - 14.25% happened on NON-Behavior health units
 - 8% occurred in the emergency department
- Each patient will have a suicide risk assessment completed.
- Based on the risk assessment, if needed, immediate action is taken to address patient safety needs and the appropriate setting for the patient.
- If the patient is a suicide risk, explanation and teaching regarding suicide prevention will be offered to the patient and family.

TEAM INTERACTION

Teamwork is integral to a working environment conducive to patient safety and care.

The basic principles needed to work as a team are:

- Strong leadership- the ability to direct and coordinate, assign tasks, motivate team members and resources, and facilitate optimal team performance.
- Situation monitoring- the ability to develop common understandings of the team environment and apply appropriate strategies to accurately monitor teammate performance, and maintain a shared mental model.
- Mutual support- the ability to anticipate other team members' needs through accurate knowledge and shift work load to achieve balance during high periods of workload or pressure.
- Communication- the ability to effectively exchange information among team members irrespective of the medium.

IMPAIRED PRACTITIONERS

MercyOne has a policy entitled Physician Health Program, which addresses practitioner impairment. Please contact the Medical Affairs department for a copy of the full policy. Excerpts from the policy are below.

Definition of impairment:

A condition of reduced quality or strength. An impaired person is unable to fulfill professional or personal responsibilities due to:

- Physical health condition
- Mental or cognitive condition
- Psychiatric illness
- Abuse or addiction of alcohol or other drugs

Symptoms of Impairment may include:

- Dramatic decrease in performance
- Mood swings
- Interactional difficulties
- Patient/colleague complaints
- Disruptive behaviors
- Disordered thought
- Disappearances from work
- Diminished physical appearance
- Medications missing from work area
- Alcohol on breath, other stigmata of drug use
- Persistent/repetitive absenteeism/lateness
- Repeated lack of response to pages/phone calls

MercyOne encourages the self-referral of any physician in seeking health or impairment issues. All requests for referrals shall be directed to the Vice President of Medical Affairs. If impairment of a practitioner is suspected (smell of alcohol, unsteady gait, inability to perform duties), assessment and treatment need to be completed in a timely manner. The Department Chair, Medical Staff President or the Vice President of Medical Affairs has the authority to remove the practitioner from patient care duties immediately to assure the safety of patients and other individuals. Please contact the Vice President of Medical Affairs at 319-272-5655 with questions.

INFLUENZA

- The best way to prevent the flu – get a flu shot each year. The vaccine is provided free to all colleagues, physicians, and Allied Health professionals by Colleague Health and Safety. Call 319-272-5030 to schedule your appointment.
- Medical and Allied Health staff must a) receive an influenza vaccination, b) document that they have received it elsewhere, or c) sign a declination and indicate reason for not receiving vaccine.

GRADUATE MEDICAL EDUCATION

MercyOne is pleased to sponsor two graduate medical education residencies—family medicine and podiatric surgery. Effective communication between members of the Medical Staff, the Graduate Medical Education Program Directors and Faculty, and the Board of Directors regarding matters of safety and quality of patient care, treatment, and services provided by residents is essential. Both residencies provide regular reports to the Medical Staff Executive Committees and Boards of Directors of the hospitals where residents practice. If you have specific concerns or compliments regarding the patient care, treatment, and/or services provided by our resident physicians, please contact the Vice President of Medical Affairs, at 319-272-5655.

CLINICAL RESEARCH

All human research conducted in a MercyOne facility must have approval from Catholic Health Initiatives Institute for Research and Innovation Institutional Review Board (CHIRB).

The Clinical Research Department provides a “one-stop” environment for clinical trial management services. The Clinical Research Department works with the investigators, research coordinators, clinics and hospital departments to ensure accurate and thorough trial management. As a service, Institutional Review Board submissions are coordinated through the Clinical Research Department. For further information, please contact Kim Maxfield, RN, CCRC, Clinical Research Nurse, 319-272-2388.

CONTINUING EDUCATION

Per the State of Iowa, Physicians and Allied Health professionals are required to obtain continuing education for license renewal. In addition, the Medical Staffs of each of the MercyOne hospitals incorporates continuing education into decisions about reappointment to the Medical or Allied Health professional staff and for renewal/revision of clinical privileges. Currently, Waterloo Medical Center sponsors a weekly tumor board, which includes continuing education. We value your input on continuing education, and for this reason, should the hospital sponsor additional educational opportunities, your involvement in prioritizing, based on quality and performance improvement, and/or in participating in the development of a program would be beneficial. Please contact the Clinical Development office at 319-272-8242 with education questions or suggestions.

COMPLIANCE

MercyOne COMPLIANCE PROGRAM

The Corporate Compliance Program is here to support our efforts to live MercyOne's Mission and Values and to assist our workforce in following applicable laws, regulations and policies, including health care fraud and abuse laws. As a medical staff member, you have agreed to abide by federal and state regulations as well as hospital policies, including the Corporate Compliance Program.

MercyOne's Compliance Program is a coordinated group of activities designed to prevent, detect and remedy inadvertent and/or intentional violations of law, regulation or corporate policy. The Compliance Program includes the following key elements: Education, Investigation, Auditing, and Sanction Screening.

We would be happy to make the full Corporate Compliance Program policy available to you on your request or to answer any questions or concerns you may have regarding compliance at MercyOne.

Lora Dinsdale (Lora.Dinsdale@mercyhealth.com)
Phone 319-272-7843

FRAUD, WASTE AND ABUSE (FWA)

Fraud occurs when someone knowingly makes false statements of material fact to obtain a payment for which they are not entitled. Knowingly billing for services not furnished may be fraudulent. Abuse occurs when unnecessary services are provided and the cost of which is ultimately passed on to patients or insurers. The False Claims Act, Physician Self-Referral Law (Stark), the Social Security Act and criminal code are used to address FWA. Violations may result in nonpayment of claims, fines, penalties, criminal/civil liability and/or program exclusion.

Ways in which you may help prevent FWA are:

- Staying informed of changes in laws, regulations and policies,
- Ensuring that documentation and billing are accurate,
- Only ordering or performing medically necessary services, and
- Reporting concerns to the Compliance Program.

SANCTIONED PROVIDER

The Office of the Inspector General (OIG) excludes health care providers from program participation for program-related fraud/abuse and patient abuse convictions, licensing board actions and defaults on Health Education Assistance Loans. The effect of an exclusion is that no payment will be made by any federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity. This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services. As part of the (re)credentialing process, you are asked to clarify that you are not currently excluded from federal program participation, and that you will notify us should you come under investigation in a matter that could lead to exclusion or become excluded from any federally funded health care program.

PATIENT CONFIDENTIALITY AND SAFEGUARDING PATIENT INFORMATION

HIPAA and Iowa law require that we protect the confidentiality of each patient and their medical information. Under these laws, releases of patient information should only occur if there is a legitimate business or patient care purpose. It is not necessary to obtain a patient authorization for release of information for continuing treatment or payment purposes. Exceptions to this general rule are:

- HIV results.
- Behavior Medicine treatment records.
- Substance Abuse.

Please remember that patients have the right to object to the release of information to their family.

Patient privacy requires that we maintain secure electronic patient information. A few key items that will help keep patient information safe:

- Do not leave computer screens up when you step away from the computer. (We have had visitors try to access unattended computers.)
- Log off the computer when you are done and do not share user IDs or passwords.
- If you need to send information via e-mail, put the word SECURE in the subject line to encrypt the message.

OUTPATIENT VERSUS INPATIENT SERVICES

The physician that is responsible for a patient's care at the hospital is responsible for deciding whether a patient should be admitted as an inpatient and must certify as to why inpatient services are needed. The physician should consider things such as:

- Severity of the signs and symptoms exhibited by the patient.
- The medical predictability of something adverse happening to the patient.
- The need for diagnostic studies that appropriately are outpatient services to assist in assessing whether the patient should be admitted.
- The availability of diagnostic procedures at the time when and at the location where the patient presents.

Medicare has indicated that physicians should use a 2 midnight benchmark for deciding if patients should be admitted as an inpatient if the procedure is not on the "inpatient only" list. Medicare requires that the physician document the patient's estimated length of stay.

MercyOne is required to bill based on the order of the patient's physician at the time of treatment. CLEAR physician orders prevent inadvertent placement or billing errors by hospital staff trying to make a 'guess' at what the physician intended and may prevent frequent contacts to physicians by case managers requesting clarification.

MEDICAL RECORD ENTRIES

Please contact Health Information Management at 319-272-7806 for information on the Medical Records Delinquency Policy or to schedule a medical records orientation.

The Verbal and Telephone Orders policy dictates when verbal and telephone orders are allowed. The responsible medical staff member (ordering physician) shall date, time, and authenticate such orders within 30 days of patient discharge.

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT ("EMTALA")

In 1986 Congress enacted EMTALA to ensure public access to emergency services regardless of the patient's ability to pay for the services.

MercyOne must provide a medical screening exam to any individual who presents in one of MercyOne's emergency departments. Additionally, MercyOne must provide a medical screening exam to individuals (including visitors) presenting themselves at any area of the hospital main campus if the individuals require or has a request made on their behalf, for examination or treatment for what may be an emergency medical condition. A request will be considered to have been made if a prudent layperson observer would conclude, based on the person's appearance or behavior, that the person needs emergency examination or treatment.

MercyOne is required to provide stabilizing treatment and/or an appropriate transfer shall be made. The EMTALA regulations require that if a transfer is due to an on call physician refusing or failing to appear within a reasonable time to provide necessary stabilizing treatment, the name and address of the on call physician must be sent with the transfer record. **A report to the Department of Inspection and Appeals will be made.**