

*Lucile Packard
Children's Hospital*

*Patient Care
Reference Guide
for
Medical Staff
&
Hospital/ Clinic Staff*

2004

Phone Numbers

Administration	497-8565
Admitting	497-8229
Autopsy Service	723-6265
Case Management	497-8242
Chaplain	497-8209
Chief of Staff	723-5104
Clinical Engineering	725-5000
Community & Physician Relations	497-8965
Compliance Office	724-1375
Continuing Medical Education	497-8555
Diet office	724-5415
Drug Information	497-8287
Environ Health & Safety	723-8143
Ethics Consult	Pgr. 18537
Family Resource Center/Library	497-8102
Government Relations	497-8277
Hospital School	497-8230
Infection Control	497-8447
International Medical Services	723-8561
Laboratory	498-6954
Medical Records	497-8334
Medical Staff Services	497-8566
Nursing Administration	723-4018
Nutrition Services	725-4005
Patient Relations	498-4847
Patient Safety	725-0631
Pharmacy	497-8287
Physician Consulting/Referral Line	800-995-5724
Quality Improvement	497-8028
Recreation Therapy/Child Life	497-8336
Rehab Services	497-8218
Risk Management	723-6824
Security	723-7222
Social Services	497-8303
Transcription	497-8611
Transfusion Services	723-7346

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**Lucile Packard Children's Hospital
Mission, Values and Vision**

To serve our communities as an internationally-recognized pediatric and obstetric hospital that advances family-centered care, fosters innovation, translates discoveries, educates health care providers and leaders, and advocates on behalf of children and expectant mothers

Values

Lucile Packard Children's Hospital **CARES** through:

- **Collaborating** to reach goals
- **Advancing** a family-centered approach to treatment
- **Respecting** the diversity and skills of all our co-workers
- **Educating**, innovating and translating discoveries in pediatrics and obstetrics
- **Serving** our community through outreach and advocacy

Vision

Our vision is to drive innovation in the most challenging areas of pediatrics and obstetrics to improve the quality of life for children and expectant mothers and those who love and care for them.

Organizational Leadership

CEO:	Christopher Dawes
COO:	Susan Flanagan, R.N.
VP, Patient Care Services	Pamela Wells, R.N.
Chief Medical Officer:	Kenneth Cox, M.D.
Chief of Staff:	Harvey J. Cohen, MD, Ph.D.

**To access leadership at LPCH, contact Hospital
Administration or Medical Staff Services**

Abbreviations

Abbreviations are a convenience, time saver and space saver often used in medical documentation. However, they are sometimes misunderstood, misread or interpreted incorrectly. Tracking down the meaning of an unknown abbreviation can result in delays in patient care. Misinterpreted abbreviations can result in patient harm.

In the interest of patient safety, LPCH has adopted the reference book "Stedman's Abbreviations, Acronyms and Symbols" which is available in all patient care areas. This is the approved reference manual for the list of abbreviations which may be used in the Medical Record.

Requirements:

- Handwritten entries in the medical record: Any abbreviations used must be in the approved reference.
- Printed forms: Any abbreviations must be either spelled out the first time used, or listed in a key on the form
- Abbreviations on the "Unapproved Abbreviations" list may not be used in any handwritten patient care documentation/communications (Refer to Unapproved Abbreviations List)
- Medication Orders containing unapproved abbreviations will not be processed by the pharmacy; the prescriber will need to rewrite the order before it can be processed by the pharmacy
- To avoid the potential for confusion, whenever possible spell out medication names.
- Consent Forms: Abbreviations may not be used on consent forms. Spell out each word of the operation or procedure in its entirety

Abbreviations (cont'd)

- Apothecary symbols may not be used. Use the metric system
- Abbreviations may have multiple meanings. The abbreviation should make sense in the context of the medical record entry. If there is a possibility of confusion, spell out the word

LPCH Unapproved Abbreviations

STOP!! Do not use any of the following anywhere within the patient's medical record

µg.....write mcg or microgram
cc.....write mL or milliliters
Q.D.write daily or q day
QODwrite every other day
U.....write units
IU.....write international units
MSO₄ or MSwrite morphine sulfate
MgSO₄.....write magnesium sulfate
SQ or SC.....write sub-Q, subcutaneous
Do not use a trailing zero (2.0)write 2 mg
Do not use a naked decimal point (.2)write 0.2mg

Abuse Policy & Reporting Requirements

The state requires medical personnel to report injuries to patients resulting from *suspected* assault and abuse. A physician may order x-rays and other diagnostic tests without parental consent if they are doing so to rule out abuse or neglect. What must be reported includes:

- Child Abuse
 - Physical Abuse
 - Neglect
- Domestic Violence
 - Any injuries suspected to have been caused by domestic violence
 - When a physician is not mandated to report, they are ethically obligated to see that the person is assessed, educated about family violence and given assistance developing an exit plan for the future
- Sexual Abuse
 - Includes any pregnancy or STD in a child < 13 yo
 - It is unlawful for a person 21 years of age or older to engage in sexual intercourse with a partner 15 years old or younger, unless they are legally married
 - Lewd and Lascivious Conduct ...between a 14 or 15 year old minor and an adult at least 10 years older is unlawful sexual assault
 - Includes exploitation
 - Parental consent is not required when treating a minor for suspected sexual abuse
- Elder and Dependent adult abuse
 - Dependent adult - 18 and 65 years old; dependent on another adult for care due to physical or developmental disabilities
- Abuse or neglect occurring within a licensed facility

Refer to the Abuse and Injury Reporting Policy in Meditech.

Advance Directives

An Advance Directive (AD) is a legal document specifying the patient's wishes for care if he or she is unable to make decisions for themselves.

- All inpatients over the age of 18 and able to give informed consent are to be offered information and an opportunity to complete an Advance Directive.
- The physician is responsible for knowing what is in the AD and to include this information in the plan of care.
- There are two main types of Advance Directive
 - A **Living Will** is completed by the patient to inform their physician about the desires related to their care in the event that the patient is not able to actively participate in the decision making process
 - A **Durable Power of Attorney for Health Care** (“DPAHC”) allows a person to designate another individual (and two alternates) to make health care decisions for them in the event that they are not able to make decisions for themselves. The DPAHC also contains a section in which the patient can make their wishes known in advance
- When a patient has an advance directive and undergoes an operative or invasive procedure requiring sedation, if the wishes of the patient (e.g. to not be resuscitated) are to be suspended in order to recover the patient from the sedation, this must be discussed explicitly with the patient or surrogate and noted in the patient's chart
- If the patient has an AD, this is filed in the patient's chart behind the green divider tab entitled Advance Directive.
- Patient Relations and Social Services are available during office hours to assist a patient with completing or revising an AD
- For information about AD, call 498-4847

Ambulatory Summary List Documentation Requirements

The summary list (also referred to as the Problem List at LPCH) is a component of the medical record.

The Summary List:

- Must be initiated by the third ambulatory visit to the organization
- Facilitates continuity of care over time amongst providers
- Must be maintained in the patient's medical record

For patients receiving continuing ambulatory care services, the medical record summary list must contain:

- Known significant diagnoses/conditions
- Known significant operative/invasive procedures
- Known adverse/allergic drug reactions
- Known current medications

Autopsy

Criteria

In the event of a patient death at LPCH, the physician/Service is expected to attempt to obtain permission to perform an autopsy from the appropriate legally-authorized person. Careful peer-reviewed studies have shown that autopsies uncover clinically significant but previously undiagnosed problems, even when the clinicians taking care of the patient think that they already understand the cause of death and the important diagnoses of that patient. Therefore, even though clinicians often are especially interested in seeking an autopsy when they recognize that it will be of value, such as in unexpected sudden death, death from undiagnosed illness for which the patient has been hospitalized, deaths resulting from complication of invasive medical or surgical procedures, deaths of patients who have participated in clinical trials (protocols), and deaths resulting from high-risk infections and contagious disease, LPCH attempts to secure permission for autopsy for all deaths. Thus, the criterion for autopsy at LPCH is most accurately stated as death.

Complete the "Physicians Request for Autopsy" on the reverse side of the "Authority of Autopsy" form. Obtain appropriate consents on the form, using the Spanish version as necessary.

At LPCH, the Death Certificate Worksheet is utilized for completion of the appropriate documentation.

Autopsy (cont'd)

The attending physician and the QA physician on the service are notified of autopsy results. Differential diagnoses revealed on autopsy are referred to peer review.

If you should wish to view an autopsy, you may call to check the schedule.

California Transplant Donor Network (CTDN)

CTDN must be notified of all deaths. Documentation of the notification should be on the Death Certificate Worksheet at LPCH. The phone number to contact them is 1-800-553-6667.

For LPCH patients, CTDN must be notified of deaths of all patients greater than 36 weeks gestational age. Documentation of the notification should be on the "Post Mortem Form and Death Notice".

Coroner's Cases

Criteria for coroner's cases is listed on the back of the LPCH Death Certificate Worksheet.

Blood Transfusion (Paul Gann Act)

Paul Gann Act obligates **physicians** to document that information was provided to the non-emergent patient concerning the risks and options regarding transfusion of blood products, when there is a *reasonable possibility* that a blood transfusion may be necessary as a result of any medical treatment.

The **physician** is required to:

- Discuss with the patient the risks, benefits and alternatives of blood transfusion
- Provide the information pamphlet **If you Need Blood: A Patient's Guide to Blood Transfusion** to the patient (also available in Spanish) This pamphlet is available on each nursing unit/clinic
- For planned blood use during surgery or a procedure, complete the Attestation section on form 5992 (LPCH) Consent to Operation, Procedure or Administration of Anesthesia
- For LPCH patients, Gann Act documentation may also be evident by any of the following:
 - A notation in the progress notes regarding the discussion with the family/patient
 - A signed "Blood Transfusion Information" sticker in the progress notes, which outlines the requirements of the Gann Act
 - The completion of the Blood Order and Justification form, the bottom of which notes that the physician has addressed the Paul Gann Act appropriately
 - In Meditech, on the Care Area Administration screen
 - On the Physician Attestation form

Blood Transfusion (Paul Gann Act) (cont'd)

For LPCH patients, physicians must order the blood or blood components and justify usage utilizing the LPCH Blood Products Order and Justification form for the appropriate age range and must complete the following elements of the form:

- Supporting lab data
- Criteria met to justify administration of blood products
- Gann Act information
- Signature, date, time
- Special needs, if any

Care at the End of Life

Providers should consider end of life issues including:

- Comfort measures
- Pain management
- Organ procurement
- Social, spiritual and cultural aspects
- Emotional and psychological support (refer to Social Work)

It is the policy of LPCH to provide the option for organ and tissue donation to families of deceased patients. LPCH coordinate with the California Transplant Donor Network (*CTDN*) to approach families of suitable donors with discretion and sensitivity, as appropriate.

A Chaplain and a Social Worker are called for all dying patients at LPCH.

References:

- “Foregoing or Withdrawing Life Sustaining Treatment” Protocol
- “Morphine or Other Opiates Use in the Dying Patient” Guideline
- “Organ and Tissue Donation” Policy
- “Pain Management Philosophy”

Child and Family Life Services

Child and Family Life Services programs at LPCH are designed to promote growth and development, to minimize psychological trauma, maintain normal living patterns, and assist pediatric patients and their families to effectively cope with hospitalization and/or illness. The types of programs and services offered to LPCH pediatric patients to meet these goals are:

- Developmentally appropriate play programs including the Forever Young Zone, Preschool, Pet Assisted Therapy, Teen Group and more
- Pre-operative and pre-procedural teaching services for patients and families using photo albums, miniature hospital equipment, dolls and other materials
- Medical play
- Coping techniques instruction that include the use of breathing, blowing distraction and other methods to help children cope with procedures tests and pain

The LPCH patients that may especially benefit from Recreation Therapy/Child Life services include:

- Patients in isolation and/or with limited mobility
- Patients having difficult coping with medical treatments
- Patients who are withdrawn and/or anxious
- Patients with limited family support
- Patients with a high degree of medical stressors

You may refer patients by using Order Entry on Meditech. Orders can be found under Recreation Therapy/Child Life and you may request:

- Assessment and Intervention
- Pre-operative and Pre-procedural Testing
- Toys/Materials/Supplies
- Volunteer
- Program Information

Child and Family Life Services (cont'd)

Family Resource Center/Library

The Family Resource Center/Library provides LPCH patients, their families and staff with a wide variety of information about pediatric and maternal health and well-being. The Resource Center/Library includes:

- Consumer Health Collection of resources on health care issues (books, videos and audio tapes, databases and pamphlets)
- Recreational collection of children's and young adult's books, videos and CD's
- Bedside reading program, staffed by volunteers
- Closed circuit TV that provides developmentally appropriate programming and patient education to the patients and families

The Family Resource Center is located on the 3rd floor of LPCH and is open Monday through Friday from 10:00 am – 4:00 pm. For further information call 497-8102.

LPCH School

The Palo Alto Unified School District provides a free public education program for LPCH patients in the Hospital School, located on the 3rd floor of LPCH. A parent's or guardian's signature is required for student's enrollment. The School has three classrooms: Primary (K-4), Intermediate (5-8) and Secondary (9-12). All teachers hold California credentials. School hours are Monday through Friday, 9:30 am to 11:30 am and 1:30 pm to 3:00 pm during the school year. Bedside instruction is available for students unable to attend classroom sessions.

Child and Family Life Services (cont'd)

Hospital Educational Advocacy Liaisons (H.E.A.L.) Program A School Re-entry Program

The H.E.A.L. Program helps parents access school services for their medically fragile child throughout all phases of their illness. The staff provides information to parents about necessary specialized education and support services. A liaison will meet with the patient's family to assess needs and determine what services are required. H.E.A.L. staff will speak with school personnel to arrange the transition back to school and advocate to have the child's special needs met. H.E.A.L.'s education specialists offer baseline and psycho-educational testing. In addition, school presentations are offered to inform peers and school staff about the patient's illness. Patients are referred to H.E.A.L. through the request of the medical staff, social worker, or parent. You may refer patients to the program by calling 650-725-2381.

Code of Conduct and Principles of Compliance

Lucile Packard Children's Hospital (LPCH) is dedicated to providing excellent medical services in an ethical manner and in compliance with the law. We have developed a Code of Conduct as an essential element of our compliance program. The Principles of Compliance noted below are a summary of the Code of Conduct.

The Code of Conduct is intended to guide each employee's conduct so we can fulfill our ethical and legal obligations. No code of conduct, however, can substitute for the personal integrity, good judgment, and common sense required to meet the challenges of our daily work. Furthermore, no code of conduct can cover every situation an employee may encounter in their daily activities. If you are not sure what this Code requires or what the law requires in a particular situation, please consult the Compliance Office at (650) 736-1051 or the Risk Management Office at (650) 723-6824.

Principles of Compliance

1. We are committed to conducting ourselves with integrity, taking personal responsibility for our actions.
2. We provide health care services in compliance with applicable federal, state, and local laws and regulations.
3. We address all circumstances that cause us to question the integrity of our compliance.
4. We treat all proprietary and patient information in a confidential manner.
5. We avoid engaging in activities which conflict with or adversely affect the interest of the enterprise or our commitment to the mission of LPCH.
6. We do not accept gifts of more than nominal value from people with whom we do, or seek to do, business at LPCH.

**Code of Conduct and Principles of Compliance
(cont'd)**

7. We use LPCH assets for the purpose of conducting enterprise business.
8. We respect copyrights, patents and trademarks owned by others.
9. We cooperate with the requests of governmental entities in the performance of their official duties, consistent with the policies and procedures of LPCH.
10. We are committed to providing an environment that is free from sexual harassment and violence.
11. We provide all aspects of employment opportunities to qualified individuals, regardless of disabilities, and equal opportunities without regard to race, color, gender, sexual orientation, religion, national origin or age.

Community Needs and Education

Community needs are assessed through:

- Patient Satisfaction surveys
- Ad Hoc meetings with community leaders
- Referring Physician Surveys
- Volunteer Feedback
- Complaint Management
- Focus Groups

Lucile Packard Children's Hospital has several programs implemented to promote community involvement, support and education. A community benefits analysis is completed annually.

Samples of LPCH Programs

- Parent Information & Referral Center
- Becoming Parents perinatal community education
- Community pediatric health education
- Educational outreach into schools to provide a curriculum of injury prevention, safety and health choices
- Teenage Health Resource Line
- SAFEKIDS Coalition
- Mobile Health Care Services: Pediatric Van, Adolescent Van, and Mommy Van
- School based vision and hearing screenings
- Partnership role in South County Community Health Center
- Health Screenings and Fairs
- Support Groups for families
- External Newsletters/Publications
- Care-A-Van for Kids providing transportation to and from the hospital for children requiring on-going treatment

Community Needs and Education (cont'd)

All patient education materials go through a physician review and approval process.

Stanford Health Library

The hospital branch of the Stanford Health Library, E303 across from the E elevator, is open Monday through Friday 9am to 3pm, phone **725-8100**. Library staff provides physicians with journal searches, reference materials, and research packets. Health information packets are offered free to patients and families. The library acts as a Business Center providing faxing, photocopying, email access, laptop phone jacket, local phone service, and long distance phone cards for purchase.

<http://healthlibrary.stanford.edu>

Continuing Medical Education

Continuing Medical Education (CME) consists of educational activities to develop and maintain knowledge, skills and professional performance. Lucile Packard Children's Hospital offers a variety of Continuing Medical and Nursing Educational conferences throughout the year. You can visit our website at www.cme.lpch.org for a listing of upcoming conferences.

If you have further questions, please contact Deborah Lee at 497-8555 or delec@stanfordmed.org.

Continuum of Care

Continuum of care looks at the coordination of care in the inpatient and ambulatory setting and includes admission, referral, transfer and discharge.

The appropriate service or setting of a patient is based on the outcome of the physician's assessment. The entry, transfer, referral and discharge processes include assessment of patients' needs, proper care setting, and the Hospital's ability to provide necessary services.

For patients with an identified Primary Care Physician (PCP), efforts should be made to contact the PCP within a day of admission to provide updates as appropriate. Patients without a PCP, but who desire one, will be assigned one at discharge.

Each inpatient is followed by a nurse case manager who is responsible for assisting the physician with the coordination of care. The case manager following a patient can be identified via the PCI screen in Meditech under the heading "CM Queries". Care coordination may include:

- Referral to other in-hospital services
- Ongoing communication with the patient's government or private insurance provider
- Promoting communication to facilitate family support
- Arranging for transfer to a lower level of care or back to the referring hospital
- Arranging for skilled care at home after discharge, including nursing visits, durable medical equipment, home pharmacy, rehabilitative therapies, primary physician care, or other follow-up

Physicians are encouraged to identify the goals for treatment and the estimated length of stay in the patient's admission H&P. This allows the case manager to coordinate care and begin discharge planning at the time of admission.

Ethics

The Ethics Committee at LPCH is available to members of the Medical Staff (as well as nurses, patients, and families) for consultation on clinical ethical issues.

To request a consultation regarding a patient at LPCH:

- Call one of the co-chairs of the committee, who can be reached through the Ethics pager #18537, or by calling the LPCH Switchboard at 250.
- If neither of the co-chairs is available, the switchboard will contact another member of the Ethics Committee who will assist you with your request.

HIPAA

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996. HIPAA provides patients with certain rights and providers with certain obligations regarding protection of medical information containing Protected Health Information (PHI). Medical information is considered PHI if it contains any of the following:

- Names
- All geographic descriptions smaller than a State
- All dates, except for year. All ages greater than 89
- Telephone numbers
- Fax numbers
- Electronic Mail Addresses
- Social Security Numbers
- Health Plan Beneficiary Numbers
- Account Numbers
- Certificate/License Numbers
- Vehicle Identifiers and serial numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URL's)
- Biometrics identifiers, including finger and voice prints
- Full face photographic images
- Any other unique identifying number, characteristic, or code

Patients have the right to:

- Inspect and obtain a copy of any PHI that providers use to make decisions about them and their treatment. This includes the legal medical record, their billing records and may extend to other shadow and research records if not included in the legal record.
- Control, with certain limitations, the release of their medical information through authorization.

HIPAA (cont'd)

- Request an "accounting of disclosures" –a list describing with whom and why their medical information has been shared with outside parties. This list must even include those disclosures that are required by law.
- Add an Addendum or correct their PHI
- Request restrictions on certain uses or disclosure of their medical information
- Request we communicate with them in a certain way or at a certain location
- Receive a copy of the Notice of Privacy Practices

Providers are obligated to:

- Account for all disclosures of PHI, even those required or permitted by law.
- Fully describe the provider's privacy practice in a notice with examples. Provide this notice during the first patient encounter and make every reasonable effort to obtain patient acknowledgement of receipt of the notice.
- Respond in a timely manner (as described by the law) to any patient requests for a correction, addendum, accounting of disclosures, restrictions on the use of PHI, and for confidential communication
- Appoint a Privacy Officer to manage the privacy program and create appropriate policies and procedures.
- Train the workforce on the institution's privacy program and practices.

For additional information on HIPAA:

Website: www.hhs.gov/ocr/hipaa

LPCH Policies: Administrative Manuals

Privacy Officer/Chief Compliance Officer: 724-2572

IT Security Officer: 736-4372

**History & Physical Requirements
Elements of a Complete H & P**

History – Physical Exam – Assessment – Treatment Plan

HISTORY	PHYSICAL EXAM
Presenting Diagnosis/Condition (Chief Complaint/Reason for Visit)	Vital Signs
History of Present Illness	General Appearance
Past Medical/Surgical History	Eye, Ear, Nose and Throat
Allergies: Medication, food, other	Head/Neck
Current Medications	Cardio
Neonatal History	Abdomen
Review of Systems (SEE BOX NEXT PAGE)	Genitourinary
Immunizations	Musculoskeletal
Nutritional Evaluation	Skin
Family History	Neurological
Social History	Respiratory
For Surgery or Invasive Procedures requiring moderate sedation or anesthesia: <ul style="list-style-type: none"> • Indications / Medical Necessity • Proposed Procedures • Anesthesia/Sedation History • ASA Classification • (when anesthesia is not providing care) 	ASSESSMENT
	TREATMENT PLAN
Date, Time, Name, and Pager number are required	

History & Physical Requirements (cont'd)

REVIEW OF SYSTEMS	GI	Neurological
Constitutional	GU	Endocrine
Eyes	Skin	Psych
Ears, Nose, Throat, Mouth	Musculoskeletal	Allergic/Immunologic
Cardio	Pulm/Resp	Hematologic/Lymphatic

A COMPLETE H & P must be documented in the medical record for all patients admitted to the hospital or registered for outpatient surgery. If an H & P assessment has been done within 30 days of inpatient admission or outpatient surgery it must be updated within 24 hours of admission or of the outpatient surgery noting any changes in the patient's condition. If no changes have occurred, the absence of change must be documented. An H & P that is greater than 30 days old is invalid.

INTERVAL NOTE: An interval note will be completed within 24 hours of admission or of the outpatient surgery for all cases in which the H & P contained in the medical record is older than 24 hours. The interval note will contain an update to the patient's current medical history and physical examination that reflects any changes since the original H & P or a statement indicating that no changes have occurred. The interval note will be written in sufficient detail to allow for the formulation of a reasonable picture of the patient's clinical status since the original H & P. An interval note is not valid in cases where the H & P exceeds 30 days.

Incident Reports

Who can fill out/ complete

- Staff
- Physicians
- Volunteers- with staff help

How is one completed?

- Log onto Quantros* = Our new On-Line Incident Reporting System
- A Super-User in your department can walk you through the reporting
- Fill out as completely as possible
 - Date, time, all relevant facts
 - Use the drop down tables
 - Feel free to add suggestions for improvement
- The report will automatically be turned in to your manager

When is a report completed?

- Any error involving a patient
- Any near miss patient related event
- Any significant clinical event even if it is not an error (code)
- Any systems problem that adversely affects your work

Things to avoid

- Don't print a copy of the report
- Don't tell a patient, family "I filled out an incident report"
- Don't put into the medical record that an incident report was filled out

Incident Reports (cont'd)

What else can you do to improve systems in your department?

- Talk about systems (not people) problems constructively in staff meetings
- Take a proactive approach to safety
- Partner with patients, families
- Let your Patient Safety Champion know of the problems

* Quantros' Occurrence Report Management (ORM) will provide LPCH with the ability to record and track incident and near-incident events such as medication errors, equipment malfunctions and falls. This real-time Web-based tool supports automated distribution and follow-up of incident information to appropriate risk management, clinical and other staff as well as the aggregation, reporting and benchmarking of incident data.

Infection Control

The healthcare worker's role in infection control:

- Disinfect hands with waterless alcohol gel or wash hands with soap and water before and after patient contact
- Wear gloves for contact with blood, body fluid, mucous membrane or non-intact skin
- Go to Employee Health or Emergency Department at once if blood exposure occurs
- Have immunity to hepatitis B, measles, rubella and varicella, and have annual tuberculosis screening
- Refrain from patient contact if you have flu symptoms or skin lesion drainage
- Report "reportable" diseases and conditions to the County Health Department - (408) 885-4214 and to Infection Control
- Before discharging or transferring patient with verified or suspect active TB, you must obtain approval from the County TB controller
- Wear N-95 respirator for all patients with verified or suspect pulmonary Tuberculosis
- Use single dose/use vial for one use and discard immediately after use
- Multi-dose vial used in a patient room will be used for that patient only and then discarded.

For information concerning Pediatrics and patients at Lucile Packard Children's Hospital (LPCH) call the LPCH Infection Control Department at 497-8447.

Informed Consent

Informed consent occurs when a patient accepts or rejects a medical intervention willingly and without coercion. Informed consent can only occur when the patient fully understands the nature of the intervention and its risks and benefits, as well as the alternatives with their risks and benefits. The major elements in informed consent are understanding by the patient and that it is signed voluntarily.

Prior to performing any surgical or invasive procedures (except emergencies) or procedures/tests requiring Moderate Sedation in either the Hospital or Clinic settings, the physician is responsible for obtaining the patient's informed consent.

The physician must provide to the patient:

- A description of the procedure or treatment
- Potential problems related to recuperation
- The medically significant benefits and risks involved
- Any alternative treatment options and their risks and benefits
- The name of the person or persons who will carry out the procedure or treatment
- What is likely to happen if the patient decides not to have the procedure or treatment.

The physician must document that the patient granted informed consent by completing the Consent to Operation, Procedure and Administration of Anesthesia. The physician has the patient sign page 1 of the form, and the physician completes the Attestation section on page 2. The consent form must be completed and present in the patient's chart prior to the surgery or procedure.

Interdisciplinary Plan of Care (IPOC)

The Interdisciplinary Plan of Care (IPOC) serves as both the communication and documentation tool for physician orders and for interventions by the interdisciplinary team. The IPOC is a standardized tool designed to reflect individualized care and include information and parameters specific to the interdisciplinary problems for a specific patient population/region. The RN initiates the plan of care in collaboration with the patient/family and other healthcare team members within 24 hours of admission for all patients. When patients are placed on Clinical Pathways the appropriate physician orders will be reflected on the IPOC. The IPOC is used in conjunction with the Patient Care Flowsheet, the Medication Administration Record and Patient Family Education Record.

The interdisciplinary team evaluates the effectiveness of the plan of care and modifies as needed. It is recommended that the IPOC be updated every 24 hours or more frequently based on level of care. Patient problems are documented on the IPOC on the problem list. Patient care goals are identified and documented with the appropriate patient problem. The goals are measurable, realistic and specific to the type of patient involved. Patients' progress toward goals is evaluated and documented using the progress key on the IPOC.

Plan of care interventions are documented in the form of physician or nursing orders on the IPOC and in the form of actions/care on the patient care flowsheet. Discharge planning and providing for the continuity of care is referenced on the IPOC and documented on the Patient Teaching Record and in the Discharge Planners progress notes.

The IPOC is a permanent part of the medical record. All healthcare disciplines involved in the plan of care should document on the IPOC and use the progress key when appropriate.

Medical Record Documentation Requirements

Medical Staff members are required to:

- Complete all medical record documentation within 14 days of discharge, including Discharge Summaries.
- Complete History/Physicals within 24 hours of admission and prior to surgery
- Write/dictate Operative/Procedure Reports immediately after the surgery or procedure
- Verbal Orders ***must***
 - be written down and read back to the physician and
 - be limited to urgent/emergent situations and
 - be signed by the physician within 48 hours
- All entries must be legible and complete
- Date, time, write name and discipline, and sign all orders and documentation, including progress notes (we strongly encourage the inclusion of your dictation number)
- Time the following using a 24 hour clock: orders, post-op note, medication administration, forms that include a time element, restraint application and removal, anesthesia note immediately prior to induction and others when indicated
- Do not use unapproved abbreviations or symbols in any patient care documentation
- Handwrite or dictate a clinic note within 24 hours of the encounter
- Document telephone calls and telephone consultations in the medical record
- Incorporate all E-mail correspondence between patient's and providers in the medical record.

Medical Record Documentation Requirements (cont'd)

- Errors should be corrected by lining out the mistake with a single line and writing the correction above. The original author of the documentation should date and initial corrections
- Send the original, signed copy of the documentation to the medical records department within 24 hours of completion for scanning.
- Maintain a summary/problem list on all outpatients seen at least three times by a primary care physician.
- Send a copy of the signed research consent form to medical records for scanning for patients participating in a research study.
- Medical student entries must be counter-signed by a **licensed** supervising physician before implementation
- Document adverse/allergic reactions to medications
- Blood Transfusion consent includes Paul Gann Act requirements
- Consents are completed for all surgical/invasive procedures and for use of anesthesia/sedation including risks, benefits, alternatives discussed with patient.

Medication Administration: First Dose of a New Medication

EDUCATION

Prior to administering the first dose of a new medication the patient care provider(s) must provide a brief explanation of the potential adverse effects of a medication to the patient and/or parents as appropriate.

- The LPCH Intranet Micromedex database will be used as the standard reference for providing this information to patients and/or parents.

REVIEW OF ORDER

All new medication orders must be reviewed by a pharmacist prior to the dispensing and administration of the first dose. There are two exceptions:

- The Physician controls the ordering, preparation and administration of the dose. (examples are the Operating Room, APU, Clinics, Delivery Room, PACU and Emergency Room where a physician is always present)
- The need for treatment is urgent or emergent. Clinical status of the patient would be compromised by delay that would result from pharmacist review(examples are Pain, Nausea, Seizures)

REASSESSMENT

Patients must be reassessed after administration of the first dose of a new medication based on the specific properties of the medication e.g. onset and duration of action, side effects etc. For example: when to reassess pain or nausea or status of allergic reaction after patients have received medication for these conditions. The reassessment must be documented in the patient's medical record.

Medication Policies

The Hospital monitors key processes of medication use including:

- Prescribing (*See Medication Order Writing*)
All orders must be signed, dated, and timed by the prescriber. Use of verbal orders is discouraged but, if given, must be signed within 48 hours.
- Dispensing
- Administration
- Effects on patients (monitoring)

To report suspected **Adverse Drug Reactions (ADR)** complete a MedWatch form (available on all Nursing Units), and contact a clinical pharmacist (497-8287). Forward the completed form to the LPCH Pharmacy

LPCH Formulary

- A Request for Formulary Addition Form may be completed to request a medication be considered by the P&T Committee for addition to the LPCH Formulary
- The LPCH Formulary is printed in the LPCH Housestaff Manual and is accessible on the Intranet.

Non-Formulary Drugs

- May be ordered after consultation with pharmacist and after it is determined that no existing formulary drugs are appropriate for use.
- A written physician order must be submitted to the pharmacy along with a completed Non-Formulary Drug Request Form for review by the P&T Committee.

High Alert Medications

- LPCH has identified several medication and medication classes considered high alert or high risk medications

Medication Policies (cont'd)

- Current LPCH high alert/high risk medications include:
 - Potassium chloride injection
 - Digoxin
 - Insulin
 - Chemotherapy
 - Total Parenteral Nutrition (TPN)
- Use special order forms or follow specified procedures when ordering these medications

Look-A-Like/Sound-A-Like Medications

Use caution when prescribing medication that may look alike or sound like other medications

Bedside Medications

Medications are not allowed to be stored at the bedside.

Emergency Medications

- Must *only* be obtained from the standard code/crash cart
- Pharmacists are in attendance at all code resuscitations to prepare medication doses per physician's orders

Medication(s) From Home

- Limited to Hemophilia products and medications that the pharmacy is unable to supply
- A physician order must include all elements required per hospital policy
- The medication supply must be inspected, identified and relabeled by the LPCH pharmacy.

Medication Policies (cont'd)

Drug Storage

All drugs, including over-the-counter products and IV solutions, must be kept in locked areas to prevent theft and tampering. This includes the operating rooms, recovery rooms, procedure units, clinic exam rooms, treatment rooms, nursing units, physician work rooms, etc.

Drug Samples

Drug samples are **not** allowed in LPCH

Blank Prescription

Blank prescriptions must be locked up or in the direct possession of a licensed person

Medication Order Review prior to Administration

All medication orders must be reviewed by a pharmacist prior to dispensing and administration of the first dose. The following two exceptions are allowed:

- **MD controlled:** Situation in which the physician controls the ordering, dispensing and administration of the drug such as in the OR's, endoscopy suite, ER
- **Urgent/Emergent:** Situations in which time does not permit such a review. These include STAT orders or those order(s) where the clinical status of the patient would be significantly compromised by the delay that would result from the pharmacist review.
- **Overrides are audited on a regular basis**

Inpatient Pharmacy	497-8287
Outpatient Pharmacy	497-8289
Day Hospital Pharmacy	497-8776
Home Pharmacy	497-8316
Pharmacy Director	497-8290

Medication Order Writing

Must be ***LEGIBLE*** and complete with:

- Medication Name (generic name preferred)
- Strength or Concentration (Commercial Products)
- Dosage Form and Route of Administration
- Dose (based on patient's weight in kg in general)
- Frequency of Administration
- Length of Time of Administration
- Date and Time all Entries (use military time e.g. 2300)
- Signature, Name and Pager number

Do not use unapproved abbreviations.

Do not use dose range or frequency range orders.
(“Morphine Sulfate 1-2 mg IV q 3-4 hours prn pain” is ***not*** acceptable.)

Do not use resume orders or blanket reinstatements.

PRN order ***must*** include an indication (e.g. **prn pain**).

Verbal Orders ***must***

- be written down and read back to the physician and
- be limited to urgent/emergent situations and
- be signed by the physician within 48 hours

Date and initial all cross-outs/changes on orders.

MSONet

MSONet is a web-based product that provides hospital staff with information on medical staff and allied health practitioners, including approved clinical privileges. Staff can refer to MSONet to determine if a provider is currently on the medical staff or allied health practitioner staff, obtain general information such as addresses and board certification, and identify what that provider is credentialed to do.

Access to MSONet can be granted to nursing management, hospital management, and other select staff for the purposes of verifying a provider's credentials, including Sedation privileges.

Form can be obtained in Outlook and must be approved by the Director of Medical Staff Services. For questions, contact the Director at 497-8920.

Nutrition Care

The Clinical Nutrition Department provides nutrition care to LPCH patients as follows:

- All patients are screened by nursing within 24 hours of admission for nutritional risk. Patients who are at high risk are assessed by a dietitian within 24 hours of referral and followed every 5 days or as indicated by change in status.
- Physicians or other health care professionals may order a nutrition consult at any time during a patient's stay through Meditech
- For urgent issues, page the unit dietitian or call the Nutrition Technician's office at 724-5415
- Dietitians are available for outpatient consultation in the various Clinic settings.

Patients considered at Nutritional risk include the following:

- Patients with actual or potential malnutrition
- Patients with inadequate nutrition
- Patients receiving tube feeding/TPN/PPN

Food and nutrition products are administered only when prescribed or ordered by medical staff, authorized house staff, or other individuals with appropriate authority.

Pain Management

Patients/families have the right to appropriate assessment and management of pain. Adequate pain management is crucial to good patient care. Appropriate pain management can decrease complications and facilitate healing. The following patient rights and responsibilities form the basis for the LPCH pain management program.

Patient Rights:

A patient or family at LPCH can expect:

- Information about pain and pain relief measures
- A concerned staff committed to pain prevention and management
- Health professionals who respond quickly to reports of pain
- That reports of pain will be believed
- State-of-the-art pain management

Patient Responsibilities:

A patient or family at LPCH is expected to:

- Ask the doctor or nurse what to expect regarding pain and pain management
- Discuss pain relief options with doctor and nurse
- Work with doctor and nurse to develop pain management plan
- Ask for pain relief when pain first begins
- Help the doctor and nurse assess pain
- Tell the doctor or nurse if pain is not relieved
- Tell the doctor or nurse about any worries about taking pain medication.

All patients must be assessed for pain upon admission or for an outpatient visit, when vital signs are taken, during or after a procedure, within one hour of the administration of or change in any pain intervention, and/or when the family/patient reports pain. If upon initial screening the patient is found to have pain, clinicians will perform a comprehensive pain assessment.

Pain Management (cont'd)

Assessment/Reassessment Documentation will include, at a minimum, the following information:

1. Pain intensity/severity: the RN or other healthcare professional (MD, NP, CNS, PA, OT, PT, RT) will assess pain and/or document the patients/family reports of pain using one of the developmentally appropriate tools designated for use at LPCH. These may include the:
 - Premature Infant Pain Scale (PIPP) for babies < two months adjusted age on monitored units;
 - Face, Legs, Activity, Cry and Consolability Scale (FLACC) for infants on non-monitored units, for children older than two months of age on monitored units and non-verbal children;
 - Wong-Baker Faces Scale for children whose developmental age is approximately 3 -7 years who can communicate intensity and location of pain but who do not understand abstract numbers (in several languages)
 - 0-10 numeric scale for children older than seven years of age (available in several languages)
2. Pain description /quality
3. Onset and duration
4. Pain location
5. Aggravating or relieving factors
6. Effectiveness of previous pain treatment modalities
7. Effectiveness and side effects of current pain treatment modalities

Pain Management (cont'd)

Key Concepts for Pain Management are:

- Recognize pain as the 5th vital sign
- Administer pain medication on a scheduled basis when the pain is constant
- Provide PRN's for breakthrough pain or incidental pain
- Reassess pain as per LPCH policy and document accordingly
- Educate patients/families on the role of pain management in treatment and the importance of effective pain management
- Address patients' needs for pain management in the discharge planning process

Pain Interventions

Analgesics are the mainstay of optimal pain management; however use of non-pharmacological/cognitive-behavioral pain management interventions or comfort measures (such as biofeedback, acupressure, acupuncture, guided imagery, massage, music, repositioning, relaxation, distraction, etc.) should not be overlooked in the management of pain.

Refer to LPCH Pain Management policy for more detailed information and resources or contact the LPCH Pediatric Pain Management Service at 497-8057 or Pager 18879.

Patient Education

Patient and family education is the responsibility of all members of the healthcare team providing services to the patients. The goal of patient and family education is to improve patient health outcomes by promoting healthy behaviors and involving the patient and family in care decisions.

Patients/families will receive specific education based on the assessed learning needs, abilities, readiness to learn, learning preferences, emotional barriers, desire and motivation to learn, physical and/or cognitive limitations or language barriers and cultural or religious aspects related to care. Patient education should be interactive and include opportunities for discussion, questions and answers.

The Patient and Family Education Materials Policy defines the formatting, criteria and approval process used for the dissemination and distribution of patient education materials. The LPCH Micromedex system provides approved and customizable written teaching materials in various languages and is accessible to all healthcare team members. Interpreter services should be utilized to assist in translating patient instructions prn even when translated written materials are used. Other audio-visual and written patient education materials are available in the Family Resource Center e.g. Closed Circuit TV and the Family Resource Library as well as unit/department specific patient teaching resources.

When appropriate, all involved disciplines, including physicians, should document patient/family education specific to the patient's assessed learning needs. The documentation may be in the admission database, the interdisciplinary plan of care (IPOC), the patient education teaching record and/or progress notes. Documentation should:

Patient Education (cont'd)

- Include how the education information was provided/teaching method—in writing or verbally using audiovisual, demonstration, group/class, handout and if an interpreter was used
- Be tailored to the patient's age, abilities, preferences and readiness to learn as determined by the assessment
- Be specific to the patient's treatment plan (e.g. medications, medical equipment, nutrition, rehabilitation techniques, activities of daily living, pain management, preventive care and community resources).
- Include identified teaching goals and patient/family's progress toward educational goals
- Include patient/family response to teaching
- Include if interpreter services or other individuals are used for translation.

The teaching record serves to document and communicate patient/family teaching in a consistent manner throughout all units and to all members of the healthcare team. Specific teaching records are used to document teaching of specific topics such as diagnoses, procedures, medications or wound care. Refer to the LPCH Policy on Patient and Family Education for Patient Teaching Record Documentation Guidelines.

Patient Information

Confidentiality

There are 8 principles of patient confidentiality:

1. Access to potentially confidential information is governed by the **need** to know and not the **right** to know. Even when one has a need to know, access must be restricted to the minimum necessary to fulfill the function.
2. The patient has a right to assume that all information regarding his or her care will be held confidential.
3. It is the duty of each individual to protect the confidentiality of patient data.
4. Once a legitimate need to know has been established, the Hospital should facilitate, not impede, access to that information.
5. The Hospital has a responsibility to ensure that appropriate safeguards are in place when making patient information available to organizations outside of the Hospital, because control of that information is lost once it is released.
6. Special attention should be given to the use of confidential information in the context of education.
7. There is a special obligation to safeguard the use of confidential patient information in research.
8. Special attention should be given to the use of confidential patient information in the context of analysis (e.g., financial analysis, quality review, reengineering, etc.).

Patient Information (cont'd)

To protect patient's confidentiality:

- *Do not* discuss patient care issues where your conversation can be overheard by others. Medical Staff are strongly encouraged to escort family members to a nearby private room before giving post-surgical reports.
- Private rooms to conduct patient consultations available near entrance to E2 and inside entrance to SAU
- *Do not* leave patient files unattended.
- *Do not* remove patient files from the LPCH campus.
- *Do not* share your computer login and password with *anyone*
- Exit Patient Care applications before leaving the computer unattended
- Discard all patient related documents in a locked shredding bin
- Secure patient lists and computer reports with the same level of security as other patient documentation

All requests for release of information for LPCH patients should be forwarded to and processed by Medical Records Department, Ground Floor, 0511, extension 497-8079.

References: *Confidentiality Principles Regarding Patient Information*

Patient Information (cont'd)

Security

The security of confidential patient information and data is maintained by:

- Requiring UserID's and passwords to all clinical and administrative information systems
- Granting access and privileges to clinical information systems based upon the users roles within the medical organization
- Setting up clinical workstations with screen savers and automatic timeouts, if the computer is not used for a set number of minutes
- Auditing access to clinical information to insure that there has been both a right and a need to know. Inappropriate access can lead to disciplinary action up to and including termination of employment
- Requiring external access to the LPCH network to come through a firewall and over a secure connection
- Training all new staff on patient confidentiality and data security. Many hospital departments require annual renewal training

Patient Rights

Each patient has basic rights which are posted in both English and Spanish within LPCH units for patient's and family's reference. Inpatients are also given a copy of these rights at the time of admission.

Patient & Family Complaints

Patient/family complaints and grievances may be registered through Patient Relations at LPCH, or through the area where interaction/care takes place. Complaints should be documented and forwarded to Patient Relations.

Interpreter Services

LPCH offers timely medical interpretation and translation services for all non-English speaking patient and families.

- Interpretation services for Spanish/English and for other languages are provided in person and/or by phone 24 hours a day, 7 days a week
- LPCH Language Bank Trained Volunteer interpreters
- Local agency professional interpreters
- LLE-Link telephone line, e.g. Arabic, Croatian, French, German, Korean, Laotian, Thai, Tongan, etc.

Spiritual Care/Chaplain's Services

All patients and their families are to be offered appropriate spiritual support. The hospital chaplains, available 24 hours/day, can assess and help provide for a patient's and family's spiritual needs. The LPCH chaplains can be reached at 497-8209 or pager 15863 or 1LOVE.

Privacy and Security

Patients are entitled to be treated in a secure environment and must be offered privacy in terms of the personal space and all communications regarding their medical care.

Patient Safety

The Patient Safety Program is designed to decrease medical errors, improve systems to prevent adverse events, and encourage open reporting of events related to patient care. The Patient Safety Committee and the Quality Improvement Committee at LPCH provide expertise, review data, and set priorities for enhancing patient safety. The Patient Safety Program has identified Patient Safety Champions who are frontline staff representing LPCH departments, units and clinics who are instrumental in promoting a culture of safety through communication and education with staff.

Incident Reporting

All events related to clinical care that involve harm to the patient or the potential for harm should be reported using the Quantros On Line Incident Reporting System and can be accessed on computers in the patient care areas. A report should be completed on any error involving a patient, any near miss patient related event, any significant clinical event even if it is not an error and any systems problem that adversely affects your work. Examples of reportable events may include: medication errors, transfusion reactions, complications from procedures, code blue, communication issues, AMA, and clinical management issues. Do not print a copy of an incident report nor document it or file it in the medical record. This real time Web based tool supports distribution and follow-up of incident information to appropriate risk management, clinical and other staff as well as the aggregation, reporting and benchmarking of incident data.

Sentinel Events

- An unexpected occurrence involving the death, serious physical or psychological injury or risk thereof, specifically including loss of limb or function

Patient Safety (cont'd)

- When a sentinel event is identified, a team will be analysis assembled to perform a root cause and develop an action plan for improving practice and process
- Notify LPCH Risk Management and Quality Management whenever a sentinel event occurs.

Root Cause Analysis (RCA)

An RCA is a reactive approach to an actual event or near miss that has already occurred.

- Identifies the “root causes” or fundamental” reasons for the event
- Asks why, what and how rather than who
- Identifies process improvements that will prevent reoccurrence

Disclosure of Unanticipated Outcomes

- An Unanticipated Outcome is an outcome that differs significantly from what the practitioner or patient expected. This is not necessarily the result of an error.
- Disclosure of unanticipated outcomes to patients, and when appropriate their families, is required and should be done by the responsible licensed independent practitioner in a timely manner.
- Medical record documentation should include: a factual explanation of the outcome; measures taken to correct the outcome; physician’s recommendations in response to the outcome; any other type of assistance the patient may need; questions raised by the patient and response by the physician and the date, time, location and person’s present at the discussions.

Patient Safety (cont'd)

Failure Mode and Effects Analysis (FMEA)

- Proactive approach focused on high risk processes so future problems can be prevented
- Assumes failures will occur, and that it is possible to minimize the probability and ill effects of failures
- JCAHO requires an annual selection of a “high risk process” to be analyzed, redesigned and monitored.
- LPCH has conducted FMEA’s on: Diet Order Process; Specimen Labeling Process; Sponge Count Process and TPN use in the ICU

Chief Clinical Patient Safety Officer:

Paul Sharek, MD @ 736-0629

Patient Safety Program Manager:

Sandra Trotter @ 725-0631

***We all have a role in ensuring
the safety of our patients.***

Do your part!

***Apply the National Patient
Safety Goals to your practice!***

***See next pages for a discussion of the National Patient
Safety Goals.***

Patient Safety Goals

National Patient Safety Goals

Actions to take as an employee or provider at Lucile Packard Children's Hospital to enhance patient safety

It is critical that EVERYONE know the 7 National Patient Safety Goals and incorporate them into practice. The following information will outline the 7 goals and what actions we must include in our daily activities to enhance patient safety.

If you have any questions regarding any of the goals, please contact the Patient Safety Program Manager at 650-725-0631 or Quality Management at 650-497-8028.

Goal 1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

Use two patient identifiers (two pieces of information) when obtaining specimens for the lab, administering medications, or blood products.

- Inpatient areas-Use Name and Medical Record Number
- Outpatient areas-Use Name and Birth Date

Hot Tip: For medications without the medical record number on the label, you must check, at the bedside, that the MAR or order agrees with the patient's ID band, or follow procedure based on identified exceptions.

Warning: Neither identifier can be the patient's room number. The identifiers have to be what is listed above-don't get creative!

Patient Safety Goals (cont'd)

Legible ID bands with patient's medical record number must be attached to ALL in-patients!

The second requirement is for a "**TIME OUT**".

Final Verification Process: prior to start of any surgical or invasive procedure- All participants take "**time out**" to confirm

- correct patient
- correct procedure,
- correct site
- readiness of team.

Hot Tip: Remember "**time out**" is required before ANY invasive procedure-this may be a chest tube placement, PDA ligation, amniocentesis, lumbar puncture, inserting a PICC line, etc

Goal 2: IMPROVE THE EFFECTIVENESS OF COMMUNICATIONS AMONG CAREGIVERS

Do **NOT** use unacceptable abbreviations within the medical record. LPCH and SHC have developed a list of abbreviations that are not to be used in any *handwritten* patient care communications. The list is on the next page.

Hot Tip: The communications where the unacceptable abbreviations can not be used can be pharmacy orders, progress notes, on the IPOC, operative reports, etc.

Patient Safety Goals (cont'd)

LPCH Unapproved Abbreviations

STOP!! Do not use any of the following anywhere within the patient's medical record

µg.....write mcg or microgram
cc.....write mL or milliliters
Q.D.write daily or q day
QODwrite every other day
U.....write units
IU.....write international units
MSO4 or MSwrite morphine sulfate
MgSO4.....write magnesium sulfate
SQ or SC.....write sub-Q, subcutaneous
Do not use a trailing zero (2.0)write 2 mg
Do not use a naked decimal point (.2)write 0.2mg

Acceptable Abbreviations

Abbreviations may have multiple meanings. The abbreviation should make sense in the context of the medical record entry. If there is a possibility of confusion, spell out the word. The most current Stedman's Abbreviations, Acronyms & Symbols is the approved reference manual for the list of abbreviations which may be used in the medical record.

VERIFY VERBAL ORDERS AND/OR CRITICAL TEST RESULTS

- **“Read Back”** –write down the verbal order or critical test result and ***read it back*** verbatim to the person giving the information

Hot Tip. “Read back” involves writing down the verbal order/critical test result **first**; then reading back to the person giving the information. This is different from “Repeat Back”.

Patient Safety Goals (cont'd)

Goal 3: IMPROVE THE SAFETY OF HIGH ALERT MEDICATIONS

Concentrated electrolytes have been removed from patient care areas.

We standardized and limited the number of drug concentrations available throughout the hospital.

The following list are the High Risk Drugs at LPCH. These drugs require a two RN check before administration.

- Chemotherapy
- Potassium Chloride Injection
- Insulin
- Digoxin
- Total Parenteral Nutrition (TPN)

Goal 4: ELIMINATE WRONG-SITE, WRONG-PATIENT, WRONG-PROCEDURE SURGERY

**Use for all invasive procedures
Completed where the procedure occurs**

The following four steps taken together comprise the universal protocol as defined by JCAHO

1. Boarding Pass

(form number 6534) consists of:

- Pre-procedure verification
- "Time Out"

Patient Safety Goals (cont'd)

2. Pre-procedure verification

Confirm patient's two identifiers, consents, current history and physical, and the site is marked

3. Marking of Surgical/Procedure Site

The site is marked on cases involving left/right distinction, multiple structures (such as fingers or toes) or multiple levels. The patient/family should be included in the marking process if possible.

4. "Time Out"

The "time out" is conducted out loud with the procedure team to confirm:

- correct patient
- correct procedure,
- correct site
- readiness of team.

Goal 5: IMPROVE THE SAFETY OF INFUSION PUMPS

All of the LPCH general use and PCA intravenous infusion devices have free flow protection.

Free-flow Protection means that if the power to the pump is turned off with the infusion pump primed and loaded in the device, all the tubing clamps are open and the fluid container is high above the device NO FLUID FLOWS OUT. The same is true if the set is removed from the device-no fluid flows out of the set.

Patient Safety Goals (cont'd)

Goal 6: IMPROVE THE EFFECTIVENESS OF CRITICAL ALARM SYSTEMS

Clinical Engineering has a list of all the equipment with alarms and the maintenance records

The units have designated the High Alert Alarms. These alarms are set so that the alarms are audible above the background noise.

Hot Tip: What you should do: Check the alarm settings, listen for and respond to high alert patient alarms within 30 seconds and make sure you can hear the alarms over the background noise

Goal 7: REDUCE THE RISK OF HEALTHCARE-ACQUIRED INFECTIONS

Comply with current CDC Hand Hygiene guidelines

- Alcohol based hand rubs
- Or Wash hands for at least 15 seconds

Hot Tips: The hand gel is actually better for hand hygiene than soap and water. The gel is less drying on your hands. If hands are visibly soiled, you must wash with antibacterial soap and water for 15 seconds. 15 seconds is about the time it takes to sing "Happy Birthday"

Patient Safety Goals (cont'd)

Proper hand hygiene begins by washing with soap or alcohol rub **before** any patient contact **and in the course of patient care**. Families should be instructed about hand washing **Set the example:** Families notice whether staff are following these rules. Hand hygiene after patient contact is for your protection.

Wash your hands when you enter a patient zone and when you leave a patient zone. The "Patient Zone" is defined as the patient, the patient's bed, medical equipment and nearby furniture.

All staff should address situations in which they observe anyone not adhering to the LPCH hand hygiene guidelines.

The second part of this goal is to manage all identified cases of an unanticipated death or permanent loss of function associated with a healthcare-acquired infection as a sentinel event.

Pediatric Palliative Care Program

The goal of the Pediatric Palliative Care Program is to plan and provide comprehensive care for children living with life-limiting conditions, optimizing their quality of life as well as that of their families. The focus is on physical, psychological, social and spiritual care throughout the illness trajectory and into bereavement. The Pediatric Palliative Care Program at LPCH is a hospital-wide consultation service that is available for children and their families, as well as for professional staff in all medical and surgical services. The program is comprised of clinical, research, educational and advocacy initiatives.

Program Director: Barbara Sourkes, Ph.D. 497-8963
Medical Director: Lorry Frankel, M.D. 723-5495

A consultation request can be initiated by any staff member or parent by contacting Dr. Sourkes, who will work with the attending physician and consult directly with the families and staff (or facilitate finding the necessary resources).

A sample of clinical palliative care consultation issues include:

- Decision making about the transition from curative to palliative care and negotiating that transition (patient/family/staff)
- Communication issues between and among children, families and staff
- Management of distressing symptoms for the child including psychological symptoms, particularly depression and anxiety
- Care of healthy siblings
- Bereavement follow-up for the family
- Individual staff consultation
- Team meetings to discuss end-of-life care issues for a particular child/debriefing after a child's death

Peer Review

Peer review is a mechanism by which the medical staff evaluates the performance of its members. Federal and State regulations give the medical staff authority to do this in a manner that is protected from discovery. All information discussed in peer review is confidential and should not be shared outside of the context of the peer review session. Education about the peer review and quality improvement processes is provided to each physician upon appointment to the medical staff. Upon reappointment, physicians are required to review this material and will be sent information on how to access it with their reappointment packet. For questions please call Medical Staff Services at 497-8566.

Peer review involves the screening of all care rendered against a group of indicators that are accepted by the medical staff as indicative of needing further review. At Lucile Packard Children's Hospital, each department/service has their own forum for conducting peer review. Each department/service has developed specific indicators. The most common indicators are:

- Death
- Unplanned transfer to specialty care
- Unplanned return to the OR
- Clinical complication
- Unplanned readmission

Cases may be referred to the department for review from any source: risk management, quality management, autopsy results, any medical staff department or committee, patient complaint, quality indicator, or patient safety event. Once an event is referred to a department for review, a physician is assigned to review the record and document findings, conclusions, recommendations and actions. The review usually includes a presentation of the case history, a description of the event, an analysis of whether the care

Peer Review (cont'd)

provided was within the standard of care for that specialty, a discussion about physician judgment, identification of opportunities for education, and identification of system problems that may have contributed to the outcome. The case is presented to the full committee for final rating, recommendations and actions. If corrective action is required,

the attending physician should be informed of the results of the review and the recommendations. In extremely unusual cases, immediate intervention by the Service Chief, or other medical staff leader, may be necessary to ensure that the patients receive appropriate care.

Cases that are deemed outside the standard of care are forwarded to the Care Improvement Committee (CIC) of the Medical Staff for concurrence. Results of case reviews from CIC are placed in the Quality profile in the Credentials file for the attending physician. This file is confidential

Policies

Administrative Manual

Organization wide policies, procedures and guidelines are found on-line in the Meditech Library. Included documents address procedures and practices which affect the safety of LPCH patients, visitors, staff and property:

- Affects the legal position of LPCH and its position as an accredited provider of health care services
- Meets statutory and/or regulatory codes and standards
- Guides Human Resources practices
- Guides Information Management codes and standards

Accessing Policies in Meditech

Policies are stored on-line in the Meditech Library. To access policies, first enter the Meditech Library where you will see a list of cabinets. Cabinet #2 houses the hospital-wide policies such as patient care, health and safety, and infection control.

Also located in this cabinet are the Policy Index and the Plan for the Provision of Patient Care, which include service descriptions for all clinical departments. Department-specific policies are housed in cabinet #3.

Policies are listed alphabetically within each drawer unless the department uses a numbering system. Use the up and down arrow keys to select the policy you want to read. Then use the right arrow key to open the policy.

If access to Meditech is not available due to a power outage or other emergency, sets of policy binders are kept in Administration and the Staffing Office.

Quality Management

The Quality Management Program is organized and designed to support the mission, vision, and values of LPCH. The program provides the framework for how the organization will plan, design, measure, assess, and improve its processes, systems, and outcomes. There will be an ongoing effort by all individuals and departments in the organization to continuously make improvements, minimize errors, maximize patient safety and strive to:

- Develop and support a clinical/academic/research environment of the highest quality which fosters improvement in every employee and medical staff members' contributions to the overall mission and goals;
- Develop an environment where individuals from all disciplines and departments are an integral part of the improvement process;
- Promote a culture of open communication, where emphasis is placed on reporting and resolution of problems, not on punitive actions and measures;
- Create an atmosphere that promotes and encourages innovations and opportunities for participation in process improvement activities;
- Provide ongoing communication about performance improvement activities; and
- Improve all services.

Authority and Responsibility

The Executive responsibility for the Performance Improvement Plan of LPCH rests with the hospital's leaders. These leaders include the Board of Directors, Senior Management, the elected officers of the Medical Staff, Medical Directors, Administrative Directors, and Department Directors. Leaders foster improvement through planning, educating, setting priorities, and providing support. Each individual staff member is expected to actively promote and participate in these activities.

Quality Management (cont'd)

An Overview of Performance Improvement

Performance Improvement (PI) also known as Quality Improvement (QI) is the creation of beneficial change in an existing process or service using a defined methodology without creating waste or re-work.

Prioritization of Performance Improvement Projects

Performance improvement activities may be reprioritized based on significant performance measurement findings, changes in regulatory requirements, patient population, environment of care, or needs of patients, staff, or the community. 27 quality, safety and service indicators are monitored, reviewed and evaluated by the QIC to help direct performance activities.

Communication of Results

Reporting of measurements and improvement projects occurs at regular intervals in keeping with an established reporting calendar. Additional reports may be requested between intervals dependent upon focus and priorities. Activities are reported as appropriate to the Quality, Safety and Service Committee, Medical Board, Patient Care Quality Improvement, or Quality Improvement Committee. Department and Patient Care Managers are encouraged to post relevant projects and results and to also to review them at their staff meetings

LPCH Model for Performance Improvement

(F-A-C-T-S)

- Step 1: (F)rame the issue
- Step 2: (A)nalyze the process
- Step 3: (C)reate a plan
- Step 4: (T)est the plan
- Step 5: (S)hare the results

Quality Management/Performance Measurements

ORYX Initiative Performance Measurement

The ORYX initiative, introduced in 1997, integrates outcomes and other performance measurement data to ensure a continuous, comprehensive, data driven accreditation process by focusing on actual results of care. There are currently nine ORYX performance measures that LPCH monitors in collaboration with two benchmarking vendors: University Healthsystem Consortium (UHC), an alliance of academic medical centers and Medical Management Planning, Inc. (MMP), a firm providing data analysis and management for the benchmarking effort for Networking Children's Hospitals. LPCH has been monitoring and analyzing data for the following ORYX indicators:

- Primary central catheter blood stream infections (Hem-Onc) (MMP)
- Primary central catheter blood stream infections (PICU) (MMP)
- Primary central catheter blood stream infections (NICU) (MMP)
- All Primary C-Sections (UHC)
- Pediatric readmissions within 31 Days (Same diagnosis) (UHC)
- Unplanned returns to the operating room (MMP)
- Unplanned returns to PICU (MMP)
- Readmission to ED 48 hours after discharge (MMP)
- Medication Errors (MMP)

If this applies to your unit or department be familiar with the outcomes/data results.

Rehabilitation Services

Occupational Therapy Physical Therapy Speech Therapy

Inpatient Services: LPCH, 3rd Floor

Phone: 650-497-8218

Fax: 650-497-8491

Hours: M - F 8:00 am – 5:00 pm

Weekends – on an as-needed basis

Outpatient Services: 1010 Corporation Way

Palo Alto

Phone: 650-623-3646

Fax: 650-623-3610

Hours: M – F 8:00 am – 5:00 pm

Occupational Therapy (OT) Services Overview

OT Services at LPCH focus on the physical as well as the psychosocial needs of our pediatric patients. Areas OT addresses include:

- Dysphagia/swallowing disorder
- Upper extremity strength and range of motion
- Sensory integration
- Equipment needs assessment
- Endurance training and energy conservation
- Upper extremity splinting and casting
- Visual perceptual rehabilitation
- Relaxation and guided imagery for pain and nausea management
- Family training
- Developmental Assessments
- Community Resources

Rehabilitation Services (cont'd)

Physical Therapy (PT) Services Overview

Pediatric PT focuses on the evaluation and treatment of children with health problems resulting from injury, disease, or congenital conditions, with an emphasis on movement dysfunction. Pediatric PT at LPCH evaluates and treats children from birth through adolescence. We specialize in:

- Assisting children in regaining vital mobility skills after surgery or illness
- Preventing deconditioning through monitored exercise
- Instructing in pain management techniques, such as biofeedback and relaxation
- Teaching use of artificial limbs and other assistive devices such as crutches, walkers, or wheelchairs
- Assessing the need for braces or Orthotics
- Fabrication of lower extremity splints and cases
- Educating children about risks, injury prevention, and exercise guidelines for their specific condition
- Assessing development needs of children starting at birth
- Assisting children who have chronic disabilities become more functional and independent

In addition, we teach prenatal and postnatal exercises to expectant or new mothers and make appropriate referrals to community agencies, and help the child transition to these agencies smoothly.

Rehabilitation Services (cont'd)

Speech and Language Pathology Services Overview

Evaluation and treatment services for children of all ages

- Speech disorders including articulation problems, cleft palate, voice disorders, stuttering, and foreign accent
- Language disorders including language comprehension and verbal formulation difficulties
- Learning disorders including deficits in all areas of academic functioning
- Functional communication disorders
- Developmental evaluations and intervention programs for high-risk infants
- Parent education programs and consultation for school follow-up
- School conferences for planning individual education plans.

Rehabilitation Engineering

- **Orthotics and Prosthetic** services provided by CIRS at 650-462-0102.
- **Seating and Mobility** services provided by National Seating and Mobility (408) 920-0390.
- **Augmentative Communication** services provided by Judy Henderson at (650) 237-9222.

Respiratory Care

1. Respiratory Care provides services to patients in LPCH, pediatric patients in the Emergency Room and off site at Packard El Camino (PEC).
2. The service is staffed 24 hours a day; referrals may be made at any time. Therapists are staffed throughout the hospital and may be reached by calling the "unit" pager. The supervisor may be reached on pager ID #17711.
3. The department has clinical specialists available for consults, discharge planning assistance and teaching.
4. The respiratory therapists are members of the pediatric code blue team and also participate in critical care transport.
5. Services provided include conventional mechanical ventilation with state of the art ventilators, high frequency ventilation neonatal and pediatric, nitric oxide therapy, heliox therapy, sub-ambient nitrogen therapy, continuous medicated aerosol administration, non-invasive ventilation.
6. An extensive patient driven protocol is available for patients with a diagnosis of asthma.
7. Unless otherwise specified all orders for therapy expire after three days and must be reordered.
8. For questions regarding respiratory services, call 497-8383.

Restraints

Restraints should be used **only** when deemed a clinical necessity and when alternative, less restrictive measures have been unsuccessful or cannot be employed without jeopardizing patient safety or care. The use of restraints is a temporary nursing intervention that may be used to protect the patient from harming self or others or interfering with medical treatment. When restraint is required to prevent a patient from injuring him/herself or others an MD or licensed independent practitioner (LIP) will provide an order. This order must be based on the assessed needs of the patient and meet policy criteria that describe reasons for restraint.

A restraint is any physical method of restricting a person's freedom of movement, physical activity, or normal access to their body. This can include either a physical or a chemical restraint. A chemical restraint is a medication that is used to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's condition. Routine procedural immobilization, protective devices, postural-adaptive support devices and therapeutic holding are exempt from the requirements of this policy.

Medical-Surgical: is the non-emergency use of restraint as a recognized co-morbidity to the patient's medical condition or surgical procedure; to ensure that IV's, lines and/or tubes will not be removed; to limit movements that may re-injure a condition that has been treated and to provide safety when a patient is unable to follow instructions. If an MD/LIP is unavailable an RN may initiate and apply restraints. An MD/LIP order must be obtained within 12 hours of restraint initiation and renewed every 24 hours, after a face to face assessment of the patient. Safety checks are done every one hour to check for correct restraint positioning and proper body alignment. Patient monitoring will be performed no less than every two hours as outlined in the restraint policy.

Restraints (cont'd)

Behavior Management: restraints are used in an emergency or crisis situation when a patient's behavior suddenly and unexpectedly becomes violent, aggressive or destructive, thereby presenting an immediate, serious danger to their safety or that of others. A nurse may initiate the restraint prior to obtaining an order but the MD/LIP must evaluate the patient in person within one hour of restraint application. The order must then be renewed every four hours (18 yrs or >), every two hours (9-17 years of age) and every one hour (under 9 years of age) and the physician must do a face to face evaluation of the patient every four hours if 17 years or < and every eight hours if 18 years or >. Safety checks will be done every 15 minutes to check for correct restraint positioning and proper body alignment. with continuous monitoring of the patient. This type of restraint applies to patients with a Primary Behavioral, Emotional or Psychiatric Diagnosis who are being treated for a medical or surgical condition and for those patients who are waiting for transfer from a non-psychiatric to a psychiatric bed. **Nurse manager or supervisor is notified if restraint is needed more than one time or greater than 12 hours.**

Seclusion is **not** used as a method of restricting movement or behavior management at LPCH.

Refer to the LPCH Restraint policy for detailed information.

Risk Management

The Department of Risk Management manages the professional and general liability, loss prevention, loss control and claims administration activities of Stanford Hospital & Clinics and Lucile Packard Children's Hospital in an effort to minimize patient injuries. Potential loss situations are investigated by Risk Management to determine whether clinical or administrative practice changes are necessary to prevent recurrence of similar situations as well as to compile accurate records of the incident in the event of litigation.

In order to ensure the efficient handling of claims and the timely identification of potential loss situations, physicians, nurses and others should promptly report any of the following circumstances to Risk Management:

- Any medical treatment issue which has the potential to result in a claim
- A request for information or medical records by a patient's attorney
- Any threat of legal action or demand for compensation
- Receipt of formal summons and complaint
- Any contact by an attorney or agent of a governmental agency regarding a patient care issue

Hours: Monday-Friday, 8am – 5pm
Available 24 hours/7 days a week by calling
page operator for risk manager on call

Phone: 723-6824

Fax: 736-2495

Jeffrey Driver, Director of Risk Management

Safety Codes and Emergency Assistance

Fire or Other Emergency @ Medical Center	211
Fire or Other Emergency @ Hanover St. Menlo Clinic & Other Off Site Buildings.	9-911
Cardiac Arrest LPCH	211
Security Services	723-7222
LPCH Disaster Hotline	497-8888

Code Blue	Cardiac Arrest/Medical Emergency
Code 95, 97, 99	Trauma Alert
Code Red	Fire
Code Pink	Infant Abduction
Code Purple	Child Abduction
Code Triage	Medical Related Disaster
Code Gray	Threatening Person or Combative Patient
Code Yellow	Bomb Threat

For further information, please refer to the Emergency
Guidelines Handbook

Cardiac Arrest (Code Blue)
Medical Emergencies

Cardiac Arrest

(Code Blue Adult / Code Blue Pediatric)

Medical Emergencies/ Injuries

1. Severe

- Assist injured person
- Call **211**
- Send someone to meet emergency responders and guide them to the victim's location

2. Minor

- Assist injured person
- If injured person is an employee, assist person to Employee Health Services
- If injured person is a visitor or contractor, assist person to the Emergency Department

Fire (Code Red)

Follow R.A.C.E.R.

1. **R**escue anyone in immediate danger
2. **A**larm
 - Pull nearest fire alarm pull station
 - Call **211** to notify "page operator"
3. **C**ontain the fire by closing doors and windows
 - Post a person near exits and fire extinguishers
 - Clear equipment from corridors in preparation for evacuation
4. **E**xtinguish - Use a fire extinguisher, if safe to do so
5. **R**eady - Be ready to evacuate to assigned Emergency Assembly Points

How to use a Fire Extinguisher

1. **P**ull the pin
2. **A**im at the base of the flames
3. **S**queeze the handle
4. **S**weep the nozzle back and forth

Security Response

For all Security emergencies call **211**

For all non-emergency inquiries call **723-7222**

For night time escort call **723-7222**

Infant Abduction (Code Pink)

Child Abduction (Code Purple)

Code Pink is an Infant Abduction and

Code Purple is Child Abduction

1. Upon noticing a missing infant or child,
 - Call Security at **211 or 723-7222**
 - Secure the immediate area and begin recount of all infants
 - Bring all mothers and infants back to their rooms or the department lobby and ask them to stay there until further notice
2. Upon hearing a **Code Pink or Purple** notification, units should secure in and out movements from the area and staff are to be aware of any person fitting the following description:
 - Anyone acting nervous or harried, carrying a package or bag
 - Try to confront this person (these persons are usually not violent) and summon Security
 - If they do not stop, give a detailed description to Security along with where they went and any other identifying remarks

Security Response (cont'd)

Threatening Persons/Combative Patient (Code Gray)

Code Gray is a person displaying threatening behavior.

1. Upon noticing a threatening person,
 - Call Security at **211 or 723-7222** or activate panic buttons
 - State the location of the threatening person.
 - State that "**Mr. North** is ready for his escort"
 - Security Officers will respond immediately to the area
 - Workplace Violence

Workplace violence is not tolerated anywhere at SUMC

1. Use **Code Gray** procedures to report an ongoing event
2. Report any past events to your supervisor or to Security

Security Response (cont'd)

Bomb Threat (Code Yellow)

1. **Code Yellow** is a bomb threat
2. Staff who receive a call or has knowledge of a **Code Yellow** (bomb threat) should do the following:
 - Handle the caller quietly and calmly; keep the caller talking
 - Ask questions:
 - Where is the bomb?
 - When will it go off?
 - Call **211** and inform the operator of the **Code Yellow**.
 - State your name and telephone number.
 - State the location of the bomb or presumed location
 - Prepare to evacuate the area
3. If you find a suspicious item, **do not touch it**. Evacuate to your Emergency Assembly Point. Stay calm
4. Report location and additional description of the item to Security by calling **211**

Disaster Plan Activation (Code Triage)

1. Prior to a Disaster Plan Activation
 - Know and understand the basics of the Disaster Plan and your department's role
2. **Code Triage** Medical Disaster Mobilization
 - Certain staff and departments will receive an emergency page "9999" on their pagers
 - This message means a **Code Triage** has been implemented
 - Physicians, nurses and patient care staff are to report to the ER waiting room (medical man power pool) for assignment
 - Report back to your department; implement your departmental plan
 - If your department does not have specific role in disaster plan, continue normal operations
 - Stay away from emergency areas
3. Disaster Information Hotline.
 - For SHC call **8-8888** (from Stanford phones) or **498-8888** (from any phone) to listen to a recorded information message describing disaster conditions for SHC operated facilities
 - For LPCH call **7-8888** (from Stanford phones) or **497-8888** (from any phone) to listen to a recorded information message describing disaster conditions for SHC operated facilities
 - For Stanford University disaster information call **5-5555** (from Stanford phones) or **725-5555** (from any phone)

Earthquake

1. Before an Earthquake:
 - Identify safe areas such as under desks, furniture, and doorways. Stay away from windows and heavy items that can fall on you
 - Have a basic disaster preparedness kit available with a first aid kit, radio, and flashlight
2. In the event of an earthquake:
 - **Cover:** Find cover away from windows and shelves
 - **Stay Put:** Stay where you are until the shaking stops
 - **Keep Calm:** Be ready to evacuate to assigned areas
3. After an earthquake:
 - Determine if anyone is injured. Administer first-aid or summon help if needed
 - Evacuate those injured to the ED or designated triage area
 - Check for people who might be trapped in patient rooms, nursing stations, and other areas. Leave doors open
 - Check for potential chemical hazards, gas leaks, or broken water lines.
 - Prepare to implement the Disaster Plan upon authorization of Nursing Supervisor or Hospital Administration

Earthquake (cont'd)

- Assess damage in area: see Disaster Manual for Damage Assessment forms and further details. Send Damage Assessment report to the Emergency Operations Center in Room H3210
- Be prepared for aftershocks
- Turn off and unplug unnecessary equipment
- Limit use of sinks or toilets until Engineering and Maintenance has determined that the sewage lines are not damaged

Sedation

- The Sedation policy at LPCH states that any drug or drugs administered in association with a procedure in order to sedate a patient that may produce loss of the gag reflex and/or respiratory depression requires implementation of the sedation policy and procedure.
- The purpose of the policy is to allow clinicians to provide their patients with the benefits of sedation/analgesia while minimizing the associated risks.
- The administration of drugs to produce sedation can have the unintended effect of compromising a patient's protective reflexes; therefore, these guidelines are intended to ensure the safe use of sedation.
- In the policy, a clear distinction has been made between "moderate" and "deep" sedation, but moving from a state of consciousness to deep sedation and on to general anesthesia is a continuum. This continuum can be extremely variable and depends on individual response, age, health status and drug combinations used.
- Individuals ordering, administering and/or supervising moderate or deep sedation must be qualified and have the appropriate credentials to manage patients at whatever level of sedation is achieved, either intentionally or unintentionally.
- Residents ordering sedation must be supervised by an attending physician who themselves are credentialed to manage sedation.
- Prior to administering sedation, the MD, RN, or NP, administering the sedation is responsible for ensuring that the person who wrote the order for sedation is properly credentialed.
- Properly credentialed is defined as passing the sedation exam and being listed as such in the credentialing database and MSOnet.

Sedation (cont'd)

- Nurses may only administer moderate sedation per their licensure and documented competency for sedation.
- The procedure may be cancelled if all the above criteria are not met.

There are two assessments that are required prior to the administration of sedation:

1. The first outlines the plan for sedation (includes the ASA PS score) and the pre-sedation History and Physical.
2. The second is done immediately prior to the administration of the sedation.

Refer to the sedation policy for specific details on history and physical, pre-assessment, intra-procedure and post procedure monitoring and care requirements and documentation thereof.

Further questions can be addressed to the Chairperson of the LPCH Sedation Committee.

Smoking

The LPCH No Smoking Policy prohibits smoking within all Hospital and Clinic buildings. Smoking is also not permitted near any building entrances, internal patios or rooftop courtyards. At LPCH, a designated smoking area is located on the West side of the Hospital

All hospital employees, medical staff, and volunteers are responsible for complying and enforcing this No Smoking Policy. Questions on this policy can be directed to the Environmental Health and Safety Department at 723-8143.

Social Services

Masters trained clinical social workers are assigned to each hospital service or inpatient unit, and are available during regular business hours to consult with the medical team and patients and families regarding psychosocial needs and concerns. Any staff member can refer a patient for a social work assessment and a physician order is not required. On some services, all patients are routinely screened by the social worker (any critical care patient). Additionally, there is coverage available for urgent and emergent needs 24 hours/day, 365 days/year. After hours, please call the appropriate nursing supervisor.

The following are some examples of situations that should be referred for social work assessment:

- Cases with suspected abuse/neglect
- Complicated cases with significant psychosocial issues
- Patient or family having difficulty coping with hospitalization
- Cases needing community resource linkage

System Resources

Information Technology Help Desks:

Help Desk 723-3333
LPCH 498-2500
Access Control (for passwords) 725-0899

Patient Care Inquiry (Meditech)

Logging on to PCI

<CR>(Press return) until the Blue logon screen appears

At the USER ID prompt: Enter your user ID <CR>

At the password prompt, Enter your password <CR>

Select PCI from the applications listed. Enter the
corresponding number.

A GREEN patient ID screen displays

Once you're logged on to PCI, you will be able to review
information on your patient(s).

MOX is the Meditech e-mail system. When users are set up
in Meditech, their MOX account is open and mail can be
read, printed, transferred to cabinets or deleted.

Well-Being Committee

The purpose of the Well-Being of Physicians and Physicians-in-Training Committee is to protect patient welfare, improve patient care, and improve Medical Staff functioning. The Committee, as a physician advocate, works to achieve this purpose through facilitation of treatment for, prevention of, and intervention in alcohol-related, drug-related, and behavioral problems of members of the Medical Staff. The Committee aims to foster a culture of safety and professionalism.

Two principles – confidentiality and cooperation – guide the Committee’s work, which centers on reviewing cases.

Confidentiality

Regardless of how an individual is brought to the attention of the Well-Being Committee, the Committee is committed to protect the confidentiality of the individual involved.

Cooperation

This program’s success depends on cooperation between the individual being assisted and the Committee. In all instances, the Committee’s goal is to support the individual in his/her recovery.

The Committee’s services are available to all members of the Medical Staff community through the following referral processes:

- Self-Referral
- Co-Worker Referral
- Supervisor / Medical Board Referral

Terminology Related to Accreditation and Regulations

JCAHO: The Joint Commission on Accreditation of Healthcare Organizations (also known simply as the “Joint Commission”). The JCAHO is a private national accreditation agency for hospitals and clinics that has “deemed” status by the federal government to conduct accreditation surveys on behalf of Medicare. JCAHO accreditation reports are disclosed to the public on website: www.jcaho.org

Accreditation Standard: A statement that defines the performance expectations, structures or processes, that must be in place for an organization to provide safe and high quality care, treatment and services.

Element of Performance (EP): The specific performance expectations and/or structure or processes that must be in place in order for an organization to provide safe and high quality care, treatment and services. EP's are scored using a three point scale: 0, 1, 2 or not applicable and determine an organization's overall compliance with a standard. (0 is insufficient compliance; 1 is partial and 2 is satisfactory). Compliance will be scored and evaluated in accordance with the percentage of compliance maintained over a 12-month period.

Accreditation Report: A report of an organization's survey findings; the report includes requirements for improvement and supplemental findings. There is no computed aggregate score.

Terminology (cont'd)

Tracer Methodology: is the framework or evaluation method conducted during an on-site JCAHO survey to “trace” the care experiences that a patient had while at the organization. The purpose of the tracer is to assess compliance with JCAHO standards. Two types of tracers are used during the survey: individual patient and system tracers. This process takes a surveyor through multiple care units/clinics/departments to 'trace' the care and services given to a patient. The surveyors assess compliance with standards through observation, interviews and review of documentation. They interact and ask questions directly with staff, physicians and patients. JCAHO is moving towards a philosophy of continuous readiness and unscheduled surveys.

CALS: Consolidated Accreditation and Licensure Survey is an event that involves representatives from three agencies coming to the hospital and clinics to inspect evaluate compliance with accreditation standards, state regulations and federal regulations. The three agencies that participate in the CALS visit are: JCAHO, the California Department of Health Services and the California Medical Association. **NOTE:** LPCH opted out of the CALS survey process for 2004.

DHS: The California Department of Health Services is the state agency that licenses health facilities nursing facilities) and administers the Medi-Cal regulations and funds.

CMS: The Center for Medicare and Medicaid Services is the federal agency that administers the Conditions of Participation and payments for the Medicare program.

Terminology (cont'd)

Medicare Conditions of Participation (COP): This is the set of regulations governing health care providers and institutions that care for Medicare/Medicaid beneficiaries. Full and complete compliance with the COP is required. Partial compliance is not acceptable.

Medi-Cal: This is the California version of the Medicaid program. It is government program that pays for some health care services for some individuals that are poor or without health insurance.

National Committee on Quality Assurance (NCQA): This is a private national accreditation agency for Health Maintenance Organizations (HMOs). Some of these accreditation requirements are applicable to the hospital and clinics due to the contractual relationships with the HMOs.

Emphasis for 2004 Surveys include:

- National Patient Safety Goals (NPSG)
- Medication Management
- Pain management
- Sedation
- Restraints
- Fewer group interviews and more emphasis on observation and interviews with staff
- Focus on medical record documentation

Tips for Talking with Surveyors and Maintaining a Continual Readiness State

Being prepared can help put you at ease: Think, Relax, Be
Honest and Polite!

Wear Your Name Tag and Introduce Yourself: Always wear your official name badge and introduce your self to the surveyor mentioning your name and title. Remember that there is a California regulation requiring name badges to be worn by all hospital and clinic employees and physicians.

Think: Think carefully before answering each question. Take time to consider what the surveyor wants to know. If you are uncertain about the question, ask the surveyor to restate the question or clarify what type of information they are seeking. It is OK to say that you do not know the answer but will be happy to consult a colleague or administrator for the answer and relay it back to the surveyor at the end of the day. Always rely upon the Hospital escort accompanying the surveyor to assist you in clarifying questions as needed or to page an alternative source for information.

Be Relaxed, Friendly and Polite: Be aware of your demeanor and body language. Treat the surveyor as an honored guest. Never be sarcastic, argumentative or critical of the surveyor, his colleagues or agency. If you are preoccupied with an urgent patient need and cannot take a moment to talk to the surveyor, explain this and arrange to meet them later in the day or refer them to someone else who can provide the answers.

Be Honest and Accurate: Never tell the surveyor something that is not true. Doing so may jeopardize the accreditation of the entire institution. If you are unsure of the correct answer, do not speculate or guess. It is better to say you don't know and refer the surveyor to someone else who knows the answer or to promise to provide the information later in the day.

Answer the Questions Simply: Often the surveyors will be satisfied with a brief answer. Provide an answer that is direct and concise, then wait to see if the surveyor asks for more details or examples. Don't offer written materials (policies, reports, patient charts, etc.) unless the surveyor asks for this type of information. Confer with the LPCH escort accompanying the surveyor in deciding what to show to a surveyor. If you are participating in a group interview session, show up on time, be attentive and respond to questions in a collaborative fashion with the others in the room.

Emphasize the Positive: Frame your answers in a positive tone whenever possible. Generally the surveyor wants to know how we usually do something rather than focusing on the rare occurrence or unusual circumstance. When providing examples, be careful to stay focused on the point of discussion.

Feedback from Surveyors: Generally surveyors will tell you if something is likely to result in a requirement for improvement or a supplemental finding. Be sure to promptly discuss any potential requirement for improvement or supplemental finding with the LPCH escort privately so that additional information may be identified and shared with the surveyor.

Useful Websites

American Board of Medical Specialties	www.abms.org
American Hospital Association	www.aha.org/index.asp
American Medical Association	www.ama-assn.org
California Medical Association	www.cmanet.org
Department of Health Services (DHS)	www.dhs.cabwnet.gov
Institute for Healthcare Improvement	www.ihc.com
Joint Committee on Accreditation of Health Care Organizations (JCAHO)	www.jcaho.org
Lucile Packard Children's Hospital	www.lpch.org
Medical Board of California	www.medbd.ca.gov
Medical Staff Directories SHC Faculty SHC Community LPCH Faculty LPCH Community	www.sbcdoc.stanfordhospital.com www.communitydoc.stanfordhospital.com www.md.lpch.org www.communitydoc.lpch.org
Medical Staff Services	www.medicalstaff.lpch.org
National Association of Children's Hospitals and Related Institutions	www.nachri.org
National Initiative for Children's Healthcare Quality	www.nichq.org
National Institute for Health (NIH)	www.nih.gov
National Patient Safety Foundation	www.npsf.org
Stanford University Medical Center	www.med.stanford.edu
Stanford Hospital & Clinics	www.stanfordhospital.com
University HealthSystem Consortium (UHC)	www.uhc.org