Provider Quick Reference Handbook
08/2015

Jackson Provider Quick Reference Handbook

- Jackson Health System provides services across the health care continuum.
- We are dedicated to quality patient care with excellent clinical outcomes.
- Our physician partners are essential in achieving excellence in service and quality.

"An Academic Health System with a Public Healthcare Mission"

OVERVIEW

This handbook has been developed to provide information that will be useful as you care for your patients and will also provide answers to frequently asked questions.

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- Prevention of wrong site, wrong procedure, and wrong person surgery MIRACLE (EMR)

- Infection Control

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- Core Measures

- SPIKES Protocol

- Conflict Resolution

- Resource Information (contact numbers)

GENERAL ISSUES

1. Medical Staff Rules and Regulations/Bylaws may be reviewed on the JHS Netportal under Content Directory/Medical Staff

2. The Agency for Healthcare Administration (AHCA), Centers for Medicare and Medicaid Services (CMS) and the Joint Commission (TJC) are three agencies that set standards for healthcare organizations, and inspect organizations to ensure compliance . During surveys you will need to be able to verbalize your knowledge of the requirements.

IMPORTANT DOCUMENTATION REQUIREMENTS

What medical chart entries require authentication by the attending physician?

1. The history and physical
   – Completed and authenticated within 24 hours of admission
   – For a medical H&P that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after admission, but prior to surgery or a procedure requiring anesthesia services.

2. Consultations

3. Telephone/verbal orders

   Telephone orders can be signed by another physician on the service. This is done by going to the message center and assigning proxy permission(proxies tab-manage-add names).

4. Operative note

5. Outpatient notes

IMPORTANT DOCUMENTATION REQUIREMENTS

CONSENTS

- Consents should be performed ELECTRONICALLY
- Per JHS Policy 150A, if the physician/nurse is fluent in the patient's language he/she may act as the interpreter. The physician/nurse must then sign in the space designated for the interpreter.
- Family members cannot be used as an interpreter

IMPORTANT DOCUMENTATION REQUIREMENTS

DAILY PROGRESS NOTES

- A daily progress note is required in the medical record.

- Daily progress notes do not require authentication .

- HOWEVER a daily progress note by the attending is required for critically ill patients, patients with difficulty in diagnosis and management and those with a significant deterioration in their clinical status.

IMPORTANT DOCUMENTATION REQUIREMENTS

POST-PROCEDURE NOTE

If the procedure is dictated there must be an immediate post procedure note in the medical record.

Note <u>must</u> contain the following elements:

1. The name(s) of the physician(s) who performed and the assistants
2. Procedure
3. Description of the procedure
4. Findings
5. Estimated blood loss
6. Any specimen(s) removed
7. Postoperative diagnosis

Prevention of wrong site, wrong procedure, and wrong person surgery
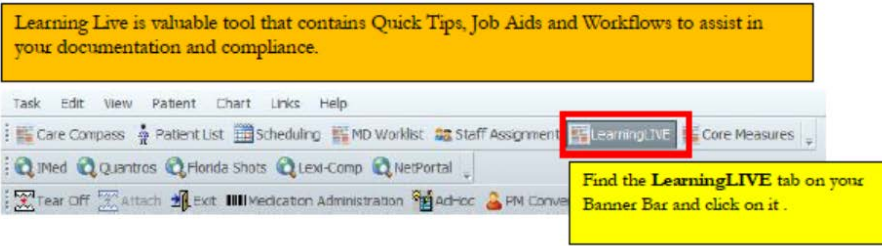
UNIVERSAL PROTOCOL

1. Conduct a pre-procedure verification process to verify the correct procedure, for the correct patient, at the correct site.

2. Mark the procedure site

- *The site is marked if possible with the patient involved.*

3. *A time-out is performed <u>immediately</u> before the procedure.*

- *All team members must be present during the time out.*

- *Time out are to performed for bedside procedures.*

4. These steps are to be conducted in all procedural areas including the bedside.

MIRACLE

Learning Live is valuable tool that contains Quick Tips, Job Aids and Workflows to assist in your documentation and compliance.

NEED TO KNOW THE MOST RECENT UPDATES TO MIRACLE?

You can access the BLOGS button on Sharepoint on the intranet as well
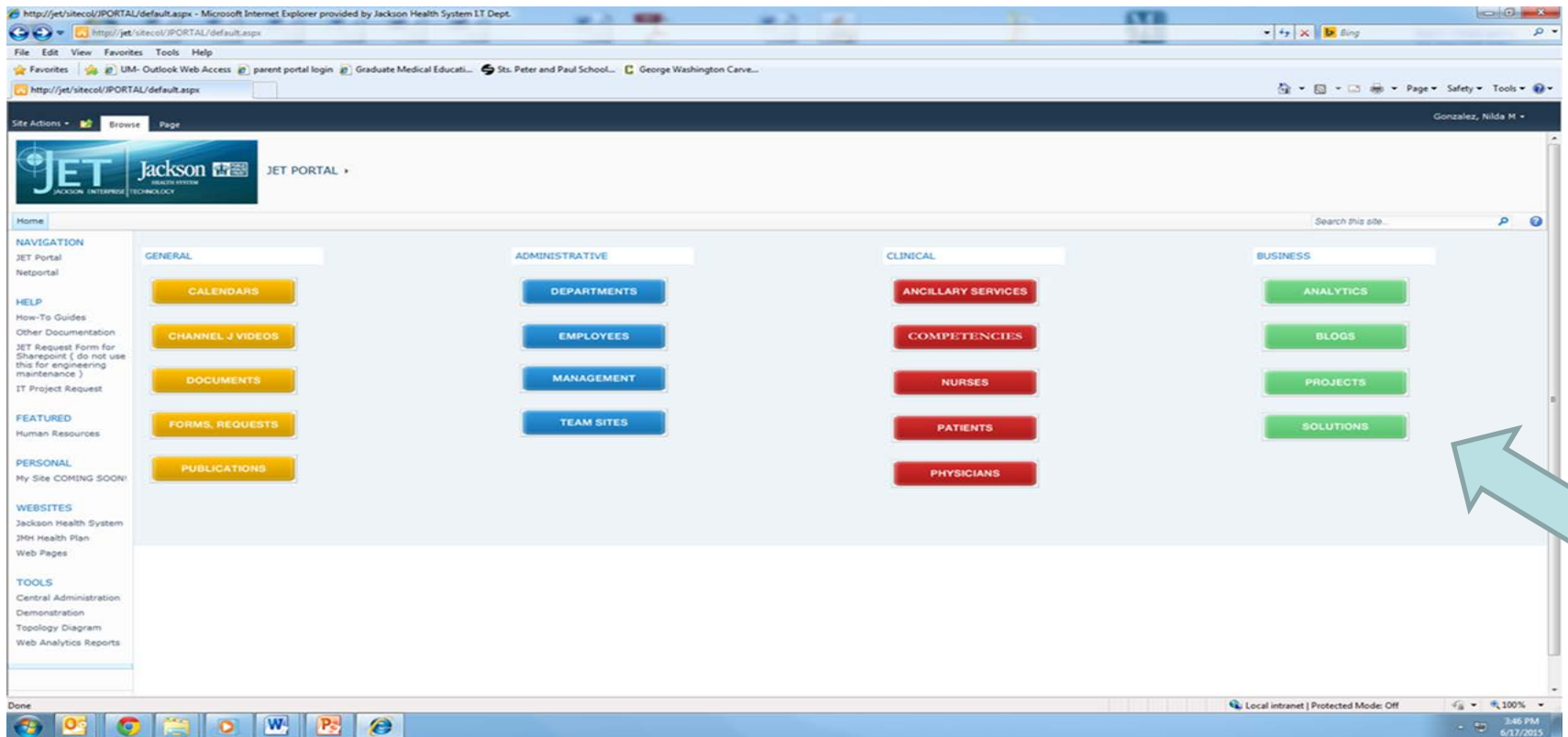
INFECTION CONTROL

The JHS Infection Control Manual and the BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN are located on the JHS NetPortal: Content Directory/PHT Policy Manuals. For additional information or consultation you can contact:

Infection Prevention Department at 305-585-6820 (Beeper 305-996-0459)

Jackson South 305-256-5165

Jackson North 305-654-5215

TB Control 305-585-6629 (Beeper 305-314-2881)

1. **Hand Hygiene** is a JHS administrative policy and a compliance requirement of the Joint Commission .

Per the JHS Infection Control Manual:

- The preferred method of hand decontamination is with an alcohol-based hand rub **unless the skin is grossly contaminated and then hand washing is required.**

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INFECTION CONTROL

- No eating or drinking in the clinical areas

- All PPE (masks, shoe covers, hats, gloves)must be removed after the procedure is completed and <u>before</u> leaving the procedure area.

- If you are wearing scrubs outside the procedure area you must wear a clean lab coat.

RISK MANAGEMENT

Purpose of Patient Safety

- Right thing to do to avoid harm to the patient
- Comply with regulatory agencies
- Avoid medical errors/malpractice
  - **8th leading cause of death**
  - **Most errors are NOT caused by provider incompetence but by faulty systems**
- Avoid malpractice lawsuits
- Avoid public scrutiny

RISK MANAGEMENT

Code 15/Adverse Events

- Event over which healthcare provider **can exercise control** which required medical or surgical intervention and resulted in patient harm.

- Examples:
  - Death
  - Brain or spinal damage
  - Wrong patient/site/surgery
  - Unplanned retained foreign objects
  - Post fall with injury which required surgical intervention

  CONTACT RISK MANAGEMENT IMMEDIATELY

RISK MANAGEMENT

- In the event of a Code 15 or adverse event a Root Cause Analysis may be conducted to determine what occurred. If you are asked to participate you have the right to ask your program director or designee to accompany you.

- In the case of death of a patient the death summary must be completed by the attending physician in CERNER.

RISK MANAGEMENT

REPORTABLE EVENTS

- State Agencies

  - **DEPARTMENT OF HEALTH**: Sexual misconduct & sexual allegations against healthcare providers reporting

  - **Department of CHILDREN and FAMILIES**: Abuse reporting hotline (800-96-ABUSE)

  - **AGENCY for HEALTH CARE ADMINISTRATION**:

    Code 15 & Annual Reports

    - RCA

    - Reporting requirement elements

Reporting Safety Event in Quantros

- When: ASAP! But no later than 3 business day after the event occurred
- Who: Anybody
- What: Situation which could or did result in patient harm
- How: via Quantros online reporting system

How to Access Quantros

JHS NetPortal→

Application Directory→

Quantros Application

- For assistance or questions with event reporting contact Risk Management at :
  - Main Office: 305-585-2900
  - On call (24/7) : 305-216-5391

RISK MANAGEMENT

SUMMONS & SUBPOENAS

- Notify Risk Management immediately
- Do NOT speak to any attorney or DOH investigator without first contacting RM

CORE MEASURES

What is a Core Measure?

An evidence based indicator that is used to measure the quality of patient care.

Why do hospitals follow core measures?

- To provide the best care to our patients according to evidence based research.

- The hospital's results are reported to the Joint Commission and CMS where they are compared to other hospitals.

- Receive higher reimbursement from Medicare and other payers**.**

- Hospitals that do not participate in the initiative will receive a reduction of 2 percent in their Medicare Annual Payment.

CORE MEASURES

Evidence Based Measures Required

- STROKE
- Venous Thromboembolism (VTE)
- ED Throughput
- Perinatal Care Measures
- Immunization for Inpatient (Influenza Vaccination)
- Outpatient Measures
- HBIPS (Hospital Based Inpatient Psychiatric Services)
- Tobacco Measures for Inpatient Psychiatric Services
- Immunization Measures for Inpatient Psychiatric Patients

***Please see Quality Measures in Miracle on the Patient Summary for details regarding each measure. Orders can be placed using the Physician Power Plans.

Miracles made daily.

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CORE MEASURES

Voluntary Measures
- Acute Myocardial Infarction
- Heart Failure
- Pneumonia
- Surgical Care Improvement Project (SCIP)
- Immunization: Pneumococcal Immunization

Retired/Suspended as of Jan 1, 2015
- Children's Asthma Care (CAC)
- Outpatient Surgery

***Voluntary/Retired/Suspended measures: The expectation is to continue to provide the same level of care for the Voluntary, Retired and Suspended measures as the Required Measures.

SPIKES PROTOCOL
A Strategy not a Script

Setting (S)
Privacy.
Involve significant others.
   (pick one of the group to be spokesman)
Sit down.
Look attentive and calm.
Listening mode.
Availability

Perception (P)
This step is the center of the "before you tell, ask" principle.
How do you ask a patient about their perception of
what is going on? Practice this!
If a patient is in denial, it is often helpful not to confront the denial at the first interview. Denial is an unconscious mechanism that may facilitate coping and should be treated gently over several interviews. Confrontation about denial at this early time will most likely just raise the patient's anxiety unnecessarily or, even more likely, set up an adversarial or antagonistic relationship.

Invitation (I)
Obtaining overt permission respects the patients' right to know (or not to know).

Knowledge (K)
• Before you break bad news, give your patient a warning that bad news is coming.
• When giving your patient bad news, use the same language your patient uses.
    – Avoid technical, scientific language.
    – Give the information in small chunks
    – Tailor the rate at which you provide information

Empathy (E)
• For most physicians, responding to our patients' emotions is one of the most difficult parts of breaking bad news.

> Step 1: Listen for and identify the emotion (or mixture of emotions).
> What do you do if you don't encounter an emotional response?
> Step 2: Identify the cause or source of the emotion,
> Step 3: Show your patient that you have made the connection between the above two steps—that is, that you have identified the emotion and its origin.

• Validation. Once you have shown empathy and identified and acknowledged your patient's emotion, you are ready to validate or normalize his or her feelings.

Strategy and summary (S)

CONFLICT RESOLUTION

The GME Office has established five methods to assure an educational and work environment that allows residents to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

1. The implementation of grievance and complaint policies and procedures at the program level. Residents may initially discuss matters with their Program Director.

2. The anonymous GME Hotline (1-855-GME-2050). The hotline is a voicemail line that is available 24 hours a day, 7 days a week. The voicemail line is monitored daily by the GME Office.

3. GME Anonymous Web Form (http://gme.med.miami.edu/anonymous-feedback-form

4. Quantros. This is the online safety incident reporting system at JMH/JHS. Residents may use Quantros for reporting incidences through the CITRIX portal at the University of Miami Health System   https://qxpert.quantros.com/UM/.

5. DIO. Confidential access to the DIO and GME Manager is always available

RESOURCE INFORMATION

<u>Antimicrobial Stewardship Program (ASP)</u>

- Phone: 786-586-0607   7 days a week (7 am-11 pm)
- Who will answer? ID clinical PharmD with ID physician back up

Jackson Memorial Hospital ID Consult Pager:

- For general ID/ HIV consults:
  - Team A : 305-881-3165
- Transplant/ Oncology infections:
  - Team B: 305-996-0007

To schedule Outpatient Appointments (HIV/ID):

- University of Miami ID office 305-243-4598
- http://gotabug.med.miami.edu

RESOURCE INFORMATION

- **House Staff Benefits: How to Enroll**

- On-site FBMC staff are available to answer your questions and help you with the enrollment process. Attend a one-on-one consultation to learn about your benefit options.
- Make an appointment to meet with an FBMC on-site staff member by calling (305) 585-6512.
- Attend your one-on-one consultation with an FBMC on-site staff member at Park Plaza West L109-B. You may ask any plan questions at this time.
- Remember to bring all necessary dependent and beneficiary information, including Social Security Numbers, to your enrollment session.
- For more information, contact FBMC Benefits Management Service Center (FBMC):
- 855-56JHS4U (855-565-4748)
- Mon - Fri, 7 a.m. - 7 p.m.
- www.myFBMC.com

RESOURCE INFORMATION

Calder Library

For more information,
contact us at:

Phone: 305-243-6648
Email: reference@med.miami.edu

Resource Information

CLINICAL DOCUMENTATION IMPROVEMENT

Cheryl Schwartz, RN BSN CCDS
Interim Educator for Clinical
Documentation
Cheryl.Schwartz@jhsmiami.org
Ext. 36-3971
Cell: 786-877-7790

Charkes Nesbitt, MSN, ARNP-C
Assoc. Director of Affiliated Programs
Clinical Resource Management
Charkes.Nesbitt@jhsmiami.org
Ext. 36-6288
Cell: 305-389-8244

RESOURCE INFORMATION

Compliance HOTLINE (800) 684-6457

- Compliance Hotline Reporting
- SECURE, ANONYMOUS, CONFIDENTIAL
- Live Operator (independent vendor)
- NO retaliation/retribution policy
- 24-hours a day/seven (7) days a week

Reporting Compliance

- •Issues can be reported to: Your Supervisor/Manager, the Office of Compliance and Ethics (OCE), or the Hotline
- •Provide as many details possible
- •Duty to report
- •Follow up on all Hotline calls and reports of potential non-compliance
- •Employee obligation to report suspicious or improper behavior
- •General OCE Department # 305-585-2902

RESOURCE INFORMATION

Disaster Planning and Emergency Contacts
Rumor Control Hotline: ***305-585-8000***

Duty Hours Policy:
http://gme.med.miami.edu/program-coordinators/duty-hour-reporting-and-monitoring

GME Office : 305-585-4310

GME Webpage: http://gme.med.miami.edu/

Let us know about your work and learning environment by calling or emailing us anonymously

- **GME Hotline** (**1-855-GME-2050**)
- GME Anonymous email : http://gme.med.miami.edu/anonymous-feedback

Housestaff Office : 305-355-1122

RESOURCE INFORMATION

Employee Work/Life Services-EAP

Dorothy Denizard, BLS, EAP Case Manager

Mary Remón, LMHC, CEAP, Manager

Lourdes Rodríguez, LCSW, EAP Coordinator

Josie Llorella, Administrative Assistant

(786) 466-8377 (option 1)

Accessing Services

Phone: 786-466-8377

Press 1 to speak with your on-site EAP professional

Press 2 for remote, 24/7 work/life resource and referral specialist

E-mail: jhseap@jhsmiami.org (non-urgent matters)

Website: www.MyLifeValues.com

Username: jackson

Password: health

Miracles made daily.

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RESOURCE INFORMATION

INTERPRETER SERVICES:

Jackson Main 305-585-6316 Pager 305-312-3814

Language line:

Jackson Main 1-800-874-9426   Client ID# 203067

Jackson South 1-877-205-6472

Jackson North 1-866-588-4648

Infection Prevention Department :

Jackson Memorial 305-585-6820 (Beeper 305-996-0459)

Jackson South 305-256-5165

Jackson North 305-654-5215

TB Control 305-585-6629 (Beeper 305-314-2881)

OCCUPATIONAL HEALTH:

- Emergency Pager 786-371-5038; 24/7 (number on badge buddy)

RESOURCE INFORMATION

<u>Laboratory</u>

Pathology resident on call

JMH Pager # 1199

<u>Needle Sticks, exposures</u>

- In the case of needle sticks, exposures or serious emergencies call the ON CALL Nurse for instructions on post exposure prophylaxis.

- Emergency Pager 786-371-5038; 24/7 (number on badge buddy)

RESOURCE INFORMATION

Risk Management

Reporting Safety Event-Quantros

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Risk Management Contact info:

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What study do I order

When in doubt on the appropriate study, call radiology at the following extensions:

Radiology Reading Room
Phone #. (M-F 8am-4pm)

Chest	55-1319
Abdominal Imaging	55-1318
GI Fluoroscopy	85-5005
Neuroradiology	55-1321
Pediatrics	85-6050
Musculoskeletal	55-1320
Nuclear Medicine	85-8673

After hours or weekends page: 585-2255 #0303 or #0964
305-355-1260 Outside
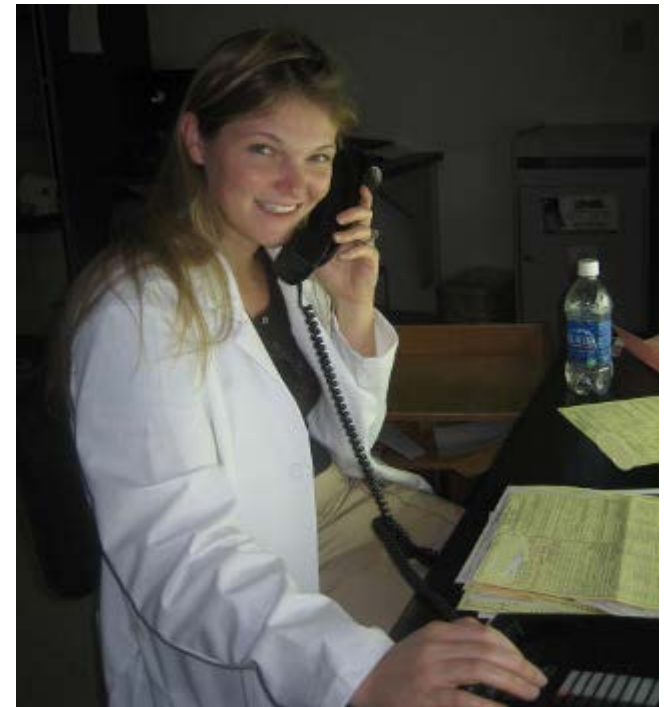
RESOURCE INFORMATION

<u>Sleep & Fatigue</u>

How do I find out if I suffer from a sleep disorder?

Contact the UHealth Sleep Center for a formal evaluation and Rx plan

Bascom Palmer Eye Institute - Room 520

305-243-ZZZZ (9999)

Confidential

Any time during or after your training

Contact information:

- Alexandre Rocha Abreu, MD, FAASM
  Director, Sleep Medicine Fellowship Program
  AABREU@MED.MIAMI.EDU

- Cell phone: 305-613-3860

- http://uhealthsystem.com/sleep-center

Resource Information

Feel Fatigued and Need a Ride Home?

Contact the Administrator in Charge (AIC) :   (786) 299-7517

In the event a Housestaff officer feels fatigued and is concerned about falling asleep while driving from work, then the Housestaff officer may avail him/herself of the following alternatives:

1. Available use of a sleep room
2. PHT-provided round-trip public transportation (bus, metro-rail)
3. PHT-provided hospital transportation
4. PHT-provided one-way taxi

Pre-approved notification from the Administrator in Charge of the problem and then notification of the Chief Medical Officer is required.

Call rooms are available 24/7 and can be reserved at the Central Staff Office, located in the Institute #310. It is required that a valid ID be left with the CSO office to obtain a call room key. The ID is returned when the resident/fellow returns the call room key. For more information contact CSO directly at 305-585-6095.