

UPMC MEMORIAL

1701 Innovation Drive
York, PA 17408

2020 MEDICAL STAFF EDUCATION



THE UPMC EXPERIENCE

Living our values.

Empowering our people.

Inspiring us to go above, and beyond.

Creating a place where people want to work,

patients **choose** to receive care,

and **everything you do matters.**

For additional information, please contact
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Our Mission

The UPMC mission is to serve our community by providing outstanding patient care and to shape tomorrow's health system through clinical and technological innovation, research and education.

Our Vision

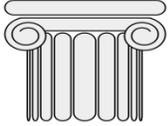
UPMC will lead the transformation of health care. The UPMC model will be nationally recognized for redefining health care by:

- Putting our patients, health plan members, employees and community at the center of everything we do and creating a model that ensures that every patient get the right care, in the right way, at the right time, every time.
 - Harnessing our integrated capabilities to deliver both superb state-of-the-art care to our patients and high value our stakeholders.
 - Employing our partnership with the University of Pittsburgh to advance the understanding of disease, its prevention, treatment and cure.
 - Serving the underserved and disadvantaged and advancing excellence and innovation through health care.
 - Fueling the development of new businesses globally that are consistent with our mission as an ongoing catalyst and driver of economic development for the benefits of the residents of the region.
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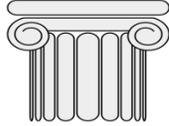
Our Values

- **Quality & Safety:** We create a safe environment where quality is our guiding principle.
- **Dignity & Respect:** We treat all individuals with dignity and respect.
- **Caring and Listening:** We listen to and care for our patients, our health plan members, our fellow employees, our physicians and our community.
- **Responsibility & Integrity:** We perform our work within the highest level of responsibility and integrity.
- **Excellent & Innovation:** We think creatively and build excellence into everything that we do.

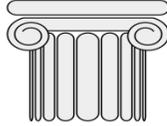
Safety/Quality



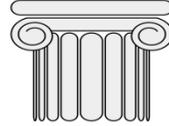
Service



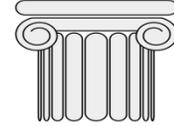
People



Finance



Growth



UPMC Memorial strives for a culture of service and operational excellence and high reliability.

We know that excellent patient care helps provide better quality outcomes. UPMC Memorial's culture connects **10 standards of behavior** to daily actions that can help us maintain a high benchmark for service and operational excellence and deliver great patient care.

1. **Safety:** We will demonstrate that safety is an uncompromisable core value and the foundation of our promise to each other, our patients and the communities we serve.
2. **Privacy:** We will always maintain customer privacy and confidentiality. It is the personal responsibility of every staff member to protect the privacy and confidentiality of every customer encountered.
3. **Attitude:** We are committed to providing the highest quality of service and meeting our customers' needs with the utmost care, compassion and courtesy.
4. **Communication:** We must be committed to listening attentively to our customers in order to fully understand their needs.
5. **Customer Waiting:** We will always keep patients informed regarding the time in which service will be provided and make them comfortable while they are waiting.
6. **Responsiveness:** We will respond in a way that demonstrates the care, courtesy and respect our customers deserve.
7. **Service Recovery:** We will not be defensive if a customer complains; their perception is their reality.
8. **Appearance:** We need to take pride in our personal appearance, our facility and its surroundings.
9. **Commitment to Coworkers:** We are linked to one another by a common purpose: serving our patients and our community. Coworkers, our physicians and volunteers are our team members. They deserve our respect and support.
10. **Sense of Ownership:** We will take pride in what we do and how we do our job. We will feel responsible and be in control of the job that needs to be done.

Our culture also nurtures each employee by developing a sense of purpose, providing worthwhile work and giving each of us the opportunity to make a difference in the patients we care for.

By living these standards in our daily activities, together we are building a stronger future for our organization. Our goal is to create great places for employees to work, physicians to practice medicine, and patients to receive care.

Safety Behavior and Error Prevention Techniques S.A.F.E. Toolbox

What we believe in.....		What we do.....
S	Support the Team	<ul style="list-style-type: none"> Practice Team Checking and Team Coaching
A	Ask Questions	<ul style="list-style-type: none"> Speak Up for Safety Using ARCC <u>A</u>sk a question <u>R</u>equest change Voice a Concern Use the Chain of Command Practice with a Questioning Attitude: Validate and Verify
F	Focus on Task	<ul style="list-style-type: none"> Use STAR <u>S</u>top <u>T</u>hink <u>A</u>ct <u>R</u>eview
E	Effective Communication Every Time	<ul style="list-style-type: none"> Use Read and Repeat Back Ask Clarifying Questions Effective Handoffs Notifications using SBAR <u>S</u>ituation <u>B</u>ackground <u>A</u>ssessment <u>R</u>ecommendations/<u>R</u>equest

2020 National Patient Safety Goals

Improve the Accuracy of Patient Identification

- Use at least two ways to identify patients when providing care, treatment and services. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.



Improve the Effectiveness of Communication Among Caregivers

- Report critical results of tests and diagnostic procedures on a timely basis.



Improve the Safety of Using Medications

- Label all medications, medication containers and other solutions on and off the sterile field in perioperative and other procedural settings.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Reduce the Harm Associated with Clinical Alarm Systems

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Reduce the Risk of Health Care-Associated Infections

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.



Identify Patient Safety Risks

- Find out which patients are most likely to try to commit suicide.

Prevent Mistakes in Surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.



Infection Control

Preventing CLBSI (central line-associated bloodstream infections)

- Notify IV Team (or designee) prior to all insertions
- Use central line or PICC insertion protocol/checklist
- Perform hand hygiene prior to catheter insertion or manipulation
- Do not insert catheters in femoral vein unless other sites unavailable - discontinue within 12 hours and/or the patient is stable
- Insert least invasive line type
- Use standard supply kit
- Use maximal sterile barriers during insertion (full body drape, all people in room wear mask and cap, all staff within 3 feet wear gown, cap, mask, gloves)
- Use CHG for skin prep unless contraindicated
- Use alcohol impregnated caps on all ports
- Wear gloves when touching the line
- Evaluate all central lines daily and remove as soon as medically appropriate

Preventing CAUTI (catheter-associated urinary tract infections)

- Perform hand hygiene prior to insertion or manipulation
- Use aseptic technique
- Insert only for appropriate indications and assess need for line daily
- Properly secure tubing after insertion
- Keep collection bag below the level of the bladder at all times
- Evaluate all catheters daily and remove as soon as medically appropriate
- Consider external catheters
- Support nursing catheter removal protocol

Preventing VAP (ventilator-associated pneumonia)

- Keep head of bed elevated 30-40 degrees
- Appropriate sedation
- Oral care
- Appropriate weaning assessment
- Stress ulcer prophylaxis
- VTE prophylaxis

MDRO prevention (multi-drug resistant organism)

- C.difficile
 - Order only if patient has had ≥ 3 diarrheal episodes in past 24 hours
 - If patient is admitted with suspected C.diff, make every attempt to send a specimen for testing on day 1 or day 2 of admission (to reduce healthcare associated C.diff reporting)
 - Proper specimen is liquid stool and takes the shape of the container
 - Reconsider order if patient has been on laxatives/stool softeners in past 12 hour or if on enteral feedings (and the rate was changed)

- Patient should be placed in Contact Precautions when test is ordered (wear gown and gloves)
- If specimen not collected in 48 hours after being ordered, the test will be discontinued in Epic
- Hand hygiene with soap and water
- If PCR test is positive, a confirmatory cytotoxin test will be performed to confirm active infection
 - If C.diff confirmatory test comes back negative:
 - Consider discontinuing antibiotics
 - Note test result in discharge summary and resolve the problem list
- MRSA, ESBL and VRE (Methicillin-resistant Staphylococcus Aureus, Extended Spectrum Beta-lactamase producers, Vancomycin-resistant Enterococcus)
 - Contact Precautions for VRE and ESBL used in intensive care and NICU
 - Standard Precautions for these MDRO on all other nursing units
 - Standard Precautions for MRSA on all nursing units
- KPC/CRE, VISA/VRSA, other MDR-GNB (Carbapenem-producing Enterobacteriaceae, Vancomycin Intermediate or Resistant Staphylococcus Aureus, other multi-drug resistant gram negative bacteria)
 - Contact Precautions used for all patients with these MDROs

Contact Precautions

- All staff entering a patient room must wear a gown and gloves when crossing the threshold of the room - properly secure the gown at the neck and waist
- Remove PPE prior to leaving the room
- Perform hand hygiene with either soap and water or an alcohol-based hand rub
- If patient is in Contact Precautions for C.diff – use soap and water for hand hygiene

Droplet Precautions

- All staff entering a patient room must wear a surgical mask if they will be within 3 feet of the patient
- Perform hand hygiene with either soap and water or an alcohol-based hand rub

Airborne Precautions

- All staff entering a patient room must wear a fit-testing N95 particulate respirator or PAPR
- The door should remain closed
- Negative pressure monitor will be on and will alarm if out of range
- Perform hand hygiene with either soap and water or an alcohol-based hand rub

Restraints

- The Attending of Record must be notified “as soon as possible” if restraint or seclusion is ordered on his or her patient by any other physician; this cannot wait until morning.
- There are two sets of rules that must be followed: 1) for violent patients and 2) for non-violent patients. These are the two categories recognized by Joint Commission and Center for Medicare.
- Restraint for control of violent behavior requires a one-to-one sitter for the entire duration; seclusion requires one-to-one observation for the first hour, after which audiovisual continuous monitoring is acceptable.
- Adult patients in restraint or seclusion for violent behavior must be seen and evaluated every 8 hours by a physician and at least once daily by the attending, with a progress note to this effect in the chart. Adolescents must be seen every 4 hours and children every 2 hours.
- The progress note must reference the relevant condition of the patient, the need for continued restraint, and the effect of the restraint upon the patient. This note is in addition to the order itself. It should also address the underlying cause of the violence so that actual treatment to resolve the condition can be instituted.
- Patients in non-violent restraint must be seen and evaluated daily by the attending, with a progress note to this effect in the chart (as noted above).
- Restraint or seclusion must never be ordered prn. All orders must be on specialty designated order sheets.

IV Conscious Sedation

Only physicians credentialed and privileged may perform IV Conscious Sedation. Physicians must be ACLS certified and successfully complete the required education.

Procedure for Physicians:

1. Explain procedure, its risks and benefits prior to the procedure
2. Obtain informed consent
3. Assign an ASA Physical Status Classification – Class of 4,5 or 6 are not appropriate candidates for conscious sedation

American Society of Anesthesiology: Physical Status Classification		
ASA Classification	Medical Description of Patient	Comments
I	No known systemic disease	Optimal candidates for moderate sedation
II	Mild or well controlled systemic disease(s)	Optimal candidates for moderate sedation
III	Multiple or moderate controlled systemic disease(s)	Medical consultation is highly recommended
IV	Poorly controlled systemic disease(s)	Anesthesia provider is required
V	Moribund patient not expected to survive with or without procedure	Anesthesia provider is required
VI	Declared brain dead patient or organ donor	Anesthesia provider is required

4. Physicians will consult an anesthesiologist in the following situations:
 - Patient does not fulfill NPO criteria and requires emergency diagnostic exam of procedure
 - Severe cardiopulmonary, neurological or other organ systems disease which may present a significant hazard with the administration of sedation
 - Potential difficult airway management (i.e., distorted anatomy, obstructive sleep apnea, morbid obesity, micrognathia, immobilization of the head and neck)
 - Patient taking medication that may adversely react with sedatives or analgesic (i.e., MAO inhibitors)
 - Prior history of adverse reaction to sedation or anesthesia
5. Discharge
 - Discharge/transfer order and follow-up care must be written by physician
 - Aldrette score should be comparable to pre-procedure score prior to discharge – swallow, cough, gag reflexes are present, nausea and dizziness are minimal
 - Discharge instructions include a verbalization of understanding, instructions to return to the ED if problems occur and the practitioner cannot be reached, and prohibition of the use of machinery/motor vehicles for 24 hours

Pain Assessment and Management

UPMC Memorial healthcare providers are committed to patient comfort. The relief of pain is essential, whether it be postoperative, acute, chronic, or terminal. Patients deserve to be listened to and have the right to have their pain managed.

Patients' Rights and Responsibilities:

- Patients have a right to control their pain
- Patients have a responsibility in communicating their pain
- Patients should talk to their physicians and nurses as soon as pain begins
- Patients should not let their fears keep them in pain
- Patients have the right to be involved in all aspects of their care
- Patients have a right to appropriate assessment and management of their pain
- Patients will receive a written statement of his/her rights

It is the responsibility of healthcare members to anticipate painful procedures and medical or nursing interventions, and prepare for a variety of comfort measures varying from pharmacological to non-pharmacological methods.

The single most reliable indicator of pain and its intensity is the patient's verbalization. In addition, the Pain Assessment Scales utilized at UPMC Memorial include:

- Pain Intensity Scale (0-10)
- Pain Affect Faces Scale (Wong-Baker Faces)
- Neonatal/Infant Pain Scale (NIPS)
- Categorical or Descriptive Pain Intensity Scale

Reassessment of pain will be done after each intervention. If the pain is not relieved, it is the responsibility of the healthcare team to examine the possibility of utilizing different dosages, combination therapy, or a new intervention.

Documentation will include:

- Type/characteristic of pain
- Pain and pain scale
- Intervention – include both pharmacological and non-pharmacological
- Reassessment
- Intervention if with reassessment patient was still in pain
- Continuous evaluation

For Safe Opioid Prescribing, the following resources are available for assistance:

- Pennsylvania Prescription Drug Monitoring Program database at <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/PDMP-Portal.aspx>
- Collaboration with hospital pharmacists 24 hours per day regarding prescribing guidance, previous history or experiences with adverse reactions, high risk drug policy, individual patient education, etc.
- CPOE provides dose limit verification
- Collaboration with Care Management regarding opioid treatment programs that can be used for patient referrals

Fall Reduction

To create a safe environment for patients by reducing falls and eliminating serious injuries from falls, the following will occur:

- Assess fall risk and apply evidence-based interventions
 - Identify and effectively communicate patients that are “at risk” to fall
 - Address repeat falls with a post-fall assessment and change in interventions
 - Educate staff related to fall prevention and interventions that eliminate serious injuries from falls
 - Educate patient, family and others on the fall prevention program
-

Anticoagulation Safety

- Use pre-filled or pre-mixed infusion bags when available
 - Use approved protocols for initiations and maintenance
 - Assess baseline coagulation status
 - Use authoritative resources to manage potential food/drug interactions for patients receiving Warfarin
 - Use programmable pumps to ensure accurate and consistent dosing
 - Educate staff, patient and families
 - Evaluate anticoagulation practices, improve and measure effectiveness
-

Medical Staff Disaster Response

In the event of an external emergency facing the community or an internal emergency involving the function of the Hospital, the potential disaster will be evaluated by hospital leadership and determine if initiation of the Emergency Operation Plan (EOP) is warranted. The Hospital Command Center will be set up to coordinate disaster operations, including further communication with the medical staff.

Medical Emergency Response (Code Blue)

The Code Team will respond to all in-house cardiopulmonary emergencies. The Team is composed of a physician leader, ACLS prepared ICU/ED nurse, respiratory therapy, anesthesia when available, IV team when available, patient’s primary nurse and the nursing supervisor. The Team is accessed internally by dialing 111. Outside of the hospital building, you must call 911.

Emergency Events

Event	Audible Page	Repeat Frequency
Cardiac Arrest	"Medical Alert Medical Emergency"	Repeat 3 times at initiation of drill
Fire <i>Fire All Clear</i>	"Facility Alert Fire Alarm" "Facility Alert All Clear"	Repeat 3 times at initiation of drill
Disaster/Mass Casualty Plan <i>All Clear</i>	"Facility Alert Emergency Operations Plan Activation" or "Facility Alert Mass Casualty" (paged 3 times) "Facility Alert All Clear"	Announce each hour - Page on authority of Incident Commander
Hostage Incident Plan <i>All Clear</i>	"Security Alert Hostage Situation" (paged 3 times) "Security Alert All Clear"	Repeat 3 times, with the location <i>Repeat 3 times</i>
Child/Infant Abduction <i>All Clear</i>	"Security Alert Infant/Child Abduction" (paged 3 times) "Security Alert All Clear"	Repeat 3 times, with the location <i>Repeat 3 times</i>
Severe Weather <i>All Clear</i>	"Facility Alert Severe Weather Event" (paged 3 times) "Facility Alert All Clear"	Repeat 3 times - On authority of Administration or Incident Commander
Bomb Threat/Suspicious Package <i>All Clear</i>	"Security Alert Suspicious Package or Bomb Threat" (paged 3 times) "Facility Alert All Clear"	Repeat 3 times - On authority of Administration or Incident Commander
Active Shooter <i>All Clear</i>	"Security Alert Armed Suspect" "Security Alert All Clear"	Repeat 3 times – On authority of Administration or Incident Commander
Security <i>All Clear</i>	"Security Alert Disruptive Event" (paged 3 times w/location) "Security Alert All Clear"	Repeat 3 times – On authority of Administration or Incident Commander
Hazardous Materials Released <i>All Clear</i>	"Facility Alert Hazmat Spill" (paged 3 times) "Facility Alert All Clear"	Repeat 3 times – On authority of Administration or Incident Commander
Security Lockdown <i>All Clear</i>	"Security Alert Lockdown –Lock All Known Exits" (paged 3 times) "Security Alert All Clear"	Repeat 3 times – On authority of Administration or Incident Commander
Missing Person/Elopement <i>All Clear</i>	"Security Alert Missing Person" (with description) "Security Alert All Clear"	Repeat 3 times with description of person
Outside Medical Emergency	"Medical Alert Outside Medical Emergency" (with location)	Repeat 3 times with location
Control/Limited Access <i>All Clear</i>	"Security Alert Limited Access" "Security Alert All Clear"	Repeat 3 times with location
Patient Decontamination <i>All Clear</i>	"Facility Alert Patient Decontamination" "Facility Alert All Clear"	Repeat 3 times with location
Evacuation/Relocation <i>All Clear</i>	"Facility Alert Evacuation Underway" "Facility Alert All Clear"	Repeat 3 times – On Authority of Administration or Incident Commander
Utility/Power Outage <i>All Clear</i>	"Facility Alert Utility Interruption" "Facility Alert All Clear"	Repeat 3 times

STEMI	"Medical Alert STEMI Alert"	Repeat 3 times with location
Medical Emergency	"Medical Emergency Rapid Response Team"	Team members notified individually via phone – No overhead page
Stroke	"Medical Emergency Stroke Alert"	Page 3 times overhead with location

Fire Safety and Emergency Preparedness

UPMC Memorial's emergency number is 111. How do you work a fire extinguisher?

R = Remove patients from the area
A = Alarm (don't wait, you need help)
C = Contain
E = Extinguish

P = Pull the pin on top of the extinguisher
A = Aim at the base of the fire
S = Squeeze the extinguisher trigger
S = Sweep over the fire (at base side to side)

Healthcare Fire Safety

There are **four** essential steps to take if you discover a fire:

- R** **Rescue** anyone in immediate danger of the fire.
- A** **Alarm** Activate the nearest fire alarm **and** call your fire response telephone number.
- C** **Contain** fire by closing all doors in the fire area.
- E** **Extinguish** small fires. If the fire cannot be extinguished, leave the area and close the door.

You should know:

- Locations of nearest fire extinguishers and alarm pull boxes
- The fire location - room number and building
- All fire exits in your work area

How to properly operate a Fire Extinguisher

- P** **Pull** the pin, release a lock latch or press a puncture lever.
- A** **Aim** the extinguisher at the base of the fire.
- S** **Squeeze** the handle of the fire extinguisher.
- S** **Sweep** from side-to-side at the base of the flame.

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Healthcare Inspirations

RISKMASTER - Event Reporting System

WHO: Who should enter event reports? All staff can submit event reports!

WHAT: What should be reported? Staff should submit an Event Report for any situation they are concerned about. Did an event occur that resulted in an unexpected outcome? Report it! Even if the outcome of an event was favorable, if the situation could have been handled better, report it! When in doubt, REPORT IT! Reporting an event is another way to speak up for patient safety.

WHEN: When should a concerning event be reported? ANYTIME, ASAP, 24/7/365!

WHERE: Where should staff go to submit an Event Report? There are 3 places! 1) UPMC Intranet; 2) Patient Safety Department Page; 3) EPIC.

HOW: How do staff submit Event Reports? How to use Riskmaster. After logging in, click the link for Initial Incident Event Reporting and select the Hospital/Location and Unit/Department. Click Continue. Fill out the form completing all fields; provide information about the incident; submit incident report.

WHY: Why should staff submit Event Reports? Submitting Event Reports is the Professional Responsibility of ALL staff. Event Reports protect patients. Event Reports bring attention to situations that need change. Event Reports help staff prevent events from occurring in the future.

Information Management

Electronic Medical Record - EPIC. In the event the electronic system is unavailable, providers will utilize the downtime paper forms.

IT Help Desk – 717-231-8870

Continuing Medical Education

UPMC Memorial provides a variety of CME programs for the medical staff. Annual input from physicians and performance improvement activities assist in CME program development. Attendance for these programs is maintained by the Medical Staff Office. Recognizing the CME requirements to obtain and maintain a Pennsylvania state medical license serve as additional proof of CME participation. UPMC Memorial is accredited as a CME sponsor by the American Osteopathic Association.

Medical Staff Role in Performance Improvement

The Medical Staff has a leadership role and actively participates in the organization's performance improvement activities to improve quality of care, treatment and services and patient safety through the following areas:

- Medical assessment and treatment of patients
- Use of information about adverse privileging decisions for any practitioner privileged through the medical staff process
- Use of medications
- Use of blood and blood components
- Operative and other procedures
- Appropriateness of clinical practice patterns
- Significant departures from established patterns of clinical practice
- Use of developed criteria for autopsies

Information used as part of performance improvement activities should include sentinel events and patient safety data. The Medical Staff participates in the following performance improvement activities:

- Education of patients and families
- Coordination of care, treatment and services with other practitioners and hospital personnel
- Accurate, timely and legible completion of patient medical records
- Review of findings of the assessment process related to individual practitioner performance (FPPE & OPPE)
- Communication of findings, conclusions and actions for improvement to appropriate staff and the governing body.

History & Physical Exams

- Performed within 24 hours of admission and prior to any surgical procedure or invasive diagnostic procedure requiring anesthesia.
- An H&P performed within 30 days prior to admission may be used if physician indicates the H&P was reviewed and the patient was examined, noting any changes in condition not consistent or reflected in the H&P.
 - Any changes must be documented within 24 hours of admission and prior to any surgical procedure or invasive diagnostic procedure requiring anesthesia
- Required elements: chief complaint, history of present illness, all medications, allergies, past medical and surgical history, family and social history, physical exam from each body system, diagnostic data available or pending, clinical impression and evaluation plan and treatment.

Impaired Physician

Impairment includes acute and ongoing physical, psychiatric and emotional illness or injury, as well as health issues due to drugs or alcohol. As part of the hospital's commitment to the safe and effective delivery of care to patients, any reasonable suspicion of physician impairment shall be reported to the Hospital President or the Vice President of Medical Affairs.

Disruptive Behavior

Conduct that intimidates others, affects morale or staff turnover, disrupts the smooth operation of the Hospital, poses a threat to patient care or exposes the Hospital or medical staff to liability will not be tolerated. Physicians, nurses and other hospital employees who observe or are otherwise made aware of undermining behavior by a practitioner must report and document the behavior. No retaliation will be taken for reporting a concern in good faith.

Organ Donation

The Gift of Life Donor Program (GLDP) is the regional organ procurement organization and the Northeast Pennsylvania Lions Eye Bank (NEPLEB) is the designated eye bank for this area. Transplantable organs include but may not be restricted to: heart, intestine, kidneys, lungs, pancreas, eyes, skin, bone and intestine. Transplantable tissue currently includes but is not limited to: eyes, skin, bone, fascia lata, heart valves and any other tissue other than blood. In conjunction with the attending physician, an RN or designee shall contact GLDP and/or NEPLEB to determine a patient's suitability for donation.

"Do Not Use" Abbreviation List

Do Not Use	Use Instead
U, u	Unit
IU	International Unit
Q.D., QD, q.d., qd	Daily
Trailing zero (X.0 mg)*	X mg
Lack of leading zero (.X mg)	0.X mg
MS	morphine sulfate
MSO4 and MgSO4	magnesium sulfate

* **Exception:** A trailing zero may be used may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results. It may not be used in medication orders for other medication-related documentation.

Prescription Drug Monitoring Program

Procedure

- 1.1 All PA licensed prescribers are required to register with the Pennsylvania Prescription Drug Monitoring Program Portal (PA PDMP AWARe)
- 1.2 All PA licensed prescribers are required to query the system:
 - (a) For each patient, the first time the patient is prescribed a controlled substance by the prescriber, for purposes of establishing a baseline and a thorough medical record; or
 - (b) If a prescriber believes or has reason to believe that a patient may be abusing or diverting controlled substances, or
 - (c) Each time a patient is prescribed an opioid drug product or benzodiazepine by the prescriber.
- 1.3 The prescriber shall indicate the information obtained from the PDMP database in the patient's medical record if:
 - (a) the individual is a new patient; or
 - (b) the prescriber determines a drug should not be prescribed or furnished to a patient based upon the information from the database
- 1.4 Prescribers may query the database for:
 - (a) an existing patient; and
 - (b) prescriptions written using the prescriber's own Drug Enforcement Agency number.
- 1.5 Exceptions to the Querying Requirement for Prescribers:
 - (a) if a patient has been admitted to a licensed health care facility or is in observation status in a licensed health care facility, the prescriber does not need to query the system after the initial query required under the law as long as the patient remains admitted to the licensed health care facility or remains in observation status in a licensed health care facility.
 - (b) health care practitioners who are providing medication to a patient in the course of treatment while the patient is undergoing care in an emergency department are not required to query the system.
- 1.6 Prescribers are required to give patients notice that information regarding prescriptions for controlled substances is being collected by the program and that the patient has a right to review and correct information being collected.
- 1.7 A prescriber will not qualify as a "dispenser" as defined by the *Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act* if the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of five days and does not allow for a refill.

Notice of Patient Rights and Responsibilities

You, the patient, have the right to:

- Be treated in a dignified and respectful manner and to receive responses to reasonable request for service.
- To effective communication that provides information in a manner you understand, in your preferred language with provisions of interpreting or translation services, at no cost, and in a manner that meets your needs in the event of vision, speech, hearing or cognitive impairments. Information should be provided in easy to understand terms that will allow you to formulate informed consent.
- Respect for your cultural and personal values, beliefs and preferences.
- Personal privacy, privacy of your health information and to receive a notice of the facility's privacy practices.
- Pain management.
- Accommodation for your religious and other spiritual services.
- To access, request amendment to and obtain information on disclosures of your health information in accordance with law and regulation within a reasonable time frame.
- To have a family member, friend or other support individual to be present with you during the course of your stay, unless that person's presence infringes on others' rights, safety or is medically contraindicated.
- Care or services provided without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions about your care, including developing your treatment plan, discharge planning and having your family and personal physician promptly notified of your admission.
- Select providers of goods and services to be received after discharge.
- Refuse care, treatment or services in accordance with law and regulation and to leave the facility against advice of the physician.
- Have a surrogate decision-maker participate in care, treatment and services decisions when you are unable to make your own decisions.
- Receive information about the outcomes of your care, treatment and services, including unanticipated outcomes.
- Give or withhold informed consent when making decisions about your care, treatment and services.
- Receive information about benefits, risks, side effects to proposed care, treatment and services; the likelihood of achieving your goals and any potential problems that might occur during recuperation from proposed care, treatment and service and any reasonable alternatives to the care, treatment and services proposed.
- Give or withhold informed consent to recordings, filming or obtaining images of you for any purpose other than your care.
- Participate in or refuse to participate in research, investigation or clinical trials without jeopardizing your access to care and services unrelated to the research.
- Know the names of the practitioner who has primary responsibility for your care, treatment or services and the names of the practitioners providing your care.

Notice of Patient Rights and Responsibilities – continued

- Formulate advance directives concerning care to be received at end-of-life and to have those advance directives honored to the extent of the facility's ability to do so in accordance with law and regulation. You also have the right to review or revise any advance directives.
- Be free from neglect; exploitation; and verbal, mental, physical and sexual abuse.
- An environment that is safe preserves dignity and contributes to a positive self-image.
- Be free from any forms of restraint or seclusion used as a means of convenience, discipline, coercion or retaliation; and to have the least restrictive method of restraint or seclusion used only when necessary to ensure patient safety.
- Access protective and advocacy services and to receive a list of such groups upon your request.
- Receive the visitors whom you designate, including but not limited to a spouse, a domestic partner (including same-sex domestic partner), another family member, or a friend. You may deny or withdraw your consent to receive any visitor at any time. To the extent this facility places limitations or restrictions on visitation; you have the right to set any preference or order or priority for your visitors to satisfy those limitations or restrictions.
- Examine and receive an explanation of the bill for services, regardless of the source of payment within a reasonable period of time.
- The patient's family has the right to informed consent for donation of organs and tissues.
- Be informed of source of hospital's reimbursement for services and of any limitations which may be placed upon care.
- Access information contained in clinical records within a reasonable time frame.

You, the patient, have the responsibility to:

- Provide accurate and complete information concerning present medical condition, past illnesses or hospitalization and any other matters concerning your health.
- Tell your caregivers if you do not completely understand your plan of care.
- Follow the caregivers' instructions.
- Follow all medical center policies and procedures while being considerate of the rights of other patients, medical center employees and medical center properties.

Notice of Patient Rights and Responsibilities – continued

You, the patient, also have the right to:

- Lodge a concern with the state, whether you have used the hospital's grievance process or not. If you have concerns regarding the quality of your care, coverage decisions or want to appeal a premature discharge, contact the State Quality Improvement Organization (QIO).

- Quality Improvement Organization
Phone: 866-815-5440 – TTY: 866-868-2289
Fax for Appeals: 855-236-2423
Fax for Other Reviews: 844-420-6671

Mail: Livanta
BFCC - QIO Program
9090 Junction Drive, Suite 10
Annapolis Junction, MD 20701

If you have a Medicare complaint you may contact:

- Acute and Ambulatory Care Services
Phone: 800-254-5164

Mail: Acute and Ambulatory Care Service
Pennsylvania Department of Health
Room 532 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Regarding problem resolution, you, the patient, have the right to:

Express your concerns about patient care and safety to facility personnel and/or management without being subject to coercion, discrimination, reprisal or unreasonable interruption of care; and to be informed of the resolution process for your concerns. If your concerns and questions cannot be resolved at this level, contact the accrediting agency indicated below:

- Healthcare Facilities Accreditation Program (AOA)
Phone: 312-202-8258
Fax: 312-202-8298

Online: http://www.hfap.org/pdf/complaint_form.pdf

Mail: HFAP Complaint Department
142 E. Ontario Street
Chicago, IL 60611

**UPMC MEMORIAL
POLICY AND PROCEDURE MANUAL**

POLICY: A 049
INDEX: Administrative

SUBJECT: Safe Haven (Newborn Protection Act)

POLICY:

It is the policy of the hospital to define the process and procedure for the reception of newborns (less than 28 days old) at the Emergency Department.

PURPOSE:

The purpose of this policy is to protect newborns that might otherwise be abandoned or harmed by permitting a parent to leave a newborn at the hospital.

SCOPE:

This policy applies to UPMC Memorial and its controlled entities.

PROCEDURE:

1. Signage indicates that the person relinquishing the newborn should ideally wait until the baby is received by staff. If they are unable/unwilling to wait, they will be directed by the sign where to place the newborn and how to alert the staff.
2. Any hospital staff encountering an individual presenting a newborn will ask only the following questions:
 - a. "Is there any family medical history we need to know?"
 - b. "Were there any problems you observed during birth?"
 - c. "Do you need any care for yourself?" If so, the mother should be registered as "Jane Doe".
 - d. Staff may share, "We will take good care of this baby", if they feel the need to say something.
3. The hospital employee receiving the newborn will take the infant to the treatment area of the Emergency Department. If that individual is a non-licensed employee, they will approach the first registered nurse or physician encountered and transfer the newborn to that person. Any medical information obtained from the individual who brought the newborn will be relayed to that individual.
4. Emergency Department staff will initiate evaluation and, as indicated, treatment. The Pediatric physician on call or another designated provider will then be consulted via telephone.
5. The ED staff will notify care management and York County Children and Youth immediately by phone.
6. An isolette, as needed, will be used to transport the newborn to the Nursery.
7. An Emergency Department chart will be generated for each newborn and

documentation per Emergency Department policy will occur. Registration will be in accordance with the established protocol for Secret Safe Place for Newborns.

8. No information regarding the newborn will be released and any incoming phone calls will be referred to the respective County Social Services for Children and Youth. The Emergency Department charge nurse will notify the following persons of a "Secret Baby Boy" or "Secret Baby Girl":
 - Public Relations, Monday through Friday, 8 AM to 4 PM or
Nursing Supervisor during off hours
 - Security Supervisor
 - York County Children and Youth Services
 - Local Law Enforcement Officer
 - Risk Management
 - Admissions Office

REFERENCES

- Adopted in accordance with the provisions of the Newborn Protection Act.

**UPMC MEMORIAL
YORK, PA**

2020 HOSPITAL ADMINISTRATIVE LEADERSHIP AND MEDICAL STAFF LEADERSHIP

HOSPITAL ADMINISTRATION

Hospital President	Michael Gaskins
VP Medical Affairs	Michael Spangler, DO
Chief Nursing Officer	Amanda Cresswell
VP Operations	Joseph Iandolo

MEDICAL STAFF OFFICERS

Chief of Staff	Terry York, DO
Vice Chief of Staff	Kraig Sturtz, MD
Past Chief of Staff	

DEPARTMENT CHAIRPERSONS

Anesthesia	Ravi Suppiah, MD
Cardiovascular Medicine	David Gilbert, DO
Emergency Medicine	Daniel Hornyak, MD
Family Practice	Eric Barr, DO
Internal Medicine	Salim Baghli, MD
Ob/Gyn	Karin Pike, DO
Orthopedics	Chad Rutter, DO
Radiology	Donna Moyer, DO
Surgery	Daniele Haupt, MD