ASC Medical Staff Orientation

and Reference Guide 2021



Contact Information:

ambulatorysurgerycenters.MSO@christushealth.org



TableofContents

Patient Care

Advance directives	1
Beginning of Life	1
Blood transfusions	1
Body fluid exposure and needle sticks	2
Conscious sedation	2
Fall reduction	2
Healthcare-associated infections	2
Medical emergency/Code blue	3
Medical interpreters	3
Medication reconciliation	3
Pain assessment and management	4
Patient identification	4
Surgical site infections	5
Use of medical abbreviations	6
Universal protocol	6

TableofContents

Medical Staff Responsibilities and Opportunities

Adverse event reporting	7
Disaster response	7
Disruptive physician behavior	8
Documentation of orders	8
Medical Staff membership obligations	9
Patient privacy (HIPAA)	10
Patient rights and responsibilities	11
Physician health-impairment policy	12
Quality improvement and patient safety	12
Sentinel event-Root cause analysis	12
Suspension process for delinquent medical records	13
Leadership-Medical Staff, Committees	14

New Braunfels-830-643-8600 Alamo Heights-210-949-6000 Stone Oak-210-499-6700 Olympia Hills-210-499-6790 Heart Center – Corpus Christi – 210-805-3218

Patient Care

Advance directives

It is the policy of CPSC to suspend Out of Hospital DNR orders during surgical procedures, without modification, since invasive procedures and the use of anesthetic drugs may produce significant and potentially reversible changes in the patient's vital systems. The DNR order will be suspended while a patient is under our care, from admission to discharge.

When patients with DNR orders in place undergo surgical procedures and the accompanying sedation or anesthesia, they are exposed to new and potentially correctable risks of cardiopulmonary arrest. In addition, many of the therapeutic actions employed in cardiopulmonary resuscitation (CPR), such as intubation, mechanical ventilation, and administration of vasoactive drugs, are also an integral part of routine anesthesia management and it is appropriate that the patient be so informed.

For this reason, the patient or designated surrogate and the physician must give required reconsideration to the new intraoperative and perioperative risks associated with the surgical procedure, the patient's treatment goals, and how to approach potentially life-threatening problems consistent with the patient's values and preferences.

Beginning of life

CHRISTUS Physicians Surgery Centers foster respect for marriage and the family and witnesses to the sanctity of human life from the moment of conception and we provide surgical services consistent with these values. Because of our respect for human dignity from the moment of conception, we do not provide abortion services. Direct sterilization of men or women is not permitted within the Center. For more information refer to the CHRISTUS Health Code of Ethics.

Blood transfusions

Blood transfusions are performed only in the event of an emergency. The Center does not stock blood transfusion products. When required,0 negative packed red blood cells may be requisitioned from the nearest CHRISTUS Health hospital's blood bank.

Body fluid exposure and needle sticks

If you sustain an exposure,

- Wash and rinse wound area thoroughly with germicidal soap.
- Obtain source patient information and account number.
- Report the exposure to the Clinical Manager or their designee.
- You will be directed to go to the nearest CHRISTUS Santa Rosa Hospital Occupational Health office ASAP.
- PEP is recommended within 1-2 hours for positive exposures.

Conscious sedation

Contact your facility Administrator for information on obtaining credentials for conscious sedation.

Fall reduction

Upon admission the nursing staff assesses patients using a High Fall Risk Criteria Assessment Tool that rates the patient's risk for fall and initiates appropriate intervention strategies based on the assessment results. A yellow armband identifies the patient as at high risk for falls. Physicians are to be notified if their patient experiences a fall, and all falls and precautionary measures should be documented.

Healthcare-associated infections (HAis)

Surgical site infections, central line-associated bloodstream infections, healthcare-associated pneumonia, multi drugresistant organisms, *Clostridium difficile*, and catheterassociated urinary tract infections are all HAis. Each is determined by definitions published by the Centers for Disease Control and Prevention through the National Healthcare Safety Network (NHSN). Most involve the infection appearing 48 hours after admission with no signs or symptoms of presence of the infection on admission (or related to suspected incubation period).

The most important way to prevent any HAI is by practicing hand hygiene - every patient, every contact, every time.

Page3

Patient Care

Medical Emergency/Code Blue

In the event of a cardiac or respiratory arrest at the Center, the Code Blue protocol is activated and 911 EMS is called for emergency transport. All stable pediatric emergencies will be transported to Children's Hospital of San Antonio. CSRH-New Braunfels does not admit pediatric patients.

Medical Interpreters

For hearing impaired and non-English speaking patients, any documentation requiring a patient signature that becomes a part of the medical record will require medical interpretation, either from an associate with validated competency in medical interpretation or with the use of the language telephone. Physicians fluent in the required language will be deemed competent by exception. A review of event reporting related to language interpretation by physicians will serve as a quality monitor of effectiveness and patient safety. Day-to-day conversation or decisions not related to treatment or medications may be interpreted by family members, friends or staff members.

Medication Reconciliation

All patient medications must be reconciled upon admission, inpatient transfer, and discharge. Reconciliation involves comparing the patient's list of medications to the physician's admission, transfer, and/or discharge orders. Discharge dictation and computerized discharge patient medication instructions should always match.



Pain assessment and management

CHRISTUS Physicians Surgery Center recognizes that patients have a right to pain management and has guidelines and protocols to properly assess and to effectively manage pain which ensure that:

- Pain is assessed initially and periodically in accordance with the care, treatment, and services provided;
- Pain assessment management education is provided for all relevant caregivers;
- Education is available for patients and families regarding the process of pain management as well as potential limitations and side effects; and
- There is sensitivity to personal, cultural, spiritual, and ethnic beliefs in communicating with the patient about pain management.

Patient identification

It is the Center's policy to verify the identification of all patients prior to the provision of care. A minimum of two identifiers are used. The primary identifier is the patient's first, middle and last name as stated on the patient's armband. The second identifier is the patient's birth date. If the patient is able to respond, the patient will be asked to state his/her name and date of birth. If the patient is unable to respond a relative may be asked to confirm this information.



Patient Care

Surgical site infections

You will be required to complete a monthly infection control survey sent to your office by the Center's Infection Control Preventionist (ICP). If an infection is reported, the ICP will ask you for more information to complete a report required by the CDC's National Health Safety Network.

Risk factors for a surgical site infection include diabetes, nicotine use, steroid use, obesity, malnutrition, prolonged preoperative stay, preoperative nares colonization and perioperative transfusion.

Recommendations:

- Antimicrobial prophylaxis (appropriate choice, timing, duration);
- No hair removal, or hair removal by clippers only;
- Control blood glucose to avoid perioperative hyperglycemia;
- Effective skin prep (require patients to shower/bathe with an antiseptic agent preoperatively);
- Surgical scrub and hand hygiene, surgical dress attire/ drapes;
- Inspect sterile items for contamination before opening



Use of Medical Abbreviations

Patient Care

To ensure patient safety and reduce the potential risk of errors, Associates and medical staff members authorized to document in the medical record mayonly use approved abbreviations and symbols. Unclear or incomplete medication orders including unapproved abbreviations are clarified with the physician as soon as possible.

Unacceptable I.U. orIU Uoru Q.D. orQD Q.O.D. or QOD MgSO4 MSorMSO4 Leading decimal (.5 mg) Trailing zero (1.0 mg) Correct international unit unit everyday every other day magnesium sulfate morphine sulfate 0.5mg 1 mg

Universal protocol

CHRISTUS Physicians Surgery Center endorses the Universal Protocol for preventing wrong patient identity, wrong procedure, and wrong site prior to invasive procedures. Key elements include:

- Active participation with quality and effective communication among all members;
- Confirmation of correct patient identity, procedure, side/site and position;
- Marking the intended site prior to surgery/procedure; &
- Time out: a final assessment immediately before the procedure verifying that the correct patient, site, positioning, and procedure are identified and that all relevant documents, information, and equipment are available.



Responsibilities and Opportunities

Adverse event reporting

All events, including near misses, are reported to the Risk Management Department by a secure online system called Vigilanz. When the event occurs, the priority is to take care of those affected by the event, i.e. the patient, Associates, physicians, and family. Once immediate patient care needs have been addressed, a Vigilanz event report must be submitted. Physicians may submit an event report either through the Santa Rosa intranet, by calling 210-705-SAFE (7233), or by calling Risk Management at 210-704-2020.

Various levels of review are completed for events submitted to Risk Management. All reported events are sent to the appropriate managers to review.

For any patient safety concerns, physicians may call 210-705-SAFE (7233) at any time and reach a member of the Quality & Patient Safety team who will assure an occurrence is entered and will follow any concern to resolution.

Disaster response

In the event of a community disaster, CHRISTUS Physicians Surgery Centers coordinate with CHRISTUS Santa Rosa Emergency Management's Incident Commander and with local, regional, and State emergency management authorities.

The Center's leadership team will contact the medical staff with up-todate information regarding the Center's response to the emergency. This response may include closure of the Center, opening delays, or rescheduling of procedures.



Disruptive physician behavior

All practitioners will conduct themselves in a professional and amicable manner within CHRISTUS Physicians Surgery Center facilities to ensure optimum patient, Associate, medical staff, and visitor relations. A workplace where all are treated with dignity, respect, and hospitality is in harmony with CHRISTUS Santa Rosa Core Values and Mission.

By way of example, practitioners should:

- Comply consistently with practice standards of professionalism.
- Communicate with others on the healthcare team clearly and directly, displaying respect for their dignity.
- Support policies promoting cooperation and efficient teamwork.
- Use conflict resolution and mediation skills to manage disagreements.
- Address concerns about clinical judgments with team members directly and privately.
- Address dissatisfaction with practice policies through appropriate grievance channels.
- Routinely offer and accept constructive feedback.
- For more information see Professional Code of Conduct Policy.

Documentation of orders

All entries in the record shall be dated, timed and authenticated.

All orders for treatment shall be written legibly, including date and time, and signed by the ordering physician, or appropriately privileged and credentialed designee.

Signatures may be accompanied by block printed name stamp to enhance readability and clarification of orders; however signature stamps are not allowed as the sole documentation of the signature.

Admission orders shall be entered into the patient's medical record prior to admission.

Physicians are required to write all orders in the patient's record when in person in the Center except in urgent/emergent situations or during a procedure.

Telephone and verbal orders shall be subsequently countersigned timed and dated within 24 hours.

Page9

Responsibilities and Opportunities

ResponsibilitiesandOpportunities

Medical Staff membership obligations

Each Physician or practitioner appointed to the CHRISTUS Physicians Surgery Center Staff, regardless of Medical Staff category, under the Medical Staff Bylaws shall:

- a. Provide health care services at that level recognized as appropriate by the Medical Staff and Board of Directors and required within the surgical center;
- Abide by the Medical Staff Bylaws, Rules and Regulations Manuals and Policies and Procedures including the Ethical and Religious Directives for Catholic Health Care Services as approved by the Ordinary of the Archdiocese of San Antonio;
- c. Fulfill Committee, Department and other functions for which he/ she is responsible;
- d. Abide by generally recognized standards of professional ethics and all applicable laws;
- e. Notify Medical Staff Services immediately of any change in licensure, controlled substances registration, professional liability insurance, medical staff membership and/or clinical privileges at any other health care entity, Medicare or Medicaid provider status, any requested appearance, investigation or disciplinary action by any licensing or other governmental agency or the Texas Medical Board, any arrest or indictment, and any other change in information provided on the most recent application for appointment or reappointment;
- f. Notify Medical Staff Services of any change in health status which would affect the Physician's ability to practice within his/her specialty/subspecialty and submit to examination and testing if requested to verify health status;
- g. Cooperate and participate in performance improvement and quality assurance teams and committees activities;
- h. Appear for personal interviews as requested;
- i. Provide emergency services, take specialty call, and provide consultations in accord with Department and Facility requirements unless specifically exempted following consultation with the facility Medical Executive Committee;
- j. Participate in Medical Staff affairs and CME;
- k. Cooperate with Medical Staff, Advanced Practice Professionals, and Facility personnel and have a professional attitude toward patients, the Facility, and the public;
- 1. Provide education to patients and families;
- m. Exercise appropriate use of the Facility for patients;
- n. Comply with the Compliance Program, Code of Conduct, and Code of Ethics; and
- o. Act in accordance with accepted professional standards.

Patient privacy (HIPAA)

All healthcare providers are obligated to take reasonable safeguards to protect patient privacy. HIPAA (Health Insurance Portability and Accountability Act) regulations govern providers' use and disclosure of health information, and grant patients rights of access and control. They also establish civil and criminal penalties for violations of patient privacy. Fines range from\$100 to \$50,000 for each episode. When privacy violations occur, disciplinary action will be taken.

Healthcare providers' obligation to protect patient health information includes all formats: written, electronic and oral communication. Protected health information (PHI) may not be discussed in front of a patient's family, friends and/or visitors without the patient's permission. You should ask individuals to momentarily leave a patient's room while you discuss the patent's health information/condition with the patient.

There are two exceptions to this portion of the rule: professional judgment and emergency situations. Other situations when you should be especially aware of protecting verbal disclosures occur with reports, educating students, voice messages, telephone conversations, discussions in waiting rooms or semiprivate rooms. When discussing health information with another provider or the patient, use reasonable safeguards to prevent others from overhearing.

Physicians may only access, use or disclose protected health information when they have a legitimate business reason to know in order to perform their job function, regardless of the extent of access provided to them. The minimum necessary standard of the privacy law requires healthcare providers to take reasonable steps to limit unnecessary or inappropriate access to and disclosure of protected health information.

The phone number for CSR's HIPAA Privacy Officer is 210.703.9397 and for HIPAA Security Officer is 210.704.2265.



Responsibilities and Opportunities

Patient rights and responsibilities

The center expects the patient to be considerate of other patients and staff in regard to noise, smoking, and number of visitors in the patient areas. The patient is also expected to respect the property of the center and of other persons.

- The center expects the patient or the patient's family to provide information about past illnesses, hospitalizations, medications, and other pertinent matters.
- Patients are expected to follow instructions and medical orders and report unexpected changes in their condition to their physician and center staff.
- The patient assumes financial responsibility for all services either through their insurance or by paying at the time of service.
- A patient has the right to respectful care given by competent personnel.
- A patient has the right, upon request, to be given the name of his attending practitioner, the names of all other practitioners directly participating in his care and the names and functions of other health care persons having direct contact with the patient.
- The patient has the right to full information in layman's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
- A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sexual orientation, national origin, handicap, disability or source of payment.
- The patient who does not speak English shall have access, where possible, to an interpreter.
- The patient has the right to know if his physician has financial interest or ownership in the ASC facility in accordance with the intent of 73 FR 68812 § 420.

Physician health-impairment policy

It is the policy of CHRISTUS Health to protect patient safety while at the same time attempting to rehabilitate practitioners who are impaired by aging, addictive, psychiatric or emotional disease, or physical illness, through prompt recognition, referral and treatment. CHRISTUS Health policy *Physician Health* -Impairment Policy CO-MS-01-13 addresses issues of practitioner health including prevention, prompt recognition, referral and treatment.

Services are available through referral, including self referral, to the Bexar County Medical Society's Health and Rehabilitation (PH&R) Committee, the Texas Physician Health Program, or a similar program approved by the Medical Executive Committee.

Quality improvement and patient safety

The Quality Improvement Committee (QIC) of each CHRISTUS Physicians Surgery Center oversees and coordinates all performance improvement and patient safety activities. The QIC reports to the Professional Standards Committee, comprised of physicians and Center leaders.

Sentinel event-Root cause analysis

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, not related to the natural course of the patient's illness or underlying condition. Additional events, such as surgery on the wrong patient or wrong body part, unintended retention of a foreign object, or hemolytic transfusion reaction are also defined as sentinel events.

For any sentinel event that should occur a Root Cause Analysis (RCA) must be completed. An RCA requires investigation with the team members that were involved to facilitate the development of action plans to address identified process improvement opportunities.

Often events occur that do not meet the sentinel event definition but are considered significant. These events are called Near Misses and, like a sentinel event, necessitate thorough analysis and require an RCA or a Deep Dive. As a member of the medical staff you may be asked to participate in a deep dive or RCA.

Following a Deep Dive or RCA, an action plan is developed and each plan is evaluated through its established outcome measure. The continual monitoring of outcomes is imperative to patient safety processes and is the cornerstone to our program. If you feel there has been a Sentinel Event, please contact 210.705.SAFE (7233) right away.

ResponsibilitiesandOpportunities

Suspension process for delinquent medical records

Failure to maintain timely records can be detrimental to patient care, compensation, and legal issues, and may endangers the practitioner's privileges and possibly licensure. Failure to complete medical records within the specified time frame shall result in a delinquent episode unless the physician has given prior notice to the Health Information Management Department of a vacation, illness or other valid reason for not completing records.

A delinquent record is any medical record that does not contain:

- History and Physical upon admission, no greater than 30 days old
- Operative note written immediately after a procedure
- Authentication of each entry by immediate sign date and time
- Dictated operative report within 24 hours of the procedure
- Discharge summary within 30 days of discharge
- Any other required elements not completed within 30 days of discharge or date of service

For complete documentation requirements and suspension process, CHRISTUS Physicians Surgery Center Medical Staff Rules and Regulations.



I.....,eadership

Medical Staff leaders

Professional Standards Committee Chief Medical Officer Managing Partner

Facility Standing committees

CHRISTUS Physician Surgery Centers Governing Board CHRISTUS Physician Surgery Centers Management Team





Our Mission: WHY WE EXIST To extend the healing ministry of Jesus Christ.

Our Core Values: WHAT WE BELIEVE IN

Dignity: Respect for the worth of every person, recognition and commitment to the value of diverse individuals and perspectives, and special concern for the poor and underserved. **Integrity:** Honesty, justice and consistency in all relationships. **Excellence:** High standards of service and performance. **Compassion:** Service in a spirit of empathy, love and concern. **Stewardship:** Wise and just use of talents and resources in a collaborative manner.

Our Vision: WHAT WE ARE STRIVING TO DO

CHRISTUS Health, a Catholic health ministry, will be a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love.

CHRISTUS. Here. For life.[™]