

# Medical Staff Orientation

and Reference Guide  
Revised 2021



**Contact Information:**

Medical Staff Services: 210.704.0199

[www.christussantarosa.org/forphysicians](http://www.christussantarosa.org/forphysicians)

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## Advance directives

Physicians need to be aware of their patients' intent regarding a Living Will and/or Durable Power of Attorney for Healthcare Decisions. If a patient has provided these documents to the hospital, copies will be in the chart. If a patient has not completed these documents, nursing and/or spiritual care can make them available upon admission and at any point during their care. For more information contact Spiritual Care Department at your facility.

## Beginning of life

CHRISTUS Santa Rosa (CSR) fosters respect for marriage and the family and witnesses to the sanctity of human life from the moment of conception. CSR provides prenatal, obstetric, and postnatal services consistent with these values. Because of our respect for human dignity from the moment of conception, CSR does not provide abortion services. Prenatal diagnosis is permitted when the diagnosis can provide information to guide preventative care for the mother or pre- or post-natal care for the child. Direct sterilization of men or women is not permitted. For more information refer to the CHRISTUS Health Code of Ethics.

## Blood transfusions

All orders to transfuse a blood product require the completion of the preprinted order form. It is available in Meditech, at all nursing stations, and in the operating room.

Follow these steps to complete the form:

- Indicate the number of units of a given product to be transfused and whether or not they need to be irradiated.
- Mark the indication as to why the blood product is being given.
- Sign, date and time the order sheet.

Remember: Transfusions require informed consent. For more information see Nursing Policy Library, Nursing Clinical Practice Policies, Blood Administration, CO-NU-00-32.

## Body fluid exposure and needle sticks

If you sustain an exposure, refer to Protocol for Blood and Body Fluid Exposure algorithm posted on [www.christussantarosa.org/forphysicians](http://www.christussantarosa.org/forphysicians) Medical Staff Resources page.

- Wash and rinse wound area thoroughly with germicidal soap.
- Obtain source patient information and account number.
- Report to the Occupational Health office immediately. If after hours, report to the Nursing Supervisor.
- PEP is recommended within 1-2 hours for positive exposures.

## Catheter-associated UTIs

CHRISTUS Santa Rosa has taken steps toward decreasing catheter-associated urinary tract infections (CA UTIs), including general education to all staff who handle urinary catheters.

### Measures to be taken:

- Ensure the catheter is placed using sterile technique.
- Remove the indwelling catheter when no longer indicated.
- Do not routinely change the catheter at regular intervals.
- Do not irrigate unless medically necessary.

## Central line infections

Studies show that hospital-acquired central line infections can be prevented by utilizing a set of guidelines developed by the Centers for Disease Control. The central line insertion bundle has five components: hand hygiene, maximum barrier precautions, Chlorhexidine skin antiseptics, optimal catheter site selection, and daily review of line necessity with prompt removal of unnecessary lines. An antimicrobial patch is applied to the catheter exit site at insertion and with every dressing change. A nurse can provide the Central Line Checklist.

## Conscious sedation

Contact Medical Staff Services for information on obtaining credentials for conscious sedation, including a learning packet and information on credentialing.

## Death—autopsy

CHRISTUS Santa Rosa supports the provision of dignified and appropriate care to patients who have expired; recognition and reporting of deaths that must be reported to the Medical Examiner or Justice of the Peace; management of a request for an autopsy; provision of support to the family/friends of the deceased; and release of the body to the appropriate legal authorities or funeral home.

All deaths and imminent deaths must be referred to the Organ and Tissue Donor Referral and Information Line at 1-800-275-1744 ideally within one hour of death (see Organ and tissue donation, page 5).

For complete procedures refer to Laboratory Policy Library, Autopsy, CO-LAB-01-03.

## Effective communication—AIDET

CHRISTUS Santa Rosa recognizes and respects the patient's right to communication that is effective. When communicating with patients we recommend the AIDET technique:

- Acknowledge—show empathy, establish trust
- Introduce—yourself, your colleagues
- Duration—be specific, ex. how long will procedure take?
- Explanation—don't assume
- Thank-You

Why AIDET? Reduces patient anxiety, increases patient compliance, improves clinical outcomes, improves patient satisfaction, fewer complaints, fewer claims.

## Emergency medical screening (EMTALA)

When an individual comes to CHRISTUS Santa Rosa and a request is made on his/her behalf for an examination or treatment for a medical condition, or a prudent layperson observer would believe that the individual presented with an emergency medical condition, an appropriate medical screening examination, within the capabilities of the hospital's Emergency Department (including ancillary services routinely available and the availability of on-call physicians), shall be performed by an individual qualified to perform such examination to determine whether an emergency medical condition (EMC) exists or, with respect to a pregnant woman having contractions, whether the woman is in labor and whether the treatment requested is explicitly for an EMC.

If an EMC is determined to exist, the individual will be provided necessary stabilizing treatment, within the capacity and capability of the facility, or an appropriate transfer as required by Emergency Medical Treatment and Active Labor Act (EMTALA). Such stabilization treatment shall be applied in a nondiscriminatory manner.

## End of life

CHRISTUS Santa Rosa affirms the belief that life is a gift from God to every human person. Each person is treated with dignity. Our duty is to preserve life except when treatment is futile and serves only to prolong suffering. In the instance of dying, one may reject life-sustaining procedures because they are not beneficial and/or are excessively burdensome. However, "Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way." (*Ethical and Religious Directives for Catholic Health Care Services, 2018*). Care of the dying person is loving care, and all aspects of care are guided by concern for the patient's comfort, dignity, and autonomy during the final stages of life.

## Fall reduction

Upon admission and during every shift, nursing staff assess acute care patients using a fall scale that rates the patient's gait, transferring ability, need for an ambulatory aid, mental status, recent fall history, and whether IV or other lines are present. (All adult and pediatric critical care patients are automatically classified as high-risk.)

Interventions should be based on the scale results, as well as individualized to the patient. Physicians should consider the need for assistive devices, a change in medications, orders for physical therapy or other orders that can reduce fall risk.

A yellow armband and a "falling star" sign on a patient's door frame identify 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.

## Frequency and timeliness of physician visits

The attending Physician or Practitioner shall have the overall responsibility for the care of the patient, and is responsible for daily rounds and updating the patient plan of care in the record. Overall care of the patient shall not be delegated to non-Physician providers.

All patients admitted to critical care areas (adult or pediatric) must be seen by the admitting physician or his/her designee within two (2) hours of admission, or sooner if the patient's condition warrants. The admitting physician is responsible for contacting consultants as ordered. All other patients must be seen within eighteen (18) hours of admission (adult patients) or twenty-four (24) hours of admission (pediatric patients), or sooner if the patient's condition warrants.

## Healthcare-associated infections (HAIs)

Surgical site infections, central line-associated bloodstream infections, healthcare-associated pneumonia, multidrug-resistant organisms, *Clostridium difficile*, and catheter-associated 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.

## Medical emergency/Code Blue

Emergency extensions are as follows:

San Antonio hospitals: 4-8888  
New Braunfels hospital: 3-8888

The Code Blue team is activated by calling the emergency extension and stating a Code Blue, and giving the building and room number of the exact location. (Note: The caller must specify adult or pediatric Code Blue as appropriate).

For emergencies occurring outside of the hospital—such as the parking garage or in the Center for Children and Families—provisions for response are made utilizing the Rapid Response Team (RRT) and local 9-1-1 Emergency Services. The caller will request the RRT, identify the location of the emergency, and request the operator notify 911 EMS for emergency transport.

## 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. For further information see Ethics, Rights and Responsibilities Policies, Patient Rights, Use of Medical Interpreters, CO-ET-01-02.

## 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.

For further information see Pharmacy Policies, Reconciliation of Medications, CO-MM-01-22.

## Organ and tissue donation

The Texas Organ Sharing Alliance (TOSA) is the federally designated organ procurement organization for Central and South Texas. CHRISTUS Santa Rosa complies with this federal designation by working cooperatively with TOSA for the procurement of organs. CSR has a contractual relationship with Allograft Resources and the San Antonio Eye Bank for the procurement of tissue and ocular tissue respectively. These agreements do not interfere with organ procurement.

All deaths (brain death and cardiac death) and imminent deaths at CSR hospitals are referred through the Donor Referral and Information Line at 1-800-275-1744. The call is made within the time requirements jointly agreed to by CSR and TOSA, ideally within one hour of meeting referral criteria for imminent death and/or cardiac time of death.

For further information, see Nursing Clinical Practice Policies, Organ and Tissue Donation, CO-NU-00-82.

## Pain assessment and management

CHRISTUS Santa Rosa 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;
- Pain is addressed appropriately 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 CSR'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 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.

## Prescreening Department (PSN) - status of patient by evidence-based criteria

Patients must meet medical necessity for the level of care you order. The Prescreening Department, staffed 24/7 by RNs, utilizes Milliman Care Guidelines/Interqual criteria sets and CMS Inpatient List to determine medical necessity for admission. A physician order must specifically state one of the following:

- Admit as inpatient
- Observation services
- Outpatient procedure
- Extended Recovery

Extended Recovery is utilized for post-surgical or procedural patients requiring more than the expected 4-6 hours recovery time. Observation cannot be routinely written following an outpatient procedure. For more information or assistance contact the PSN Department: 210.704.3292.

## Restraint and seclusion

A physician's verbal or written order must be obtained for the use of restraint or seclusion. No PRN or standing orders are permitted. All orders for restraint or seclusion must include start date and time, stop date and time, clinical justification for the restraint, type of restraint, early release criteria, physician signature with date and time.

Restraints are designated as either medical-surgical (those used to promote medical treatment) or behavioral (management of violent or self-destructive behavior).

Medical surgical restraints may be initiated by an RN in an emergency and then an order must be written by the physician within twenty-four (24) hours. Orders must be renewed each calendar day.

Behavioral restraints may be initiated by an RN in an emergency. The physician must then complete an in-person evaluation within one (1) hour. Orders must be renewed as follows:

- 4 hours for adults aged 18 years and older;
- 2 hours for children and adolescents 9-17 years.

In all situations, the patient in restraints/seclusion is evaluated frequently and the intervention is ended at the earliest possible time.

## Surgical site infections

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

### Recommendations:

- Antimicrobial prophylaxis (appropriate choice, timing and duration);
- No hair removal, or hair removal by clippers only;
- Control serum blood glucose levels and avoid hyperglycemia perioperatively;
- 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;
- Remove indwelling catheters by post-op day #2 as appropriate.

## Unacceptable abbreviations

### Unacceptable

I.U. or IU

U or u

Q.D. or QD

Q.O.D. or QOD

MgSO4

MS or MSO4

Leading decimal (.5 mg)

Trailing zero (1.0 mg)

### Correct

international unit  
unit

every day

every other day

magnesium sulfate

morphine sulfate

0.5 mg

1 mg

Unclear or incomplete medication orders including unapproved abbreviations are clarified with the physician as soon as possible and the clarified order is signed within 24 hours. Medications should not be dispensed or vended until the order is clarified in the medical record; however, a single dose of medication may be dispensed in cases where a delay would result in patient harm.

## Universal protocol

CHRISTUS Santa Rosa 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.

## Adverse event reporting

All events, including near misses, reported to the Risk Management Department are reviewed. 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 MIDAS event report must be submitted. Physicians may submit a MIDAS event report either through the Santa Rosa intranet, by calling 210-705-SAFE, or by calling Risk Management at 210-704-2020.

Risk Management is available 24/7 through the hospital operators. Various levels of review are completed for events submitted to Risk Management. All reported events are sent to the appropriate managers to review. Events involving residents are reviewed by the service program director.

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 .

## Continuing medical education (CME)

CHRISTUS Santa Rosa Health Care is accredited by the Texas Medical Association to provide continuing medical education for physicians.

We sponsor a variety of *AMA PRA Category 1 Credits*™ each month. Records of CME attendance and credit hours are maintained in a database, and reports are distributed to physicians upon request. Go to [www.christussantarosa.org/cme](http://www.christussantarosa.org/cme) for more information.

## Disaster response

CHRISTUS Santa Rosa's Emergency Management Program is based on compliance with the Joint Commission and South Texas Regional Advisory Council (STRAC) evaluations of community needs through hazard analysis and organizational experience.

In the event of a community disaster, communication regarding the disaster's scope and the response of the Medical Staff must be timely. If you are in the hospital, at your office or home and become aware of a pending or an in-progress disaster impacting our community, you can acquire timely information and instructions by contacting the Medical Staff Services Department of your facility.

Do not report directly to the Emergency Department unless you are instructed to do so. For more information see Emergency Management Policies, [Emergency Management Website](#).

## Disruptive behavior

All practitioners will conduct themselves in a professional and amicable manner within CHRISTUS Santa Rosa 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 Medical Staff Services Policies, Medical Staff Administration, 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, his/her authorized House Staff, 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 within two (2) hours of patient admission.

Specific pediatric orders should include the mg/kg dose to assure proper doses are communicated to staff.

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

Telephone and verbal orders shall be subsequently countersigned timed and dated within 48 hours.

Telephone/verbal orders for restraints must be countersigned timed and dated within 24 hours.

## Graduate medical education (GME)

The CHRISTUS Santa Rosa Graduate Medical Education office provides management and oversight of clinical rotations for residents, medical students, and allied health professional students.

CHRISTUS Santa Rosa Health Care sponsors the following ACGME accredited residency programs:

- Family Medicine Residency
- Primary Care Sports Medicine Fellowship

CHRISTUS Santa Rosa Hospital and Children's Hospital of San Antonio have signed affiliation agreements with the University of Texas Health Science Center at San Antonio (UT Health), San Antonio Uniformed Services Health Education Consortium (SAUSHEC), and University of Incarnate Word (UIWSOM) for selected residency and/or student training programs.

Children's Hospital of San Antonio (CHofSA) has a signed academic affiliation agreement with Baylor College of Medicine (BCM). Children's Hospital of San Antonio/BCM sponsors the following ACGME accredited residency programs:

- Pediatric Residency Program
- Pediatric GI Fellowship Program
- Pediatric Hospital Medicine Fellowship Program
- Advanced Endoscopy Fellowship Program (non-ACGME)

## In-hospital emergencies

Emergency Codes will be announced by Alert Categories:

**Security Alerts:** protects employees, patients and visitors from any situation or person posing a threat to the safety of any individual(s) within the hospital. Examples include: missing infant or person; violent person with a weapon; bomb threat/suspicious package; combative person/patient.

**Facility Alerts:** provide for the safety and security of patients, employees and visitors at all times including the management of essential utilities and services. Examples: Fire; Fire Alarm Activation; Emergency Plan Activation; Relocation; Evacuation, Utility/Technology Interruption/Outage.

**Weather Alerts:** provide clear plain language instructions and situational awareness in the event of dangerous or extreme weather events.

**Medical Alerts:** provide medical care and support to patients and incident victims while maintaining care and safety of patients, employees and visitors within a health care facility during an incident. Examples: Code Blue; Influx of patients/mass casualty; medical decontamination.

To report an emergency, dial campus emergency number and give nature of emergency and the location.

Emergency extensions are as follows: 210.704.8888

San Antonio hospitals: 4-8888

New Braunfels hospital: 3-8888

## Medical library

The CHRISTUS Santa Rosa Medical Library holdings consist of a collection of ~120 journals and a selection of text books. Our staff can facilitate the acquisition of full text articles as needed.

### Services provided:

UpToDate—access in-house via desktop icon, or on smart devices.

Nursing Reference Center—access to 30+ full text nursing journals, a large array of electronic textbooks, patient education tools, and clinical guidelines; access via the CHRISTUS intranet or in-house via a desktop icon.

Search MEDLINE by going to the National Library of Medicine PubMed site at [www.pubmed.com](http://www.pubmed.com).

The Library is located on the 5th floor of the Center for Children and Families Suite F5626, at The Children's Hospital of San Antonio campus. Call 210.704.3785 for further information.

## Medical records—EMR

Medical record documents along with physician orders and any documents needing signatures can be signed in Meditech while the patient is in the hospital. Dictated reports are signed in OneContent.

Once the patient is discharged, medical record documents will still need to be signed in Meditech. All remaining orders and dictated reports will be signed in OneContent, the legal medical record.

IllumiCare Smart Ribbon—included when providers log into Meditech. Provides real-time clinical cost insights paired with performance transparency.

## Medical Staff membership obligations

Each Physician or practitioner appointed to the CHRISTUS Santa Rosa Medical 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 Hospital;
- b. 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 Hospital personnel and have a professional attitude toward patients, the Hospital, and the public;
- l. Provide education to patients and families;
- m. Exercise appropriate use of the Hospital for patients;
- n. Comply with the Hospital's 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 patient'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.

## Patient rights and responsibilities

Upon admission, all patients are given a *Guide to Patient Services* containing detailed information about patient rights and responsibilities.

Patients have the right to:

- Respect, compassion, and dignity;
- Access to reasonable and impartial response to request for treatment or services that are available or medically indicated;
- Effective communication;
- Know the identity and professional status of the persons responsible for delivery of care;
- Be involved in decisions about treatment and care;
- Have family member and their own physician notified promptly of admission to the Hospital.

Patients have the responsibility to:

- Provide adequate and complete information about present and past illnesses, hospitalizations, and medications;
- Inform caregivers of perceived risks in their care and unexpected changes in their conditions;
- Follow the care, treatment, and service plan developed and ask questions when aspects of the care are not understood;
- Understand that unfavorable outcomes may be experienced when they do not follow the care, treatment, and service plan;
- Follow the facility's rules and regulations affecting the patient and family;
- Be considerate of the staff of the facility and their property as well as other patients and their property; and
- Fulfill financial obligations promptly.

## Physician health—impairment policy

It is the policy of CHRISTUS Santa Rosa 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. 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.

## Professional practice evaluation

### Focused Professional Practice Evaluation (FPPE)

FPPE is a process whereby the privilege/procedure specific competence of a practitioner who does not have sufficient documented evidence of competently performing the requested privilege at the organization is evaluated.

FPPE will be implemented under the following circumstances:

- For all initially granted privileges;
- The practitioner has not yet performed the procedure for which he or she seeks privileges;
- There is a concern regarding the practitioner's current competency, either due to data from an ongoing professional practice evaluation or because the practitioner has not exercised the privilege in question for an extended period of time.
- When there is evidence of behavior, health, and/or performance issues that require a more intensive review.

### Ongoing Professional Practice Evaluation (OPPE)

Ongoing Professional Practice Evaluation is the continuous, rather than episodic, evaluation of the practitioner's professional performance. It is intended to identify and resolve potential performance issues as soon as possible as well as foster a more efficient, evidence based privilege renewal process.

The OPPE process facilitates early identification of problematic performance and initiation of timely intervention to ensure provision of safe, high quality medical care. Department Chair will review their perspective department's OPPE's at least every eight months through a tool called STATIT. A physician may access his/her own OPPE records at anytime by reaching out to a member of the quality department.

**You must sign, time and date all entries in the medical record!**

**Telephone and verbal orders must be signed, dated and timed within 48 hours of giving them.**

## Quality improvement and patient safety

The Quality Committee of the Board oversees and coordinates all CHRISTUS Santa Rosa performance improvement and patient safety activities. The Chair of each facility Quality & Patient Safety (QPS) Committee participates in the Quality Committee of the Board .

Market and facility based performance improvement teams function to measure, assess, and improve services relevant to the care setting or product line, and use methods to assure the highest standards in clinical quality and patient safety.

Areas of focus are determined by hospital leadership in collaboration with the Medical Staff. Publicly reported data include core measure performance, patient satisfaction data (HCAHPS), infection rates, and all CMS required value based metrics to include Hospital Acquired Conditions and Patient Safety Indicators. We are committed to delivering excellent care based upon evidence based guidelines which are accepted at a national level.

A member of the Quality team can always be accessed by contacting 210.705.SAFE (7233). The Chief Quality & Patient Safety Officer can be reached at 210.704.2660.

## 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.

## Suspension process for delinquent medical records

Failure to maintain timely records can be detrimental to patient care, compensation, and legal issues, and may endanger 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 within 24 hours of admission
- Operative note written immediately after a procedure
- Authentication of each entry by immediate sign date and time
- Verbal/telephone physician orders signed within 48 hours
- 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, see Medical Staff Policies, Medical Staff Suspension Policy and CHRISTUS Santa Rosa Hospital Medical Staff Rules and Regulations.



# Leadership

## Medical Staff leadership

### Administrative Leaders

Chief Executive Officer  
 President of the respective Facility  
 Chief Nursing Officer of the respective Facility  
 Chief Medical Officer  
 Facility Chief Medical Officer

### Structure of the Medical Staff

Officers  
 Clinical Departments and Chairpersons  
 Standing Medical Staff Committees  
 Medical Staff Meetings  
 Medical Staff Committee and Department Meetings

### Officers of the Medical Staff

President (CHRISTUS Santa Rosa)  
 Chief of Staff for each Facility  
 Chief of Staff-Elect for each Facility  
 Immediate Past Chief(s) of Staff for each Facility

### Clinical Department and Chairpersons

Each Clinical Department shall be organized as a separate unit of the Medical Staff and shall have Department Chairperson who shall be responsible for the overall supervision and administrative work within the Department.

## Medical Staff committees

### Regional Standing Medical Staff Committees

Medical Board  
 Bylaws Committee  
 Credentials Committee  
 Ethics Committee  
 Continuing Medical Education (CME) Committee  
 Pharmacy & Therapeutics Committee  
 Infection Control Committee  
 Blood Utilization Committee

# Leadership

## Facility Standing Medical Staff Committees

Medical Executive Committee  
 Performance Improvement Patient Safety Committee  
 Utilization Review Committee  
 Nominating Committee  
 Surgery Committee  
 Medicine Committee  
 Women's and Children's Committee  
 Multispecialty Peer Review Committee

\*Committees within a Department or Division may be established at the discretion of the Department Chairperson or Division Chairperson on a standing or ad hoc basis to assist the Department or Division in the performance of its functions, duties, and responsibilities, including, but not limited to, Committees related to quality improvement activities.



**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.

For more information, visit

[www.christussantarosa.org/forphysicians](http://www.christussantarosa.org/forphysicians)

CHRISTUS. Here. For life.™



**The Children's Hospital  
of San Antonio™**

CHRISTUS Health