



SIBLEY MEMORIAL
HOSPITAL

JOHNS HOPKINS MEDICINE

Orientation for Medical Staff



Sibley opened its new 200-bed patient tower in September 2016. Each private room is designed with the patient and family in mind.

General Information

Sibley Memorial Hospital, in Northwest Washington, D.C., has a distinguished history of serving the community since its founding in 1890. As a not-for-profit, full-service, community hospital, Sibley offers medical, surgical, intensive care, obstetric, oncology, orthopedic and skilled nursing inpatient services and a 24-hour Emergency Department. Sibley's campus is also home to Grand Oaks, an assisted living residence, a medical building with physician offices as well as ambulatory surgery and imaging centers.

Sibley Memorial Hospital is a proud member of [Johns Hopkins Medicine](#).

- See [Sibley Home Page](#) for additional information, phone directory and services

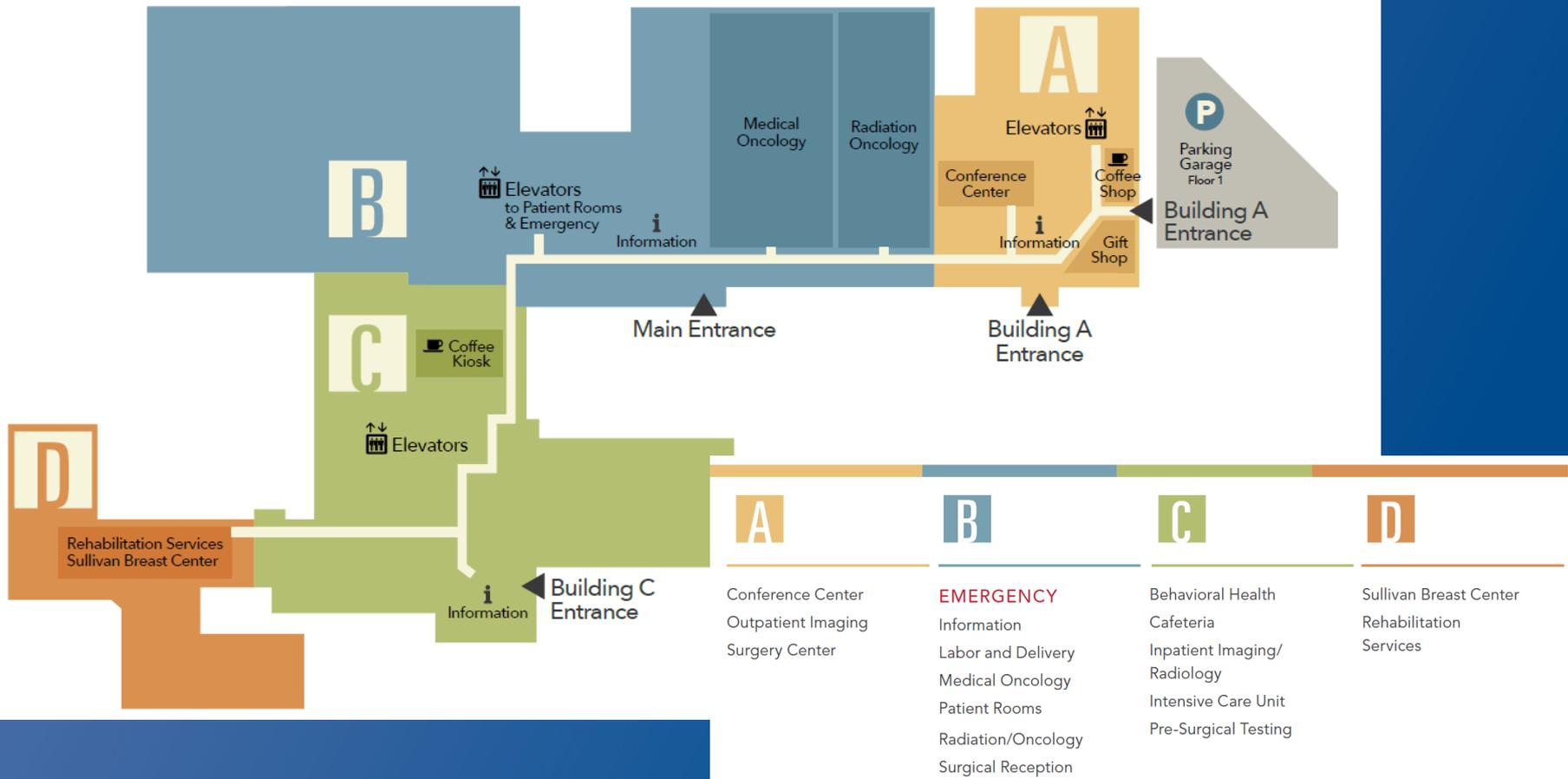
Our Mission: To deliver excellence and compassionate care – every person, every time.

Our Vision: Sibley will be the role model for innovation in healthcare and wellness for all.

Our Values: Excellence and discovery, diversity and inclusion, leadership and integrity, respect and collegiality

Hospital Campus Map

LEVEL 1



Add to 2020

- Neglect and abuse
 - Pt rights and responsibilities
- Death with Dignity
- Capacity vs competency
- More on informed consent

Way Finding for Patient Care

- **Building B (Patient Tower)**
 - Patient room are divided into A-side (1-24) and B-side (25–50)
 - 7 A&B: Medical Surgical Care
 - 6B: Orthopedic Care, IP Physical Therapy & Occupational Therapy
 - 5B: Medical Oncology
 - 4 A&B: Family Centered Care
 - 3: Labor and Delivery, Special Care Nursery
 - 2: Pre-op/Same Day Surgery, OR, PACU
 - 1: Medical Oncology, Radiation Oncology, Infusion Center
 - G: Emergency Department
- **Building C (Old Hospital)**
 - 7th Floor: IP Psychiatry, ECT
 - 2nd Floor: ICU, Telemetry
 - 1st Floor: Endoscopy, Pain Center, Sullivan Breast Center
 - G Level: Imaging Services, Interventional Radiology
- **Building A (Medical Office Building)**
 - G Level: OP Radiology, Ambulatory Surgery Center
- **Building D**
 - 3rd Floor: Renaissance Skilled Nursing Unit
 - 4th Floor: Clinics – GYN Onc, Bariatric, Breast Center

- **Interactions with colleagues, patients and visitors directly impacts the patients perception of their care while in our facility**
 - Wear your Sibley ID Badge
 - Promote a Safe and Clean Environment
 - Proper and frequent hand hygiene
 - Maintain Privacy and Confidentiality
 - Protect Dignity
 - Keep Patient and Family Informed
 - Be Responsive

General Safety & Security

- **ID Badge**
 - Sibley issued **ID badge is required** and displayed while on hospital premises
- **Fire or Smoke:**
 - **Code Red:** get a fellow team member to help, pull the fire alarm AND dial 4600
 - **“RACE”:** **R**escue persons; pull **A**larm; **C**ontain fire; **E**vacuate (if needed)
- **Hazardous Materials/Spill**
 - Isolate the affected area as much as possible
 - Notify a hospital employee who will arrange for appropriate care and treatment of the accident.

- **Waste Containment**
 - Place all waste in proper containers:
 - **RED- medical waste**
 - **YELLOW – chemo**
 - **PURPLE/BLUE/BLACK – pharmaceutical**
 - **GREEN – recycling**
 - Locked drop boxes – HIPAA/Confidential papers
- **Security**
 - Violence Free Work Place – Report All Violent Actions or threats immediately
 - Observe and report (x4674) suspicious activity

Codes Designation:

- **Code Red: Fire**
- Code Blue: Cardiopulmonary Arrest
- Code Purple: Neonatal Resuscitation
- **Code Pink: Infant/Child Abduction**
- **Code Yellow: Incident on the grounds**
- **Code Orange: Hostage situation**
- **Code Stork: Precipitous delivery**
- Code Strong: Disruptive or Combative person
- Code Silver: Active shooter incident
- Code 100: Internal/External disaster

Emergency Preparedness

- Sibley uses a comprehensive Emergency Operations Plan (EOP) that is activated in the event of a major emergency within our facility or a disaster that impacts our community.
- This plan provides the means for maintaining current operations and obtaining the necessary resources (personnel, supplies, and/or equipment) required to continue functioning at a level consistent with the needs of our patients and staff.
- **Code 100** activates the Emergency Operations Plan.
- **Hospital-issued picture ID** is required to access hospital during an incident and may be required to access Sibley campus.
- **Medical Staff/Residents are to report to campus only when notified to do so.** ([SMH Policies MedStaff Emergency Prep](#))

Information Technology

- Epic is the Johns Hopkins Health System's electronic health record. **Practitioners with clinical privileges MUST complete the appropriate Epic training prior to any patient care.**
- Additional Systems
 - **PACS:** digital imaging. (orientation contact: 202.243.5164)
 - **EndoPro:** endoscopy (orientation contact: 202.537.4025)
- Critical Values/Stat Labs Reporting: the unit will telephone the practitioner with results. Practitioners are to give orders if indicated.
- Down Time Protocol:
 - The process for order entry and documentation is the same for scheduled or unscheduled downtime. Forms are available on the units.
 - Scheduled downtime is typically between 3-5am.

Infection Prevention

INFLUENZA STRATEGIES *Ref: HR Policy # 03-21-74.*

- Seasonal vaccinations are offered to all Sibley staff, physicians and volunteers annually through the Employee Health department.
- **All Sibley employees, credentialed practitioners and residents must comply with annual vaccination or declination.**

Contact Infection Control (phone 202.537.4265)

- To report a reportable disease. *The IC Preventionist will notify the Department of Health.*
- To report a healthcare associated infection in your patient.
- To be fit tested for a N-95 respirator.
- For information on Sibley's healthcare associated infection rates, or Surgical Site infection rates on specific surgical procedures.
- For questions on isolation or other IC policies (Sibley intranet/Infection Control Section)

Hand Hygiene

National Patient Safety Goal

- Alcohol gel is the preferred method of hand washing at SMH; Soap and water must be used when hands are visibly soiled OR after entering a room on enteric precautions
- **5 Moments of Hand Hygiene**
 1. Before touching a patient
 2. Before clean/aseptic procedure
 3. After body fluid exposure risk
 4. After touching a patient
 5. After touching patient surroundings (i.e. privacy curtains, computers, phone, etc.)
- **Always clean your hands before and after removing gloves.**
- SMH follows the CDC hand washing guidelines - Use soap and water (15-20 seconds), scrub between the fingers in under the nails, rinse hands, dry hands with towel and turn water off with the towel.

Prevent the Spread of Multi-Drug Resistant Organisms (MDROs) And Health Care-Associated Infections (HAIs)

National Patient Safety Goal

- Contact and Isolation Precautions for patients with known or suspected MDROs, i.e., MRSA,/VRE
- Don appropriate personal protective equipment (PPE) according to room signage before entering room and when touching **anything** in room.
- Disinfect equipment between patients
- **Perform hand hygiene** –
 - soap and water must be used upon entering a room
 - Wash hands before and after removing gloves.

Prevention of Central-Line Associated Bloodstream Infections (CLA-BSI)

National Patient Safety Goal

- Educate patients about CLA-BSI prevention
- Use central line insertion checklist
- Avoid femoral site
- Perform hand hygiene, use full body drape; wear mask, cap, sterile gown and sterile gloves, use chlorhexadine skin prep
- Hand hygiene & gloves before changing dressing or accessing port---**Scrub the hub** before all access
- Discontinue catheter order when no longer needed.

Prevention of Catheter-Associated Urinary Tract Infections (CAUTIs)

National Patient Safety Goal

- Perform hand hygiene
- Aseptic insertion
- Secure catheter
- Sterile closed drainage system
- Discontinue order/Remove any unnecessary catheter

Prevention of Surgical Site Infections (SSI)

National Patient Safety Goal

- Educate patients about SSI prevention
- Perform proper surgical scrub on hands
- Use proper antibiotics for prophylaxis at right time
- If hair removal needed, use clippers in pre-op area. Do not use razors.
- Ensure proper surgical site scrub
- Minimize traffic in OR during surgery
- Do not flash sterilize equipment
- Hand hygiene before and after caring for wound

“Time Out” Pre Procedure

National Patient Safety Goals

Physicians support Sibley Hospital in maintaining a culture of patient safety by adhering to the following Every Person, Every Time: (See Hospital Policy for all Time Out Components)

- **Right Patient: 2 Pt Identifiers**
 - Patient name and date of birth (when providing care, treatment, and services)
- **Right Site: Marking**
 - Procedural site that involve laterality or multiple locations must be marked pre procedure by operating physician.
 - Refusal of marking by the patient must be documented by the operating physician.
- **Right Procedure:**
 - Confirmed by the patient and matches the operative consent

To the extent possible, activities should be suspended by all members of the team until the completion of the time out to ensure active listening

ANTICOAGULANT THERAPY

National Patient Safety Goal

- Anticoagulation therapy can be used as therapeutic treatment for a number of conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary embolism, and mechanical heart valve implant.
- It is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance.
- Sibley's EMR has established guidelines and protocols for the initiation and maintenance of anticoagulant therapy that can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, and warfarin.
- To achieve better patient outcomes, patient education is a vital component of an anticoagulation therapy program.

Patient Safety

- Sibley provides a safe environment for patients in the hospital based on the patient's assessed needs.
- Sibley Patient Safety Team is lead by the hospital's Patient Safety Officer (PSO), Alyson Stalzer, astalze1@jhmi.edu
- **Physicians support** Sibley in maintaining a culture of patient safety by doing the following:
 - **Timely** completion of the Medical Record
 - **Utilize Sibley hospital protocols** for core measure care, surgical care, and high risk medication administration
 - **Participate** in medical staff or hospital committees as requested
 - Demonstrate **compliance with the National Patient Safety goals**

PATIENT SAFETY (continued)

- CUSP Team

- Comprehensive Unit Based Safety Program
- Unit-Based and Frontline Staff driven teams that focus on the identification and implementation of interventions to address safety concerns.
- Core Team: Frontline Staff, Local Management, Executive, Facilitator, and Provider
- Role of Provider Champion: Break down barriers, identify safety concerns, and serve as Liaison to Provider Colleagues.

Want to learn more:

http://www.hopkinsmedicine.org/armstrong_institute/training_services/workshops/cusp_implementation_training/cusp_guidance.html

Quality Improvement

Sibley's Quality Council is the hospital's quality improvement oversight committee. It's a multidisciplinary team that:

- meets monthly to monitor the progress of hospital ,
- quality/performance improvement teams,
- reviews data on the hospital's dashboard (scorecard)
- reviews patient and staff satisfaction survey results

Sibley's Performance Improvement Plan:

- outlines the goals set for the hospital each year that support the hospital's mission and vision.
- Utilizes the performance improvement PDSA model (Plan, Do, Study, and Act).

Communication - SBAR

- **SBAR** stands for "**S**ituation, **B**ackground, **A**ssessment, **R**ecommendation/Request“
- SBAR is a communication tool that Sibley uses to provide a quick, concise explanation of the purpose of the conversation, a background and assessment of the patient's condition and a recommendation for the next step of care.
- **WHY IS SBAR NEEDED?**
 - Poor or lack of communication accounts for a majority of sentinel events or errors.
 - The health care workforce is very diverse, both culturally and in age, which can lead to communication misunderstandings.
 - Responsibility for professional communication with our internal and external customers is a two-way street. We must be sure that we our doing our part as far as communicating effectively by having our information organized in an accurate and concise format. Using the SBAR format consistently will ensure the completion of this step in the communication process.

Compliance

- Sibley Memorial Hospital is committed to the prevention, detection and resolution of fraud, or any instances of conduct that do not conform to federal, state and private health care program requirements. Sibley and its Medical Staff values honesty, integrity and high ethical standards in the conduct of its business by:
 - Prohibiting any activity that violates the anti-kickback statute;
 - Ordering only those services or tests that are believed to be medically necessary;
 - Only performing services or tests on a patient with evidence of a written order.

Conflict of Interest

- A conflict of interest arises when a practitioner has a financial or other interest in an entity other than Sibley, and has the opportunity to direct, make, participate in, or influence decisions at Sibley relating to this interest. A conflict of interest includes any interest of his/her family member (i.e. spouse, parents, children, siblings, their respective spouses, and anyone residing in the household of the Medical Staff member).
- Examples of actual conflict of interest situations:
 - A Medical Staff Member in a position to make decisions or recommendations regarding purchases of equipment, instruments, materials, drugs or services for SMH from a private organization firm or entity, with which that Medical Staff Member or family member also has a significant financial interest.
 - A Medical Staff member in a position to make decisions or recommendations regarding the negotiation of contracts between Sibley and private organizations, firms or entities with which the Medical Staff member or family member has a consulting or other significant relationship, or will receive favorable treatment as a result of such influence.

Reporting of Events (Risk Management)

- An adverse event (Incident) is any happening not consistent with the routine operations of the facility or routine care of a particular patient. Primary attention is to the care, safety, and well-being of any patients, employees, or visitors involved in such an event.
- Adverse events should be via the electronic event reporting database (HERO) as soon as possible after the occurrence, but no later than the same business day.
- Should an event occur, medical record documentation:
 - Should only include clinically pertinent information to describe the event.
 - Must not contain documentation regarding the completion of an event report or notification to Risk Management of the event. The event report is not a part of the Medical Record.
 - Event reports **are not** to be printed, copied, or maintained outside the Risk Management Department.

Ref: Hospital Policy 02.25.10
- Healthcare workers may anonymously report, without fear of retaliation, any urgent patient safety or quality concern, as well as an improvement idea
- Concerns may also be reported directly to:
 - The Joint Commission**
 - Division of Accreditation Operations
 - Office of Quality Monitoring
 - One Renaissance Boulevard
 - Oakbrook Terrace, IL 60181
 - 800-994-6610 or complaint@jointcommission.org

Pharmacy Services

Director: JoAnn Neuffer, RPh

Pharmacists:

- Have a presence on each unit and participate in multidisciplinary rounds.
- Review and verify medication orders for appropriateness prior to administration to patient.
- Perform approved automatic substitution, IV to PO conversion, Vancomycin dosing and Renal Dosing service
- Antibiotic Stewardship Program management
- Review research protocols, work with investigators and study monitors, and dispense investigational medication

PHARMACY SERVICES (CONTINUED)

- Protocols:
 - Anticoagulation Therapy & Protocols
 - More likely than other meds to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance
 - Sibley's EMR has established guidelines and protocols for the initiation and maintenance of anticoagulant therapy that can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin and warfarin
 - Patient education is a vital component of an anticoagulation therapy program
 - Parenteral Nutrition dosing protocol
- Pyxis is Sibley's automated medication dispensing and storage system.
- Adverse Drug Reaction (ADR) Hotline- x 7076

PHARMACY SERVICES (CONTINUED)

- Prescriber **error reduction strategies** for **Look Alike/Sound Alike** medications include:
 - Formulary restrictions, deletions or denials
 - Special labels or communication notes
 - Use of brand and generic name on labels and orders
 - Use of standardized order forms in EHR
 - Ordering medication with indication on the order
 - Patient/Family education during hospitalization and/or at discharge

A list of look alike/sound alike meds is available on the Sibley Intranet/ For Physicians/ Pharmacy / Look Alike-Sound Alike Meds

Emergency Department

Department Chair – Nadia Eltaki, MD (interim)

- Located on the Ground Floor of Building B with the patient and ambulance entrance off Little Falls Road.
- Treats 36,000 patients a year
- 28 beds
 - 2 Acute care bed
 - 6 Fast track beds; open 11a-11p for minor injuries
- Staffed by Board Certified or Board Eligible Emergency Medicine Physicians and Advanced Practice Providers.
- X-ray and CT are located in the department
- 30 minute commitment to see patients within 30 minutes of arrival
- Consultant computers are available for documenting
- For more information, check out the video <http://www.hopkinsmedicine.org/sibley-memorial-hospital/patient-care/emergency/index.html>

Outpatient Procedure Services

- Outpatient Procedures Suite:
 - Endoscopy/Bronchoscopy/Colonoscopy
 - Pain Management
 - Interventional Radiology

Recovery care is provided to all patients receiving moderate sedation anesthesia or monitored anesthesia care.

 - The Outpatient Procedure Suite is located in Bldg C, 1st floor adjacent to the admission area.
- Infusion Center
 - Chemotherapy and other outpatient specialty medications requiring monitoring
 - Location: Bldg B, 1st floor, across from the lobby

Hospitalist & Intensivist Services



Director of Hospitalist Service: Mike Lee, MD

Medical Director of ICU: Jason Rose, MD

- **Hospitalist** are Internal Medicine physicians that provide 24/7 coverage.
- Hospitalists use multi-disciplinary rounds to coordinate care with the healthcare team. The patient's primary care physician is a key figure during the course of hospitalization and at discharge.
- **Intensivist** participate in the care of every patient entering the critical care unit. This coordinated activity improves the quality of care.

Surgical Services

Department Chair: Joshua Ammerman, MD



- Sibley Memorial Hospital is a major provider of surgical services, most notably in the areas of general surgery, gynecology, neurosurgery, otolaryngology, orthopedics, plastic and cosmetic surgery, thoracic surgery and urology.
- Surgical facilities are equipped with state-of-the-art equipment, including daVinci robot, operating microscopes and support for minimally invasive surgical techniques.
- Contact the Surgery Department **202.537.4563** to set up an appointment to review equipment, department protocols and meet staff prior to your first case.

Women's and Infants' Services

Department Chair: Richard Beckerman, MD



- Amenities:
 - 18 state-of-the-art labor & delivery rooms equipped for complicated deliveries
 - 3 fully equipped operating rooms ready and able to accommodate multiple cesarean birth deliveries at any time
 - 8 triage rooms.
- Full-time coverage by board certified Obstetricians is available
- Board-certified anesthesiologists provide a full range of pain relief measures
- Level II Neonatology services are provided in the state-of-the-art at Special Care Nursery.
- Contact the Family Centered Care Unit, [202.537.4370](tel:202.537.4370), to set up an appointment to review equipment, department protocols and meet staff.

Palliative Care Services

Medical Director: Sandra Pedraza Cordozo, MD



- Helps to define immediate and long term goals of care and promotes advance care planning;
- Optimizes symptom control;
- Optimizes functional status;
- Promotes the highest quality of life for the patient and family;
- Educates patients and families about the underlying disease process;
- Facilitates patient and family adjustment to disease process/care needs thereby assisting with plans for discharge to the appropriate level of care in a timely manner;
- To order a Palliative Care Service Consultation, the attending physician must write an order in the medical record or call **202.400.1897**.
- *The Palliative Care Service Consultation Order form, {02460MR (05/07)} is available on the nursing units to help the physicians select the interventions they desire from the Palliative Care Team.*

SIBLEY CENTER FOR WEIGHT LOSS

- Obesity is a chronic illness. Obese persons are often blamed for their own condition and are not afforded the same consideration as others who suffer from a disability.
- Obesity is the second leading cause of preventable, premature deaths after smoking. There are multiple causes of obesity; they include genetics, hormones, environmental, and neurological. Currently, surgery is the most effective treatment for the severely obese patient.
- Obese individuals often experience discrimination from healthcare professionals. They often shy away from doctors and hospitals because they are afraid of being embarrassed, chided or humiliated by medical workers or their surroundings.
- Special needs of the Obese Patient include:
 - Equipment: Sturdiness/weight limits
 - Location: Distance, Accessibility
 - Space: Temperature, Accommodations

Rapid Response Team

- The Rapid Response Team (RRT) is a team of health care providers who respond urgently at the request of nurses or physicians to intervene in the sudden or unexpected deterioration in a patient's condition. The RRT members will be able to offer clinical expertise and manpower in an emergent, non-code situation.
- NOTE: When a Rapid Response Team is activated and the patient continues to deteriorate, the patient may require activation of the Code Blue Plan prior to transfer to a higher level of care.
- To contact the RRT, press the button bed headboard or call the code blue number, **x4555**, and request the Rapid Response Team.

Spiritual Services

Director: Rev. Shelia McNeill-Lee



- The Pastoral Care Department is part of a holistic team, including the Ethics Advisory Committee, that promotes the spiritual care of persons as an essential dimension of total care and services provided by Sibley.
- Reasons to seek spiritual support are:
 - Care and comfort in times of spiritual distress or anxiety. This may include anger, fear, hopelessness, guilt, confusion or grief.
 - Patients who are struggling with the meaning of their illness.
 - A listening ear during conversations about end-of-life care; selection of a treatment facility, decisions about organ donation or concerns about decisions.
- Services are available 24 hours a day, seven days a week.

Diversity Awareness

Sibley Memorial Hospital is made up of patients and staff who come from every corner of the world, creating a very diverse environment. Patients and staff have different beliefs, customs, communication styles and dress that we must acknowledge and respect.

WORKPLACE TRENDS www.bls.gov/opub/mlr/2001

- Median age is slowly increasing as the baby boomers are aging. In 1980 the median age was 34, in 2010 the median age is 40.
- Increasing numbers of women and minorities. Hispanics are growing at the fastest rate, from 6% of the workforce to 11% in the last 10 years.
- Decreasing percentage of white males. In 1980-1990 white males contributed to 82% of the workforce, in 2010- 73%.

GOLDEN RULE:

- Treat others as you would want to be treated.
- Demonstrate respect and honor for their differences.

Translation Services

- Patients have a right to receive information in a manner he/she understands
- Face-to-face translation and interpretative services are only provided by **hospital personnel certified as medical translators/interpreters**. A list of certified interpreters is available on SMH intranet.
- Other services:
 - Sign Language: Vital Sign
 - Video Translations Services (iPad)
 - Cryacom translation phone (aka The Blue Phone) or JH International Language Services

Contact the nursing unit to access these modalities

JHU Welch Medical Library

- Available to all Medical Staff and Residents
- Website: [Welch Medical Library](#)
- Popular resources:
 - UpToDate
 - PubMed
 - DynaMed
 - JAMA

Sibley does not have an on campus library.

Medical Staff & Resident Information

Governance Documents

As a member of the Medical Staff and Resident staff you agree to follow Hospital Policy and the bylaws, rules and regulations and policies of the Medical Staff.

- Medical Staff Governance Documents can be found on [HPO - Hospital Policies OnLine](#) App located on all Hospital PC's , Documents Include:
 - Medical Staff Bylaws (Bylaws)
 - Medical Staff Rules and Regulations (R&R)
 - Medical Staff Policy & Procedures (P&P)
- Hospital Policy manual can be found on [HPO - Hospital Policies OnLine](#) App located on all Hospital PC's

Citizenship

- Good citizenship is an important facet of professional conduct. Citizenship on our staff includes participating in medical staff activities and committees, and being a mentor, teacher, and lifelong learner.
- It means upholding one's mutually agreed-upon responsibilities to the Medical Staff, the Hospital, one's Department and Division, our patients, our colleagues, and our community.
- It means making prudent use of the resources available, and accepting our stewardship for those resources. It means conducting ourselves with dignity, integrity, and honesty, and accepting responsibility for our actions.

Confidentiality

Physicians agree to maintain complete confidentiality of patient care information at all times, in a manner consistent with generally accepted principles of medical confidentiality. We recognize that, physicians have the right to have certain personal and professional issues dealt with in a confidential manner, including such things as performance problems and concerns about competency.

Physicians agree to maintain this confidentiality and to seek the proper, professional, objective arenas in which to deal with these issues.

Professional Behavior and Conduct

- It is the policy of this Hospital that all individuals within it be treated with courtesy, respect and dignity. Members of the Medical Staff shall conduct themselves with dignity and professionalism at all times.
- Sibley maintains “**zero tolerance**” for bullying, intimidation, offensive/insulting language, disruptive behaviors or inappropriate physical behavior toward colleagues, nurses, employees, patients, their families or visitors.
- Response must always be expressed with dignity, patience, insight, and professionalism. Collegial interaction should be calm and polite.
- Performance critiques should be discussed in an appropriate setting and directed toward a positive learning experience.

MS Policy & Procedure: Professional Behavior

Practitioner Health

- Sibley Memorial Hospital and its Medical Staff require all practitioners who have been granted privileges for the purpose of providing quality patient care to maintain continuous adequate health status to carry out those privileges.
- Any Medical or Allied Health Staff Member whose health status changes in such a manner as to jeopardize his/her ability to provide quality patient care shall notify the Department Chair, the Director of Medical Affairs, the President of the Medical Staff, or CEO in a timely manner. The physician may request consultation with the Practitioner's Health Committee.
- Any Medical Staff member should report concerns about a colleagues health, as per medical staff policy - ***MS Policy & Procedure: Practitioner Health***

Practitioner Health (continued)

- Some significant departures that may act as red flags or warnings that a practitioner is exhibiting impairment include:
 - Episodic odd behavior, i.e. writing inappropriate comments in patient medical notes
 - Rounding at odd hours so as to avoid colleagues
 - Screaming / Shouting / Assault
 - Overt tantrums / Throwing medical equipment
 - Depression
 - Poor judgment
 - Contradicting own orders
 - Consistently unavailable
 - Unexplained absences
 - Alcohol on breath
 - Increasingly uncommunicative
 - Decline in clinical / technical skills
 - Tremor

Informed Consent

- Informed consent is more than simply getting a patient to sign a written consent form. It is a process of communication between a patient and physician that results in the patient's authorization or agreement to undergo a specific medical intervention.
- As the physician providing or performing the treatment and/or procedure, you are expected to disclose and discuss with your patient:
 - The patient's diagnosis, if known;
 - The nature and purpose of a proposed treatment or procedure;
 - The risks and benefits of a proposed treatment or procedure;
 - The risks and benefits of not receiving or undergoing a treatment or procedure
 - Alternatives (regardless of their cost or the extent to which the treatment options are covered by health insurance) and the risks and benefits of the alternative treatment or procedure; and

INFORMED CONSENT (continued)

- In turn, your patient should have an opportunity to ask questions to elicit a better understanding of the treatment or procedure, so that he or she can make an informed decision to proceed or to refuse a particular course of medical intervention.
- This communications process, or a variation thereof, is both an ethical obligation and a legal requirement spelled out in statutes and case law in all 50 states.
- **Informed consent is not to be delegated to another practitioner.**
- **Proceeduralists are to sign, date, time and authenticate the informed consent form.**

(From the AMA Guide Physician-Patient Relations)

Focused and Ongoing Practice Evaluation

- When is **Focus Practice Evaluation** required?
 - For New Practitioners who requesting privileges
 - For Current Staff requesting a new privilege/procedure
 - As a result of ongoing practice concerns or for cause.
- What is **Ongoing Practice Evaluation**?
 - Medical Staff departments/divisions have identified indicators for which individual practitioner data is trended. This objective report is intended to help practitioners support best practice initiatives and evaluate ongoing performance.

Direct Admission Process

- All direct admissions should be called in prior to sending a patient to the hospital.
- Physician line is **202-364-7666**. This line is used exclusively for physicians.
- At the time of the call, have the patient's demographic and insurance information available.
- **Note:** after 4:30 pm and on weekends, we may be limited in obtaining information from the insurance carriers when the patient is being *sent from another hospital*. In such instances, you may be referred to the nurse coordinator.

Pain Assessment

- Sibley Memorial Hospital respects patient's rights to effective pain management. Pain management is a multidisciplinary process, characterized by continual coordination and communication of the plan of care towards the improvement of patient outcomes - increased comfort, reduced side effects, and enhanced patient satisfaction.
- Pain is assessed on a scale of 0 - 10
 - **0 = no pain** **10 = worst pain**
- Pain medication should be ordered with **specific details regarding indications and dose.**
- When **multiple medications are ordered for pain**, specific guidelines are provided:
 - for which medication to give AND
 - when to give for EACH type pain.

Identifying & Reporting Abuse or Neglect

- **NEGLECT** is a form of mistreatment by individuals resulting from inadequate attention, especially through carelessness or disregard for the needs of others.
 - Neglect can be physical, emotional, abandonment, financial, or self-neglect.
 - Signs: Sudden inability to meet essential physical, psychological or social needs which threatens health, safety or well-being; Disappearing from contact with neighbors, friends or family; Appearing hungry, malnourished, or with a sudden weight loss; Appearing disoriented or confused; Suddenly appearing disheveled or wearing soiled clothing; Failing by caregiver(s) to arrive as scheduled — or disappearing without notice; Expressing feelings of hopelessness, worthlessness or insignificance; Failing to take prescribed medications or nutritional supplements; Blaming self for problems arising with family or caregivers; Living in squalor or hazardous situations such as hoarding or cluttering
- **ABUSE** is the non-accidental use of force against an individual that results in physical pain, injury or impairment.
- Any health care practitioner who reasonably suspects abuse or neglect of a child or adult at any time during his/her interaction with that individual, shall report his/her suspicions according [JHHS Victims of Abuse and Neglect](#)

Alarm Safety

National Patient Safety Goal

- Alarm fatigue is sensory overload when healthcare providers are exposed to an excessive number of alarms.
- No Alarms Are To Be Ignored:
 - **HIGH RISK:** could lead to death if unattended (ventilators, telemetry monitors)
 - **MEDIUM RISK:** could lead to unintended outcomes if unattended (feeding pumps, bed alarms, CPMs)
 - **LOW RISK:** little patient risk if unattended (SCD pump, blanket warmers)

Organ and Tissue Donation

- Consistent with State and Federal law and with the rights of the individual patient, Sibley will report all deaths and all imminent deaths to the Washington Regional Transplant Consortium (WRTC), for evaluation for potential organ/tissue donation
- Comprehensive definitions and protocols are outlined in *Hospital Policy 03-32-04*

The Medical Record

GENERAL INFORMATION

- **LEGIBILITY**- it is the expectation that all handwritten documents are legible. Sibley Medical Staff believes that legible documents are critical to maintaining a safe and efficient environment for each patient.
- **AUTHENTICATION**: is the use of a legible identifier to follow your signature on any order/documentation. Approved methods of authenticating your signature:
 - Use your Epic enterprise ID following your signature (e.g. *John Doe, MD* - ID:55555)
 - Electronic signature
- The attending practitioner shall be responsible for a complete and legible medical record for each patient.
- Its contents shall be pertinent and current

DO NOT USE ABBREVIATIONS

The abbreviations below are not allowed in the Medical Record.

Abbreviation	Why?	Acceptable Practice
U,u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous or the number 10 (ten)	Write "international Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "l"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

ADMISSION ORDERS AND DOCUMENTATION

- Orders shall be on the medical record within 2 hours of a patient's admission.
- Within 24 hours of an admission, a complete history and physical examination and admission note shall be recorded. These records shall include all pertinent findings.
- If a history and a physical examination has been performed within 30 days before admission, a durable, legible copy of this report may be used in the patient's medical record. At admission, the record must be updated and note any changes or no changes, that may have occurred since the original H&P. Failure to comply will be reported to the attending physician by the floor head nurse or to the chairperson of the department if there is further delay.

Health Information Management

(Medical Records)

- Information documented in any manner (dictated, created on-line, via email, written on paper, etc.) about the treatment of a patient constitutes the medical record, must be accessible to all care providers no matter where the care is provided.
- Every patient requiring inpatient admission or an outpatient procedure MUST have a H&P.
 - Within 24 hours of an admission, a complete H&P examination and admission note MUST be recorded.
- Verbal orders are to have very limited use AND practitioners are to sign the verbal order promptly.
- Documentation is to be done contemporaneously.

MEDICAL RECORDS

- Definitions:
 - **Deficiency:** items in the EHR that are incomplete
 - **Delinquency:**
 - **Operative Report** –
is delinquent 14 days POST PROCEDURE
 - **Discharge Summary** –
is delinquent 14 days POST DISCHARGE

Notification of deficient or delinquent records will be via your Epic In-basket.

Failure to complete DELINQUENCIES within 14 days will lock the record; practitioners must go to Medical Records to unlock and complete the record.

HISTORY & PHYSICAL

- A **complete H & P** will contain a chief complaint, details of the present illness, relevant past, social, and family histories appropriate for the patient's age, allergies, a review of systems, a summary of psychosocial needs, a physical examination that describes the major findings related to the admission, the cardiovascular system, and lungs in all cases, and a statement about conclusions or impressions.
- All histories and physical examinations must be pertinent, signed, dated, timed, and authenticated.
- The attending physician shall countersign, date, time and authenticate the history, physical examination and pre-operative note when recorded by other practitioners. A consulting physician must countersign, date, time and authenticate the history and physical, and discharge summary conducted by a physician extender/resident.

GENERAL ORDERS

- A verbal/telephone order shall be considered as a written order if the physician provides his/her ID number and it is dictated to a registered nurse, registered pharmacist or respiratory therapist functioning within his/her sphere of competence and signed by the responsible practitioner.
 - **ALL VERBAL ORDERS AND ORDERS DICTATED OVER THE TELEPHONE SHALL BE SIGNED, DATED, TIMED, AND AUTHENTICATED BY AN AUTHORIZED PRACTITIONER AS SOON AS PRACTICAL OF SUCH ORDER.**

PROGRESS NOTES

- Pertinent progress notes shall be written legibly and recorded at the time of observation, sufficient to permit continuity of care and transferability.
- Whenever possible each of the patient's clinical problems should be clearly identified in the progress note and correlated with specific orders as well as results of tests and treatments.
- Progress notes shall be **written daily on critically ill patients** and those where there is difficulty in diagnosis or management of the clinical problem.
- All other patients should have a **progress note no less than every two (2) days**. This shall include an immediate post-operative report.

DISCHARGE SUMMARY

- The **final diagnoses** shall be recorded in full, without the use of symbols or abbreviations and dated and signed by the responsible practitioner.
- A **discharge summary shall be written or dictated on all medical records of IP hospitalizations over 48 hours** except for normal obstetrical deliveries, normal newborn infants and certain selected patients with problems of a minor nature. These latter exceptions shall be identified by the Executive Committee of the Medical Staff, and for these a final summation type progress note shall be sufficient to justify the diagnosis and warrant the treatment and end result.
- All summaries shall be signed by the responsible practitioner.
- **Discharge summary are considered deficient if not done at patient discharge.**

Immediate POST OP NOTE & OPERATIVE REPORT

- Post Op Note
 - Immediately following any procedure, a post op note is to be written in the medical record prior to the patient leaving the procedure area.
 - Elements required for the post-op note :
 - Name of Surgeon
 - Name of Assistants
 - Description of Procedure
 - Findings of Procedure
 - Estimated Blood Loss (even if it is “zero” or “none”)
 - Any specimens removed
 - Post op Diagnosis
- Operative Report
 - Must be **SIGNED** by the surgeon within 24 hours of the procedure. Failure to sign within 24 hours will deem the record as deficient.

MISCELLANEOUS MEDICAL RECORD ITEMS

- Continued Hospitalization Documentation: the attending practitioner is required to document the need for continued hospitalization after specified periods of stay.
- **Death certificates** must be signed by the attending practitioner or his/her designee prior to release of the body

Restraint and Seclusion

Hospital Policy 01-31-12

- Each patient's safety needs are individually evaluated and the least restrictive type of restraint is utilized.
- Alternative measures are attempted and documented before resorting to restraints or seclusion.
- Restraints or seclusion must be discontinued at the earliest possible time regardless of the length of time specified in the order.

It is the responsibility of the physician / LIP who initiates use of restraints and seclusion to be familiar with and comply with every aspect the hospital's policy and procedure.

Conditions for Using Restraint or Seclusion:

- For **Non-violent behavior** due to cognitive impairment
 - Order obtained within 8 hours of application and limited to no more than 24 hours
 - After first 24-hrs, a new order and face-to-face evaluation by primary physician
 - Document: type of restraint and the reason for implementation
- For **Violent or Self-destructive Behavior** that is an immediate threat to the patient, staff, or other's physical safety
 - A face-to-face evaluation is required within 1 hour of initiation.
 - Restraints or seclusion orders must be renewed every:
 - **Four (4)** hours for adults (over 18); **Two (2)** hours for ages 9-17; **One (1)** hour for under **age 9**.
 - Restrained or secluded patient is re-evaluated face-to-face by an LIP every:
 - **Eight (8)** hours for patients who are 18 or older; **Four (4)** hours for patients who are 17 and under.; **One (1)** hour for patients under 9.

Sibley – Certified as a Stroke Center of Excellence

- Evidence-based, best practice methodologies are used promote consistent stroke care. Stroke centers have excellent standards of program management, clinical information and self-management.
- To activate stroke team at Sibley call 4555. Medical Office Building above the first floor needs to call 911.

The Physicians' Role

- All patients admitted with a primary diagnosis of TIA or stroke will be admitted to the Telemetry or ICU depending on acuity and need for TPA.
- Physicians must utilize the **stroke order sets** for all stroke/TIA patients in order to insure best practice

*Please confirm that you have reviewed
Sibley's Medical Staff Orientation
by completing the online
Certificate of Participation*