Resident/Fellow Training
Orientation Policies

Restraint or Seclusion: Violent Behavior
Prevention and Reporting of Patient Abuse
Blood Component Indications & Critical Tests
HIPAA Privacy and Security
EMTALA

Regional One Health

Restraint or Seclusion: Violent/Behavioral
General Information

- Ordering physicians must have working knowledge of the hospital's policy
- **Each episode** of restraint or seclusion **requires an order**
- Must evaluate and document the patient **face-to-face** within **one hour** of initiation
- Non-physical de-escalation techniques will be used prior to physical holding

Restraint or Seclusion: Violent/Behavioral
Order Requirements

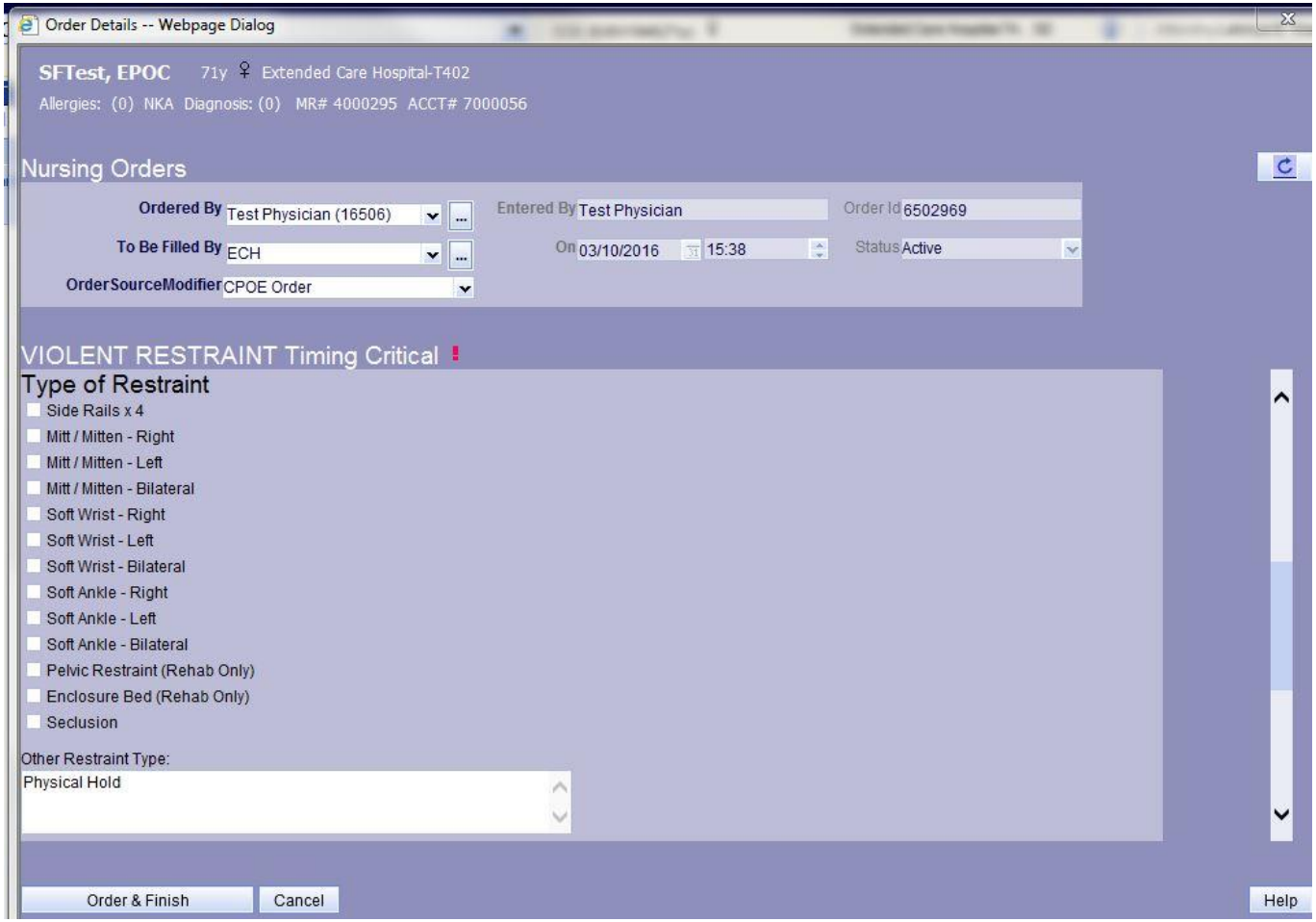
- Each episode of restraint or seclusion requires an order by a licensed physician or qualified allied health professional
  - Must be primarily responsible for the patient's care
  - If not ordered by the attending physician, they must be consulted as soon as possible (telephone consult is allowed)

Emergency Situations ONLY:

  - If primary physician is unavailable, qualified staff may initiate restraint based on assessment and an RN must notify the physician IMMEDIATELY to obtain a telephone or verbal order

Restraint or Seclusion: Violent/Behavioral

Order Requirements for Physical Hold



Regional One Health

Restraint or Seclusion: Violent/Behavioral
Face-to-Face

- Physician must evaluate and document the patient **face-to-face** within **one hour** of the original initiation of restraint or seclusion; even if discontinued prior to one hour
  - Components of a face-to-face include
    - Patient's physical/psychological status
    - Patient's immediate situation
    - Patient's response/reaction to intervention
    - Need to continue or terminate restraint or seclusion

**Qualified allied health professionals may perform this evaluation if they consult with the attending physician immediately (within minutes) and document same.*

Restraint or Seclusion: Violent/Behavioral
Physical Hold

- A **physical hold** is the use of bodily, physical force to limit an individual's freedom of movement and **is a form of restraint**
  - Requires an order, face-to-face evaluation, and second staff person to observe the patient
- Used only as a last resort and only after non-physical de-escalation techniques have failed

Restraint or Seclusion: Violent/Behavioral
Definitions

- *Restraint:* all manual, physical, mechanical, and material devices used to involuntarily limit freedom of movement, immobilize or reduce the ability of a patient to move his/her arms, legs, body, or head freely.
- *Seclusion*: The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving and not allowed visitation.
- *Violent/Behavioral Restraints*: A manual, physical, medical, material, or chemical device used to involuntarily limit freedom of movement of a patient who exhibits intractable behavior that is severely self-injurious or injurious to others, who have not responded to traditional interventions, and who are unable to contract with staff for safety.
- *Qualified Staff*: A staff member who is trained and competent in the initiation of, application, monitoring, assessment and discontinuation of restraint or seclusion (Ex: allied health professional, registered nurse).

Restraint or Seclusion: Violent/Behavioral
Training Requirements

- Training will occur:
  - With initial credentialing
  - At re-appointment
  - With any significant content changes to the policy

Blood Component Indications & Critical Tests

Regional One Health

Regional One Health

SUBJECT: BLOOD AND BLOOD COMPONENT INDICATIONS (PHYSICIAN RECOMMENDATIONS)

PURPOSE: TO PROVIDE PRACTITIONERS AND CAREGIVERS WITH RECOMMENDATIONS FOR WHEN TRANSFUSION OF BLOOD PRODUCTS IS CONSIDERED APPROPRIATE. TRANSFUSIONS MEETING THESE RECOMMENDATIONS ARE NOT SUBJECT TO REVIEW BY BLOOD UTILIZATION COMMITTEE. THESE ARE RECOMMENDATIONS ONLY. THE DECISION TO TRANSFUSE OR NOT TO TRANSFUSE SHOULD BE MADE BY THE PATIENT'S PHYSICIAN ONLY AFTER CAREFUL ASSESSMENT OF THE PATIENT'S CLINICAL CONDITION AND LABORATORY PARAMETERS.

AREAS AFFECTED/STAKEHOLDERS:
Patient Care Areas
Laboratory
Medical Staff

PERFORMED BY:
Patient Care Providers

APPROVED BY:
Tissue and Transfusion Committee
July 1, 2015

EVIDENCED-BASED INDICATIONS FOR USE:
*Special circumstances require clinical judgment

I. PACKED RED BLOOD CELLS (PRBC): Homologous or Autologous

A. Hgb <7 g/dl or Hct <21%.

B. Hgb <8 g/dl or Hct <24% in patients with acute coronary syndromes.

C. Rapid blood loss (>1500-2000 mL) not responding to appropriate volume resuscitation or with ongoing blood loss.

D. Normovolemic patient with need for increased oxygen carrying capacity evidenced by tachycardia, hypotension, or unresponsive to volume resuscitation.

Dose Recommendations:

- One unit of PRBC in adults or 10-15 ml/kg in pediatrics = an increase in Hgb by 1g/dl or Hct by 3%.
- Non-hemorrhaging adults transfuse at 1-2mL/min X 15 min. then 2.5mL/min (150mL/hr), not to exceed 4 hours.

Comments

- Documentation for all blood components should include indication(s) for the transfusion; this is especially important if the circumstances/indication for the transfusions falls outside of the established recommendations.

- The transfusion of a single unit is often sufficient; transfusion of additional units should be based on clinical assessment of patient.

II. PLATELETS:

A. Platelet count $<10 \times 10^9$/L in a non-bleeding patient with failure of platelet production.

B. Platelet count $<20 \times 10^9$/L with signs of hemorrhagic diathesis (petechiae, mucosal bleeding).

C. Platelet count $<20 \times 10^9$/L undergoing elective central venous catheter placement

D. Platelet count $<50 \times 10^9$/L with active hemorrhage or recent procedure (recent, in-procedure, planned).

E. Platelet count $<100 \times 10^9$/L in an adult patient who is at risk of intracranial hemorrhage, with active (intracranial) hemorrhage, or undergoing CNS, retinal, or cardiac surgery (recent, in-procedure, planned).

F. Documented platelet dysfunction.

Dose Recommendations:
- One apheresis unit in adults or 5-10ml/kg in pediatrics = an increase in platelet count by 25K-35K/μL.
- Non-hemorrhaging adults transfuse at 2-3mL/min X 15 min. then 5mL/min (300mL/hr).

Comments:
- Recommendations for stopping medication prior to invasive procedures vary with the medication and clinical situation.
- Platelet function tests may help assess the level of platelet inhibition and timing of surgical procedures.

III. FRESH FROZEN PLASMA (FFP):

**In emergent cases consider use of 4-factor PCC (Kcentra) in lieu of plasma transfusion.*
**IV Vitamin K should also be administered regardless of use of PCC or plasma.*

A. INR ≥2.0 and invasive procedure (recent, in-progress, planned).

B. INR >1.7 and neurosurgical procedure (recent, in-progress, planned).

Dose Recommendations:
- 10-15 ml/kg is usually adequate to correct a coagulopathy (1 unit FFP = 250-330 mL).
- Non-hemorrhaging adults 2-3mL/min X 15 min. then 5mL/min (300mL/hr).

Comments:
- FFP should not be used to reverse heparin or low molecular weight heparin (LMWH); instead use protamine sulfate.

- If INR is between 1.4-1.7, treat underlying condition and provide supportive care including use of vitamin K. Plasma is generally not required or effective.
- FFP will not generally bring INR value into a normal reference range.
- In liver disease with prolonged PT/INR, plasma products may prevent bleeding but complete correction of INR is unlikely.

IV. CRYOPRECIPITATE:

A. Fibrinogen <100 mg/dL.

B. Fibrinogen <150 mg/dL with active hemorrhage.

Dose Recommendations:

- 1 unit/10 kg is usually adequate, 1 pooled unit = 5 units.
  - Dosage can be calculated as follows:
    - Calculate patient blood volume
      - Patient weight (kg) x 70 mL/kg = blood volume (mL)
    - Calculate patient plasma volume
      - Blood volume (mL) x (1.0 – hematocrit) = plasma volume
    - Calculate milligrams fibrinogen required
      - Milligrams fibrinogen required = (desired fibrinogen in mg/dL – initial fibrinogen in mg/dL) x plasma volume (mL) ÷ 100 mL/dL
    - Calculate units of cryoprecipitate required
      - Units required = mg of fibrinogen required ÷ 250 mg fibrinogen/unit of cryoprecipitate
- Non-hemorrhaging adults transfuse at 1mL/min (60mL/hr).

V. GENERAL RECOMMENDATION: Discontinue administration of blood products as soon as active bleeding stops even if laboratory based coagulation goals have not been reached.

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Critical Tests and Critical Results (Values)
General Information

- Regional One Health defines the length of time between **availability of the results and the receipt** by the responsible licensed independent caregiver as **one (1) hour**
- MSEC approves the list of critical tests and results (values)

Critical Tests and Critical Results (Values)
Notification Process

- **Laboratory Results**
  - Once result is available, lab personnel notify nurse within 30 minutes
  - Nurse MUST notify provider within 30 minutes of receipt with “read back” process
- **Radiology Results**
  - Provider to provider notification within one (1) hour
- **EKG and Echocardiogram Results**
  - EKG: Nurse/EKG tech notify ordering provider within one (1) hour
  - Echo: Cardiologist notifies ordering provider within one (1) hour
- **Outpatient Results**
  - During practice hours: Nurse must notify provider within one (1) hour of receiving a critical result with “read back” process
  - After practice hours: Any critical result is called to the After Hours Call Center

If the ordering provider cannot be contacted, the provider chain of command will be initiated.

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Blood Collection Process
Physicians

- **MUST** use two patient identifiers when drawing blood
  - Name or Trauma Number (if patient name unknown)
  - Account Number
- MD holds blood until patient label is placed on specimen

Prevention and Reporting of Patient Abuse

Regional One Health

Patient Abuse and Neglect Policy Statement

Regional One Health strives to ensure that patients are protected and free from neglect and abuse. Regional One Health must protect vulnerable patients including newborns and children. Additionally, Regional One Health must provide protection for the patient's emotional health and safety as well as physical safety. Any employee, house staff (resident), students, volunteers, contract staff**,** medical and allied health staff, vendors, contractors, and agents who suspects a violation of this policy or Regional One Health's standard of conduct is responsible for reporting such concern as set forth below. Medical staff, house staff (resident), students, volunteers, contract staff**,** allied health staff, vendors, contractors, agents, patients, family members or general public are encouraged to report any suspected abuse or neglect.

Please read Regional One Health's policy: Patient Abuse and Neglect located on the intranet

Definition of Abuse and Neglect

Abuse is defined as "the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical, emotional or psychological harm, pain or mental anguish."
(ROH Abuse and Neglect Policy)

Neglect: The failure to provide goods and services necessary to avoid physical harm, mental anguish or neglect.

Prevention of Abuse & Neglect

To protect patients from abuse and neglect, Regional One Health will adhere to the following **7** requirements:

1. Prevention

- Ensure that adequate staffing levels working within clinical areas are maintained at all times.
- Adequate staffing will serve as a critical component of preventing the abuse and neglect of a Regional One Health patient.

2. Pre-Employment Screening

- Pre-employment screening process will include review of state adult and/or child registries to ensure that individuals reported to such registries are not hired as employees of Regional One Health.
- Require the same for vendors and contractors providing services on the premises of Regional One Health's campus and/or off-site outpatient clinics.

3. Identification

Maintain an internal incident reporting system that will allow personnel to report events and occurrences

Prevention of Abuse & Neglect

4. Training

The general orientation curriculum for newly hired personnel and ongoing training for existing personnel will include training on patient abuse and neglect, and will include a minimum:

- Definition of abuse and neglect
- Reporting requirements for abuse and neglect
- Prevention of abuse and neglect
- Intervention/Detection of abuse and neglect

Prevention of Abuse & Neglect

5. Protect

Should an allegation of abuse and/or neglect be made, the patient identified in the allegation will be protected in accordance with the process set forth in Process section Patient Abuse and Neglect policy.

6. Investigation

Should an allegation of abuse and/or neglect be made, the investigation of abuse and/or neglect will be:

- Objective
- Completed in a timely and thoughtful manner

Prevention of Abuse & Neglect

7. Report and Respond

Should an investigation of an allegation of abuse and/or neglect result in a finding of abuse and/or neglect:

- Report such abuse and/or neglect to the appropriate authorities as required by applicable law and
- Implement the appropriate corrective/remedial action

Role of Risk Management or Quality in Patient Alleged Abuse

1. Risk Management and/or Quality will empanel an investigative team. The investigation will be done within 72 hours.

2. The completed investigative summary will be reviewed by the Program Director, Site Director and Attending Physician, appropriate executive team members to determine a consensus for actions to be taken.

3. The Program Director will review the findings of the investigation with the **Resident.**

Reporting Suspected Violations

- Reports of suspected violations or acts of patient abuse/neglect are handled confidentially to the extent the law allows.
- Anonymity is provided to any reporting person desires it.
- Regional One Health has a policy of not tolerating retaliation for any report which is made in good faith. However, a person who makes a report of suspected violation or act of patient abuse/neglect without good faith belief that the actions are wrong may be subject to disciplinary action.

HIPAA Privacy and Security

Regional One Health

HIPAA Privacy and Security

Only access information that is needed to perform job responsibilities.

Ensure that you have the patient's consent before discussing any protected health information (PHI) such as diagnosis and treatment information in front of anyone not providing direct patient care (i.e., family members, friends, guards, etc.).

Speak quietly when discussing a patient's condition with family members in a waiting room or other public areas.

Avoid using patients' names in public hallways and elevators.

Emails containing PHI (including attachments) should ALWAYS be encrypted.

Do not email PHI to a private email address.

Do not use your personal email address to send company and patient data.

Do not try to bypass any company security controls.

Do not share usernames and passwords.

Always maintain the security of documents containing PHI (rounding sheets, etc.).

Never leave information containing PHI unattended.

Use a coversheet when sending a fax.

Regional One Health

HIPAA Privacy and Security

Dispose of confidential materials in shredder bins.

Always log off your computer before leaving your work area.

Do not download PHI to a mobile device or jump drive.

Photographs should not be taken unless required for patient treatment.

Report any suspicious activity to the Privacy Officer and/or your direct supervisor immediately.

Report any lost or stolen equipment to IT and/or your direct supervisor immediately. .

Social Networking

Do not reference any PHI, including name, demographic information, diagnosis, or image.

Accessing social networking sites is not permitted, unless in the performance of duties.

Cell Phone Usage

The use of personal cell phones, unless required in the treatment of our patients or for official ROH business, should be limited and not interfere with duties.

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Emergency Medical Treatment and Active Labor Act "EMTALA"

EMTALA prohibits a hospital from delaying care, refusing treatment, or transferring patients to another hospital based on the patient's inability to pay for services.

Note: Delays in care include when a patient experiences an extended EMS offload time and the initial screening and MSE are not completed timely.

EMTALA Law Applies to:

- Patient transfers
- Medical screenings for patients with potential emergency medical conditions
- Medical screening for patients who are potentially in active labor

Medical Screening Exam – MSE

- Medical Screening Exam (MSE)- must be performed to determine if the individual has an emergency condition (EMC) or is in active labor.
- If there is an EMC, the hospital must provide stabilizing treatment within the capabilities and services it offers.
- The MSE can either be a quick evaluation lasting a few seconds or can be an extensive workup.
- Patients needing transfer to another facility must be stabilized, or the transfer must be certified (is appropriate and meets certain conditions).

Medical Screening Exam – MSE

- The exam done by a medical provider to determine if there is an Emergency Medical Condition (may be a visual assessment or may include Labs and xrays, etc.)
- RN's can't perform the MSE. This must be performed by the Medical Provider.
- Triage done by the RN is not a medical screening exam
- MSE CANNOT be delayed to obtain financial information or to obtain pre- authorization for treatment

Note: At ROH, if there is a anticipated delay in providing an MSE, the Emergency Room staff should initiate the MSE escalation process.

Emergency Medical Condition – EMC

- An EMC is a medical condition with acute/severe symptoms, such as severe pain, severe difficulty breathing, severe psychiatric disturbances, etc. that could result in:
  - Placing the health of the individual (or for pregnant women, the health of the woman or her unborn child) in serious jeopardy
  - Serious impairment to bodily functions
  - Serious dysfunction to any bodily organ or part

Note: If the medical provider determines after an appropriate Medical Screening Examination that no EMC exists, **EMTALA obligations have been met**.

EMTALA Penalties

- Civil monetary penalties of up to $50 000 for hospital *and physician* per occurrence; hospitals with fewer than 100 beds, $25,000 per occurrence
- Public notice (posted for all to see)
- Potential loss of participation in the Medicare program and providing care for Medicare patients
- The physician could lose medical license
- Civil suit violation of EMTALA

Scenario #1

- A patient with chest pain presents to a hospital owned clinic 100 yards away from the hospital. The hospital has a dedicated Emergency Department.

- Does the hospital have an EMTALA obligation for the care of the patient?

Scenario #1

- *Yes. The clinic meets the definition of hospital campus, thus the clinic has an EMTALA obligation.*

Scenario #2

- A patient arrives to the hospital by ambulance. A nurse advises the EMT that there are no hospital stretchers available to receive the patient. The EMT waits with the patient until a hospital stretcher is available.

- Does the hospital have an EMTALA obligation for the care of this patient?

Scenario #2

- *Yes. EMTALA responsibility of the hospital begins when an individual arrives and not when the hospital accepts the individual from the stretcher*
- *The hospital has an obligation to provide an appropriate medical screening exam and necessary stabilization*
- *Failure to meet these requirements constitutes a violation of EMTALA*
- *When CCA capacity is such that prolonged offload times are expected, the charge nurse will initiate the MSE hierarchy call list*

MSE Hierarchy – Trauma Patients

- CCA resident
- CCA NP
- TSD NP
- TICU resident
- GICU resident
- Floor resident
- Trauma chief
- Trauma/SCC fellow
- Trauma attending

Duty to Report

- Hospitals/Medical Providers who receive an improperly transferred patient are required to report their concerns to CMS or to their State survey agency within 72 hours.
- House staff – report to Attending physician
- Attendings – report to ROH administration

For questions or additional information contact

Karen Freeman, VP Quality/Risk Management at

kfreeman@regionalonehealth.org

Attestation

I Have reviewed and understand the content of this training module. Please Click Below to Attest.

Attestation Page