

Medical Staff & Provider Annual Education

Fall 2025



Saint Alphonse

A Member of Trinity Health

Purpose

- The purpose of this course is to educate on regulatory requirements and reminders of important policies.



Mission/Vision/Values

Our Trinity Health

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities

Our Core Values:

- Our Core Value of Reverence
We honor the sacredness and dignity of every person.
- Our Core Value of Commitment to Those Experiencing Poverty
We stand with and serve those who are experiencing poverty, especially the most vulnerable.
- Our Core Value of Integrity
We are faithful to who we say we are.
- Our Core Value of Justice
We foster right relationships to promote the common good including sustainability of Earth.
- Our Core Value of Safety
We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- Our Core Value of Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.



Saint Alphonse

A Member of Trinity Health

Our Trinity Health Culture



Our Mission

We, Trinity Health, serve together in the spirit of the Gospel, as a compassionate and transforming healing presence within our communities.



Our Core Values

- Reverence
- Commitment to Those Experiencing Poverty
- Safety
- Justice
- Stewardship
- Integrity



Our Vision

We will be the most trusted health partner for life.



Our Actions

As a Trinity Health colleague, I will:

- Listen to understand.
- Learn continuously.
- Keep it simple.
- Create Solutions.
- Deliver outstanding service.
- Own and speak up for safety.
- Expect, embrace and initiate change.
- Demonstrate exceptional teamwork.
- Trust and assume goodness of intentions.
- Hold myself and others accountable for results.
- Communicate directly with respect and honesty.
- Serve every person with empathy, dignity and compassion.
- Champion health equity and the Common Good.



Our Promise

We Listen.

We Partner.

We Make it Easy.

Focus on creating an **Exceptional Member Experience.**

ICARE

- Saint Alphonsus uses a communication model to help structure interactions with patients, visitors, and each other. Differentiated by our core value of Reverence, Saint Alphonsus strives to ensure those we serve perceive our genuine caring through the way we communicate.
- A communication model utilized throughout the organization creates a consistent and standardized experience. This is important for creating loyalty. Our model is ICARE.

I C A R E	Introduction	(name, role, what you are doing)
	Connect	(note/learn something about the person beyond their health concern or need)
	Ask for permission	(before touching the person or starting a process/procedure)
	Reduce anxiety	(anticipate needs/concerns and answer questions using simple terms)
	Exit with Reverence	("is there anything else I can do for you?" and telling the person when you'll be back, if applicable)



Saint Alphonsus

A Member of Trinity Health

Commonly use Zen Window Applications

Everyone has a customized Zen Window.

Circled are some useful applications for you to be aware of that you might not access often.

The screenshot displays the Trinity Health Zen Window interface, which is a grid of application icons. Several icons are circled in red, and callout boxes provide details about them:

- PPM Login:** A callout box states, "PPM is our Policy and Procedure Manual. It will default to the site you are hired to. If you have PPM login, you use the login app, if you don't, select PPM Boise (or site you are at)".
- Kissler Discover:** A callout box states, "The Kissler Library links you to Ebsco where you can search and request articles."
- RLSolutions VOICE:** A callout box states, "RLSolutions and TH Work Related Incident Reporting is where you can report either injury to yourself, or incident involving you or someone else".
- TH Work-Related:** This icon is also circled in red.

The grid includes various other applications such as COVID-19 ICU Ed, Epic Apps, Powerchart, AppBar Profile, FirstNet, PharmNet, Surgical Menu, SurgiNet Tracking, Continuity Site, Continuity Site FirstN..., Continuity Site Surgic..., CPM Training, Nutrition Care, 7-ZIP, Adobe Acrobat, Adobe Creative..., AGS Certificati..., Autorun CD-DVD, Axiom, Bar128 Utility, BI Hub, Epic BCA Web - SABO, Epic Net, Kronos Workforc..., Lawson IDAutoma..., Lawson MC75A0..., Leadership Learning, Learning and..., Live Your Whole Life, M365 Access, M365 Excel, M365 Learning, M365 OneNote, M365 Outlook, M365 Portal Login, M365 PowerPoint, M365 Publisher, M365 Teams, M365 Visio Professio, M365 Word, MDList, MFA Setup Info, MFA Test, Microsoft Account..., Microsoft Edge, Midos PROD..., Midos Statit PROD piM..., Midos Statit TEST piM..., Midos TEST..., Navicare Nurse Call..., Navicare Nurse Call..., NextGen Storefront, Notepad, OneSign Agent, Opioid Stewards..., Outlook on the Web, Physician Portal, PMA Boise, PPM Login, PPM SAs, Printer Search 1.0, Privacy Concern, Privilege Inquiry..., Provider Scorecard, Qligsoft Virtual Visits, Quickbase, RLSolutions VOICE, ROTH Delta, Safe and Reliable..., Safety Data Sheets, SAHS Videos, SAHSweb, ServiceNow Self Service, Shift Wizard, Spring Health..., St. Lukes RPACS, StandOut, TH ERP Edge, TH Work-Related, TRICE - EASYNE..., Webex Desktop..., Webex Web App, Windows Movie..., Workday, Zoom Desktop..., and ZPM Manual...



Saint Alphonsus
A Member of Trinity Health

- **Incident Reporting:**
 - Colleague incident/injury: Report to department leadership for Code Safety assistance; submit a THEIR report
 - Facility related concern or issue: Report to department leadership and/or submit a work order
 - Patient or Visitor issue: Submit a VOICE in the electronic reporting system.



Codes

- **Code Calls:** Call 555 from any internal phone
- **Code Triage:** Mass casualty incident, critical service / utility outage, internal / external flood event, national disaster (e.g., earthquake), bomb threat. Follow the instructions of the department leadership and the Incident Command Team.
- **Code Blue:** Patients over 13 years of age
- **Pediatric Code Blue:** Patients birth to 12 years of age
- **Code Amber:** Missing or abducted infant, child, or vulnerable adult
- **Code Orange:** Hazardous Material Spill/Release
- **Code Red:** Fire
- **Code Gray:** Threatening or aggressive person without a weapon
- **Code Silver:** Threatening or aggressive person with a weapon (e.g., active shooter)
- **Rapid Response:** Patient Condition Worse – Need Assessment from Team



Saint Alphonse

A Member of Trinity Health

Respectful Workplace



We work respectfully with **ALL** members of our care team to ensure a health environment for our patients and each other. The Medical Staff Conduct Policy addresses the expectation that physicians and providers ***treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner***. All other colleagues are held to Trinity Health Code of Conduct. Disrespectful behavior by any colleague or provider is inconsistent with our core values, negatively impacts patient safety, is demoralizing to impacted persons, undermines the clinical team and creates a negative working atmosphere in general.



Saint Alphonse

A Member of Trinity Health

Consideration for Colleagues:

- Any behavioral complaint should be reported using VOICE (there is a Disruptive Behavior widget) so that it can be investigated
- No one should have to work in an environment where they don't feel safe
- When colleagues don't feel safe, they are less likely to report patient concerns which impacts our ability to provide safe care to our patients



What is Disruptive Behavior?

Using ***threatening or abusive language*** directed at an individual or regarding another individual, including patients, nursing staff, other Hospital personnel or practitioners (e.g., belittling, berating and/or threatening an individual)

Making ***degrading, demeaning or insulting comments*** regarding patients, nursing staff, other Hospital personnel or the Hospital

Using ***profanity, racial slurs or similarly offensive language***

Verbal, non-verbal or physical interaction with another individual that is reasonably perceived as ***threatening, intimidating or disruptive*** to the orderly operations of the Hospital.

Addressing concerns about ***clinical judgment or dissatisfaction with the performance of another individual in the medical record*** or by other ***inappropriate means*** (instead of through direct and professional contact with the individual or through Medical Staff or Hospital policies).

Disruptive behavior does not have to be intentional – it is the impact of the behavior on others that is the key, not the intent of the individual who engaged in it



Saint Alphonse

A Member of Trinity Health

Behavioral Complaints

- What occurs following a behavioral complaint?
 - The complaint must ***be reported and a record of it is made***
 - The complaint will be ***investigated***
 - If the complaint is substantiated, ***appropriate remedial measures*** will be taken
 - ***Confidentiality*** will be maintained to the extent possible, but cannot be guaranteed
 - ***No retaliation*** may occur against the complainant who makes a complaint in good faith, or any individual participating in the investigation



Saint Alphonse

A Member of Trinity Health

Behavioral Complaints

- **Investigation, Tracking, Resolution:**

- Leadership notification/engagement
- Follow process of investigation, classification, documentation, and intervention with progressive disciplinary action according to medical staff bylaws.
- MEC/Board
- Employer/Contract
- Progressive action is only taken if the issue cannot be easily resolved.

Offensive behavior which is based on one of the following under federal and/or state law will not be tolerated: Race, Color, Religion, National Origin, Age, Sex, Sexual Orientation, Gender Identity, Transgender status, Marital status, Familial status, Pregnancy, Veteran status, Disability. These are protected classes.



Saint Alphonse

A Member of Trinity Health

Impaired Practitioners

The term impaired is used to describe a practitioner whose condition adversely affects their ability to provide medical care with reasonable skill and safety because of excessive use or abuse of drugs or medication, or mental or physical illness (including but not limited to deterioration through the aging process, or loss of motor skills). Impairment also implies a decreased ability or willingness to acknowledge the problem or to seek help to recover.

It places the practitioner at risk and creates a risk to public health and safety. Some signs of impairment are deterioration of hygiene or appearance, personality or behavior changes, unpredictable behavior, unreliability or neglecting commitments, excessive ordering of drugs, lack of or inappropriate response to pages or calls and decrease quality of performance or patient care.

Should you suspect an impaired colleague or provider, promptly report to your supervisor or the unit supervisor. If after hours, report to the Clinical Coordinator.



Saint Alphonsus

A Member of Trinity Health

Rapid Response Team

The Rapid Response Team's (RRT) role is to assist with assessment and treatment of a patient that has an acute change in condition. The RRT can be called at any time and consists of the patient's primary nurse, a critical care nurse and a respiratory therapist.

- An RRT can be called by dialing 555:
- Any time a clinician is concerned about a sudden or worsening change in patient condition
- When the patient or a family member requests the team be called (or when they call themselves)



The rapid response team can employ certain interventions based on their assessment, within the RRT protocol. All RRT's should be in conjunction with contacting the patient's primary physician.



Saint Alphonse

A Member of Trinity Health

Organ Donation

Saint Alphonbus ensures all families are given the option of organ and/or tissue donation. Nursing staff will notify Cascade Life Alliance, Idaho Lions Eye Bank, or Community Tissue services for every death or imminent death in the hospital. For impending/imminent death, this is done in collaboration with the attending physician. If the attending physician or designee does not respond to at least two contact attempts and greater than one hour has elapsed, Cascade Life Alliance's requirement to inform the attending physician will be considered met. There needs to be discretion and sensitivity to circumstances, beliefs and desires of families and potential donors.



Saint Alphonbus

A Member of Trinity Health

Pain Management



Pain management cannot be dictated by one approach. The ultimate treatment course must be made by the individual clinician, in light of the patient's clinical presentation individual patient needs, and the available diagnostic and multi-modal treatment options.

Regulatory requirements remain which require pain medication orders contain specific details regarding indications and dose. Range orders for medications should be clear so that nursing staff understand which dose is appropriate for the treatment of the patient. When multiple medications are ordered for pain, specific guidelines for which medication to give for each type of pain must be provided.



Saint Alphonse

A Member of Trinity Health

Pain Management

Regulatory standards regarding pain assessment and management have been in effect since January 2018. These standards include:

- Identifying a leader or leadership team that is responsible for pain management and safe opioid prescribing (Dawn Berheim, PharmD, Interim West Region Pharmacy Director)
- Involving patients in developing their treatment plans and setting realistic expectations and measurable goals
- Promoting safe opioid use by identifying high-risk patients
- Monitoring high-risk patients
- Facilitating clinician access to prescription drug monitoring databases
- Conducting performance improvement activities focusing on pain assessment and management to increase safety and quality for patients



Saint Alphonse

A Member of Trinity Health

Sepsis definitions: Please document accordingly

- Sepsis (infection plus two SIRS (see next slide))
- Severe Sepsis (Sepsis plus organ dysfunction related to an infection)
- Septic Shock (hypotensive after adequate fluid challenge and/or lactate ≥ 4 in the setting of an infection)



Sepsis Bundles

ADULT SEPSIS CRITERIA	
SIRS	<ul style="list-style-type: none"> * Temp $>100.9^{\circ}\text{F}$ (38.3°C) or $< 96.8^{\circ}\text{F}$ (36°C) * HR >90 * RR >20 * WBC $> 12,000$ or $< 4,000$ or $>10\%$ bands
Sepsis	* Known or suspected infection PLUS 2 or more SIRS criteria
Severe Sepsis	<p>Organ Failure Criteria:</p> <ul style="list-style-type: none"> * Cardiovascular: SBP <90, MAP <65 or $\downarrow 40$ from baseline * Metabolic: Lactic Acid $>2\text{mmol/L}$ * CNS: Change in mental status (new) * Respiratory: SaO₂ $< 90\%$ or \uparrow in O₂ requirements * Renal: (Urine output $<0.5\text{ml/kg/hr} \times 2\text{hrs}$) or (Creatinine > 2 or $\uparrow 0.5\text{mg dl}$ from baseline) * Platelets $< 100,000$ * INR > 1.5 (unrelated to anticoagulant therapy) * Hepatic: Serum total bilirubin >2
Sepsis PLUS New Organ Failure	
Septic Shock	<ul style="list-style-type: none"> * Severe sepsis PLUS hypotension (SBP <90 or MAP less than 65) despite 30ml/kg fluid bolus and/or * Lactate greater or equal to 4mmol/L

Sepsis Bundles

TO BE COMPLETED WITHIN 3 HOURS OF TIME OF PRESENTATION †:

1. Measure lactate level
 2. Obtain blood cultures prior to antibiotics
 3. Administer broad spectrum antibiotics
 4. Administer 30ml/kg crystalloid for hypotension or lactate $\geq 4\text{mmol/L}$
- † "time of presentation" earliest documentation consistent with severe sepsis /shock

TO BE COMPLETED WITHIN 6 HOURS

5. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain (MAP) $\geq 65\text{mmHg}$
6. Perform fluid reassessment if lactic acid $\geq 4\text{mmol/L}$ or persistent hypotension (MAP <65) after fluid bolus*
7. Re-measure lactate if initial lactate ≥ 2

*DOCUMENT REASSESSMENT OF VOLUME STATUS AND TISSUE PERFUSION BY LIP: (after initial fluid resuscitation):

Either

-Documentation indicating a "PERFUSION ASSESSMENT" or "SEPSIS FOCUSED EXAM"

Or

• Focused exam including VS, cardiopulmonary, cap refill, pulses and skin findings.

Or two of the following:

- Measure CVP
- Measure ScvO₂
- Bedside cardiovascular ultrasound
- Dynamic assessment of fluid responsiveness



Saint Alphonse

A Member of Trinity Health

- It is imperative to ensure when obtaining informed consent that providers include the following
 - Explanation/description of the intervention
 - Anticipated benefits
 - Risks/side effects
 - Alternatives
 - Opportunity for questions and clarifications



Teach Back

- From AHRQ –
 - Teach Back quick guide
 - Use Teach Back for all patients
 - Start with the most important message
 - Limit to 2-4 key points
 - Use plain language
 - Rephrase message until patient demonstrates clear understanding
- Examples -
 - “Just to be safe, I want to make sure we are on the same page. Can you tell me . . .”
 - “I want to make sure that I explained things clearly. Can you explain to me. . .”
 - “Can you show me how you would use your inhaler at home?”



Saint Alphonse

A Member of Trinity Health

Teach Back – Use plain language

Use these words	Avoid these words		Use these words	Avoid these words
Reduces swelling	Anti-inflammatory		Heart doctor	Cardiologist
Blood thinner	Anticoagulant		Skin doctor	Dermatologist
Take before meals	Take on an empty stomach		Doctor who treats diabetes	Endocrinologist
High (low) blood sugar	Hyper (hypo) glycemic		Stomach doctor	Gastroenterologist
High (low) blood pressure	Hyper (hypo) tension		Doctor for women	Gynecologist
Fats	Lipids		Doctor for the brain	Neurologist
Overweight	Obese		Cancer doctor	Oncologist
Weak bone disease	osteoporosis		Lung doctor	Ophthalmologist
Not cancer	Benign		Joint, bone, and immune system doctor	Rheumatologist

National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them. The next three slides will address what we are doing for National Patient Safety Goals

- Identify patients Correctly
 - Use at least two patient identifiers, name and date of birth preferred
 - Make sure that the correct patient gets the correct blood when they get a blood transfusion
- Improve Staff Communication
 - Get important test results to the right staff person on time
- Use Medicines Safely
 - Before a procedure, label medicines that are not labeled
 - Take care with patients who take blood thinning medications
 - Record and pass along correct information about a patient's medication



Saint Alphonse

A Member of Trinity Health

National Patient Safety Goals



- Use Alarms Safely
 - Make improvements to ensure that alarms on medication equipment are heard and responded to on time
- Prevent Infections
 - Use the hand cleaning guidelines from the World Health Organization
 - Use proven guidelines to prevent infection types as follows
 - Difficult to treat
 - From central lines
 - After surgery
 - From indwelling urinary catheters



Saint Alphonse

A Member of Trinity Health

National Patient Safety Goals: Suicide

- Identify Patient Safety Risks – Reduce the risk for suicide
 - According to the Joint Commission, the estimated number of hospital inpatient suicides per year in the United States ranges from 48.5 to 64.9. Of these, 31-51% involve psychiatric inpatients. Hanging was the most common method of inpatient suicide. Hospital prevention efforts across Saint Alphonsus Health System are primarily focused on mitigating risks associated with hanging.
 - Refer to “Suicide Risk, Precautions and Referral—SAHS” for a detailed procedure for Inpatient and Emergency.
 - All patients age 13 and above are screened for suicide risk using the Abbreviated Columbia Suicide Screen

SUICIDE PREVENTION STARTS WITH YOU



Saint Alphonsus

A Member of Trinity Health

National Patient Safety Goals: Suicide

- Identify Patient Safety Risks – Reduce the risk for suicide
 - All patients identified to be presenting homicidal gestures or at risk for self-harm due to grave disability resulting from mental illness will have the Mental Health Risk Reduction Checklist and 1:1 direct observation initiated.
 - At discharge the plan should include suicide prevention measures to be taken.
 - In the outpatient setting, the screening process includes the Patient Health Questionnaire (PHQ2) is completed on all patients age 12 or older upon the initial clinic visit and then annually. If a screening score is positive, the Depression Screening Tool (PHQ) will be completed with a patient.
 - Patient identified in acute suicidal crisis will be provided a safe health care environment until transport can be arranged to the Emergency Department.



Saint Alphonse

A Member of Trinity Health

National Patient Safety Goals: Universal Protocol

- Prevent Mistakes in Surgery

An analysis of 24 Patient Safety Events across Saint Alphonse Health System with Time Out Issues in 2020 showed:

- 31%(10) of those events had inadequate Time Outs - missing elements of the process
- 16% (5) had no Time Out
- 10% (3) had site marking issues
- 10% (3) had no Time Out
- 9% (3) had no consent done



Saint Alphonse

A Member of Trinity Health

Universal Protocol

- Pre-procedure verification including H&P must be less than 30 days old, accurately completed, signed and dated Surgical/Procedural Informed Consent form.
- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body
- Mark the correct place on the patient's body where the surgery is to be done
- The surgeon or proceduralist should initiate the Time Out



Saint Alphonse

A Member of Trinity Health

Universal Protocol

Elements of the Time Out include (refer to “Universal Protocol- Preventing Wrong Site, Wrong Person and Wrong Surgery or Invasive Procedure” for an extensive List):

To find the Policy, click on the PPM link on the Zen Window, then type in Universal Protocol

1. When there is more than one surgical/invasive procedure being performed by separate procedure teams, there should be a “Time Out” prior to each team commencing its procedures.

2. The patient is prepped, draped, and surgical or procedural site marking is visible.

3. All other activities are to be suspended (unless there is a threat to patient safety) during the Time Out including donning gown/gloves, drying hands, prepping medications, etc. The entire team including surgeon/physician, anesthesia provider, technologist, nurse, and others in the room must pause in order to give full attention to the patient about to undergo surgery.

4. All procedural/surgical team and/or new members verbally introduce themselves and their role.



Saint Alphonse

A Member of Trinity Health

National Patient Safety Goals: Anticoagulant Therapy

- Anticoagulant medications are more likely than others to cause harm due to complex dosing, monitoring requirements and challenges, and potential inconsistent patient compliance
- The hospital uses approved protocols and evidence-based practice guidelines for reversal of anticoagulation and management of bleeding events related to anticoagulant use
 - Anticoagulant Reversal Agents (Epic Orderset)
 - Use General – IP Blood and Blood Component Transfusion Therapy orderset if blood products required
- The hospital uses approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants
 - This may also address the use of bridging medications, timing for stopping an anticoagulant, and timing and dosing for restarting an anticoagulant
 - Example: [Published Guidance - International Society on Thrombosis and Haemostasis, Inc.](#)
 - Example: [Regional anesthesia in the patient receiving antithrombotic or thrombolytic therapy: American Society of Regional Anesthesia and Pain Medicine Evidence-Based Guidelines \(fifth edition\) | Regional Anesthesia & Pain Medicine](#)



Saint Alphonse

A Member of Trinity Health

Restraints



- A restraint is defined as any manual method, physical, or mechanical device, material, equipment that immobilizes or reduces the ability of a patient to move his arms, legs, body, or head freely; or a drug or medication when used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.



Saint Alphonse

A Member of Trinity Health

Restraints

- Restraint devices may only be used after less restrictive alternatives have been tried and documented as unsuccessful
- Two categories of restraints
 - To protect the physical safety of the non-violent patient
 - To manage violent or self-destructive behavior
- It is the patients behavior that determines the category of restraint, NOT the device applied. For example, soft restraints may be used for violent, and Velcro restraints may be used for non-violent, if appropriate.
- Medical staff must have a working knowledge of the restraint policy
- Medical Staff may NOT be involved with applying restraints without proper training
- Restraint requirements for non-violent patients:
 - A timed/dated order for initiation/application
 - The physician or LIP will see and evaluate the patient each morning before renewing the initial order for restraints.
 - Examination of the patient should be documented in the medical record.
 - Restraint orders should be renewed during the morning assessment.



Saint Alphonse

A Member of Trinity Health

Restraints

- Restraint requirements for violent or self-destructive behavior:
 - A timed/dated order for initiation
 - An in-person face to face evaluation within one hour of implementation (physician, LIP, or Qualified RN). If performed by a Qualified RN results are reported to the physician or LIP
 - Qualified RN's are charge nurses and all ED and BHU RN's
 - After initiation, violent restraints should be reordered as follows: \geq age 18 every 4 hours; age 9-17 every 2 hours, under age 8 every 1 hour.
 - RN or another associate that has received restraint training will observe and document assessments every 1 hour and observations every 15 minutes
- Restraints should be discontinued when the patient meets the criteria outlined in the order. The RN will terminate the restraint and document the rationale in the medical record. (Reference: Restraints/Seclusion Policy)



Saint Alphonse

A Member of Trinity Health

Palliative Care - Boise



Palliative Care:

Needs of the dying patient

- Inpatient
 - Specialty Palliative Care consultation service made up of: Physician, NP, Social worker and chaplain. On call provider 24 hours per day. 208-367-4096
 - CRM available to assist with discharge to hospice services.
 - Physical, Occupational, and Speech therapy help maximize quality of life and safety of patient.
- Outpatient
 - Specialty Palliative care clinic made up: Physician, NP, Social worker, chaplain, and pharmacist. 208-302-5480. Patients can self-refer.
 - Community Hospice services.



Saint Alphonse

A Member of Trinity Health

Palliative Care – Nampa/Ontario/Baker

Nampa	Ontario	Baker City
Consultation can be made by calling the Boise 24 hour phone 208-367-4096	Provider places Palliative Consult order in EPIC	Provider places a Case Management Consultation
Providers are available onsite Tuesdays and Thursdays	Palliative Specialist, Dr. Gering will see the patient	Case Management will work on Hospice placement
Nampa Palliative team consists of a Chaplain and Social Worker who manage consults when a provider is not there	The Interdisciplinary Team will also make recommendations for Palliative care consultation as appropriate	



Saint Alphonsus

A Member of Trinity Health

Fall Prevention

All patients are assessed for fall risk upon admission, transfer to another unit, every 12 hours, and with changes in patient condition.

Assessment includes risk and contributing factors such as:

- Fall history
- Medications
- Secondary diagnosis
- Mobility
- Mental status
- Age
- Necessary patient care equipment such as IV's, ambulatory aides, etc.



Based on the assessment, the patient is rated using the Hester Davis Fall Scale list of questions in the electronic medical record to determine the patient's fall risk.



Saint Alphonbus

A Member of Trinity Health

Fall Prevention

Universal fall precautions measures will be initiated on ALL designated fall risk patients. This includes purposeful hourly rounding, call light and necessary items within reach, treaded socks or proper footwear, and patient/family education.

If a patient is identified as a moderate or high fall risk, in addition to universal fall precautions, there will be one or all the interventions used. Chair pad or bed alarm initiated to signal when a patient is up without help, a video monitoring unit, increased rounding and/or relocating patient closer to the nurse's station. The patient will have a yellow fall risk arm band and yellow fall risk light turned on at the door (Boise, Nampa and Ontario) or a fall alert sign on the door frame (Baker) to alert to the fact that the patient is a fall risk



Saint Alphonse

A Member of Trinity Health

Infection Prevention: Hand Hygiene

Your Five Moments for Hand Hygiene:

1. Before and after patient contact
2. Before an aseptic task
3. After body fluid exposure
4. After contact with the patient surrounding
5. Before donning and after removing gloves

- Wash with soap and water (20 seconds) after caring for patients with diarrheal illnesses including C. difficile and/or if hands are visibly soiled. Alcohol hand sanitizer is acceptable all other times.
- **Our goal at Saint Alphonsus is 100% compliance with hand hygiene**
- If a Joint Commission official sees any individual provider fail to clean their hands one time, our hospital will be cited.



Saint Alphonsus

A Member of Trinity Health

Infection Prevention: General

- Clean stethoscope between patients using hospital-approved disinfectant wipes adhering to appropriate dwell time on label.
- Clean portable devices, phone, pagers, etc. that become contaminated.



Saint Alphonse

A Member of Trinity Health

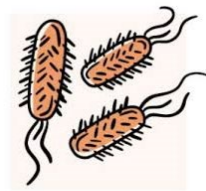
Infection Prevention: Multidrug-Resistant Organisms



MRSA



VRE



ESBL

E. coli/K. pneumoniae

STRATEGIES TO PREVENT TO PREVENT TRANSMISSION OF MDROs:

- Perform hand hygiene before and after entering any patient room or performing any exam/procedure.
- Patients with an active infection caused by an MDRO may require isolation precautions for 72 hrs (or longer if there is ongoing transmission risk).
- Isolation precautions are ordered by the clinical team in the EMR.
- Patients infected or colonized with *Candida auris*, VRSA, or carbapenemase-producing CRE must remain on contact isolation for all healthcare indefinitely.
- Infections in the EMR can only be resolved by Infection Prevention. Isolation precautions are resolved with a 'remove isolation' order in the order tab of Epic.



Saint Alphonse

A Member of Trinity Health

Prevention of Ventilator Associated Pneumonia

- Ensure all patients (except with a medical contraindication) are maintained in semi-recumbent position (30-45 degrees).
- Use endotracheal tube with in-line and subglottic suctioning for all eligible patients.
- Ensure regular antiseptic oral care.
- Perform daily breathing and awakening trials.



Prevention of catheter-associated urinary tract infections

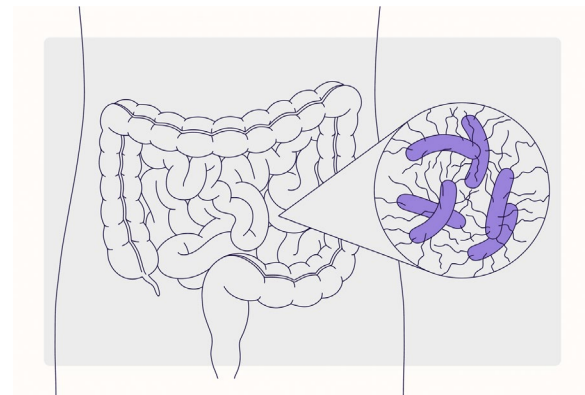
- Insert catheters only when the patient meets CDC criteria and remove when the criteria are no longer met.
- Order urinary catheter insertion with the nurse removal algorithm unless contraindicated (urologic procedures).
- Document the indication for catheter insertion.
- Assess daily need for catheter, discontinue as soon as possible.
- Consider other methods such as condom-catheters and in and out catheterization.
- Perform hand hygiene immediately before and after insertion and any manipulation.
- Do not treat asymptomatic bacteriuria in catheterized patients (except for urologic procedures).
- Do not use systemic antibiotics routinely as prophylaxis.



Infection Prevention: C. Diff

Prevention of *Clostridioides difficile* infection

- Use CONTACT PLUS ISOLATION. A gown and gloves are required when entering the patient's room.
- Use soap and water for hand hygiene when exiting the patient room.
- Isolation precautions can be discontinued when the patient has completed at least seven days of antibiotics and has been diarrhea free for at least 48 hrs. Patient must be transferred to a new room so a terminal clean can be performed.
- Only test patients with active diarrhea (3 or more episodes of diarrhea/24 hours) without use of laxatives, bowel prep, or other diarrhea-causing medications within last 3 days.
- Cancel any C. diff testing that can't be collected within 24 hrs.
- Do not test asymptomatic patients.
- Do not perform a test of cure.



Saint Alphonse

A Member of Trinity Health

Infection Prevention: TB



Preventing TB Transmission

- Patients with suspect or confirmed TB must be placed in AIRBORNE ISOLATION in a negative pressure room.
- All caregivers must wear an N95 or PAPR when in patient room.
- Notify Infection Prevention department of patient with suspected TB.
- Order sputum *Mycobacterium tuberculosis* PCR on any patient with suspected TB. PCR testing is much faster than AFB cultures.



Saint Alphonse

A Member of Trinity Health

Infection Prevention: SSI

Prevention of Surgical Site Infections

- Unless contraindicated, all patients should be asked to perform a CHG bath/shower at home prior to surgery.
- Perform correct surgical hand scrub.
- Use proper antibiotics for prophylaxis at right time.
- If necessary, use only an electronic razor in the pre-op area to remove hair.
- Ensure proper surgical site scrub.
- Minimize traffic in OR during surgery.
- Do not use Vancomycin as prophylaxis unless patient has a history of MRSA or is beta lactam allergic.
- Keep patient's core temperature $>36^{\circ}\text{C}$ intra-operatively. Consider active warming.
- Maintain blood sugar control perioperatively.



Saint Alphonse

A Member of Trinity Health

Prevention of Central Line associated bloodstream infection

- Choose the best insertion site to minimize infections and noninfectious complications based on individual patient characteristics. Avoid femoral site if possible.
- Use maximal sterile barrier precautions (i.e., mask, cap, gown, sterile gloves, and sterile full body drape) when inserting central lines.
- Perform hand hygiene and don gloves before dressing change or port access. Scrub the hub 15 seconds before all access.
- Assess need daily and remove line as soon as possible.
- Ensure dressing change and site care every 7 days and if wet, soiled, dislodged.



EMTALA

Under the federal Emergency Medical Treatment and Labor Act (EMTALA), Saint Alphonus is required to offer a medical screening examination to all patients presenting to the Emergency Department, Maternity Center, Behavioral Health Unit, or elsewhere on hospital property with a potential emergency medical condition, regardless of the patient's ability to pay, to determine if the patient has an emergency medical condition. If the patient has an emergency medical condition, Saint Alphonus must provide stabilizing treatment within its capacity and capability.

Saint Alphonus may only transfer an unstable patient to another facility if the patient requests the transfer, the physician certifies that the benefits of the transfer outweigh the risks (and the patient consents to the transfer), or if it's determined that the facility does not have the capacity or capability to appropriately provide care to the patient. Saint Alphonus is obligated under EMTALA to accept a transfer of an unstable patient from another facility's Emergency Department if the individual being transferred requires Saint Alphonus' specialized capabilities and Saint Alphonus has capacity.



Saint Alphonus

A Member of Trinity Health

On-Call Physician Responsibilities: EMTALA

Any physician providing on-call emergency services to Saint Alphonse has the following responsibilities under EMTALA and the Medical Staff's Bylaws, Rules and Regulations, and Policies:

1. To provide specialist services to assist with the medical screening examination and/or stabilizing treatment for emergency patients, regardless of the patient's ability to pay
2. To be on-call for all patients presenting to Saint Alphonse's Emergency Department, regardless of whether they present as walk-ins, ambulance transports from the field, or transfers from other facilities
3. To be available to communicate telephonically with Saint Alphonse's Emergency Department physician concerning an emergency patient, and if requested by the Emergency Department physician, to appear at Saint Alphonse's Emergency Department to provide services to an emergency patient, within the timeframes set forth in the Medical Staff Bylaws, Rules and Regulations, and Policies
4. To arrange coverage by another qualified Medical Staff member with appropriate clinical privileges if the on-call physician is unable to provide on-call coverage when scheduled



Saint Alphonse

A Member of Trinity Health

Reporting Concerns

Healthcare workers can report, without fear of disciplinary action, any urgent patient safety or quality concerns, as well as improved ideas through the VOICE incident reporting system http://voice.trinity-health.org/RL6_Prod/. Reporting can also be done by calling our Risk Management Department: 208-367-2491

The Joint Commission:

You have the right to express your concerns about patient care safety to hospital personnel and/or management. If your concerns and questions cannot be resolved at this level contact The Joint Commission at 1 (800) 994-6110 or go to www.jointcommission.org/report_a_complain.aspx

Department of Health and Human Services	Toll Free: (800) 633-4227
Centers for Medicare and Medicaid Services	CMS.gov
7500 Security Boulevard	
Baltimore, Maryland 21244	



Saint Alphonse
A Member of Trinity Health

Saint Alphonsus Health System abides by the *Ethical and Religious Directives (ERD's) for Catholic Healthcare*. When you joined the medical staff you received a copy and agreed to abide by them. If you need an additional copy or have questions about your responsibility, please contact Mission Integration.



Key Elements of Catholic Identity in Health Care



We are a ministry operating a business.
We rely on God's presence mediated through Scripture and our tradition.
We are inspired by the example of our Founders.
We use rituals and symbols to capture the deeper meaning of events.
We maintain a formal relationship with the Catholic Church and promote its ethical teaching.



We believe that God is revealed in all persons and things.
We continue Jesus' healing ministry.
We deliver care that is holistic: body, mind and spirit.
We care for others in a way that communicates God's abiding love.
We give those we serve a reason to hope by our presence with them.



We protect the dignity of every person.
We promote justice and the common good.
We engage others through collaboration.
We serve everyone, especially those who are poor and vulnerable.
We steward all our resources.
We practice a style of decision-making marked by collaboration and discernment.
We share responsibility for a safe and healing environment.

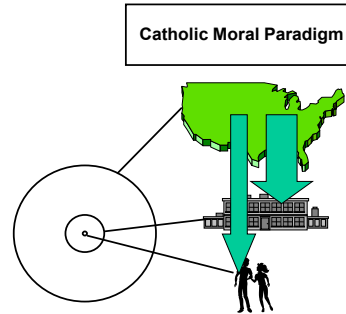


Saint Alphonbus

A Member of Trinity Health

© Trinity Health 2021, All Rights Reserved

Moral Social “Influencers”



Examples:

- Abortion
- Immigration
- Labor Relations
- Medical-Aid in Dying
- Stewardship & Resource Allocation



Levels of Teaching Authority

- Scripture and Tradition
- Encyclical Letters
- Roman Congregations (CDF or Congregation for the Doctrine of Faith)
- Bishops' Conferences (ERDs)
- Local Bishop



Saint Alphonsus

A Member of Trinity Health

Key Points

- A set of medical-moral principles set forth by the bishops of the US that represent the broader Catholic tradition
- The directives are to affirm and protect the Church's ethical standards of behavior as they relate to the dignity of the human person
- The directives offer authoritative guidance on certain moral issues that face Catholic health care
- The directives are not a blueprint, and they do not provide ready-made answers, they require interpretation by people trained in the Catholic tradition
- Different bishops may have different interpretations in their local dioceses
- 77 directives in 6 sections that address
 - Social Responsibility
 - Pastoral and Spiritual Responsibility
 - Professional-Patient relationship
 - Issues in Care for the Beginning of Life
 - Issues in Care for the Seriously Ill and Dying
 - Collaborative arrangements with other health care organizations and providers



Take-Aways

- Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted
- When a pregnant mother and baby's life are in danger, we save the life or lives that we can
- Direct sterilization of either men or women, whether permanent or temporary, is not permitted.
 - Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology, and a simpler treatment is not available (salpingectomies/oophorectomies, tubal ligations).
- Catholic health care may not condone contraceptive practices but contraceptive medications that are not abortifacient may be used for medical reasons
- End of Life care always ensures patients are comfortable and receive comfortable care, but this does not mean we have to provide artificial nutrition and hydration in all cases.
- ERDs are silent about care of transgender persons. We treat all patients with reverence and address people by the names and pronouns with which they identify. Care specific to gender dysphoria is an emerging field in medicine and emerging thought with the Catholic church. Please call Mission if there are questions and/or if an ethics consultation is needed.
- Honor private practice space (SAMG) in which physician-patient relationships are confidential
- **Task of medicine is to care when it cannot cure**

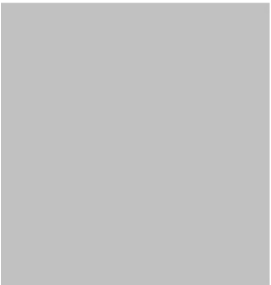


SAHS Mission Leaders



For questions, concerns, or ethics consult needs, please reach out to your local mission leader.

- Baker City and Ontario
Robert Cooke, 541-881-7010
robert.cooke@saintalphonsus.org
- Boise and SAMG
Ted Marconi, 208-367-7949
theodore.marconi@saintalphonsus.org
- Nampa and SAHS
Sheri Ainsworth, 208-205-0063
sheri.Ainsworth@saintalphonsus.org



This concludes this course,
Thank You