Methodist & Methodist Women's Hospital
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Public Safety

Plain Language Messaging

Immediate action required call:
NMH 4-6911 or MWH 5-6911

Medical Emergency
Adult Cardiac or respiratory Medical Emergency

Code Pink (MWH)
Infant Cardiopulmonary Arrest

Stroke Alert
Patient showing stroke symptoms

Dr. Major (BHRT)
Activation of the Behavioral Health Response Team for an agitated/escalated patient or visitor. See page 2.

Missing/Abducted Infant/Child
Monitor areas for announced person or suspicious activity.

Missing Person
Adult patient elopement; monitor area for announced person or suspicious activity.

Internal/External Disruption/Disaster
Standby: Alert that a possible situation could affect normal operations.
Activation: Disruption to normal operations is occurring or imminent.
See Page 2 for respond information.

Armed Intruder (Active Threat)
Run/Hide/Fight based on the situation.

Code Black
Bomb Threat – Follow provided instructions. Isolate and clear area if bomb found. Utilize bomb threat checklist for calls.

Decon Activation
Decontamination activities activated.

Utility/Elevator/Medical Gas Failure
Announced system has failed, follow policies and utilize back-up resources.

Severe Winter Weather
Coordinate and plan for essential operations before and during the event.

Key Contacts

Key Contacts		
Security Operations		402-354-4055
Emergency Situation	NMH	402-354-6911
	MWH	402-815-6911
Customer Service Call Center		402-354-4000 402-354-4111
Emergency Management		MHS-Preparedness@nmhs.org

Workplace Violence

Methodist Health System prohibits any person from engaging in any act, whether on Methodist Health System property or during the performance of work related duties, which threaten the safety, health, life or well-being of any employee, customer, visitor, patient, physician, volunteer or other guest.

Workplace violence is "An act or threat occurring at the workplace that can include any of the following:

- Verbal, nonverbal, written, or physical aggression
- Threatening, intimidating, harassing, or humiliating words or actions
- Bullying, sabotage, sexual harassment, physical assaults, or other behaviors of concern involving staff, licensed practitioners, patient, or visitors

Employee Engagement
Employees will engage in verbal interventions to handle an actual or potentially violent situation while ensuring the employee's immediate safety. Additionally employees should:
a. Set limits and maintain healthy boundaries with patients, visitors, contractors, and co-workers.
b. Use verbal intervention processes and skills as provided in the organizationally approved training programs.
c. Use organizational resources for assistance in mitigating actual or potentially violent behavior.
d. Leave the area to maintain physical safety.

Employee Support
Organize support from organizational resources such as:

- Emotional debrief process through Chaplain Services.
- Hot wash/Forum for process improvement through Chaplain Services.
- Employee Assistance Programs through Human Resources. Other community programs through Human Resources.

For more information, contact the Department of Public Safety @4-6862

Severe Weather

Severe Thunderstorm Warning
Thunderstorm with dangerous hail and/or strong winds. Staff will be preparing and packaging patients.

Tornado Watch
Conditions are favorable for the development of severe storms and tornados. Staff will be preparing and packaging patients.

Tornado Warning
A tornadic storm is occurring requiring protective measures.

Package: Gather patient items necessary to support movement with little notice.

Prepare Work within the unit to identify movement priority, process, and locations. Clear unnecessary items from sheltering areas.

Protect: Take protective actions such as sheltering in place in the nearest safe area such as an internal hallway.

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Dr. Major – Behavioral Health Response Team

The BHRT's is a team of trained individuals including nursing, security, and other personnel as necessary. The main function is to address the audience and normalize the environment as quickly as possible. If involved, non-BHRT personnel should remove themselves from the immediate area unless asked otherwise by BHRT staff. If an individual displays a weapon, initiate an Armed Intruder Response. See Policy: http://eportal/Main/Policies-and-Procedures/Behavioral-Health-Disruptive-Patient-Visitor-Behav-15147.aspx

Environment of Care

All areas must meet all regulatory codes for safety. If an accident/injury occurs (i.e. slips, falls, blood/body fluid exposures, needle sticks) they must be reported.

Contact the Medical Staff Office for a variance report and Employee Health for assistance on the Employee Injury/Illness report. If unsure how to report an accident or injury or need a form, contact a member of leadership.

Emergency/Disaster Response

Hospital Incident Command will coordinate with Medical Staff Leadership to coordinate medical staff resources and needs based on the emergency. You response during an emergency/disaster is critical to the success in managing our patient's care. Medical staff, physician assistants, advanced practice registered nurses, residents, and medical students will report to the Medical Staff Lounge upon hearing the overhead announcements. At the lounge, sign-in with name, specialty, phone number, and pager number. Once signed in, you may return to normal activities unless requested. Hospitalists should report to the Hospital Command Center for briefings on the latest situation.

Fire Safety

In the event of the smell of smoke, observation of smoke or fire follow **RACE**

Rescue, **A**lert, **C**ontain, **E**vacuate

R – Rescue those in immediate room with fire/smoke
A – Shout Fire, Activate the fire alarm, and call NMH 4-6911 or MWH 5-6911
C— Contain fire/smoke by closing doors or extinguishing the fire in initial stages.
E – Evacuate x 5

1. Evacuate compartment that fire started in.
2. Evacuate horizontally on same floor.
3. Evacuate horizontally to opposite tower or building.
4. Evacuate using elevators/stairs in opposite tower/building as directed.
5. Use stairs when necessary.

PASS Fire Extinguisher Use
Pull pin
Aim low at base of fire
Squeeze handle
Sweep from side to side

Interim Life Safety Measures

Interim Life Safety Measures (ILSM) are a series of actions that must be taken to temporarily compensate for fire protection deficiencies or for hazards created by construction activities.

The FDA and The Joint Commission have collaborated on strategies to increase awareness and decrease the incident of surgical fires.

A surgical fire can occur at any time when three elements are present:

- An oxidizer, such as oxygen or nitrous oxide
- An ignition source, such as electrocautery, lasers, and fiber optic illumination systems.
- A fuel source, such as surgical drapes, alcohol-based skin preparation agents, or the patient's tissue, hair, or skin.

All members of the surgical team will participate in a Fire Prevention Assessment during the "time out" before the start of the procedure.

Fire Risk Assessment

Yes or No:

- Procedure or surgical site above the Xyphoid?
- Oxygen in use?
- Ignition source in use? (ESU, Laser, Fiber optic cord)

Fire Risk Preventative Measures Taken:

- Fire risks communicated to the surgical team
- Alcohol preps allowed to dry, pooled solutions removed
- Avoid tenting of drapes, allow venting of oxygen
- Have sterile fluid available on surgical field for fire suppression
- Oxygen delivery reduced to minimum required to avoid hypoxia
- Participate in fire drills
- Know the steps of RACE & PASS
- Review initiation of emergency response
- Location of fire pulls and fire extinguishers

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Professionalism

Unprofessional conduct by a member of the medical staff is behavior which adversely impacts the quality of patient care, and includes verbal or physical abuse, sexual harassment, and/or threatening or intimidating behavior toward colleagues, team members, or patients/visitors. This conduct will not be tolerated. A report should be submitted directly to the V.P. of Medical Affairs in care of the Administrative Director of Medical Staff Services, or a note can be entered in the Variance reporting software program.

Reference: Professionalism Policy

http://www.hcfms.com/uploads/HCFMS_Uploads/Workplace-Harrasssment.pdf

Impaired Practitioner

The term **impaired** is used to describe a practitioner who is prevented by reason of illness or other health problems from performing his/her professional duties at the expected level of skill and competency. Impairment also implies a decreased ability or willingness to acknowledge the problem or to seek help to recover. Many health service professionals are at an increased risk for alcohol/ drug abuse or addiction.

Professional demands, compounded by the unique aspects of practice-related factors, can increase the chances that a professional will abuse alcohol or drugs. If allowed to continue, many professionals may find themselves in a cycle of addiction which can adversely affect their personal lives and jeopardize their professional careers.

Methodist Medical Staff will assist the entry of a suspected or confirmed impaired practitioner into evaluation, and to appropriate treatment, and/or rehabilitation. A Professional Assistance Committee can be established, referral to Nebraska Licensee Assistance Program, or other identified services.

Falls

Risk Assessment

The Morse Fall Scale (MFS) evidenced-based tool, is used to identify patients at risk for fall. Nurses assess daily and PRN using the MFS. Universal fall precautions are initiated on all patients. Patients who score ≥ 60 on the MFS are considered **SEVERE RISK FOR FALLS.** A nurse may also deem a patient at risk based upon clinical judgment or other clinical variables.

Targeted Interventions:

- Yellow wristband /socks on patient
- Chair and Bed Exit Alarm
- High/low bed with floor mats if impulsive or confused
- Orthostatic Vital Signs DAILY (in A.M. prior to getting up) for 3 consecutive days.
- Scheduled toileting Q2H and stay with the patient when in the bathroom or bedside commode to assist
- Educate patient and family on Fall Risk and strategies
- Use gait belt if patient does not walk independently

Post Fall

If a patient falls while in the hospital, the following will occur per policy:

- A nursing assessment of the patient for immediate signs of injury and/or any after effects secondary to the fall
- If the fall is unwitnessed, RN completes neuro checks Q4 hours x 24 hours
- Vital Signs at least Q4 hours x 24 hours
- Core Coordinator initiates a Post Fall Huddle (completed via the variance reporting system) with nursing staff, family, patient and other disciplines as warranted in the patient room
- Pharmacy consult is triggered in EMR for medication review

RN notifies the attending physician and family

Note: Diagnostic testing (CT, x-ray, etc.) or additional interventions post fall (beyond those completed by nursing) are determined by the physician based upon his/her assessment.

Patient Family Refusal of Fall Precautions

If the patient refuses fall precautions, all efforts will be made to educate the patient on his/her risk factors and the patient will be asked to complete the "Leaving Against Medical Advice (AMA) / Refusal of Care" form.

Reference Policy: Fall Risk Reduction – Nursing Policy Manual

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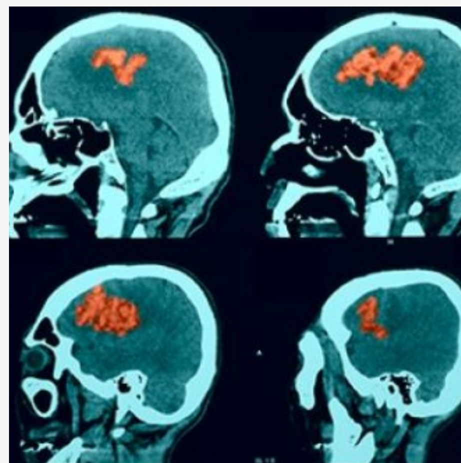
Stroke

The American Stroke Association reports in the United States, stroke is the #1 cause of disability, the #5 cause of death, and approximately 80% of strokes are preventable.



Stroke types:

Ischemic– account for majority of strokes
Hemorrhagic
Transient Ischemic Attacks (TIAs)

Methodist Health System mission statement regarding stroke care:
Improve the quality of life of persons who experience an acute stroke & their families through coordinated evidenced based stroke care, education & rehabilitation.

Facility Stroke Certifications with The Joint Commission:

- Nebraska Methodist Hospital: Primary Stroke Center
- Jennie Edmundson Hospital: Primary Stroke Center
- Women's Hospital: Acute Stroke Ready Hospital
- Fremont Hospital: Acute Stroke Ready Hospital

Interdisciplinary Program Support: Core Stroke Team, Acute Care Team, Stroke Steering Committee

Stroke Signs & Symptoms

BE FAST
B- Sudden onset balance difficulty
E– Sudden onset of vision change
F– Facial droop, uneven smile
A– Arm numbness, weakness
S– slurred speech, difficulty speaking or understanding
T– get help immediately, activate RRT, stroke alert

If new onset stroke symptoms- Activate an RRT (MH call x4-6911, WH call x5-6911

Clinical Practice Guidelines:
AHA/ASA: Guideline for the Early Management of Patients with Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early management of Acute Ischemic Stroke
AHA/ASA: Guidelines for the Management of Spontaneous Intracerebral Hemorrhage
AHA/ASA: Guidelines for the Management of Subarachnoid Hemorrhage

Policy: Evaluation & Management Acute Stroke

Treatment Goals Include:

- Patient arrival to ED with suspected stroke to ED provider assessment < 10 minutes
- Door to needle: Presentation of stroke s/s to administration of IV Alteplase/tPA < 60 minutes for eligible patients
- Last known well to administration of IV Alteplase/tPA for eligible patients < 4.5 hours
- Last known well to mechanical thrombectomy for eligible patients < 24 hours

Order Sets/Power Plans:

ED Acute Stroke
ED Hemorrhagic Stroke
General Admission Hemorrhagic Stroke
General Admission Stroke Post tPA
General Admission Stroke TIA
General Admission Subarachnoid Hemorrhage
Stroke Diagnostic Protocol
TPA for Ischemic Stroke
Post Stroke Alert Protocol

Educate patients on factors that may increase their risk for stroke

Modifiable (can be controlled)	Non Modifiable (cannot be controlled)
Hypertension A-fib/a-flutter Diabetes, pre-diabetes Smoking Dyslipidemia/high cholesterol Diet, obesity Sedentary lifestyle, physical inactivity Carotid & Peripheral Artery Disease Sickle Cell Disease	Age Race Gender Family History Previous Stroke, TIA

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Restraint and Seclusion

Physician Orders for Non-Violent Restraint Use:

- The treating licensed practitioners (LP's) order written for a specific episode must be obtained for use of any type of restraint
- Orders must be documented in the EMR
- The treating LP's order cannot exceed a calendar day, and will specify the reason for the restraint use and the type of restraint

Restraint: Violent/Self Destructive Behavior*:*
Use of restraint in emergency or crisis situations when unanticipated, severely aggressive or violent/destructive behavior presents an immediate, serious danger to his/her safety or that of others.

Physician Orders for Violent Restraint Use:

- The treating LP's order written for a specific episode must be obtained for use of restraints for violent/self-destructive behavior
- Orders must be documented in the EMR
- The initial and renewal orders for violent/self-destructive behavior restraints will be for a maximum of 4 hours for adults, 2 hours for children/adolescents (age 9-17) and 1 hour for children under age 9 and will specify the reason for the restraint use and the type of restraint
- The LP/Trained RN will perform a face to face assessment on the patient's physical and psychological status **within one hour** of the initiation of the restraint. This assessment is performed even in those situations where the person is released early (prior to one hour). The assessment shall include and be documented in the EMR: the patient's immediate situation, patient's reaction to the intervention, patient's medical and behavioral condition
- If a patient remains in restraints for violent/self–destructive behavior 24 hours after the original order, the LP must conduct a face-to face reevaluation before writing a new order for the continued use of restraint

NO PRN ORDERS ARE ALLOWED FOR ANY TYPE OF RESTRAINT

Refer to policy for additional information:
http://mhsintranet.nmhs.org/Main/Policies-and-Procedures/Restraint-and-Seclusion-15621.aspx

Restraint and Seclusion

Chemical Restraint: Chemical restraint intervention orders will only be initiated as STAT or NOW orders. They cannot be ordered PRN and would not be a standard treatment for the patient's condition.

Chemical restraint: A chemical/medication 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.

Restraint: Any manual method, physical or mechanical device, material or equipment involuntarily attached or adjacent to the patient's body that he/she cannot easily remove that its intended use restricts freedom of movement or normal access to one's body.

PRESSURE INJURIES

All pressure injuries MUST be documented by a provider in the medical record (progress notes, H&P, or discharge summary).

Documentation should include presence of pressure injury, location, and if present on admission.

Additional pressure related injuries may include:
- Deep tissue injuries (which may appear 48-72 hours after trauma)
- Mucosal injuries (mucosal skin breakdown due to devices such as NG, ET tube, Foley, rectal tube)
- Device related injuries (most commonly caused from oxygen delivery modes, compression stockings, and braces/immobilizers)

Nursing staff is responsible to communicate to the provider when the presence of a pressure injury is assessed.

From a reimbursement perspective, only Stage 3, 4, and unstageable pressure injuries impact the DRG payment. However, all stages impact the severity of illness and risk of mortality of the patient indicating higher complexity.

Methodist wound care nurses (WOCN) are available for consult Monday—Friday 8am to 4:30pm

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Decreasing antimicrobial resistance and improving correct use of antimicrobials is a national priority. A growing body of evidence demonstrates that programs dedicated to improving antibiotic use, known as "antibiotic stewardship" programs, can help slow the emergence of resistance while optimizing treatment and minimizing costs. The Joint Commission mandated antimicrobial stewardship at the hospital level.

- An Antibiogram is prepared annually for Methodist Hospital by the Microbiology Department. This document can be accessed: 1) within the Patient chart in Cerner, 2) On the MH Intranet, and 3) Via BestCare.org. This document provides susceptibility data for various organisms to formulary antibiotic products.
- When entering antimicrobial orders in Cerner, an indication needs to be selected. If "other" is selected, a free text indication needs to be entered in the Free-text Indication box.
- Antibiotics have a two day automatic renewal generated in Cerner. This provides a good opportunity to perform an "antibiotic time-out" to assess whether or not antibiotic needs to continue, stop, or modify (de-escalate) to another agent based upon culture and susceptibility data.
- Various topics regarding antimicrobial stewardship are regularly published in the P&T newsletter.
- Certain antimicrobial products are restricted by P&T to certain specialty services: Micafungin (ID); Valganciclovir (ID); Linezolid (ID or Pulmonology or Hospitalists or internal medicine or via HAP Power- plan); Daptomycin (ID); Ceftaroline (ID); Fidaxomicin (ID or GI); Meropenem (ID or Pulmonology or Hospitalists or Internal Medicine); Ertapenem (ID or Pulm or Hospitalists or Surgery intra-abdominal surgical prophylaxis)
- Powerplans in Cerner
  - CAP
  - HAP/VAP
  - OB Grp B Strep prophylaxis
  - Antibiotic Lock solutions
  - Post exposure prophylaxis (HIV)
  - C. difficile
  - UTi
  - COVID 19 treatments
    - Remdesivir
    - Baricitinib
    - Tocilizumab
  - Rabies Exposure Protocol
  - Cellulitis
    - Non-purulent
    - Purulent
    - Necrotizing fasciitis
    - Animal bite
    - Human Bite

MINDME - The antibiotic creed	
M	Microbiology guides therapy wherever possible
I	Indications should be evidence-based
N	Narrowest spectrum required
D	Dosage appropriate to the site and type of infection
M	Minimize duration of therapy
E	Ensure monotherapy where appropriate

A first dose may be ordered but subsequent doses restricted to applicable service. Caftolazone/tazobactam and tazidime/avibactam are restricted to ID services for ANY dose. Oritavancin is restricted to ID & ED only for any dose.

Rapid Response Team

The Rapid Response Team (RRT) is a patient safety strategy that brings critical care experience to the patient's bedside at a time when a patient's condition is rapidly changing or is compromised.

RRT members at Methodist Hospital include the dedicated Rapid Response Nurse (RRN, which is one of the Critical Care Core RNs), lead Respiratory Therapist, and the Administrative Coordinator. One call to **4-6911** quickly brings these team members to the patient's bedside or to a patient in an Ancillary department.

The RRN will proactively round on the units as well as provide structured follow-up, and along with the bedside nurse may initiate an RRT: if they feel the patient's physiologic status requires immediate intervention, based on specific cues such as unstable vital signs, change in level of consciousness, or if they experience other rapid deterioration.

Delirium Recognition and Treatment

- Nurses screen all adult patients for delirium every shift.
- Providers will be notified of initial positive results.
- Nurses will implement non-pharmacological delirium prevention/management interventions.
- Consider utilizing the Delirium Powerplan to help identify and treat the cause(s) of delirium.
- Antipsychotic medications should never be used to treat delirium. These medications are reserved for patients with psychosis (hallucinations or delusions) or aggressive behaviors with risk of harm to self or others.
- If needed, prescribe the lowest effective dose for the shortest duration needed with a plan to taper.
- Benzodiazepines are never appropriate for delirium unless the patient is going through alcohol withdrawal or managing end of life.

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Hand Hygiene

Alcohol hand sanitizer is preferred for use at Methodist when hands are not visibly soiled. Use soap and water for visibly soiled hands.
Perform hand hygiene:

- When entering and exiting the patient care environment, regardless of contact with the patient or an item in the patient room (Clean In/Clean Out)
- Before and after patient contact
- Before donning and after removing gloves
- Before a clean/aseptic procedure
- After touching inanimate objects, i.e., computers, phone, etc. in between caring for patients
- After contact with blood or body fluid
- Use soap and water (15-20 seconds) after caring for patients with Norovirus or c. difficile

Prevent the Spread of Multi-Drug Resistant Organisms

- Perform hand hygiene between patient encounters
- Avoid taking equipment (computers) into isolation rooms, use dedicated equipment if possible
- Clean patient care equipment (stethoscope) between patient encounters

Standard Precautions should be used for all patients

- PPE as needed for the actions/procedures performed to reduce contact to blood borne pathogens or other body fluids

Transmission based precautions:

Contact Precautions

- Weeping/draining wounds that cannot be contained by dressings
- Carbapenem-resistant Enterobacterales (CRE)
- Gown and gloves required

Enhanced Contact Precautions

- GI Illnesses (e.g., c. diff, Norovirus)
- Gown and gloves required

Droplet Precautions

- Respiratory illnesses spread via large droplets (e.g., influenza, rhinovirus, parainfluenza)
- Surgical mask required
- Gown and gloves per standard precautions

Special Droplet/Airborne Precautions

- SARS-CoV-2
- Gown, gloves, eye protection, and respirator required

Airborne Precautions

- Respiratory illness spread by aerosols (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster)
- Respirator required
- Gown and gloves per standard precautions

If in doubt, check the isolation sign on the door.

Prevention of Surgical Site Infections

- Educate patients about SSI prevention PRIOR to procedure
- Perform proper surgical scrub on hands and don proper surgical attire per policy/procedure
- Use proper antibiotics for prophylaxis prior to incision, including adding anaerobic coverage intra-op when the bowel becomes involved unexpectedly
- If hair removal needed, use clippers in pre-op area
- Ensure proper surgical site scrub is used.
- Minimize traffic in OR during surgery
- Immediate Use Steam Sterilization should be used only when absolutely necessary.

Prevention of Catheter-Related Urinary Tract Infection (CAUTI)

- Use approved indications for urinary catheter insertion
  - Selecting the Foley indication Accurate I&O (Hemodynamically Unstable) indicates a requirement for hourly urine output measurement in critically ill patients
- When a Foley catheter is ordered, the Foley Removal Protocol defaults to be documented by nursing staff daily. This Protocol tasks the nurse to reassess "Foley necessity" using the approved EBP medical indications each shift. If the patient no longer meets one of the indications, the nurse will select "NO CRITERIA PRESENT" and an order will be generated to remove the Foley. The RN will only notify the provider if there are questions prior to removing the Foley catheter.
- Reassess the need for the catheter daily using approved criteria; remove any unnecessary catheter

Prevention of Central-Line Associated Bloodstream Infections (CLABSI)

- Educate patients about CLABSI prevention PRIOR to line insertion
- Use central line insertion kit and checklist
- Use a subclavian site, rather than a jugular or femoral site
- Perform hand hygiene, use full body drape; wear mask, cap, sterile gown and sterile gloves, use CHG skin prep
- Hand hygiene & gloves before changing dressing or accessing port
- Reassess the need for temporary central lines daily and remove unnecessary lines

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Methodist respects a patient's right to effective pain management. Pain management is multidisciplinary, characterized by continual coordination and communication.

Desired outcomes include: optimum pain control, reduced side effects, and enhanced patient satisfaction.

Effective pain management consists of pharmacological and non-pharmacological treatment options.

The standard assessment for pain intensity is the numerical scale, 0-10 scale. Patient statements are used for those unable to use the numeric scale (e.g. none, mild, moderate, and severe). Signs & symptoms are used for cognitively impaired, unconscious, or those unable to otherwise communicate.

Range orders CANNOT be used.

More than one medication may be ordered for pain but specific direction for which medication and/or dose must be included.

Schedule non-opioid analgesics first, adding opioids for moderate or severe pain. Non-pharmacological options should be incorporated by the treatment team.

Order based on pain intensity:
Mild pain (1-3) – non opioid analgesics, ex. Tylenol or NSAIDS
Moderate pain (4-6) - non opioid analgesics in addition to low dose opioids
Severe pain (7-10) – non opioid analgesics in addition to higher strength opioids

Utilizing a multimodal approach to manage pain can reduce the side effects related to opioid use, potential over sedation, and risk for adverse outcomes.

Use of the following order sets is highly recommended: Pain, Constipation, Nausea Protocol and the standard PCA.

Per Nebraska legislation, initial opiate prescriptions for patients 18 years of age or younger, should not exceed seven days. In addition, all patients discharged on opioids must be educated, every 60 days, on side effects of opioids, potential risk of addiction, and appropriate storage and disposal of opioid prescriptions. Excluded from this requirement are hospice, palliative care, or cancer patients within their course of treatment.

Medicare Part D and other payers, are now placing restrictions on filling prescriptions based on number of pills prescribed and the cumulative Morphine Milligram Equivalent (MME) daily dose. Prescriptions for patients with cumulative doses at or greater than 90 MME for all prescriptions, are being regularly stopped at pharmacies, unless adequate documentation as to the need for dose prescribed to the patient is provided.

Per Nebraska legislation, continued competency is required for providers who prescribe controlled substances, beginning with the first license renewal period on or after October 1, 2018. This includes, at least three hours of continuing education every two years, specific to prescribing opioids. Education in this area, must include, one -half hour of continuing education covering the prescription drug monitoring program (PDMP).

General Pain Management Resources:
Pain Management Policy

CDC Guideline for Prescribing Opioids for Chronic Pain:
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

Nebraska Pain Management Guidance Document:
http://dhhs.ne.gov/DOP%20document%20library/Pain%20Management%20Pain%20Guidance.pdf

Pain Management Education Resources:
DHHS PDMP Education video:
http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-PDMP-Access.aspx

DHHS Pain Management resources and videos containing more in-depth education:
http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Pain-Management.aspx

DHHS Naloxone Education video:
http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Naloxone.aspx

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Health Insurance Portability and Accountability Act of 1996

Protects the confidentiality and security of health information as it is used, disclosed and electronically transmitted and creates a framework using standardized formats for transmitting electronic health information more efficiently. Any information about a patient written on paper, saved on a computer, or spoken, is *protected health information* (PHI).

HIPAA Privacy Rule

Gives patients federal rights to gain access to their medical records and restricts who can see their health information
Requires organizations to take measures to safeguard patient health information. Requires organizations to train members of the workforce on patients' rights to privacy and control over their health information. Penalizes individuals and organizations that fail to keep patient health information confidential

Misconduct that may lead to corrective action includes any violation of the HIPAA Privacy rule and/or action threatening the security of the MHS IT Network, including, but not limited to:

- Inappropriately using or disclosing information about patients, their families, other employees, organization personnel, or medical affairs of any MHS entity
- Forging, altering, or deliberately falsifying any document or computer entry, authorization, or record that is to be used by the facility

Information obtained about patients must remain confidential. **Accessing information for which you have no right to know is a violation and considered serious misconduct.** Always contact IT Security/Privacy Officer if medical devices, offered by medical device representatives, will be connected to our servers, and transmit or maintain patient information.

Breach Notification Rule

Any potential breach needs to be reported immediately to the **MHS Privacy Officer at 402-354-6863.** The Privacy Officer will investigate the suspected breach and notify the affected party and HHS-OCR Office. No Expectation of Privacy, NMHS regularly monitors users' access and use of IT assets with a variety of monitoring and audit tools. Anyone who violates or otherwise fails to observe the Methodist Health System HIPAA Privacy and Security rules and policies will be subject to disciplinary action, including termination and/or loss of access and privileges.

Patients have the following rights under HIPAA:

- To know who has access to their health information and how it is used (Notice of Privacy Practices)
- To access and request an amendment to their health records in the designated record set (Access and Amendment)
- To request a list of people and organizations who have received his/her health information (Accounting of Disclosures)
- To request that we communicate with them by alternative means (Confidential Communications)
- To request restrictions for the use and disclosure of their health information (Request Restrictions)

Security Rule specifies the safeguards that must be implemented to protect confidentiality and integrity and availability of ePHI

- Don't reply to emails (or phone calls, text or instant messages) requesting personal, patient or other confidential information
- Never send PHI or confidential information to a personal email address
- Don't forward suspicious emails to others – contact the IT Service Desk
- Encrypt email before sending it outside of NMHS walls
- No disparaging communication about NMHS employees, patients, visitors, customers or the work environment
- Personal mobile devices are not secure to send or store patient information

Social Networking

All employees are expected to conduct themselves in a manner that reflects integrity and shows respect and concern for others, including on social media.
Never post confidential information, photos of a patient or videos of a patient on the internet, even if it does not include a patient's name. Inappropriate posts can seriously damage Methodist Health System's reputation.
Never discuss confidential information in public forums, chat rooms, text message or news groups.
Be cautious of identifying yourself as an MHS employee on social media.
Do not discuss workplace frustrations with patients or share workplace related frustrations online.
Do not use MHS logos or trademarks on your personal posts.
Refrain from friending patients. Employees should keep their personal and professional life separate. Befriending and interacting with a patients online can result in accidental disclosure of PHI.
Failure to follow the Social Networking Policy may results in corrective action, up to and including termination of employment.

Photography and Recording

NMHS has a policy titled "Photography and Recording" that applies to all NMHS affiliates. In general, photography and recording by a patient or visitor is permitted if it does not interfere with patient care. However, photography and recording of a provider/staff without his/her knowledge is prohibited per the policy. You have the right to ask a patient to stop recording or taking photographs if you haven't given permission to do so.

The policy allows providers and staff to utilize photography and recordings for purposes of identification, patient care and treatment, as long as it complies with the provisions in the policy. Personal cell phones or other recording devices should not be used. Please review the policy for details.

Methodist & Methodist Women's Hospital
Provider Education 2023

Blood Administration

Transfusion Guidelines for Blood Components
Approved by the Methodist Hospital Medical Staff, December 2020

Red Blood Cells:
- Hemoglobin less than 7 g/dL
- Hemoglobin less than 8 g/dL if:

- Patient with pre-existing cardiovascular disease or undergoing cardiac surgery.
- Patient with symptomatic anemia not responsive to fluids
- Life threatening hemorrhage/ massive transfusion protocol (MTP)

***NOTE**: One unit of packed red cells in an adult, 8 mL/kg pediatric dose, will increase hematocrit by approximately 3% and hemoglobin by 1g/dL*

Platelets:
- Platelet count </= 10k/mL prophylactically in patients with failure of platelet production
- Platelet count </= 20k/mL with fever, or bleeding related to thrombocytopenia (petechiae, mucosal bleeding, etc.), or undergoing central venous catheter placement
- Platelet count </= 50k/mL in a patient undergoing elective lumbar puncture or invasive procedure
- Platelet count </=100k/mL in a patient undergoing neurosurgery
- Perioperative bleeding with thrombocytopenia and/or evidence of platelet dysfunction post-cardiac bypass
- Bleeding patients with platelet dysfunction
- Life threatening hemorrhage/ massive transfusion protocol (MTP)

***NOTE:** A single apheresis unit of platelets will increase the platelet count by 35,000 – 55,000/cc3 in an adult*

Plasma:
- Replacement of clotting factor if deficient in multiple factors or if factor concentrate is not available.
- Emergent reversal of Coumadin in patients who cannot receive prothrombin complex concentrate (PCC)
- Suspected TTP or known TTP patient as a bridge to plasma exchange
- Life threatening hemorrhage/ massive transfusion protocol (MTP)

***NOTE:** A dose of 10 – 15 mL/kg is usually adequate to correct a coagulopathy. One unit of frozen plasma has a volume of 220ml.*

The above thresholds are guidelines and do not cover all clinical scenarios. If there is a question as to the appropriateness of transfusion or a blood product, a hematology or transfusion

Transfusion Reactions
Transfusion reactions are under recognized and under reported, but can have serious impacts on patient care and safety.

Many reactions have similar initial presentations- fever can indicate a febrile non-hemolytic reaction (minor) or be the initial symptom for TRALI, a hemolytic reaction, or a septic transfusion reaction (all potentially fatal).
Reactions in general are more likely to occur with plasma-containing products, such as plasma units or platelets.
Certain patients may not have classic symptoms- for instance, severely immunocompromised patients may not develop a fever, even in the setting of a bacterially contaminated platelet transfusion.

Reactions of Frequent Clinical Concern:
Minor Reactions
Minor allergic reactions (hives)
Febrile non-hemolytic reactions (FNHTR)
Major Reactions
Anaphylactic reactions
Hemolytic reactions
Transfusion Associated Circulatory Overload (TACO)
Transfusion Related Acute Lung Injury (TRALI)
Septic Transfusion Reactions

Red Flags:
Fever (rise of 2 F, 1C)/rigors (FNHTR, Hemolysis, Sepsis, TRALI)
Respiratory distress (TACO, TRALI, anaphylaxis, progressing allergic reactions)
Significant rise or drop in blood pressure (TACO- rise; Sepsis, TRALI- drop)
Back/flank pain or infusion site pain (hemolysis)
Nausea/vomiting (Sepsis)

Bottom Line:
Recognition is key- if you have any suspicion that your patient is experiencing a transfusion reaction (minor or not), STOP THE TRANSFUSION!
Notify the blood bank as soon as the patient is stable.
Order a transfusion reaction workup ("transfusion reaction workup" in Cerner).
Save the blood component/bag implicated in the transfusion and have this walked back to the blood bank.
Don't disregard mild symptoms- a more serious complication could be imminent.
The ONLY situation in which a transfusion can be restarted after a reaction is in the case of mild allergic symptoms (urticaria, pruritis) that resolve with antihistamines.

Patient Blood Management Program

The blood conservation program provides an evidence-based, organized approach to improve patient outcomes by managing and/or preserving a patient's own blood. This program has a medical director, program coordinator, and an inpatient order set on Cerner for blood conservation that is available to you. One portion of the program also follows patients who refuse transfusion. The hospital program coordinator can assist you in finding out what these patients will or will not accept.