



Our goal at NWTHS is to make a difference by taking extra steps to show compassion our patients won't forget!

My signature certifies that I have received a copy of the following documents and will familiarize myself with the information provided. **Please only return this signature sheet with your reappointment application.**

- Northwest Texas Healthcare Vision and Mission Statement
- UHS Service Excellence Standards
- Safety Codes
- Confidentiality/HIPAA
- Performance Improvement
- The Joint Commission
- Automatic Stop Orders
- Restraints
- Tobacco-Free
- Hospital Access
- Parking
- Code of Conduct
- Conflict of Interest
- Health and Wellness
- Isolation Precautions

Communication is a key component in building a reliable, dependable healthcare team. The Healthcare industry is in a constant state of change. If you are uncertain, or have any questions regarding policies, procedures, regulations or process, please contact a member of our management team. Working together we can make a difference.

 **Signature:** _____ **Date:** _____

Northwest Texas Healthcare Vision and Mission Statement:

- **Vision:** Amarillo's healthcare choice and the preferred healthcare partner for the region
- **Mission:** NWTHS will provide high quality, cost effective health services that: patients and their families recommend, physicians prefer, employees, volunteers and board members are proud of, students and faculty excel in, purchasers select, and the community values.

UHS Service Excellence Standards:

- Treat everyone as a guest
- Demonstrate Professionalism and Excellency in the things I do
- Practice Teamwork

Safety Codes: All safety codes will be announced overhead by the hospitals operators and remain in effect until the all Clear announcement has been made. Hospital personnel are available to assist you in how to respond to the various safety codes.

- **Dr. Chief:** is the hospital code for announcing a **fire**. Dr. Chief will be repeated three times with the location.
- **RACE:** R - rescue; all persons move the patients, visitors and staff away from immediate area of the fire
A - Sound alarm; Pull closest alarm box the emergency number 8999 for main hospital and pavilion
C - Contain Fire; close all doors
E - Evacuate or extinguish; small fires easily contained may be extinguished with appropriate fire extinguisher, large fires may require immediately evacuation of all personnel from the area.
- **Code Zebra:** external disaster involving a large number of people.
- **Code Pink:** infant/child abduction. The entire hospital may be locked down including elevator service; no one will be allowed to enter or leave the hospital.
- **Code Orange:** the alarm code for an armed individual.
- **Code Black:** an announcement made by the National Weather Service or city Emergency Management when a tornado warning is necessary.
- **Code 99:** Cardiac/Respiratory Arrest
 - **Rapid Response Team:** is available to provide assistance at the bedside and assist with patient evaluation and treatment before clinical deterioration progresses to cardiopulmonary arrest.

Confidentiality/HIPAA: healthcare workers are surrounded daily with confidential information regarding patients, hospital employees, residents, students, volunteers, and physicians. This information should only be used and disclosed as allowed by HIPAA.

Performance Improvement Program: Northwest Texas Healthcare System embraces a mission, vision and values that promote quality healthcare benefiting our patients, the community and our team of healthcare professionals. The Performance Improvement Program outlines the hospital's commitment to service excellence and to continuous efforts to identify and improve performance and patient safety at every level in the hospital system. This plan is available on request from the Quality Management Department.

The Joint Commission: As a Joint Commission accredited facility NWTHS is required to comply with National, Federal, and State requirements regarding patient safety and quality of patient care. Two such standards mandated by Joint Commission are; FPPE-Focused Professional Practice Evaluation and OPPE-Ongoing Professional Practice Evaluation. These two components are factored into approval and renewal of clinical privileges.

- **FPPE:** is a **F**ocused **P**rofessional **P**ractice **E**valuation implemented for all initial clinical privileges and for those practitioners requesting additional privileges.
- **OPPE:** is an **O**ngoing **P**rofessional **P**ractice **E**valuation implemented to continually evaluate the practitioner. Information is factored into the decision to maintain, revise, or revoke existing privileges prior to, or, at the time of reappointment. Relevant information obtained from the OPPE is integrated into

performance improvement activities.

Automatic Stop Orders: Automatic stop orders for certain classes of medications are dictated by JCAHO and established by PTIC and the Medical Staff. This system will notify the physician of the impending expiration of a medication by a computer generated flag that will be placed in the front of the patient's chart at 48 hours pre-stop and then again at 24 hours pre-stop. The physician may determine whether the medication administration is to be continued or altered. The physician must check either the DC or renew box and sign the bottom of the form. There is an automatic cancellation of standard medication orders when a patient goes to surgery. **Orders must be re-written post-op.** Orders not renewed at the time of the physician rounds will become void at that point. Maintenance medications have a 30-day automatic stop, other non-maintenance; non-controlled medications have a 14-day automatic stop. Schedule II narcotics have a 7-day stop and epidural medications have a 3-day automatic stop.

Patients transferred out of a critical care area will have their orders reviewed at the time of transfer

RESTRAINTS

- Intent of NWTHS: to reduce the use of restraint as much as possible through preventive or alternative strategies. The use of restraints has the potential to produce serious consequences for our patients.
- This is a hot topic and patient rights issue for regulatory agencies
- When clinically appropriate and justified, restraints will be implemented in the least restrictive manner.
- Documentation of an attempt to use least restrictive measures should occur with each restraint use.
- Patients and/or families are educated regarding the need for restraints.

Restraints for Nonviolent, Non-self destructive Use:

- The use of these types of restraints is to assist the patient in tolerating medical interventions that promote medical healing and/or reduce the patient's risk of injury.
- A physician must be contacted for an order when a patient is placed in restraints. The attending physician must be notified as well,
- The physician must conduct a face-to-face evaluation of the patient within 24 hours of restraint initiation.
- The patient in medical restraints must be examined daily by the physician to determine if the clinical condition still warrants restraints. A new order must be issued each calendar day to continue medical restraints. The restraint order must be dated and timed to be considered a valid order.
- Patients in restraints for medical use are assessed by nursing personnel at least every two hours. Restraints are discontinued by physician's order or as soon as the indication no longer is present. Restraint orders must be time limited and are never accepted as PRN orders.

Restraints for Violent, Self-destructive Use:

- The use of the restraints is to protect the individual against injury to self or others, and is based on the assessment of the patient. This can be either in the acute care or behavioral health setting.
- Assessment of the following is necessary: risk factors that may potentially trigger the need, alternatives to restraints, and the restraint options.
- **Within one hour** of application, a physician order is required, and the physician must see the patient face to face. Restraint or seclusion is limited to: four hours for adults, two hours for patients 9 to 17 years of age, and one hour for patients less than 9 years of age.
- If continuation of restraints is necessary after the time has expired, a new order must be obtained.
- Once the patient exhibits release behaviors for fifteen minutes, the nurse or physician must evaluate the patient for release.
- Patients in behavioral restraints are assessed by nursing personnel with continuous face-to-face observation, with documentation every fifteen minutes.
- There is a fifteen-minute personal hold that is used as a restraint, and must be renewed every fifteen minutes.

Tobacco-Free: NWTHS is a tobacco-free facility; tobacco use of any kind is not permitted at any NWTHS facility.

Hospital Access: NWTHS employs a "late night lock down" in the facility. All exterior doors to the hospital are automatically locked magnetically at 10:00 PM each night, and unlocked by 5:00 AM the following morning. From 10:00 PM to 5:00 AM please use the main entrance to the Emergency Department.

Be aware that during an emergency such as a "**Code Pink**", the entire hospital may be locked down; including elevator service, until resolved and no one will be allowed in or out of the facility.

Parking: The NWTHS Security Department enforces parking policies along with the Amarillo Police Department in some cases. All medical staff is required to have a parking permit prior to parking in the parking lots at NWTHS. Medical Staff may obtain parking permits from the Medical Staff Office or the Physician Relations Departments. Vehicles parked on NWTHS properly illegally, those creating an immediate hazard (such as blocking

an emergency entrance or fire lane), or determined to be abandoned may be towed without notice at the owner's expense.

Health and Wellness Program

Policy Statement: Northwest Texas Healthcare System, in participation with its Medical Staff, has instituted a Physician Health and Wellness Program. The purpose of the program is to educate hospital leaders and the Medical Staff about licensed independent practitioner health, address prevention of physical, psychiatric, or emotional illness, and to facilitate confidential diagnosis, treatment, and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition. The goal of the program is assistance and rehabilitation, and to aid licensed independent practitioners in retaining or regaining optimal professional functioning, consistent with protection of patients. The complete, detailed policy can be found in the Medical Staff Policy and Procedures.

Code of Conduct Policy

Purpose: To establish the Northwest Texas Healthcare System Medical Staff Code of Conduct which prohibits harassment, including, but not limited to, sexual harassment, and disruptive behavior in the work place and to provide a means of reporting such offensive conduct.

Policy: It is the policy of the Northwest Texas Healthcare System Medical Staff that it will not tolerate verbal or physical conduct by any medical staff member who harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive or hostile work environment.

The complete, detailed policy can be found in the Medical Staff Policy and Procedures.

Conflict of Interest

Purpose: To safeguard the integrity and reputation of Northwest Texas Healthcare System (the Hospital) and its Medical Staff, by fostering the proper and unbiased conduct of all Medical Staff activities.

To educate Medical Staff members about situations that generate conflicts of interest, to provide means for the Medical Staff and the Hospital to disclose and manage conflicts of interest, to promote the best interests of patients, their families, employees, and other practitioners, and to describe situations that are prohibited.

Policy: A conflict of interest (COI) arises when there is a divergence between an individual's private interests and his/her professional obligations to the Medical Staff, Hospital, patients, and employees, such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. A conflict of interest depends on the situation and not on the character of the individual.

The complete, detailed policy can be found in the Medical Staff Policy and Procedures.

Infection Prevention Information

All Healthcare workers must be a part of the efforts to reduce hospital acquired infections.

Isolation Precautions: NWTTHS follows the CDC recommendation for isolation precautions.

- **Standard Precautions:** All patients will be placed in standard precautions. Appropriate personal protective equipment-gloves, gown, mask must be worn; antimicrobial soap must be used for routine handwashing and after contact with any body fluid. Alcohol gel products may be used when no visible soiling of the hands is noted.
- **Contact Isolation: Green sign**-wear gowns and gloves to enter room (diseases include MRSA, VRE, C Difficile, RVS, and infectious diarrhea)
- **Droplet: Orange sign**-wear mask with eye shield when entering the room (diseases include Meningitis, Influenza and Pertussis)
- **Airborne: Pink sign**-patients needs to be placed in negative pressure room or regular room with a Hepa filter. To enter the room, the N-95 Duckbill mask must be worn (diseases include TB, chickenpox and measles)
- **Pediatric Respiratory: Yellow sign**-wear gloves, gown and mask upon entering and discard before leaving the room.
- **Special Contact: Purple sign**- clean hand with soap and water only; no alcohol gel or foam; gloves, and gown must be worn, and discarded before leaving the room. Discard or disinfect equipment with removed with bleach wipes or 10:1 bleach solution. All soiled linen must be bagged prior to removing from the room.
- **Protective Precautions: White sign**-antimicrobial soap or alcohol gel must be used upon entering and leaving the room; no person with an infection may enter, no dried or live plants or flowers. Time spent outside of room should be limited.

Multi-drug resistant organism: MRSA, VRE, Klebsiella, pseudomonas aeruginosa, enterobacter species and acinetobacter baumannii. These patients will be placed in contact isolation-good handwashing is vital, gowns and gloves must be worn.

Surgical site infection prevention: In an effort to decrease the incidence of surgical site infections NWTTHS has developed SCIP initiatives which include: appropriate use of pre-operative antibiotics, removal of hair, post-operative glucose control during the initial recovery phase for major cardiac surgery patient, immediate post operative normothermia for all patients and education of surgeons, peri-operative staff, patients and family. Other strategies include: time out or procedural pause, pre-op bathing with a CHG product, pre-op nasal screening, patient education, traffic control in the OR and strict adherence to hand hygiene.

Catheter-associated urinary tract infections: (CAUTI) defined as a “never event” this infection is not to be tolerated and should never happen and is commonly referred to as the Bladder Bundle:

Aseptic insertion and proper maintenance

Bladder ultrasound may avoid indwelling catheterization

Condom or intermittent catheterization in appropriate patients

Do not use indwelling catheter unless unavoidable

Early removal of catheter 24-48 hours post op

Central Line Associated Blood stream infections: (CLABSI) Several recognized organization recommend the use of “central line bundles” as a means to reduce the occurrence of CLASBSI.

- Central line bundle includes; excellent hand hygiene, maximal sterile barrier, CHG for site preparation, select the catheter, avoid using the femoral vein, suture less securement device and dedicated line for lipids and complete infusion in 24 hours.
- Catheter maintenance bundle includes; CHG baths daily for patient with central lines, transparent, semi permeable dressing, CHG impregnated sponge dressing (biopatch) patients older than 2 months, strict adherence to aseptic techniques, daily assessment and documentation of the continued necessity of the line.

Ventilator associated pneumonia: (VAP) is the leading cause of death among hospital acquired infections. VAP is considered a “never event” best practice guidelines for reducing VAP in our hospital should always be a propriety for the ventilated patient. Excellent hand hygiene, and gloving, daily sedation interruptions to assess for extubation, begin ventilator weaning as soon as possible, elevate head of bed 30-45 degrees; begin DVT and peptic ulcer prophylaxis within 24 hours, oral hygiene every 2-4 hours HILO ETT to suction and placement of OGT instead NGT.