MEDICAL STAFF

ANNUAL EDUCATION

Safety and Quality of Care Concerns

Any individual who provides care, treatment and services can report concerns about safety or the quality of care to the Oklahoma State Department of Health (JCH, Homecare, Hospice), Joint Commission (DRH, Inspirations), or The Compliance Team (Rural Health Clinics and Advanced Medical Supply) without retaliatory action from the hospital.

The Joint Commission Office of Quality Monitoring (accredits DRH, Horizons, CRU, Sleep Lab, Inspirations)
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Toll Free: 1-800-994-6610
E-mail: complaint@jointcommission.com

Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117
405-271-5600 or toll free: (800) 522-0230
Or through website at www.ok.gov.
Contact OSDH and complete contact form

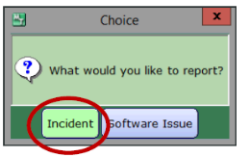
The Compliance Team (accredits AMS, Rural Health Clinics, JCH Swing)
1-888-291-5353
www.thecomplianceteam.org

You may also contact the DRH Health Compliance officer:
Sheila Crissman
Phone: (580) 251-8215
Email: Sheila.Crissman@drhhealth.org

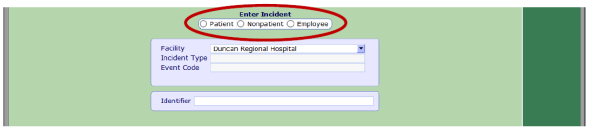
To report safety or quality concerns internally, complete an incident report in the Meditech Risk Management module or contact Jodie Franzen, Director of Performance Excellence, at Jodie.Franzen@drhhealth.org, 580-251-8667.

In Meditech, click on the triangle symbol with the **"!"** inside it in the bottom right corner:

Choose **"Incident"**



First indicate if this a Patient, Nonpatient or Employee incident



Choose your Facility, Incident Type & Event Code.
The Incident Types available are based on whether you initially chose Patient, Nonpatient, or Employee.
For Patients, you can currently enter: Assaults, Concerns of Care, Falls, Medication Events, Privacy/Confidentiality Breaches, and Security Events incidents.
For Nonpatients, you can enter: Assaults, Concerns of Care, Falls, Medication Events, and Security Events incidents.
For Employees, you can enter: Assaults, Concerns of Care, Security Events, TM Injury/Exposure/Illness, and Undocumented Waste incidents.

DRH Health Emergency Alert Code Meanings

CODE BLUE: Medical emergency - special teams respond to area announced overhead. Dial 555 to advise operator of code and location (Example: Code Blue Room 225)

FAST TEAM: At Duncan Regional Hospital, we have a Rapid Response Team (FAST) that consists of an ICU RN, the House Supervisor, a Respiratory Therapist and a Hospitalist. This team will evaluate the patient and begin protocols while contacting the admitting physician of the patient.

CODE WHITE: Medical Emergency for a pediatric patient - special teams respond to area announced overhead to assist in care.

CODE RED: Fire or smoke is located in the area announced.

CODE BLACK: Evacuation of a specific department or entire hospital. Call 555 to notify operator and begin evacuation procedures.

CODE STAR: Help is needed in the area announced. All trained hospital personnel are to respond.

CODE YELLOW: Weather Alert

CODE SILVER: Active Shooter

CODE PINK /CODE ADAM/CODE EVE: Infant abduction or patient elopement in progress.

EMERGENCY DEPARTMENT ALERT: A disaster has occurred and Administration has activated the disaster plan.

Provider Response during a Fire

1. **Restrict the fire to the area you are in, if possible, by:**
   a. **Closing patient room doors**
   b. **Closing off the area with fire doors**
   c. **Using available personnel for extinguishing flames before they develop out of control and spread to other areas**
2. **Pull the nearest fire alarm. (Fire pulls are commonly located near exit doors). Report the fire to the Hospital operator by dialing 555.**
3. **Direct the evacuation of patients and use the patient care unit census lists to make sure every patient has been evacuated.**

Workplace Violence Prevention

DRH Health is committed to preventing workplace violence and providing a safe work environment for providers, team members, patients and visitors.

Your Responsibilities:

- Learn techniques to manage individuals with aggressive behavior. DRH Health had training available. Contact the Education Department for more information.
- Recognize risk factors and attempt to diffuse violent situations if possible
- Be alert for potential violence or suspicious behavior and report it. Call security at ext. 3777, or 911 if it's more appropriate to your setting
- Provide intervention measures including verbal, social, physical, and pharmacological interventions
- Recognize warning signs of increasing anger/violence using the **STAMP** acronym: **S**taring, **T**one or volume of voice, **A**nxiety, **M**umbling, **P**acing
- Frequent communication to keep patients and visitors aware of prolonged wait times
- Use the buddy system when leaving the premises
- Report incidents of workplace violence to provide DRH Health the opportunity to address any issue to prevent possible future incidents.

Administrative Responsibilities:

- Provide procedures for reporting all workplace violence incidents. These are reported in Meditech's Risk Management system and trended/discussed at regular Safety Committee meetings.
- Take preventative measures to reduce the threat of workplace violence. A workplace violence risk assessment is performed annually. Patients who are known to have had aggressive behavior are flagged in Meditech for future interactions.

AGG
FAL...

All Team Member and Providers have access to medical treatment and counseling services if they were to be needed after a workplace violence incident. Criminal intent is evaluated with every assault incident report to determine if the provider or team member wishes to contact local law enforcement for criminal charges.

Mission

Providing compassionate and exceptional healthcare while improvi
our community's health.

Vision

To earn the trust of our patients and their families... every day.

Leaders create and maintain a culture of safety and quality throughout the hospital.

- Leaders provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment.
- Leaders disseminates lessons learned from root cause analyses, system or process failures and the results of proactive risk assessments to all staff who provide services for the specific situation.
- Communication supports safety and quality throughout the hospital.

All the above guidelines refer to safety and quality. When safety or quality issue arises, a process is in place to report the incident, work as a team to identify the issues relevant to the incident, determine the root causes and how to correct those causes, and apply the corrective actions needed. The hospital integrates change into all relevant processes so that its effectiveness can be sustained, assessed and measured.

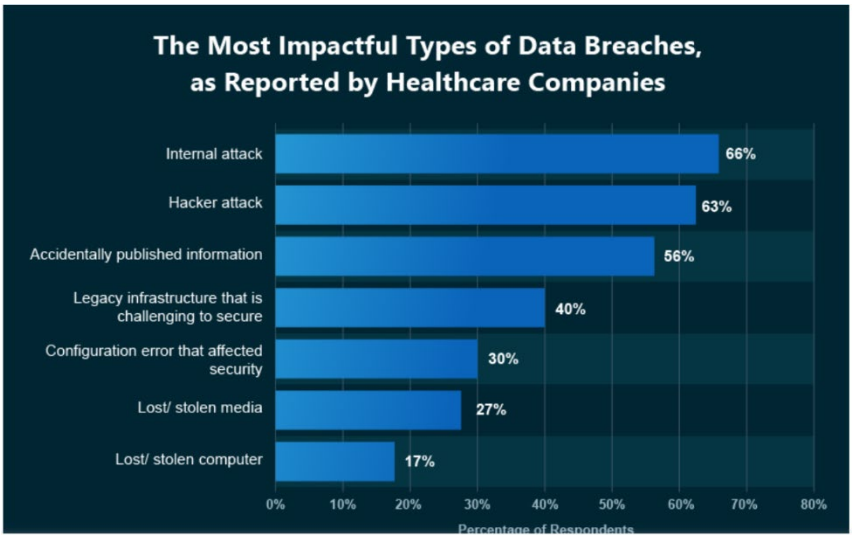
Information Systems & Cybersecurity

Meditech Expanse is the electronic medical record used by the Medical and AHP staff at DRH Health.

Training is provided by the DRH Health IT Department. Contact Susan Turkett in IT for more information: Susan.Turkett@drhhealth.org

Downtime forms are available in each Department. All downtime forms are later available for reference in electronic medical record as scanned forms.

Cybersecurity is a shared responsibility!



INFECTION PREVENTION STRATEGIES

At DRH Health, we are dedicated to patient safety and will continue to make every effort to prevent adverse events in the healthcare setting. Our aggressive infection prevention strategies follow evidence-based guidelines. The key components of our prevention policies include:

Hand Hygiene

- Hand hygiene is the single most important means to prevent transmission of infectious agents.
- DRH Health Hand Hygiene Protocol states you must decontaminate your hands upon entry and as you exit all patient rooms.
- For hand decontamination, you may use alcohol-based hand rub or wash hands with soap and water.
- Wash hands with soap and water when hands are visibly soiled or when exposure to *C.difficile* is suspected or proven.

Prevention of Ventilator Associated Events (VAE)

- Hand hygiene.
- **Oral care with chlorhexidine gluconate.**
- Head of bed elevated minimum 30 degrees at all times to prevent aspiration.
- Deep venous thrombosis prophylaxis
- Stress ulcer prophylaxis
- Daily sedation vacation

Prevention of Intravascular Catheter Related Blood Stream Infections

- Hand hygiene.
- Use maximum barrier precautions at every central venous catheter insertion (large sterile drape; provider wears surgical mask, sterile gloves, hair covering, and sterile gown).
- Subclavian vein is the preferred site for non-tunneled catheters in adults.
- Avoid use of femoral site unless absolute necessity.
- **Daily review of line necessity.**
- Chlorhexidine skin prep before insertion and daily skin clean with chlorhexidine skin wipes.

Prevention of Catheter Associated Urinary Tract Infections (CAUTI)

- Strict adherence to aseptic insertion technique, with appropriate hand hygiene and gloves.
- **Use indwelling catheters only when medically necessary; remove catheters when no longer needed.**
- Maintain closed sterile drainage.
- Maintain strict adherence to proper catheter care.
- Do not change catheters or drainage bags at arbitrary fixed intervals.

Prevention of Multi-Drug Resistant Organisms (MDRO)…..CDIFF, MRSA, etc.

- Hand Hygiene – before and after patient contact.
- Don gown and gloves at time of entry to patient's room.
- Decontamination of the environment.
- Active Surveillance screening for designated high risk populations.
- **Isolation Precautions for colonized and infected patients.**
- Antimicrobial use judiciously.

Prevention of Surgical Site Infections (SSI)

- Appropriate use of prophylactic antibiotics
- Appropriate hair removal
- Immediate postoperative normothermia for surgical patients

Infection Prevention and Control (IC) – Influenza Vaccination

The hospital offers vaccination against influenza to licensed independent practitioners and staff.

Beginning in October of each year, our Team Member Health nurse begins a campaign of educating and vaccinating staff, volunteers, and physicians for influenza. Flu vaccinations are offered many different times of the day and to different areas of services. Emails, fax notifications, and word of mouth are ways in which the physicians and staff are aware that the vaccination is available. **All on-site providers are required to get immunized annually for flu or must annually apply for and be exempted. Deadline for flu vaccination is December 31st each year.**

Up-to-date influenza data regarding current impact of the disease, prevention and treatment recommendations can be found on the CDC website: https://www.cdc.gov/flu/professionals/index.htm

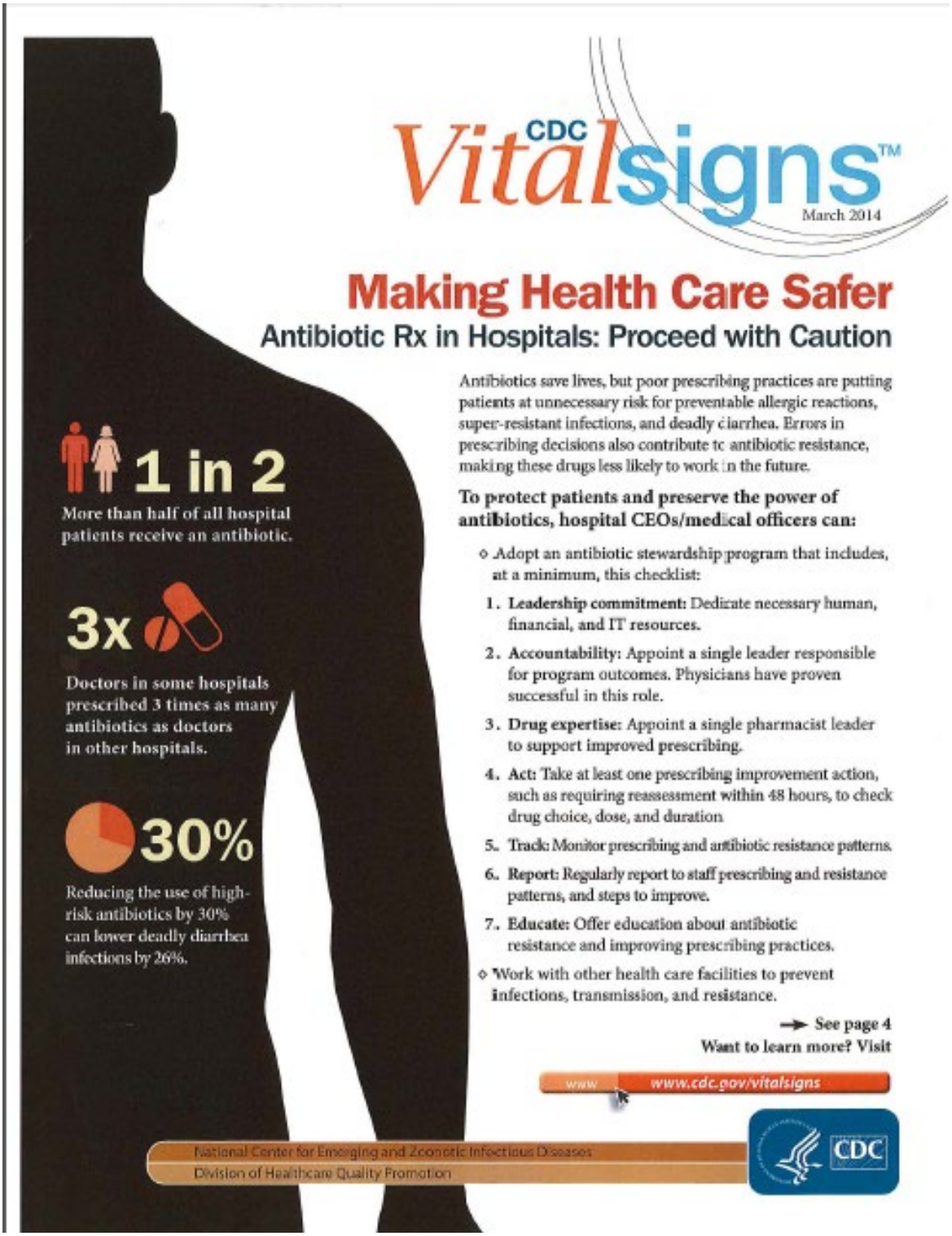
Contact Information:

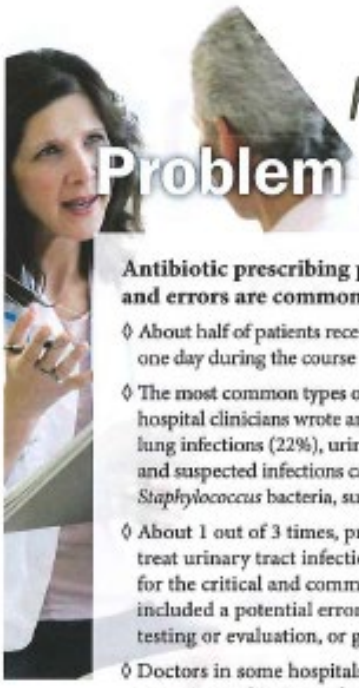
Kristina Criss, MS, RN, DRH Health Infection Preventionist
Vera.Budlong@drhhealth.org

Olivia Bunn, RN, Team Member Health
Olivia.Bunn@drhhealth.org fire
580 251-8896

Antimicrobial Stewardship

Click HEREto view the DRH Health Antimicrobial Stewardship Program policy





Problem *Poor antibiotic prescribing harms patients*

Antibiotic prescribing practices vary widely and errors are common.

◊ About half of patients receive an antibiotic for at least one day during the course of an average hospital stay.

◊ The most common types of infections for which hospital clinicians wrote antibiotic prescriptions were lung infections (22%), urinary tract infections (14%), and suspected infections caused by drug-resistant *Staphylococcus* bacteria, such as MRSA (17%).

◊ About 1 out of 3 times, prescribing practices to treat urinary tract infections and prescriptions for the critical and common drug vancomycin included a potential error – given without proper testing or evaluation, or given for too long.

◊ Doctors in some hospitals prescribed up to 3 times as many antibiotics as doctors in similar areas of other hospitals. This difference suggests the need to improve prescribing practices.

Poor prescribing puts patients at risk.

◊ Although antibiotics save lives (for example, in the prompt treatment of sepsis, a life-threatening infection throughout the body), they can also put patients at risk for a *Clostridium difficile* infection, deadly diarrhea that causes at least 250,000 infections and 14,000 deaths each year in hospitalized patients.

◊ Decreasing the use of antibiotics that most often lead to *C. difficile* infection by 30% (this is 5% of overall antibiotic use) could lead to 26% fewer of these deadly diarrheal infections. These antibiotics include fluoroquinolones, β-lactams with β–lactamase inhibitors, and extended-spectrum cephalosporins.

◊ Patients getting powerful antibiotics that treat a broad range of infections are up to 3 times more likely to get another infection from an even more resistant germ.

Every time antibiotics are prescribed:

1. Order recommended cultures before antibiotics are given and start drugs promptly.

2. Make sure indication, dose, and expected duration are specified in the patient record.

3. Reassess within 48 hours and adjust Rx if necessary or stop Rx if indicated.

Specific recommendations for common prescribing situations:

Rx for urinary tract infections

- Make sure that culture results represent true infection and not just colonization.
  - Assess patient for signs and symptoms of UTI.
  - Make sure that urinalysis is obtained with every urine culture.
- Treat for recommended length of time and ensure that planned post-discharge treatment takes into account the antibiotics given in the hospital.

Rx for pneumonia

- Make sure that symptoms truly represent pneumonia and not an alternate, non-infectious diagnosis.
- Treat for the recommended length of time and ensure that planned post-discharge treatment takes into account the antibiotics given in the hospital.

Rx for MRSA infections

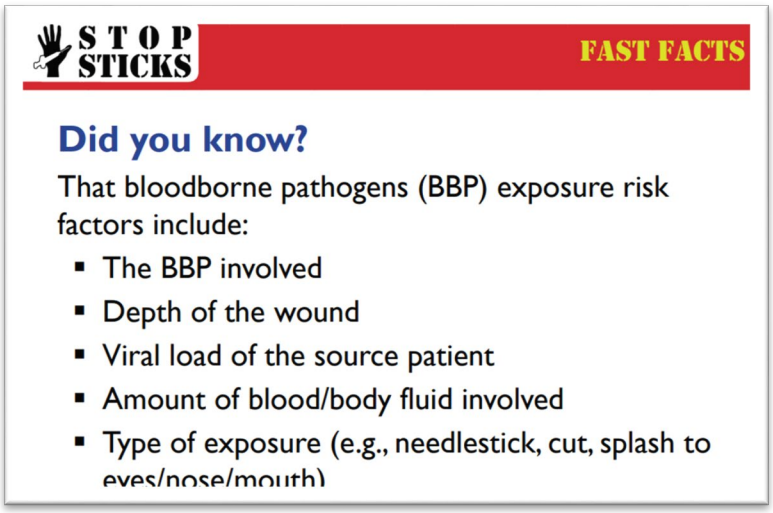
- Verify that MRSA is growing in clinically relevant cultures. Do not use vancomycin to treat infections caused by methicillin-susceptible staph (and not MRSA).

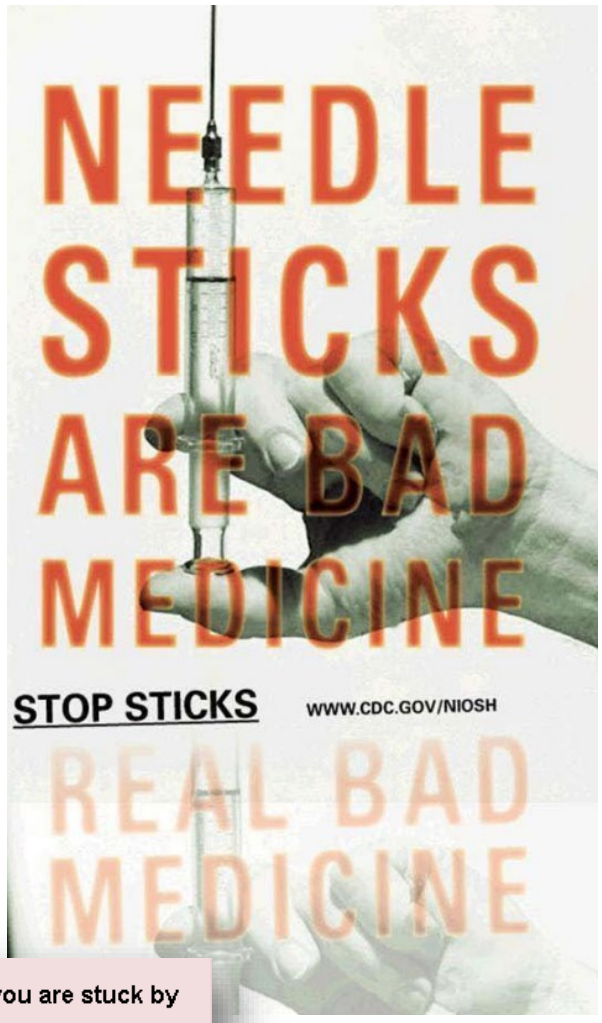
SOURCE: CDC Vital Signs, 2014

Bloodborne Pathogens

Health care workers, emergency response and public safety personnel, and other workers can be exposed to blood through needlestick and other sharps injuries, mucous membrane, and skin exposures. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Workers and employers should take advantage of available engineering controls and work practices to prevent exposure to blood and other body fluids.

CLICK HERE TO VIEW THE DRH HEALTH PLAN:





What to do if you are stuck by a needle:

If you are stuck by a needle or other sharp or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. Report this immediately to your employer and seek immediate medical attention.

CDC: Emergency Needlestick Information also provides immediate access to treatment protocols following blood exposures involving HIV, HBV and HCV, including the Clinicians' Post Exposure Prophylaxis Hotline (PEPline) at 1-888-448-4911.

Current antibiotic resistance resource information can be found on the Antiobiogram which is available on the **Portal Page** under **Clinical Departments-Laboratory**

http://portal.drh.net/index.php/home/clinical-departments/laboratory/

Departments -> Laboratory -> Antibiogram

File / Folder Name	Date:
Go to the Main Index Screen	
Go Backwards One Screen	
2023ANTIBIOGRAM.xlsx	01/30/2024

Duncan Regional Hospital — URINE ONLY

1407 Whisenant Drive, Duncan OK 73533

2023 Urine Antibiogram of Percent Susceptible Bacteria: January thru December 2023

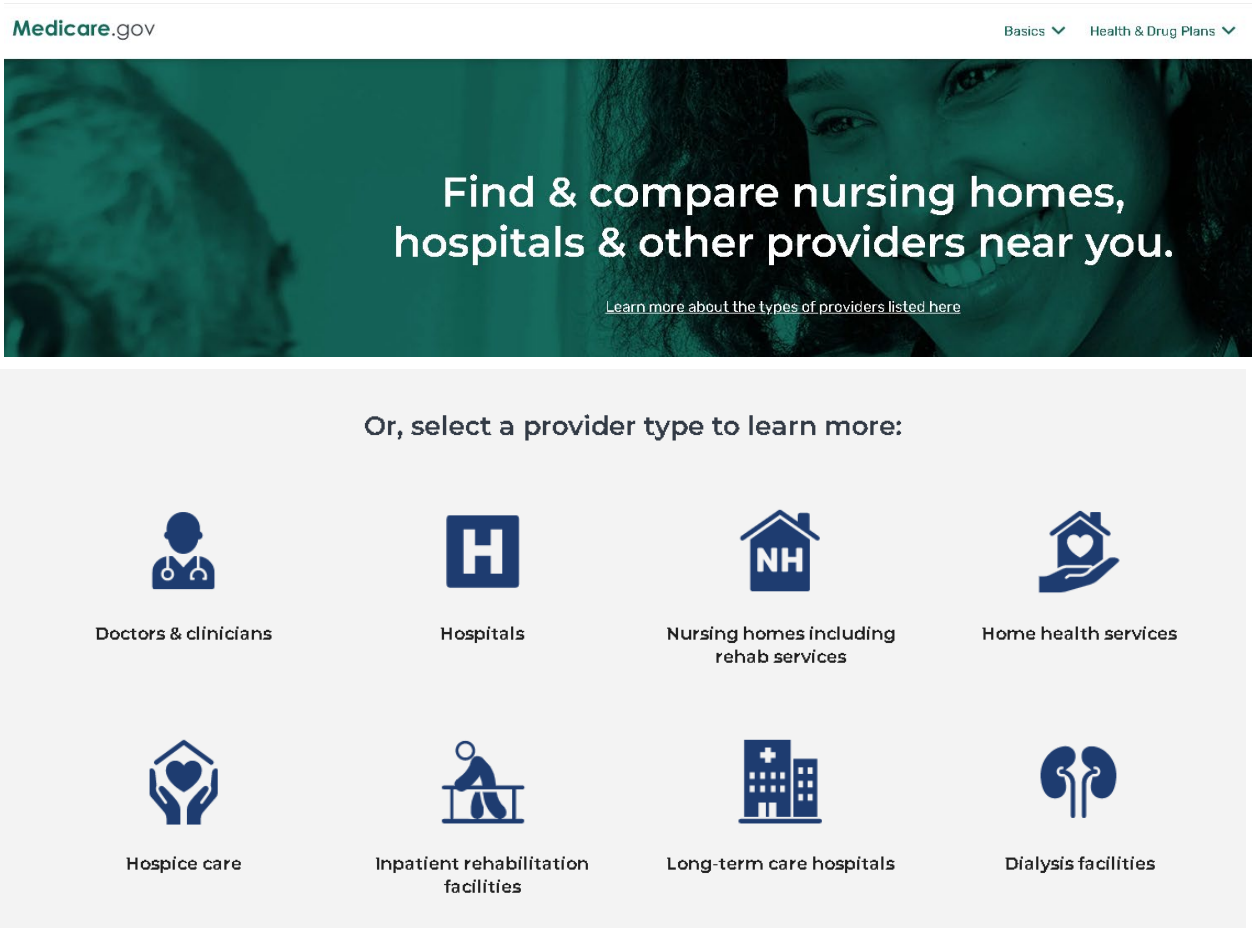
Antibiotic				GRAM NEGATIVES								GRAM POSITIVES		
	Total # of isolates			**25**	**31**	**45**	**1429**	**50**	**309**	**112**	**69**	**107**	**13**	**7**
Penicillins	Amox/clavulinic acid	Aug	$										100	
	Ampicillin	Am	$				58			85		100		
	Ampicillin/Sulbactam	A/S	$	64	39	16	62	70	84	88			100	
	Oxacillin	Ox	$$										100	
	Penicillin	P	$$									100	23	
	Piperacillin/Tazo	P/T	$$	100	97	80	99	100	97	100	99			
Cephalosporins	Cefazolin	Cfz	$				92		96	93				
	Cefepime	Cpe	$	100	100	93	100			100	88			
	Cefoxitin	Cfx	$				96	96	96	99				
	Ceftazidime	Caz	$$	80	90	73	98	100	99	100	81			
	Ceftriaxone	Cax	$	72	84	51	98	100	98	99			100	
Aminoglycosides	Gentamicin	Gm	$	96	100	93	92	98	100	88	91		100	100
	Tobramycin	To	$	100	100	93	95	98	99	88	99			
Quinolones	Ciprofloxacin	Cp	$	100	100	91	81	90	97	71	91	78	85	43
	Levofloxacin	Lvx	$	100	100	100	82	96	98	71	96	89	92	43
	Aztreonam	Azt	$$	80	97	71	99	100	98	99	93			
	Ertapenem	Etp	$$				99	100	100	100				
	Meropenem	Mer	$	100	100	100	99	100	100	100	99			
	Linezolid	Lzd	$									100	100	100
	Nitrofurantoin (urine)	Fd	$	100	13	22	98	90	58			99	100	100
	Rifampin	Rif	$									49	100	86

YTD URINE ONLY | 2023 YTD NON-URINE

Six Domains of Health Care Quality

- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient**: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Within each of these domains, we report quality measures both internally and externally to CMS. We use the results of these measures to drive our efforts to improve patient care. Many quality measures and hospital-acquired conditions are publicly reported on medicare.gov.



CLINICAL ALARM SAFETY

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow.
There is general agreement that this is an important safety issue. It is important for a hospital to understand its own situation and to develop a systematic, coordinated approach to clinical alarm system management. Standardization contributes to safe alarm system management, but it is recognized that solutions may have to be customized for specific clinical units, groups of patients, or individual patients. This NPSG focuses on managing clinical alarm systems that have the most direct relationship to patient safety.

From DRH Clinical Alarm Systems-Maintenance and Monitoring Policy & Procedure:

Clinical alarm systems should not be disabled unless clinically appropriate as determined by clinician's assessment. Clinicians may change parameters in accordance with current assessment data. Clinician will check all equipment with clinical alarms to ensure that:

- *Settings are appropriate for each patient*
- *Alarm is active*
- *Alarm is not impaired in any manner*
- *Alarm is sufficiently audible to all staff with respect to distance and competing noise within the unit.*

Pain Management

Pain assessment and pain management, including safe opioid prescribing, must be identified as an organizational priority for the hospital.
The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based upon the identified needs of its patient population.

All individuals receiving care have a right to appropriate assessment and management of pain.
DRH Methods of Pain Assessment: Pain Intensity Scales

- 0-10 Numeric Pain Intensity Scale
- Faces Scale
- Adult Non Verbal Pain Scale (ANVPS) scale for Non/Pre-verbal patients
- Neonatal Infant Pain (NIPS) Scale – newborn nursery only
- Pain Assessment in Advanced Dementia (PAINAD) – Pain assessment in older patients with dementia or other cognitive impairment who are unable to reliably communicate pain.
- Essential elements of pain assessment includes intensity, location, quality, aggravating factors, present pain regimen and effectiveness, pain management history, physical examination of site of pain and the individual's goals.

Oklahoma Prescription Monitoring Program (PMP) System

The PMP system provides secure access to OBN registrants, including pharmacies and practitioners who are in good standing. Regulatory and law enforcement agencies may also access the system. The PMP application provides continuity between practitioners, pharmacies, and state law enforcement to help prevent prescription fraud in Oklahoma. Access to PMP 2010 will be granted in accordance with state law 63 O.S. Section: 2-309D.

- Dispensers are required to submit controlled substance prescription information directly to OBNDDC in ASAP 2007 format within five (5) minutes of delivering a prescription to a patient or their designee. Mail order pharmacies must submit all prescriptions within 24 hours of mailing the prescription. Deliveries must be reported within five (5) minutes after the pharmacy has been notified the prescription has been delivered.
- A mandatory PMP check is required for new patients or after 180 days elapsed since PMP check for patient prior to physician prescribing one of the following: opiates, synthetic opiates, semi-synthetic opiates, benzodiazepine, or carisoprodol (exclusions for Hospice or end-of-life, or patients residing in nursing facility)
- Physicians may designate a staff member to run the patient PMP on the physician's behalf
- Physicians may include a copy of the patient's PMP in the patient's medical record
- Under this act, access to the OBN PMP now granted to medical practitioners and their staff employed by federal agencies treating patients in the state of Oklahoma

OKLAHOMA OPIOID PRESCRIBING GUIDELINES

Note: These guidelines do not replace clinical judgment in the appropriate care of patients. They are not intended as standards of care or as templates for legislation, nor are they meant for patients in palliative care programs or with cancer pain. The recommendations are an educational tool based on the expert opinion of numerous physicians and other health care providers, medical/nursing boards, mental and public health officials, and law enforcement personnel in Oklahoma and throughout the United States.[1,2,3]

Opioid Treatment for Acute Pain

1. Health care providers are encouraged to consider non-pharmacological therapies and/or non-opioid pain medications. Opioids should only be used for treatment of acute pain when the severity of the pain warrants that choice.
2. By Oklahoma law, it is mandatory that providers check the Oklahoma Prescription Monitoring Program (PMP) prior to prescribing and every 180 days prior to authorizing refills for opiates, synthetic opiates, semi-synthetic opiates, benzodiazepines, or carisoprodol. More frequent checks of the PMP are recommended.
3. When opioids are started, providers should prescribe the lowest possible effective dose. Prescribe no more than a short course; most patients require opioids for no more than three days.
4. Avoid prescribing opioids to patients currently taking benzodiazepines and/or other opioids.
5. Patients should be counseled to store medications securely, never to share them with others, and to dispose of medications when the pain has resolved.
6. Long-acting or extended-release opioids should not be prescribed for acute pain.
7. Providers should provide screening, brief intervention, and referral to treatment, if indicated.
8. Continued opioid use should be evaluated carefully, including assessing the potential for abuse, if pain persists beyond the anticipated period of acute pain.
9. In general, health care providers should not provide replacement prescriptions for opioids that have been lost, stolen, or destroyed.

Opioid Treatment for Chronic Pain

1. Alternatives to opioid treatment should be tried, or previous attempts documented, before initiating opioid treatment for chronic pain.
2. By Oklahoma law, it is mandatory that providers check the Oklahoma Prescription Monitoring Program (PMP) prior to prescribing and every 180 days prior to authorizing refills for opiates, synthetic opiates, semi-synthetic opiates, benzodiazepines, or carisoprodol. More frequent checks of the PMP are recommended.
3. A comprehensive evaluation should be performed before initiating opioid treatment for chronic pain.
4. The health care provider should screen for risk of abuse or addiction before initiating opioid treatment.
5. Patients should be counseled to store medications securely, never to share them with others, and to dispose of medications when pain has resolved.
6. Long-acting or extended-release opioids are associated with an increased risk of overdose death, and should only be prescribed by health care providers familiar with their indications, risks, and need for careful monitoring.
7. A written treatment plan should be established that includes measurable goals for reduction of pain and improvement of function.

Learn more: poison.health.ok.gov

Injury Prevention Service
Oklahoma State Department of Health

8. The patient should be informed of the risks, benefits, and terms for continuation of opioid treatment, ideally using a written and signed treatment agreement. Consider co-prescribing naloxone for patients with increased risk of opioid overdose.
9. Opioids should be initiated as a short-term trial to assess the effects of opioid treatment on pain intensity, function, and quality of life. The trial should begin with a short-acting opioid medication.
10. During the titration period, regular visits for evaluation of progress toward goals should be scheduled and the PMP should be checked more frequently.
11. Continuing opioid treatment should be a deliberate decision that takes into consideration the risks and benefits of chronic opioid treatment for that patient. Patients and health care providers should periodically reassess the need for continued opioid treatment, weaning whenever possible. A second opinion or consultation may be useful in making that decision.
12. Opioid treatment should be tapered or gradually discontinued if adverse effects outweigh benefits or if aberrant, dangerous, or illegal behaviors are demonstrated. Care should be taken when tapering opioid treatment, particularly in patients on higher dosages, the elderly, and patients who are pregnant. Abrupt discontinuation of opioids should be avoided.
13. Health care providers should consider consultation for patients with complex pain conditions, serious co-morbidities, mental illness, or a history or evidence of current drug addiction or abuse.
14. In general, health care providers should not provide replacement prescriptions for opioids that have been lost, stolen, or destroyed.
15. Health care providers should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

Oklahoma Society of Interventional Pain Physicians | Oklahoma Board of Nursing

Resources

1. **Centers for Disease Control and Prevention. (2016).** *CDC Guideline for Prescribing Opioids for Chronic Pain.* **Retrieved from** https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm. **Accessed July 8, 2016.**
2. **Oklahoma State Department of Health. (2013).** *Oklahoma Emergency Department (ED) and Urgent Care Clinic (UCC) Opioid Prescribing Guidelines.* **Retrieved from** https://www.ok.gov/health2/documents/UP_Oklahoma_ED-UCC_Guidelines.pdf. **Accessed July 8, 2016.**
3. **Oklahoma State Department of Health. (2014).** *Opioid Prescribing Guidelines for Oklahoma Health Care Providers in the Office-Based Setting.* **Retrieved from** https://www.ok.gov/health2/documents/UP_Oklahoma_Office_Based_Guidelines.pdf. **Accessed July 8, 2016.**

2017

Learn more: poison.health.ok.gov

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Injury Prevention Service
Oklahoma State Department of Health

NONOPIOID TREATMENTS FOR CHRONIC PAIN

Principles of Chronic Pain Treatment

Patients with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that nonopioid treatments, including nonopioid medications and nonpharmacological therapies, can provide relief to those suffering from chronic pain and are safer.

Effective approaches to chronic pain should:

- Use nonopioid therapies to the extent possible
- Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD)
- Focus on functional goals and improvement, engaging patients actively in their pain management
- Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain)
- Use first-line medication options preferentially
- Consider interventional therapies (e.g., corticosteroid injections) in patients who fail standard non-invasive therapies
- Use multimodal approaches, including interdisciplinary rehabilitation for patients who have failed standard treatments, have severe functional deficits, or psychosocial risk factors

NONOPIOID MEDICATIONS

Medication	Magnitude of Benefits	Harms	Comments
Acetaminophen	Small	Hepatotoxic, particularly at higher doses	First-line analgesic, probably less effective than NSAIDs
NSAIDs	Small-moderate	Cardiac, GI, renal	First-line analgesic, COX-2 selective NSAIDs less GI toxicity
Gabapentin/pregabalin	Small-moderate	Sedation, dizziness, ataxia	First-line agent for neuropathic pain; pregabalin approved for fibromyalgia
Tricyclic antidepressants (TCAs) and serotonin/ norepinephrine reuptake inhibitors (SNRIs)	Small-moderate	TCAs have anticholinergic and cardiac toxicities; SNRIs safer and better tolerated	First-line for neuropathic pain; TCAs and SNRIs for fibromyalgia, TCAs for headaches
Topical agents (lidocaine, capsaicin, NSAIDs)	Small-moderate	Capsaicin initial flare/burning, irritation of mucous membranes	Consider as alternative first-line, thought to be safer than systemic medications. Lidocaine for neuropathic pain, topical NSAIDs for localized osteoarthritis, topical capsaicin for musculoskeletal and neuropathic pain

Learn more: poison.health.ok.gov

Injury Prevention Service
Oklahoma State Department of Health

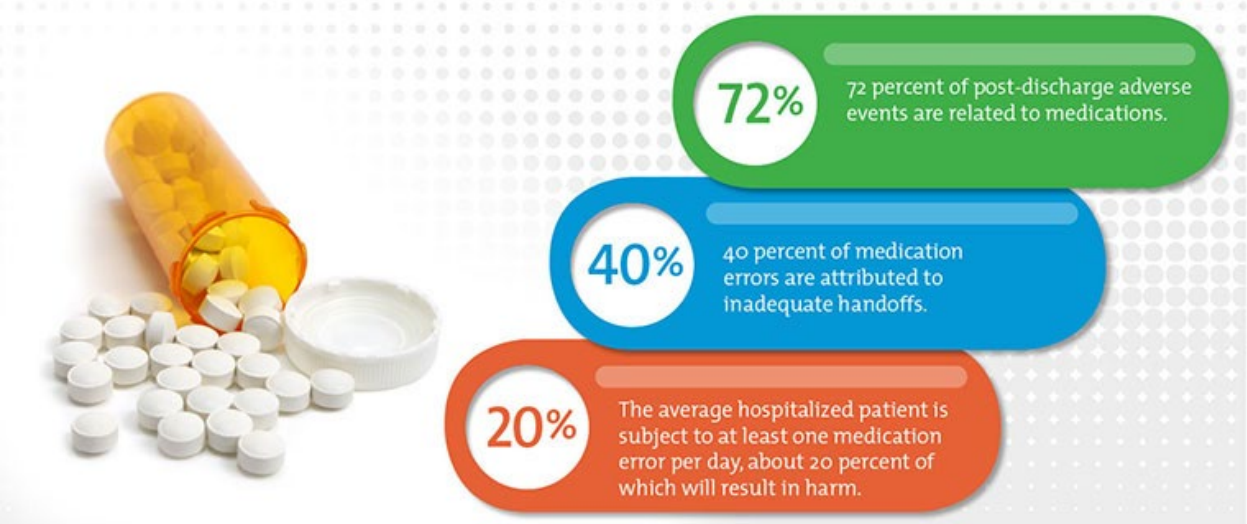
Medication Safety

Look alike/sound alike medications are posted to prevent errors in the interchange of these medications. This list can be obtained from the Pharmacy.

Anticoagulation Safety - Anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring and inconsistent patient compliance. The pharmacy monitors the use of warfarin while the physician should be monitoring the INR to adjust this therapy. Education is provided to the patient/family regarding importance of follow up monitoring, compliance, drug-food interactions and the potential for adverse drug reactions and interactions.

Do NOT use Abbreviation List:
U or u or IU – Units
q.d, QD; Q.D. qd, qod, q.o.d.; Q.O.D.; QOD - Daily Every other day
MS, MSO4, MgSO4 - Morphine Sulfate, Magnesium Sulfate
No trailing zeroes- 1.0
Always use a zero before a decimal point .1 mg - 1 mg 0.1mg

High Risk/High Alert Medications: Pharmacy maintains and updates the list as needed. If you have any questions or need additional information regarding these medications, please contact Pharmacy at 251-8786.



Medication Reconciliation

A list of the patient's current home medications is created upon arrival to the hospital. Providers should compare this list to the medications being ordered for the patient and reconcile the lists within 24 hours of inpatient admission. Each time the patient is transferred from one area to another, a copy of these medications is made available in the medical record for medication reconciliation. A complete list is provided to the patient upon discharge.

The use and disclosure of a patient's individually identifiable health information must be in compliance with existing Federal and State regulations. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects an individual's health information and their demographic information. Together these items are defined as "protected health information" or PHI. Information meets the definition of PHI if, even without the patient's name, you look at certain information and can tell who the person is. Patients have defined rights under HIPAA and may file a complaint with the Facility Privacy Officer or US Department of Health and Human Services if they believe a privacy violation has occurred.

DRH Health has a Privacy Officer (Nancy Lott) and Compliance Officer (Sheila Crissman) who are tasked with overseeing our HIPAA Compliance program.

In an effort to assist physicians with HIPAA compliance, we offer the following recommendations:

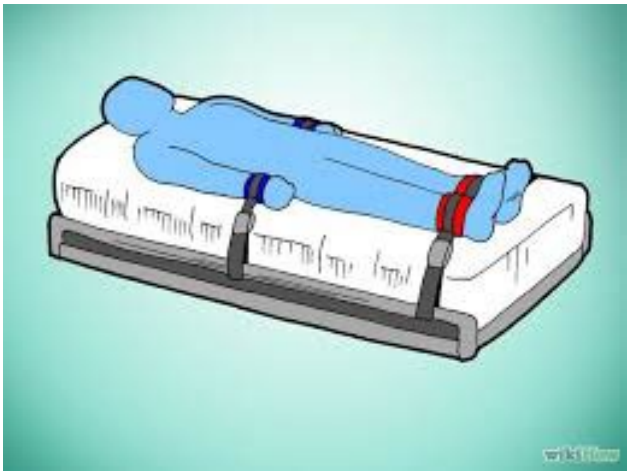
- Private consultation rooms are available for use by physicians when discussions with patients and/or family members are necessary.
- When accessing a patient's electronic medical record, please do not leave the computer unattended and remember to log off when you are done.
- Be mindful of discussions held at nursing stations and other public locations. Please keep voices low and minimize the amount of PHI disclosed.

For additional information regarding HIPAA, please visit www.hhs.gov/ocr/privacy.

If you have questions or concerns regarding a privacy matter, please contact the Medical Staff office for assistance.

Restraints

Patients have the right to be free from restraint or seclusion that is not clinically necessary. All efforts are made to avoid restraints if patient safety can be maintained without the use of restraints.



- Monitor the condition of the patient in restraint or seclusion
- Physician orders are required for the initiation and ongoing use of restraints and the order must be renewed daily for non-violent/non-self-destructive restraints. For violent or self-destructive behavior restraint episodes, orders are renewed in accordance with the following limits for up to a total of 24 hours.
  - 4 hours for adults 18 years or older
  - 2 hours for children and adolescents 9-17 years old
  - 1 hour for children under 9 years old
- No PRN orders or standing orders for restraints
- Restraint orders must indicate the reason required for the restraint.
- Restraint orders must specify the type of restraints to be used. Use the least restrictive method possible.
- Restraint orders must be signed, dated and timed.
- Restraint orders that are telephone / verbal orders must be authenticated within 24 hours.
- A new order is required for each new occurrence of restraints once the patient has been released from the restraints.
- For restraint use due to violent or self-destructive behavior, the physician must evaluate and see the patient within one hour of the initiation of the restraint.

Addendum A: Restraints/Seclusion Patient Care Summary

RESTRAINTS FOR MEDICAL IMMOBILIZATION	RESTRAINTS OR SECLUSION FOR VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR ** Patients in vest or 4-point restraints are monitored under these guidelines
Obtain order within **1 hour** for restraints placed emergently.	Obtain order within **1 hour** for restraints placed emergently.
Registered Nurse assesses patient upon initiation of restraints/seclusion, adds the Restraint/Seclusion care plan, and completes the Restraint/Seclusion Assessment.	Registered Nurse assesses patient upon initiation of restraints/seclusion, adds the Restraint/Seclusion care plan, and completes the Restraint/Seclusion Assessment.
	Face-to-face evaluation done within **1 hour** of emergent restraint/seclusion.
Physician / LIP sees and evaluates every 24 hours.	Physician / LIP sees and evaluates every 24 hours.
Day-shift registered nurse reassesses the need for continued restraints/seclusion daily and documents on the Restraints/Seclusion Assessment.	Registered nurse reassesses the need for continued restraints or seclusion in accordance with these limits, and documents on the Restraint/Seclusion Assessment: * Every 4 hours for ages 18 and older * Every 2 hours for ages 9-17; or * Every hour for children less than 9 years.
Order automatically **discontinued every 24 hours**, unless new order is obtained.	Orders renewed/reordered by the physician in accordance with the following limits up to a maximum of 24 hours. * **4 hours** for adult 18 years of age and older; * **2 hours** for children and adolescents ages 9-17; or * **1 hour** for children under 9 years of age
Licensed nurse monitors the patient at a minimum **every 2 hours** and documents on Restraint/Seclusion Assessment every shift. This may include: vital signs, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive function, skin integrity, and provision for nutritional needs, whether in or out of restraints; restraints loosened/removed; skin condition assessed; level of activity; range of motion and activities of daily living.	Licensed nurse monitors and documents on Restraint/Seclusion Assessment every shift: Monitor **every 15 minutes** for signs and symptoms of injury, circulation, and appropriate application of the restraints. At a minimum monitor **every 2 hours** for applicable needs. This may include: vital signs, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive function, skin integrity, and provision for nutritional needs, whether in or out of restraints; restraints loosened/removed; skin condition assessed; level of activity; range of motion and activities of daily living. Secluded patients are **constantly monitored** either face-to-face by an assigned, trained staff member, or by trained staff in close proximity to the patient using both video and audio equipment.
Registered nurse may discontinue restraints when the patient's cognition, behavior, and/or medical condition improve and patient safety is assured. Document restraint discontinuation on the Restraints/Seclusion Assessment and update the patient's plan of care accordingly.	Registered nurse may discontinue restraints/seclusion when the patient's cognition, behavior, and/or medical condition improve and patient safety is assured. Document restraint discontinuation on the Restraint/Seclusion Assessment and update the patient's plan of care accordingly.

Fall Prevention

The Fall Prevention Program ensures that your patients and their families are receiving the interventions and education they need to help prevent falls and injuries from falls while in the hospital and after discharge. All inpatients as well as patients in many outpatient treatment areas are at risk for falls. Upon arrival to the facility/department, patients are screened for potential fall risk factors, i.e., recent history of falls. Inpatients assessed to be at risk for falls are evidenced by the national symbol fall symbol (triangle with falling stick person) on their door frame.

Suicide Risk Assessment and Interventions

All patients who present for evaluation and treatment with a primary diagnosis or complaint of an emotional or behavioral disorder or substance abuse; or display the symptoms of an emotional or behavioral disorder (even if primary diagnosis or complaint is not an emotional or behavioral disorder or substance abuse), receive an initial screening to determine suicide risk. Based on the level of suicide risk, interventions are implemented as a means to keep patients from inflicting harm to self or others.

If interventions are necessary, physician orders for the appropriate level of suicide precautions are initiated immediately. Suicide precautions can be initiated by nursing staff, in the absence of a physician, with documented reasons based on the Suicide Risk/Behavioral Disorder Assessment screening tool, and the patient's physician is notified as soon as possible to obtain an order.

The level of suicide risk and need for suicide precautions is reassessed by the qualified medical provider or Registered Nurse if there is an observed or stated change in behavior, and at least every 24 hours. The physician is notified if the assessment changes the level of precautions indicated.

EMTALA is applicable to any provider responsible for the examination, treatment, or transfer of an individual covered by EMTALA (any person with an emergency medical condition who comes to the hospital seeking medical care), including a provider on call for the care of an individual. EMTALA protects persons against discrimination based on ability to pay/insurance, race, religion, sex, age or diagnosis. An emergency medical condition exists when a person arrives with severe symptoms and if immediate medical attention were not given it would result in serious health risk to them or their unborn child (including psychiatric disturbances/symptoms of substance abuse), serious impairment to bodily function, and/or serious dysfunction of any body part/organ. The EMTALA law requires 3 duties of the Hospital:

- Medical screening examination
- Stabilizing treatment within the capabilities of the Hospital's staff and facilities
- Appropriate transfer or admission

Acceptable reasons for transfer include the patient requiring specialized care not available at this Hospital and patient/family request for transfer. Transfer is prohibited until the patient is stabilized unless the patient requests transfer after being fully informed of the risks and benefits and the physician certifies that the medical benefits outweigh the risks of transfer.

The ramifications of non-compliance with EMTALA range from civil to criminal. Civil penalties include fines from $50,000 per violation as well as loss of Medicare and Medicaid federal payments.

DRH Health must maintain our on-call schedules accurately as these are also our EMTALA logs. Call schedules are also used by ED providers and Hospitalists to communicate with primary providers and specialists regarding current patients.

Anytime you are not available for calls, please check out by calling the DRH Health PBX Operator at 252-5300. Make sure to call this number again to check back in when you are back. The PBX Operator will update your out/in status on our call logs. THANK YOU!

Abuse, Neglect and Exploitation

Oklahoma law makes it mandatory that suspected cases of abuse, neglect, and financial exploitation of elderly and incapacitated persons be reported to the Department of Human Services and/or Aging Services Division of Adult Protective Service. Employees of DRH Health can comply with the above law by following the DRH Abuse or Neglect policy and procedure.

Needs of the Dying Patient

A Physician's Guide to Talking About End-of-Life Care (Balaban, 2000)
As death approaches, many patients have relatively modest needs and desires. When curative treatments are no longer effective, most patients and families desire that aggressive interventions be avoided. They want the last days, weeks, and months to pass without pain, to be spent harmoniously with family and close friends, preferably at home in familiar surroundings. In rare instances, patients and family members may have major disagreements, or futile treatments may be demanded. But in the vast majority of cases, patients and family members are aligned, and end-of-life care can be managed in a sensible and conflict-free manner.

Step 1. Initiating discussion
- Establish a supportive relationship with patient and family.
- Appoint a surrogate decision maker.
- Elicit general thoughts about end-of-life preferences. Go beyond stock phrases with probing questions.

Step 2. Clarifying prognosis
- Be direct, yet caring.
- Be truthful, but sustain spirit.
- Use simple everyday language.

Step 3. Identifying end-of-life goals
- Facilitate open discussion about desired medical care and remaining life goals.
- Recognize that as death nears, most patients share similar goals; maximizing time with family and friends, avoiding hospitalization and unnecessary procedures, maintaining functionality, and minimizing pain.

Step 4. Developing a treatment plan
- Provide guidance in understanding medical options.
- Make recommendations regarding appropriate treatment.
- Clarify resuscitation orders.
- Initiate timely palliative care, when appropriate.

Palliative Care: The goal of palliative care is to help people with serious illnesses feel better and improve quality of life. It prevents or treats symptoms and side effects of disease and treatment. Palliative care also treats emotional, social, practical and spiritual problems that illnesses can bring up. Palliative care can be given at the same time as treatments to cure or treat a disease. It may be offered for people with illnesses such as cancer, heart disease, lung disease, kidney failure, dementia, and ALS at any stage of disease.

Hospice Care: Hospice care begins after treatment of a disease is stopped. It is most often offered when the person is expected to live 6 months or less. Much like palliative care, it includes comfort care and symptoms relief, but excludes curative treatment. Hospice patients must meet Medicare's eligibility requirements.

Organ Donation:

LifeShare

COMMUNICATION TOOL
Referral Number: 1.800.241.4483

Donation is an end of life decision. It is important not to mention donation prior to brain death determination because:

- Pre-death mention of donation can lead to distrust.
- The patient could be a registered donor (1st person authorization)
- Surveys indicates families need time to process brain death diagnosis before they can move on to consider donation and research demonstrates families are more likely to donate if they understand the brain death diagnosis .
- Donation is not a "yes" or "no" question. A full discussion of end of life goals must occur.

What if the family brings up donation? Tell them, "My commitment is to care for your loved one. Donation could be a possibility. I will contact an expert in that field and ask them to speak with you."

Critical Elements of Communicating Brain Death

1. **Physician shares plan for BD exam with healthcare & donation team**
   - Determine if family will be allowed to observe brain death exam
2. **Physician offers family the opportunity to observe neuro exam**
   - Physician performs appropriate brain death tests
3. **Team member escorts family to a private room for physician led discussion of test results**
   - Everyone is introduced (team and family)
4. **Physician reviews pt's clinical course in simple, easily understood terms**
   - Initial injury, interventions, etiology of neurological decline
   - Use visual aids to enhance family understanding – CT, CBF study, models/drawings, etc
5. **Physician reviews neurologic findings from brain death exam**
6. **Physician pronounces death**
   - "Sadly, this means your loved one has died. His death certificate will show that he died at _____today."
   - Offer condolences
7. **Take a breath… "allow silence to do the heavy lifting"**
   - Physician bases next steps on the family's response

Silence

"Please take some time to be with your loved one. When you are ready, our support team will help you with what comes next. I am going to step out of the room now unless you have questions about what I have just said. The nurses can find me if you have questions later."

Very Emotional/Anger

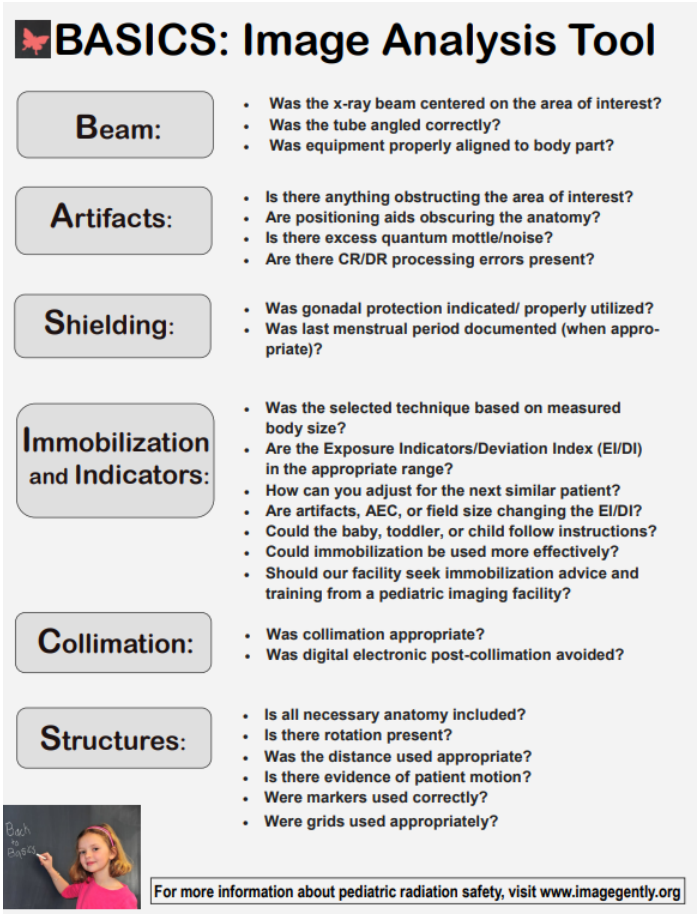
Listen & address concerns

"Please take some time to be with your loved one. When you are ready, our support team will help you with what comes next. I am going to step out of the room now unless you have questions about what I have just said. The nurses can find me if you have questions later."

Ready for Next Steps

"(LifeShare Coordinator name) is a member who specializes in supporting families at times like this. He and our team are here to help you. I am going to step out of the room now unless you have questions about what I have just said. The nurses can find me if you have questions later."

Safe Use of Radiation Techniques:



CLICK THESE IMAGES FOR PEDIATRIC EDUCATION

FLUOROSCOPY

CT

NUCLEAR MEDICINE

Radiation Dose to Adults from Common Imaging Examinations

HYPERTENSION IN PREGNANCY/POSTPARTM & POSTPARTUM HEMORRHAGE EDUCATION (Required annually for all Emergency Department, Obstetrics, Critical Care, and Anesthesia providers)

Severe Hypertension During Pregnancy and the Postpartum Period Patient Safety Bundle: Council on Patient Safety in Women's Health Care

Readiness (Every Unit)

1. Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia or eclampsia, including order sets and algorithms
2. Unit education on protocols, unit-based drills (with postdrill debriefs)
3. Process for timely triage and evaluation of women with hypertension during pregnancy and the postpartum period, including emergency department and outpatient areas
4. Rapid access to medications used for severe hypertension or eclampsia: medications should be stocked and immediately available on labor and delivery and in other areas where patients may be treated; include brief guide for administration and dosage
5. System plan for escalation, obtaining appropriate consultation, and maternal transport, as needed

Recognition and Prevention (Every Patient)

6. Standard protocol for measurement and assessment of blood pressure and urine protein for all women during pregnancy and the postpartum period
7. Standard response to maternal early warning signs including listening to and investigating patient symptoms and assessment of laboratory values (eg, complete blood count with platelets, aspartate transaminase, and alanine transaminase)
8. Facility-wide* standards for educating women on signs and symptoms of hypertension and preeclampsia prenatally and postpartum

Response (Every Case of Severe Hypertension or Preeclampsia)

9. Facility-wide standard protocols with checklists and escalation policies for management and treatment of:
   - Severe hypertension
   - Eclampsia, seizure prophylaxis, and magnesium overdosage
   - Postpartum presentation of severe hypertension or preeclampsia

10. Minimum requirements for protocol:
   - Notification of physician or primary care provider if systolic blood pressure is 160 mm Hg or greater or diastolic blood pressure is 110 mm Hg or greater for two measurements within 15 minutes
   - After the second elevated reading, treatment should be initiated as soon as possible, preferably within 60 minutes of verification
   - Includes onset and duration of magnesium sulfate therapy
   - Includes escalation measures for those unresponsive to standard treatment
   - Describes manner and verification of follow-up within 7–14 days postpartum or earlier if with symptoms
   - Describe postpartum patient education for women with preeclampsia
11. Support plan for patients, families, and staff for intensive care unit admissions and serious complications of severe hypertension

Reporting and Systems Learning (Every Unit)

12. Establish a culture of huddles for high-risk patients and postevent debriefs to identify successes and opportunities
13. Multidisciplinary review of all severe hypertension and eclampsia patients admitted to an intensive care unit for systems issues
14. Monitor outcomes and process metrics

*Facility-wide indicates all areas where pregnant or postpartum women are cared for (eg, labor and delivery, postpartum critical care, and emergency departments; others depending on the facility).

Modified from Council on Patient Safety in Women's Health Care. Available at: http://www.safehealthcareforeverywoman.org/. Retrieved April 7, 2017.

- BP ≥ 140 systolic or ≥ 90 diastolic on 2 occasions at least 4 h apart after 20 wks gestation in a woman with previously normal BP.
- BP ≥ 160 systolic or 160 systolic or 160 systolic or ≥ 110 diastolic confirmed within a short interval.

AND…..

- Proteniuria (≥ 300 mg in 24-hr urine or protein/creatinine ratio ≥ 0.3, or dipstick of 1+ protein.

IN THE ABSENCE OF PROTEINURIA, NEW ONSET OF HTN WITH NEW ONSET OF ANY OF THE FOLLOWING:

- Thrombocytopenia (platelets < 100,000/microliter).
- Renal insufficiency (serum creatinine > 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease.
- Impaired Liver Function (liver transaminases elevated 2x normal concentration)
- Pulmonary Edema
- Cerebral or Visual Symptoms

COMMON MEDICATIONS

- MAGNESIUM SULFATE FOR SEZURE PROPHYLAXIS IN ECLAMPSIA. IV BOLUS OF 4-6 GRAMS/100 ML OVER 20 MIN FOLOWED BY 2 G/H FOR 24 HOURS POSTPARTUM CONTRAINDICATIONS: RENAL FAILURE, MYASTHENIA GRAVIS.
- LABETALOL 20 MG IV BOLUS FOLLOWED BY 40 MG IF NOT EFFECTIV3E IN 10 MIN. THEN IF NOT EFFECTIVE, 80 MG EVERY 10 MIN, MAX 300 MG IN 1ST HOUR. CONTRAINDICATIONS: ASTHMA, CHF.
- HYDRALAZINE 5-10 MG IV EVERY 20 MIN. MAX TOTAL 20 MG IN THE1ST HOUR. CONTRAINDICATIONS: TACHYCARDIA.
- NIFEDIPINE 10-20 MG PO EVERY 30 MIN. MAX TOTAL DOSE OF 50 MG IN THE 1ST HOUR. CONTRAINDICATIONS: TACHYCARDIA.

11/1/2024

National Partnership for Maternal Safety
Consensus Bundle on Severe Hypertension During Pregnancy and the Postpartum Period
Obstetrics & Gynecology

EXAMPLE

Managing
Maternal Hemorrhage

Vital Signs

Normal vitals do not always assure patient stability

AIRWAY

- Provide adequate ventilation
- Assess need for intubation

BREATHING

- Supplemental O_2 5-7 L/min by tight face mask

CIRCULATION

- Pallor, delayed capillary refill, and decreased urine output can indicate compromised blood volume without change in BP or HR
- Decreased urine output, decreased BP, and tachycardia may be late signs of compromise

Actions

- Notify team
- Bring cart & medications to patient room
- Activate Massive Transfusion Protocol

Infusions

- Start 2nd large bore IV (16 gauge if possible)
- Ringers Lactate (RL) replaces blood loss at 2:1
- Prepare for transfusion
- Blood coagulation factors
- Warm blood products and infusions to prevent hypothermia, coagulopathy, and arrhythmias

Medication for Uterine Atony

OXYTOCIN (PITOCIN)

10-40 units per 500-1000mL solution

METHYLERGONOVINE (METHERGINE)

0.2 milligrams IM

Avoid with hypertension

PROSTAGLANDIN F2 ALPHA (HEMABATE)

250 micrograms IM (may repeat in q15 minutes, maximum 8 doses)

Avoid with asthma; use with caution with hypertension

MISOPROSTOL (CYTOTEC)

800-1000 micrograms PR, 600 micrograms PO, or 800 micrograms SL

Other Considerations

Intrauterine balloon tamponade

Surgical Interventions

May be a life-saving measure and should not be delayed pending correction of coagulopathy, the most common reason for the delay

Important Phone Numbers
Rapid Response Team:
Blood Bank:
Anesthesia:
Interventional Radiology:
Senior Surgeon:
ICU:
Director of Service:
Other:

Revised October 2015

Blood Bank:

Massive Transfusion Protocol (MTP)

In order to provide safe obstetric care, institutions MUST:

- Have a minimum of 4 units of O-negative PRBCs
- Have the ability to obtain 6 units PRBCs & 4 units FFP (compatible or type specific) for a bleeding patient
- Have a mechanism in place to obtain platelets & additional products in a timely fashion

Blood transfusion or crossmatching should not be used as a negative quality marker & is warranted for certain obstetric events.

1 Patient currently bleeding & at risk for uncontrollable bleeding

A Activate MTP — call 8878 & say "activate massive transfusion protocol"

B Nursing/anesthesia/lab draw stat labs
- Enter MTPPACK order in Meditech or ask lab to enter for blood.
- Enter MTPLAB order for CBC, CMP, PT/PTT, Fibrinogen, D-Dimer, and ABG

2 Immediate need for transfusion (type & crossmatch not yet available)

A Give 2-4 units O-negative PRBCs

B **"OB Emergency Release"**

3 Anticipate ongoing massive blood needs

A Obtain massive transfusion blood pack
- Consider using coolers

B Administer as needed in a 6:4:1 ratio
- 6 units PRBCs
- 4 units FFP
- 1 apheresis pack of platelets

4 Initial lab results

A Normal › anticipate ongoing bleeding › repeat massive transfusion pack › bleeding controlled › deactivate MTP

B Abnormal › repeat massive transfusion pack › repeat labs › consider cryoprecipitate and consultation for alternative coagulation agents (Prothrombin Complex Concentrate [PCC], recombinant Factor VIIa, tranexamic acid)

Important Protocol Items to Be Determined at Each Institution:

- How to activate MTP:
  Call Blood Bank at 8878 to initiate MTP and enter MTPPACK order in Meditech.
- Blood bank # & location; notify ASAP:
  I will call: Blood Bank at 8878, OB Charge Nurse, House Supervisor at 8840
- Emergency release protocol that both blood bank staff & ordering parties (MD/RN/CNM) understand:
  MTPPACK order consists of: 6 units LRBC's, 4 units FFP, 1 unit platelets. Can be ordered more than once. Cryoprecipitate ordered separately if needed.
- How will blood be brought to L&D?
  MTP Coordinator on the unit designates a runner to pick up the blood in Blood Bank
- How will additional blood products/platelets be obtained?
  MTPPACK, or specific blood products may be ordered again.
- Mechanism for obtaining serial labs, such as with each transfusion pack, to ensure transfusion targets achieved:
  Enter orders for repeat labs in Meditech. May repeat MTPLAB order at the end of each cycle of blood products.

Safe Motherhood Initiative

ACOG

MEDICAL STAFF HEALTH EDUCATION

The Medical Staff implements a process to identify and manage matters of individual health for licensed independent practitioners which is separate from actions taken for disciplinary purposes.

The Medical Staff has adopted Impaired Provider and Disruptive Physician policies. The organized Medical Staff and organization leaders have an obligation to protect patients, its members and other person present in the hospital from harm. The policies provide a process for reporting and reviewing a reasonable suspicion that a licensed independent practitioner is impaired. Impairment, as used in the policy includes acute and ongoing physical, psychiatric and emotional illness or injury, as well as health issues due to drugs or alcohol. DRH Health participates with the Oklahoma Health Professionals Recovery Program.

Impaired Provider

The quality of patient care is the responsibility of the Medical Staff. The Medical Staff also recognizes its responsibility to maintain a high degree of confidentiality when dealing with matters of clinical competence and/or professional conduct. Impairment means a condition which creates a significant risk of substantial harm to the care, health, safety or welfare of patients at the hospital, including, but not limited to: (i) the misuse of drugs, alcohol and/or other substances; (ii) mental illness; or (iii) physical limitations, which affect the provider's ability to practice medicine safely and/or competently.

Impairment Reporting
Providers may self-refer for assistance with their impairment. No punitive action will be taken by the Medical Executive Committee (MEC) or DRH Health for this referral unless prior action has been instituted prior to the self-referral. However, the individual is required to inform the Chief of the Medical Staff &/or MEC of the self-referral and to whom the self-referral is made. The MEC or Chief of the Medical Staff may request periodic updates during and upon completion of the treatment process.
Referrals made in good faith shall be kept confidential with no risk of punitive action or repercussions, with the following exceptions:

- State and federal regulatory limitations (if applicable)
- Ethical obligations or
- When maintaining confidentiality threatens the safety of a patient or patients

Medical Licensure Board Reporting
The Oklahoma Administrative Code Title 435 lists as unprofessional conduct "Failure to inform the Board of a state of physical or mental health of the licensee or of any other health professional which constitutes or which the licensee suspects constitutes a threat to the public" [OAC 435:10-7-4(42)] and "Failure to report to the Board unprofessional conduct committed by another physician" [OAC 435:10-7-4(43)].

Since 1983, the Oklahoma Health Professionals Program, Inc. (OHPP) has provided services to physicians and health care providers with alcohol and chemical dependence, quality of care issues, and behavioral and disruptive issues. The OHPP is a confidential, informational support and referral resource for physicians and other health care professionals. No names of

participants are released to any external organization. Care is provided by medical colleagues who are sensitive to the special needs of program participants.

Getting Started

The problems of chemical dependency, alcoholism and behavioral problems are common ones. The OHPP recognizes the importance of treating medical professionals in a confidential, individualized program. Help is immediately available and a simple call to the hotline starts the recovery process.

Confidential Hotline

(405) 601-2536

Disruptive Provider

It is the policy of DRH Health that all persons within its facilities be treated with courtesy, respect, and dignity. To that end, all Medical Staff members shall conduct themselves in a professional and cooperative manner. There will be zero tolerance for Medical Staff members who engage in unacceptable disruptive conduct and they may be subject to disciplinary action in accordance with the corrective action procedures set forth in the Medical Staff Bylaws and or this policy.

PROHIBITED DISRUPTIVE CONDUCT:

a. Oral or physical attacks, hostility, threats of violence, or retaliation leveled at Medical Staff members, team members, patients, visitors, or others encountered as a result of your association with DRH Health, including statements or actions that are personal, irrelevant, or go beyond the bounds of fair professional conduct.
b. Impertinent and inappropriate comments (or illustrations) written in patient medical records or other official documents, impugning the quality of care at DRH Health, or attacking particular individuals or hospital policies.
c. Non-constructive criticism, addressed to the recipient in such a way as to unreasonably intimidate, undermine confidence, belittle, or imply stupidity or incompetence.
d. Other conduct indicating a person is unable to work harmoniously with others in a manner that does not interfere with the operations at DRH Health facilities.
e. Inappropriate and/or unwelcome physical contact, gestures or comments indicating unfavorable treatment and/or punishment for refusal of sexual or romantic favors.
f. Retaliation against a person who reports misconduct.

Disruptive Provider Reporting

Any physician, team member, patient, or visitor may report potentially disruptive conduct. Referrals made in good faith shall be kept confidential with no risk of punitive action or repercussions, with the following exceptions:

a. State and federal regulatory limitations (if applicable)
b. Ethical obligations
c. When maintaining confidentiality threatens the safety of a patient or patients.

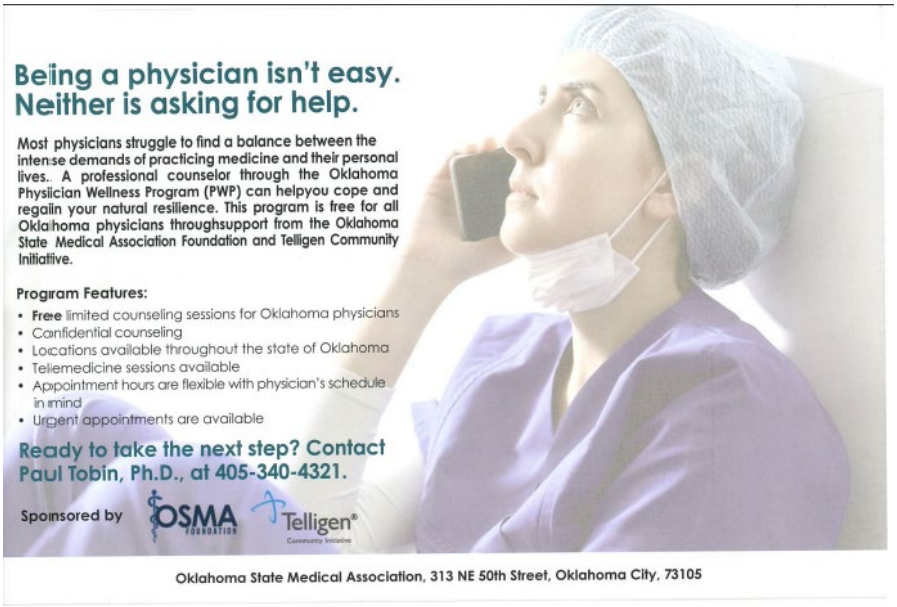
A written report of the incident shall be submitted to the Vice President of Patient Care Services or Chief of the Medical Staff or their designee.

Physicians may self-refer for assistance with their disruptive behavior. No punitive action will be taken by the MEC or DRH Health for this referral unless prior action has been instituted prior to the self-referral. However, the individual is required to inform the Chief of the Medical Staff &/or

MEC of the self-referral and to whom the self-referral is made. The MEC or Chief of the Medical Staff may request periodic updates during and upon completion of the treatment process.

Oklahoma Physician **Wellness** Program

Free, Confidential Counseling for Oklahoma's MD and DO Physicians



Medical Staff Continuing Education

All licensed independent practitioners and other practitioners privileged through the Medical Staff process participate in continuing education.

CME: Participation in continuing education is considered in decisions about reappointment to membership on the Medical Staff or renewal or revision of individual clinical privileges. CME credits should be sent to the Medical Staff Coordinator.

Emergency Preparedness

DRH Health operates under a flexible, all hazards approach, for emergency management that covers the basic aspects of mitigation, planning, preparedness, response and recovery. We have many emergency plans in place to cover various disaster and emergency aspects and situations.

In the event of a disaster or emergency, we would issue a notification to your cell phone by way of the Live Process paging system or a manual phone call. In-house we also use the overhead paging system. Please bring your ID badge with you if it all possible, especially if access to the campus has been restricted. Park and enter where you normally do unless otherwise instructed.

You may be assigned to the ER or you may be sent to another area to help victims and patients. You may also be sent to your normal specialty area in order to await arriving patients or victims. You may be issued a colored disaster vest to wear in order to identify you as a doctor or advanced practitioner. In addition, we will ask you to sign in and out on a special form we will have available so that we have a record of your presence and location as required by The Joint Commission and FEMA during an emergency or disaster.

We will have PPE (personal protective equipment) for you as needed.

We will utilize a standard DRH Disaster paper patient chart packet in the interest of speed to document care and treatment. This will require you to document manually on the forms.

We utilize NIMS, the national incident management system, and HICS, the hospital incident command system. All of the senior executive team and many of the management team have been trained on these two systems and have used them in real events or drills. We have a dedicated emergency preparedness coordinator for DRH.

The hospital command center is located in the hospital board room in the administrative offices. It would be activated for an event, complete with additional phones, computers, supplies, and personnel.
You may notice staff using hand-held radios through-out the facility. We can issue you one if needed.

We are part of the regional and state Medical Emergency Resource Group. DRH is in Region 3 which comprises 22 hospitals, 30 EMS agencies, as well as dialysis and long term care facilities in southwest Oklahoma.

DRH is part of a program to receive immunizations or antibiotics should there be a need as physicians and healthcare workers are part of the front line of defense to receive them. DRH has a stockpile of antibiotics (Doxycycline and Cipro) to be used for its medical staff and team members.

DRH will follow credentialing methods and processes in order to check the license of any visiting physician or mid-level practitioner prior to allowing such person to work at DRH during a disaster or emergency.

Health Care Providers' Responsibilities and Rights under Certain Medical Treatment Laws. (OMTLA)

Pursuant to state law (Title 63, Oklahoma Stat. Ann, Section 3162), inpatient health care services entities shall ensure that all health care providers and other defined officials associated with the inpatient health care services entity are provided with a copy of the brochure. This brochure must be reviewed and acknowledged by providers at initial appointment and no less than every 4 years.

Online Presentation is available on the Education Section of the Oklahoma Medical Licensure Board website.
https://secure.okmedicalboard.org/cme/courses/11/oklahoma-health-care-providers-responsibilities-and-rights-under-certain-medical-treatment-laws

Emergency Preparedness Training
Attestation

I have carefully read the Emergency Preparedness training document(s) marked below

Check applicable training:

_____Emergency Preparedness BASIC **_____Emergency Preparedness NIMS**

(Chief of Staff AND JCH Medical Director/Vice Medical Director must complete both modules)

_____ _____
Signature **Date**

_____
Printed Name

Please return this page to the Medical Staff Coordinator.

I acknowledge that I have received and reviewed the physician education packet.

Provider Signature **Printed Name**

Date

Please return this page to the Medical Staff Coordinator.

Certification and Agreement of Compliance

I hereby certify that I am a team member, board member, officer, independent contractor or agent of Duncan Regional Hospital, Inc., or am a medical professional who enjoys professional staff membership and/or privileges at Duncan Regional Hospital, Inc. ("the Hospital") or any of its entities.

I certify that I have received and read the compliance program of the Hospital and fully understand the requirements set forth in that document to the best of my ability. I shall act in full accordance with all rules and policies of the Hospital. These rules and policies include the Hospital's commitment to comply with all applicable federal and state laws and the Hospital's commitment to conduct its business in compliance with the highest ethical standards.

I understand that I will be subject to disciplinary action, including the possibility of termination of medical staff membership/privileges, for violating these policies or the program or failing to report violations as required by the program.

Print Name: _____

Signature: _____

Date: _____

Please return this page to the Medical Staff Coordinator.

Acknowledgement of Expectations
DRH Health Medical Staff Members

1. I agree to treat my fellow members of the medical and allied health staff with collegiality and respect at all times.

2. I pledge to work with the hospital personnel for the betterment of patient care.

3. I agree to treat hospital employees with respect at all times and to conduct myself in a professional manner at all times.

4. I understand that my medical staff privileges require that I complete all medical records in the time limits prescribed by the Medical Staff Bylaws, Medical Staff Rules and Regulations and/or the Allied Health Practitioner Staff policy.

5. I understand that attendance at medical staff committee and staff meetings is encouraged.

6. I understand that an attitude of cooperation and understanding are of paramount importance to the success of DRH Health and pledge to maintain that attitude.

7. I will respond to the Emergency Department within the time required when called.

8. When requesting a consultation or checking out to another provider, I will contact the other provider personally and when rendering a consult, I will respond in a timely manner to the requesting provider.

9. I agree to arrive timely for surgery so as not to delay other surgeons who follow or unnecessarily delay the anesthesia or OR staff.

Print Name: _____

Signature: _____

Date: _____

Please return this page to the Medical Staff Coordinator.

ANNUAL CONFLICT OF INTEREST/
FINANCIAL INTEREST DISCLOSURE FORM FOR LEADERSHIP

Name:	**Date:**

1. **Relationship to DRH Health (DRH).** Indicate your relationship to Duncan Regional Hospital, Inc. ("DRH"):

   ☐ I am a member of the DRH Health Leadership Team.

   ☐ I am a member of the DRH Health Board of Directors.

   ☐ I am a member of the DRH Health Medical Staff.

2. **Acknowledgement.** I acknowledge and agree to abide by the Conflicts of Interest Policy of DRH ("Policy") which requires me to:

   a. Disclose the existence and nature of any Financial Interest that may give rise to an actual, perceived or potential Conflict of Interest in accordance with the Policy.

   b. Put the interest of DRH and its Affiliates before a personal interest in any business or corporate opportunity which I learn of in my role for DRH or its Affiliates.

   c. Abstain from participating and absent myself from any meetings, decisions or matters where I have an actual, perceived or potential Conflict of Interest.

   d. Not accept any favor, payment in cash or in kind, gifts (other than those given in recognition for service or achievement from DRH or its Affiliates), or other items of service of value from any third party in exchange for influencing the actions of DRH or its Affiliates.

   e. Supplement this disclosure in the event that a Conflict of Interest, that has not yet been disclosed, arises.

   Do you agree to abide by this policy?

   ☐ Yes ☐ No

3. **Compensation Committee.** If I serve on a Compensation Committee of DRH Health or its Affiliates, I agree not to vote on matters that will affect my personal compensation or the compensation of those similarly situated. I understand that I may provide general information on compensation.

☐ Yes ☐ No ☐ I am not on a compensation committee

4. **Disclosure of Interests.**

Financial Interests. List and describe any Financial Interest that you or an immediate family member have, including ownership and investment interest, in vendors or consultants to DRH or its Affiliates, or in a business that competes with DRH or its Affiliates. Include direct ownership of securities of a publicly traded company with greater than five percent (5%) ownership. Financial interests include arrangements such as ownership in a surgery center, consulting or other compensated arrangements with a drug company, medical equipment supplier or similar companies. **Check "None" if you have no Financial Interest to disclose.**

☐ None

If yes, list below:

_____

_____

a. **Contracts.** List any contracts or other written or verbal agreements you may have with DRH or its Affiliates. **Check "None" if you have no contracts to disclose.**

☐ None

If yes, list below:

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b. Gifts and Favors. List any gifts or favors received in your capacity as a DRH leader, board member or medical staff member. Examples include non-business meals, travel, tickets to sporting or other non-charitable events or discounts. If you are a non-employed physician, include gifts given to you or an Immediate Family Member by DRH or its Affiliates. **Check "None" if you have no gifts or favors to disclose.**

☐ None

If yes, list below:

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c. Other Potential Conflicts. List and describe any other situations including board membership, employment, business or professional activity that may conflict with your duties and responsibilities for DRH or its Affiliates. **Check "None" if you have no potential conflicts to disclose.**

☐ None

If yes, list below:

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d. **Relationship to Principal Officers or other Employees of DRH or its Affiliates.** If you have an immediate family member relationship with a Principal Officer or other employee of DRH or an Affiliate, provide the name of the individual and your relationship to that individual. **Check 'None" if you have no family relationship to a Principal Officer or other employee of DRH or its Affiliates.**

☐None

If yes, list below (as well as the employee's name and department):

Affirmation. I have disclosed all actual, perceived or potential Conflicts of Interest as identified in and required by the DRH Policy.

☐ Yes ☐ No

I affirm that the responses provided in this Annual Conflict of Interest/Financial Interest Disclosure Form are true and accurate to the best of my knowledge, and that this disclosure was personally completed by me.

Signature Date

Please return entire form to the Medical Staff Coordinator.