



Hoag Memorial Hospital Presbyterian

Education Module for Medical Staff and Allied Health Professionals

Hoag Memorial Hospital Presbyterian is accredited by the California Medical Association (CMA) to provide continuing medical education to physicians.

Hoag Memorial Hospital Presbyterian designates this enduring material for a maximum of 1.0 AMA PRA Category 1 Credit. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This credit can apply to the CMA Certificate of Continuing Medical Education.



Goals and Objectives

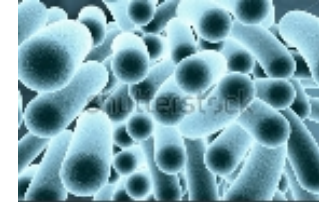
The purpose of this education module is to:

- Increase compliance with regulatory standards applicable to acute care hospitals
- Improve compliance with practices that reduce hospital acquired infections

As a result of completing this module you will have a better understanding of hospital, state and federal regulations, and patient safety and infection prevention related to:

- Patient privacy and confidentiality
- Infection Prevention:
 - *Clostridium difficile* and antimicrobial stewardship
 - Airborne infectious diseases
 - Hand hygiene
 - Central line-associated bloodstream infections (CLABSI)
 - Catheter-associated urinary tract infections (CAUTI)
 - COVID-19
 - Influenza
 - Personal protective equipment (PPE)
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - Bloodborne pathogens
 - Surgical site infection (SSI) prevention and decolonization
- Fire safety in an oxygen-rich environment
- EMTALA
- Restraints and seclusion
- Opioid epidemic
- Corporate compliance

This training should take approximately 45 minutes to complete and is followed by a test. You must answer 80% of the questions correctly to pass the test.



Patient Privacy and Confidentiality



This serves as a reminder of your agreement to comply with Hoag Hospital policies and procedures pertaining to:

- Confidentiality and privacy
- State and federal law
- Safeguarding the privacy of our patients

It is Hoag's policy to ensure that the confidentiality of all relevant Hoag information is protected and preserved, including:

- Protected health information (PHI)
- Physician information
- Employee information
- Administrative and business information

State and federal laws mandate that we protect patient privacy in all its forms: Paper, electronic and verbal.

The patient information protected under law is called protected health information, or PHI. PHI is individually identifiable health information, which includes demographic information, that relates to the individual's past, present or future physical or mental health or the provision of or payment for health care.

Patient Privacy and Confidentiality

Examples of PHI include, but are not limited to: The patient's name, address, medical record number, account number, imaging results, patient's armband information, history and physical, billing statements and progress notes. PHI must only be disclosed to those individuals involved in the patient's care in a manner as required by your job duties. The use or disclosure of PHI must be limited to the minimum information necessary in order to complete the job according to applicable policies and procedures.

It is important to remember that:

- PHI should not be discussed in public areas such as waiting rooms, hallways, cafeterias or lobbies
- PHI records must be in a secure location at all times such that it cannot be viewed or accessed by any unauthorized parties
- Passwords to computer systems or applications that contain PHI must never be shared with others or written down where others can access or view that information



Patient Privacy and Confidentiality



When we fail to protect PHI a breach can occur. A privacy breach occurs when we access, use or disclose PHI in a way that is not permitted by state and federal law or is not in alignment with our job duties. Depending on the circumstance of the breach, it may have to be reported to state and/or federal agencies.

Examples of privacy breaches include, but are not limited to:

- Accessing medical records without a business need and/or because you are curious about the patient's health
- Faxing patient information to the incorrect recipient, even if the incorrect recipient is another physician
- Verbally disclosing information about one patient to another patient in error
- Handing a patient documents that belong to another patient (i.e., giving a patient another patient's discharge instructions)
- Talking about patient information in the elevator, cafeteria or other public areas where others are present and can hear
- Throwing documents containing PHI in a regular trash can; these documents must go into locked shredder bins for destruction
- Posting PHI to social media sites such as Facebook, Twitter, YouTube or Instagram



Patient Privacy and Confidentiality

Sharing of usernames and passwords is prohibited.

If you become aware of a real or suspected breach, report it to Corporate Compliance **immediately**.

Suspected privacy breaches must be reported immediately to Corporate Compliance by:

- Calling Corporate Compliance at (949) 764-4427
- Calling the Anonymous Compliance Line at (800) 441-1727
- Emailing the Corporate Compliance Department at CorporateCompliance@Hoag.org
- Entering the incident in Hoag's electronic event reporting system, SURFS



Infection Prevention

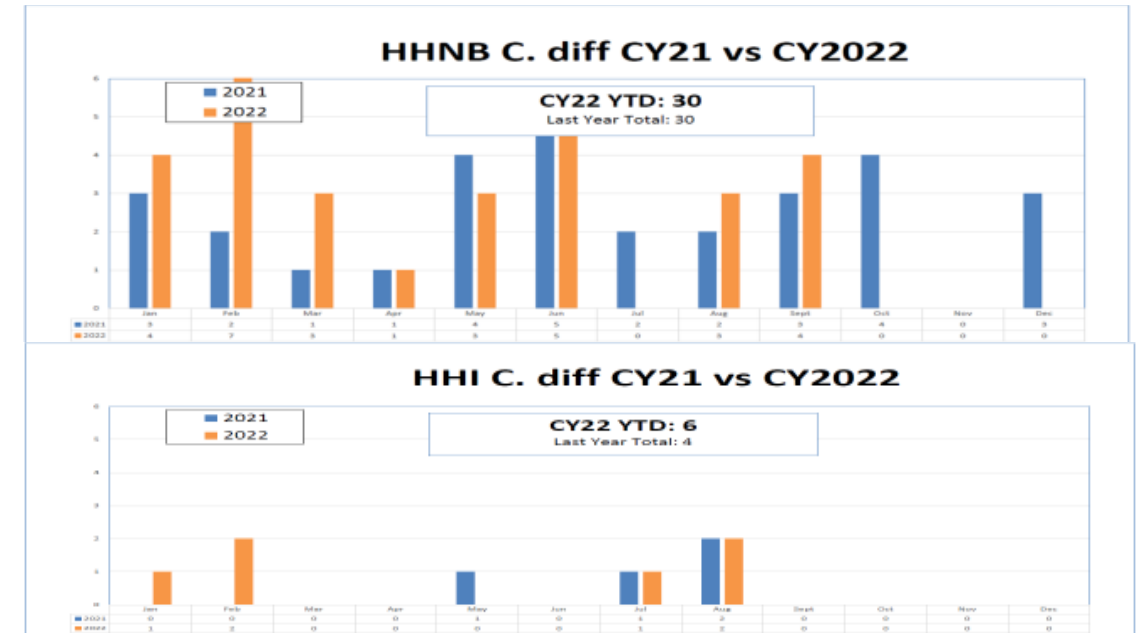
Clostridium difficile

Clostridium difficile infections are increasing in frequency and severity in our community and remain a challenge at Hoag.

Efforts to prevent *Clostridium difficile* infection include:

- Elimination of unnecessary antibiotics, especially fluoroquinolones (Levaquin and Cipro)
- Enhanced environmental cleaning and contact precautions
- Hand hygiene: Gel in and gel out; when exiting a *C. diff* room use soap and water

Soap and water are recommended because the *Clostridium difficile* spores are resistant to alcohol-based hand hygiene products.



US FDA Issues New Warnings [Posted 05/12/2016]



Fluoroquinolone Antibacterial Drugs:
Drug Safety Communication – FDA Advises
Restricting Use for Certain Uncomplicated
Infections

ISSUE:

- FDA is advising that the serious side effects associated with fluoroquinolone antibacterial drugs generally outweigh the benefits for patients with sinusitis, bronchitis, and uncomplicated urinary tract infections who have other treatment options
 - For patients with these conditions, fluoroquinolones should be reserved for those who do not have alternative treatment options
- An FDA safety review has shown that fluoroquinolones when used systemically (ie tablets, capsules, and injectable) may be associated with disabling and potentially permanent serious side effects that can occur together
 - These side effects can involve the tendons, muscles, joints, nerves, and central nervous system



List of Serious Side Effects from Fluoroquinolones for Systemic use

Musculoskeletal and Peripheral Nerves System	Central Nervous System
Tendinitis	Anxiety
Tendon rupture	Depression
Numbness or tingling or pricking sensation	Hallucinations
"pins and needles" in arms or legs	
Muscle weakness	Suicidal Thoughts
Muscle pain	Confusion
Joint pain	
Joint swelling	
Other Body Systems	
Worsening of myasthenia gravis	
Skin rash	
Sunburn	
Abnormal, rapid or strong heart beat	
Severe diarrhea	

Infection Prevention

Clostridium difficile



- If an inpatient has had three Type 6 or Type 7 stools in the preceding 24 hours, exposure to antibiotics and no other explanation for diarrhea (e.g., laxatives, bowel prep, tube feeds or ostomy output), a BPA will trigger for *Clostridium difficile* PCR testing. After day three of admission the BPA will not trigger, and nursing is not permitted to order *Clostridium difficile* without a physician's order
- If a *Clostridium difficile* PCR is positive, the patient must be placed into isolation and remain in isolation for the duration of the admission, even if the diarrhea resolves. In addition, all patients known to have a positive PCR for *Clostridium difficile* in the last 3 months will be placed into enteric isolation upon readmission
- Physicians should not order stool testing for *Clostridium difficile* if the patient has a history of a positive test within the last 3 months, or a negative test in the last 7 days
- Inpatients should only be tested if they have a history of antibiotic exposure in the last 3 months and do not have another explanation for diarrhea (e.g., laxatives, bowel prep, tube feeds or ostomy output)
- Patients who have tested positive for *C. diff* within the last 3 months should not be "tested for cure"

Infection Prevention

Airborne Infectious Diseases

Airborne Precautions patients with suspected or confirmed airborne infectious diseases, such as:

- Mycobacterium tuberculosis (TB)
- Chickenpox
- Disseminated Herpes zoster
- Measles
- COVID-19

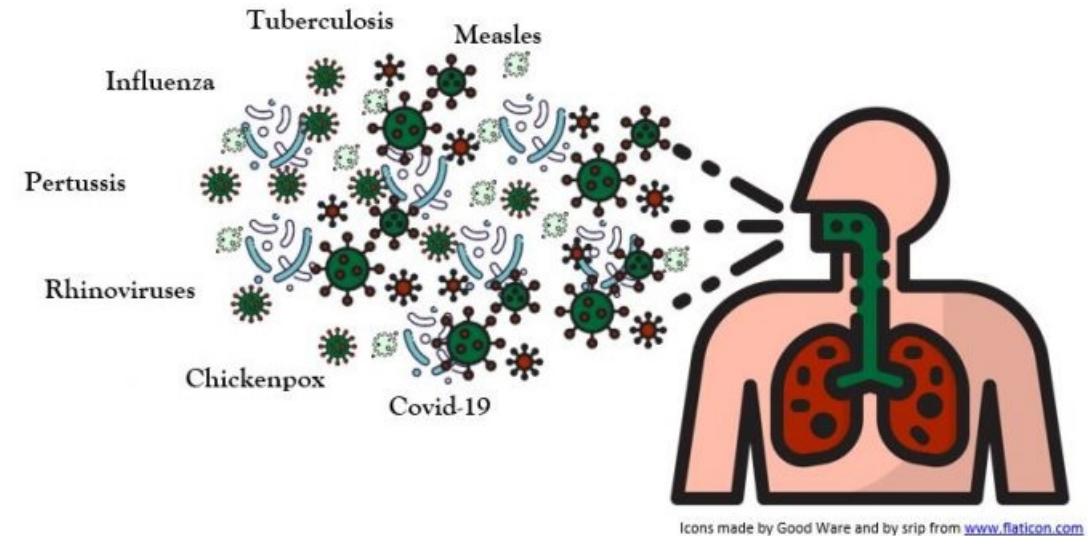
must be placed in an Airborne Infection Isolation Room (AIIR) with negative pressure within five (5) hours of presenting to the hospital.

All healthcare providers must wear a properly fitted N-95 mask or a Powered Air Purifying Respirator (PAPR)/Controlled Air Purifying Respirator (CAPR) when in the patient's room with suspected or confirmed airborne infectious disease. N-95 fit-testing is offered free of charge on a regular basis to all Hoag Medical Staff and Allied Health Professionals.

PAPR/CAPR must be worn by all healthcare providers present in the room when a high-risk procedure is being performed on a patient who is in airborne isolation. If CAPR or PAPR interferes with the successful performance of the required task or tasks, then a fit-tested N95 mask would be appropriate.

High risk procedures include:

- Sputum induction
- Bronchoscopy
- Aerosolized administration of pentamidine or other medications
- Pulmonary function testing and other procedures that may aerosolize pathogens



Infection Prevention

Airborne Infectious Diseases



Droplet Precautions

Patients with suspected or confirmed diseases or pathogens spread by droplets, such as seasonal influenza, pertussis or *Neisseria meningitidis* should be placed in a private room and healthcare providers must wear a regular/surgical mask when in the patient's room.

When performing any aerosol-generating procedures on patients in droplet isolation, healthcare providers should wear:

- Gowns
- Gloves
- N-95 masks with eye protection or a Powered Air Purifying Respirator (PAPR)/Controlled Air Purifying Respirator (CAPR)

These procedures should be performed in an Airborne Infection Isolation Room, or AIIR, when feasible. All patients in isolation will have the appropriate precautions signs posted on their door that will indicate exactly what type of personal protective equipment (masks, gloves, gowns and eye protection) must be worn.

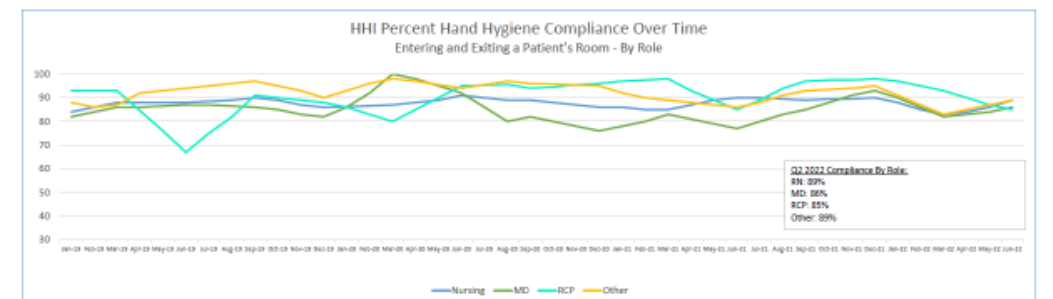
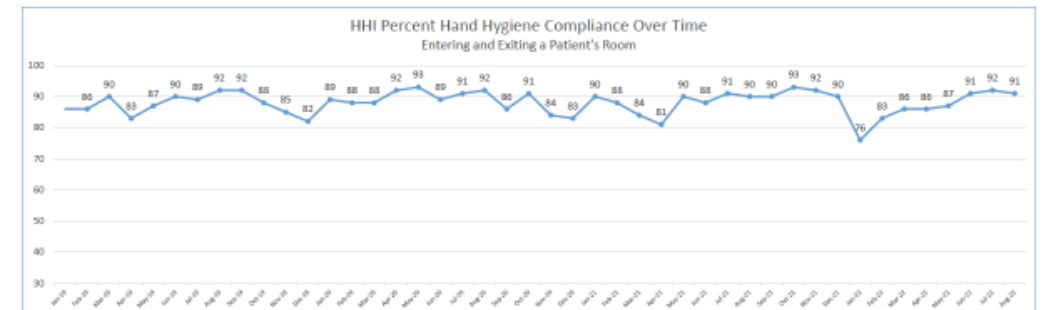
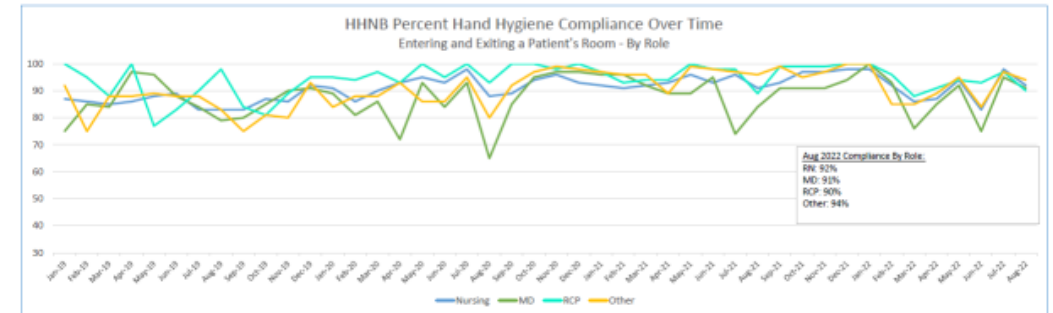
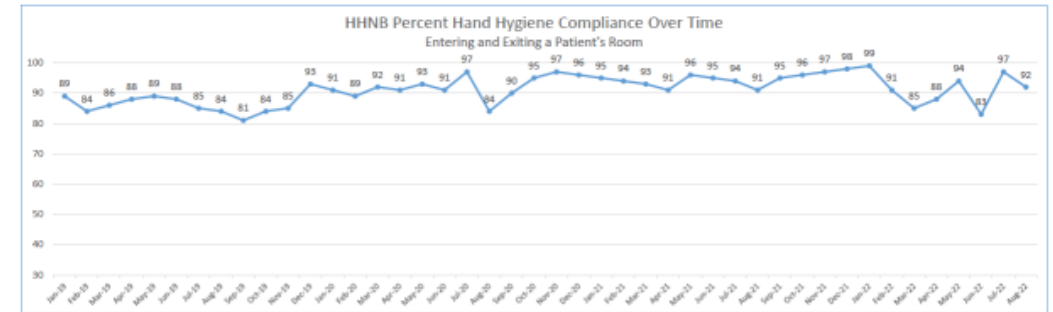
Infection Prevention Hand Hygiene

Practice hand hygiene **before** and **after** every contact with a patient or the patient's environment.

Hand hygiene compliance is monitored on all shifts and in all departments.

200% = I am 100% accountable to myself and 100% accountable to you. When another healthcare provider says "200%" to you, simply say thank you and sanitize your hands.

Recent surveys at Hoag have shown declining levels of hand hygiene compliance and an increase in hospital-acquired infections.



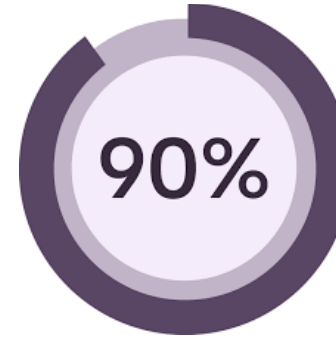
* Due to Low Denominator, HHI Compliance By Role Calculated on a Quarterly Interval for Increased Statistical Significance

Infection Prevention Hand Hygiene

Hoag has set a goal of 90% compliance for hand hygiene.

The Medical Executive Committee (MEC) has authorized the following process to help improve and maintain hand hygiene compliance:

- If a medical staff member is observed being non-compliant with hand hygiene the member will be re-educated by the Medical Director of Infection Prevention. The education will include a review of the hand hygiene policy and consequences of further noncompliance
- After this initial warning, if a medical staff member is observed being non-compliant again they will receive a formal warning letter from the Medical Staff
- If a medical staff member is observed being non-compliant again after receiving a formal warning letter they will be required to attend an interactive educational session, which may include videos, reviewing infection prevention practices such as hand hygiene and isolation precautions, followed by a written test about the material
- After attending this educational session, further non-compliance will result in an appearance before the MEC



Infection Prevention Hand Hygiene



Hoag's hand hygiene policy requires, and all physicians must know and do, the following:

- All healthcare providers, including physicians, must perform hand hygiene upon entering and exiting a patient room or treatment area, whether or not they anticipate touching the patient or the patient's environment
- Hand hygiene must be performed **before putting on gowns and gloves and after removing gowns and gloves**
- The most effective method of performing hand hygiene is to use alcohol hand sanitizer; however, if hands are visibly soiled, wash with soap and water to remove debris
- Since *Clostridium difficile* spores are resistant to alcohol-based hand hygiene products, when exiting the room of a patient in *Clostridium difficile* contact isolation always use soap and water to clean hands at the nearest sink
- Artificial fingernails or extenders (tips) must not be worn by any healthcare provider who has direct patient contact. Artificial fingernails include any non-natural overlays, wrap, gel, dip, acrylic, stickers or other addition applied to natural nails, excluding nail polish
 - Natural nail tips must be kept less than ¼" long; nail polish must be chip free.

Infection Prevention

Central Line-Associated Bloodstream Infections (CLABSI)

Although a 46% decrease in CLABSIs occurred in hospitals across the U.S. from 2008-2013, over 30,000 CLABSI still occur each year. CLABSIs are serious infections, typically causing increased LOS and increased cost and risk of mortality.

CLABSI can be prevented through proper insertion techniques and management of the central line. Both physician-led teams and nursing champions at Hoag have been working to implement evidence-based effective infection prevention techniques to improve patient outcomes.

Key strategies to prevent CLABSIs include:

- Only inserting central lines when indicated (consider alternate venous access) and removing central lines promptly when no longer indicated
- Recognizing that every time the line is accessed the patient's risk for infection is increased, and only access central lines when necessary
- Patient education includes correct procedures healthcare providers use when accessing their central line and expectations that their central line will only be accessed for the indication for which they were inserted (alternate lower risk venous access will be utilized for other access, i.e., blood draws, IV medication infusion, etc.)

Hoag's focus on reducing CLABSI includes documentation of the reason for necessity on insertion and a mandatory daily remove or maintain central line order set in EPIC.

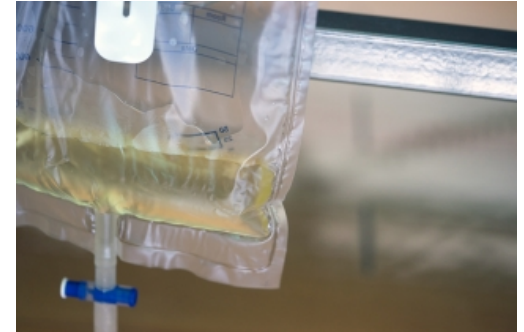


Infection Prevention

Catheter-Associated Urinary Tract Infections

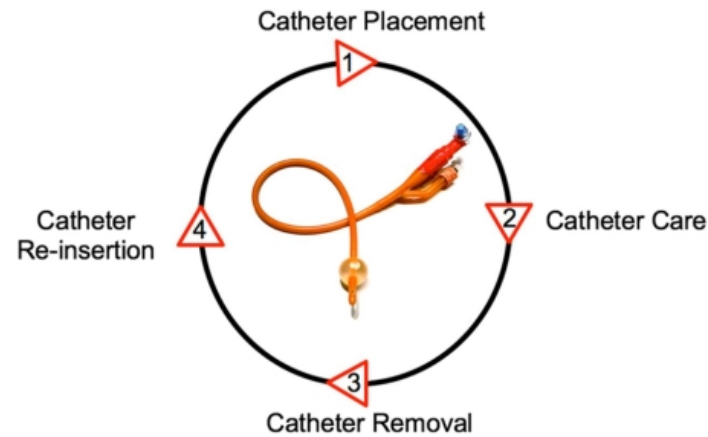
In a survey of urinary catheter use at Hoag, more than 50% of urinary catheters did not meet the following approved indications:

- Peri-operative use for selected surgical patients
- Critically ill patients, where hour-to-hour urine output measurement is essential
- Urinary retention and obstruction not manageable by intermittent in-and-out catheters
- Assistance in healing Stage III or Stage IV sacral decubitus ulcers over the short term



Infection Prevention

Catheter-Associated Urinary Tract Infections

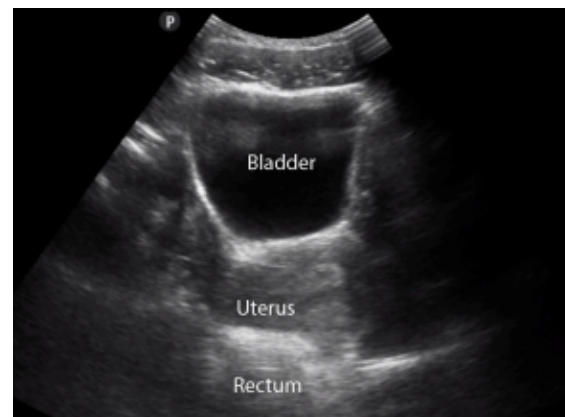


The following are NOT considered indications for urinary catheterization:

- Incontinence
- Convenience
- Skin breakdown
- “Strict I&Os”
- Ventilator usage or ICU/CCU admission
- Coma
- Patient comfort (unless patient is on Comfort Care Pathway)
- Long-term solution for the healing of Stage III or IV sacral decubitus ulcers

Hoag’s strategy to eliminate CAUTI includes a mandatory daily remove or maintain urinary catheter order set in EPIC.

Hoag can utilize tools and techniques such as bladder scanners, external catheters, and in-and-out catheterization to reduce indwelling catheterization and still provide excellent care to our patients.



Infection Prevention COVID-19

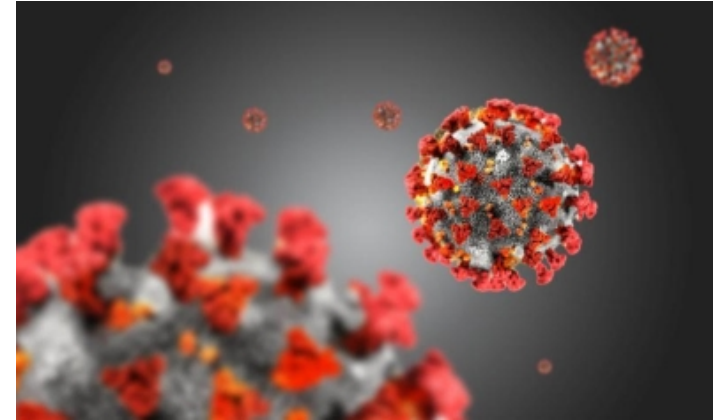
Symptoms:

- Fever >100, cough, shortness of breath or difficulty breathing, muscle or body aches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea

COVID-like illness patients should be placed into a private patient room immediately, preferably a negative pressure room.

Airborne and Contact Isolation

- Airborne Infection Isolation Room (AIIR) or Negative Pressure Room
- Gowns
- Gloves
- N-95 masks with **eye protection**
- During aerosol generating procedures, healthcare providers should wear either a Powered Air Purifying Respirator (PAPR) or Controlled Air Purifying Respirator (CAPR)



Airborne & Contact Precautions with Eye Protection



A.I.I.R.
Airborne Infection
Isolation Room



Hand hygiene
when entering
and exiting room



Wear N95 respirator



Wear gown



Wear gloves



Wear eye
protection

Use surgical mask on patient during transport

All healthcare workers present must wear a PAPR or CAPR during all high-risk procedures (aerosol generating procedures) on a patient requiring Airborne Precautions
Disinfect equipment between each use

Infection Prevention COVID-19

Find COVID Policies & Procedures in the COVID Playbook



INFECTION PREVENTION	
New	Upload Share
Name	
1. Isolation Protocols	...
Aerosol Generating Procedures (AGP)	...
CODE BLUE Workflow	...
Deceased Patient Guidelines	...
MDRO Temporary Contact Isolation Precautions	...
Prone Noncritical Care Guidelines	...
Receiving a COVID Patient	...
Shower Guidelines	...
Sitter Guidelines	...
Transporting Patients	...
Visitation for end of life	...
Discontinue Isolation Protocols	...
Checklists & Staff Education	...
Exposure (Process & Letters)	...
Medication, Handling of (IV tubing, Inhalers, Storage)	...
PPE (Requirements & Education)	...
Signs (Isolation, AGP, Masking)	...



- COVID-19 Playbook: Up to date information on clinical treatment, testing guidelines, surge planning, visitation guidelines, infection control policies and procedures
- Hoag continues to follow the guidelines from the California Department of Public Health, the Orange County Healthcare Agency, and the Cal Osha Aerosol Transmissible Disease Standards (ATD). The ATD Standards are located on the Wave under “Policies and Procedures”
- All healthcare providers are required to wear a face mask, regardless of vaccination status, practice social distancing when feasible, and basic principles of infection prevention such as hand hygiene and respiratory etiquette
- Monitor your health:
 - Unvaccinated: Positive household exposure, quarantine for 7 days, test on day 3 and between days 5-7 after exposure. May return to work on day 8 if negative and asymptomatic
 - Vaccinated: Positive household exposure, you do not need to quarantine and should test on day 3 and between days 5-7 after exposure
- Returning from international travel?
 - Regardless of vaccination status, you should be tested between days 3-5 after returning to the US, continue to self-monitor and if symptoms develop, isolate yourself and get tested
- Get vaccinated!



Infection Prevention Influenza

Influenza-like illness patients should be placed into droplet isolation immediately.

Droplet Isolation

- Private room
- Regular/surgical masks for persons entering the room
- Hand hygiene

If the patient cannot be placed into a private room immediately, the patient should be instructed to wear a regular/surgical mask.

This is especially true when influenza activity is increased in our community, from December through March.



Infection Prevention Influenza

Hoag has developed Influenza vaccination policies and infection prevention policies to protect our patients, physicians and allied health professionals.

Per the County of Orange Health Officer's orders, all county residents and visitors who are providers for congregate settings, health care providers or emergency responders in Orange County **shall** obtain the seasonal flu vaccination unless a medical or religious exemption applies.

Vaccination is required by Hoag and state law, and medical/allied health professional staff must provide proof of vaccination or declination of vaccination to the Medical Staff Services Department by December 1st each year.



Infection Prevention

Influenza



Important: During the COVID-19 pandemic wearing a face mask at all times is required. If this requirement changes before the end of flu season, employees, physicians and contractors who did not receive a flu vaccine will be required to continue to wear a face mask between **December 1 and March 31** (possibly longer).

Medical/allied health professional staff who decline the influenza vaccination will be:

- Required to wear a regular/surgical mask:
 - Upon entry to any Hoag building/facility
 - December 1 through March 31 (possibly longer)
- Masks may be removed only in the following areas: Cafeteria and break rooms during meal period and when you are alone in a private office

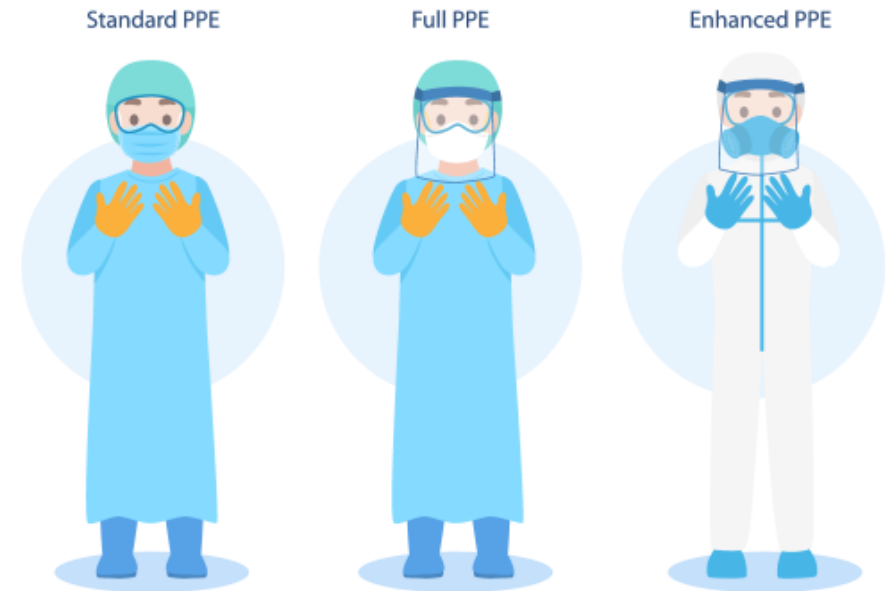
Influenza vaccination is offered free of charge to all medical/allied health professional staff through the Employee Health Department, vaccination clinics, and peer-to-peer vaccination during all shifts on our floors and in our units each year in preparation for the season. Influenza vaccination takes two weeks to be effective.

Infection Prevention Personal Protective Equipment

Personal protective equipment (PPE) helps reduce the spread of infectious organisms between patients, healthcare providers and the environment.

Important Facts:

- PPE must be worn correctly by physicians, staff and visitors
- Staff (including physicians) must educate visitors on the proper donning of PPE
- Gowns must fully cover the torso, from neck to knees, and be **fastened at the neck and the waist**
- Masks must be firmly secured and cover the nose and mouth completely
- Goggles or face shields must be positioned over the face and eyes
- Gloves must extend to cover wrists of isolation gowns (do not puncture thumbs through the sleeves of isolation gowns)



Infection Prevention Personal Protective Equipment

To safely remove PPE:

Method 1

- Remove gloves
- Remove goggles/face shield/mask
- Remove the gown by unfastening ties, pulling away from the neck and shoulders and, touching the inside of the gown only, turning it inside out and folding or bundling it before discarding
- Complete hand hygiene

Method 2

- Grasp the gown in front and pull it away from the body, touching only the outside of the gown with gloved hands
- Fold or roll the gown inside-out into a bundle, at the same time peeling off gloves, only touching the inside of the gloves and gown with your bare hands, and place in waste container
- Remove goggles/face shield
- Remove mask or respirator
- Complete hand hygiene

PPE cannot be worn outside of the patient room/cubicle/treatment area.

Physicians may not move or reach outside of the patient room or treatment area while wearing PPE to pick up equipment/supplies or to use a computer.



Infection Prevention

MRSA

California Health and Safety Code mandates testing for Methicillin-resistant *Staphylococcus aureus* (MRSA) upon hospital admission and discharge for the following patient groups:

- Surgical patients
- Patients transferred from another facility (hospital or skilled nursing facility) or who were inpatients within the last thirty (30) days
- ICU/CCU/CVICU/NICU patients
- Dialysis patients

If a patient tests positive for MRSA, this law further states that the physician must inform and educate the patient or the patient's representative about MRSA immediately.

Education shall be both verbal and written and include instructions regarding precautions to prevent the spread of the infection to others. This education should be documented in the medical record.



Infection Prevention MRSA

Hoag Hospital has written educational materials to assist you in educating your patient with MRSA. You will find MRSA brochures on the units and can download educational materials online on the Hoag Wave and www.cdc.gov.

If your patient tests positive for MRSA he or she will be placed in contact precautions, which requires all healthcare providers to don gowns and gloves upon entering the room.

The Infection Prevention Department will place a “flag” in the patient’s medical record indicating that the patient is MRSA positive. This flag is clearly visible in the patient header and on the face sheet.



Important facts about MRSA:

- Patients can remain colonized with MRSA for prolonged periods of time
- Clearing a patient from MRSA isolation is discouraged while patients are hospitalized
- Twenty-five percent of Hoag’s MRSA patients are resistant to Mupirocin
- Mupirocin is no longer dispensed at Hoag for decolonization of nares
- MRSA-colonized patients will remain in isolation until discharged

If a patient has a history of MRSA and/or their medical record is flagged **MRSA positive** but they are not currently infected or receiving antibiotics, cultures can be obtained on admission to determine if colonization is still present.

Cultures must be obtained (48 hours after the discontinuation of all antibiotics) from the:

- Nares
- Axilla
- Groin
- Open wounds

These cultures should be ordered as “**rule out MRSA only.**”

If all of these cultures are negative for MRSA, call Infection Prevention so the flag can be removed from the patient's chart.



Infection Prevention

Surgical Site Infection Prevention and Decolonization

SSI Prevention Initiative:

- Pre-operative decolonization protocol
- One bath or shower (preferably with a CHG product) the night before and/or morning of surgery
- One dose of nasal decolonization (nasal iodophor unless allergy to iodine, then you may prescribe alternative treatment such as Mupirocin)

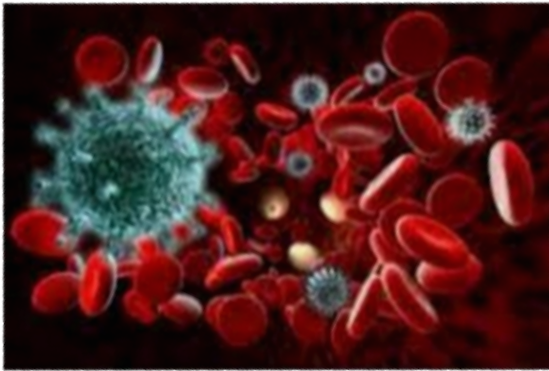
Decolonization:

- To decrease healthcare-acquired infections and transmission of multi-drug resistant organisms, daily CHG bathing and nasal decolonization (BID x 5 days) for all patients in Contact Isolation
- Central line patients will receive daily CHG bathing
- Critical Care patients will receive daily CHG bathing



Infection Prevention Bloodborne Pathogens

- Bloodborne Pathogens
- Potential Sources of Infection
- Common Transmission Routes



Infection Prevention Bloodborne Pathogens

Bloodborne Pathogens



It is important to be aware that any exposure to blood or contaminated body fluids puts you at risk of exposure to bloodborne pathogens. Select each button to learn more about bloodborne pathogens.

Bloodborne pathogens are microorganisms that are carried in human blood and other potentially infectious material (OPIM) and can cause disease. Bloodborne pathogens may be viral, bacterial, or fungal. Anyone can be infected by these microorganisms through a single, direct exposure. A person may be infected without knowing it and can then infect others without realizing it.

Bloodborne pathogens are transmitted when an individual is directly exposed to infected blood, infected body fluids, or other infectious materials through an open wound, an open sore, or one of the body's mucous membranes, such as the eyes, nose, and mouth.

Bloodborne pathogens are not transmitted through the air via coughing or sneezing, nor are they transmitted through casual contact with an infected person, such as touching or using the same equipment, materials, toilets, water fountains, or showers. Eating food prepared by an infected person, or playing with a child who is infected, also does not transmit bloodborne pathogens.

Infection Prevention

Bloodborne Pathogens

- Potential Sources of Infection

Bloodborne pathogens are generally found in blood and other potentially infectious material.

Blood is one potential source of infection. Blood might be present on a sharp blade that cut or lacerated someone's skin during a work-related accident, on a hypodermic needle used to inject a drug, on a sharp object used for a surgical procedure, or in a vial of blood intended for diagnostic testing, research, or treatment purposes.

Body fluid is another potential source of infection. Body fluids that may be contaminated with infectious materials include those surrounding the knee or the body's major organs, such as the brain, spine, heart, or lungs. Other potentially contaminated body fluids include amniotic fluid, sperm, and vaginal secretions.

There are a few other potential sources of infection that are neither blood nor body fluids. These other contaminated materials are generally found in laboratory environments and may include human cells, tissue or organ cultures, and laboratory solutions containing bloodborne pathogens.

Some body fluids, such as tears, urine, nasal secretions, sputum, sweat, and vomit, are unlikely to contain a pathogen. If these body fluids contain blood, the risk of exposure to a bloodborne pathogen increases. Saliva is also an unlikely source of infection, unless it contains contaminated blood, as it might during a dental procedure or following a mouth injury.

Infection Prevention

Bloodborne Pathogens

- Common Transmission Routes

Because transmission of a bloodborne pathogen requires direct contact, the potential transmission routes are somewhat limited.

One of the most common transmission routes of a bloodborne pathogen is via a sharp object, such as a needle or sharp instrument that has contaminated blood on it and punctures a person's skin.



Another common transmission route is contaminated blood or body fluid splashing, flowing, or seeping into a person's open wound.



Similar to entering an open wound, contaminated blood or body fluid might also splash into the mucous membranes of a person's eyes, nose or mouth.



Another common transmission route that applies mainly to medical environments is contaminated blood being injected into someone via a blood transfusion. This method of contamination may occur if donor blood that is not known to be contaminated with a bloodborne disease, due to inadequate reporting or testing, is transfused into a recipient individual.



Fire Safety in an Oxygen-Rich Environment

High Risk Procedures:

The ASA has noted that high-risk procedures include, but are not limited to:

- Tonsillectomy
- Tracheostomy
- Removal of laryngeal papillomas
- Cataract or other eye surgery
- Burr hole surgery
- Removal of lesions on the head, neck or face

Fires in the Operating Room can result from:

- Electrosurgical equipment (70%) and laser equipment (10%) are the most common cause of fires in the OR
- Airway (21%) and head, neck or upper chest (40%) are the most common locations of fire in the OR
- Approximately 550-650 surgical or procedural fires occur in the US each year
- An oxygen-enriched atmosphere is the contributing factor in 75% of all OR fires



Fire Safety in an Oxygen-Rich Environment



To help prevent fires in the Operating Room:

- Use the lowest concentration of oxygen during head/neck surgery
- Turn off oxygen between cases to prevent ambient oxygen levels from rising
- Tent drapes
- Ensure that oxygen and nitrous oxide are secured upright in a rack

A fire requires three elements to ignite and burn:

- **Heat:** Ignition source to start the fire
- **Fuel:** Combustible material to burn
- **Oxidizing agent:** Oxygen, nitrous oxide or methane gas to sustain the fire

Fire Safety in an Oxygen-Rich Environment

BioMed Inspections:

- BioMed must inspect all new electrical equipment prior to use
- All electrical equipment must be inspected for operational integrity by the surgical staff prior to use and at least annually by BioMed (preventive maintenance, or PM)
- Equipment brought in by a surgeon must be inspected by BioMed prior to use



Fire Safety in an Oxygen-Rich Environment



Preps and ESU:

- Flammable prep agents (alcohol based) must be allowed to dry before draping the patient and using the electro-surgical unit (ESU). Follow the manufacturer's instructions
- Do not allow prep solutions to pool around/under the grounding pad
- Do not allow prep solutions to pool under drapes or the patient, or in the umbilicus or cricoid notch
- Use appropriate size alcohol-based prep applicator according to manufacturer's instructions. **26 ml will not be used for head/neck surgery**

Fire Safety in an Oxygen-Rich Environment

Use of Oxygen:

- Remove oxygen during defibrillation, unless a closed breathing circuit is being utilized
- Staff shall question the need for open delivery of 100% oxygen during facial surgery
- Surgeon will initiate communication with the OR team regarding fire safety risks/interventions/roles/responsibilities during the surgical timeout
- For high-risk fire procedures, surgeon will communicate with Anesthesia prior to using bovie/laser (ESU)



Fire Safety in an Oxygen-Rich Environment

Extinguishing fires on a surgical patient:

Small Fire:

- Smother the fire with wet towel/sponge and remove burning material from the patient

Large Fire:

- Stop the flow of breathing gases to the patient
- Remove burning material from the patient and extinguish
- Use a fire extinguisher to put the fire out on the patient, if needed
- Care for the patient
 - Resume ventilation
 - Evaluate patient if room is dangerous
- Save involved materials for later investigation
- Never use water on an electrical fire



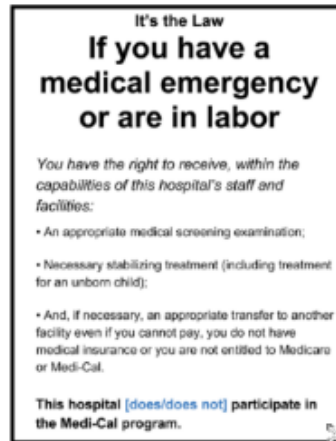
Fire Safety in an Oxygen-Rich Environment



Extinguishing airway fires:

- Disconnect breathing circuit from endotracheal tube and stop flow of breathing gases
- Remove endotracheal tube
- Remove any burned tube segments that remain smoldering in airway
- Re-establish airway and resume ventilating with air; switch to 100% oxygen when nothing is left burning
- Save involved materials for later investigation

EMTALA



What is EMTALA?

- The Emergency Medical Treatment and Labor Act (EMTALA) requires Medicare-participating hospitals that offer emergency services to provide a medical screening examination, or MSE, when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay
 - The provisions of EMTALA apply to all individuals who attempt to gain access to a hospital for emergency care, not just Medicare beneficiaries
- The components of a Medical Screening Exam vary, ranging from a simple process involving a brief history and physical examination to a complex process involving ancillary studies and procedures
- Hospitals are required to provide stabilizing treatment for patients with emergency medical conditions
- If a hospital is unable to stabilize a patient within its capacity, or if the patient requests, an appropriate transfer should be implemented
- The medical record must reflect continued monitoring according to the individual's needs until the patient is stabilized and/or appropriately transferred

EMTALA

Who can perform a medical screening exam?

A “qualified medical person” means a healthcare professional other than a physician who:

- Is licensed or certified by the State of California;
- Practices in a category of health professionals that has been designated by the Hospital and the Medical Staff Bylaws, Rules and Regulations to perform medical screening examinations;
- Has demonstrated current competence in the performance of medical screening examinations within his/her health profession; and
- As applicable, performs the medical screening examination in accordance with protocols, standardized procedures or other policies as may be required by law or Hospital policy

The Medical Staff and the Board of Directors have designated the following categories of practitioners as qualified medical persons:

- Emergency Department physician assistants
- Emergency Department nurse practitioners
- Labor and Delivery and Recovery Room registered nurses
- Certified Nurse Midwives



EMTALA



Special considerations for pregnant patients:

- The patient must be examined to determine if she is in labor
- Labor means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician or qualified medical person acting within his or her scope of practice as defined in hospital Medical Staff Bylaws and State law certifies that, after a reasonable period of observation, the woman is in false labor
- If a patient is to be transferred there must be adequate time to effect safe transport to another hospital before delivery and the transfer cannot pose a threat to the health or safety of the woman or the unborn child (medical benefits outweigh the risks)

EMTALA

Hospitals are most commonly cited for EMTALA violations related to:

- Failure to follow established policies or procedures
- Failure to provide an appropriate Medical Screening Exam (MSE)
- Failure to provide stabilization treatment
- Inappropriate transfers

Hospitals may be cited for failure to provide an appropriate Medical Screening exam:

- In the absence of a Medical Screening Exam
- If the Medical Screening Exam is insufficient (in scope or in documentation)
- If the Medical Screening Exam is delayed (e.g., minors presenting to the ED, police matters)

Hospitals may be cited for failure to provide stabilization treatment for:

- Failure to utilize the full resources of the hospital
- Failure to adequately address medical/psychiatric issues
- Inappropriate release for follow-up care (e.g., patient not truly stable, lack of adequate follow-up instructions)

Hospitals may be cited for inappropriate transfers of patients based on:

- Inappropriate transport (e.g., type of vehicle used, personnel sent as part of transport)
- Clinical appropriateness (e.g., failure to monitor patient prior to transfer, capability to provide services at transferring hospital)
- Failure to consider special circumstances of psychiatric patients

Civil monetary penalties may be assessed for both the hospital (\$50,000 to \$100,000+) and some or all of the involved physicians (\$25,000 to \$50,000) per physician for each EMTALA violation.



Restraints and Seclusion

Hoag Hospital does not use seclusion.

A restraint is any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.

Restraints can be:

- Chemical (drugs or medication)
- Physical (use of mitts and side rails)

There are three categories of restraints:

- Violent
- Non-Violent
- Spitting (For the patient who is spitting, a surgical mask may be applied to the patient to protect personnel. If the patient is able to remove the mask, a spit sock may be applied for the protection of personnel. Ongoing assessment and documentation regarding airway and circulation (skin color) is required.)



Restraints and Seclusion



For non-violent restraints:

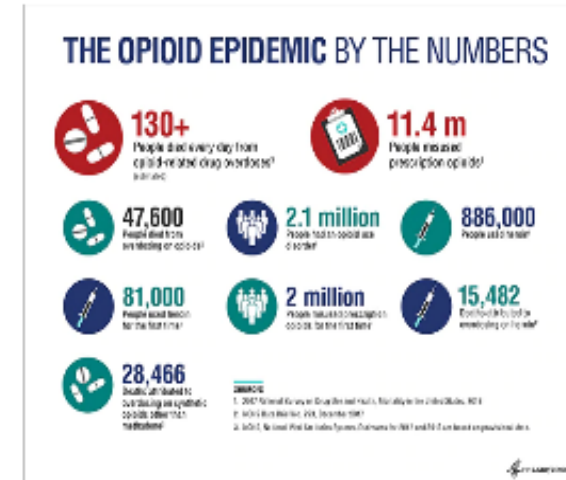
- MD does not have to be present
- RN contacts MD with results of patient assessment/behavior indicating need for restraint
- Order must be renewed each calendar day
- A physician order is required for renewal (can be obtained by telephone order)
- Physician must assess patient every calendar day

For violent restraints:

- A face-to-face assessment by a physician is required within 1 hour of original order
- Orders are time-limited by age
 - Adults >18 years 4 hours
 - Children 9-17 years 2 hours
 - Children <9 years 1 hour
- Renewal per age time limit can be done in person or by telephone order, up to 24 hours total
- At the 24 hour point the physician must be present to re-evaluate and write a new order

The Opioid Epidemic

- At least 116 people die per day from opioid-related drug overdoses. Prevention and access to treatment for opioid addiction and overdose reversal drugs are critical to fighting this epidemic. The Centers for Disease Control reports that 3 out of 4 people addicted to heroin probably started on a prescription opioid.
- Agencies and hospitals nationwide are evaluating their role in this epidemic and some considerable changes are being made.
- Use of the CURES database went live in 2018. CURES 2.0 (Controlled Substance Utilization Review and Evaluation System) is a database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care



CURES 2.0

The Opioid Epidemic



Actions you can consider:

- Set realistic pain expectations
 - Pain after surgery is normal and is usually worse for the first 2-3 days after surgery
 - Everyone feels pain differently
- Focus on non-opioid pain management alternatives
 - NSAIDs, acetaminophen
 - Physical therapy
 - Acupressure
 - Meditation/mindfulness breathing
 - Relaxation
 - Music
- Discuss appropriate use
 - Only for acute surgical pain
 - Not for chronic pain, sleep or mood
- Discuss the adverse effects
 - Nausea, vomiting, constipation
 - Risk of dependence
 - Addiction
 - Potential overdose
- Educate on proper storage and safe disposal

Corporate Compliance

Corporate responsibility touches all aspects of Hoag Hospital. Pertinent legislation includes:

- **Federal False Claims Act:** Protects the federal government from being overcharged or sold substandard goods or services. The FCA imposes civil liability on any person who **knowingly** submits, or **causes** the submission of, a false or fraudulent claim to the federal government. The terms “knowing” and “knowingly” mean a person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth
- **Anti-Kickback Statute (AKS):** Makes it a crime to **knowingly and willfully** offer, pay, solicit or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a federal health care program
 - The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering or paying remuneration (including any kickback, bribe or rebate) for referrals for services that are paid, in whole or in part, under a federal health care program (including the Medicare Program)
 - Violations are punishable by a fine of up to \$25,000, imprisonment for up to 5 years or both



Corporate Compliance



Stark Law (Physician Self-Referral Law): Prohibits physicians from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or an immediate family member) has:

- An ownership/investment interest, or
- A compensation arrangement, unless an exception applies

The Office of Inspector General (OIG) may impose civil penalties for a number of reasons, including arranging for services or items from an excluded individual or entity, providing services or items while excluded, failing to grant OIG timely access to records, knowing of an overpayment and failing to report and return it, making false claims or paying to influence referrals.

Corporate Compliance

Fraud: Is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines of up to \$250,000.

Waste: Includes overusing services or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

Abuse: Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to the payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.



Corporate Compliance



Responsibility for reporting Fraud, Waste and Abuse:

- Everyone must report suspected instances of fraud, waste and abuse. You will not be retaliated against for making a good faith effort in reporting
- Do not be concerned about whether it is fraud, waste or abuse, **just report any concerns to the Hoag Corporate Compliance Department**. The Corporate Compliance Department will investigate and make the proper determination
- When in doubt, call the Hoag Corporate Compliance Department or the Compliance Hotline

Reporting Fraud, Waste and Abuse at Hoag:

When you encounter a concern you are encouraged to report it to the Hoag Corporate Compliance Department:

Kimberlee Rosa, Chief Compliance Officer

Kimberlee.Rosa@hoag.org

(949) 764-1861

CorporateCompliance@hoag.org

Compliance Office: (949) 764-4427

Hoag Compliance Line: (800) 441-1727. This line is anonymous, confidential and available 24 hours a day, 7 days a week. This hotline is answered by a third party so you will remain anonymous unless you leave your contact information.

Thank you for reviewing this education module.

Please proceed to the test to complete your training.

