



Information You Should Know

Please review this sheet and become familiar with this information. To account for your participation in this required training, please fill out the form and return with your new application or reappointment packet.

Your Role in the Event of a Disaster

If the hospital were to activate the **Emergency Operations Code Yellow Plan** in response to a local, regional or national disaster, it is your role and responsibility as a member of the Medical Staff and Allied Health Professional staff to go to the Medical Staff Pool to be assigned based on the operational needs of the hospital. The hospital will continually communicate updates through the hospital's Emergency Alert system '**Code 4164**'. These updates can be accessed internally by dialing extension **4164** or externally by dialing **240-826-4164**. All **Adventist Healthcare** Medical Staff and Allied Health Professional staff must wear their hospital I.D. badge at all times while in the hospital. For questions regarding the Emergency Operations Plan or your role during a disaster, please contact **SGMC Security Director at 240-826-6390 or WAH Security at 301-891-5062**.

Reporting Practitioner Impairment Concerns

If any individual has a concern that a member of the Medical Staff or Allied Health Professional staff may be impaired in any way that may affect his or her practice at the hospital, a **written report** shall be given to the **Hospital President, the President of the Medical Staff, or the Chairperson of the Credentials Committee**. The report shall include a factual description of the incident(s) that led to the concern. **Examples of signs and symptoms of impairment include, but are not limited to:**

- Slurred speech, tremors, impaired coordination
- Unusual smells on breath, body or clothing
- Deterioration of physical appearance and personal grooming habits
- Bloodshot eyes or pupils that are larger or smaller than usual
- Constant Irritability or Anxiety
- Aggression
- Reduced performance or cognitive skills
- Reduced judgment, perception or reasoning skills
- Memory deficiency

FIRE INFORMATION

- R** - Rescue
- A** - Pull Alarm / Call **4444**
- C** - Confine
- E** - Extinguish

Fire Plan Duties

Piped oxygen in fire area: Security Officers with the area charge nurse / supervisor will determine the need to shut off oxygen medical gas valves.

SAFETY INFORMATION

Chemical Exposure: To request a Material Safety Data Sheet (MSDS) for a chemical exposure, call **1-800-451-8346** or at **www.MSDSdirect.com**. Give the chemical, manufacture and FAX number where the MSDS can be received. On site copies of MSDS are located in the Emergency Dept., MITU unit.

Blood/Body Fluid Exposure (including needlestick, etc.): Report immediately to Hospital staff or call Employee Health at x6359.

CODE ALERTS	
BLUE "CHILD" Cardiac Arrest	BLUE "INFANT" Cardiac Arrest
BLUE "ADULT" Cardiac Arrest	GRAY Elopement
PINK Infant of Child Abduction	GOLD Bomb Threat
GREEN Combative Person	PURPLE Security Only Response
RED Fire Emergency	SILVER Birth Outside of L & D
Rapid Response Rapid Response Team	WHITE Tornado
Yellow Emergency and Disaster	ORANGE Haz-Mat Spill or Release
INDIGO Prediversion/Diversion (WAH Only)	99 Hostage Situation (WAH Only)

Emergency Alert—CODE 4164.....HOSPITAL ALERT

CORE MEASURES	
<p style="text-align: center;">Pneumonia</p> <ul style="list-style-type: none"> - Blood cultures performed within 24 hours prior to or 24 hours after hospital arrival time OR for patients transferred/admitted to ICU within 24 hours of arrival - Blood cultures drawn in the ED prior to initial antibiotics received in Hospital - Initial antibiotic selection for community-acquired PN in immunocompetent patients is consistent with current guidelines 	<p style="text-align: center;">Surgical Care Improvement Project</p> <ul style="list-style-type: none"> - Prophylactic antibiotics - Recommendations for Prophylactic antibiotics - Discontinued within 24 hours after surgery end time for Prophylactic - Appropriate Hair Removal & Temperature Monitoring - Urinary catheter removal - Perioperative temperature management - VTE prophylaxis ordered and received - Beta blocker given prior to surgery - Reason(s) for continuing antibiotic beyond above timeframe must be documented - Any contraindications to beta blockers must be documented
<p style="text-align: center;">Heart Failure</p> <ul style="list-style-type: none"> - Document left ventricular function assessment, i.e. moderate, severe or EF <40%. Current or past studies MUST be documented in the notes if an ECHO is not done. - ACE inhibitors/ARBs for LVSD prescribed at discharge. If there are contraindications, they MUST be documented for both ACEI and ARB per updated guidelines Dec. 2012 - Discharge instructions must include ALL of the following: <ul style="list-style-type: none"> - Diet - Activity - Medications - Symptoms worsening - Follow up - Weight monitoring - Discharges to Assisted Living are NOT transfers; they are discharges to HOME - Any contraindications to ACEI AND ARB must be documented 	<p style="text-align: center;">Acute Myocardial Infarction</p> <ul style="list-style-type: none"> - Aspirin at arrival - Aspirin prescribed at discharge - ACE inhibitors/ARBs for LVSD prescribed at discharge. If there are contraindications, they MUST be documented for both ACEI and ARB per updated guidelines Dec. 2012 - Beta blocker prescribed at discharge - Statin prescribed at discharge - Primary PCI within 90 minutes of hospital arrival - Any contraindications to beta blockers, aspirin, or ACEI AND ARB must be documented
<p>Children's Asthma Care</p> <ul style="list-style-type: none"> - Relievers, controllers, and steroids ordered for all in-patient asthma - Individualized Home Management Plan of Care document given to patient/caregiver 	
<p>Venous Thromboembolism VTE:</p> <ul style="list-style-type: none"> - Timely initiation of VTE prophylaxis on all patients 18 years old & up (mechanical or pharmacological) within 24 hours of admit. - If VTE prophylaxis is not needed LIP must document "No VTE Prophylaxis needed" in patient's chart. - If Coumadin/Heparin overlap therapy is used: must have an INR of at least 2 to D/C Heparin, and a documented reason for D/C Heparin. - Platelet counts managed and monitored when on IV heparin protocol - Warfarin therapy must be given discharge instructions (Dietary, Drug reactions and interactions, Warfarin information) and instructions for follow up monitoring of INR. 	



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PERFORMANCE IMPROVEMENT METHODOLOGY

Adventist Healthcare, Inc., uses P.D.C.A.:

- P = Plan:** the improvement/data collection
- D = Do:** the improvement/data collection/data analysis
- C = Check:** the data for process improvement
- A = Act:** to hold the gain/continue improvement

The priorities for hospital-wide **Performance Improvement** are set by the **PI** Council under the direction of the Governing Board. If there is a significant undesirable event in your area, the event is immediately reported through the established chain of command to the administrative director over the area. The administrative director then contacts the administrator on call.

I have been informed about basic emergency information, hospital PI process and quality care measurement criteria at **Adventist Healthcare, Inc.,**

Signature: _____ Date: _____

Print Name: _____