

Credentialed Provider Regulatory Information

Objectives:

This education is designed to provide you, as a credentialed member of the medical staff at an Allina Health hospital, some basic quality of care information you need to provide safe and exceptional care to our patients.

This education meets the medical staff educational standards for Joint Commission accreditation and is required to be completed by every credentialed provider at initial appointment and at the time of recertification. This education is a system-wide offering and is taken only once regardless of the number of Allina Health hospitals in which you will be seeking privileges.

Preventing Hospital Acquired Infections

Allina Infection Prevention and Control Program Committee System wide Consensus Guidelines: Evidence Based Compendium of Strategies to Prevent Hospital Acquired Infections

The Compendium:

- Synthesizes best evidence for the prevention of surgical site infections, central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, Clostridium difficile, MRSA, and hand hygiene
- Highlights basic HAI prevention strategies plus advanced approaches for outbreak management and other special circumstances
- Recommends performance and accountability measures to apply to individuals and groups working to implement infection prevention practices

Central-Line Associated Bloodstream Infection

Here's what YOU can do to prevent CLABSI:

- Comply with the central line insertion bundle checklist. This includes:
 - Choosing appropriate site
 - Performing hand hygiene before beginning procedure
 - Using proper skin prep with Prevanics (or other approved skin antiseptic if patient allergic to CHG)
 - Using a full barrier drape (covering patient head to toe)
 - Wearing sterile gloves, a bouffant cap, mask, and sterile gown during insertion
- ASSESS LINE NEED DAILY

Why is this important? In January – November of 2015, 14 patients were harmed through a hospital-acquired CLABSI in Allina Health hospitals.

Catheter-Associated Urinary Tract Infections

Here's what YOU can do to prevent CAUTI:

- Explore alternatives to catheter insertion (intermittent catheterization, condom catheters, bedpans, urinals, commodes) before placing an indwelling catheter.
- Limit insertion to only when clinically indicated
 - Acute urinary retention or obstruction
 - Accurate measurement of urinary output in critically ill patients
 - To assist healing of perineal and sacral wounds in incontinent patients
 - End of life/comfort care
 - Required immobilization for trauma or surgery
 - Epidural
- **Review the need for catheter daily and remove it as soon as clinically feasible.** The risk for a UTI increases by about five percent each day when an indwelling catheter remains in place.

Why is this important? In January – November of 2015, 35 patients were harmed through a hospital-acquired CAUTI in Allina Health hospitals.

Surgical Site Infections

Here's what YOU can do to prevent SSIs:

- Administer antimicrobial prophylaxis according to evidence-based standards and guidelines.
- Do not remove hair at the operative site unless the presence of hair will interfere with the operation. **Do not use razors.**
- Control blood glucose during the immediate postoperative period.
- Maintain normothermia (temperature of 35.5C or more) during the perioperative period.

Why is this important? In January – November of 2015, 37 patients were harmed through a colon-surgery related SSI and 16 patients were harmed through a hysterectomy related SSI in Allina Health hospitals.

Multi-Drug Resistant Organisms

Antibiotic Stewardship to reduce MDROs

- Antibiotic resistance is one of the world's most pressing public health threats. Antibiotics are the most important tool we have to combat life-threatening bacterial diseases, but they can have side effects. Also, antibiotic overuse increases the development of drug-resistant organisms.
- Reducing unnecessary antibiotic use can decrease antibiotic resistance, Clostridium difficile infections and health care costs, and improve patient outcomes.

Allina Antimicrobial Stewardship Program

- Purpose is to optimize selection, dose, route, and duration of therapy to maximize clinical cure and patient outcomes while decreasing adverse events, resistance, HAIs, and healthcare costs
- Up to 50% of antibiotic use in humans is inappropriate
- Increasing duration of patient exposure to antimicrobials increases the likelihood of colonization with resistant organisms
- Antibiotic use is the number one risk for *Clostridium difficile* infection

Antimicrobial Stewardship Goals

- Improve patient outcomes
- Prevent medication errors
- Allergy identification
- Drug-drug interactions
- Reduce healthcare costs without adversely impacting quality of care

Prevention of Hospital Acquired Infections

Instructions for all transmission-based precautions are displayed on the precautions sign. **All precautions listed on the sign should be taken whenever crossing the threshold into a room in which a patient is in isolation, even if you will not be in direct contact with the patient.** Scroll down to view the following precaution signs:

- **ENTERIC PRECAUTIONS**



ENTERIC PRECAUTIONS

(In addition to Standard Precautions)

STAFF and PHYSICIANS		VISITORS, STAFF and PHYSICIANS
 Gloves	Always • Hand hygiene before donning	<p style="margin: 0;">Each time you enter the room: Wash hands with soap and water or use waterless foam.</p> <p style="margin: 10px 0 0 0;">Wash your hands with soap and water each time you <u>leave</u> the room.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  <p style="margin: 0; font-size: 0.8em;">1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.</p> </div> <div style="text-align: center;">  <p style="margin: 0; font-size: 0.8em;">2. Dry hands with paper towel. Use a towel to turn off water.</p> </div> </div>
 Gown	Always	
 Mask	When patient is vomiting	
 Equipment	Disinfect with bleach wipes between patients	
 Transport	For essential purposes only Patient: • Clean gown • Wash hands to elbows Staff: Clean gloves only if patient transported in own bed or contact with blood or body fluids expected	
 Environment	Terminal clean room with bleach	



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CONTACT PRECAUTIONS




CONTACT PRECAUTIONS

(In addition to Standard Precautions)

STAFF and PHYSICIANS		VISITORS, STAFF and PHYSICIANS	
	Gloves Always • Hand hygiene before donning		<div style="text-align: center;">  <p>When you enter and each time you leave the room, either: Use waterless foam</p> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>1. Apply foam. Spread thoroughly over hands.</p> </div> <div style="text-align: center;">  <p>2. Rub until dry.</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>OR Wash hands.</p> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.</p> </div> <div style="text-align: center;">  <p>2. Dry hands with paper towel. Use a towel to turn off water.</p> </div> </div>
	Gown Always		
	Equipment Dedicate equipment Disinfect with disinfectant wipes between patients		
	Transport For essential purposes only Patient: • Clean gown • Hand hygiene Staff: Clean gown & gloves only if patient transported in own bed or contact with blood or body fluids expected		











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• DROPLET PRECAUTIONS




DROPLET PRECAUTIONS

(In addition to Standard Precautions)

STAFF and PHYSICIANS		VISITORS, STAFF and PHYSICIANS	
	Mask Always		<div style="text-align: center;">  <p>MASK FOR ALL ROOM ENTRY. VISITORS CHECK WITH NURSING FOR MASK INSTRUCTIONS.</p> </div> <div style="text-align: center;">  <p>When you enter and each time you leave the room, either: Use waterless foam</p> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>1. Apply foam. Spread thoroughly over hands.</p> </div> <div style="text-align: center;">  <p>2. Rub until dry.</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>OR Wash hands.</p> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely.</p> </div> <div style="text-align: center;">  <p>2. Dry hands with paper towel. Use a towel to turn off water.</p> </div> </div>
	Door May be open		
	Equipment Disinfect with disinfectant wipes between patients		
	Transport For essential purposes only Patient: Snug fitting surgical mask Staff: No barriers		

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AIRBORNE PRECAUTIONS












AIRBORNE PRECAUTIONS

(In addition to Standard Precautions)

Add Contact Precautions for Varicella or disseminated Herpes Zoster.

Negative pressure ventilation required: Nursing staff contact Maintenance dept. to verify negative airflow prior to patient admission.

STAFF and PHYSICIANS	VISITORS, STAFF and PHYSICIANS
<div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Mask</p> <p>Always – RESPIRATOR REQUIRED</p> <ul style="list-style-type: none"> Wear N-95 if fit tested, PAPR if not fit tested Perform N-95 fit-check </div> </div>	<div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>VISITORS: CHECK WITH NURSING FOR MASK INSTRUCTIONS.</p> <p>When you enter and each time you leave the room, either: Use waterless foam</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <ol style="list-style-type: none"> 1. Apply foam. Spread thoroughly over hands. 2. Rub until dry. </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;">  </div> <p>OR Wash hands.</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <ol style="list-style-type: none"> 1. Apply soap to wet hands. Wash 15-20 seconds. Rinse completely. 2. Dry hands with paper towel. Use a towel to turn off water. </div> </div> <div style="display: flex; align-items: center; margin-top: 5px;">  </div> </div> </div>
<div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Door</p> <p>Keep closed</p> </div> </div>	
<div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Equipment</p> <p>Disinfect with disinfectant wipes between patients</p> </div> </div>	
<div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Transport</p> <p>For essential purposes only</p> <p>Patient: Snug fitting surgical mask</p> <p>Staff: No barriers if patient masked. Respirator if patient cannot mask.</p> </div> </div>	

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Influenza and Flu Vaccination

Flu vaccination supports our mission to prevent illness, promote wellness, and deliver safe care. Protect yourself, your family, and patients from influenza. Get vaccinated! It's the single most important way we can stop the spread of this serious illness.

Allina Health expects 100 percent participation in the flu program for all employed and non-employed staff.

In 2015, to help keep our patients safe, the Allina Health Quality Council and Physician Governance Council have endorsed mandatory vaccinations for physicians and practitioners who provide care at Allina Health, including employed and independent physicians and advanced practice professionals. Those who decline vaccination will be required to use a mask when crossing threshold of a patient-occupied room.

Pain Management

What is pain management?

- From a patient's perspective, pain management means meeting his or her expectations for comfort and reducing pain and suffering to a tolerable level.
- When pain is managed well, most patients can perform daily activities like walking, bathing, sitting up to eat meals, or comfortably resting in a chair. Although most pain experiences are physical, other forms of pain include anxiety or emotional discomfort.
- Because pain is a subjective experience, the most reliable indicator of the existence of pain is what the patient reports.

By managing pain effectively, we fulfill Our Commitment to Care.

What can YOU do to provide patients with an exceptional pain management experience?

- Respond to pain concerns with respect and empathy
- Discuss the patient's expectations regarding their pain management
- Educate patients regarding their medical conditions and provide realistic expectations
- Explain various treatment modalities including both pharmacological and nonpharmacological options for enhancing comfort
- Partner with patients by listening to their preferences and including their input into the treatment plan
- Partner with nursing staff in the discussion and development of a plan with the patient

Therapeutic Duplication

What is Therapeutic Duplication?

Therapeutic duplication exists when >1 PRN medication is ordered for the same indication, regardless of route. This is most prominently found in pain medications, but can exist for any medication type.

There can be multiple medications ordered for the same indication, but the problem arises when there is no clear direction for how the RN should choose which medication to give over another or which route to choose when there are different routes ordered for the same medication. (e.g., IV and PO are both ordered for a single medication).

The priority of medication and/or routes must be written within each order.

What can YOU do to decrease risks inherent in Therapeutic Duplication?

Provide clear direction for which medication you want the RN to try first when there is more than one med ordered for the same indication or when there are orders for one medication that can be giving via different routes.

Examples:

Multiple anti-emetics ordered PRN for nausea/vomiting, order should state which to try first and second. One PRN medication for pain management ordered both as PO and IV, order should state when to give PO and when to give IV.

IMPORTANT TO KNOW: When nurses choose medications to give without these directions, they are practicing outside their scope of practice and are putting their nursing license in jeopardy.

Clinical Alarm Management

A new National Patient Safety Goal has been established to ensure that patient harm isn't caused by an over-abundance of non-critical alarms that cause healthcare providers to miss the critical alarms. There is a new policy on Clinical Alarm Management coming out soon that outlines best practices.

What can YOU do to support best clinical alarm management practices?

- Order ongoing monitoring only when clinically indicated. This includes SpO2 monitors and EKG monitoring.
- Use spot-checks of vitals whenever feasible.

Restraint/Seclusion Policy

Non-Violent Behavior

[Click here to the System-wide Policy: Restraints – Non-Violent Behavior \(Med-Surg Restraints\).](#)

(requires allina login/password)

This policy applies to the utilization of medical-surgical restraints (also referred to as non-violent or non self-destructive restraints) when other interventions have failed to protect the patient. It requires:

- an order be entered
- orders be renewed every calendar day

Restraint/Seclusion Policy

Violent and/or Self Destructive Behavior

[Click here to view the System-wide Policy: Restraints/Seclusion – Management of Violent and/or Self-Destructive Behavior.](#) **(requires allina login/password)**

This policy applies to the use of restraints or seclusion to manage patient behavior that is violent or self-destructive and jeopardizes the immediate physical safety of the patient, staff, or others. The policy requires that:

- an order be entered
- it be time limited to 4 hours for adults (18+), 2 hours for child or adolescents between 9 and 17, 1 hour for children younger than 9
- a face-to-face evaluation be conducted within one hour of the restraint being initiated

Face-to-Face Assessment

Restraints for Violent or Self-Destructive Behavior

When restraint or seclusion is ordered for a violent episode, the patient must have a face-to-face assessment by a practitioner within one hour of initiation of the intervention.

The face-to-face assessment must address each of the following elements:

- The patient's immediate situation;
- The patient's reaction to the intervention;
- The patient's medical and behavioral condition; and
- The need to continue or terminate the restraint or seclusion.

There is a smart-phrase in Excellian (MD Restraint/Seclusion Face-to-Face Evaluation) to help with ensuring all items are included in the documentation.

[Click here to view the MD Restraint/Seclusion Face-to-Face Evaluation smart-phrase.](#)

(requires allina login/password)

Provider Wellness

What is the Practitioner Health Committee?

A central committee of representatives from Medical Staffs because a centralized committee can more effectively and efficiently:

- develop expertise in reviewing and more consistently addressing impairments across the system, which tend to occur rarely within any one Medical Staff;
- work with impaired physicians and practitioners who practice at multiple Allina Health hospitals;
- work with impaired physicians and practitioners more confidentially than may be possible within the confines of the Medical Staff, which is especially important for hospitals with smaller medical staffs; and
- Develop and disseminate system-wide communications and policies to educate all of the hospitals about illnesses and impairments that affect patient safety, a responsibility of the Medical Staff that is difficult to implement hospital-by-hospital.

The following policies are available on the Allina AKN (requires allina login/password)

- [General Policy and Procedures](#)
- [Aging Practitioner Fitness-for-Duty Policy](#)
- [Suspected Acute Practitioner Impairment Policy](#)
- [Drug and Alcohol Testing Policy](#)
- [Medical Leave of Absence Policy](#)
- [Practitioner Health Committee Charter](#)