Welcome to Advocate!

Information for Physicians and Allied Health Professionals

Rev.5/19
Goals of Orientation

• Provide a system overview and insight into Advocate BroMenn/ Advocate Eureka

• Provide an understanding of the expectation of you as an Advocate provider

• Provide you with resource information
Topics in the presentation include:

- Our Hospitals – history, leadership, technology and people
- The Advocate Experience
- Mission Values and Philosophy
- From MVP to Key Result Areas
- Infection Control
- Fire Safety in the Perioperative/Procedural setting
- Business Conduct
- HIPAA Privacy Training
- “Need to Knows”
About our Hospital

• History
• Leadership
• Technology
• People
Key Dates in our hospital’s history

1896

- Brokaw Hospital Founded
Key Dates in our hospital’s history

1919

- Mennonite Hospital founded
Changes Over Time

1978
- Eureka Hospital purchased

1984
- Brokaw Mennonite merger

1995
- BPMC formed

1999
- Mennonite College of Nursing moves to ISU
Key Dates in our hospital’s history

2010

• BroMenn Healthcare System Merges with Advocate Health Care.
Key Dates in our recent history

2012

Advocate BroMenn New Tower

- Opened in June 2012. Houses our Progressive Care Unit, Intensive Care Unit and Mother Baby Units.
Key Dates in our recent history

Advocate BroMenn Outpatient Center

- Opened August 2012.
Advocate Aurora Health

Together By The Numbers

Top 10
3,300+
NOT-FOR-PROFIT
EMPLOYED
PHYSICIAN
S

4,800+
ALIGNED
PHYSICIAN
PARTNERS

27
HOSPITAS

500
OUTPATIENT
LOCATION
S

70,000
EMPLOYEE
S

2.7M
UNIQUE
PATIENTS

Nearly $2B
COMMUNITY
BENEFITS IN 2016*
Advocate BroMenn Patient Service

Statistics

Over 40,000 people visit our Emergency Room annually!

Approx 1600 babies were born in our Labor & Delivery dept last year
❖ Listen for the baby lullaby!

6000 surgeries performed annually

Over 10,000 adult admissions each year
Innovations

• At BroMenn and Eureka we pride ourselves as being “cutting-edge” and offering services that few hospitals provide.

• Let’s take a look at a few of the many things we’re doing.....
The “Da Vinci” Robot

Enabling doctors to perform quicker, cleaner, and more precise surgeries.

Doctor operates here

Patient is here
Achieva MRI with CinemaVision

3D virtual reality system that lets patients watch their favorite DVD or listen to their favorite music. The image produced gives patients the illusion that they are watching a 62 inch TV.

Decreases the need for sedation, increases patient safety!
Hyperbaric Oxygen Chambers

Oxygen therapy to promote wound healing
Local Entities

- Advocate BroMenn Medical Center
- Advocate Eureka Hospital
- Advocate Medical Group
- Advocate at Home, Home Health and Hospice Services
- Office of Charitable Giving
Joint Ventures

- Community Cancer Center
- Evergreen Place/Evergreen Village
- The Center for Outpatient Medicine
- Midwest Center for Sleep Medicine
- Prairieland Outpatient Diagnostic Center
- Advanced MRI
- Orthopedic & Sports Enhancement Center
Our Purpose and Values

We help people live well: Helping our patients, their families, our communities, and each other within the organization to live the very healthiest lives we can.

Purpose

Values

**Excellence:** We are a top performer in all that we do.

**Compassion:** We unselfishly care for others.

**Respect:** We value the unique needs and preferences of all people.
## An Example of Advocate KRA (Key Result Areas)

<table>
<thead>
<tr>
<th>2020 Strategies</th>
<th>Key Result Areas</th>
<th>Measure</th>
<th>Target</th>
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<td><strong>Advocate Experience</strong></td>
<td>Safety</td>
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<td>Establish Baseline</td>
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<td>Coordinated Care</td>
<td>Advocate Index</td>
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Key Result Areas (KRA’s)

Definition of KRA: Area of strategic focus that is a top organizational priority.

- Safety
- Quality
- Service
- Growth
- Funding Our Future
- Coordinated Care
Infection Prevention

- Hand Hygiene
- Respiratory Etiquette
- Isolation
- Safe handling of potentially infectious material
- Immunizations
Why is Hand Hygiene so important?

- Healthcare is a “Hands On” industry.
- Patients are at higher risk of infection because of the stress of recovering from an illness or procedure.
- It is *most important* action you can take to prevent the spread of infection.
- Hand Hygiene may be done with either Soap & Water or Alcohol Based Hand product provided by the Hospital.
These before and after pictures illustrate how important it is to practice hand hygiene.
Hand Hygiene

- CDC’s 5 opportunities
- Before touching a patient
- Before clean/aseptic procedures
- After body fluid exposure/risk
- After touching a patient
- After touching patient surroundings
- Every time you enter and leave a patient room or care area
Guidelines for Handwashing

• Hands must be washed with *soap and water* when:
  – When hands or gloves are visibly soiled
  – When caring for C Diff patients
  – Soap and water aims to REMOVE dirt and pathogens
• Must wash hands for full **20 seconds** to be effective
• Start with Wet hands and cover all surfaces of hands, use lots of friction
• Dry skin thoroughly
• Use paper towel to turn off faucet, open door, etc.
Hand hygiene with Alcohol-Based Products

- Unlike soap and water, Alcohol products intend to “kill” pathogens
- Apply product to palm of one hand
- Rub hands together, covering all surfaces of hands and fingers, until hands are dry.
- Do not dry hands with paper towels. Product must be allowed to evaporate in order to be effective.
- Remember to rub between fingers, thumb and around nail beds
Fingernails

• Nails should be short enough to allow thorough cleaning and not cause glove tears (recommended nail tips less than 1/4 inch long).

• No artificial nails or extenders for direct caregivers or staff who prepare patient food.
Respiratory Etiquette - Preventing the spread of Infection from Coughing/Sneezing etc.

- Cover nose and mouth with tissue when coughing or sneezing
- Have tissues readily available in waiting rooms, registration areas
- Encourage hand hygiene after coughing/sneezing, or blowing of nose
- Offer and encourage use of facemask by people with respiratory symptoms
Standard & Transmission Based Isolation

• **Standard – all the time on all patients**
  – **Basic Rule:** If it is wet and not yours, Don’t Touch It!
  – This means that for all patients, if we are at risk of exposure to blood, body fluids, mucous membranes, and non-intact skin, than appropriate Personal Protective Equipment (PPE) should be worn

• **Transmission based:**
  – **Contact**- Pathogens we can get by touching skin, or surfaces in the environment
  – **Droplet**- Pathogens we can breathe in at close contact, but they drop quickly
  – **Airborne**- Pathogens that we can breathe in, even at a distance as they float in the air for a long time
  – Combinations of Contact/Droplet or Contact/Airborne are not uncommon

Follow Isolation sign instructions
Isolation Signage and PPE

**PPE required for Contact Isolation includes**
- Gown
- Gloves
- Standard Precautions (use of additional PPE as needed to protect from blood or bodily fluid)

**Special Isolation**
- Same PPE requirement as for Contact
- Wash hands with Soap and Water
- EVS will use special cleaning products for daily and terminal cleaning

**PPE Reminder**
- Always perform Hand Hygiene prior to donning gloves and after glove removal
- Don and doff PPE carefully for maximum protection and to prevent accidental contamination when removing gown and gloves
Isolation Signage and PPE cont’d

PPE required for Droplet
- Regular Mask
- Standard Precautions (use of additional PPE as needed to protect from blood/body fluid)

PPE Reminders
- Shape or mold the mask over your nose
- Be sure it is covering your chin
- Remove upon leaving the room
- Hand Hygiene prior to entering and leaving patient care area

PPE required for Airborne Isolation
- Fit Tested N-95 Mask
- PAPR (Powered Air Purifying Respirator), if Associate did not pass Fit test
- Standard precautions (use of additional PPE as needed to protect from blood/body fluid)

IMPORTANT REMINDER
- ALL PATIENTS IN AIRBORNE ISOLATION MUST BE IN A DESIGNATED NEGATIVE PRESSURE ROOM. Be sure to know where these rooms are located on your units

PPE reminders
- Shape the N-95 mask over mouth and nose. Press along edges to form seal. Blow out and check for air leaks
- Read instructions included with the PAPR unit

Advocate Health Care
Sometimes we may need to use more than one type of isolation

**Airborne and Contact Isolation**
Before entering the room:
- Apply gown, gloves and N-95 mask. PAPR may be used in place of N-95 mask.
- Visitors please check at nurse’s station for instructions on use of N-95 mask.

**OR**
- Use alcohol hand rub or wash hands with soap and water

**Visitors:**
- See Nurse before entering room.
- Visitantes:
- Vejan a la enfermera antes de entrar a la habitación.

**Droplet and Contact Isolation**
Before entering the room:
- Apply mask, gown and gloves

**OR**
- Use alcohol hand rub or wash hands with soap and water

**Visitors:**
- See Nurse before entering room.
- Visitantes:
- Vejan a la enfermera antes de entrar a la habitación.
PPE Putting on and taking off

Mask
Goggles
Gloves
Isolation Gown
Jumpsuit
PAPR

Advocate Health Care
Sharps Safety

- Contaminated needles, syringes, and other disposable sharps are disposed of in a wall mounted, hazard marked and puncture resistant container
- *Never over fill this container.*
- **Be aware!** - Use caution and follow procedures for handing off of sharp items, such as needles and scalpels.
- **Never** recap needles/syringes after use.
Bloodborne Pathogen Exposure

• If you have an exposure to Blood or Body fluids, first clean the exposed area with soap and water. Take note of the name of the patient and the area where exposure occurred. **THEN,**

• **Notify** your immediate supervisor. **Then,**

• **Go** to Employee Health within **ONE HOUR** of exposure.
  – Go to ER when Employee Health is closed

• **Complete** a Patient Safety Event form located on the BroMenn intranet.-Be descriptive as to how the exposure occurred so we can learn from it
Potentially infectious waste and other items

- Trash, used Linens, Dirty food trays and used equipment are placed in Dirty Utility Rooms (DUR) in the clinical areas.
- These rooms will have signage to indicate they are a DUR or will have the Biohazard Symbol on the Door.

- The Biohazard Label are on all containers that contain blood or potentially infectious materials.
- Potentially infectious trash is placed in Red Bags. Remember NO Sharps in trash bins.
- Because all used linen is considered potentially infectious, they don’t require a red bag.
Immunizations

- Immunizations are critical in preventing disease.
- Influenza and Pertussis vaccines are required for all HCW.
- The Influenza vaccine is required yearly.
- The Pertussis vaccine is required one time, though boosters may be recommended in the future.
- Depending on the area where you work, the Hepatitis B vaccine may also be recommended.
Questions or Concerns?

- Call Infection Control at 49-2142
- During “off hours” call the clinical coordinator
Advocate BroMenn
Physician Infection Prevention and Control Orientation

Laurel Mode BSN, CIC, RN, Infection Prevention
Teresa Hogan, BSN, RN
CMS and HAI

- Huge emphasis on all healthcare acquired infections
- Payment now tied to identified HAI
- POA (present on admission) code critical and based on physician documentation
- Positive cultures done within first 48 hrs generally considered POA
- Document Intra-Op findings of infection very clearly
Ongoing Infection Surveillance

- Surgical Site Infections - SSI
- Vent Acquired Events - VAP
- Central Line Associated Blood Stream Infection – CLBSI
- Catheter Associated UTI (CAUTIs)
- Resistant Organisms
- C difficile
Mandatory Public Reporting

**IDPH**
- Total Knee SSI
- CABG SSI
- CLBSIs
- All Inpatient C diff
- All Inpatient MRSA bacteremia
- All CRE

**CMS**
- Colon SSI
- Total Abdominal Hyst SSI
- CAUTIs
- CLBSIs
Evidence Based Practices

• Best Practice Infection Prevention Bundles are in place for:
  – SSI
  – CLBSI
  – CAUTI
  – VAE
  – MDRO

• These practices are reflected in standing orders, protocols, caremaps
The Surgical Care Infection Prevention (SCIP) Bundle

- Appropriate and timely prophylactic antibiotic administration
  - Right ATB
  - Administered within 1 hour of cut time
  - DC within 24 hr of case closure
  - Orders are weight based
  - ATB are re-dosed for longer cases
  - Timely administration of last dose
- Appropriate hair removal
  - No razors
The Surgical Care Infection Prevention (SCIP) Bundle

- Minimize OR traffic
- Ensure perioperative glucose control
- When possible, address patient health optimization pre-operatively
- Controlled perioperative normothermia
- Pre-op showers prior to arrival and CHG bath on targeted populations
- Attention to detail during Site Prep
Ventilator Associated Events (VAE) Bundle Elements

- Elevation of the head of the bed to between 30 and 45 degrees
- Oral Care q 4hr
- Daily “Sedation Vacation” and daily assessment of readiness to extubate
- Peptic ulcer disease (PUD) prophylaxis
- Deep vein thrombosis (DVT) prophylaxis (unless contraindicated)
- Hand washing compliance and standard precautions
- Decreased frequency of vent circuit changes
- Suspending enteral feedings during patient transport
Central Line Infection Prevention Bundle

- Hand Hygiene
- Catheter checklist—completed every time
- Maximal sterile barrier precautions: Mask, cap, gown, gloves
- Full patient draping
- Chlorhexidine skin antisepsis
- Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters
- Avoid suture for CL
- Chlorhexidine dressing use
- Daily CHG bathing for all patients with a CL
- Daily review of line necessity with prompt removal of unnecessary lines
- Avoid blood draws from CL unless absolutely necessary
CAUTI Prevention Bundle

- Only insert when meets Insertion Criteria
- Consider intermittent catheterization rather than foley insertion
- Prescriptive sterile insertion technique
- Maintain catheter with no dependent loops, and avoid breaking sterile seal on tubing.
- Catheter care daily or more often if needed
- Daily need assessment completed with nurse driven catheter removal protocol to remove catheter as soon as possible
Nurse Driven Foley Removal Protocol

- Implemented 2/09
- Evaluate the patient every 24 hours.
- If any of the following criteria are present, do not remove the foley catheter.
  - Urinary tract obstruction
  - Neurogenic bladder dysfunction and urinary retention
  - Gross hematuria with clots
  - Urologic surgery or studies
  - Urinary incontinence posing a risk to patient (major skin breakdown or protection of wound/operative site.)
  - Palliative/comfort care
  - Unresponsive/responds to painful stimuli only
  - Critically Ill/Blood pressure or volume status requires continuous urine volume measurement
- If none of the above are present, the foley is not indicated; consider removal.
Multidrug-Resistant Organism (MDRO) Definition

- Utilized by the Advocate System
- Consistent with literature and CDC
- Non-susceptible to $\geq 1$ agent in $\geq 3$ antimicrobial categories

Guidance from CDC on putting on PPE. This example includes use of a mask if that is indicated for Droplet protection. Please see previous slides for info on minimum PPE required for Transmission based Isolation.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. GOGGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene
CDC example 1 for Doffing PPE. Remember to perform HH between steps if concern that hands have become contaminated.
Example 2 from CDC for removing PPE. Note differences in sequence for removing Gloves. Hand Hygiene is always performed after PPE removal, and between steps if needed.
Organisms of Concern: The Leaders

- Methicillin resistant staph aureus (MRSA)
- Vancomycin resistant enterococcus (VRE)
- Multi-drug resistant organisms (MDRO) (gram negatives)
- Extended Spectrum Beta Lactamases (ESBLs)
- CRE – Carbapenem-Resistant Enterobacteriaceae
- C Diff
Extended-Spectrum Beta Lactamases (ESBLs)

- ESBLs are enzymes that inactivate and confer resistance to most beta-lactam antibiotics, including penicillins, cephalosporins, and aztreonam.
- If an ESBL is detected, all penicillins, cephalosporins, and aztreonam are reported as resistant, even if in vitro test results indicate susceptibility.
- ESBLs are found exclusively in gram-negative organisms, primarily *Klebsiella pneumoniae*, *Klebsiella oxytoca*, and *Escherichia coli*.
- Failure to treat with an antibiotic with in vitro activity against cultured isolates during the first 5 days after obtaining culture results has been associated with an increased mortality. Consider an ID consult.
CRE Definition

- Non susceptible to one of the following carbapenems: doripenem, meropenem, or imipenem
- Resistant to all of the following third-generation cephalosporins that were tested: Ceftriaxone, cefotaxime, and ceftazidime
- ID Consult recommended

- Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE) CDC2012
MDROs / Organisms of Concern

- All patients with + cx of preceding list are placed in appropriate isolation
- Patients with PMH of MRSA, VRE, ESBL and CRE are presumed colonized. They are placed in contact isolation on (re)admission
- “Rule-out” protocol available for MRSA and VRE patients
- Patients with AFB cultures ordered are placed in airborne isolation (negative pressure room) until TB is ruled out. In general, Patients are considered ‘ruled’ out after 3 negative AFB smears.
- We do not recommend testing stool for “Cure” for C diff infections.
MDRO Bundle

- Careful, compulsive hand hygiene for ALL patient interactions
- Decontamination of the environment and equipment
- Active surveillance cultures for MRSA
- Contact precautions for patients infected with MRSA, VRE, C Diff, ESBL, CRE and MDRO. Isolate patients on admission who are colonized with MRSA, VRE, ESBL and CRE
- Antimicrobial stewardship
- Device bundles (CL and VAP)
Antibiogram

- Produced annually
- Newest one posted on intranet and physician portal
Hand Hygiene and Physicians

- Physicians are included in our Hand Hygiene Audits and observations.
- Patients are educated on Hand Hygiene and are encouraged to ask and remind all caregivers.
- Our Culture of Safety welcomes partnering with our patients to promote safety initiatives such as impeccable Hand Hygiene.
- Alcohol based hand rub is the preferred method for hand hygiene, unless hands are visibly soiled or there is concern for gross contamination. Hand washing with soap and water is preferred after contact with a C diff patient or their environment, but if access to the sink is limited, HH may be done with the ABHR.
Fire Safety in the Perioperative/Procedural Setting

Reviewed/Edited: 4.04.19
Objectives

The goal of this learning activity is to educate team members and providers about fire safety in the OR/Procedural areas.

- High-risk procedures
- Fire Triangle
- Types of Fire
- Acronyms for Fire Safety

***Note: In the event of a fire, physicians are to follow instructions of hospital staff. Hospital staff have undergone practical training and education for procedure room fires.

Reason: Due to increased fire risks in the OR, annual fire education is a requirement of the Life Safety Code.
Fire Facts

• Estimated Frequency: 200-240 per year in the U.S.
  – 44% on head, neck, or upper chest
  – 26% elsewhere on the patient
  – 21% in the airway
  – 8% elsewhere in the patient
  – 20 to 30 cases are serious and result in disfiguring or disabling injuries
  – 1 to 2 are fatal

• Surgical procedures performed above the xiphoid process and in the oropharynx carry the greatest risk
  – Lesion removal on the head, neck, or face
  – Tonsillectomy
  – Tracheostomy
  – Burr hole surgery
  – Removal of laryngeal papillomas
Fire Triangle

• Ignition Sources
  – Electrosurgical unit (ESU); Argon beam coagulator, Power tools, Laser, Fiber-optic light, defibrillator, electrical equipment

• Oxidizers
  – Oxygen, Oxygen-enriched environment, Nitrous oxide

• Fuels
  – Patient/Personnel, Drapes, Gowns, Towels, Sponges, Tapes, Linen, Head coverings, Shoe covers, Collodion, Alcohol-based Skin Prep, Hair, Endotracheal tubes
Types of Fire

Announce the fire so everyone is aware-PCL/ Lead RN to coordinate

• ON the patient
  – Attempt to extinguish with water or saline
  – Remove burning materials from the patient
  – Assess surgical field for secondary fire
  – Extinguish on floor
  – Turn off oxygen source

• Airway Fires: Collaborate and assist anesthesia professionals to:
  – Disconnect and remove breathing circuit
  – Turn off oxygen flow
  – Pour saline or water into airway
  – Remove endotracheal tube and any segments of burned tube
  – Examine the airway
  – Re-establish the airway

• ON or IN a piece of equipment
  – Disconnect equipment from its electrical source
  – Shut off electricity
  – Shut off gases to equipment-if applicable
Acronyms for Fire Safety

• Extinguisher
  – P: Pull the pin
  – A: Aim nozzle at the base of the fire
  – S: Squeeze the handle
  – S: Sweep the stream over the base of the fire

• Evacuation
  – R: Rescue
  – A: Alarm
  – C: Confine
  – E: Evacuate
Escape Route - Operating Room
Escape Route-SDS Procedure Room
Escape Route-Mother/Baby Unit
Escape Route-Interventional Radiology
Escape Route-Emergency Department
Things to Remember

• Any time there is an ignition source and conditions are right a fire can result
• Prevention is the key!
• In the event of a fire everything needs to be saved for investigation purposes (Linens, ET tubes, Drapes, Equipment, Supplies)
Business Conduct Program
Business Conduct Program
Code of Conduct

• The code identifies the principles by which we plan to operate
• Communicates the hospital’s commitment to comply with these principles
• Clearly expresses when employees have a duty to report potential problems
• Goal is to prevent breaking the law
Policies and Procedures

Written standards of conduct are outlined in various policies, especially these:

• Confidentiality of Business Information
• Code of Business Conduct
• Conflict of Interest
• Business Conduct Information Hot Line
• Non-Retaliation
• False Claims Act
Please Report

• Quality of care/business ethics issues
• Violation of laws, regs & standards
• False claims; misrepresentations; billing, coding or documentation issues
• Conflicts of interest
• Loss, theft or misuse of property
• Workplace issues
• Significant communications of problems
• Disruptive and/or abusive behaviors
• Confidentiality/IS Security breaches
Business Conduct Program
Internal Reporting Mechanism (Hotline)

• Hotline number: 309-268-2925
• All calls are confidential and can be anonymous
• We commit to timely feedback
• No retaliation for reporting
Deficit Reduction Act of 2005

- False Claims Act, Program Fraud Civil Remedies Act
- “Qui Tam” Whistleblower Protection
What happens if you violate the law?

• Possible violations of the Code of Business Conduct will be reviewed thoroughly by Advocate’s Chief Compliance Officer and may be referred to the systemwide Business Conduct Committee.

• Appropriate disciplinary action will be taken if illegal or improper activities are discovered.

• No action will be taken if associates are working to remedy unintentional illegal practices to comply with the law and the Business Conduct Program.
HIPAA Privacy Training
HIPAA Training

Protecting patient privacy is the law.
What are the patient’s rights under HIPAA?

- Right to examine and obtain a copy
- Right to request an amendment
- Right to request confidential communications
- Right to a copy of the notice of privacy practices
- Right to an accounting of disclosures
- Right to request restrictions – opt out of directory services, or marketing or fundraising communications
- Right to file a grievance
Methods to Maintain Confidentiality

- Never discuss patient information in a public area
- Speak in quiet tones when discussing patient information
- Do not leave medical records or identifying documents in public access areas
- Do not leave patient identifying information on answering machine messages
- Do not fax patient information to a public access area
- Never discuss a patient’s condition with an unauthorized individual
- Keep passwords confidential/secure your workstation
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</table>
HIPAA Privacy Complaints

- Any associate receiving a privacy complaint from a patient should contact the Site HIPAA Coordinator or Chief Privacy Officer with the relevant information.

Criminal Penalties
- $100 to $50,000 per violation up to an annual limit of $1,500,000

Criminal Penalties
- $50,000 to $250,000 monetary penalties
- Prison time – 1 to 10 years, depending on situation
What to Do? Stop, Think and Act!

If you believe a situation requires attention or investigation, you have the obligation to act. Advocate’s policy prohibits retaliation against associates for raising or pursuing a Business Conduct issue.

These are some things you can do:

- Talk with your supervisor, Corporate Integrity Officer, Human Resources, or the Legal Department
- Call the Business Conduct Information Hot Line at 309-268-2925
“Need to Knows”
Harassment-free Workplace

• Advocate will not tolerate any conduct which negatively affects other associates’ work performance or that creates an intimidating, hostile, or offensive work environment.

• It is the responsibility of each associate and his/her supervisor to maintain a work atmosphere that is free any type of harassment.
Smoke-free Campus Policy

Promotes health of our patients, visitors and staff

• Main Hospital Campus (BroMenn & Eureka)
• All off campus locations (AMG)
• Private vehicles in parking areas
• All outdoor areas on BroMenn property

NOT intended to force associates to quit
Work-related Injuries

- Prevention of lift and sharps injuries
- Immediately report to Employee Health or Emergency Department during off hours to initiate early treatment
- Complete an incident report describing injury and cause
Fall Prevention: It’s All Hands on Deck!

How do we currently prevent falls?

Patients are assigned a numeric score indicating their risk of a fall

- **Yellow is the ‘color’ of falls. Patients at risk of a fall have:**
  1. Yellow nonskid footwear
  2. Yellow ‘fall risk’ wristband
  3. Yellow Fall Risk sign on the room door
Fall Prevention: It’s All Hands on Deck!

How do we currently prevent falls?

• Attention to the following:
  – Keeping rooms and hallways clear of clutter and other slip/trip risks
  – Keeping patient items easily within reach
  – Beds and other furniture in the lowest position
  – Engaged brakes/locks on any furniture or equipment used by the patient
  – Adequate lighting in patient rooms
  – Side rails in the upright position (as appropriate to the patient)

• Prompt response to patient calls
  – Proactive rounding on patients to anticipate needs

• Patients who need help to the restroom are not left alone. Safety trumps privacy!

• Fall prevention devices are used for appropriate patients
Fall Prevention: It’s All Hands on Deck!

What are ‘danger signs’?
- A patient is leaning to reach something that seems to be a bit too far out of reach
- A patient wearing yellow socks and a yellow fall risk band is up (or trying to get up) without help
- An alarm device is sounding from a patient’s room
- There is a liquid spill on the floor
- There is clutter in a patient care area that poses a trip hazard
- The wheels on a patient bed or wheelchair are left unlocked
- Patient care area is noted to be dimly lit

What should I do if I see a hazardous situation?
When you observe a situation that seems unsafe, stay with the patient until you have gotten assistance from assigned staff. Don’t leave a patient in an unsafe circumstance!

Be Accountable!
- If you are able to fix the situation.. Fix it! Then notify assigned staff (nurse, etc) of your actions

Be Responsive!
- If a patient’s actions are dangerous, ask them to stop what they are doing until you can summon assistance.
- If an alarm device is sounding, don’t ignore or walk past!

Be Collaborative!
Ancillary patient care providers

- When providing patient care, it is imperative that you assure the patient is safe before you leave.
- When your assigned task is complete, do not leave the patient alone if you suspect a hazard exists.
The “Blue Book”

• Who is DNV (Det Norske Veritas)?
  – Evaluates healthcare organizations to assure safe, high quality care is delivered.
  – Qualifies hospitals to receive Medicare payments

• DNV surveys occur annually.

• The Blue Book
  – Purpose
  – SAFETY is the common denominator throughout
ISO 9001 Defined

• What does ISO stand for?
  – International Organization for Standardization

• What is ISO 9001?
  – A set of Standards which provides a framework for our quality management system
  – Not prescriptive (tells us *what* but not *how*)
  – Integrated into the DNV accreditation survey process
Three Fundamental Objectives of ISO 9001

The 3 C’s

- Consistency in delivery of service
- Customer (patient) satisfaction
- Continual improvement

What does this mean to me for my role?
Medical Emergency Codes

- **Code Blue** - Cardiac or Respiratory Arrest
- **Rapid Response** - Unstable Patient
- **PALS Rapid Response** - Pediatric Unstable Patient
- **Code STEMI** - ST segment elevated MI
- **Stroke Alert** - Stroke
- **Sepsis Alert** - Severe Sepsis Patient
- **Trauma Code** - Traumatic Injury
- **Code 99** - Aggressive Person

To report an emergency

- BroMenn dial 49-6000
- Eureka page overhead 49-4811
- AMG call 911
Environmental Safety

- Environment of Care Committee
  - Public Safety
  - Hazardous Material and Waste Management
  - Fire Prevention and Life Safety
  - Medical Equipment
  - Utilities
  - Emergency Management

- Plans located on the Advocate Document System
  - Be sure to be familiar with your Unit Specific Safety Plan
Emergency Management

- "All hazards" approach
- BroMenn Emergency Response Team (BERT) responds to any emergency and further activates other resources as needed

- To report an emergency:
  - BroMenn dial 49-6000
  - Eureka page overhead 49-4811
  - AMG call 911

- Non-medical Emergency Codes:
  - Code Red
  - Code Brown
  - Code Green
  - Code Bravo
  - Triage Alert
  - Code Domino
  - Code Pink (X)
  - Code L
  - Code Exit
  - Code 99
  - Code Silver
  - Severe Weather Alert

Advocate Experience
Introduction of Evidence-Based Practices

2011

Quick Wins
Leaders Rounding on Direct Reports
Stop Light Report
Behaviors of Excellence

2012

Behaviors of Excellence in performance reviews
Leaders Rounding on Patients/Customers
AIDET / Key Words at Key Times
Nursing Practices
The Patient Empathy Project

Top 11 Patient Fears

1. Infection
2. Incompetence
3. Death
4. Cost
5. Medical mix-up
6. Needles
7. Rude doctors and nurses
8. Germs
9. Diagnosis/prognosis
10. Communication issues
11. Loneliness

Taken from Press Ganey’s Regional Symposium 2012 session titled: Clinicaphobia: How Identifying Patient Fears Can Improve CAHPS Scores, presented by Colleen Sweeney
HITTING THE TARGET - MISSING THE MARK

- Nurses Communicate Well
- Receive Help Promptly
- Respond to Call Lights
- Bathroom Clean
- Quiet at Night
- DR Communicates Well
- Explains Meds

Patient Fears/Concerns
Key Words at Key Times

Words Matter

What we say to our patients/colleagues makes all the difference in how they perceive the service/care/support we provide.

Everything we say matters…everyone is listening.

Everything we do matters…everyone is watching.
“Why” Use Key Words?

- Decreased Anxiety
- Improved Compliance
- Increased clinical outcomes and patient perception of care
**What is AIDET?**

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
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<tbody>
<tr>
<td>I</td>
<td><em>Make others feel welcome and comfortable</em></td>
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<tr>
<td>D</td>
<td>Introduce</td>
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<tr>
<td>E</td>
<td><em>Build confidence and trust</em></td>
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<td>T</td>
<td>Duration</td>
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<td></td>
<td><em>Manage and anticipate expectations of time</em></td>
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<td>Explanation</td>
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<td></td>
<td><em>Narrate what will happen</em></td>
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<tr>
<td></td>
<td>Thank</td>
</tr>
<tr>
<td></td>
<td><em>Show your appreciation for the interaction</em></td>
</tr>
</tbody>
</table>
A  Acknowledge

**Message: Make others feel welcome & comfortable**

- Ask permission to enter the room
- Smile!
- Make eye contact
- Show a positive attitude
- Put patients at ease
- Don’t rush or seem rushed
- Acknowledge everyone with the patient
Introduction

**Message: Build confidence and trust**

- Use patient/customer name
- Introduce yourself by name, title and explain your role in the team of care givers
- Provide your years of experience, credentials, etc.
- Manage up others by name / department
Duration

Message: Manage and anticipate expectations of time

- Anticipate the person’s concerns and provide answers
- How long will the test, procedure/task take?
- How long will the person have to wait?
- When should they expect results?
- How long will it take to get a returned phone call, email or information from you?
Explanation

Message: Narrate what will happen

- What will happen/what I am doing
- What they should expect (including side effects)
- Why we are doing what we are doing
- How it fits in with the overall plan of care
- What questions do you have for me?

USE UNDERSTANDABLE LANGUAGE
Thank You

Message: Show your appreciation for the interaction

Closing key words

- Thank you for choosing our facility
- Thank you for waiting
- Thank you for trusting us to care for you
Creating the Advocate Experience

Creating the best and safest place for our patients to heal, our associates to work and our physicians to practice—Always.

We all have a part…

And it starts with me!
Restraint Usage and Types

- At Advocate Health in alignment with our mission and values we strive to uphold the patient’s right and well being. Providing care which is safe and clinically appropriate in the least restrictive environment.

- The use of restraint or seclusion must be selected only when less restrictive measures have been judged to be ineffective to protect the patient or others from harm.

- Your assessment for underlying causes of behavior necessitating restraints (i.e. medications, oxygenation, infection, electrolyte imbalance etc.) is essential in treatment planning and reduction of restraint incidence.

Types of Restraints: Based on the Behavior Exhibited by patient.

- Violent and Self-Destructive restraints (includes seclusion)

- Non-Violent and Non Self-Destructive restraints
Who does what?

- **Orders**: RN can initiate restraints in an emergency and requires a physician order as soon as possible after the application of restraints. This order is entered in electronic medical record for physician co-signature.

A **face-to-face assessment** is required by a physician or trained RN within 1 hour of violent & self-destructive restraint application.

This face-to-face involves documenting to the following standards:

a) patient’s immediate situation
b) Patient’s reaction to the intervention
c) Patient’s medical and behavioral condition
d) Need to continue or discontinue restraint or seclusion

There is a paper form to assist your documentation needs.

- **MD/DO, RN or PA**: If restraint or seclusion for violent behavior is ordered by anyone other than the patient’s attending physician, the attending physician must be consulted as soon as possible.
Physician restraint orders and frequency

- **Violent and Self-destructive restraints:**
  - The original order may be renewed, but not to exceed 16 hours:
    - Every 4 hours for patients age 18 and older
    - Every 2 hours for patients age 9 to 17
    - Every 1 hour for patients age 8 and younger
  
  (New Face-to-Face is required for additional 16 hours)

- **Non-Violent and Non-Self Destructive restraints:**
  - Every calendar day
Prolonged Restraint Use: definition

We monitor for prolonged restraint use.

• Use of violent restraints for 24 hours or longer or the use of non-violent restraints for 48 hours or longer
Medication Treatment

Medication is considered a ‘standard treatment’ when:

➢ Medication is based upon the patient’s symptoms and is used within the parameters approved by the FDA for indication and dosage.

➢ Medication enables the patient to more effectively or appropriately function

A medication is considered a chemical restraint when:

When used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.
Death Reporting – use of restraints

Centers for Medicare & Medicaid Services now requires that hospitals report all deaths

This is done at each hospital through either the Nursing Supervisor or the Quality Improvement department

- If death occurs within 24 hours of the use of restraint or seclusion
- If death occurs within 1 week after the use of restraint or seclusion and it is reasonable to assume the restraint or seclusion contributed to the death
- **Exception if patients is in soft wrist restraints:** Documentation on a log is required and maintained by the Quality Department
Additional Resources

On Advocate Online:

- Under “Resources” tab go to Clinical Resources and click on “Restraint and Seclusion Resources”
Advocate Behaviors of Excellence –

As a member of the Medical Staff at Advocate BroMenn Medical Center, I will commit to the behaviors of excellence to help ensure that Advocate is the safest and best place for patients to heal, physicians to practice and associates to work.
BE SAFE
• Make safety my highest priority when making decisions and report safety events, near misses and unsafe conditions
• When performing an important task, I will give it my full attention
• Ask clarifying questions when a situation is unclear
• Communicate clearly and provide clear and complete handovers

BE RESPONSIVE
• Make eye contact, say hello, introduce myself by name and role and what will happen
• Listen attentively and address each individual’s needs with kindness, patience, and respect
• Be proactive to anticipate and respond to the needs and expectations of others
• Acknowledge and address all forms of communication in a timely manner
• Solicit the assistance of an associate to take others to their destination
BE RESPECTFUL
- Demonstrate respect for cultural and spiritual differences
- Resolve conflicts promptly and respectfully
- Be cognizant of excessive noise to maintain a professional setting and healing atmosphere
- Use personal electronic devices in an appropriate and considerate manner
- Provide timely updates to keep others informed
- Communicate in ways others can understand

BE PROFESSIONAL
- Represent Advocate Health Care positively through my actions and words both in and out of the workplace
- Act with integrity in every situation
- Maintain a professional appearance
- Create a positive first and lasting impression
- Learn from experiences and seek new knowledge and skills
- Respect confidentiality and privacy
BE ACCOUNTABLE
• Take ownership and report areas in need of repair or cleaning
• Utilize resources wisely
• Honor and follow through on my commitments
• Consistently follow established standards and practices
• Speak up about safety concerns or if there are opportunities to improve our standards and practices

BE COLLABORATIVE
• Partner with others to provide exceptional care and service
• Manage up others by communicating their strengths and accomplishments
• Actively seek the input of others
• Participate in improvement initiatives
• Coach others and be willing to let them coach me
• Thank others for their contributions
PerfectServe Synchrony™ secure care team collaboration solution
Practitioner mobile app

**Conversations**
Have accurate, safe, private and efficient conversations with colleagues while sharing clinical photos and voice messages. All content sent through PerfectServe Synchrony is secure, including texts.

**Charge Capture**
Accurately and efficiently capture charges at the point of care in fewer than five clicks. This customizable module facilitates workflow across all specialties, including features such as tailored patient lists to support rounding, practice-specific code drilldowns, “favorites” and bundles.

**Status**
If available, you are able to automatically trigger a different communication routing process based on your current status.

**Secure Calls**
Securely call patients while protecting your caller ID privacy and overcoming caller ID block. When you call a patient, your office number—not your personal mobile number—appears as the caller ID.

**Contacts**
Access a complete list of individuals and groups within your directory.

**On Call**
Instantly sign on or off call or change who is covering call. The changes take effect in real time.

**How I’m Reached**
Easily modify your personalized communication algorithm. Delay non-urgent consults, eliminate overnight calls and the need for an answering service.

**Downloads**
Download for Android or iPhone

Visit the Knowledge Center of perfectserve.com to see how our clients overcome the communication obstacles that delay patient care and speed time to treatment or call 866.844.5484 for a short demo.

perfectserve.com | 866.844.5484 | @PerfectServe
PerfectServe Mobile App Training
Conversations

Culver, Megan
Patients name is Joshua Hobbs, room 412.

Hobbs, Joshua
Can you please send over the results?

Romero, Angela
Great! Thanks.

Cardiology Triage Nurse
Thx i will takecare of this...

Stevens, Christie; Culver, Megan
Kingston is starting to back up bad. Emergency vehicles headed that way it...

Unknown
404-604-7858...
Receiving a Patient Message

PerfectServe now
You have a new secure message
Altamonte

slide to view

9:10
Wednesday, January 13

9:28 AM
Altamonte Office
877-844-7727

9:27 AM
1 NEW

Yay! Okay will do :) thank you!

Mills, Julie
Thursday

Culver, Megan

Patients name is Joshua Hobbs, room 412.

1/4/2016

Hobbs, Joshua

Can you please send over the results?

1/4/2016

Romero, Angela

Great! Thanks.

10/15/2015

Cardiology Triage Nurse

Thx i will takecare of this...

10/15/2015

Unknown

877-257-2997
From: JANEX
RE: JOHN DOE
1/1/1899
TEST MESSAGE
Pharmacy Number:
000-000-0000
Known Drug Allergies:
TEST MESSAGE

slide to unlock

Your Message

Send

3/03/16 03:18 PM
Secure Calls

Call a Patient & Protect Your Caller ID

- Choose ‘Secure Calls’, then dial the phone number of the patient you wish to reach. Your office caller ID will be presented to the party you call, so your privacy is protected.
Contacts

Contact Colleagues Directly

Experience direct and secure access to any colleague with doctor-to-doctor text or voice messaging and real-time phone conversations by using PerfectServe DocLink in the ‘Contacts’ tab in the PerfectServe mobile app.
Securely Message A Colleague

Culver, Megan

PRACTICE
PerfectServe, Inc.

CONNECTED THROUGH
PerfectServe, Inc.
PerfectServe Speech

New Conversation

To: Culver, Megan

Your Message

Send

What would you like to attach?

Image
Audio

Cancel
Groups

![Screen 1](image1.png)

![Screen 2](image2.png)

![Screen 3](image3.png)
Favorites

Stoutt, Kristin

Stoutt, Kristin
Stevens, Christie
Stone, Mardee
Stone, Michael D, MD
Strauss, Harvey
Streett, Lynda S, MD
Strickland, Rebecca
Su, Sherwin, MD
Suh, Katie
Supergan, Barbara

Stoutt, Kristin

PRACTICE
PerfectServe, Inc.

CONNECTED THROUGH
PerfectServe, Inc.
PerfectServe Speech
zzz Perfectserve Training
On Call

Change Your On Call Schedule
You can sign on or off call, or change who is covering for your group by choosing ‘On Call’. The changes you make take effect immediately.
On Call

- Browne, Adam
- Evans, Crystal
- Ginn, Abigail
- Lakeman, Jani

WEDNESDAY, APRIL 20
- 8:00 am  Lakeman, Jani

WEDNESDAY, APRIL 20
- 11:16 am  Browne, Adam
How I’m Reached

Change How You’re Reached

To choose one of the contact processes that have been created to suit your workflow, select ‘How I’m Reached’ and pick the process you want to activate at that moment in time.
How I’m Reached

Contact - Lakeman, Jani

April 2016

Sun  Mon  Tue  Wed  Thu  Fri  Sat
27   28   29   30   31   1    2
3    4    5    6    7    8    9
10   11   12   13   14   15   16
17   18   19   20   21   22   23
24   25   26   27   28   29   30

Secure Voice and Text

Transfer Help Center

Edit Event Details

Mobile Calls and Secure Voice and Text

Out of Office

Secure Text
Help

- Conversations
- Secure Calls
- Contacts
- On Call
- How I'm Reached
- Status
- Settings

Settings

- Push Notifications
- Push Notification Sound
- Account Profile
  - Username: ksentieri
  - Device Information
  - Change Password
  - Change PIN
  - Last Login: Dec. 29 2015, 3:47 PM

Sign Out

About

Version: 5.0

Help

Privacy Policy

Help

The PerfectServe Help Center is available 24/7

Email Us

Call Us

Refer a colleague to PerfectServe
Next Steps:

• Should you have any questions or concerns about any topic contained in this presentation please contact the Department of Medical Affairs at (309) 268-2182.

• Please make sure to print and complete the form on the next slide titled “General Information & Acknowledgements’ and return to:
  • Department of Medical Affairs – fax (309) 268-2949
  • OR email to Yvonne.blyth@advocatehealth.com or Stephanie.mcadams@advocatehealth.com
Acknowledgement for Physicians, and Allied Health Professionals

Name: _________________________________________________________________

By signing below I acknowledge;
• That I have reviewed the contents of orientation prior to obtaining privileges.
• That I have received and reviewed the Advocate Health Care Policy on Utilization of Restraint and Seclusion including its attachments. I agree to adhere to the procedures outlined within the policy.
• That I pledge to maintain an ethical practice; to provide for continuous care of my patients; and to abide by the Medical/Dental Staff Bylaws, Rules and Regulations, and the hospital policies that apply to my activities as a medical staff member.
• That I have read, and agree to abide by, the Advocate Behaviors of Excellence
• That I have reviewed the contents of the Infection Prevention Review prior to working within the facility.
• That I will contact PerfectServe at 877-844-7727 to complete the enrollment process.

Signature:______________________________________________________________

Date:_______________________ Time______________________

Advocate Health Care