Welcome to Advocate!

Information for Physicians and Allied Health Professionals

Rev.3/16
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
• 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.
Advocate Health Care System

- 250 sites of care including 10 acute-care hospitals
- Chicagoland’s largest employer (30,000 employees)
  - Including 6,000 affiliated physicians and 9,000 nurses.
- One of nations top 10 healthcare systems in nation
- Largest integrated health system in state
- Largest emergency and Level I trauma network in state
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

2012

Advocate BroMenn Outpatient Center

- Opened August 2012.
Local Leadership Team  BroMenn/Eureka

Colleen Kannaday  
President

Aron Klein  
VP, Finance

Laurie Round  
VP, Patient Services/ CNE

Dr. James Nevin  
VP, Medical Management

Bob Miller  
VP, Operations

Anna Laible  
Administrator  
Eureka

John Hesse  
VP, Business Development

Tony Coletta  
VP, Human Resources

Sharon Adams  
VP, Operations  
AMG

Scott Ford  
VP, Development
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
Each spring, Advocate’s leaders visit the sites for the “Advocate Forums,” giving you an opportunity to meet, interact with, and ask questions to Advocate’s leadership.
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
Mission, Values, and Philosophy

- **Mission** (why we exist)
- **Values** (how we behave)
- **Philosophy** (what we believe)
The Mission of Advocate Health Care is to serve the health needs of individuals, families and communities through a holistic philosophy rooted in our fundamental understanding of human beings as created in the image of God.
Values

Compassion
Excellence
Equality
Partnership
Stewardship

Advocate Health Care
The Values of Advocate Health Care serves to guide our relationships and actions

- **Equality**  We affirm the worth and spiritual freedom of each person and treat all people with respect, integrity and dignity.

- **Compassion**  We embrace the whole person and respond to emotional, ethical and spiritual concerns, as well as physical needs in our commitment to unselfishly care for others.

- **Excellence**  We empower people to continually improve the outcomes of our service, to advance quality and to increase innovation and openness to new ideas.

- **Partnership**  We collaborate as employees, physicians, volunteers and community leaders to utilize the talents and creativity of all persons.

- **Stewardship**  We are responsible and accountable for all that we are, have and do.
Philosophy (What we Believe)

The care we provide is holistic. This philosophy means we understand people have physical, emotional and spiritual needs and their relationships to God, themselves, their families and society are vital to health and healing. Through our actions we affirm these principles.
ADVOCATE 2020
Mission, Values, Philosophy
To be a faith-based system providing the best health outcomes and building lifelong relationships with the people we serve

Vision

Strategies

Key Result Areas

Foundation

Advocate Experience
Safety Quality Service

Access and Affordability
Growth Funding our Future

AdvocateCare
Coordinated Care

Strong Physician Engagement
## An Example of Advocate KRA (Key Result Areas)

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<tr>
<th>2020 Strategies</th>
<th>Key Result Areas</th>
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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
The Advocate Experience IS

- Creating the safest and best place for our patients to heal, our physicians to practice, and our associates to work.
Never Underestimate the Difference You Can Make

~ Quint Studer ~
Infection Control: It’s Everyone’s Business

Laurel Mode BSN, CIC, RN, Infection Prevention
Teresa Hogan, BSN, RN
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
Sometimes we may need to use more than one type of isolation

**Airborne and Contact Isolation**

Before entering the room:
- Apply gown, gloves and N95 mask. PAPR may be used in place of N95 mask.
- Visitors please check at nurse’s station for instructions on use of N95 mask.

**Droplet and Contact Isolation**

Before entering the room:
- Apply mask, gown and gloves

*Visitors: See Nurse before entering room.*

*Visiteantes: Vease a la enfermera antes de entrar a la habitación.*
PPE Putting on and taking off

- Mask
- Gloves
- Isolation Gown
- Goggles
- Jumpsuit
- PAPR
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 > 1 agent in > 3 antimicrobial categories

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
  
  AND

- 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.
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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<td>EMR Visit accessed</td>
</tr>
<tr>
<td>0902</td>
<td>BHS6W015</td>
<td>SURG.ADH - ANGELA D HARRISON</td>
<td>EMR Visit accessed</td>
</tr>
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<td>0902</td>
<td>BHS6W015</td>
<td>SURG.ADH - ANGELA D HARRISON</td>
<td>EMR Visit accessed</td>
</tr>
</tbody>
</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

Advocate Health Care
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!
Fall Prevention: It’s All Hands on Deck!

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

Advocate Health Care
Inspiring medicine. Changing lives.
Advocate Experience Overview

Evidence-Based Practices

Behaviors of Excellence

AIDET communication

Q&A
Advocate Experience
Advocate’s MVP

Mission (why we exist)

Our mission is to serve the health needs of individuals, families and communities through a wholistic philosophy rooted in our fundamental understanding of human beings as created in the image of God.

Values (how we behave)

Compassion  Equality  Excellence  Stewardship  Partnership

Philosophy (what we believe)

Our philosophy is that we understand people have physical, emotional and spiritual needs and their relationships to God, themselves, their families and society are vital to health and healing. Through our actions, we affirm these principles.
Our vision is to be a faith-based system providing the best health outcomes and building lifelong relationships with those we serve.
The Advocate Experience bridges our mission and our vision.

**Mission**
To serve

**Vision**
Best health outcomes and lifelong relationships
The Advocate Experience…

The best and safest place for patients to heal, physicians to practice and associates to work—Always.
Explained further...

- It is all about creating lifelong relationships where:
  - **Patients feel cared for** and experience extraordinary service and quality,
  - **Physicians feel supported** and know that their patients are getting great care, and
  - **Associates feel valued** and know that their work is purposeful, worthwhile and makes a difference.
What is different about this journey?

• Consistency and standardization is driven at all levels and sites

• New behaviors and practices hardwired through
  o Education
  o Practice
  o Validation
Evidence-Based Practices

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
Use Leader discussion guide to educate Leaders

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

- Acknowledge: Make others feel welcome and comfortable
- Introduce: Build confidence and trust
- Duration: Manage and anticipate expectations of time
- Explanation: Narrate what will happen
- Thank: Show your appreciation for the interaction
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
I Introduce

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?
**E 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 manager 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.

PerfectServe Synchrony includes Dynamic Intelligent Routing™ that automatically provides immediate connection to the right care team member for any given clinical situation.

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.

Download for Android or iPhone

perfectserve.com | 866.844.5484 | @PerfectServe
PerfectServe Mobile App Training
Receiving a Patient Message

- PerfectServe message:
  - You have a new secure message from Altamonte.
  - Slide to view.

- Conversations:
  - Altamonte Office
    - 9:27 AM
    - 1 NEW message
  - Mills, Julie
    - Thursday
    - Yay! Okay will do :) thank you!
  - Culver, Megan
    - 1/4/2016
    - Patients name is Joshua Hobbs, room 412.
  - Hobbs, Joshua
    - 1/4/2016
    - Can you please send over the results?
  - Romero, Angela
    - 10/15/2015
    - Great! Thanks.
  - Cardiology Triage Nurse
    - 10/15/2015
    - Thx I will take care of this...

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

- Sending a message:
  - Your Message: Send
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

To: Culver, Megan

Your Message

What would you like to attach?

Image

Audio

Cancel
Groups

- Cardiology - HFM
- Client Services Everyone Call List
- Hospital Implementation
- LGH Hospitalist
- Managers - Client Services
- PerfectServe Client Services Consultants
- PerfectServe Clinical Integration

Create Group

Name: Stroke Team

Recipients:

- Bandel, Jonathan
- Barnard, Steven
- Barnum, Wendy
- Baskar, Deepak
- Battle-Gwathney, Lisa
- Bauman, Carrie
- Baumann, David
- Baxter, T.J.
- Bays, Chris

Select Recipients

Add Selected
Favorites

Stoutt, Kristin

Stoutt, Kristin

Stoutt, Kristin

Stoutt, Kristin

Stoutt, Kristin

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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
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

WEDNESDAY, APRIL 20
12:00 am Mobile Calls and Secure Voice and Text

Secure Voice and Text

Transfer Help Center

Select An Action

Edit Event Details

Mobile Calls and Secure Voice and Text

Out of Office

Secure Text

Secure Voice and Text

11:16 am Secure Voice and Text
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: _________________________________________________________________

last                                            middle                                      first

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______________________