



New Physician Orientation



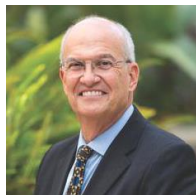
A hospital that reflects the values of its community.

Valley Presbyterian Hospital first opened its doors over 60 years ago as a small, neighborhood provider. While we remain as independent as we were in 1958, today we have grown into a 350-bed full-service, non-profit community hospital, dedicated to the health and well-being of the diverse and challenged communities of the San Fernando Valley.

Our enduring goal is to be a vital asset to the community because for us, this Valley is not just an area of operation. It is our home. And its people are not just patients. They are our friends, our partners and our community. We build the facilities and services specifically focused on the needs of those in this community. We help patients manage and improve their health by providing access to a wide array of education and support. And we serve our patients with respect by listening intently to care more effectively.

At Valley Presbyterian Hospital, we are proud to be vital for access, vital for growth and vital for life.

Hospital Leadership



Gustavo Valdespino
President & Chief
Executive Officer



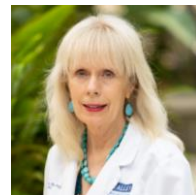
Lori Cardle
Senior Vice President &
Chief Operating Officer



Janice Klostermeier
Senior Vice President
of Finance & Chief
Financial Officer



Hannah Grossman, MD
Chief Medical Officer



Lori Burnell
Senior Vice President &
Chief Nursing Officer



Tony Evans
Vice President & Chief
Information Officer

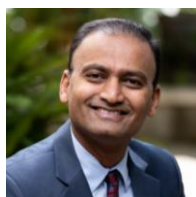


Tamala Choma, Esq.
Vice President &
General Counsel



Diana Milan-Finley
Associate Administrator,
Operations Support
Services

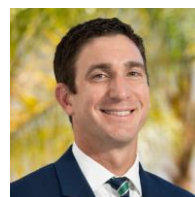
Medical Staff Leadership



Kalpesh Patel, MD
Chief of Staff



Bolatito Abe, MD
Vice Chief of Staff



Brian Ostick, MD
Immediate Past
Chief of Staff



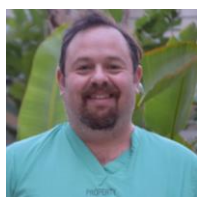
Nicholas Borm, MD
Department Chair,
Emergency Medical
Services



Sanaz Tafti, MD
Department Chair,
Obstetrics and
Gynecology



Farshad Malekmehr, MD
Department Chair,
Surgery



Michael Legmann, MD
Department Chair,
Pathology



Julianne Harrison, DO
Department Chair,
Pediatrics



Sanket Kunde, MD
Department Chair,
Medicine

The Board of Directors

The Board of Directors of Valley Presbyterian Hospital is composed of 19 individuals, six of which are designated roles for physicians:

Matthew Mischel, MD
Todd Moldawer, MD

Brian Ostick, MD
Ganesa Pandian, MD

Kevin Rice, MD

2022-2023 Physician Leaders and Chain of Command



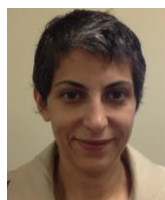
Kalpesh Patel, MD
Chief of Staff
714.606.1756 cell



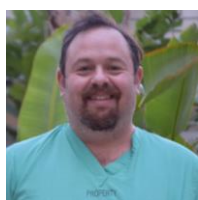
Abe Bolatito, MD
Vice Chief of Staff
310.876.9665 cell



Nichola Borm, MD
Emergency Medical Services
404.803.3326 cell



Sanaz Tafti, MD
Obstetrics and Gynecology
310.694.1000 cell



Michael Legmann, MD
Pathology
310.476.7472 cell



Julianne Harrison, DO
Pediatrics
718.208.7994 cell



Marcelo Spector, MD
Radiology
917.623.5181 cell



Farshad Malekmehr, MD
Surgery
310.709.7348 cell

Situation arises necessitating immediate intervention of care by MD



RN calls MD



RN unable to elicit timely MD response.
RN implements Chain of Command (COC)

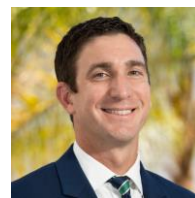


Charge RN notifies immediate supervisor (if available) who contacts operations supervisor



If supervisor cannot resolve, contacts chair of department and notifies AOC. In the event that chairperson cannot be reached, Chief of Staff or Vice Chief of Staff to be contacted.

Escalate without delay if situation is urgent.



Brian Ostick, MD
Immediate Past
Chief of Staff
302.824.4572 cell



Shahram Farahvash, MD
Anesthesiology
917.349.4943 cell



Sanket Kunde, MD
Medicine
313.467.1090 cell

Vital Statistics

> 66,000

ED Visits a year

> 15,000

Hospital Admissions
per year, with > 50%
originating from the ED

> 7,000

Surgeries per year,
with > 50% outpatient

> 3,300

Deliveries per year

> 183

Average Daily Census

Vital Services



Cardiac Care Services

- Designated as a DNV certified STEMI Receiving Center
- Fritz B. Burns Valley Cardiac Cath Lab
- EP Lab opened in 2013
- Cardiac Cath Lab renovation project with state-of-the-art medical equipment completed in 2019



Emergency Room Services

- Over 63,000 ER visits annually
- Designated as a DNV certified Stroke Center in 2013
- Emergency Department Approved for Pediatrics (EDAP)
- Renovation and expansion project completed in 2019



Obstetrical, Neonatal and Pediatric Medicine

- 2,600+ babies delivered annually
- 9-bed Labor & Delivery suites opened in 2012
- Laborist program started in 2012
- 32-bed Level III CCS Certified Neonatal Intensive Care Unit
- 10-bed Pediatric Intensive Care Unit
- 25-bed CCS Certified Pediatrics Unit

Outpatient Services

Cardiac Cath Lab

James Higgins, MD, Medical Director
818.902.5737

Center for Wound Healing

Liva Yates-Gritton, MD, Medical Director
818.902.3908

Valley Rehab Center

Liva Yates-Gritton, MD, Medical Director
818.902.2965



Helpful Phone Numbers

2 East (Med/Surg, Gen, Palliative)	818.902.5248	Med/Surg (2 North East)	818.902.2988
Acute Care Rehab	818.902.5752	Med/Surg 3, PSCU	818.902.2931
Administration	818.902.2902	Med/Surg SMU (5 East Circle)	818.902.5258
Admitting – Ob Registration	818.902.5246	NICU	818.902.2978
Amputation Prevention Center	818.902.3908	Nursing Office	
Anesthesiology	818.902.2723	Ob/Gyn High Risk (2 North East)	818.902.5258
Business Development	818.902.2903	Pathology	818.902.2961
Cardiac Cath Lab	818.902.5737	Patient Relations	818.902.2932
Emergency Room	818.902.2990	Pediatrics	818.902.5723
GI Lab	818.902.2936	PICU	818.902.5771
Health Information Management	818.902.2939	Postpartum 1/3 West	818.902.2983
Infection Prevention	818.902.2638	Radiology / Diagnostic Imaging	818.902.5294
Information Systems	818.902.3924	Recovery Room	818.902.2992
Intensive Care Unit	818.902.2975	Security Dispatch	818.902.1078
Lab – Clinical	818.902.2960	Social Services	818.902.2944
Labor and Delivery	818.902.2999	Surgery	818.902.2992
Medical Staff Services	818.902.3957	Surgery – Same Day	818.902.3513
Med/Surg 1 (Ortho, Oncology)	818.902.5750	Telemetry 6 West	818.902.5144

Call the Help Desk at 818.902.3924

- To report a lost or stolen laptop, tablet cellphone and/or flash drive
- To report unusual or suspected information security incidents, or unusual computer activity



VPH in the Community

VPH offers free community education programs covering topics such as:

- Safe and healthy pregnancy and childbirth
- Diabetes
- Healthy aging

VPH hosts an annual Community Health Fair every October

- Free health screenings are offered
- Physician volunteers are always needed to present information on diabetes prevention and management, and the warning signs of stroke and stroke prevention

Welcome Baby Program

VPH has a partnership with El Nido Family Centers to provide home-based services to mothers in high-risk communities.

Compassion in Action

VPH sponsors an employee volunteer program that includes clothing drives and community beautification efforts, serving meals at homeless shelters, providing career mentoring, and other activities.



58,224

People impacted through VPH
Community Benefit Programs in
2020



2,147

People attended community
education classes in 2020



92%

Mothers breastfed their infants in
the hospital through First 5 LA's
Welcome Baby Program in 2020

Medical Staff Services Department

Hours of Operation: Monday to Friday from 7:30 AM – 4:00 PM

Main Line: 818.902.3957 | Fax: 818.904.3774 | medicalstaff@valleypres.org

Vanessa Aguilera, Generalist

818.902.2930

vanessa.aguilera@valleypres.org

Responsible for proctoring correspondence, issuing electronic initial and reappointment applications, dues, influenza vaccinations, reports to Medicare (Lumetra), medical staff meeting calendar, and maintenance of expirables

Guenther Baerje, Director

818.902.3956

Responsible for most Medical Staff meetings:

Committees	Departments	Divisions
<ul style="list-style-type: none">• Bioethics• Bylaws• Credentials• General Staff• Interdisciplinary Practice• Medical Informatics• Medical Executive• Physician Well-Being	<ul style="list-style-type: none">• Emergency Medical Services• Medicine• Obstetrics and Gynecology• Pathology• Pediatrics• Surgery	<ul style="list-style-type: none">• Anesthesiology• Cardiology• Radiology

Lusine “Lucy” Hanessian, Coordinator

818.902.5180

Responsible for credentialing (appointment, reappointment, modifications, resignations), proctoring data entry, onboarding, and orientation of all physicians in the Department of Medicine.

Roseanne Skaff, Coordinator

818.907.5763

Roseanne is responsible for credentialing (appointment, reappointment, modifications, resignations), proctoring data entry, onboarding, and orientation of all physicians in the departments of Emergency Medical Services, Obstetrics and Gynecology, Pathology, Pediatrics, and Surgery.

Your Information System Physician Liaisons

Dalar Bazik

818.902.5228 | dalar.bazik@valleypres.org

Crystelle Reynolds

818.902.7917 | crystelle.reynolds@valleypres.org

Medical Staff Category Options

Qualifications

Active: Per Medical Staff Bylaw 2.2, need 24 patient care activities during two consecutive calendar years. Attend one biannual General Medical Staff meeting and two Medical Staff meetings per calendar year, or proctor six cases. Must participate in peer review activities.

Courtesy: Per Medical Staff Bylaw 2.2, need one patient care activity per year and must be a member in good standing of the Active Staff of another California licensed hospital and involved in 24 patient care activities in the past two years

Provisional: Per Medical Staff Bylaw 2.2

Community Affiliate: Members who desire to be associated with the Hospital but do not intend to engage in patient care activities at the Hospital. Community Affiliate members may refer patients to the Hospital for admission and care, and/or diagnostic tests, but may not admit or provide clinical services at the Hospital. They may attend general and special Medical Staff meetings, open committee meetings, and educational programs.

Honorary: Does not actively practice at the Hospital. Deemed deserving of honorary membership by virtue of outstanding reputation, noteworthy contributions to the health and medical sciences, or previous long-standing service to the Hospital. Was a member in good standing of the Active Staff for five continuous years

Advanced Practice Practitioner: Per Medical Staff Bylaw 6,1 and 6.3-2
Per APC Rules, just provide patient care services for, or treat, a minimum of 25 patients per year

Leave of Absence: Per Medical Staff Bylaw 4.8

Category	Active	Courtesy	Provisional	Honorary	Advanced Practice Provider	Leave of Absence
Clinical Privileges	Yes	Yes	Yes	No	Yes	No
Attend Meetings	Yes	Yes	Yes	As requested	As requested	No
Vote	Yes	No	No	No	No	No
Hold Office	Yes	No	No	No	No	No
EMR (Meditech)	Yes	Yes	Yes	No	Yes	No
Parking	Yes ¹	Yes ¹	Yes ¹	Yes ¹	Yes ²	No
Food	Yes	Yes	Yes	Yes	No	No
Application Fee	N/A	N/A	\$500	N/A	\$250	N/A
Annual Dues	\$250	\$450	\$450	\$0	\$250	Per last category

¹Physician

²Employee



Benefits of Medical Staff Membership

Summary of Care sent to Primary Care Physicians

General Medical Staff Meetings

Held in June and December

Continuing Medical Education via UpToDate

Access is available after completion of proctoring

Physician Referral Service

Physicians who complete proctoring are featured on the “Find a Doctor” section of the VPH website and may receive referrals when patients call the physician referral line at 818.902.5777.

Physician Involvement

Physician Recognition

- Physician Satisfaction Survey
- Doctor's Day every March

Annual Celebration of Excellence

June 9, 2022

Annual Golf Classic at North Ranch Country Club

TBD – September 2022

Doctors Lounge

- Continental breakfast is available Monday through Friday
- Located on the first floor, West Wing, of the Main Tower, across from the Chart Completion Room
- Free meals are provided in the Hospital cafeteria, and parking is provided at no cost in the parking structures, in designated physician-only spaces.

Department Meetings

Department meetings are open to all members of the Department. Please pay attention to the monthly calendars sent via email to see when your Department next meets.

Physician Circle

Gold: \$10,000 and above

- Emergent Medical Associates

Silver: \$2,000-\$9,999

- Brian Ostick, MD
- Dennis Kasimian, MD
- Gnana M. Desigan, MD
- Muhammad Anwar, MD
- Peter J. Koetters, MD

Bronze: \$500-\$1,999

- Ganesh Pandian, MD
- Hannah Grossman, MD
- Hany Farid, MD
- Jason Greenspan, MD
- Kevin Rice, MD
- Michael G. Ross, MD
- Nicholas Di Domenico, MD
- Robert C. Myrtle, PhD
- Shahram Farahvash, MD
- Todd D. Moldawer, MD

Recognition

On a quarterly basis, the names of providers who were specifically mentioned in patient compliments from discharge phone callers and patient satisfaction surveys are collected, as well as physicians who received a 95% or greater domain score for the Press Ganey **Communication with Doctors** are included.

Electronic voting is then conducted by the Medical Executive Committee and Nursing Leaders to rank which of the named providers have best demonstrated the following Core Values of Valley Presbyterian Hospital:

- Demonstrate **dignity and respect** for all individuals
- Deliver **compassionate and patient-centric care** that addresses diverse cultural needs.
- Create and maintain a **quality** environment that allows physicians and employees to succeed.
- Show **pride** in providing community-based health care.
- Promote **trust** and transparency.
- Encourage **collaboration** in the workplace.

Winners receive a framed wall certificate, as well as are displayed in the Cafeteria, and mentioned at the December General Medical Staff Meeting.



The banner features a blue background with a white star on the right containing the text "First Quarter 2022". On the left, there are white silhouettes of a woman and a man. The text "Physician Service Excellence All-Star" is prominently displayed in white. Below the silhouettes, the name "Sy N. Tiffic, MD" and "Critical Care Medicine" are written in orange. A quote from a patient is provided in a white box. At the bottom right, the Valley Presbyterian Hospital logo is visible.

Physician Service Excellence All-Star

First Quarter 2022

Sy N. Tiffic, MD
Critical Care Medicine

The following comment was received for Doctor Tiffic:

"A patient with a serious hand laceration that included nerve, vascular, and tendon injuries presented requiring emergent surgical attention. Despite being in a prolonged surgery herself, Doctor Tiffic answered the ER's call and accepted this patient. This was above and beyond and something we have consistently seen from her. It's normal for her to go out of her way to help at all times of the day."

VALLEY PRESBYTERIAN HOSPITAL



Practitioner Professionalism

The Medical Staff (and Board of Directors) have established Standards of Conduct. Guiding principles require that practitioners:

- Facilitate effective patient care by consistent, active, and cooperative participation as a member of the Hospital healthcare team.
- Recognize the individual and independent responsibilities of all other members of the Hospital healthcare team and their right to independently advocate on behalf of the patient.
- Maintain respect for the dignity and sensitivities of patients and families as well as colleagues, Hospital employees, and other participating healthcare professionals.
- Reflect positively upon the reputation of the healthcare profession, the Medical Staff, and Hospital in their language, action, attitude, and behavior.
- Exhibiting language, actions, attitude, and behavior which consistently conveys to patients, families, colleagues, and other members of the healthcare team a sense of compassion and respect for human dignity.
- Understanding and acceptance of individual culture and ethnic differences.
- Refraining from language or behavior which a reasonable adult would consider to be foul, abusive, or threatening.
- Maintaining appropriate, timely, and legible medical record entries that enable all participating professionals to understand and effectively participate in a cohesive plan of management to assure continuity, quality, and efficiency of care and effective post-discharge planning and follow-up.
- Respecting the rights of patients, families, and other designated surrogates to participate in an informed manner in decisions pertaining to patient care.

Examples of Professional Conduct:

- Consistent availability and cooperative and timely responsiveness to requests from practitioners, nurses, and other members of the healthcare team relating to patient care and/or other professional responsibilities.
- Communication of alternate coverage arrangements to assure continuity and quality of care for the practitioner's patients.
- Treating patients and all persons functioning in any capacity within the Hospital with courtesy, respect, and human dignity.



Practitioner Professionalism (continued)

Examples of Unprofessional Conduct:

- Rule violations (failure to comply with applicable Hospital or Medical Staff policy, practice guidelines, protocols, Bylaws, and or Rules).
- Demeaning, abusive, intimidating, or threatening comments made to staff, patients, and/or colleagues.
- Pushing, shoving, and/or other physical assault.
- Use of profanity directed toward an individual.
- Racial or ethnic slurs
- Threats of violence or retribution.
- Physical intimidating actions.
- Criticizing or demeaning practitioners, Hospital administration, or Hospital staff in front of patients, families, visitors, or other healthcare representatives.
- Making derogatory comments about another practitioner's treatment in front of patients, families, visitors, or other healthcare representatives.
- Writing demeaning, derogatory, and/or accusatory notes in the medical record.
- Repetitive inappropriate comments or disruptions in meetings.
- Falsification of medical records, timekeeping records, and other Hospital documents.
- Working under the influence of alcohol, illegal drugs, or under the influence of excessive prescription or other-the-counter medicines.
- Possession of dangerous and unauthorized materials such as explosives or firearms in the workplace.
- Harassment (a course of conduct directed at a specific person or persons that seriously alarms, upsets, or annoys the person or persons, and that serves no legitimate purpose).
- Sexual Harassment (unwelcome verbal or physical conduct of a sexual nature, which may include verbal harassment [such as epithets, derogative comments, or slurs], physical harassment [such as unwelcome touching, assault, or interference with movement or work], and visual harassment [such as the display of derogatory cartoons, drawings, or posters]. Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment; this conduct substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment; this conduct indicates that employment and/or employment benefits are conditioned upon acquiescence to sexual activities.

Proctoring

Why care about proctoring?

Provisional members of the Medical Staff should not schedule surgical cases, nor admit patients without a proctor (exceptions are listed below). Further, physicians who fail to complete proctoring may be deemed as a voluntary resignation.

How quickly do I need to complete proctoring?

As quickly as practical. Completion of proctoring is *volume*-dependent, not time-dependent. If you are a surgeon, you should have your first six cases concurrently proctored. When this is not practical due to being on call, responding to an emergency situation, or inability to find a proctor, the case should be reported to your Department Chairperson for retrospective review. Non-surgeons should have their first six History and Physicals retrospectively reviewed with a proctor within 24-48 hours of admission. Thereafter, within 14 days of discharge, the accompanying Discharge Summaries should be reviewed by a proctor.

Who is my proctor?

A list of eligible proctors was attached to your appointment letter. When possible, surgical cases should be scheduled around your proctor's calendar.

When am I released from proctoring?

You are not released from proctoring until the Credentials Committee approves the proctoring reports submitted by your proctors. Approval will be communicated to you in writing, after the Board of Directors meeting; letters are sent at the end of the month.

Can I proctor my own associate?

If there are a limited number of physicians who qualify as proctors, then it might be acceptable for a Provisional member to be proctored by his or her associate. This should be approved *beforehand* by the member's Department Chairperson. A proctor may serve as the assistant surgeon.

Anything else I should know?

Provisional members should not see proctoring reports. These reports are considered peer review and are confidential.



Interventional Radiology Services

Helpful information when scheduling imaging procedures

- Radiologists are available on **Telmediq** during usual work hours under RADIOLOGIST in the directory. Call or send a text message and the Radiologist On Call will contact you when available.
- A checklist will be utilized by the floor nurse to complete prior to transport of the patient. It will include the procedure and awareness of indications for the same.
- NPO status and anticoagulants will be held prior to the procedure. If the patient is a night-time admit with a positive CT finding, the patient needs to remain NPO without coagulants until the CT is reviewed in the morning. This will help expedite needed procedures.
- The Radiologist will review the request and confirm it is possible and recommended for the patient. If there are questions, the Radiologist will contact the ordering physician to modify or place additional orders.
- A Radiology nurse will review all data and confirm the patient's identity and consent in the Interventional Radiology (IR) suite.
- The Radiologist will obtain informed consent and place a note in the chart, noting laterality if appropriate.
- Following the time-out, the procedure will be completed, a post-op note will be written, and post-op orders completed.
- For stat reads or other urgent assistance, the 24-hour RIMA hotline is 818.435.1440.



Pre-Anesthesia Evaluation Guidelines

Diseases

Healthy	Female, >11 <55 yrs old	Pregnancy test
Healthy	Male or female > 55 yrs old	EKG, CXR
Obesity	Morbid obesity: BMI > 40	BMP, EKG, CXR
Respiratory	Obstructive sleep apnea	Patient to bring CPAP / BiPAP machine for possible PACU use
Respiratory	Heavy smoking (> 20 packs yr), COPD	CXR, EKG
Respiratory	Significant disease and major surgery	Medical / Pulmonary clearance
Cardiac	Long-lasting or uncontrolled hypertension	BMP, EKG, CXR
Cardiac	CHF, cardiomyopathy, angina, MI, hx of CABG, valvular disease, significant arrhythmias	CBC, BMP, PT/PTT, EKG, CXR, Echo, Cardiac clearance, \pm Mg
Cardiac	Pacemaker or AICD	Interrogation within three months of elective procedure requiring electrocautery. Patient to carry copy of wallet card on the day of procedure.
Renal	ESRD, acute or chronic renal failure	CBC, BMP (focused on potassium), PT/PTT, EKG, CXR, medical clearance, 12 hours < last dialysis, ideally < 48 hours, normal saline for IV fluid
Hepatic	Cirrhosis	CBC, BMP, LFT, PT/PTT, EKG, CXR, \pm medical clearance
Hepatic	Alcohol abuse, Hepatitis C	Normal saline for IV fluid
Endocrine	Diabetes Mellitus, pre-diabetes	Recent fingerstick glucose
Endocrine	Long-lasting or uncontrolled diabetes	BMP, EKG, CXR
Hematologic	Coagulation disorders, anemia	CBC, PT/PTT
Hematologic	Significant disease and major surgery	Medical / hematology clearance

Surgeries

Cardiac and Vascular	Except for AV fistula creation, thrombectomy, vein stripping	CBC, BMP, PT/PTT Type and Screen, EKG, CXR, Echo, Cardiac clearance, \pm stress test
Major	Thoracotomy, craniotomy, spine surgery, total joint, liver or pancreas resection, gastrectomy, colectomy	CBC, BMP, PT/PTT, Type and Screen, EKG, CXR
Major	Any surgery with potential for significant bleeding	CBC, PT/PTT, \pm Type and Screen

Preoperative Medication Guidelines

Healthy	Warfarin, Plavix, Eliquis, Pradaxa, ...	CBC, PT/PTT, \pm Type and Screen. Patient to be off the medicine per Primary Physician
Antihypertensives	Amiodipine, Coreg, Metoprolol, ...	Patient to continue until morning of
	Diuretics, ACE inhibitors, and ARBs (listed below)	Hold the AM dose
ACE Inhibitors	Lisinopril, Vasotec, Zestril, ...	BMP (focus on Potassium and BUN). Hold the AM dose.
ARBs	Losartan, Benicar, Cozaar, Diovan, ...	BMP (focus on Potassium and BUN). Hold the AM dose.
Diuretics	Lasix, HCTZ, Spironolactone, ...	BMP (focus on Potassium and BUN). Hold the AM dose.
Digoxin		BMP, Digoxin level, EKG. Patient to continue until morning of
Beta Blockers	Metoprolol, Atenolol, Propranolol	Patient to continue until morning of
Antiarrhythmics	Calcium blockers, Amiodarone	Patient to continue until morning of
Asthma / COPD drugs	Inhalers, Advair, Symbicort, ...	Patient to continue until morning of
Oral hypoglycemics and insulin	Metformin, Glimepiride, ...	Hold the AM does
Seizure medications	Keppra, Carbamazepine, ...	Patient to continue until morning of

Frequently Asked Questions About Surgery

What if I want to use an implant or equipment that is not available?

Any physician can submit a request to the Value Analysis Committee (VAC) to have a new product reviewed. The VAC will evaluate the product in a fair and ethical manner, seeking to balance quality, patient safety, cost containment, and standardization. To submit a request and/or learn more about this process, please speak with Perioperative Services leadership.

What if I need a vendor representative to accompany me in the OR?

Vendors and vendor representatives will only be allowed onto the Hospital campus if they are credentialed and qualified via **Vendormate**. To learn more about vendor do's and don'ts, please speak with Perioperative Services leadership.

Operating Room Block Schedules and Booking

Surgery Scheduling Office

Scheduling (Booking) closes at 16:00 for routine cases Monday through Friday. Cases posted after 16:00 will be placed on the add-on list and will follow scheduled cases.

Scheduling Elective Cases

The surgeon's office must call, fax, or email the Scheduling Office and use the *Surgeon Scheduling Request* form for case information. All fields must be complete in order to secure a date and time. Empty fields may result in cancellation. Specialty equipment / implants requiring vendor support must be coordinated by the surgeon's office. The Hospital will confirm with the vendor the day before the scheduled surgery.

Add-On, Next Business Day Cases

Orders (CPOE) for an add-on surgical case must be placed by the surgeon using the *Orders* tab in Meditech with the *Date* field below the Quantity label to indicate the preferred date.

Add-On, Emergent / Urgent Cases

Monday through Friday: From 06:30 to 21:30, the Charge Nurse on duty will take the booking. From 21:30 to 06:30, the Operations Supervisor will take the booking. Saturday from 06:30 to 15:00, the Charge Nurse or Secretary on duty will take the booking. From 15:00 on Saturday through Sunday, the Call Nurse or Operations Supervisor will take the booking.

Late Surgeon Arrival

Case delays will be reviewed by the Department of Surgery, who will determine appropriate actions.

Surgery / Operating Rooms

Eight operating rooms are available Monday through Thursday with first start at 07:30 and 08:00 on Fridays. From 15:00 to 19:00, four or less rooms will be operational, and two or less rooms are available from 19:00 to 23:00. On Saturdays, one elective room will be available from 07:30 to 15:00 and one additional room is available for urgent / emergency cases, and one room for open hearts. On Sundays, one room is available for urgent / emergent cases, and one room for open hearts.

Cases will be prioritized as follows:

Emergency *: Potential loss of life, limb, vision or organ. First available room.

Urgent: Non-emergent potential for worsening with delay; should bump own elective case.

Semi-Urgent: Within 24 hours due to medical condition.

Elective: Non-emergent case to be performed on the day scheduled, as OR schedule permits.

* All emergency cases that result in one case bumping another case require surgeon-to-surgeon communication. The Charge Nurse and Anesthesiologist on duty will review the OR schedule and determine the next breaking room to provide the bumping surgeon information regarding the surgeon he or she needs to call.

Block Time: Release

At least seven calendar days prior to the scheduled block, surgeons may voluntarily release their full or partial block time with no effect on their overall block time utilization. Partial release of block time is permitted if the release is for four consecutive hours either in the morning or afternoon.

Block Time: Utilization

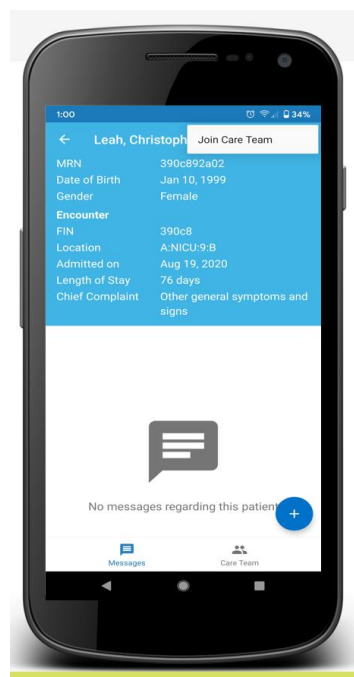
Utilization statistics are reviewed on a monthly basis. If utilization is below 65% for three consecutive months, the surgeon will be notified in writing of any modifications. Cases performed outside of a surgeon's block will *not* count toward block time utilization (*only* cases performed within a surgeon's block are counted for utilization statistics).

Block Time: Logistics

Typical blocks duration is four or eight hours; others may be considered based on the needs of the operating room. Open block time is scheduled on a first come, first serve basis.

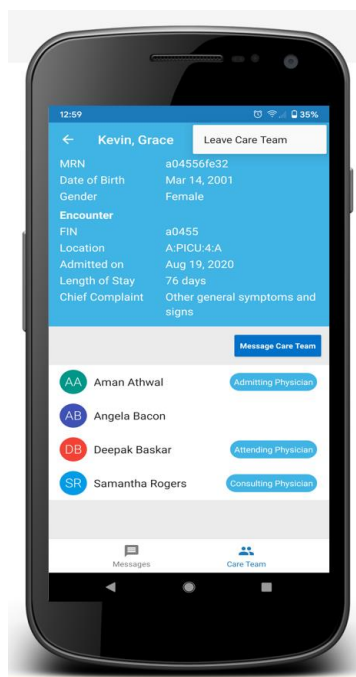
Physician Communication via Telemediq

Telemediq is a HIPAA-compliant application that allows you to securely call or text message. You will receive consult requests, ED admission requests, and certain critical laboratory results via Telemediq. You may reach Nursing and other ancillary departments via Telemediq.

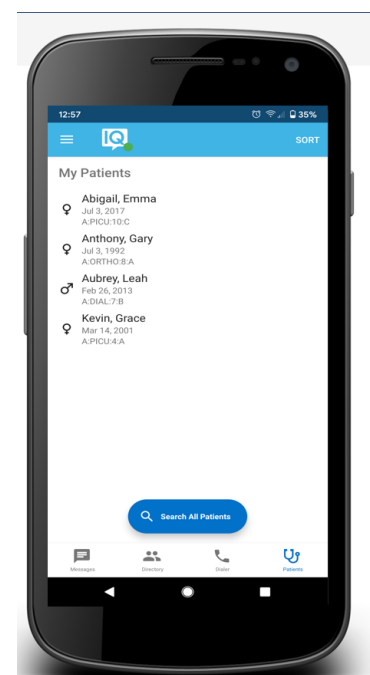


To assign yourself to a Care Team, tap the three dots in the top right corner and tap **“Assign to Self.”**

To remove yourself from a Care Team, tap the three dots and tap **“Leave Care Team.”**

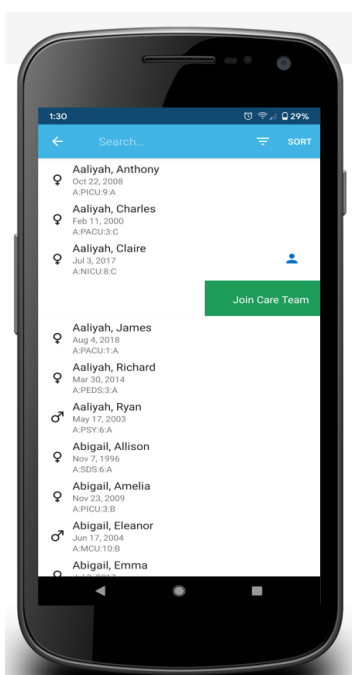


Care Team shows the providers / clinicians that are assigned to a patient. You can message the entire Care Team or an individual Team member.

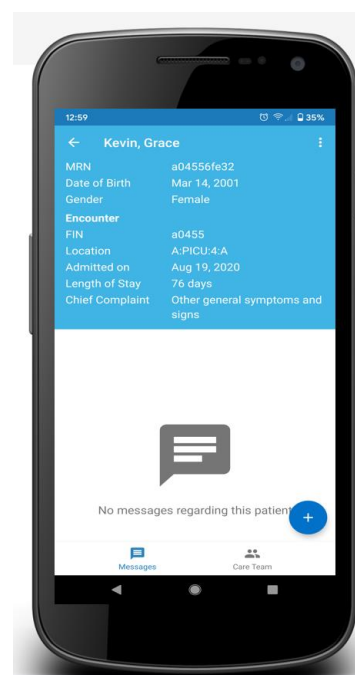


Patients that are assigned to you are displayed in the My Patients section.

To see all patients, select **“Search All Patients.”**



Swipe right or left to Join or Leave the Care Team



Tap a patient’s name to reveal information and access Messages, Care Team



Be the Change!

The Medical Staff needs physicians to participate in its self-governance. Rather than complain about situations that you find less-than-satisfactory, volunteer on a committee and get involved. Review the list of committees below and ask to volunteer on one or more. You may also speak with your Department Chair to participate in case review and/or assist with proctoring or talk with the Director of the Medical Staff Services Department.

Appointment and Reappointment

- Credentials
- Interdisciplinary Practice

Setting and Communicating Expectations

- Bioethics
- Bylaws
- Medical Education
- Palliative Care

Using Data to Improve Patient Safety

- Critical Care
- Infection Prevention
- Medical Informatics
- Medication Safety
- Patient Safety
- Pharmacy and Therapeutics
- Quality
- Utilization Management



Physician-to-Physician Communication

Medical Staff Rule 4.5 requires that requests for consultation be made by **direct personal communication** to provide optimal communication and coordination among practitioners. Hospital nurses or other hospital staff are not to be used as intermediaries. The Attending Physician must document the consultation request in the patient's medical record.



Medical Executive Committee

The Medical Executive Committee (MEC) is composed of the Medical Staff Officers (Chief of Staff, Secretary / Treasurer, and Vice Chief of Staff), the Department Chairs (Emergency Medical Services, Medicine, Obstetrics and Gynecology, Pediatrics, and Surgery), the six Members-at-Large, Division Directors (Anesthesiology, Pathology, and Radiology), and the chairs of the Credentials and Multidisciplinary Peer Review committees.

The MEC is accountable to the Board of Directors for all medical care rendered to patients through implementation of the Hospital's quality assurance and performance improvement plan. It also acts as a representative of the Medical Staff by proposing changes and enacting policies, procedures, and other items to improve patient care and medical staff structure. The MEC endeavors to adapt and excel in response to the ever-changing external forces that affect Hospital-based patient care and physician practice. And it is committed to supporting members of the Medical Staff as a liaison between physicians and Hospital administration.

The Bylaws also require that the MEC

- Review reports of the Credentials Committee and make recommendations for staff membership and privileges.
- Review and act upon situations involving questions of clinical competence, patient care and treatment, case management, or inappropriate behavior;
- Review quality and appropriateness of services provided by contract physicians;
- Provide leadership in activities related to patient safety; and
- Provide oversight in the process of analyzing and improving patient satisfaction



Physician Well-Being Committee

The purpose of the Physician Well-Being (PWB) Committee is to support the health and wellness of Medical Staff members, and in so doing, protect patient welfare, improve patient care, and improve Medical Staff functioning.

The Committee works to achieve this purpose through prevention of, and intervention with, Medical Staff members who may be suffering from impairment resulting from drug or alcohol use, or other disabling psychiatric or physical conditions that pose a threat to acceptable professional functioning and patient care. Intervention is achieved through a supportive, non-punitive process for identifying, referral for treatment, and monitoring.

The Committee is designed to provide confidential, private assistance and rehabilitation, rather than discipline, to aid Medical Staff members in retaining acceptable professional functioning consistent with quality of care.

Badges

Upon approval by the Board of Directors, you will receive a photo identification badge. You must wear this badge at all times while in the Hospital, above the waist. Accompanying your photo identification badge will be a proxy card. You will use this card to enter and exit the parking structure, obtain complimentary meals in the Cafeteria, access secure patient care areas of the Hospital, and log in and out of the electronic medical record (Meditech).

Did You Know?

Medical Staff Bylaw 2.5.p requires that Medical Staff members “respond in a timely manner to all notices or requests made by a peer review body of the Medical Staff ... Such requests may include requests for information or a request for personal appearance by the practitioner at a specific peer review meeting.”

Medical Staff Bylaw 2.5.r requires that Medical Staff members to notify the Medical Staff Services Department within five days of any of the following:

Initiation of formal proceedings by a medical licensing authority or the DEA to suspend, revoke, restrict or place on probation a license or DEA certification.

Development of any mental or physical condition or other such personal health situation that may significantly compromise the Medical Staff member’s ability to perform the functions associated with his or her clinical privileges in a safe and effective manner.

Any formal allegations of fraud or abuse or illegal activity relating to a member’s professional practice or conduct made by any state or federal government agency.

An action by the medical staff executive committee or the governing body of another hospital or health care entity to suspend, revoke, restrict, or deny clinical privileges for reasons related to professional competence or conduct.

Member’s non-voluntary exclusion from participation in Medicare, Medi-Cal, or any federal healthcare program.

Any report filed with the Medical Board of California, National Practitioner Data Bank, or Healthcare Integrity and Protection Data Bank.

Any other action that could affect the member’s Medical Staff standing and/or clinical privileges at the Hospital.

Medical Staff Bylaw 7.7 lists the following instances where a Member’s membership and/or clinical privileges may be suspended, limited, or terminated automatically

License or other legal credentialing authorizing practice in this state is revoked, suspended, restricted, or placed on probation.

Failure without good cause to pay dues or assessments.

Professional liability insurance coverage fails to be continuously maintained, or lapses, falls below the required minimum, is terminated, or otherwise ceases to be in effect.

DEA certificate is expired, revoked, limited, suspended, or subject to probation.

Excluded from any federal health care program.

Failure to respond promptly and appropriately to correspondence and/or appear at appropriately announced meetings, regarding quality of care issues, utilization management issues, Medical Staff administrative issues, and other issues that may arise in the conduct of Medical Staff affairs.

Conviction of a felony or any misdemeanor involving violations of law pertaining to controlled substances, illegal drugs, Medicare, Medicaid, or insurance fraud and abuse.

Failure to fulfill emergency call panel obligations, as scheduled.

Clinical Documentation Improvement (CDI) Program

The purpose of the CDI program is to clarify and improve clinical documentation to best represent the patient's condition and the care provided. Documentation needing clarification is generally a diagnosis not specific enough, conflicting information that needs to be decided one way or another, or when a condition is treated but the diagnosis is not documented.

Clarification is achieved via a Query; a query is a question in a written or electronic form, sometimes verbally, presented to the physician by the CDI staff.

CDI staff are clinicians (physicians by training or nurses) with knowledge in ICD-10 coding and clinical documentation requirements.

An example of a query is when heart failure is documented but not specified as acute, chronic, systolic, or diastolic. In this case, the CDI staff place a query in the medical record for the physician to answer. The query cites facts from the medical record, such as documentation of heart failure, treatment directed towards heart failure, lab and echo findings, etc. It then presents the physician with a list of diagnoses that best explain the findings, such as acute systolic CHF, acute diastolic CHF, etc.

A written query will be directly presented to you in paper form. An electronic query is placed in the medical record in the physician documentation section (H&P, Progress Notes, etc.). The name of the document is "Physician Clarification." Once opened, you can read the question, click on the "Edit" button, check the applicable diagnosis and sign the document when done.

After answering a query, we encourage physicians to carry on the diagnosis they just clarified into their Progress Notes. Consistency in clinical documentation is as important as accuracy and specificity.

The CDI staff will visit the Physician's Lounge when necessary and often place announcements and updates on an information board there.

You may contact the CDI staff via Telemediq or phone:

Teri Fowler - ext 6060
Paul Michael Abrasaldo - ext 5115
Benjamin Naranjo - ext 7470

For questions or suggestions, about the Program, please contact the Program Supervisor:

Omar Jaff - ext 5298

Below are screenshots that show how an electronic query looks in Meditech, and when opened for answering.

8/31/20 13:53	Discharge Instructions (PDOC)	
8/31/20 13:06	Progress Notes	
8/31/20 09:21	Physician Clarification	Teri Fowler
8/30/20 15:59	Consultation	
8/30/20 11:16	Progress Notes	

Date/Time of Note

Date/Time of Note

DATE: 8/31/20

TIME: 09:19

Physician Query

August 31 2002

Dear Dr. Abe

Documentation in the medical record reflects the following:

Progress note: Diastolic heart failure, mild.

ECHO: EF 65%. Stage 2 diastolic dysfunction
Shortness of breath

Based on your medical judgement please further specify the diagnosis of Congestive Heart Failure:

- ☐ Acute Systolic Congestive Heart Failure
- ☒ Acute Diastolic Congestive Heart Failure
- ☐ Acute on Chronic Systolic Heart Failure
- ☐ Acute on Chronic Diastolic Heart Failure
- ☐ Acute on Chronic Combined Systolic and Diastolic Heart Failure
- ☐ Other _____



Accessing the VPH Electronic Medical Record

From Your Personal Computer

1. Go to www.valleypres.org
2. Find and click on **Physician Portal**
3. Download the Horizon View Client software
4. Select the "Go to Downloads" link for either Windows or Mac
5. Click the "Download" button and follow the prompts to complete the installation
6. When prompted to "Add the Server Name" enter: **portal.valleypres.org**.
7. Enter your login information (DR number and password that you currently use to login onsite), double-click on "VPH VDI" and you will be connected to the Physician Portal.

From Your Personal Cellphone / Tablet / Smart Device

1. Go to your app store (Apple App, Google Play) and download **VMware Horizon Client**
2. Once the app is launched, it will ask for a "Server Address." Enter **portal.valleypres.org**
3. Enter your credentials to login
Your username is your DR number and your password is the password you use to login to the computers at VPH. The domain will auto default
4. Tap on the VPH VDI icon to launch into the Virtual Desktop Environment.

Mobile Rounding

Meditech offers a mobility solution for physicians who repeatedly need to view their list of patients and review recent clinical data. Meditech **Mobile Rounding** is a secure, web-based tool that allows physicians to:

- Review daily results
- Review patient summary
- Navigate through documentation
- eSign notes / orders

Before a physician can access Mobile Rounding, a Physician Liaison needs to register him / her as a user.

Dictation

Dial In Instructions

1. Dial 844.994.4004
2. When prompted, enter your user ID (XXXX) and press #.
3. Enter a **Document Type (right)** and press #.
4. Enter an Account Number and press #.
5. Press 4 to Record, 5 to Pause / Stop, and 9 to finish the report and start another.
6. Press * to replay receipt while at first prompt after completing a dictation.

1 ▶ Play / Pause	2 ◀◀ Rewind	3 ▶▶ Forward
4 ● Record	5 ■ Stop	6 ✓
7 ✂	8 ◀◀ To Start	9 Done
* Command	0	# ? Help

Quick Reference

- 1 **Play / Pause:** While in Playback mode, will play the dictation from the beginning or from where paused
- 2 **Rewind:** While in Playback mode, will rewind the dictation 4 seconds each time pressed
- 3 **Forward:** While in Playback mode, will fast forward the dictation 4 seconds each time pressed
- 4 **Record:** Enables user to begin recording when pressed
- 5 **Stop:** Stops recording or playback
- 8 **To Start:** While in Playback mode, will rewind the dictation to the beginning of the dictation
- 9 **Done:** Will complete the existing dictation and start a new dictation
- * **Command:** Will switch to functions that are based on pressing two keys
- # **Help:** Will playback all options listed here while in record or playback mode
- * 6 **Hear Info**
- * 0 **Stat**

Document Types

- 10 ER Discharge
- 11 Nuclear Medicine
- 20 History and Physical
- 21 Treadmill
- 22 Echocardiogram
- 24 Cardiology
- 25 EEG
- 26 EKG
- 30 Operative Report
- 40 Consultation
- 50 Procedure Report
- 51 Progress Note
- 52 Progress Note, ICU
- 55 Neurophysiology
- 56 High-Risk Infant Clinic Note
- 60 Discharge Summary
- 61 Death Summary
- 70 GI Procedure
- 80 Transfer Summary
- 90 Preoperative History and Physical
- 98 Letter
- 991 VPH (for Dr. Desigan consults)
- 992 Cancelled Dictation
- 76478 No Dictation

Review Instructions

1. Dial 844.994.4004
2. When prompted, enter your user ID (XXXX) and press #.
3. When prompted, enter 3 for the dictation review feature.
4. When prompted, enter your user ID (XXXX) and press #.
5. Enter a Medical Record Number and press #.
6. Press 5 to Pause / Stop and 9 to finish.
7. Press 4 to move to the Next Dictation for this patient.

Mobile Instructions:

To dictate using your smart phone, download the [eScription One](#) app.

Verbal vs. Telephone Orders

Verbal Orders should only be used during a true emergency (e.g., during a code or while in surgery).

Telephone Orders should only be used when you do not have access to a computer or smart phone (e.g., if you are called while driving).

In either case, if you utilize a verbal or telephone order, you should expect a **three-way** repeat-back and read-back.

Physician: This is Doctor Jones. I was called about Joe Smith, my patient in ICU room 4. I was told that he has a blood glucose of 27. Please give him 10 units of insulin.

Nurse: I understand. I will give 10 units of insulin to Joe Smith in ICU room 4.

Physician: That is correct.

You must **sign the order within 24 hours** or you will be suspended by Medical Records (Health Information Management).

Restraint

A *physical* restraint is any manual method, physical or mechanical device, material, or equipment attached or adjacent to the patient's body that cannot be easily removed, restricting freedom of movement or normal access to one's body.

A *chemical* restraint is when a drug / medication is used to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.

There are two categories of restraint: Non-behavioral (AKA soft or non-violent) and Behavioral (AKA hard or violent). At VPH, Behavioral restraints are only applied in the Emergency Department (ED).

All restraint use that is initiated and continued requires orders from a licensed independent practitioner – typically the Attending Physician.

Restraints may be used only when less restrictive means are not effective in protecting the physical safety of patients, staff members, and others; and should be limited to clinically appropriate episodes, utilizing the least-restrictive methods.

The physician order for restraint must be based on a face-to-face physician assessment every 24 hours, patient-specific, dated and timed, include a time limit, the type of restraint utilized, and describe the reason for restraint.

Non-Behavioral Restraint may be clinically appropriate if a patient injures him/herself, or unsafely interferes with needed therapeutic devices or treatments (such as removal of an ET or NG tube, IV, etc.).

Behavioral Restraint orders must also include the number of points; Are time limited (Adults = max 4 hours; ages 9-17 = max 2 hours; < 9 = max 1 hour); and must be re-ordered / re-written when each time frame expires. The physician must assess and evaluate the need for continued restraint within 1 hour after initiation/



Serious Illness Conversation Guide

Set-Up

- Thinking in advance
- Is this okay?
- Hope for best, prepare for worst
- Benefit for patient / family
- No decision necessary today

Guide

Understanding

What is your understanding now of where you are with your illness?

Information Preferences

How much information about what is likely to be ahead with your illness would you like to hear from me? For example, some patients like to know about time, others like to know what to expect, others like to know both.

Prognosis

Share prognosis as a range, tailored to information preferences.

Goals

If your health situation worsens, what are your most important goals?

Fears / Worries

What are your biggest fears and worries about the future with your health?

Function

What abilities are so critical to your life that you can't imagine living without them?

Trade-Offs

If you become sicker, how much are you willing to go through for the possibility of gaining more time?

Family

- How much does your family know about your priorities and wishes?
- Suggest bringing family and/or healthcare agent to next visit to discuss together.

Act

- Affirm commitment
- Make recommendation about next steps
- Acknowledge medical realities
- Summarize key goals / priorities
- Describe treatment options that reflect both
- Document conversation in electronic medical record
- Provide patient with education and information



Health Care Quality

Valley Presbyterian Hospital has adopted the Institute of Medicine's (IoM's) definition of health care quality:

"The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

The IoM defines health care quality within six domains:

Safe	Avoiding harm to patients from care that is intended to help.
Effective	Providing served based on science.
Centered	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that the patient values guide all clinical decisions.
Timely	Reducing waits and harmful delays.
Efficient	Avoid waste of resources: time, ideas, equipment, and supplies.
Equitable	Services / care that does not vary in quality based upon personal characteristics.

Serious Reportable Events¹

Surgical or Invasive Procedure

- Surgery or other invasive procedure performed on the wrong side.
- Surgery or other invasive procedure performed on the wrong patient.
- Wrong surgical or other invasive procedure performed on a patient.
- Unintended retention of a foreign object in a patient after surgery or other invasive procedure.
- Intraoperative or immediately post-operative / -procedural death in an ASA Class 1.

Product or Device

- Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting.
- Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended.
- Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting.

Patient Protection

- Discharge or release of a patient / resident of any age, who is unable to make decisions, to other than an authorized person.
- Patient death or serious injury associated with patient elopement (disappearance).
- Patient suicide, attempted suicide, or self-harm that results in serious injury while being cared for in a healthcare setting.

Care Management

- Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration).
- Patient death or serious injury associated with unsafe administration of blood products.
- Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being care for in a healthcare setting.
- Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy.
- Patient death or serious injury associated with a fall while being cared for in a healthcare setting.
- Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission / presentation to a healthcare setting.

- Artificial insemination with the wrong donor sperm or wrong egg.
- Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen.
- Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results.

Environmental

- Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting.
- Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances.
- Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting.
- Patient death or serious injury associates with the use of physical restraints or bedrails while being care for in a healthcare setting.

Radiologic

- Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area.

Potential Criminal

- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider.
- Abduction of a patient / resident of any age.
- Sexual abuse / assault on a patient or staff member within or on the grounds of a healthcare setting.
- Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting.

¹Per the National Quality Forum. These were formerly called "Never Events."

Our organizational priority: Improving the Quality and Safety of Care

Every day, each of us takes part in working on this priority. When you wash your hands for 30 seconds instead of just 20, provide a safe place for your staff to make a “great catch” and stop a potential error from happening, or spending a little extra time teaching a family member how to take care of the patient when they return home, you are improving the quality and safety of care.

Beyond these everyday actions, we also are working on several larger scale initiatives. Rather than single actions or single moments in time, these initiatives are constant and never-ending and will continue to move us along a path of improvement.

Building a Stronger Nursing Practice

One example of a larger initiative is the Magnet Recognition Program®, a designation for healthcare organizations that highlights quality patient care, clinical excellence, and advancements in professional nursing practice. It is a distinction that demonstrates aligned structure and process in order to produce consistent and sustainable best-practice outcomes.

The Magnet Model

The model is designed to provide a framework for nursing practice and research to excel today and into the future. It serves as a structural roadmap for organizations seeking Magnet Recognition. In order to achieve Magnet designation, a healthcare organization must complete the following:

- Successfully complete the 10 Organizational Overview (OO) requirements.
- Demonstrate 50 Sources of Evidence (SoEs) within each domain:
 - Transformational Leadership: 9
 - Structural Empowerment: 13
 - Exemplary Professional Practice: 21
 - New Knowledge, Innovations, and Improvements: 7 (includes 2 IRB-approved and completed research studies)

How Does Magnet Recognition Benefit a Healthcare Organization?

- Increased RN retention, RN satisfaction, and patient satisfaction
- Decreased RN vacancy, RN turnover rate, and Hospital-acquired infections (e.g., bloodstream infections, catheter-associated urinary tract infections, C. diff, etc.)
- Greater access to professional development (i.e, specialty certification, education, and leadership development)
- Improved nurse-sensitive clinical indicators (e.g., falls with injury, Hospital-acquired pressure injuries, etc.)

What Does the Literature Say?

Attract and Retain

- Nurse leaders in magnet hospitals earn more (4.8%) than their colleagues in non-Magnet facilities.
- RN turnover rates in Magnet hospitals are 10% less than non-Magnet facilities.
- Seven of the eleven healthcare organizations in Fortune 100 Best Companies to Work For are Magnet-recognized facilities

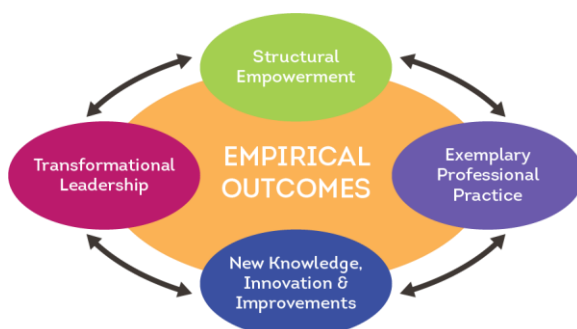
Quality

In a study conducted over 13 years and including over five million patients across the nation, surgical patients treated in Magnet hospitals (compared to non-Magnet hospitals) were 7.7% less likely to die within 30 days and 8.6% less likely to die after a postoperative complication.

Patient Satisfaction

In a study that compared over 26,000 hospitals, Magnet hospitals were found to have progressive linear improvements in seven dependent variable HCAHPS measures over a three-year period, associated with favorable nurse staffing.

Global Issues in Nursing & Health Care





Standard Precautions

Component	Recommendations
Hand hygiene	After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.
Personal protective equipment (PPE) – Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and nonintact skin.
Personal protective equipment (PPE) – Gown	During procedures and patient care activities when contact of clothing / exposed skin with blood / body fluids, secretions, and excretions is anticipated.
Personal protective equipment (PPE) – Mask, eye protection (goggles), face shield	During procedures and patient care activities that generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation. During aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols wear a fit-tested N95 or higher respirator in addition to gloves, gown, and face / eye protection.
Cleaning & Disinfection of Shared Devices & Equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; clean & disinfect with hospital approved disinfectant & perform hand hygiene.

OSHA Standards

OSHA prohibits staff from eating and drinking in patient care areas or any areas where blood or body fluids are handled. This includes:

- Patient rooms
- Laboratory
- Exam areas
- Procedure rooms
- Nursing stations

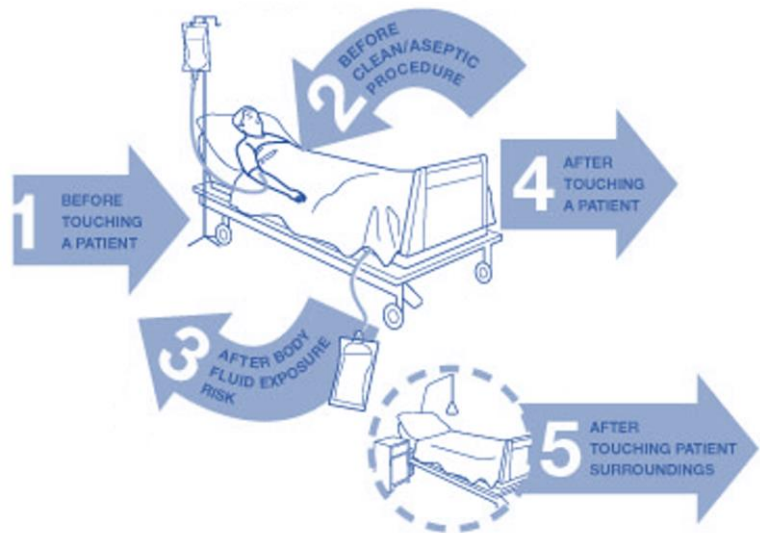
Transmission-Based Precautions

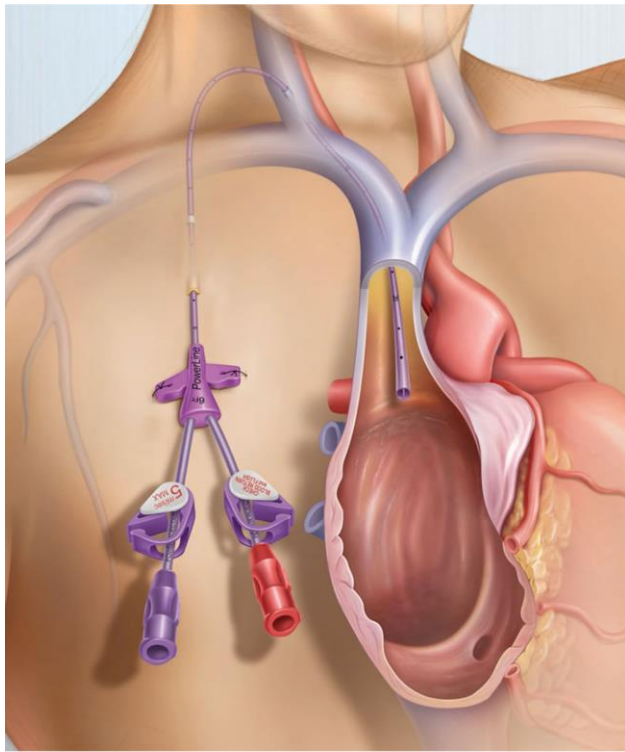
In addition to Standard Precautions, further measures are taken when patients are suspected of having organisms that could be spread in other ways other than blood or body fluid:

- Airborne Infection Isolation
- Contact Precautions
- Contact Spore Precautions
- Droplet Precautions

Your 5 Moments for Hand Hygiene

- 1 Before Touching a Patient
- 2 Before Clean/Aseptic Procedure
- 3 After Body Fluid Exposure Risk
- 4 After Touching a Patient
- 5 After Touching Patient Surroundings





Central Line Associated Bloodstream Infection (CLABSI)

It is a primary bloodstream infection (BSI) in a patient that had a central line within the 48-hour period before the development of the BSI.

Common Risk Factors:

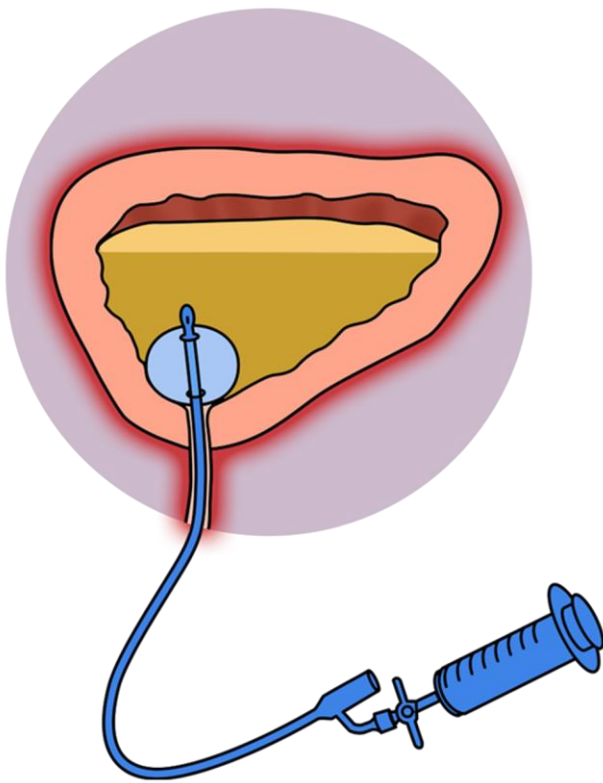
- Duration of Central Line Use
- Insertion Site: Femoral
- Hand Hygiene
- Multiple Lumens
- Parenteral Nutrition
- Lack of maximal sterile barriers during insertion
- CL insertion in the ICU or Emergency Department
- Emergent vs. Non-emergent Insertion

CLABSI Prevention: INSERTION BUNDLE

1. Hand Hygiene / Strict Aseptic Technique
2. 2-Person Central Line Insertion
3. Maximum Barrier Precautions: Patient with Sterile Full Body Drape
4. Chlorhexidine gluconate (CHG) for skin antisepsis.a
5. 30 sec. back and forth scrub for dry areas
6. 2 minute-scrub for wet areas like groin and axilla
7. AVOID the Femoral Site! – Heavy Bacterial Density; Harder to keep clean, Difficult to keep dressing intact, moist-dark area: high risk for infection.
8. STOP the procedure when there is a break in sterile technique
9. Change all central lines inserted under emergent conditions after 24-48hrs or until patient has stabilized.

CLABSI Prevention: MAINTENANCE BUNDLE

1. Hand Hygiene / Strict Aseptic Technique / 2- RN Dressing Change
2. Establish work area, clean and disinfect
3. Chlorhexidine gluconate for skin antisepsis & Daily 2% CHG Bath (every calendar day)
4. Scrub the Hub (access port) vigorously for 15 seconds immediately before use and air dry
5. Dressing must be Clean, Dry & Intact:
6. Cover all unused ports with a green CUROS CAP
7. Assess Line Necessity Daily: REMOVE OR DE-ESCALATE!
8. Blood cultures must be drawn via venipuncture!



Catheter-Associated Urinary Tract Infection (CAUTI)

CAUTI is present when fever (temp greater than 38 C or 100.4 F) and an indwelling urinary catheter is in place.

Alternatives to Catheterization:

Intermittent catheterization

Bladder scanning

Condom catheters

Male Penile Wrap (QuickChange)

HOUDINI Protocol

An evidence-based criteria utilized when assessing the need for indwelling urinary catheters. Presence of any HOUDINI criteria indicates the need for continuation of the indwelling urinary catheter.

HOUDINI refers to:

H - Hematuria; gross

O - Obstruction; urinary, anatomical obstruction, edema

U - Urologic; gynecological or colorectal surgery, catheter placed by urology

D - Decubitus ulcer; if open sacral/perineal wound in incontinent patients (stage 3 or stage 4)

I - Input and output; in critical patient management or hemodynamic instability
(Intensive Care Unit, Emergency Department, Surgical Services only)

N - Neurogenic bladder; ... dysfunction, urinary retention, or chronic indwelling urinary catheter

I - Immobility; due to physical constraints (i.e. potentially unstable fracture, multiple traumatic injuries, intra-aortic balloon pump)



Clostridoides difficile (C. diff)

Identifying & Testing for C. Difficile Infection:

- 1. Patient has ≥ 3 loose/unformed/liquid stools in 24 hours**
 - Infection Prevention & Microbiology will reject formed stool via stick test (stick doesn't fall over in cup of formed stool)
- 2. Additional Criteria for Testing**
 - A. Must have at least one from below within the last 24 hours
 - i. Abdominal Cramps
 - ii. Fever
 - iii. Elevated WBC
 - B. No Laxative use or any agents that promotes diarrhea within 24-48 hrs.
 - C. No Tube Feeding within 24 hrs.
3. If test result is **NEGATIVE**, **don't test stool again for 7 days**. Repeat testing (within 7 days) will be rejected by IP & Microbiology
4. If test result is **POSITIVE**, **NO additional testing during the hospital stay**
 - No re-testing as a "test of cure." Patients can be colonized (asymptomatic carriers).
 - No Testing for SNF Placement. Call IP at ext. 7943 as needed.
5. C. diff Test Orders over 24 hours will be automatically cancelled by Microbiology.

WASH YOUR HANDS WITH SOAP & WATER AFTER PROVIDING PATIENT CARE



Antimicrobial Stewardship Program (ASP)

Antimicrobial Stewardship is defined by the Infectious Diseases Society of America (IDSA) as “coordinated interventions designed to improve and measure the appropriate use of [antibiotic] agents by promoting the selection of the optimal [antibiotic] drug regimen including dosing, duration of therapy, and route of administration.” According to the California Department of Public Health (CDPH), ASPs improve patient outcomes while minimizing adverse events associated with antimicrobial use such as toxicity, *C. diff* infectious and the emergence of antimicrobial resistant organisms. Additional benefits include improving susceptibility rates to targeted antibiotics and optimizing resource utilization.

California was the First State to Enact Antimicrobial Stewardship Legislation

California Senate Bill 739: Hospitals are required to develop a process for monitoring the judicious use of antibiotics, the results of which are monitored by quality improvement committee(s).

California Senate Bill 1311: Hospitals are further required to adopt and implement an antimicrobial stewardship policy in accordance with guidelines established by federal government and professional organizations, and to establish a multidisciplinary antimicrobial stewardship committee with at least one physician or pharmacist who has undergone specific training related to stewardship.

California Senate Bill 361: Skilled nursing facilities are required to adopt and implement an antibiotic stewardship policy by January 1, 2017.

Effective January 1, 2017, The Joint Commission has required that all hospitals and nursing care centers in the country have antimicrobial stewardship programs consisting of eight elements of performance in their Antimicrobial Stewardship Standards (MM.09.01.01).

Elements of an ASP

1. Hospital leaders establish an ASP as an organizational priority

VPH developed an ASP in ____ as a subcommittee of the Pharmacy and Therapeutics Committee. Members of the committee meet quarterly to discuss plans to improve antibiotic use at VPH.

2. The hospital provides education to staff and licensed independent practitioners about antimicrobial resistance and antimicrobial stewardship practices

The ASP publishes an annual antibiogram on the Hospital intranet which shows trends of antibiotic resistance. Information about antibiotic stewardship is sent annually to the Medical Staff. ASP leaders have provided lectures, Medical Staff committee presentations and targeted in-person and web-based educational experiences. The ASP has published articles about causes and trends of antibiotic resistance and guidance on approaches to promote optimal prescribing.

3. Education is provided to patients and patients' families regarding appropriate use of antimicrobials as needed. Antibiotic information is included in patient education materials.

4. The hospital has an antimicrobial stewardship multidisciplinary team that includes the following members:

- Aaron Shelub, MD, Chair, Pharmacy and Therapeutics Committee
- Jerrold Dreyer, MD, Chair, Infection Prevention Committee
- David Choi, Director, Pharmacy Services
- Brandi Acevedo, PharmD

5. ASP Core Elements (according to the CDC)

- Leadership commitment: Dedicating necessary human, financial, and information technology resources for ASP.
- Accountability: A single leader is responsible for ASP outcomes. The ASP committee is chaired by _____ and coordinated by _____.
- Drug expertise: A single pharmacist leader is responsible for working to improve antibiotic use. _____ is certified in developing and implementing ASPs and coordinates the ASP at VPH/
- Action: Implementing recommended actions set forth by ASP guidelines. Some examples include requiring documentation of indication and duration for all antibiotic orders, developing facility-specific treatment recommendations based on national guidelines and local susceptibility data, developing standard order sets for common clinical syndromes and much more.
- Tracking: ASP monitors antibiotic use and resistance patterns by quarterly reports of antibiotic expenditure per patient day, antibiotic utilization through days of therapy per 1,000 days at risk, and annual antibiograms.
- Reporting: ASP regularly reports information at quarterly ASP meetings, Pharmacy and Therapeutics Committee, Infection Prevention Committee, and the Quality Committee.
- Education: Educating practitioners, staff, and patients about ASP.

6. ASP Uses Organization-Approved Multidisciplinary Protocols

The following are examples of antibiotic protocols implemented at VPH: Antibiotic formulary restrictions, Pharmacist dosing and monitoring and vancomycin and aminoglycosides, IV to PO conversion protocol, 7-day hard stops, Renal dosing protocols, Dose optimization policies such as extended infusion Zosyn, Order sets for common infectious disease states such as pneumonia, UTI, sepsis, and more.

7. ASP Data is Collected, Analyzed, and Reported at Quarterly Committee Meetings. The ASP utilizes data mining software that works with the CDC's National Healthcare Safety Network (NHSN) antimicrobial use option to report, track, and analyze antibiotic utilization data.

8. The hospital will take action on improvement opportunities identified by the ASP.

Risk Management and Patient Safety

What is Healthcare Risk Management?

The process of identifying, evaluating, and mitigating or preventing risks that could result in a loss to an individual and/or organization.

What is Patient Safety?

Freedom from accidental injury while receiving healthcare services.

Risk Management Pearls

- Communicate with your patient throughout his or her care and treatment, especially following an adverse outcome or complication
- Keep your patient (and family) involved in his or her medical care
- Do not write / enter an order for an “incident report.” Instead, please contact a member of the Risk Management Department.

Medical-Legal Issues: When you get a claim (or know one is coming)

- Notify your professional liability carrier
- Secure and sequester all of your records on the patient to prevent loss
- Do not change anything in your records
- Maintain a separate file for all legal correspondence on the claim (do not place in the patient’s chart)
- Do not discharge or dismiss the patient from your care without your attorney’s advice

California Apology Law

Evidence Code 1160 (a) – The portion of statements, writings, or benevolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person involved in an accident and made to that person or to the family of that person shall be inadmissible as evidence of an admission of liability in a civil action*.

**A statement of fault, however, this is part of, or in addition to, any of the above shall not be inadmissible pursuant to this section.*

Contact Information

Gail Kent, RN, JD, CPHRM, Director
818.902.3902

Marti Wall, Coordinator
818.902.5745

**Tamala Choma, Esq., MS, CCC-SLP,
General Counsel**
818.902.2997

Caveat: This document is presented to promote learning and discussion concerning Risk Management and Patient Safety. Specific legal answers should be sought and obtained from your professional liability carrier and/or legal counsel.

Verification of Hospital Affiliation

Since August 8, 2008, Hospital affiliation verification requests have been available from the following website: **mdquery.com/vph**

Login: vph

Password: query

For providers that cannot be found on the mdquery website, please fax a written request for verification of hospital affiliation, along with a signed release from the practitioner, to: 818.904.3774

Verification requests will be fulfilled within 14 days of receipt.

For questions, you may call the Medical Staff Services Department at: 818.902.3957

Activity Reports

All new applicants (and reapplicants to the Courtesy Staff) who request procedural privileges must submit a hospital-generated activity report for the immediate-past 24 months. This report must list (1) the number of patients seen, and (2) the number and types of procedures performed.

Ideally the report should look something like this:

Facility: Princeton-Plainboro Teaching Hospital
Provider Name: House, Gregory, MD
Specialty: Internal Medicine
Date Range: 01/01/2019 through 12/31/2020

Total patients seen: 168

Total procedures performed: 317

Procedure	Date	Masked ID
Insertion arterial line	12/17/20	2095-613-XXXX
Paracentesis	03/15/20	2095-071-XXXX
Sigmoidoscopy	01/02/20	1995-854-XXXX

Alternatives

In lieu of a hospital-generated activity report, an applicant may submit a copy of his/her most-recent Ongoing Professional Practice Evaluation (OPPE) report. OPPE reports submitted must include all six of the following competencies, and list metrics and outcomes with each competency:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

A **third option** would be to submit at least five **each** of the following:

- History and Physical
- Consultation
- Discharge Summary
- Procedural/Operative Report per privilege requested

Medical Staff Services:

t: 818.902.3957 | f: 818.904.3774 | med.staff@valleypres.org



Fire Safety

Fire Evacuation Routes / Procedures

- Fire doors, corridors, and stairs remain unobstructed and free from storage to allow for safe evaluation during an emergency.
- Evacuation routes are clearly marked by EXIT signs.
- Do not use elevators during a fire; use the stairs.
- In patient care areas, it is preferable to “defend in place” by closing doors, unless fire and/or smoke is directly threatening patients.

Reporting a Fire (Code Red)

- Go to the nearest fire alarm box, swing pivot to break the glass or pull the handle down
- Go to the nearest phone and dial 4444 and state the following:
 - This is (your name), I am reporting a fire at (location)
 - Describe the type of fire (smell smoke, see smoke or flames, etc.)
 - If safe, return to the fire alarm box and direct personnel

Emergency Actions

- Life Safety: Remove the occupant and close the door
- Notify: Call the hospital emergency telephone number 4444
- Pull the closest alarm
- Extinguish the fire, if fully trained and certified on the use of fire extinguishers
 - If the fire is small and can be extinguished quickly and safely to save a life in immediate danger
- Relocate and Evacuate: Move people closest to the danger to a safer location (at least one set of fire doors)

To Use a Fire Extinguisher, Remember “PASS”

While holding the fire extinguisher upright:

Pull pin

Aim at the base of the fire

Squeeze lever

Sweep side to side

Classes of Fire Types of Extinguishers



WOOD
PAPER



LIQUID
GREASE



ELECTRICAL
EQUIPMENT

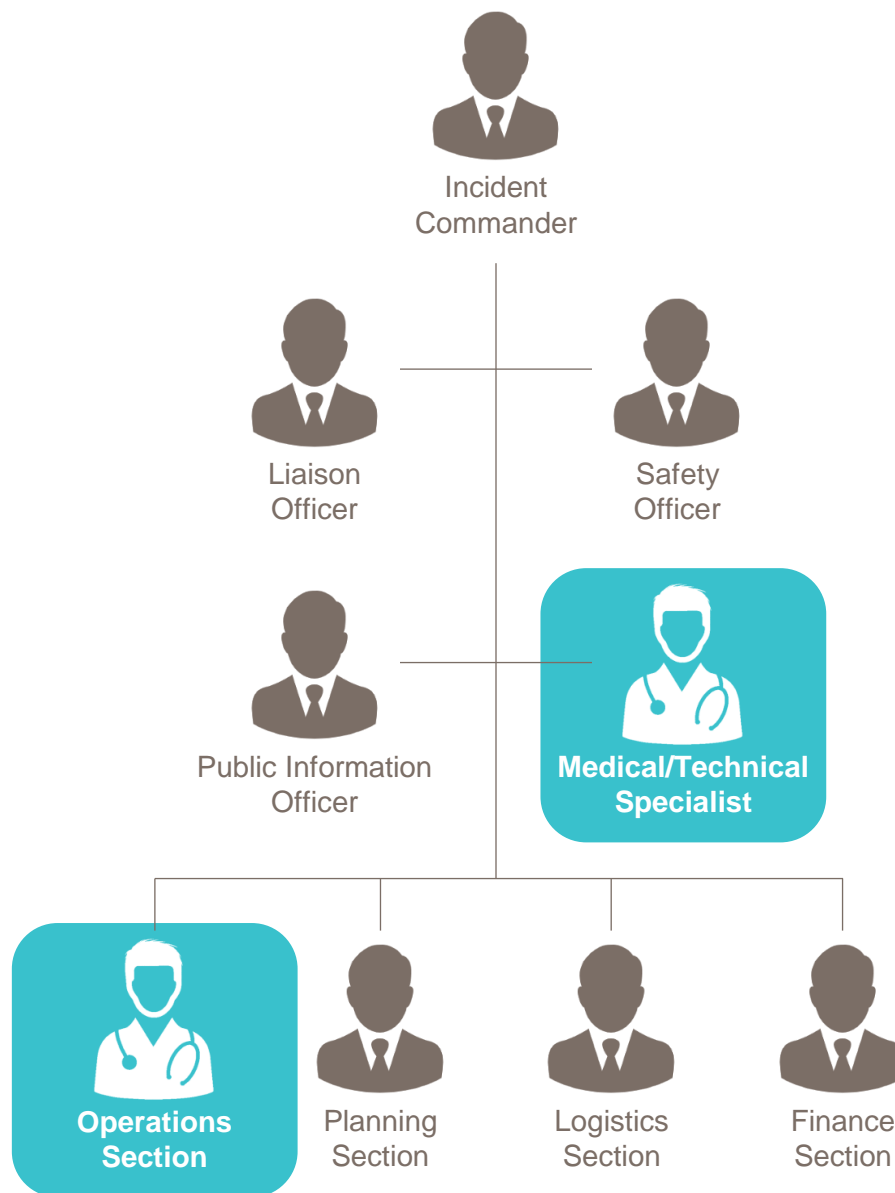


COOKING
MEDIA

Hospital Command Center

During a disaster, the Hospital Command Center (HCC) will be activated

- The HCC will be in the Board Room
- Designated leaders and managers.
- Physicians will lead parts of **Operations** or assist as an on-scene medical resource during a large disaster, triage, surge, pandemic, active shooter, etc.
- Developed by the Federal Emergency Management Agency (FEMA)
- Five management functions
 - Incident Commander
 - Operation Chief
 - Planning Chief
 - Logistics Chief
 - Finance Chief



HASC Codes

RED	Fire
BLUE	Cardiopulmonary arrest, adult
WHITE	Cardiopulmonary arrest, pediatric
PINK	Missing/Abducted newborn
PURPLE	Missing/Abducted infant/child
GRAY	Combative person
STROKE	Acute stroke
RAPID RESPONSE TEAM	Change in patient status
YELLOW	Bomb threat
SILVER	Person with weapon or hostage
APGAR	Newborn needing immediate resuscitation
ORANGE	Hazardous material released
GREEN	Injured or ill non-patient/staff
STEMI	Heart attack in ER
TRIAGE	Disaster plan activation
HERT	Hospital emergency response team

Hospital Evacuation

In case of a hospital evacuation, the following are designated refugee areas:

- Main Parking Lot
- Emergency Room Ambulance Bay
- Loading Dock
- Discharge Area No. 1



Ethics & Compliance

Care is compliant when it is:

- Provided in a licensed setting.
- Medically necessary.
- Respecting patients' rights.
- Supported by proper documentation.
- Billed and reimbursed correctly.
- Meeting or exceeding acceptable quality standards.
- Rendered by qualified providers.

Agencies with enforcement jurisdiction over VPH include:

- Department of Health and Human Services (HHS)
- Centers for Medicare and Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- California Department of Public Health (CDPH)
- Federal and State Departments of Justice
- Office for Civil Rights (OCR)
- Office of Health Information Integrity (OHII)
- National Institutes of Health (NIH)
- Det Norske Veritas (DNV)
- California Department of Managed Care
- Los Angeles County Department of Public Health, Occupational Safety, and Health Administration (OSHA)
- Office of Statewide Health Planning and Development (OSHPD)

And many more!

Why does the Hospital have a Compliance Program?

- Compliance strives to encourage the business and oneself to conduct themselves in an ethical, moral, and legal manner.
- Helps protect the rights of patients.
- Compliance encourages quality improvement.
- Compliance reduces fines and penalties for errors that may be found.
- It's the right thing to do!

Types of Compliance Issues

- Inaccurate documentation or billing
- Breaches of confidentiality (HIPAA and patient privacy)
- Unethical behavior
- Conflicts of interest
- Bribes or kickbacks or inducements for referrals (Anti-Kickback)
- Waivers of co-payments and deductibles
- Physician contracts and relationship with the Hospital (Stark)
- EMTALA ("patient dumping")
- Poor quality or wrong level of care

The False Claims Act prohibits knowingly presenting a false or fraudulent claim for payment

- Knowingly also means that whoever submitted the claim for payment either knew or should have known that the claim was not valid.
- When the hospital submits a claim for payment, it is certifying that the claim is accurate and valid. VPH must ensure that all claims are accurate and valid at the time of billing.

Examples of false claims

- Billing for an item or service that was not provided.
- Billing for an item or service provided by an individual that has been excluded from federal programs.
- Billing for an item or service not medically necessary.
- Billing for an item or service falsely or fraudulently.
- Duplicate billing.
- Billing for items or services that fall short of acceptable quality standards.

Penalties for false claims

- Civil prosecution.
- Civil proceedings.
- Sanctions, fines up to \$11,000 per claim, treble damages (triple the amount of the claim), imprisonment, exclusion from federal programs.

Reporting suspected compliance violations

- You are expected to report unusual activity, suspected or known violations.
- Those reporting violations may be anonymous.
- If you choose to identify yourself, your confidentiality will be protected to the limits of the law.
- VPH adheres to a non-retaliation policy for reporting bona fide concerns.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) is a federal law

- Applies to hospitals with designated emergency services.
- “Patient Anti-Dumping Act” – Emergency medical treatment should be administered without regard to any patient’s ability to pay.
- Must provide a medical screening examination to anyone requesting or appearing to need emergency medical services.
- Applies to the entire campus and Hospital medical services that are located within 250 yards of a hospital’s campus.

VPH may not refuse to treat a pregnant woman who is in active labor

Instead, must deliver the baby, arrange for a safe and appropriate transfer to an accepting facility, or the physician must document the condition a false labor event.

VPH’s emergency department must accept a transfer from another hospital’s emergency department

- If the sending facility does not have the capability of treating the emergency medical condition, and
- If VPH has both the capacity and capability to provide the required stabilizing treatment.
- If the transferring physician certifies the benefits outweigh the risks for the transfer.

Hospital must provide medical screening when a patient either

- Requests emergency treatment.
- Appears to need one.

If an emergency medical condition is found to be present, the Hospital must stabilize the patient prior to requesting insurance or financial information

For questions or more information on EMTALA, please contact the Compliance Officer at (818) 902-3906.



Harassment Prevention

What is harassment?

- Form of illegal discrimination; Violates Title VII of the Civil Rights Act of 1964 and other laws.
- Hostile work environment.
- Sexual harassment.
- Quid quo pro.
- Retaliation is illegal.

Why is harassment a problem?

- Victims may lose their sense of security, dignity, and confidence.
- Hurts more than the victim.

Prevent harassment in the workplace by:

- Monitoring your own behavior.
- Speaking up to help support, create and maintain a respectful workplace.
- Reporting incidents immediately.
- Cooperating with investigations.

What should you do when confronting harassment?

- Tell the harasser that his/her attention is unwanted.
- Tell the harasser what he/she has done.
- Demand that the behavior stop.
- Say **"no"** like you mean it.

It is unlawful and a violation of VPH policy to retaliate against someone who:

- Resists unwelcome behavior.
- Files a complaint about harassment or perceived harassment.
- Participates in an investigation.

Harassment investigations are necessary and VPH will:

- Handle them appropriately.
- Involve those who are required to complete the investigation. This may include questions such as
 - Who was involved?
 - What happened?
 - When and where did it occur?
 - Why did it occur?
 - How did you respond?
- Determine whether or not harassment occurred.
- Take appropriate action; Implement the necessary corrective action for cases of identified harassment.

You are allowed to bypass the normal chain of command when filing a harassment complaint

No complaints will be ignored.



Patient Privacy

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is a **federal** law that:

- Protects the privacy of patient information.
- Provides for electronic and physical security of patient health information (PHI).
- Requires minimum necessary use and disclosure.
- Specifies patient rights to approve the access and use of their own medical information.

California Medical Information Privacy Laws

- "Any unauthorized access" is a breach.
- Curiosity is illegal under California law – view only records related to your job duties.
- Required to report incidents of unauthorized access, use or disclosure of PHI to the California Department of Public Health (CDPH) and to the affected patient within 15 business days after discovery of the breach.
- When you suspect or know of a breach, you must report it to the Compliance / Privacy Officer immediately.

Compliance / Privacy Officer | 818.902.3906

Anonymous report 24/7 to the
Ethics and Compliance Hotline | 888.806.2306 | vph.alertline.com

Fines and Penalties

HIPAA Criminal Penalties

- \$50,000 to \$1,500,000 fines
- Imprisonment up to 10 years

HIPAA Civil Penalties

- \$100 to \$25,000 per year fines
- More fines if multiple year violations

California Laws

Fines and penalties apply to individuals as well as providers and may impact your professional license; Imprisonment up to 10 years

VPH Corrective and/or Disciplinary Actions

Up to and including loss of privileges and termination of membership

The 18 PHI Identifiers defined by HIPAA

1. Name
2. Postal address
3. All elements of dates except year
4. Telephone number
5. Fax number
6. Email address
7. URL address
8. IP address
9. Social security number
10. Account numbers
11. License numbers
12. Medical record number
13. Health plan beneficiary number
14. Service identifiers and their serial numbers
15. Vehicle identifiers and their serial numbers
16. Biometric identifiers (finger and voice prints)
17. Full face photos and other comparable images
18. Any other unique identifying number, code, or characteristic

Must exercise every *reasonable* step to protect PHI:

- Treatment, Payment and Operations (TPO)
- Free flow of information for Treatment within reason (except for psychotherapy, HIV, and substance abuse)
- Minimum necessary for Payment and Operations
- Written authorization from patient required for all other use, disclosure or access (except for rare cases as required by law)
- Notice of Privacy Practices explains this and the patients' rights – every patient receives this at admission

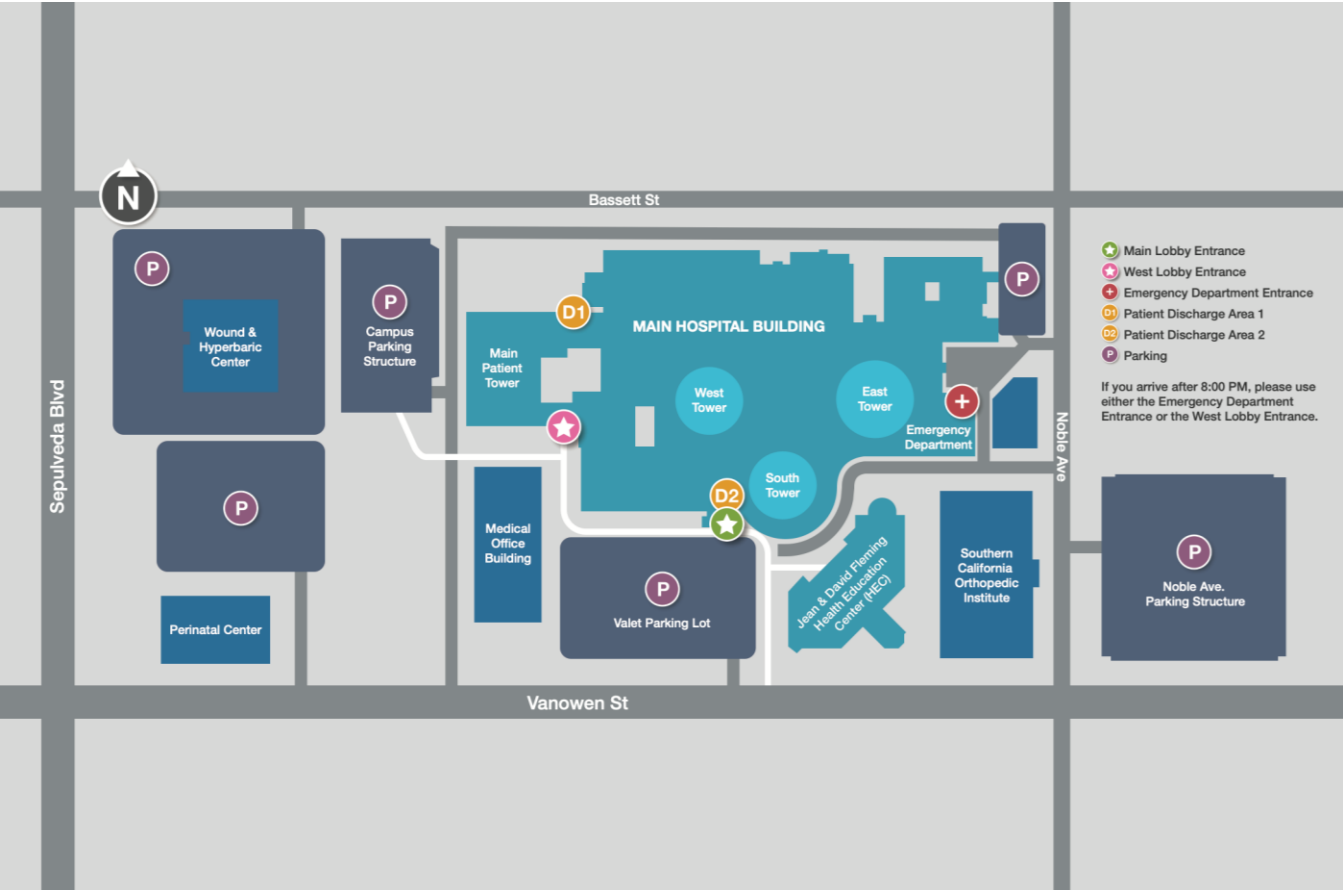
Careful with the paperwork

- Check printers, faxes, copier machines when you are finished using them
- Black out names on IV bags before placing in trash
- Faxes should have cover sheets and check the number
- Ensure paper PHI is locked up and not visible to the public
- Double check all of the discharge pages before giving them to the patient
- Get medical records forms signed, if the family wants any portion of the medical record
- Dispose of paper and other records with PHI in secure shredding bins
- Recycling and trash bins are not secure
- Ask people why they are in a restricted area without badge

Real Life Examples of Privacy Breaches

- Failing to properly identify the patient before talking
- Giving the wrong discharge papers to a patient
- Lost / stolen laptops, PDAs, cellphones, media devices (video and audio recordings)
- Lost / stolen CDs, flash drives, memory drives
- Email or faxes sent to the wrong address, wrong person, or wrong number
- User not logging off or sharing password, allowing others to use their access to the computer system
- Lost / stolen improperly disposed of paper, mail, films, notebooks.

Campus Map





Sepulveda Blvd

Bassett St

Vanowen St

Noble Ave

- Main Lobby Entrance
- West Lobby Entrance
- Emergency Department Entrance
- Patient Discharge Area 1
- Patient Discharge Area 2
- Parking

If you arrive after 8:00 PM, please use either the Emergency Department Entrance or the West Lobby Entrance.

