

# Methodist Hospital – Women's Hospital Provider Orientation Packet

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## Focused Professional Practice Evaluations (FPPE)

The Joint Commission requires Nebraska Methodist Hospital conduct focused professional practice evaluations (FPPE) in a specified time period for all new staff members and physicians requesting additional privileges.

The evaluation is utilized to identify professional practice trends that impact quality of care and patient safety.

The primary method of confirming clinical competence at Nebraska Methodist Hospital is a review of medical records. Medical record documentation must be reviewed within nine months of the date you were appointed to the Medical Staff.

Lack of clinical activity, at Methodist Hospital, may result in termination of membership and/or clinical privileges.



8303 Dodge Street  
Omaha, NE 68114  
(402) 354-4000

Dear Colleague,

Welcome! Methodist Health System Imaging Services deeply appreciates the opportunity to serve you and your patients. We greatly value our relationships with physicians and will do everything we can to make your patients' visits and your interactions with us as positive and enjoyable as possible.

We share your dedication to delivering outstanding patient care and are pleased to offer you a full range of imaging services at multiple locations, with convenient hours and cutting-edge technologies. All of our radiologists are highly qualified professionals dedicated to providing caring, reliable service. Enclosed you will find biographies of our radiologists. We hope you will find this biography sheet to be a helpful resource as you provide care to patients at Methodist.

In the coming weeks, you will receive a packet of information with additional details on the services offered by Methodist Health System Imaging Services. In the meantime, if you have questions or would like more information, call us at (402) 354-4370.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Nelson", with a stylized flourish at the end.

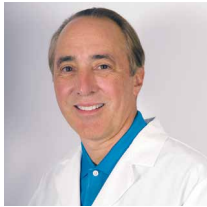
Kevin Nelson, MD  
Medical Director, Imaging  
Methodist Hospital

# Radiologist Biographies



## **Lisa Bladt, MD**

Medical Degree: University of Nebraska Medical Center  
Residency: University of Nebraska Medical Center  
Fellowship: University of Nebraska Medical Center  
Board Certified: American Board of Radiology – Diagnostic Radiology  
Specialization: Nuclear Medicine & Mammography



## **Kevin Cawley, MD**

Medical Degree: Creighton University  
Residency: Creighton University  
Fellowship: University of Nebraska Medical Center  
Board Certified: American Board of Radiology – Diagnostic Radiology  
Fellow American College of Radiology; CAQ – Neuroradiology  
Specialization: CAQ Neuroradiology



## **Paul Christy, MD**

Medical Degree: University of Wisconsin  
Residency: University of Wisconsin  
Fellowship: University of Wisconsin, Mayo Clinic  
Board Certified: American Board of Radiology – Diagnostic Radiology; CAQ – Interventional Radiology  
Specialization: Interventional Radiology



## **Ryan Dvorak, MD**

Medical Degree: Creighton University  
Residency: University of Michigan  
Fellowship: University of Michigan  
Board Certified: American Board of Radiology – CAQ in Nuclear Medicine; American Board of Nuclear Medicine  
Specialization: Neuroradiology and Nuclear Medicine



## **David Hilger, MD**

Medical Degree: University of Nebraska Medical Center  
Residency: University of Nebraska Medical Center  
Board Certified: American Board of Radiology – Diagnostic Radiology  
Fellow American College of Radiology  
Specialization: Mammography & Diagnostic Radiology



## **Richard Kutilek, MD**

Medical Degree: University of Nebraska Medical Center  
Residency: Creighton University  
Board Certified: American Board of Radiology – Diagnostic Radiology  
Specialization: Mammography & Nuclear Medicine



## **Benjamin Maertins, MD**

Medical Degree: Creighton University  
Residency: St. Josephs Hospital/Barrow Neurological Institute Phoenix, AZ  
Fellowship: University of Kansas Medical Center  
Specialization: Vascular/Interventional radiology  
Board certified: American Board of Radiology



# Radiologist Biographies



## **Kevin Nelson, MD**

Medical Degree: University of Nebraska Medical Center  
Residency: University of Oklahoma  
Fellowship: Tufts University/New England Medical Center  
Board Certified: American Board of Radiology – Diagnostic Radiology; CAQ – Neuroradiology  
Fellow American College of Radiology  
Specialization: Neuroradiology & Musculoskeletal Radiology



## **Nick Nelson, MD**

Medical Degree: University of Nebraska Medical Center  
Residency: University of Nebraska Medical Center  
Fellowship: University of San Francisco, Moffitt Long Hospital – Ultrasound  
Board Certified: American Board of Radiology  
Specialization: Ultrasound



## **Temple Rucker, MD**

Medical Degree: University of Nebraska Medical Center  
Residency: University of Nebraska Medical Center  
Fellowship: University of Nebraska Medical Center  
Board Certified: American Board of Radiology – Diagnostic Radiology  
Specialization: Body Imaging & Mammography



## **Linda Snider, MD**

Medical Degree: University of Nebraska Medical Center  
Residency: Creighton University  
Fellowship: University of Nebraska Medical Center  
Board Certified: American Board of Radiology  
Specialization: Diagnostic Radiology



## **Max Stevens, MD**

Medical Degree: University of Iowa College of Medicine  
Residency: Creighton University  
Fellowship: University of Iowa Hospitals and Clinics  
Board Certified: American Board of Radiology  
Specialization: Musculoskeletal Radiology



## **Kris Vander Zwaag, MD**

Medical Degree: University of Iowa College of Medicine  
Residency: University of Nebraska Medical Center  
Fellowship: University of Nebraska Medical Center  
Board Certified: American Board of Radiology  
Specialization: Body Imaging & Neuroradiology



## What can a hospitalist do for you?

A hospitalist is a board certified, or board eligible, internal medicine physician who specializes in treating inpatients. The Hospitalists practice is exclusive to inpatient care so they are well versed in current inpatient care protocols. Hospitalists are on-site 24/7 to quickly respond to changes in your patients' condition, and answer the patients and family members' questions.

### How a hospitalist can help your patients and practice:

- 24/7 on-site availability.
- Prompt evaluation and treatment for inpatient medical management and medical consultation of your patients.
- Emergency pre-op medical clearance cases seen promptly.
- Post-op medical management seen in the PACU or on the floor.
- Dedicated care managers facilitate patient transfers to skilled nursing and other facilities.
- Comprehensive discharge summary dictated within 24 hours of discharge.
- Enhanced ability for you to provide your patients in-office care without interruption.

### Who can refer to the program?

Anyone. Referrals are accepted from primary care and specialty physicians.

### How do I admit a patient to the program?

Call the Hospitalist Referral Line at (402) 354-2360 or (800) 627-6363. When you call, please have:

- Patient's name
- Date of birth
- Pertinent history
- Description of acute problem
- Your contact information

### How will continuity of care be maintained if I refer my patient to a hospitalist?

The hospitalist will communicate with you upon your patient's admission, at any significant changes in condition and upon discharge.

### What about follow-up care after discharge?

You will receive a comprehensive discharge summary of your patient's stay within 24 hours. Your patient will be instructed to contact your office for follow-up care.

## **Where do the Hospitalists see patients in Omaha?**

- Methodist Hospital (84th & Dodge)
- Methodist Acute Rehab (inside Methodist Hospital)
- Midwest Surgical Hospital (79th & Farnam)
- Methodist Women's Hospital (192 & Dodge)

## **How do I become a referring physician partner?**

Referring physician partners are local physicians who refer all of their patients to the hospitalist service for inpatient care. To become a partner simply call the program Medical Director, Dr. Tamara Doehner at 402-354-2360 during normal business hours.

# HOSPITALISTS



Priyanka Borah, MD



Tyler Brinkman, MD



Russ Cowles, MD



Joseph Evans, MD



Ben Fangman, DO



Jamie Fleckenstein, DO



Heidi Hausmann, MD



Brian Hollis, MD



Katie Hoppes, MD



Ty Huebert, MD



Bryan Knipe, MD



Andrea Marsh, MD



Katie McInerney, MD



Matt Miller, MD



Heidi Moser, MD



Eric Rodrigo, MD



Rebecca Runge, MD



Abby Shiffermiller, MD



Michael Skoch, MD



Joseph Stolp, DO



Kendra Swanson, MD



Marie Belgum, APRN



Kiley Campbell, APRN



LeeAnn Hansen, APRN



Stephanie LaFountain, PA-C



Lauren Lier, APRN



Heidi O'Connell, APRN



Carlyn Pentzien, APRN



Hayley Phillips, APRN



David Wisthuff, PA-C



# Methodist & Methodist Women's Hospital

## Provider Education 2021

### EMERGENCY MANAGEMENT

#### Methodist Health System uses Plain Language Messaging

**Medical Emergency:** Cardiac or respiratory medical emergency (Adult)

**Code Pink:** Cardiopulmonary Arrest (Infant) at MWH

**Stroke Alert:** Patient showing stroke symptoms

**Internal or External Disruption/Disaster (Standby):** Staff are on alert status to sign-in if event escalates

**Internal or External Disruption/Disaster:**  
**Medical Staff** report to Medical Staff lounge to sign-in

**Armed Intruder (Active Threat):** Run/Hide/Fight. Understand the differences in responses

**Abduction - Missing Infant or Child:** Monitor unattended area for announced person

**Code Black:** Bomb Threat - Follow instructions; Isolate and clear area if found; If phone call, document caller details on Bomb Threat Checklist

**Dr. Major (CIT):** Agitated/escalated Patient or visitor - Call the hospital operator and ask for "Dr. Major for assistance

**Decon:** Patient decontamination – Avoid Area

**Elevator Failure:** Contact Customer Service Call Center with elevator floor and current location

**Medical Gas Emergency:** (Oxygen, Medical Gas, or Vacuum Failure or shutdown) Call Customer Service Call Center and follow policy

**Missing Person:** Adult patient elopement—Monitor unattended area for announced person

**Severe Winter Weather:** Coordinate and plan for essential operations before and during event

**Utility Failure (Electrical, HVAC, Water):** Contact Customer Service Center at 4-4111 or 4-4000

#### **Fire Alarm:**

Smell something burning, see smoke or fire then pull fire pull station to alert Hospital staff

Remember:

**"RACE"** Rescue, Alert, Contain, Evacuate

**R:** Rescue those in danger

**A:** Activate the alarm and **call the Customer Service Center**

**C:** Contain the fire

**E:** Evacuate from fire compartment to fire compartment if possible, then from building to building using stairs if possible and then to assigned collection site.

**PASS:** Pull, Aim, Squeeze and Sweep with fire extinguisher



**Call NMH Customer Service Representatives at 354-6911 or 815-6911 for NWH**

#### **Tornado Watch & Warning**

**Tornado Watch:** Conditions are favorable for a tornado

**Package:** Gather patient items necessary to support movement with little notice

**Prepare:** Work with the unit to identify movement priority, process, and location

**Tornado Warning:** Tornado spotted

**Protect:** Take protective action (Shelter In place, Move to hallway, Relocation point, or Staging area)



## Methodist & Methodist Women's Hospital Provider Education 2021

### **Crisis Intervention Team Response –Dr . Major**

“Dr. Major” is the term used to initiate a crisis intervention team (CIT) response. The CIT’s main function is to address the audience and normalize the environment as quickly as possible. If involved, practitioners should visually monitor the patient as well as support the CIT and Security during verbal or physical intervention.

<http://eportal/Main/Policies-and-Procedures/Behavioral-Health-Disruptive-Patient-Visitor-Behav-15147.aspx>

### **Environment of Care**

Workplace Safety – All areas must meet all regulatory codes for safety. If an accident/injury occurs (i.e. slips, falls, blood/body fluid exposures, needle sticks), report it. Contact the Medical Staff Office for a variance report, and Employee Health for assistance on the Employee Injury/Illness report. If unsure how to report an accident or injury and/or need a form, contact a member of leadership.

### **Interim Life Safety Measures (ILSM)**

Interim Life Safety Measures are a series of actions that must be taken to temporarily compensate for fire protection deficiencies or for hazards created by construction activities.

### **Response during Emergency/Disaster Event**

As a staff member your response during a hospital “Internal or External Disruption/Disaster” is critical to the success in managing the patients’ care. According to hospital policy, medical staff, physician assistants, advanced practice registered nurses, residents, and medical students will report to the Medical Staff Lounge, for both MH and WH, upon hearing the overhead announcement “Internal or External Disruption/Disaster”. Upon arrival at the lounge, you will sign-in on a pre-established form (name, specialty, and contact cellular phone or pager number). After signing in, please return to your normal activities, unless your services are requested. Hospitalists on duty are expected to report to the Hospital Command Center at Methodist, Nebraska Room or designated room, for a briefing on the current information and status on the event or exercise. At Women’s Hospital Providers report to the Board Room for the briefing. If event requires your services, the incident commander will facilitate the process of having someone contact you and request your assistance in providing services to care for current or arriving patients.



The FDA and The Joint Commission have collaborated on strategies to increase awareness and decrease the incident of surgical fires.

A surgical fire can occur at anytime when three elements are present:

- An oxidizer, such as oxygen or nitrous oxide
- An ignition source, such as electrocautery, lasers and fiber optic illumination systems
- A fuel source, such as surgical drapes, alcohol-based skin preparation agents, or the patients tissue, hair or skin

All members of the surgical team will participate in a Fire Prevention Assessment during the “time out” before the start of the procedure.

### **Fire Risk Assessment:**

Procedure or Surgical Site above the Xyphoid? Yes or No

Fire Risk Preventative Measures taken:

- Fire risks communicated to the surgical team
- Alcohol preps allowed to dry, pooled solutions removed
- Avoid tenting of drapes, allow venting of oxygen
- Have sterile fluid available on surgical field for fire suppression
- Oxygen delivery reduced to minimum required to avoid hypoxia

Oxygen in use? Yes or No

Ignition source in use ? (ESU, Laser, Fiber optic cord)  
Yes or No

- Participate in fire drills
- Know the steps of RACE & PASS
- Review initiation of emergency response
- Location of fire pulls

Location of fire extinguishers

## Methodist & Methodist Women's Hospital Provider Education 2021

### **Professionalism**

Unprofessional conduct by a member of the medical staff is behavior which adversely impacts the quality of patient care, and includes verbal or physical abuse, sexual harassment, and/or threatening or intimidating behavior toward colleagues, team members, or patients/visitors. This conduct will not be tolerated. A report should be submitted directly to the V.P. of Medical Affairs in care of the Administrative Director of Medical Staff Services, or a report can be entered in the RL Variance reporting software program.

Reference: Professionalism Policy

[http://www.hcfms.com/uploads/HCFMS\\_Uploads/Workplace-Harrassment.pdf](http://www.hcfms.com/uploads/HCFMS_Uploads/Workplace-Harrassment.pdf)

### **Impaired Practitioner**

The term **impaired** is used to describe a practitioner who is prevented by reason of illness or other health problems from performing his/her professional duties at the expected level of skill and competency. Impairment also implies a decreased ability or willingness to acknowledge the problem or to seek help to recover. Many health service professionals are at an increased risk for alcohol/drug abuse or addiction.

Professional demands, compounded by the unique aspects of practice-related factors, can increase the chances that a professional will abuse alcohol or drugs. If allowed to continue, many professionals may find themselves in a cycle of addiction which can adversely affect their personal lives and jeopardize their professional careers.

Methodist Medical Staff will assist the entry of a suspected or confirmed impaired practitioner into evaluation, and to appropriate treatment, and/or rehabilitation. A Professional Assistance Committee can be established, referral to Nebraska Licensee Assistance Program, or other identified services.



### **Falls**

#### **Risk Assessment**

The Morse Fall Scale (MFS) evidenced-based tool, is used to identify patients at risk for fall. Nurses assess daily and PRN using the MFS. Universal fall precautions are initiated on all patients. Patients who score  $\geq 60$  on the MFS are considered **SEVERE RISK FOR FALLS**. A nurse may also deem a patient at risk based upon clinical judgment or other clinical variables.

#### **Targeted Interventions:**

- Yellow wristband /socks on patient
- Chair and Bed Exit Alarm
- High/low bed with floor mats if impulsive or confused
- Orthostatic Vital Signs 1x per shift for 48 hours report to physician variances per policy
- Scheduled toileting Q2H and stay with the patient when in the bathroom or bedside commode to assist
- Educate patient and family on Fall Risk and strategies
- Use gait belt if patient does not walk independently

#### **Post Fall**

**If a patient falls while in the hospital, the following will occur per policy:**

- A nursing assessment of the patient for immediate signs of injury and/or any after effects secondary to the fall
- If the fall is unwitnessed, RN completes neuro checks Q4 hours x 24 hours
- Vital Signs at least Q4 hours x 24 hours
- Core Coordinator initiates a Post Fall Huddle (completed via the variance reporting system) with nursing staff, family, patient and other disciplines as warranted in the patient room
- Pharmacy consult is triggered in EMR for medication review

**RN notifies the attending physician and family**

**Note: Diagnostic testing (CT, x-ray, etc.) or additional interventions post fall (beyond those completed by nursing) are determined by the physician based upon his/her assessment.**

#### **Patient Family Refusal of Fall Precautions**

If a patient requests not to be on fall precautions, please inform the staff RN or the Core RN to discuss options to engage their adherence to these safety measures. If the patient refuses fall precautions, all efforts will be made to educate the patient on his/her risk factors and the patient will be asked to complete the "Leaving Against Medical Advice (AMA) / Refusal of Care" form.

Reference Policy: Fall Risk Reduction – Nursing Policy Manual

## Methodist & Methodist Women's Hospital Provider Education 2021

### Restraint and Seclusion

#### Physician Orders for Non-Violent Restraint Use:

- The treating LIP's order written for a specific episode must be obtained for use of any type of restraint
- Orders must be documented in the EMR
- The treating LIP's order cannot exceed a calendar day, and will specify the reason for the restraint use and the type of restraint

#### Restraint: Violent/Self Destructive Behavior:

Use of restraint in emergency or crisis situations when unanticipated, severely aggressive or violent/destructive behavior presents an immediate, serious danger to his/her safety or that of others.

#### Physician Orders for Violent Restraint Use:

- The treating LIP's order written for a specific episode must be obtained for use of restraints for violent/self-destructive behavior
- Orders must be documented in the EMR
- The initial and renewal orders for violent/self-destructive behavior restraints will be for a maximum of 4 hours for adults, 2 hours for children/adolescents (age 9-17) and 1 hour for children under age 9 and will specify the reason for the restraint use and the type of restraint
- The LIP/Trained RN will perform a face to face assessment on the patient's physical and psychological status within one hour of the initiation of the restraint. This assessment is performed even in those situations where the person is released early (prior to one hour). The assessment shall include and be documented in the EMR: the patient's immediate situation, patient's reaction to the intervention, patient's medical and behavioral condition
- If a patient remains in restraints for violent/self-destructive behavior 24 hours after the original order, the LIP must conduct a face-to face reevaluation before writing a new order for the continued use of restraint

**NO PRN ORDERS ARE ALLOWED FOR ANY TYPE OF RESTRAINT**

*Refer to policy for additional information:*

<http://mhsintranet.nmhs.org/Main/Policies-and-Procedures/Restraint-and-Seclusion-15621.aspx>

### Restraint and Seclusion

**Chemical Restraint:** Chemical restraint intervention orders will only be initiated as STAT or NOW orders. They cannot be ordered PRN and would not be a standard treatment for the patient's condition.

**Restraint:** Any manual method, physical or mechanical device, material or equipment involuntarily attached or adjacent to the patient's body that he/she cannot easily remove that its intended use restricts freedom of movement or normal access to one's body.

### PRESSURE INJURIES



All pressure injuries **MUST** be documented by a provider in the medical record (progress notes, H&P, or discharge summary).

Documentation should include presence of pressure injury, location, and if present on admission.

Additional pressure related injuries may include:

- Deep tissue injuries (which may appear 48-72 hours after trauma)
- Mucosal injuries (mucosal skin breakdown due to devices such as NG, ET tube, Foley, rectal tube)
- Device related injuries (most commonly caused from oxygen delivery modes, compression stockings, and braces/immobilizers)

Nursing staff is responsible to communicate to the provider when the presence of a pressure injury is assessed.

From a reimbursement perspective, only Stage 3 and 4 injuries impact the DRG payment. However, all stages impact the severity of illness and risk of mortality of the patient indicating higher complexity.

Methodist wound care nurses (WOCN) are available for consult Monday—Friday 8am to 4:30pm



## Methodist & Methodist Women's Hospital Provider Education 2021



Decreasing antimicrobial resistance and improving correct use of antimicrobials is a national priority. A growing body of evidence demonstrates that programs dedicated to improving antibiotic use, known as "antibiotic stewardship" programs, can help slow the emergence of resistance while optimizing treatment and minimizing costs. The Joint Commission mandated antimicrobial stewardship at the hospital level.

- An Antibigram is prepared annually for Methodist Hospital by the Microbiology Department. This document can be accessed: 1) within the Patient chart in Cerner, 2) On the MH Intranet, and 3) Via BestCare.org. This document provides susceptibility data for various organisms to formulary antimicrobial products.
- When entering antimicrobial orders in Cerner, an indication needs to be selected. If "other" is selected, a free text indication needs to be entered in the Free-text Indication box.
- Most IV antibiotics have a three day automatic renewal. This provides a good opportunity to perform an "antibiotic time-out" to assess whether or not antibiotic needs to continue, stop, or modify to another agent based upon culture and susceptibility data.
- Various topics regarding antimicrobial stewardship are regularly published in the P&T newsletter.
- Certain antimicrobial products are restricted by P&T to certain specialty services: Micafungin (ID); Valganciclovir (ID); Linezolid (ID or via HCAP Power-plan); daptomycin (ID); Ceftaroline (ID); Fidaxomicin (ID or GI); Meropenem (ID or Pulmonology); Ertapenem (ID or Pulm or Colo-rectal surgery procedures/prophylaxis).

A first dose may be ordered but subsequent doses restricted to applicable service. Ceftolazone/tazobactam and ceftazidime/avibactam are restricted to ID services for ANY dose.

### Rapid Response Team

The Rapid Response Team (RRT) is a patient safety strategy that brings critical assessments, care, and expertise to the patient's bedside at a time when a patient's condition is rapidly changing or is compromised.

RRT members at Methodist Hospital include the dedicated Rapid Response Nurse (RRN), which is one of the Critical Care Core RNs. **This role is now live 24/7.** Lead Respiratory Therapist and the Administrative Coordinator. One call to **4-6911** quickly brings these team members to the patient's bedside or to a patient in an Ancillary department.

**The RRN will proactively round on the units, and along with the bedside nurse** may initiate a call at any time they feel the patient's physiologic status requires immediate intervention, specific cues such as unstable vital signs, change in level of consciousness, or other rapid deterioration often prompts a call."



### Nursing Delirium Screening

- Nurses screen all inpatient adults age 65 and older every shift for delirium via the Nurse Delirium Screening Tool (NuDESC)
- Providers will be notified of initial positive results (score of > 2) and clinical concerns
- Nursing interventions will be implemented
- Consider ordering/evaluating the following labs/diagnostics as a starting point: FBG, CBC, CMP, UA, EKG, CXR
- Consider drugs only if key target symptoms cannot be managed with non-pharmacologic measures
- Benzodiazepines are never appropriate for delirium unless patient is going through alcohol withdrawal

## Methodist & Methodist Women's Hospital Provider Education 2021



### Infection Control

#### **Hand Hygiene**

Alcohol hand sanitizer is preferred for use at Methodist when hands are not visibly soiled. Use soap and water for visibly soiled hands.

Perform hand hygiene:

- When entering and exiting the patient care environment, regardless of contact with the patient or an item in the patient room (Clean In/Clean Out)
- Before and after patient contact
- Before donning and after removing gloves
- Before a clean/aseptic procedure
- After touching inanimate objects, i.e., computers, phone, etc. in between caring for patients
- After contact with blood or body fluid
- Use soap and water (15-20 seconds) after caring for patients with Norovirus or c. difficile

#### **Prevent the Spread of Multi-Drug Resistant Organisms**

**Contact Precautions** for patients with suspected or known MDRO, VRE, or CRE. gown & glove required when touching patient and any surface in the room.

**Enhanced Contact Precautions** for patients with suspected or known Norovirus or c. difficile; gloves and gown are required prior to entering room, and bleach used for surface/equipment cleaning. Disinfect equipment between patients (stethoscope).

Perform hand hygiene between patient encounters. Avoid taking computer or non-dedicated equipment into rooms.

#### **Prevention of Surgical Site Infections**

- Educate patients about SSI prevention PRIOR to procedure
- Perform proper surgical scrub on hands and don proper surgical attire per policy/procedure
- Use proper antibiotics for prophylaxis prior to incision, including adding anaerobic coverage intra-op when the bowel becomes involved unexpectedly
- If hair removal needed, use clippers in pre-op area
- Ensure proper surgical site scrub; surgical scrub containing alcohol is preferred
- Minimize traffic in OR during surgery
- Do not flash sterilize equipment
- Hand hygiene before and after caring for wound



#### **Prevention of Catheter-Related Urinary Tract Infection (CAUTI)**

- Educate patients about CAUTI prevention PRIOR to catheter insertion
- Use approved indications for urinary catheter insertion
- Use approved aseptic catheter insertion technique
- A Foley Removal Protocol is in place to minimize inappropriate Foley catheter use and lower the risk of infection and catheter associated complications. When a Foley catheter is ordered, the Foley Removal Protocol will default to YES unless changed to NO by the physician. This Protocol tasks the nurse to reassess "Foley necessity" using the approved EBP medical indications each shift. If the patient no longer meets one of the indications, the nurse will select "NO CRITERIA PRESENT" and an order will be auto generated for the RN to remove the Foley. The RN will notify the physician for clarification if there are questions prior to removing the Foley catheter.

**Reassess the need for the catheter daily** using approved criteria; remove any unnecessary catheter



#### **Prevention of Central-Line Associated Bloodstream Infections (CLABSI)**

- Educate patients about CLABSI prevention PRIOR to line insertion
- Use central line insertion kit and checklist
- Use a subclavian site, rather than a jugular or femoral site
- Perform hand hygiene, use full body drape; wear mask, cap, sterile gown and sterile gloves, use CHG skin prep
- Hand hygiene & gloves before changing dressing or accessing port

## Methodist & Methodist Women's Hospital Provider Education 2021



Methodist respects a patient's right to effective pain management. Pain management is multidisciplinary, characterized by continual coordination and communication.

Desired outcomes include: optimum pain control, reduced side effects, and enhanced patient satisfaction.

Effective pain management consists of pharmacological and non-pharmacological treatment options.

The standard assessment for pain intensity is the numerical scale, 0-10 scale. Patient statements are used for those unable to use the numeric scale (e.g. none, mild, moderate, and severe). Signs & symptoms are used for cognitively impaired, unconscious, or those unable to otherwise communicate.

Range orders CANNOT be used.

More than one medication may be ordered for pain but specific direction for which medication and/or dose must be included.

Schedule non-opioid analgesics first, adding opioids for moderate or severe pain. Non-pharmacological options should be incorporated by the treatment team.

Order based on pain intensity:

**Mild pain (1-3)** – non opioid analgesics, ex. Tylenol or NSAIDS

**Moderate pain (4-6)** - non opioid analgesics in addition to low dose opioids

**Severe pain (7-10)** – non opioid analgesics in addition to higher strength opioids

Utilizing a multimodal approach to manage pain can reduce the side effects related to opioid use, potential over sedation, and risk for adverse outcomes.

Use of the following order sets is highly recommended: Pain, Constipation, Nausea Protocol and the standard PCA.

Per Nebraska legislation, initial opiate prescriptions for patients 18 years of age or younger, should not exceed seven days. In addition, all patients discharged on opioids must be educated, every 60 days, on side effects of opioids, potential risk of addiction, and appropriate storage and disposal of opioid prescriptions. Excluded from this requirement are hospice, palliative care, or cancer patients within their course of treatment.

Medicare Part D and other payers, are now placing restrictions on filling prescriptions based on number of pills prescribed and the cumulative Morphine Milligram Equivalent (MME) daily dose. Prescriptions for patients with cumulative doses at or greater than 90 MME for all prescriptions, are being regularly stopped at pharmacies, unless adequate documentation as to the need for dose prescribed to the patient is provided.

Per Nebraska legislation, continued competency is required for providers who prescribe controlled substances, beginning with the first license renewal period on or after October 1, 2018. This includes, at least three hours of continuing education every two years, specific to prescribing opioids. Education in this area, must include, one-half hour of continuing education covering the prescription drug monitoring program (PDMP).

General Pain Management Resources:  
Pain Management Policy

CDC Guideline for Prescribing Opioids for Chronic Pain:  
[https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm)

Nebraska Pain Management Guidance Document:  
<http://dhhs.ne.gov/DOP%20document%20library/Pain%20Management%20Pain%20Guidance.pdf>

Pain Management Education Resources:

DHHS PDMP Education video:

<http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-PDMP-Access.aspx>

DHHS Pain Management resources and videos containing more in-depth education:

<http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Pain-Management.aspx>

DHHS Naloxone Education video:

<http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Naloxone.aspx>

## Methodist & Methodist Women's Hospital Provider Education 2021



### Health Insurance Portability and Accountability Act) of 1996

Protects the confidentiality and security of health information as it is used, disclosed and electronically transmitted and creates a framework using standardized formats for transmitting electronic health information more efficiently. Any information about a patient written on paper, saved on a computer, or spoken, is *protected health information (PHI)*.

### **HIPAA Privacy Rule**

Gives patients federal rights to gain access to their medical records and restricts who can see their health information. Requires organizations to take measures to safeguard patient health information. Requires organizations to train members of the workforce on patients' rights to privacy and control over their health information. Penalizes individuals and organizations that fail to keep patient health information confidential.

Misconduct that may lead to corrective action includes any violation of the HIPAA Privacy rule and/or action threatening the security of the MHS IT Network, including, but not limited to:

- Inappropriately using or disclosing information about patients, their families, other employees, organization personnel, or medical affairs of any MHS entity
- Forging, altering, or deliberately falsifying any document or computer entry, authorization, or record that is to be used by the facility

Information obtained about patients must remain confidential. **Accessing information for which you have no right to know is a violation and considered serious misconduct.** Always contact IT Security/Privacy Officer if medical devices, offered by medical device representatives, will be connected to our servers, and transmit or maintain patient information.

### **Breach Notification Rule**

Any potential breach needs to be reported immediately to the **MHS Privacy Officer at 402-354-6863**. The Privacy Officer will investigate the suspected breach and notify the affected party and HHS-OCR Office. No Expectation of Privacy, NMHS regularly monitors users' access and use of IT assets with a variety of monitoring and audit tools. Anyone who violates or otherwise fails to observe the Methodist Health System HIPAA Privacy and Security rules and policies will be subject to disciplinary action, including termination and/or loss of access and privileges.

### **Patients have the following rights under HIPAA:**

- To know who has access to their health information and how it is used (Notice of Privacy Practices)
- To access and request an amendment to their health records in the designated record set (Access and Amendment)
- To request a list of people and organizations who have received his/her health information (Accounting of Disclosures)
- To request that we communicate with them by alternative means (Confidential Communications)
- To request restrictions for the use and disclosure of their health information (Request Restrictions)

### **Security Rule specifies the safeguards that must be implemented to protect confidentiality and integrity and availability of ePHI**

- Don't reply to emails (or phone calls, text or instant messages) requesting personal, patient or other confidential information
- Never send PHI or confidential information to a personal email address
- Don't forward suspicious emails to others – contact the IT Service Desk
- Encrypt email before sending it outside of NMHS walls
- No disparaging communication about NMHS employees, patients, visitors, customers or the work environment
- Personal mobile devices are not secure to send or store patient information



### **Social Networking**

All employees are expected to conduct themselves in a manner that reflects integrity and shows respect and concern for others, including on social media.

Never post confidential information, photos of a patient or videos of a patient on the internet, even if it does not include a patient's name. Inappropriate posts can seriously damage Methodist Health System's reputation.

Never discuss confidential information in public forums, chat rooms, text message or news groups.

Be cautious of identifying yourself as an MHS employee on social media.

Do not discuss workplace frustrations with patients or share workplace related frustrations online.

Do not use MHS logos or trademarks on your personal posts. Refrain from friending patients. Employees should keep their personal and professional life separate. Befriending and interacting with a patients online can result in accidental disclosure of PHI.

Failure to follow the Social Networking Policy may result in corrective action, up to and including termination of employment.

### **Photography and Recording**

NMHS has a policy titled "Photography and Recording" that applies to all NMHS affiliates. In general, photography and recording by a patient or visitor is permitted if it does not interfere with patient care. However, photography and recording of a provider/staff without his/her knowledge is prohibited per the policy. You have the right to ask a patient to stop recording or taking photographs if you haven't given permission to do so.

The policy allows providers and staff to utilize photography and recordings for purposes of identification, patient care and treatment, as long as it complies with the provisions in the policy. Personal cell phones or other recording devices should not be used. Please review the policy for details.



## Methodist & Methodist Women's Hospital Provider Education 2021



### Blood Administration

#### Transfusion Guidelines for Blood Components

Approved by the Methodist Hospital Medical Staff, December 2020

##### **Red Blood Cells:**

- Hemoglobin less than 7 g/dL<sup>1,2</sup>
- Hemoglobin less than 8 g/dL if:
  - Patient with pre-existing cardiovascular disease or undergoing cardiac surgery.<sup>1,3</sup>
- Patient with symptomatic anemia not responsive to fluids
- Life threatening hemorrhage/ massive transfusion protocol (MTP)

**NOTE:** One unit of packed red cells in an adult, 8 mL/kg pediatric dose, will increase hematocrit by approximately 3% and hemoglobin by 1g/dL

##### **Platelets:**

- Platelet count  $\leq 10$ k/mL prophylactically in patients with failure of platelet production<sup>4,5</sup>
- Platelet count  $\leq 20$ k/mL with fever, or bleeding related to thrombocytopenia (petechiae, mucosal bleeding, etc.), or undergoing central venous catheter placement<sup>6</sup>
- Platelet count  $\leq 50$ k/mL in a patient undergoing elective lumbar puncture or invasive procedure<sup>6</sup>
- Platelet count  $\leq 100$ k/mL in a patient undergoing neurosurgery
- Perioperative bleeding with thrombocytopenia and/or evidence of platelet dysfunction post-cardiac bypass<sup>6</sup>
- Bleeding patients with platelet dysfunction
- Life threatening hemorrhage/ massive transfusion protocol (MTP)

**NOTE:** A single apheresis unit of platelets will increase the platelet count by 35,000 – 55,000/cc<sup>3</sup> in an adult

##### **Plasma:**

- Replacement of clotting factor if deficient in multiple factors or if factor concentrate is not available.
- Emergent reversal of Coumadin in patients who cannot receive prothrombin complex concentrate (PCC)
- Suspected TTP or known TTP patient as a bridge to plasma exchange
- Life threatening hemorrhage/ massive transfusion protocol (MTP)

**NOTE:** A dose of 10 – 15 mL/kg is usually adequate to correct a coagulopathy. One unit of frozen plasma has a volume of 220mL.

The above thresholds are guidelines and do not cover all clinical scenarios. If there is a question as to the appropriateness of transfusion or a blood product, a hematology or transfusion



#### Transfusion Reactions

Transfusion reactions are under recognized and under reported, but can have serious impacts on patient care and safety.

Many reactions have similar initial presentations- fever can indicate a febrile non-hemolytic reaction (minor) or be the initial symptom for TRALI, a hemolytic reaction, or a septic transfusion reaction (all potentially fatal).

Reactions in general are more likely to occur with plasma-containing products, such as plasma units or platelets.

Certain patients may not have classic symptoms- for instance, severely immunocompromised patients may not develop a fever, even in the setting of a bacterially contaminated platelet transfusion.

#### **Reactions of Frequent Clinical Concern:**

##### Minor Reactions

Minor allergic reactions (hives)

Febrile non-hemolytic reactions (FNHTR)

##### Major Reactions

Anaphylactic reactions

Hemolytic reactions

Transfusion Associated Circulatory Overload (TACO)

Transfusion Related Acute Lung Injury (TRALI)

Septic Transfusion Reactions

##### **Red Flags:**

Fever (rise of 2 F, 1C)/rigors (FNHTR, Hemolysis, Sepsis, TRALI)

Respiratory distress (TACO, TRALI, anaphylaxis, progressing allergic reactions)

Significant rise or drop in blood pressure (TACO- rise; Sepsis, TRALI- drop)

Back/flank pain or infusion site pain (hemolysis)

Nausea/vomiting (Sepsis)

##### **Bottom Line:**

Recognition is key- if you have any suspicion that your patient is experiencing a transfusion reaction (minor or not), STOP THE TRANSFUSION!

Notify the blood bank as soon as the patient is stable.

Order a transfusion reaction workup ("transfusion reaction workup" in Cerner).

Save the blood component/bag implicated in the transfusion and have this walked back to the blood bank.

Don't disregard mild symptoms- a more serious complication could be imminent.

The ONLY situation in which a transfusion can be restarted after a reaction is in the case of mild allergic symptoms (urticaria, pruritis) that resolve with antihistamines.

# Preventing Workplace Harassment

## Key Points About Harassment:

- It has no place at the Hospital and is prohibited by Hospital policy
- You should never accept it from others
- You are encouraged to, and protected, when you report it
- You don't ever want to be seen as a harasser

## Laws Prohibiting Harassment

- [Title VII of the Civil Rights Act of 1964](#) (race, sex, religion, nationality, pregnancy)
- [Age Discrimination in Employment Act](#) (individuals 40 or older)
- [Americans with Disabilities Act](#)
- [State and Local Laws](#)
- NMH Policy
- Licensure Requirements

## Types of Workplace Harassment

- Quid Pro Quo – "something for something" – a form of sex harassment - applies where one employee (typically a manager) offers some job-related benefit in exchange for sexual-related favors
- Hostile Environment – a form of harassment that applies not only to sex – but to all protected classes (sex, race, national origin, religion, disability, age, etc.) – by far, the most prevalent form of unlawful harassment

### Elements of a Hostile Work Environment Claim

- Victim was subjected to unwelcome conduct
- The conduct was severe or pervasive
- The conduct negatively affected the terms, conditions or privileges of the victim's work
- The harassment would detrimentally affect a reasonable person in the same class
- Management knew or should have known about the harassment; or, the harasser was a supervisor and the victim suffered adverse action (strict liability)

## What Can Constitute Harassment?

Hostile environment gender harassment can take many forms, including:

- Physical contact – touching, grabbing, caressing
- Frequent non-sexual physical contact
- Staring, leering, taunting
- Talking about sex or telling "dirty" jokes
- Repeated requests for dates (whether in person, by text, e-mail, or phone)

Hostile environment harassment based on personal characteristics (gender or otherwise) can include:

- Making/forwarding jokes, pictures or cartoons
- Commenting about others' personal characteristics within earshot of others
- Text messages, Facebook posts, etc. about others' personal characteristics, even if done outside of work hours
- Persistent unwanted attention, such as teasing
- Potentially, any action or comment if the purpose or effect may be to intimidate, embarrass, or denigrate on the basis of a personal/cultural trait

**NOTE:** The perpetrator's harmless intent makes absolutely no difference—the issue is whether a reasonable person in the victim's position would find the behavior unwelcome

## Who Is Involved?

Who Can Experience Harassment?	Who Can Be Accused of Harassment?
♦ Direct targets of harassment	♦ Co-workers
♦ Bystanders/witnesses	♦ Supervisors
♦ Men/women	♦ Subordinates
♦ Employees	♦ Patients
♦ Supervisors	♦ Vendors
♦ Patients/Visitors	♦ Visitors

## **How Do We Prevent Harassment?**

- Educate employees and management on policies and values
- Empower bystanders to intervene
- Take prompt remedial action when required

## **Empower the Team**

- Create a culture of intervention
- "If you see something, say something"
- Behave respectfully and insist others do the same

## **Take It Seriously!**

- Create a civil and respectful culture
- Bring any concern to HR swiftly
- Take prompt, effective remedial action
- Communicate with your team often about our values and expectations

Learning from #MeToo

Kelli Lieurance - Baird Holm LLP





## Severe Sepsis/Septic Shock Recognition and Treatment

Opportunity to improve the timely recognition and treatment of in-hospital sepsis continues to receive international scrutiny from quality agencies. Implementation of evidence based interventions for improvement will require that providers- both nurses and physicians- be more sensitive to the signs and treatment of sepsis syndrome. The Surviving Sepsis Campaign is an international approach to implementation of best practice based on current research with the expressed goal of reducing sepsis related deaths. Where implemented, this approach has resulted in mortality reduction for severe sepsis and septic shock.

**SCREENING:** The severe sepsis screening tool, available at Methodist since 2006, is used routinely on all nursing units. Floor nurses complete the screening tool based on automated SIRS/Sepsis screening criteria for all inpatients at Methodist and Women's Hospital. Screening can also be done as needed whenever there is a change suggestive of sepsis. The Emergency Department screens every patient admitted. The screening tool from the Severe Sepsis Campaign is very sensitive, but not specific. Those with a positive screen require physician review to determine if severe sepsis or septic shock is an appropriate diagnosis. The physician will be notified when the screening tool is first positive and with any subsequent significant change in clinical status regardless of an initial positive or negative screen.

**TREATMENT:** The Surviving Sepsis Campaign has outlined time sensitive bundle elements related to increased survival. The initial elements to be started as soon as possible are listed below. Cerner order sets, inclusive of the best practice bundle elements, are available.

### Early Management Sepsis Bundle

#### **Initial Resuscitation Bundle**

***To Be Completed in 3 hours of sepsis alert on patients admitted from ED and floor patients transfer from another facility are excluded from the measure.***

Nurse will notify MD of severe sepsis alert. The following orders need to be entered:

- 1) Measure lactate level
- 2) Obtain blood cultures prior to administration of antibiotics
- 3) Administer broad spectrum antibiotics
- 4) Administer 30ml/kg crystalloid for hypotension or lactate greater than or equal to 4mmol/kg

Complete "Initial Severe Sepsis Note" to include the following

- SIRS criteria identified
- Known/suspected source of infection
- Organ dysfunction

**Septic Shock Bundle (diagnosed after initial fluid bolus is given) - To be completed within 6 Hours of severe sepsis alert:**

- 1) Administer vasopressors for hypotension that does not respond to initial fluid resuscitation to maintain a mean arterial pressure (MAP) greater than or equal to 65mmHg
- 2) In the presence of persistent hypotension despite volume resuscitation OR initial lactate greater than or equal to 4mmol/L, **the following MUST BE evaluated at the bedside by a provider (MD/PA/NP):**
  - a. Bedside assessment including the following documentation:
    - i. Level of Consciousness
    - ii. Lungs
    - iii. Heart
    - iv. Extremities
    - v. Bilateral radial pulses
    - vi. Bilateral dorsalis pedis pulses
    - vii. Capillary Refill
    - viii. Skin exam
  - b. Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge is optional
    - i. SV is 10% or greater from baseline then the patient is fluid responsive, but if it is less than 10% they are not fluid responsive
- 3) Re measure lactate if initial lactate was >4mmol/kg– monitoring trend down

Document using “Severe Sepsis Reassessment Note” to complete bundle documentation

## How do I contact the library?



(402) 354-7251



[library@methodistcollege.edu](mailto:library@methodistcollege.edu)

## What are the library's hours?



Monday-Thursday

8 a.m. to 9 p.m.

Friday

8 a.m. to 4:30 p.m.

Saturday

CLOSED

Sunday

2 to 6 p.m.

*Reference service unavailable on evenings and weekends.*

## Can I access library resources from home?

Yes. <http://www.methodistcollege.edu/library> Use your network ID and password. Once you log-in, you will have access to licensed/password-protected resources including databases such as CINAHL, Medline Complete, Cochrane & ProQuest plus e-Journals with full text.



## What happens if I find a great resource but John Moritz Library doesn't have it?

- ⇒ If we own the item but it is checked out, we can place a hold and call you when it becomes available.
- ⇒ If we do not own the item, we can request it from another library via Interlibrary Loan.
- ⇒ Just email the citation or abstract link to [library@methodistcollege.edu](mailto:library@methodistcollege.edu)

## What is Interlibrary Loan? How much does it cost & how long does it take?

- ⇒ Interlibrary Loan (ILL) is the process libraries use to obtain books or copies of journal articles from other libraries when an item is not available within our collection. Books can take up to 2 weeks; however most articles are received within 24-48 hours (excluding weekends) and sent as a PDF attachment to your NMC email account.
- ⇒ The lending library determines the cost, if any. You determine if you're willing to pay and, if so, how much. We work with many libraries that provide ILL service free of charge but some institutions charge as much as \$30 per article. It's up to you to specify *FREE* or to set a cost limit within your budget.

## Can someone help me find articles?

Yes! Librarians can assist you with literature searches. Call (402) 354-7251 or email [library@methodistcollege.edu](mailto:library@methodistcollege.edu)

## Can I check stuff out and how long can I keep it?

Yes. NMC students, faculty, staff, and alumni and NMHS staff and physicians all have borrowing privileges. The checkout period for books and journals is two weeks with one two-week renewal and you may check out audiovisual materials for one week with one renewal. Any item borrowed from the library is subject to recall.

## Do you charge late fees?

Although the library does not charge fines for overdue materials, you are not allowed to check out additional resources until you have returned all delinquent items. Library clients are responsible for the cost of replacing lost or damaged resources as well as a \$10 processing fee per item. Library staff works with the NMC Business Office to collect payment.



# New Physician/Licensed Independent Practitioner Restraint and Seclusion Policy Orientation

## Non-Violent Restraints

### Definition

**Restraint:** Any method (chemical or physical) of restricting a patient's freedom of movement, including seclusion, physical activity or normal access to his or her body that is not a usual and customary part of a medical diagnostic or treatment procedure.

## Physician Orders for Non-Violent Restraint Use: Non-Violent Standards

1. A written order by a Physician/LIP is required for use of restraints
2. Restraint orders are limited to 24 hours and will expire without a renewal order within a calendar day
3. Restraint orders, initial and renewal, must include all of the following:
  - a. type of restraint to be used
  - b. reason restraint is needed
4. A PRN order for restraints is not permissible

## Violent/Self-Destructive Behavior Standards

**Restraint Use:** Violent/Self Destructive Behavior: Use of restraint in emergency or crisis situations when management of violent/ or self-destructive behavior jeopardizes the safety of the patient, staff member or others.

### Examples of Violent/Self Destructive Behavior

- Uncontrollable punching, kicking, or biting of others or self
  - Extreme physical acting out that may endanger self or others
1. Within one hour of initiation of restraint:
    - Staff notifies and obtains an order (verbal or written) from the Physician/LIP
    - The Physician/LIP or a trained RN conducts a face to face assessment of the patient

## Re-Evaluation of the Need for Continued Restraint

1. Restraint order is limited must be renewed every four (4) hours for adults, two (2) hours for children and adolescents ages 9 to 17 and , one (1) hour for children under 9 up to a total of 24 hours.
2. By the time the order for restraint expires, the patient is evaluated in person the Physician/LIP.



**Nebraska Methodist Hospital  
Medical Staff Office**

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To: Staff member/Allied Health Practitioner

Date: January 2018

From: William Shiffermiller, M.D., Vice President of Medical Affairs

RE: Response During Emergency/Disaster Event

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Your response during a hospital “Code Triage” event is critical to the success in managing the event. According to hospital policy, medical staff, physician’s assistants, advanced practice registered nurses, residents, and medical students will report to the Medical Staff Lounge after the “Code Triage” overhead announcement. Upon arrival to the lounge, you are asked to sign-in on a pre-established form (name, specialty, and contact cellular phone or pager number). The hospitalists on duty are expected to call the command center (402-354-8444) to report in and receive current information on the event (or drill).

After signing in, please return to your planned activities. If the event requires your services, the incident commander will facilitate someone contacting you and asking for your assistance in providing service to the arriving patients.

If you have any questions, please do not hesitate to call me at (402) 354-4448.

# 2018 Physician/Resident/LIP Orientation to Infection Prevention and Control Methodist and Methodist Women's Hospitals

## Key Points:

Infection Prevention and Control involves strategies to prevent the spread of infectious agents to patients, employees, clinical staff and the health care environment. At Methodist and Women's Hospital, this is accomplished in the following ways:

### 1. Hand Hygiene:

- Is a **patient safety initiative** for all healthcare workers (HCW)
- **NEW for 2018:** The Joint Commission will now issue a citation to healthcare organizations if during on-site visits surveyors witness an employee fail to follow correct hand hygiene guidelines
- It is the most important intervention we can do to prevent the spread of infections
- Hand washing or alcohol-based hand sanitizer rubs are required:
  - Before touching a patient
  - After touching a patient
  - After touching environmental surfaces or medical equipment in a patient room
  - Before clean/aseptic procedures (examples: central line insertion, injection, dressing change)
  - After body fluid exposure risk
- REMEMBER:
  - Gloves **do not** take the place of hand hygiene
  - Hands should be cleaned after touching a contaminated surface (computer, phone, chart) and before touching the patient
- Compliance observations are collected and reported to the Infection Prevention & Control committee

### 2. Compliance with Occupational Safety and Health Administration (OSHA) Standards for Bloodborne Pathogens is designed to reduce/eliminate the risk of occupational exposure to bloodborne diseases (HIV, HBV, and HCV) through implementation of Bloodborne Pathogen Exposure Control Plan; available on NMH Intranet/policies/infection control/blood borne pathogen exposure control plan.

- Job Classifications:
  - Physicians identified at high risk and are offered the Hepatitis B vaccine program
  - Available through Employee Health (354-5687)
- Employee Health (EH) Guidelines
  - Hepatitis B vaccination: offered free of charge to identified high risk job
  - Post-exposure follow-up / evaluation
    - ♦ notify hospital staff to contact Employee Health of exposure:
    - ♦ do **NOT** order lab tests on source patient's chart – EH will complete source patient's testing & share results with you
  - Record keeping requirements: exposure information maintained by Employee Health
- Location of OSHA Bloodborne Pathogens Final Rule:
  - See Infection Control policy: Bloodborne Pathogen Exposure Plan
- Standard Precautions:
  - Implement when anticipating contact with patient's blood or body fluids, secretions and excretions (except sweat); contact with non-intact skin or contact with eyes, nose and mouth
  - Personal protective equipment (PPE) includes gloves, masks, gowns, and eye protection
- Safe Sharps Handling:
  - Hospital uses safety devices whenever possible;
  - Dispose of all sharps in safety sharps container at point of use
- Eating, Drinking, and Personal Care Items:
  - Restricted within patient care area and where there are blood/body fluids
- Training/Education:
  - Completed upon employment and annually (annual reviews)
- Handling and Processing Used Patient Care Equipment:
  - Specimens: handled as biohazardous material (labeled biohazardous; use gloves as needed)

- Linen: used items considered contaminated and contained/bagged for laundering
- Instrument reprocessing: labeled biohazardous; prevent sharp injury with safety measures
- Infectious Waste Management vs. Trash/Non-Infectious Waste Management:
  - Items with body fluids that are drippable, pourable or flakeable upon drying are placed in red bag/container (use PPE per standard precautions)
  - All other items in regular trash and treated as dirty/contaminated trash
- Management of Infectious Spills and Other Cleaning Guidelines:
  - Notify hospital staff of spill so others can be protected from contact until it is cleaned and disinfected appropriately

### 3. Compliance with Centers for Disease Control and Prevention (CDC) Guidelines for Prevention and Control of Tuberculosis through implementation of a Tuberculosis Exposure Control Plan.

- Infection Control policies/tuberculosis plan on NMH Intranet. See policy, infection control/Annual PPD testing offered through Employee Health (354-5678)
- Healthcare workers (HCW) required to be fitted for N-95 (TB)mask (or PAPR)with annual re-assessment:
  - Assessment and fit testing completed by Employee Health
- Rule out or known TB patient is placed in Airborne Precautions
  - When ordering lab for AFB specimens→ airborne precautions should be ordered for respiratory or aerosolized transmission sources
- HCW wears an N-95 mask (or PAPR) when entering a room or surgical suite with a suspected/known TB patient
- A surgical mask is required to be worn by any patient with rule out or known TB for:
  - Lab testing at the hospital
  - Inpatient or outpatient admission
  - During transport within the hospital
- Post-exposure follow-up by Employee Health

### 4. Management of Patients with Communicable Diseases

- See attachment: SUMMARY OF ISOLATION PRECAUTIONS
- All known colonized or infected patients with **MRSA/VRE/CRE**:
  - Automatically placed in Contact Precautions
  - An IC Alert flag on the EMR patient record
    - Alerts any HCW of the known MDRO colonization or infection
    - Maintain Contact Precautions during the hospital stay and upon subsequent readmissions
  - Specific criteria must be met to discontinue Contact Precautions
  - Contact Infection Control Practitioner for assistance with criteria
  - Gloves **required** when entering Contact Precautions
  - Gown **required** if you anticipate touching the patient or environmental surfaces
- All known patients with **ESBL or other MDRO**:
  - Patient is placed in Contact Precautions (and other transmission-based precaution, as appropriate)
  - Contact Infection Control Practitioner for assistance to discontinue Contact Precautions
- All patients with rule out or known ***Clostridium difficile* (CDI)**:
  - Patient is placed in Enhanced Contact Precautions
  - PPE use (gown and gloves) are **REQUIRED** upon entering the patient room
  - Hand hygiene is required before and after patient care
    - Hand washing required for visibly soiled hands
  - Dedicated isolation stethoscopes are placed in patient room by nursing
  - Dedicate equipment to patient when possible
  - Bleach wipes are used to disinfect shared equipment
  - Specific criteria must be met to discontinue Contact Precautions
  - Contact Infection Control Practitioner for assistance with criteria

### 5. Management of Diagnostic HIV testing: Nebraska Law Requires Informed Consent

- Conditions of Treatment form signed upon admission (general consent to treat) that specifically informs the patient that an HIV test may be performed and that the patient has the right to refuse such test

- Discuss need for testing with patient; write order to obtain HIV test
- You are accountable to complete post-testing counseling

#### 6. Reportable Diseases:

- Methodist Lab and Infection Control Practitioner will notify Douglas County Health Department of all reportable disease test results, in accordance with Neb. Rev. Stat. #71-502.04.

#### 7. Clustering of Patient or Healthcare Worker Infections, including communicable diseases.

- Infection Control Practitioners will investigate for possible transmission in collaboration with Employee Health Department and the State Health Department, as needed.
- You will be notified if you need follow-up testing or care.

#### 8. Key Components of Healthcare Associated Infection Control Surveillance include:

- Surgical site infections (SSI): All SCIP procedures, Anchor Service procedures, and Centers of Excellence procedures as defined by NHSN are included in the annual surveillance plan;
  - Additional procedures may be added based upon annual risk assessment
  - “Real time” feedback on identified SSIs given to involved surgeon;
  - Surgeon-specific standardized infection rates sent yearly to surgeons;
  - Monitor for appropriate “Antimicrobial Prophylaxis for Surgery” according to Treatment Guidelines from The Medical Letter, Volume 7 (Issue 82), June 2009
- Central IV catheter-Associated Bloodstream Infections (CLABSI): monitored housewide;
- Ventilator-Associated Events (VAE): monitored on Critical Care Units;
- Catheter-Associated Urinary Tract Infection (CAUTI): device associated; followed housewide
- Multi-Drug Resistant Organisms: *Clostridium difficile*; MRSA; VRE; CRE; ESBL and MDR-GNB

#### 9. Devices: Insertion and Daily Maintenance of central lines and urinary catheters

- Please review strategies to prevent healthcare associated infections (HAIs) below
- Insertion:
  - Patient education on device risks and benefits, including infection risks, provided prior to insertion
  - All PICCs and Foley catheters have an appropriate indication documented in CPOE
  - All PICC insertions require a time-out prior to the procedure and an assistant
  - PICC and Foley catheter insertion bundle elements (available in Cerner) are used for patient safety
  - Insertion bundle elements are documented in Cerner
- Device maintenance:
  - Temporary central line/devices and urinary catheters are monitored daily to ensure the device is still necessary; assess device necessity using the indication for insertion
  - Remove unnecessary devices promptly

For Infection Prevention & Control consultation or issues contact:

- Methodist Hospital:
  - Robert G. Penn, M.D., Medical Director Epidemiology – 354-8155
- Methodist Women’s Hospital:
  - Rudolf Kotula, M.D., Medical Director Epidemiology – 354-1530
- Infection Preventionist - 354-8715

### Information for Direct Care Providers: Strategies for the Prevention of Healthcare Acquired Infections (HAIs)

HAIs can be prevented through implementation of evidence-based guidelines or best practices. These best practices involve the simultaneous implementation of several concurrent practices known as “bundles”. A number of bundles are available at Methodist and Women’s Hospitals that provide best practices for the prevention of specific types of HAIs. The specific details of implementing bundle elements will occur with your department-specific orientation map or checklist.

#### 1. Strategies to Prevent Ventilator-Associated Pneumonia (VAP) in the Adult Setting

The bundle is designed to interrupt the 3 most common mechanisms by which VAP develops:

- Aspiration of secretions



- Colonization of the aerodigestive tract
- Use of contaminated equipment

The VAP bundle elements for Methodist and Women's Hospital include:

- Adherence to hand hygiene
- Perform daily assessment of readiness to wean (weaning trial)
- Sedation vacation
- Maintain patients in a semirecumbent position (elevate head of bed 30°)
- Perform regular oral care every two hours for ventilated patients with hospital approved oral care kit
- GI Prophylaxis: Avoid histamine receptor 2 (H2) – blocking agents and proton pump inhibitors for patients who are not at high risk for developing a stress ulcer or stress gastritis
- Implement appropriate DVT prevention protocols

Additional interventions for VAP prevention include:

- Use of a cuffed endotracheal tube with in-line suctioning
- Orotracheal intubation is preferred to nasotracheal intubation
- Minimize the duration of invasive mechanical ventilation
- Remove condensate from ventilator circuits
- Provide education to the patient and family on the risks of VAP and general infection prevention strategies

## **2. Strategies to Prevent Ventilator-Associated Pneumonia (VAP) in the NICU Setting**

The bundle is designed to interrupt the 3 most common mechanisms by which VAP develops:

- Aspiration of secretions
- Colonization of the aerodigestive tract
- Use of contaminated equipment

The VAP bundle elements for Women's Hospital NICU setting include:

- Adherence to hand hygiene
- Perform daily assessment of readiness to wean (weaning trial)
- Maintain patients in a semirecumbent position (elevate head of bed 30°)
- Perform regular oral care every two hours for ventilated patients with hospital approved oral care kit

Additional interventions for VAP prevention include:

- Use an endotracheal tube with in-line suctioning
- Orotracheal intubation is preferred to nasotracheal intubation
- Minimize the duration of invasive mechanical ventilation
- Remove condensate from ventilator circuits
- Provide education to the patient and family on the risks of VAP and general infection prevention strategies

## **3. Strategies to Prevent Central Line-Associated Blood Stream Infections (CLABSI) in the Adult Setting**

The bundle is designed to interrupt the most common factors associated with increased risk of CLABSI.

- Prolonged duration of catheterization
- Heavy microbial colonization at the insertion site
- Heavy microbial colonization of the catheter hub
- Femoral catheterization site

The CLABSI bundle elements for Methodist and Women's Hospital include:

- Perform hand hygiene
- Maximal barrier for healthcare providers are used during Central Venous Catheter (CVC) insertion (hat, mask, sterile gown and gloves)
- Sterile Full body drape is used for the patient during CVC insertion
- Chloraprep CHG antiseptic skin prep is preferred to prepare the skin prior to insertion
- Biopatch disc is applied to the catheter site following the insertion

- Clear transparent dressing is applied over the insertion site

Additional interventions for CLABSI prevention include:

- Catheter insertion checklist (Cerner) is used to ensure adherence to infection prevention practices
- All-inclusive catheter insertion kit is used which contains all of the insertion equipment necessary
- Avoid using the femoral vein for CVC placement
- Catheter hubs, needleless connectors and injection ports are cleaned with 70% alcohol for 15 seconds before accessing to reduce contamination ("Scrub the Hub")
- Nonessential catheters are removed when not required for patient care
- Provide education to the patient and family on the risks of CLABSI and general infection prevention strategies

#### **4. Strategies to Prevent Central Line-Associated Blood Stream Infections (CLABSI) in the NICU Setting**

The bundle is designed to interrupt the most common factors associated with increased risk of CLABSI.

- Prolonged duration of catheterization
- Microbial colonization at the insertion site
- Microbial colonization of the catheter hub
- Catheterization site

The CLABSI bundle elements for Women's Hospital NICU setting include:

- Perform hand hygiene
- Maximal barriers for healthcare providers are used during Central Venous Catheter (CVC) insertion (hat, mask, sterile gown and gloves)
- Sterile full body drape is used for the patient during CVC insertion
- Clear transparent dressing is applied over the insertion site

Additional interventions for CLABSI prevention include:

- Catheter insertion checklist (Cerner) is used to ensure adherence to infection prevention practices
- All-inclusive catheter insertion kit is used which contains all of the insertion equipment necessary
- Avoid using the femoral vein for Central Venous Catheter (CVC) placement
- Catheter hubs, needleless connectors and injection ports are cleaned with 70% alcohol for 15 seconds before accessing to reduce contamination.
- Nonessential catheters are removed when not required for patient care
- Provide education to the patient and family on the risks of CLABSI and general infection prevention strategies

#### **5. Strategies to Prevent Surgical Site Infections (SSI) in the Adult Setting**

The likelihood of developing an SSI involves a complex relationship among the following:

- Microbial characteristics (degree of contamination and microbial virulence)
- Patient characteristics (Immune status and comorbid conditions)
- Surgical characteristics (procedure type, introduction of foreign material and the amount of tissue damage)

Strategies to prevent Surgical Site Infections include:

- Provide education to the patient and family on the risks of SSI and general infection prevention strategies
- Perform hand hygiene when appropriate
- Pre-operative infections are identified and treated before elective surgery
- Nasal decolonization protocol for *Staphylococcus aureus* is completed for selected Cardiothoracic procedures; these are done pre-operatively when possible
- Pre-operative total body showering with chlorhexidine gluconate (CHG) is completed by the patient the night before and the morning of surgery
- Additional CHG cleansing is completed in the Pre-Op Holding room using a CHG impregnated cloth for patients undergoing Bariatric or unscheduled C-section procedures

- Proper surgical hand antisepsis, proper operating room attire, strict adherence to aseptic technique by the entire surgical team intra-operatively and surgery traffic is minimized
- ChlorPrep is the preferred surgical skin antisepsis for procedures
- Antimicrobial prophylaxis is delivered within 1 hour (60 minutes) before incision (2 hours are allowed for Vancomycin and Fluoroquinolones); redosing is completed intra-op every 3 to 4 hours for antibiotics with a half life of three to four hours.
- Antimicrobial prophylaxis agent is selected according to published guidelines (The Medical Letter)
- Antimicrobial prophylaxis agent is discontinued within 24 hours after surgery (48 hours for Adult Cardiothoracic procedures)
- Hair is either not removed or removed using clippers just prior to surgery; Clipping does not occur in the OR suite.
- Cardiothoracic procedures: Blood glucose level is maintained less than or equal to 200mg/dl during the immediate post-op period through the 2<sup>nd</sup> post-op day
- Normothermia (temperature  $\geq 96.8^{\circ}\text{F}$ ) is maintained during the peri-op period
- VTE risk is assessed pre-operatively and protocols implemented where applicable

## 6. Strategies to Prevent Catheter-Associated Urinary Tract Infections (CAUTI) in the Adult Setting

The duration of catheterization is the most important risk factor for the development of infection.

The CAUTI prevention (bladder) bundle elements include:

- Consider alternatives to indwelling catheters if possible (condom-style for men, intermittent catheterization)
- Provide education to the patient and family on the risks of CAUTI and general infection prevention strategies
- Refer to Methodist and Women's Hospital criteria for acceptable indications for using indwelling catheters
- Use an indwelling catheter only when the patient meets the criteria
- Use aseptic insertion technique with appropriate sterile barriers, hand hygiene and gloves
- Properly secure catheters after insertion to prevent movement and urethral traction
- Maintain a closed drainage system
- Maintain good hygiene at the catheter-urethral interface
- Maintain unobstructed urine flow
- Maintain drainage bag below level of bladder at all times
- Assess the need for a urinary catheter on a daily basis: Avoid prolonged catheterization if possible; remove unnecessary urinary catheters
- Use portable ultrasound bladder scans to detect residual urine amounts

## 7. Strategies to Prevent MDRO and *Clostridium difficile* Transmission

Multi-drug resistant organisms (MRSA, VRE, ESBL, emerging multi-drug resistant gram negative rods) and *Clostridium difficile* have many common epidemiologic characteristics and share risk factors for transmission. One major difference among these organisms is that *C. difficile* forms spores whereas the others do not. *C. difficile* spores are resistant to the bactericidal effects of alcohol and most hospital disinfectants.

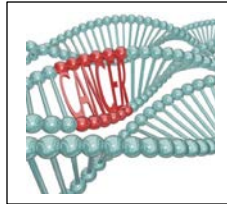
General strategies to prevent transmission include:

- Follow antimicrobial usage restriction guidelines. *Clostridium difficile* diagnosis and initial treatment order set will be available Spring/Summer 2010.
- Follow Standard Precautions and Transmission-based Precautions (Contact and Enhanced Contact) as outlined in New Employee Orientation and available in the on-line Infection Control Manual.
- Provide educational materials for patients and family members that include the explanation of MDRO or *C. difficile*, why precautions are necessary and the importance of meticulous hand hygiene.

## Hazardous Drugs for Medical Staff

The Centers for Disease Control and Prevention (CDC) define hazardous drugs as medications that require special handling because of health risks that may result from exposure. Specifically, these medications exhibit one or more of the following characteristics in humans and/or animals:

- Carcinogenicity
- Teratogenicity
- Reproductive toxicity
- Organ toxicity at low doses
- Genotoxicity



Evidence based practice from the National Institute of Occupational Safety and Health (NIOSH) considers the following principles when handling, transporting or administering hazardous medications:

- Protect the patient (aseptic technique, prevent extravasation events)
- Protect the employees (personal protective equipment and education of all employees involved)
- Protect the environment (avoid medication leakage, aerosolization or spillage, and manage waste)



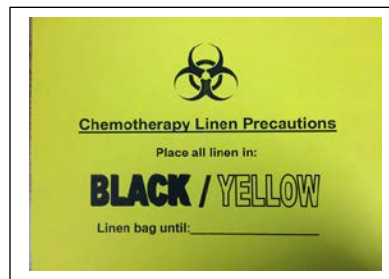
**Methodist Health System is committed to the safety of its employees!**

Hazardous Drugs are handled with appropriate personal protective equipment (PPE) at all times.

- Chemo-rated gloves are standardized throughout the health system. They have been tested with a variety of chemicals to ensure hazardous materials will not penetrate through them.
- Gloves are to be worn when administering **all** medications.



- Universal precautions should always be used when handling patient blood and body fluid.
- Be aware of your surroundings. In the hospital, this sign means a patient has received chemotherapy within the last 48 hours. Linen handling precautions apply. Be aware of any infusions.



### Methodist Health System encourages a Culture of Accountability!

- As a member of the medical staff, **you** are a role model for all other staff members.
- If you don't wear appropriate PPE, why should anyone else?
- If you see a colleague or coworker not protecting themselves or others, speak up.



# Methodist Hospital 2019 Guide to Antimicrobial Therapy



	Gram Positives										Gram Negatives																																	
	<i>Staphylococcus aureus</i> (780)	<i>Staphylococcus aureus</i> MSSA (506)	<i>Staphylococcus aureus</i> MRSA (274)	coag negative <i>Staphylococcus</i> species (246)	<i>Enterococcus</i> sp. (609)	<i>Streptococcus viridans</i> (30)	<i>Streptococcus anginosus</i> (46)	<i>Streptococcus pneumoniae</i> (49)	<i>Acinetobacter baumannii</i> complex (¥¥)	<i>Citrobacter freundii</i> (83)	<i>Citrobacter koseri</i> (82)	<i>Enterobacter cloacae</i> (161)	<i>Escherichia coli</i> (4546)	<i>Haemophilus influenzae</i> (38)	<i>Klebsiella</i> (Enterobacter) aerogenes (112)	<i>Klebsiella oxytoca</i> (150)	<i>Klebsiella pneumoniae</i> (769)	<i>Proteus mirabilis</i> (383)	<i>Pseudomonas aeruginosa</i> (346)	<i>Serratia marcescens</i> (53)	<i>Stenotrophomonas maltophilia</i> (¥¥)																							
Antimicrobial agent	Percent Susceptible																																											
BETA-LACTAMS																																												
Penicillins																																												
ampicillin					95							61	74				90																											
ampicillin/sulbactam										93		64			37	87	95																											
oxacillin (nafcillin)^	65	100	0	44																																								
penicillin G			0			80	96	97																																				
penicillin G (meningitis)								88																																				
piperacillin/tazobactam									89	100	87	98		84	95	97	100	88	98																									
Cephalosporins																																												
cefazolin										94		90			60	95	81																											
cefoxitin										96		95			95	95	98																											
ceftriaxone†					100	100	100		84	100	81	96	100	85	95	97	98		98																									
ceftriaxone (meningitis)†							100																																					
cefepime								88	100	100	96	97		96	96	98	99	91	100																									
ceftazidime								79										92																										
Carbapenems																																												
meropenem									94	100	100	100	100	100	100	100		89	100																									
†Ceftriaxone also predicts the sensitivity to cefotaxime																																												
AMINOGLYCOSIDES																																												
amikacin										100		100	100		100	100	100	100	100																									
gentamicin									79	96	100	98	94		99	98	98	93	97	100																								
gentamicin high level					85																																							
tobramycin									94	99		98	94		99	98	98	92	99																									
QUINOLONES																																												
levofloxacin	67	84	35	64	**71	100	100	100	82	99	96	94	88		99	99	99	81	79	100	76																							
MISCELLANEOUS																																												
clindamycin	75	76	71	48		83	80																																					
erythromycin	50	69	15	34				51																																				
trimeth/sulfa	96	97	95					59		92	98	96	80	57	99	95	93	87			100																							
vancomycin	100	100	100	100	96	100	100	100																																				
nitrofurantoin**	100	100	100	99						91	47	23	98		17	88	38																											
tetracycline	94	96	92	84	28			86																																				

\*\*Denotes urinary isolates only

Empty box means agent not tested

^Oxacillin resistance may be overcalled in some CoNS other than *S. epidermidis*

¥¥ Indicates organism groups with <30 isolates tested in 2018. Data is a composite of multiple years.

### MD Care Sets in Cerner

- Cellulitis
- *Clostridium difficile* infection
- OB- Group B strep prophylaxis
- Pneumonia, community acquired
- Pneumonia, hospital acquired
- Severe sepsis/Septic shock bundle

### Restricted Antimicrobials

Ceftaroline (Teflaro) ID  
 Daptomycin (Cubicin) ID  
 Ertapenem (Invanz) ID/Pulm/Intensivists/Colorectal Surgery Prophylaxis  
 Fidaxomicin (Dificid) ID/GI  
 Linezolid (Zyvox) ID/HCAP  
 Micafungin (Mycamine) ID  
 Meropenem (Merrem) ID/Pulm/Intensivists  
 Quinupristin/Dalfopristin (Synercid) ID  
 Valganciclovir (Valcyte) ID

## NMH Preferred Antimicrobial Therapy for Specific Pathogens

Gram Positive Organisms				Gram Negative Organisms			
Organism	Syndrome	Preferred	Alternative	Organism	Syndrome	Preferred	Alternative
<i>Staphylococcus aureus</i> , methicillin susceptible (MSSA)	Skin infection	Dicloxacillin PO	Cefadroxil PO, or Cephalexin PO, or Amox-clavulanate PO	<i>Escherichia coli</i>	UTI (Cystitis)	Levofloxacin PO or TMP-SMX PO	Nitrofurantoin PO (if CrCl $\geq$ 30mL/min)
	Serious infection*	Nafcillin IV	Cefazolin IV Clindamycin IV		Serious infection*	Ceftriaxone IV	Cefazolin IV or Cefoxitin IV or Levofloxacin or Piperacillin / tazobactam IV
<i>Staphylococcus aureus</i> , methicillin resistant (MRSA)	Skin infection	Vancomycin IV	Doxycycline PO or TMP-SMX PO	<i>Klebsiella pneumoniae</i>	UTI (Cystitis)	TMP-SMX PO	Levofloxacin
	Serious infection*	Vancomycin IV	*Consider IDConsult		Serious infection*	Ceftriaxone IV or Levofloxacin	Cefazolin IV
Coagulase negative staphylococcus	Serious infection*	Vancomycin IV	*Consider IDConsult	<i>Proteus mirabilis</i>	UTI (Cystitis)	Amoxicillin PO	TMP-SMX PO or Levofloxacin PO
<i>Streptococcus pyogenes</i> (Group A beta hemolytic strep)	Pharyngitis	Penicillin V PO	Amoxicillin PO or Azithromycin PO or Clindamycin PO	<i>Serratia marcescens</i> or <i>Enterobacter</i> sp. or <i>Citrobacter freundii</i>	UTI (Cystitis)	TMP-SMX PO or Levofloxacin	Ceftriaxone IV
	Serious infection*	Penicillin G IV	Cefazolin IV or Clindamycin IV	<i>Pseudomonas aeruginosa</i>	Serious infection*	Ceftriaxone IV or Meropenem IV	Levofloxacin
<i>Streptococcus agalactiae</i> (Group B beta hemolytic strep)	Serious infection*	Penicillin G IV or Ampicillin IV	Cefazolin IV or Clindamycin IV		UTI (Cystitis)	Levofloxacin PO	*Consider ID Consult
OB/GYN: See Group B set in Cerner				<i>Acinetobacter baumannii</i> complex	Serious infection*	Piperacillin / tazobactam IV	Meropenem IV or Levofloxacin IV or cefepime
<i>Streptococcus pneumoniae</i>	Serious infection*	Ceftriaxone IV or Vancomycin IV	Levofloxacin IV or Clindamycin IV		*Consider ID Consult	Meropenem IV	*Consider ID Consult
<i>Enterococcus</i> species	Urinary tract (cystitis)	Amoxicillin PO	Nitrofurantoin PO (if CrCl $\geq$ 30mL/min)	*Serious infection = e.g. bacteremia, pneumonia, meningitis. Consider ID consult for serious infection.			
	Endocarditis*	Ampicillin IV + Gentamicin IV	*Consider IDConsult				



An Affiliate of Methodist Health System

January 2018

The Blood Conservation Program (BCP) is a proactive, integrated program to standardize and utilize various modalities and protocols in the conservation of blood. The aim is to assist in reducing the use of transfused blood while improving the quality of patient care.

This effort has included an ad hoc committee made up of members from various departments. Standing orders for inpatients and also outpatient elective surgery (for preoperative blood management) have been approved.

We will be tracking data (blood components used, intraoperative blood conservation techniques, limiting iatrogenic blood loss, length of stay, etc.) to report back to various departments on the results of our effort. The physician may see a need to identify and help anemic patients before a procedure. If so, please feel free to contact the program coordinator.

On the reverse side is a form entitled Physician Participation. Hospital policy states that physicians will demonstrate their willingness to participate in the BCP by signing the form. Please read over the document and, if there is no objection, sign it and return by fax (354-3965) to the program coordinator.

Please contact either Dr. Gene Herbek, Medical Director at 354-4781, or Darryl Gucwa, Program Coordinator at 354-3981, for additional information.

Thank you,

William Shiffermiller, M.D.  
Vice President, Medical Staff Affairs

P.S.: Please see the next page, in particular item number 6. Thank you.



## Nebraska Methodist Hospital & Methodist Women's Hospital

### Blood Conservation Program

#### Physician Participation Form

Nebraska Methodist Hospital and Methodist Women's Hospital have established the Blood Conservation (BC) Program to address the particular needs of patients who either (1) want to minimize or reduce the use of allogeneic blood or (2) are unwilling to accept blood transfusions (like Jehovah's Witnesses and others). In particular, this program will aim to reduce and minimize the utilization of blood and blood components.

By signing, you indicate a willingness to participate as a physician willing to care for patients requesting such care within the guidelines set out by the State of Nebraska and Nebraska Methodist Hospital and Methodist Women's Hospital.

To be designated as a *Participating Physician* in this program, you are agreeing to comply with the following as understood and agreed by and between yourself and the Blood Conservation Program:

1. The *Participating Physician* will abide by and respect the verbal or written wishes of the adult, competent patient in refusing blood or blood components where state law permits.
2. The *Participating Physician* agrees to stay abreast of new medical devices, new pharmaceutical agents, and new/improved techniques that support BC. He/she is open to attending in-house educational programs on BC.
3. The *Participating Physician* recognizes the role of the BC Program Medical Director and agrees to consult with and discuss matters of blood conservation care with him/her as it pertains to BC Program patients.
4. The *Participating Physician* recognizes the role of the BC Program coordinator(s) and agrees to consult with and discuss matters of blood conservation care with him/her as it pertains to Blood Conservation patients.
5. It is understood that the BC Program Medical Director(s) may conduct case reviews and audit blood transfusions that fall out of the hospital's evidence-based guidelines. The purpose is to review quality blood conservation standards and evaluate patient outcomes. Cases may be discussed with you to determine where patient care can be improved.
6. The *Participating Physician* acknowledges that he/she will be listed in a database of physicians willing to respect and treat patients desiring such care. This list will be kept in the BC program coordinator's office and be used to refer patients to participating physicians in this program.
7. A *Participating Physician* may voluntarily withdraw from the BC Program at any time. A letter should be addressed to the BC Program department stating your withdrawal.

To evidence your agreement to these guidelines, please sign and return this letter to the Hospital's Blood Conservation Program office by faxing (402) 354-3965. Thank you.

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Physician Signature

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Physician Printed Name

Date: \_\_\_\_\_






Specialty: \_\_\_\_\_

Subspecialty: \_\_\_\_\_



## METHODIST HEALTH SYSTEM PLAIN LANGUAGE MESSAGING

Plain Language (NEW)	Description	Initial Response	Secondary Response	Follow-up Action
Armed Intruder 	Person enters facility with any type of weapon (e.g. knife, bat, pipe, gun) or finds weapon to assault another individual(s).	<b>Choose</b> 1 of these 3 options depending on your situation: * <b>Run</b> - Get out to a safe location * <b>Hide</b> - Become invisible * <b>Fight</b> - Take-out intruder. Avoid area	* Silence all devices (e.g. cell phones, pagers, Vocera) * Only move if necessary, safe or directed by law enforcement * Assist others as situation becomes safer	Wait for further instructions.  Complete and submit evaluation forms. Attend debriefing as directed.
Behavior Health Response Team (BHRT)	Nursing consult team to assist and identify resources to manage patient behavior or perceived threat to self, other person or disruptive behavior	Call PBX/DialMd (4-6911) to report Page sent to BHRT Security is contacted Respond to call in approximately 5 minutes	Post-intervention follow-up after 4 hours	Unit/Area calling needs to complete variance report.
Biological / Isolation Team	Team of trained clinical staff to care for a patient with a highly contagious disease.	* ED obtains information from EMS, Fire, Law Enforcement or other source to identify disease. * House Supervisor, ED, Infectious Control, Safety Officer or Emergency Manager will determine to activate Biological Team.	* Announcement sent via Mass Notification system or paged overhead. * Coordinate with supervisor if called to ED.	Attend debriefing as directed.
Code Black 	Threat of a bomb in facility or on campus	* Call PBX/DialMd (6911) to report * Do not touch a strange or suspicious package / object * If contacted by phone, keep caller on line and complete blue <b>"Bomb Threat"</b> form.	* Administration (HIC) will delegate responsibility for searching, sweeping area and initiate possible relocation or evacuation until law enforcement arrives. * Relocation or Evacuation of patients may be initiated by (HIC)	Complete and submit evaluation forms. Attend debriefing as directed.
Decon	Team of trained individuals in decontamination techniques or methods – and tools - with capabilities to decontaminate one person to mass surge.	* ED obtains information from EMS, Fire, Law Enforcement or other source to identify hazard. * House Supervisor, ED, Safety Officer or Emergency Manager will determine to activate Decon Team. * If required Decon Team will be activated with overhead announcement and cell phone	Based on agent - Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) - contact Poison Control, Radiation Safety Officer, Infection Control, Safety Compliance Officer or Emergency Manager	Complete and submit evaluation forms. Attend debriefing as directed.
Code Pink	Infant in cardiac and / or respiratory arrest	* Pull Code Pink lever or call 6911 for Code Pink Team. * Announced overhead "3" times by PBX * Staff respond to location	Initiate NRP protocol; evaluate airway, initiate bag/mask/ET ventilation and compressions if indicated.	Complete and submit evaluation forms. Attend debriefing as directed.
"Dr. Major" – 	Crisis intervention process addresses verbally or physically disruptive or abusive person(s).	* Call hospital operators and ask to speak to Dr. Major (MH – 4-6911, MJEH – 6-6911, WH – 5-6911) * Provide accurate location to operator (Floor, Room) * Dr. Major will be announced with a "3" preceding the room number (e.g. 3632) * Crisis Intervention Team (CIT) * If in danger, remove and protect yourself from situation	* Security Contacted * Security will respond and assist in problem resolution. * CIT members will respond to assist Security and staff	Security will complete incident report.  If there is an injury fill out a Variance or Worker Comp. form.




## METHODIST HEALTH SYSTEM PLAIN LANGUAGE MESSAGING

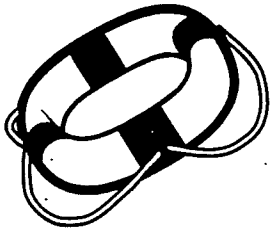
Plain Language (NEW)	Description	Initial Response	Secondary Response	Follow-up Action
"External" or "Internal" Disaster 	<b>External:</b> Situation resulting in significant influx of victims requiring care that affects normal operations  <b>Internal:</b> Event within the hospital which disrupts normal operations	* Announced overhead "3" times by PBX. * Immediately complete a Code Triage Departmental Checklist and send it to the Hospital Incident Command (HIC)(all departments). * Follow department plans or orders by (HIC). * Practice the "3 P's" – Prepare, Package and Protect Patient.	* Determine and communicate Dept. needs/questions to Incident Command * Initiate Dept.-specific staff recall plan as directed by Command Post * Grab "Go Bag" for items.	Complete and submit evaluation forms. Attend debriefing as directed.
"External" or "Internal" Disaster  Standby	Alertness to possible internal or external situation that may develop into emergency	* Information about possible external/internal event communicated to on-duty AC or House Supervisor. * In collaboration with other hospitals AC determines to initiate standby.	* Standby may be announced or unannounced (Silent). * If silent (unannounced) only selected departments receive information on readiness actions.	* Staffs are on alert status that event / code could escalate.  * Event is escalated to Internal or External Disaster
Evacuation	Patients and staff must evacuate floor, tower or building.	* Communication is provided by directly through Incident Command * Practice the "3 P's" – Prepare, Package and Protect Patient.	* Grab "Go Bag" for items.	Complete and submit evaluation forms. Attend debriefing as directed.
Fire Alarm 	Fire, smoke or smell of something burning	* Announced overhead "3" times by PBX. <b>RACE (X 5)</b> <b>*R</b> escue those in danger <b>*A</b> ctivate the alarm (shout Code Red/Fire, pull nearest fire alarm, dial 6911) <b>*C</b> ontain the fire (close all doors) <b>*E</b> xtinguish the fire, or <b>*E</b> vacuate if necessary	Use Fire Extinguisher to put out fire <b>* (PASS)</b> <b>P</b> ull the pin <b>A</b> im hose at base of fire <b>*S</b> queeze the handle <b>* S</b> weep from side to side	Evacuate if directed by Command Post or Fire Chief. Complete and submit evaluation forms. Attend debriefing as directed.
Hazardous Material Spill 	Release or spill of chemicals or hazardous materials	* Dial 6911 to report spill * Contain spill * Secure area * Remove patients, visitors and staff from affected area	* Public Safety will direct appropriate clean-up and disposal	Complete incident report
Medical Emergency 	Cardiac or respiratory medical emergency	* Shout Medical Emergency * Assess patients' ABCs (Airway, Breathing, Circulation) * Dial 6911 for Medical Emergency Team * Announced overhead "3" times by PBX. * Start CPR	* Upon arrival Medical Emergency Response team will take over treatment	Complete Medical Response forms.

## METHODIST HEALTH SYSTEM PLAIN LANGUAGE MESSAGING

Plain Language (NEW)	Description	Initial Response	Secondary Response	Follow-up Action
Medical Gas Emergency 	Oxygen, Medical Air or Vacuum Failure or Shutdown	<ul style="list-style-type: none"> <li>* Alarm sounds in patient room or sounds in PBX.</li> <li>* Dial 6911 to report problem</li> <li>* Announced overhead "3" times by PBX based on criteria.</li> <li>* RT determines to shut off zones, silence alarms or require Oxygen portable backups.</li> <li>* If in surgery, Surgery Core desk will notify anesthesia immediately and prepare for back up gas.</li> <li>* Technical Services will confirm failure</li> </ul>	<ul style="list-style-type: none"> <li>* If situation can't be fixed immediately, patients will be placed on portable O2.</li> <li>* Upon confirmation of failure, AC will activate Internal Disaster and Hospital Incident Command</li> <li>* Technical Services, Engineering, Maintenance will notify AC to call for cylinders.</li> </ul>	Complete and submit evaluation forms.  Attend debriefing as directed.
Missing Infant or Missing Child 	Missing or abducted Infant or Child	<ul style="list-style-type: none"> <li>* Secure and search area</li> <li>* Dial 6911 to initiate <i>Missing Infant or Missing Child</i></li> <li>* Announced overhead "3" times by PBX.</li> <li>* Staff report to and monitor designated exterior exits</li> <li>* Do not get physically involved with person</li> </ul>	<ul style="list-style-type: none"> <li>* Watch and report any suspicious behavior to Security using the "3 D's" (1) Description of individual (2) Direction of travel and (3) Do not Delay</li> </ul>	Complete and submit evaluation forms. Attend debriefing as directed.
Missing Adult	Coordinated effort to prevent patient elopement and response to quickly and safely respond to patient elopements.	<ul style="list-style-type: none"> <li>* Adults are identified that may potentially wander. They wear a Royal Blue Gown.</li> <li>* Core Nurse and Security Department should be notified that patient may wander.</li> </ul>	<ul style="list-style-type: none"> <li>* If patient wanders, core nurse or designee will notify Security Department.</li> <li>* Announced overhead "3" times by PBX.</li> <li>* Patient info is provided, attending physician notified, Chaplains and family.</li> <li>* Hospital staffs are assigned roles to identify and locate missing patient.</li> </ul>	Security completes incident report.  Complete and submit evaluation forms. Attend debriefing as directed.
Rapid Response Team	Improve timelines to patient treatment and stabilization and reduce risk of undesired patient outcomes.	<ul style="list-style-type: none"> <li>* Activated by any staff member</li> <li>* Team initiated via operator by dialing 4-6911 or PBX. Staff provides patient's room number or location in the building.</li> </ul>	<ul style="list-style-type: none"> <li>* Team members respond to location.</li> <li>* Assist in clearing and securing area.</li> <li>* Document incident</li> </ul>	Complete the rapid Response Team call evaluation Tool.  Attend debriefing as directed.
Relocation	Movement of patients to another area in hospital (Room, Compartment, Tower, Floor, Evacuation Collection Point)	<ul style="list-style-type: none"> <li>* Communication is provided directly through Incident Command</li> <li>* Practice the "3 P's" – Prepare, Package and Protect Patient.</li> </ul>	<ul style="list-style-type: none"> <li>* Grab "Go Bag" for items.</li> </ul>	Attend debriefing as directed.
Restricted Access	All persons are limited or no access to a section(s) of a building or entire building	<ul style="list-style-type: none"> <li>* Security Department determines with AC, house supervisor, EM or other staff to restrict access to section(s) or entire hospital. Communication is provided directly through Incident Command</li> <li>* Overhead announcement 3 times by PBX.</li> </ul>	<ul style="list-style-type: none"> <li>* Follow communication is provided directly through Incident Command</li> </ul>	Attend debriefing as directed.
Stroke Alert	Patient presents to ED with stroke symptoms Inpatient with possible stroke symptoms – call RRT. Rapid Response Team determines need to call stroke alert	<ul style="list-style-type: none"> <li>* Staff in the ED or in the hospital can activate a rapid assessment for IV – t-PA</li> </ul>	<ul style="list-style-type: none"> <li>* Stroke Alert – Assessed within 15 minutes with NIHSS stroke scale</li> <li>CT results, chest x-ray, lab, ECG results within 45 minutes of order</li> <li>If t-PA candidate, t-PA at bedside within 60 minutes of diagnosis of ischemic stroke</li> </ul>	Cardiac monitoring –Assess for rehab needs Stroke education Dysphagia screening

## METHODIST HEALTH SYSTEM PLAIN LANGUAGE MESSAGING

Plain Language (NEW)	Description	Initial Response	Secondary Response	Follow-up Action
Trauma Alert (MJEH) 	Trauma patient(s) are in route or in Emergency Department	* Dedicated staff report to Emergency Department	None	None
Tornado Warning/High Wind Warning 	Tornado warning or high wind warning has been issued by NOAA for Douglas, Saunders and Pottawattamie counties.	* Announced overhead "3" times by PBX . * Practice the "3 P's" – Prepare, Package and Protect Patient. * Evacuate to sheltered areas * Search and verify that all pts, visitors & staff have been evacuated	* Check Go Bag for supplies, Stay in the sheltered area until operator announces that the warning has been cancelled.	Complete evaluation form as directed
Tornado Watch 	Conditions are favorable for development of tornado as reported by NOAA	* Announced overhead "3" times by PBX. – Follow instructions. * Practice the "3 P's" – Prepare, Package and Protect Patient for potential evacuation to sheltered area. * Close drapes and blinds * Clear hallways & rooms used as shelter areas	* Listen and follow for overhead weather announcements. * Check "Go Bag" for supplies.	Complete evaluation form as directed None Attend debriefing as directed.
Winter Weather Blizzard, Heavy Snow Fall or Sleet	Coordinate and plan for essential operations during severe winter weather conditions	* Announced overhead "3" times by PBX * Follow Department responsibilities * Determine essential staff	* AC may determine to activate Hospital Incident Command to manage weather event. * Sleeping and other arrangements will be considered.	Attend debriefing as directed.



# Be a Lifesaver! Do Not Use Abbreviations!

Abbreviation	Write the Term	Rationale
<del>U</del>	<del>unit</del>	<del>Can be mistaken for cc, 4,6,0</del>
<del>IU</del>	<del>international unit</del>	<del>Can be mistaken for "IV"</del>
<del>Q.D.</del>	<del>daily</del>	<del>Can be mistaken for QID</del>
<del>Q.O.D.</del>	<del>every other day</del>	<del>Can be mistaken for QID or QD</del>
<del>Trailing Zero (i.e., 1.0 mg)</del>	<del>Never write a zero by itself after a decimal point (i.e., write 1 mg)</del>	<del>Decimal point can be "lost" resulting in overdose ("Ativan 10mg for 1.0")</del>
<del>Lack of Leading Zero (i.e., .4 mg)</del>	<del>Always use a zero before a decimal point (i.e., write 0.4 mg)</del>	<del>Decimal point can be "lost" resulting in overdose ("morphine 5mg for .5mg")</del>
<del>MS</del>	<del>morphine sulfate</del>	<del>Has been confused with MgSO<sub>4</sub></del>
<del>MSO<sub>4</sub></del>	<del>morphine sulfate</del>	
<del>MgSO<sub>4</sub></del>	<del>magnesium sulfate</del>	<del>Has been confused with MSO<sub>4</sub></del>
<del>SS</del>	<del>sliding scale</del>	<del>Has been confused with ½ or "55"</del>
<del>u</del>	<del>Microgram or mcg</del>	<del>Can be mistaken for mg</del>
<del>cc</del>	<del>ml</del>	<del>Can be mistaken for "u" (units)</del>

Physicians using unapproved abbreviations will be contacted from the hospital staff to clarify the abbreviated order prior to implementation of the order.

## Web Access using Two Factor Authentication Instructions

Open a browser and go to [portal.bestcare.org](https://portal.bestcare.org)

Enter Network Username and Password, select logon.

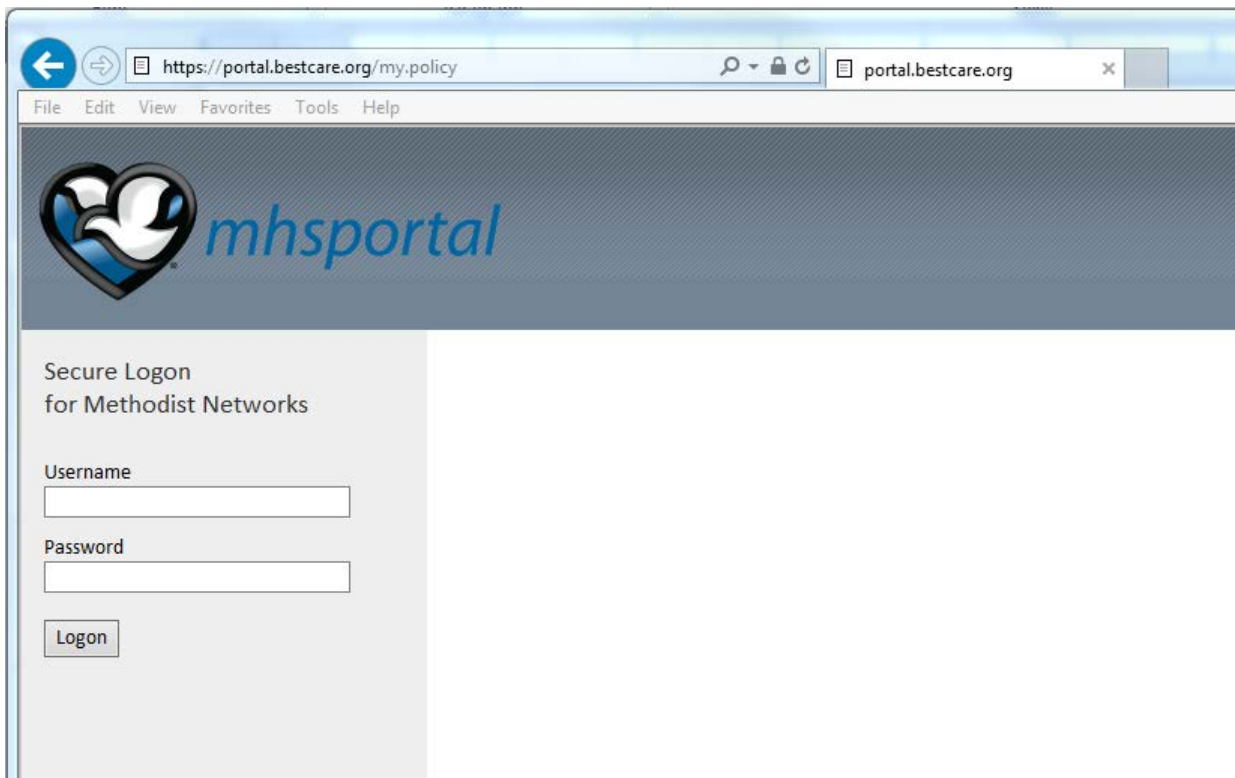
If you authenticate successfully you should receive a phone call within a few seconds from our service stating.

*Thank you for using Microsoft sign on verification system.*

*Please press the # key to finish your verification.*

*If you did not initiate this verification, someone may be trying to access your account. Please press 0# to submit a fraud alert.*

*This will notify your companies IT Team to block further verification attempts."*

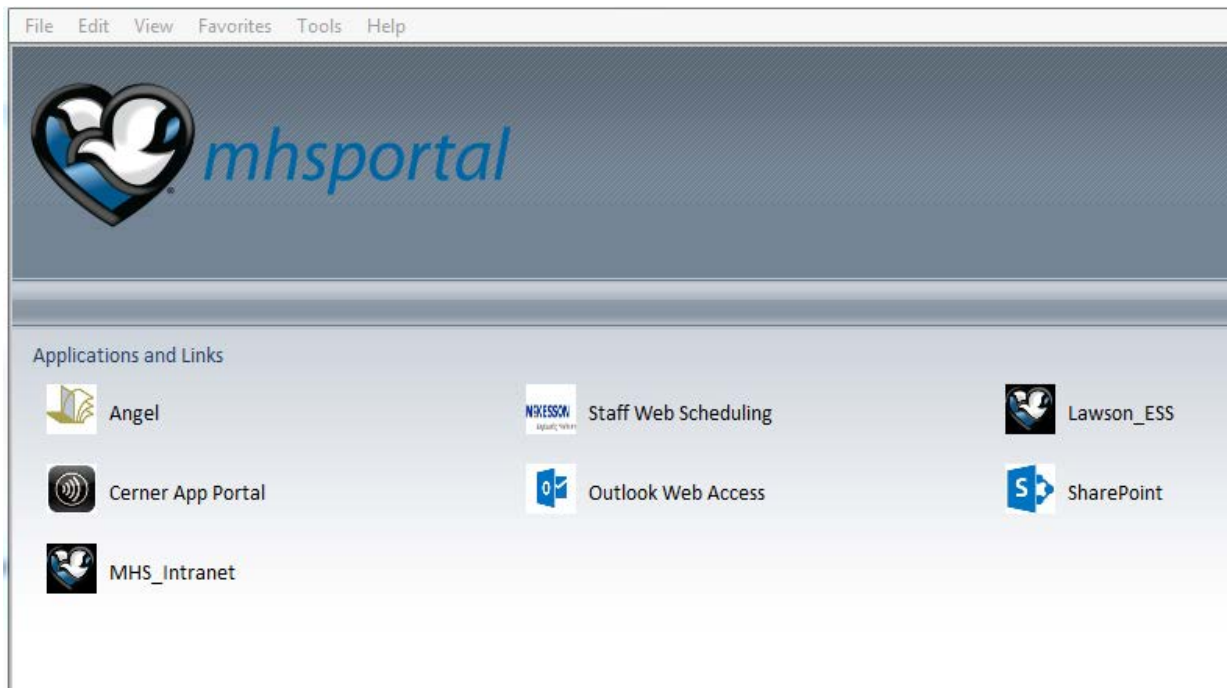


The screenshot shows a web browser window with the address bar displaying <https://portal.bestcare.org/my.policy>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page header features the mhsportal logo, which consists of a heart shape containing a white bird-like figure, followed by the text "mhsportal" in blue. Below the header, the page content is titled "Secure Logon for Methodist Networks". It contains two input fields: "Username" and "Password", each with a corresponding text box. Below these fields is a "Logon" button.

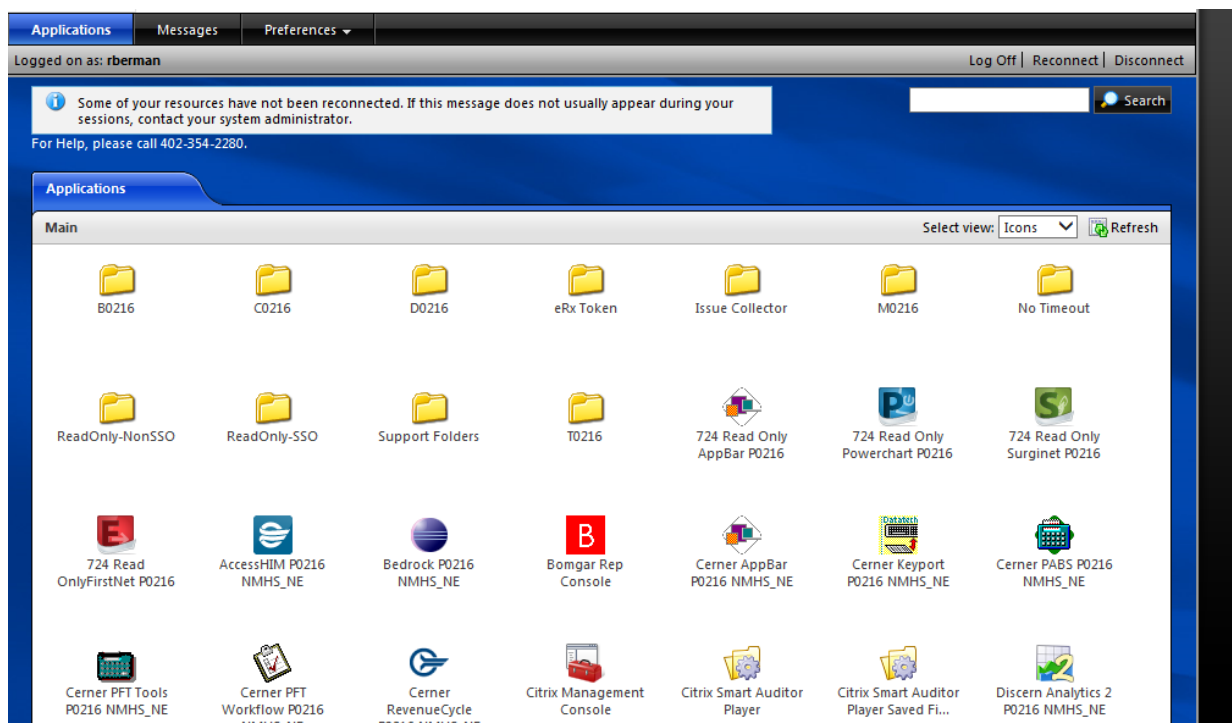


If successful, you will open into the portal launch page for our secured applications. The screen shot below is an example; you may see fewer or more icons depending on the groups you belong to.

To access Cerner Powerchart select Cerner App Portal.



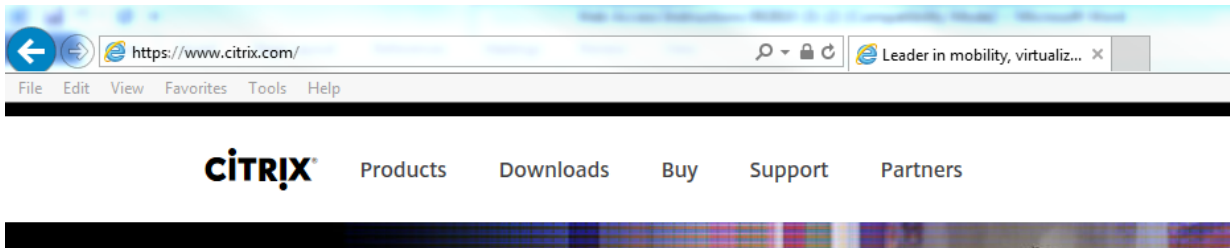
The following screen will display. (If not, see below for Citrix Receiver instructions)



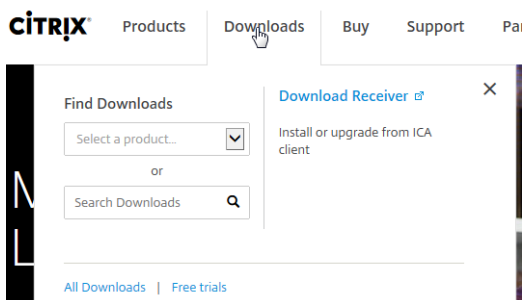
## Citrix Receiver Download instructions

At this point you may need to download the Citrix receiver.

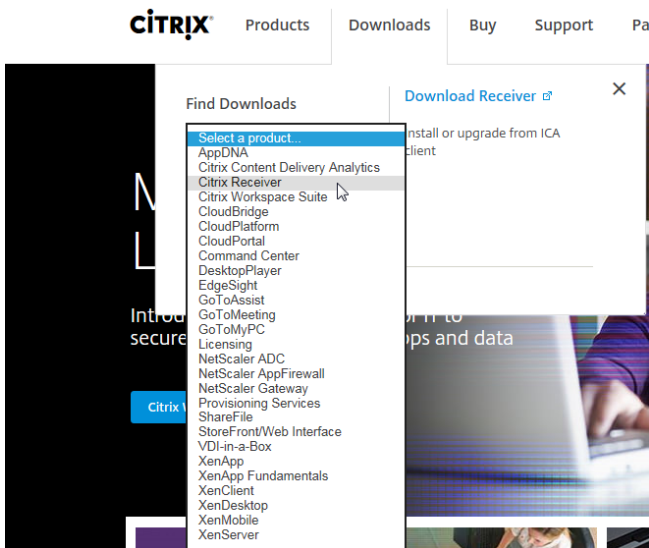
Open another browser window go to citrix.com. Hover your cursor over the Downloads option.



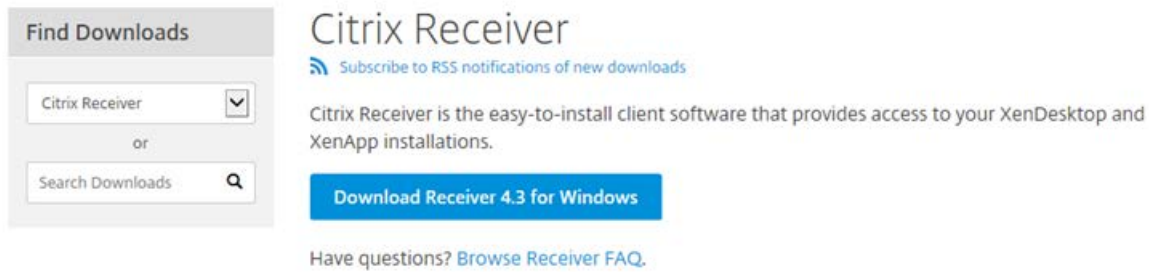
Under Find Downloads click the drop down arrow next to Select a product.



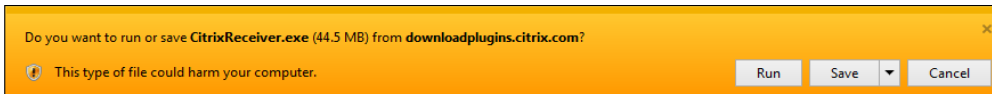
Select Citrix Receiver.



When selecting Download and Citrix Receiver, it should automatically pull up the Citrix Receiver that is most compatible for your PC. IF not, scroll down page to select the correct receiver for your operating system.



Press Run.

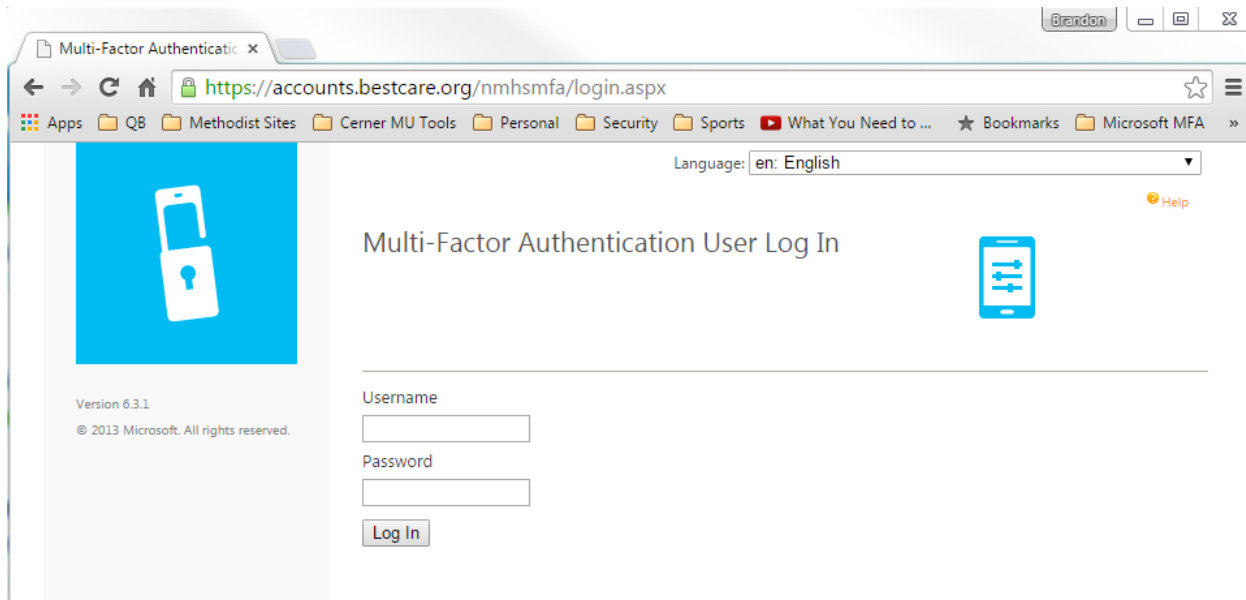


After successfully installed a reboot may be needed. Follow the steps above again to gain access to the web portal.

Manage your two-factor options through the [accounts.bestcare.org](https://accounts.bestcare.org) website. This website is available internally and externally of the organization. Like other services, if you connect while external of Methodist Health System, you will be required to use the two-factor authentication process to connect.

## Step 1

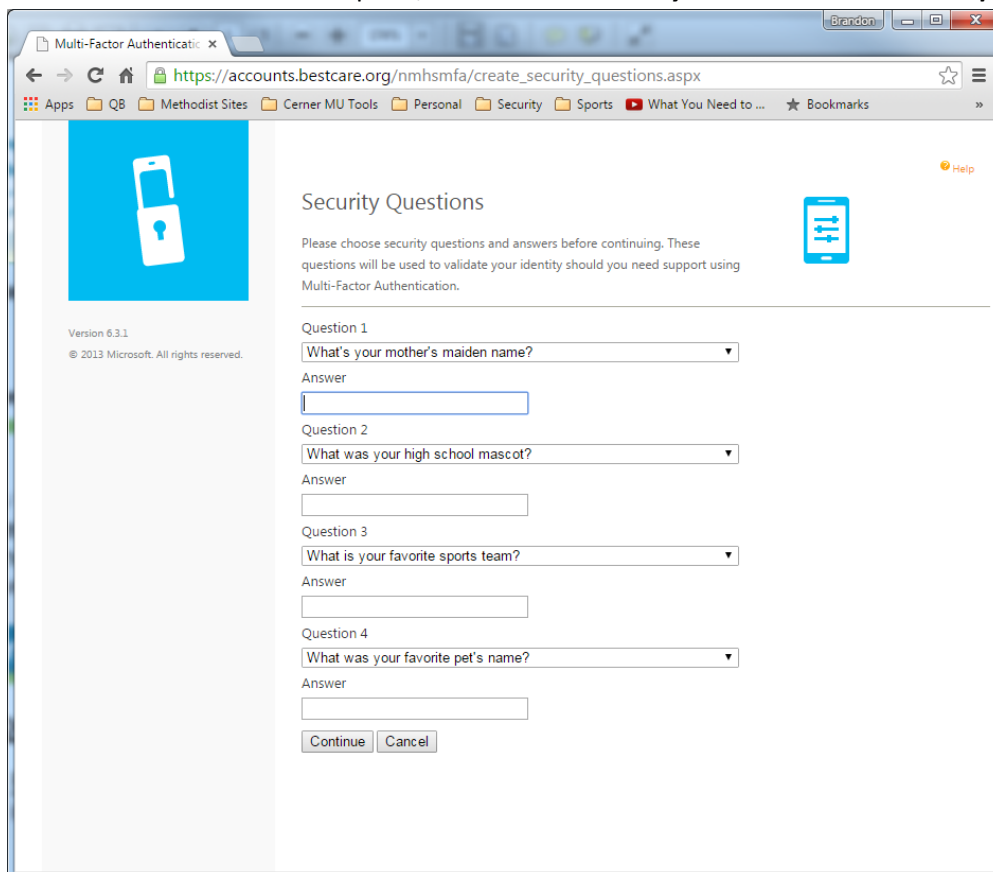
Open your browser and go to <https://accounts.bestcare.org> and you will be presented a logon screen show below.



The screenshot shows a web browser window with the address bar displaying <https://accounts.bestcare.org/nmhsmfa/login.aspx>. The page title is "Multi-Factor Authentication User Log In". On the left, there is a blue square icon with a white keyhole and the text "Version 6.3.1" and "© 2013 Microsoft. All rights reserved." Below the icon is a "Log In" button. On the right, there is a blue square icon with a white keyhole and the text "Multi-Factor Authentication User Log In". Below the icon is a "Log In" button. The page also features a language dropdown menu set to "en: English" and a "Help" link.

## Step 2

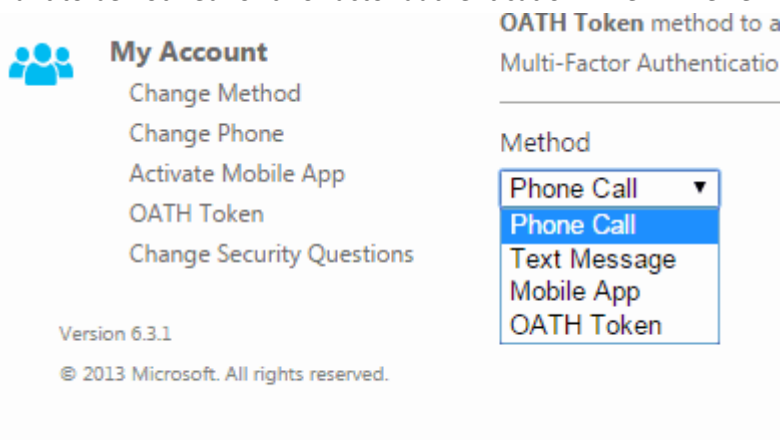
Answer 4 security questions about yourself, you can click the drop down arrow on the right to select the questions you want to answer. When complete, hit Continue. **Note: you have to choose 4 unique questions**



The screenshot shows a web browser window with the address bar displaying [https://accounts.bestcare.org/nmhsmfa/create\\_security\\_questions.aspx](https://accounts.bestcare.org/nmhsmfa/create_security_questions.aspx). The page title is "Security Questions". On the left, there is a blue square icon with a white keyhole and the text "Version 6.3.1" and "© 2013 Microsoft. All rights reserved." Below the icon is a "Continue" button. On the right, there is a blue square icon with a white keyhole and the text "Security Questions". Below the icon is a "Continue" button. The page also features a language dropdown menu set to "en: English" and a "Help" link. The main content area contains four security questions, each with a dropdown menu for the question and a text input field for the answer. The questions are: "What's your mother's maiden name?", "What was your high school mascot?", "What is your favorite sports team?", and "What was your favorite pet's name?". At the bottom, there are "Continue" and "Cancel" buttons.

### Step 3

After you answer the security questions you will be allowed to manage your account and change options on how you want to be notified for two-factor authentication. We will review the options that are available below.



### Change Method – Options for two-factor authentication

1. **Phone Call** – the phone call option is the default option set for most accounts. The system will call you on the number you have provided to our system. When you authenticate externally with the correct username and password, the system will make a voice call to that number, asking you if you want to authenticate by hitting the # sign. This should complete the authentication process and allow you in.
  - a. Benefits of this method include the ability to have up to two numbers it calls to authenticate.
  - b. Ability to use a voice line such as a home phone or office number and extension.The system will call back three times if it doesn't get the correct response of #. If you have two numbers defined it will rotate between both numbers making three attempts at each number before it stops.
2. **Text Message** – the text message option works well if you have a text plan on your cellular phone. You will receive a text message from our system. You just reply to that text message with the 6-digit code it sent which will complete the authentication process.
3. **Mobile App** – Setting up the mobile app is a two-step process and requires a smart phone or tablet device capable of running the application. Instructions on how to get it setup are included below
  - a. Benefits of this method are it runs over wi-fi and works well for users that don't have a strong Cellular connection.
  - b. It can be setup to receive a push notification or you can use it like a token where you type in the number that is displayed. The number randomly changes each minute while the application is live.
4. **OATH Token** – Used for either the Mobile App or a hard token that is distributed to you upon request.
  - a. This method can be used with the Mobile App or with a hard token provided from Methodist. The process varies depending on which option you are using, however, they both will present a screen for you to fill in a code at the time of authentication.
  - b. Benefits of this method include being able to do it while you aren't accessible for text or phone calls. Perhaps on a plane where you have wi-fi but not cellular coverage.

Details for setting up each method are shown on the next page.

## Phone Call

You can change the phone numbers used to contact you with this option by clicking the Change Phone option on the left of the screen. It will present a similar window as shown below. You can use a Primary and Secondary number such as a cellular phone as primary and home or work phone number as secondary.

The system will dial the numbers listed exactly as they are put in so be sure you double-check the number before hitting the save button.

### My Account: Change Phone

Specify a new phone number to call for Multi-Factor Authentication.

PRIMARY

New Phone Number

United States & Canada +1

402-659-9072

New Extension

BACKUP

New Phone Number

United States & Canada +1

New Extension

Save

Back

The screen will look different if you choose the **text option** under the **Change Method** section. That screen shot is below. When setup for text, it can only use one number so your primary number will be used. Ensure that number is capable of receiving text messages for this process to work.

### My Account: Change Phone

Specify a new phone number to call for Multi-Factor Authentication.

New Phone Number

United States & Canada +1

402-659-9072

Save

Back

## Mobile App

Before you can change your method to use the Mobile App, you first have to activate the Mobile App so it is linked to your account as described below.

1. Download the **Azure Authenticator** Application from the App Store or Google Play store depending on which device you have, the icon is shown below



2. When you install, make sure you allow the app to send you push notifications when it asks.  
**Allow Push Notification**
3. After you have the application installed, Open the application on your smart device and click the plus icon to add an account. ***Some Droid devices will require a barcode app to be installed as well and it will prompt you with a link to download one. Apple devices will ask you to allow the app to use your camera.***
4. From the website on an alternate device, click the option to “Activate Mobile App” on the left menu and click on the “Generate Activation Code” button. This will display a QR code which you can scan with the mobile app on your smart device. You can also enter the Activation code and URL manually which is case sensitive.
5. Once you are successful, you can now use the “**Change Method**” option on the left of the screen to setup your two-factor authentication to use the **Mobile App** or **OATH Token**.



# FAQs

## **How does Multi-Factor Authentication™ work?**

Multi-Factor Authentication works by placing a confirmation call to your phone during login.

### **Step 1:**

Enter your usual username and password.

### **Step 2:**

Instantly, you receive a phone call. Answer and press #.

### **That's It!**

This simple process provides two separate factors of authentication through two separate channels (your computer and your phone service). It works with any regular or mobile phone.

## **What happens if I lose my phone?**

Select the Change Phone Number option to enter a new phone number or an alternate number can also be set up.

## **What happens if I lose cell phone coverage in a certain area?**

You can change your account to point to an alternate phone number, such as a land line, by selecting the Change Phone Number option. Alternately, you can choose to setup the Mobile App on a smart phone or tablet. This application can use Wi-Fi in addition to cellular networks to communicate.

## **What if I get a phone call from Multi-Factor Authentication when I'm not trying to log in?**

This would only happen if someone else were trying to log into your account, and they already knew your password. Remember, phone calls are only made after the username and password are verified. So, if this happens, Multi-Factor Authentication has just saved your account from illicit access! To report the incident, select the Fraud Alert option from the phone menu during the authentication call by hitting 0#. This will alert your company's IT security team. Future authentication attempts will be blocked until the issue has been resolved.

## Registering and Logging into Cerner from Home/Laptop/Office

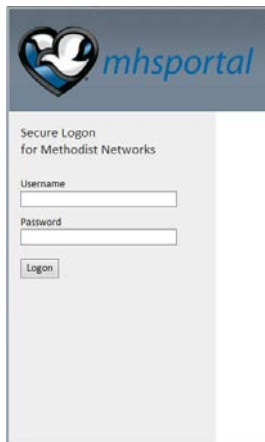
Installing the Citrix Online Plug-In / Signing in to Cerner Remotely

1. Go to [www.bestcare.org](http://www.bestcare.org)
2. Click on the **PROVIDERS** link at the bottom of the web page.
3. Click the **Cerner Applications** link:



**Note:** NMHS now uses two factor authentication when accessing the Cerner system from off campus. In order to sign in you must have supplied your cell phone number to Med Staff. If you have not done so, please call Med Staff at 402-354-4036.

4. Enter your network User name and Password. You will receive a phone call. Follow the prompts.



5. Click on "Cerner App Portal"



6. If you have already downloaded the new client, skip to Step #12. If you need the new client on your PC, continue with Step #7.
7. Click the appropriate link below to **Download** the Citrix Client.

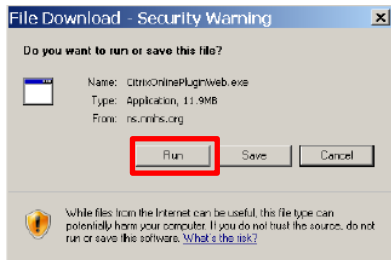
For Help, please call 402-354-2280.

To install ICA client for Windows, click the link below,  
[https://nfuse.bestcare.org/citrix/clients/citrixonlinepluginweb\\_12\\_0\\_3.exe](https://nfuse.bestcare.org/citrix/clients/citrixonlinepluginweb_12_0_3.exe)

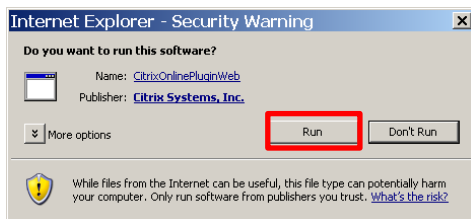
To install client for Mac users, click the link below,  
[https://nfuse.bestcare.org/citrix/clients/CitrixOnlinePlug-in\\_web11\\_2.zip](https://nfuse.bestcare.org/citrix/clients/CitrixOnlinePlug-in_web11_2.zip)

All other clients available from the Citrix download site below,  
<http://www.citrix.com/download>

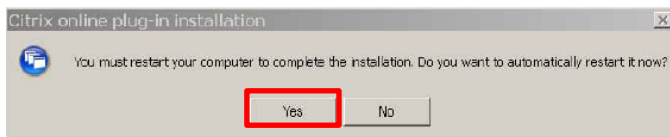
8. When the File Download dialog box appears, click the **Run** button.



9. When the Internet Explorer dialog box appears, click the Run button.



10. The Citrix online plug-in installation window tells you to restart your computer in order to complete the installation. Click **Yes**.

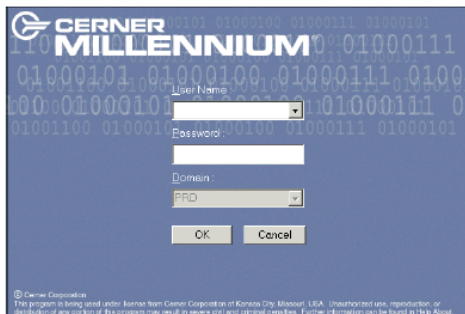


11. When the PC is finished rebooting, repeat Steps 1 – 5 and jump to 12.

12. Click the **PowerChart** icon.



13. Enter your **User Name** and **Password**, and then click **OK**.



# METHODIST EMR

**Cerner Help Line**

**402-354-6690** 📞

**Call this number whenever you need  
help with Cerner**

[HOME](#)

[TIPS & TRICKS](#)

[DRAGON TRAINING](#)

[IPAD](#)

[REFERENCE PAGE](#)

[ASK A QUESTION](#)

[ONLINE TRAINING](#)

[SPECIALTY PLAYBOOKS](#)

[DIRECT/SECURE EMAIL](#)

[AUGUST CODE UPGRADE](#)

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# DialMD



*Ensure your patients receive the care they deserve with DialMD  
live agent answering service*

## SERVICE

Always available for you and your patients. We:

- Reliable live agent answering calls 24 hours a day, 7 days a week
- Manage on-call schedules to get the right message to the right person
- Communicate important messages from patients and hospitals

## DEDICATION

Accommodate each customer with quality, sensitivity, and care. We:

- Screen each call to reduce unnecessary calls and pages after hours
- Message tracking and archive for reliability
- Customize service to fit each client's needs

## UNDERSTANDING

Being part of a health system, we understand patient concerns and patient privacy. Our agents receive specialized training in:

- HIPPA compliance
- Enhance Verbal Skills
- Medical Terminology
- Annual and on-going training to manage industry changes

### *Contact Us Today*

*Email: [RESDLT.DialMD@nmhs.org](mailto:RESDLT.DialMD@nmhs.org)*

*Phone: 402-354-4700*

*Fax: 402-354-4775*

*Providing Patients and  
Practitioners Quality  
Service since 1982*

## CAMPUS MAP



### 1 Patient/Visitor Pick-Up & Drop-Off

Patients and visitors may be dropped off at both the north tower and south tower entrances of the hospital building, and at the Estabrook Cancer Center/Outpatient Surgery Center entrance.

### 2 Main Entrance/Valet Parking

Free valet parking is available through valet stands at both the hospital's north tower entrance and at the Estabrook Cancer Center's main entrance. Valet at the hospital is also available after hours through security.

### 3 Emergency Department

Emergency parking is located directly outside of the Emergency Department on the North side of Methodist Hospital. This parking is designated for Emergency Department patients only.



## CAMPUS MAP



### 1 707 Women's Hospital Building

- Labor & Delivery
- Mother/Baby
- NICU
- Surgery
- Baright Gift Shop
- Breastfeeding Boutique
- Cafeteria
- X-Ray, CT, MRI

### 2 717 Medical Office Building

- Methodist Physicians Clinic
  - Women's Center
  - Primary Care & Pediatrics
  - Physical Therapy
- Midwest Gyn Oncology
- Methodist Perinatal Center

### 3 Emergency Department

- Reproductive Health Specialists
- Conference Center
- Childbirth Education Classrooms
- Mammography, Ultrasound



## THIRD FLOOR

### KEY

- CONFERENCE ROOM
- CONFERENCE ROOM W/ TELEPRESENCE
- HUDDLE ROOM
- TRAINING ROOM
- PHONE ROOM

NORTH  
→

825 S 169th Street Omaha, NE

## ATTESTATION STATEMENT

As part of my Medical Staff orientation at Methodist Hospital, I hereby acknowledge that I have reviewed the orientation documents on Bestcare.org.

I understand this attestation statement will remain a part of my permanent file while on staff at Methodist Hospital.

Name: \_\_\_\_\_

Date: \_\_\_\_\_