



**Welcome to
Lovelace Health
System
Provider
Orientation**



Created 10.2015



Lovelace Westside Hospital— Organizational Leadership

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Lovelace Westside Hospital

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Lovelace Women's Hospital— Organizational Leadership

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Lovelace Women's Hospital

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Lovelace Medical Center/Heart Hospital of New Mexico at Lovelace Medical Center— Organizational Leadership

Troy Greer

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Lovelace Regional Hospital— Organizational Leadership

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Lovelace UNM Rehabilitation Hospital— Organizational Leadership

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UNM Lovelace Rehab Hospital

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CNO

UNM Lovelace Rehab Hospital



Lovelace Westside Hospital Services

Imaging: Diagnostic Radiology, Nuclear med including nuclear stress test, Ultrasound, CT; OP - Digital Mammography, MRI, DexaScan

Surgical Services: ENT, General, Urology, GYN, Bariatrics, Ortho, Dental, Podiatry, Cardiac Device Implant, GI Endoscopy suite including ERCP's

Therapies: PT, OT, ST, Wound Care Certified Therapist



Lovelace Westside Hospital Specialties

24° Specialities: Cardiology, Pulmonary, Ortho, GI, Renal

Hospitalist Services

Pediatric Hospitalist Services

OB-GYN Services

Pulmonary Services

Renal Medicine Services

Gastroenterology Services

Cardiology



Lovelace Women's Hospital – Hospital Services

Imaging: MRI, Fluoroscopy, Digital Mammography,
Nuclear Medicine, DEXA Scan, Ultrasound CT

Surgical Services: daVinci Robotic Surgery;
Advanced laparoscopic surgery; Cosmetic &
reconstructive Surgery; ENT, Gastroenterology,
Gynecology Surgery; Urology, Gynecology
Oncology, Orthopedics

Hospital Services: Adult ICU, Bronchial
Thermoplasty, Cardiology, Continence Care
Program, Pulmonology, Rehabilitation



Lovelace
Health System

Lovelace Women's Hospital Hospital Specialties

Family Birthing Center

High Risk OB Program

Neonatal Intensive Care Unit (NICU)

Pediatric Observation Unit

Breast Care Center

Cardiology



Lovelace Medical Center/Heart Hospital Hospital Services

Imaging: MRI, 64-Slice CT, X-Ray, Ultrasound,
Vascular Lab, Cardiac Echo, PET/CT Scan

Surgical Services: Advanced Laproscopic surgery;
Cosmetic/reconstructive, Gastroenterology,
Neurological Surgery, Colon/Rectal, Joint
replacement, Orthopedics

Therapies: PT, OT and Speech Therapy, ICU,
CVICU, Dialysis, Neurology



Lovelace Medical Center/Heart Hospital Hospital Specialties

Gamma Knife Center of NM

Cardiovascular Services

Cardiothoracic Surgery

Laser Lead extraction

Electrophysiology

Stereotaxis Magnetic System for Heart rhythm
disorders



Lovelace Westside's Sacred Moment

*What Is This "Sacred Moment" and Why
Should I Care?*

Nancye Cole COO/CNO

2015



Lovelace
Health System

Lovelace Westside: The SACRED Moment

Lovelace Westside Hospital is a unique healthcare setting. We believe in our mission, vision and values. We embrace each other as team members striving for the same patient outcomes.

The SACRED Moment sets us apart from other institutions in our quest to provide the best possible care and experience for the people we treat by making the *human* connection and developing a professional yet caring relationship between patient and caregiver.



Mandatory Need to Know

This is a quick version of what you need to know according to our regulatory bodies and your hospital leadership.



SDS: Safety Data Sheets

how to treat if exposed to chemicals: splashes in eyes, ingestion or in
some cases splashes on skin

- Lovelace Westside Hospital utilizes the “**HazSoft**” program available on each hospital computer on the FastLane.
- Type in the chemical name in the search screen
- Print a copy of the correct SDS and get yourself or co-worker to the ER immediately



Large Spills of Hazardous Chemicals: **CODE ORANGE**

CODE ORANGE-Can only be called by
one of the following:

- Spill Team Coordinator
- Safety Officer
- House Supervisor
- Administrator on duty



Never:

- Try to clean a chemical spill you know to be hazardous yourself
- Dial 911 unless you are sure a spill cannot be contained
- Handle Chemicals without the appropriate PPE recommended on the label
- Open or use an un-labeled bottle
- Never, ever fail to label a bottle-think of the safety of others



CODE PINK-Patient Abduction

- Page Overhead (example: “code **PINK** labor and delivery, code **PINK** labor and delivery, code **PINK** labor and delivery”)
- In most cases applies to an infant abduction
- Participation in drills is mandatory due to **HIGH RISK**
- Responses include ensuring all exits are manned and all patient rooms are checked
- LMC: 7-3333 Women’s: 7-3333
- Westside: 7-5049 Rehab: 7-3333
- Roswell: See Fastlane-Roswell Facility for Information



CODE BLUE

State: “Code Blue,” Unit and patient room number if applicable (Ex. Code Blue ICU Room 286)

- Repeat 2 more times
- This will activate the Code Blue Team:
 - Respiratory Therapy
 - MD from Emergency Dept
 - House Supervisor
 - Pharmacy (if available)
 - Bedside RN and ICU nurse

LMC: 7-3333

Women’s: 7-3333

Westside: 7-5049

Rehab: 911

Roswell: See Fastlane-Roswell Facility for Information



DR. BABY Infant Code

- State: “Dr. Baby” Family Birthing Center and patient room number if applicable (Ex. Dr. Baby, Family Birthing Center, Room 291)
- Rep “**DR. BABY Infant Code** at” 2 more times
- This will activate the Code Blue Team responding to an infant code:
 - Respiratory Therapy
 - MD from Emergency Dept
 - Bedside RN and ICU nurse
 - House Supervisor
 - Pharmacy

LMC:7-3333

Westside: 7-5049

Women’s: 7-3333

Rehab: 911

Roswell: See Fastlane-Roswell Facility for Information



In An Emergency!!!

- Immediately contact Security -- an Officer will come to your location immediately, inform the House Supervisor if it is feasible and if in immediate danger call for help!!!!
- Code Grey – Security Code
- Code Silver – Combative person with Weapon

LMC:

Westside:

Women's:

Rehab:

Roswell: See Fastlane-Roswell Facility for Information



Response during Code Silver

Evacuate: if there is an accessible escape path

Hide Out: lock or barricade door, silence cell phone, turn off lights & noise, remain quiet & calm

After law enforcement officers arrive: follow all instructions, put down any items in your hands, raise your hands and spread your fingers, keep hands visible. Avoid quick movements, avoid screaming



In An Emergency!!!

DO NOT DIAL 911 for
internal (within the hospital)
emergencies



Segregation of Waste's

RED BAG:

Items (except linen) saturated or flaking with blood go in a red bag

Blue Bag: All linens

White Bag: All normal trash



- **R.A.C.E.**

R-Rescue

A-Alarm

C-Confine

E-Extinguish or Evacuate



Code Red: Fire Emergency

When you hear an alarm:

Listen for overhead page of
location



How to Use an extinguisher: Acronym: P.A.S.S.

- P-Pull-The pin on the fire extinguisher
- A-Aim-At the base of the fire
- S-Squeeze-the handle
- S-Sweep-the chemical left to right



What if the unit needs to be evacuated:

Hospital buildings are designed using the “compartmentation” concept of fire protection.

This means that there are areas of refuge from fire within the building for very specific time periods.



Areas:

- 2 hour walls- all stairwells and elevators
- 1 hour walls- all patient units are bordered in the elevator lobbies by one hour walls



Evacuation:

- **Two types:**

1) Horizontal: Moving patients, staff & visitors from one unit to another.

Example: moving patients from the ICU to 2W

2) Total or complete evacuation:

Leaving the building entirely & go to the back of the hospital



Routes:

- Elevator #3 is served with emergency electrical power and remains active during fires.
- Stairwells can be used for ambulatory patients or if the elevator for some reason is inoperable (non ambulatory patients will be carried on stretchers or rescued by the fire dept.-or both)



What is DNV GL*?

- International accreditation organization
 - They are process driven
 - Perform yearly surveys
 - DNV standards are aligned with CMS Conditions of Participation and ISO standards

* Created in 2013 as a result of a merger between two leading organizations in the field - **Det Norske Veritas** (Norway) and **Germanischer Lloyd** (Germany).



Bloodborne Pathogens - Exposure

- Providers are at significant risk of occupational exposure to bloodborne pathogens
- Exposure of Providers is **significantly higher** than other health care workers due to lack of adhering to safety precautions.



Ways to Reduce Exposure

- Place contaminated sharps, immediately after use, in a sharps container.
- Do not bend, hand recap, or break contaminated needles.
- Practice safe handoffs when passing sharps.
- Wear goggles/mask when a splash could be anticipated.
- Wear gloves when you have non-intact skin.
- Good Communication with other HCW when sharps are in your hand!



What To Do If Exposed

- Apply first aid including washing the area for 15 minutes. If a major cut, go to the ER.
- Notify the House Supervisor (*they will help guide you through the rest of the process*)



Personal Hygiene

Do not eat, drink, apply cosmetics or lip balm, or handle contact lenses where potentially exposed to infectious materials.



HAND HYGIENE

EVERY Patient. **EVERY** Time. **EVERYONE**.

Patient Safety is in Your Hands!

Always clean your hands with alcohol gel/foam or with soap and water:

- Before entering and after leaving a patient's room or space.
- Before and after any patient procedure.
- Before and after touching a patient or their surroundings (such as the bedside table, ventilator, door to the room).
- Before and after using gloves.

Use soap and water:

- When hands are visibly dirty.
- When working with a patient with *Clostridium difficile* (C. diff).

Be the patient's advocate by professionally reminding others to wash their hands.

- Provide a friendly reminder to a team member who has forgotten to clean their hands.
- Hold everyone that reports to you accountable for hand washing.

Encourage all visitors to wash their hands before entering and after leaving a patient's room.

Employee Signature & Date

Printed Name

Director/Manager Signature & Date



GOOD HAND HYGIENE –

#1 most effective method to
reducing the spread of
infection.





Isolation Precautions

Providers are expected to following
all Isolation Precautions.



Contact Precautions

Standard Precautions Apply



Before Entering Room
Antes de entrar al cuarto



1. Clean your hands.
Limpese las manos.



2. Put on gown.
Pongase una vata.



3. Put on gloves.
Pongase los guantes.

Ready to Enter
Ya estan preparados para entrar al cuarto



Before Leaving Room
Antes de salir del cuarto



1. Remove gown and gloves and throw them away.
Quite los guantes y la vata, y tirelos.



2. Clean your hands on the way out.
Al salir limpie las manos.



Droplet Precautions

Standard Precautions Apply



Before Entering Room
Antes de entrar al cuarto



1. **Clean your hands.**
Limpese las manos.

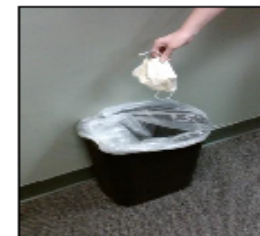


2. **Put on surgical mask.**
Pongase una mascara.

Ready to Enter
Ya estan preparados
para entrar al cuarto



Before Leaving Room
Antes de salir del cuarto



1. **Remove mask & throw away.**
Quitese la mascara y tirela.



2. **Clean your hands on the way out.**
Al salir limpie las manos.



Airborne Precautions

Patient Placement

- Nursing can advise on location of negative pressure rooms

Keep room door closed and patient in room.



STOP **Airborne Precautions** **STOP**
Standard Precautions Apply

Before Entering Room
Antes de entrar al cuarto



- 1. Clean your hands.**
Limpese las manos.



3M 1870

OR



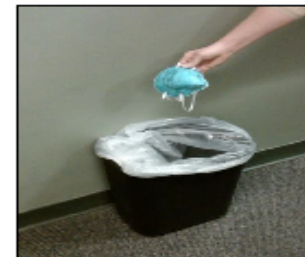
3M 1860

- 2. Put on N-95 mask.**
Pongase una mascara N-95.

Ready to Enter
Ya estan preparados para entrar al cuarto



After Leaving Room
Después de salir del cuarto



- 1. Remove mask & throw away.**
Quítese la mascara y tirela.



- 2. Clean your hands on the way out.**
Al salir limpie las manos.



How to prevent the spread of *C-diff*

- Strict adherence to hand washing techniques using soap and water only.
- Environmental surfaces should be cleaned with an effective disinfectant (**bleach**) daily while patient is in the hospital and after patient is discharged.



Personal and Cultural Sensitivity – Potential Issues

- Avoid jokes that may be offensive
- Be aware of your surroundings- families, patients, other employees



Ethics: Every time you make a decision, ask yourself:

Does it comply with all laws and regulations?

Is it in the best interest of the patient?

Is it in the best interest of the company?

Do the facts support my decision?

Are you confident that you're doing the right thing?

If you can answer **“Yes” to all these questions, your decision is clear.**

If any of your answers are **“No” or “Maybe,” you need more information** and additional advice. Talk to administration or AOC.

If you want to report a concern and remain anonymous, call the
Ethics Line at (800) 633-2939



Confidentiality

- Never divulge protected information or use it for your own benefit.
- Only discuss confidential information with appropriate personnel.
- Also make sure you use company systems that are HIPAA-approved for all your confidential communications.
- For all confidential email correspondence, add mail_encrypt in the subject line.



Disclosure

Lovelace Health System encourages the members of the medical staff to communicate and involve patients and/or (with appropriate consent) their significant others or patient representatives in their care and treatment decisions.

- **Patients, and/or their representative, are entitled to information about the outcomes of diagnostic tests, medical treatment and surgical intervention whether the results are expected or unexpected (unanticipated).**
- **When a serious reportable event or unexpected adverse event occurs involving a patient, a disclosure meeting** should be held with the patient and/or their authorized representative.
- **Do Document** the discuss with the patient and/or their authorized representative.
- **Do NOT** document blame statements that target colleagues and/or peers or the facility.



Informed Consent

- Providers are responsible for giving informed consent.
- Providers are responsible for confirming accuracy of the consent and for signing, dating and timing the consent form.



Documentation Requirements

- All providers are required to use CPOE and current applications for order entry.
- Providers are *encouraged* to electronically complete a progress note.
- All medical record entries must be timed, dated, signed or electronically authenticated.
- Verbal orders are to be used on in case of emergent situations or during procedures.
- Providers are *encouraged* to electronically enter orders when away from facility or unit.



Documentation Requirements – continued

- If hand writing orders: **Do not use** unacceptable abbreviations.
- All **H&P's** must be dictated and signed or authenticated within 24 hours.
- **Verbal orders** must be signed, dated, and timed within 72 hours.
- **Holding orders** issued in the ED are only valid for 4 hours.
- **Operative reports** should be dictated immediately following surgery.
- **Preliminary Op Note**: complete immediately after surgery – template is available
- **Discharge Summary** should be dictated at Discharge.



HIM Requirements & Records Completion and Suspension

- Notification of incomplete records at 7 days
 - Warning letter after 14 days
 - Temporary Suspension of privileges for delinquent medical records should occur when: records are 21 days or more post discharge
-
- *See Policy Manager for full policy*



Provider Performance Evaluation

- Every 2 years during reappointment to the medical staff, a provider performance evaluation will be submitted to the credentialing committee for review.
- Elements of the score card will be determined by the regulatory bodies with input from the MEC.
 - Blood use
 - Medication use
 - Surgical Care Review
 - Specific Department indicators
 - Anesthesia/Sedation adverse events
 - Readmission/unplanned returns to surgery
 - Appropriateness of care for non-invasive procedure/interventions
 - Utilization Data
 - Significant deviations from established standards of practice
 - Timely and legible completion of patient's medical records



Peer Review and Patient Grievance

- Patient's grievance starts a formal process to address specific concerns/complaints.
- A grievance may result in a peer review.
- Any significant deviations from any of the provider evaluation practice standards may also result in peer review.
- The peer review process includes a review of the potential nonconformity by a peer in their specialty.
- Based on the findings of the peer review committee, a determination will be made.
- The outcome of the peer review process will be displayed on the providers score card.



Patient Rights

- Code Status – Orders must be entered for code status on admission and either reviewed if CPOE or rewritten if paper orders when transferred to another unit
- Patients have the right to change their mind at any time
 - ***Care of the patients should not be discriminated against based on their Code status.***



VENTRICULAR ASSIST DEVICE (VAD) AWARENESS

HHNM@LMC is currently seeking a certification from DNV-GL to become a facility that implants Ventricular Assist Device (VAD). A requirement of the DNV-GL is for any hospital with a VAD program to have “VAD awareness”. This means all employees of a VAD hospital should have basic knowledge of VAD patients and how to assist them. This document is designed to provide you with basic information on VADs.

The goal of a VAD is to Improve Quality of Life

These devices help patients to live a better life with heart failure.
Heart failure affects over 5.3 million patients in the United States.
Between 300,000-800,000 Americans have advanced heart failure.
Over 250,000 patients die of heart failure each year.

What is a Ventricular Assist Device (VAD)?

A ventricular assist device (VAD) is a mechanical device that helps a weak heart (heart failure) pump blood throughout the body.

Important VAD Parts

The VAD has a pump unit, a controller and a power source

PUMP: The mechanical “heart” is surgically implanted.

CONTROLLER: The “brain” has the computer to operate the pump.

POWER: Supply the energy to run the pump by either electric or battery power.



Parts of an LVAD

Driveline

A cord that connects the pump to the outside. This passes through the skin and holds important electrical wires.

Batteries

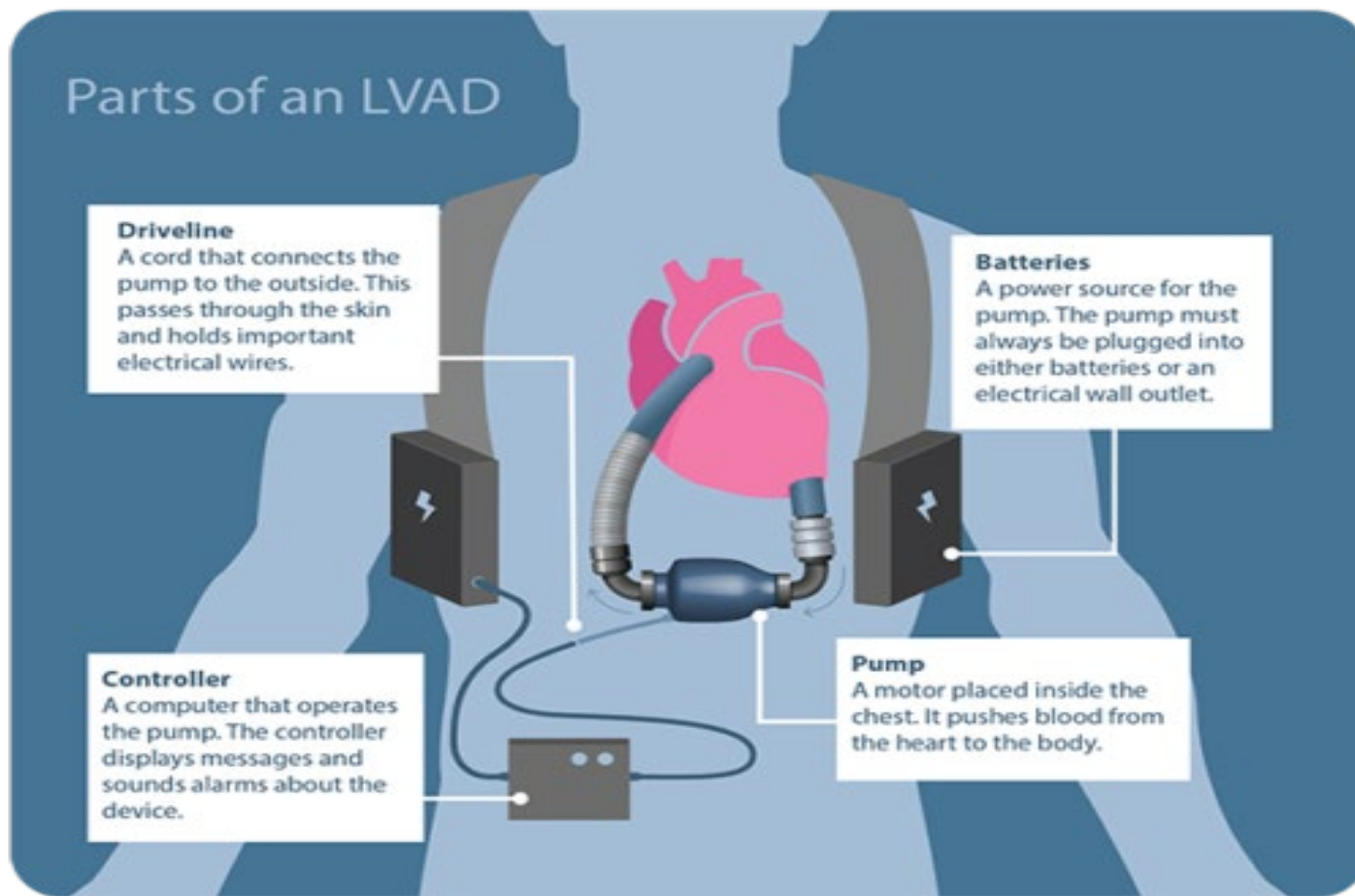
A power source for the pump. The pump must always be plugged into either batteries or an electrical wall outlet.

Controller

A computer that operates the pump. The controller displays messages and sounds alarms about the device.

Pump

A motor placed inside the chest. It pushes blood from the heart to the body.





What Does a VAD Look Like?



HeartWare (HVAD)



HeartMate II

When Transporting a VAD Patient

- Only Staff that has been VAD Trained can escort the VAD patients off or on the unit, to procedures or tests.
- All parts must go with patient for special (usually long) procedures – power console, back up controller, and batteries.

IMPORTANT Safety Points

- NEVER remove or unplug a VAD power source!
- Guide VAD patient to an electrical outlet if they request one right away! Red outlet is best, if available.
- If you hear an alarm that the patient or trained VAD caregiver cannot fix... get help right away!
- All VAD patients or their visitors should have back up equipment with them at all times.
- When checking for a pulse on a patient with a VAD-you may NOT be able to feel a pulse.
- If a patient arrives to the Hospital call the VAD Coordinator @ 5050-843-8896.



In an EMERGENCY

•Who should you contact:

•In the Hospital call:

- Immediately get the patients NURSE or Nurse on the unit
- Call HHNM Charge Nurse @ 505-724-2487 and the REACT Team 7-8800
Call the VAD Coordinator @ 505-843-8896

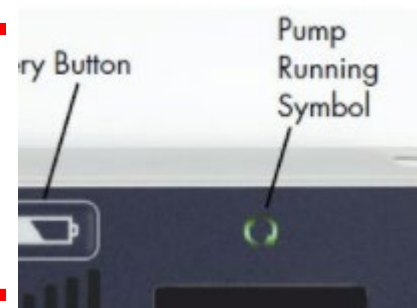
Out of the Hospital Call

- 911
- Contact the Patients VAD Coordinator

•Look for running pump symbol?

•If the patient is awake, assist them by getting them their “go bag” of extra equipment.

- Look for running pump symbol?
- If the patient is awake, assist them by getting them their “go bag” of extra equipment.
- If patient is “unconscious” you should first listen over the front, left side of the chest for a “humming” sound of the pump.
 - “No humming”? May start ACLS without chest compressions.
 - NO CHEST COMPRESSIONS unless physician directed and if directed only to be completed by CVICU trained nurse!





Restraints

- PRN orders are NEVER acceptable for restraints
- Should only be used when immediate physical safety of the patient, staff or others is needed and should be discontinued at the earliest possible time
- Written paper orders only at this time: document behavior that requires restraint; Must be signed, dated & timed
- Face to face Provider Assessment within 1 hour if violent restraints and within 24 hours for non-violent
- Order time limits for violent: adults – 4 hours,
- Order time limit for non-violent: 24 hours



Massive Blood Transfusion (MPT)

- If patient is losing blood faster than we can replace it – Call for a Massive Blood Transfusion Protocol
- Provider is responsible for correct balance of products (RBC, platelets, cryo, FFP, etc.)
- Lab will continue to provide products until told to ‘stand down’. Therefore, communicate timely.

See policy in Policy Manager



Disaster Response

As a Provider, you are required to participate in disaster response. In case of a city or state disaster, please do not leave the facility. If you are outside the facility, please report to our hospital Incident Command Center depending on the type of disaster.



Provider Handoff

Over 90% of the serious adverse events causing harm to patients has a root cause of ineffective communication.

Providers are expected to communicate a complete handoff to the new provider for a safe transition of care.



Best Mode of communication with you

Please let us know the best method of communication with you.

Email

Fax

Phone

other



Policy Manager

The link to Policy Manager can be found on the Lovelace Intranet/Clinical tab/find link on the left side – Policies and Guidelines/ click on Policy Manager name

Username: provider

Password: provider



On Site Orientation

Helpdesk: Call 727-8205 or toll free 1-866-725-4357
or email helpdesk@ardenthealth.com

Orientation attestation

EMR

Badge Access

Passwords

Tour of facility

Dictation User guide