

Medical Staff Education

Anticoagulant Therapy

Effective July 1, 2019, eight new elements of performance are required by The Joint Commission's National Patient Safety Goals (NPSG) to ensure safe use of anticoagulant medications. Anticoagulants are the number 2 top medications involved in serious harm due to drug interactions, complex dosing, insufficient monitoring, and inconsistent patient compliance.

Recommendations to achieve better patient outcomes:

- Use evidence-based, standardized practices during initiation and maintenance of anticoagulant therapy, and
- Focus patient education on: importance of adherence, possibility of food-drug and drug-drug interactions, potential for adverse drug reactions, and importance of follow-up appointments, (and lab testing if applicable). Educational materials are available on the [LH intranet](#).

Legacy has developed several patient care policies/guidelines including [LH 900.3207](#) to assure safe use of anticoagulants, as well as a guidelines for reversal of antithrombotic therapy ([LH 900.5010](#)), a guideline for periprocedural management of anticoagulants ([LH 900.5011](#)), a guideline for neuraxial anesthesia and antithrombotic agents ([LH 900.5681](#)) and a guideline for anticoagulant selection in patients with non-valvular atrial fibrillation ([LH 900.5008](#)). Legacy has created an Epic orderset to aid physicians in ordering agents for the reversal of anticoagulant. See [infographic](#) summarizing the recent changes to the reversal orderset and guideline.

Use of direct oral anticoagulants (DOACS) has increased significantly. The Joint Commission has

recognized this trend and recently released an [infographic](#) summarizing some of the safety concerns and best practices around these agents. DOACs available on Legacy's formulary include apixaban (Eliquis®), dabigatran (Pradaxa®), and rivaroxaban (Xarelto®). DOACs **not** on Legacy's formulary include betrixaban (Bevyxxa®), and edoxaban (Savaysa®). Legacy has a number of [guidelines](#) and references available for the ordering and transition of patients to and from DOACS ([LH 900.5863](#)).

Pharmacy Services has an established anticoagulant service in both the inpatient and outpatient arenas, which promotes continuity of care, and provides dosing protocols and monitoring for all anticoagulants, including the DOACs. Physicians are encouraged to order anticoagulant management through Pharmacy. Providers can improve patient safety by assuring prescriptions and After Visit Summaries (AVS) include the specific **indication for anticoagulant use**, and clear instructions for:

- Dose, schedule, importance of adherence
- Follow-up appointments (and lab testing if applicable)
- Drug-drug and drug-food interactions
- Potential adverse drug reactions and when to seek medical attention

The Anticoagulation Clinics will soon expand into medication management services for other chronic disease states. Further communication on these services is forthcoming.

Clinical Alarm Management

The Joint Commission requires education related to the National Patient Safety Goal (NPSG): Improve the safety of clinical alarm systems. Clinical alarm systems are intended to alert caregivers of potential

patient problems, but if they are not properly managed, they can compromise patient safety. Patient care areas have numerous alarm signals, and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Legacy has evaluated clinical alarms and developed a coordinated approach to minimize alarm fatigue and nuisance alarms.

To improve the safety of clinical alarms, Legacy Health has taken the following approach:

- Expectations are set for disciplines that are responsible for alarms on equipment for which they have been trained.
- Default parameters on bedside monitors have been modified where indicated to reduce nuisance alarms.
- Electrocardiograph (ECG) leads are to be dated and changed every 5 days unless otherwise warranted.
- The function that allows staff to turn off lethal arrhythmia monitoring is disabled.

Detailed information can be found in the Clinical Alarm Management and Response Policy, [LH 900.3902](#), updated in April 2018.

Environment of Care

Safety and Security:

Safety/Security Dispatch can be reached 24/7 at 503-413-7911 (X37911). For off-site locations please dial 9-1-1.

Per Legacy Health policy [LH 300.01 Identification of Individuals](#), all physicians, staff, volunteers and contractors are required to wear photo identification badges at all times while on duty.

Suspicious Individuals and Theft:

Suspicious individuals are those:

- Without proper identification.
- Without a reason to be on property.
- Who may be resistant to assistance by staff.
- Who may be displaying behavior that makes you feel uncomfortable.

We all have a responsibility to help ensure a safe and secure workplace. Do not be afraid to ask someone if they need assistance. Do not wait to report incidents or suspicious individuals to Safety/Security. *It Only Takes Seconds to Become a Victim.*

Help prevent theft from your vehicle:

- Roll up your windows and lock your doors.
- Store your belongings out of sight or take them with you.
- Use a “club” or other immobilization device to help prevent the theft of your vehicle.
- Report suspicious people or circumstances to Safety/Security.

Keep personal belongings (e.g. phones, computers/tablets, wallets, purses, etc.) on your person or secured at all times.

Code Red Fire Response:

In the event of a fire, follow the acronym R.A.C.E.R.:

R - Rescue anyone in immediate danger.

A - Alert others by sounding the alarm.

- Call Fire Code line
- Pull alarm pull-station
- Announce “Code Red”

C - Confine the fire by closing all doors

E - Extinguish the fire only if:

- You have an escape route
- The fire is small enough to be extinguished
- You feel comfortable using an extinguisher

R - Relocate all patients from the affected smoke compartment of the fire into the nearest unaffected smoke compartment, exit enclosure or exterior exit.

- Do not take patients past the room of origin when relocating when possible.
- Take an outside route if necessary.

To use a fire extinguisher, follow the acronym P.A.S.S.:

P - Pull the pin.

A - Aim at the base of the fire.

S - Squeeze the handles together.

S - Sweep from side to side at the base of the fire

Safety Data Sheets (SDS): Are you familiar with the hazards posed by chemicals used in your workplace? Safety Data Sheets are available on the [MyLegacy intranet](#).

Violence in the Workplace [LH 200.23, Workplace Violence Prevention & Response:](#)

Legacy Health maintains a zero tolerance for violence in the workplace.

Violence in the Workplace:

- Violent/aggressive behavior or threats.
- LH 200.23 Workplace Violence Prevention & Response.
- All incidents of workplace violence must be reported to Safety/Security immediately.

When confronted with a violent person or situation:

- Attempt to distance yourself from the situation.
- Speak calmly and quietly.
- Ensure you have an exit route.
- Avoid aggressive body language.
- Avoid ultimatums.
- Alert Safety/Security. *
- Alert co-worker(s).
- Push a panic button.
- Contact Safety/Security Central Dispatch. *

* Outside of the main campuses, contact 9-1-1.

Domestic Violence:

- Abusive behavior occurring between two people in an intimate relationship.
- Processes are in place to assist employees.

Weapons-Free Campus Exceptions include:

- Sworn law enforcement officers on or off-duty.
- Military personnel in the performance of their job duties.
- Armored car couriers in the performance of their job duties.

Parking:

Per Legacy Health policy [300.13](#), all employees, physicians and volunteers are required to register their vehicles and park in designated areas only. Click [here](#) for campus specific information and maps are located on the Legacy intranet.

Emergency Management:

Legacy Health policy [300.09 Emergency Operation Plan](#), outlines Legacy Health's response to adverse incidents that impact day-to-day operations. In addition, Legacy Health Medical Staff bylaws contain information about expectations of medical staff during emergencies and disasters.

- Code triage internal: An internal/on-campus event that impacts operations.
- Code triage external: An external/off-campus event that impacts Legacy operations.

Your role during a disaster:

- Be familiar with the overall Legacy Health Emergency Operation Plan LH 300.09.
- Know and understand your department/clinic/unit's SPECIFIC emergency response plan.
- Keep current contact information on file with your department/clinic/unit.

- Wear your Legacy ID badge at all times while working and have it with you when arriving to work during a disaster.
- Be familiar with the location of the Emergency Operation Center (EOC) and Labor Pool for the location where you work.
- Ensure your personal preparedness by having a family plan, making a disaster kit, and staying informed about potential emergencies.

Code Amber:

[LH 200.08 Abducted, Missing, Eloped or Lost Infant, Child or Adolescent](#)

Infant indicates the missing patient/visitor is a baby less than 1 year of age.

Child indicates the missing patient/visitor is between 1 and 10 years of age.

Adolescent indicates that the missing patient/visitor is between 11 and 18 years of age.

Abduction: The taking of a patient/visitor under 18 by use of fraud, persuasion or force. Any infant/child/adolescent removed from any hospital department without staff and/or the parent/legal guardian's knowledge with the intent of leaving the campus.

Elopement: The voluntary departure by a patient from hospital grounds without knowledge or permission of hospital personnel.

Lost or Missing: Anytime Legacy staff and/or the parent or legal guardian is unable to locate the infant/child/adolescent and there is no reason to suspect an abduction has occurred.

In the event a Code Amber is initiated, all staff are expected to:

Stop all non-critical work

Proceed to the nearest exit, stairwell, hallway, skybridge, etc.

Pay attention to your surrounding and report anything suspicious.

Be an extra set of eyes and ears for Safety/Security. Wait for the "All Clear".

Code Silver:

[LH 200.21](#)

Monitor:

There is a heightened safety concern on or near campus and access may need to be limited, controlled and / or monitored. This could be limited to a specific department,

area, building, or the entire campus depending on the situation. **This should be considered an alert only.** A Code Silver, Monitor often does not involve locking any doors and may only result in security officers monitoring specific areas.

Pay attention to surroundings and contact Safety/Security to report any suspicious or criminal activity.

Secure:

There is a serious, potential safety risk on or near campus, **outside** the buildings. Access will be limited, and egress will be allowed in a controlled manner. Staff, patients, physicians, and visitors should remain inside but will not be forced to remain inside. This could be limited to a specific department, area, building, or the entire campus depending on the situation.

Be sure to have your Legacy photo identification badge with you to gain access into the facility.

Shelter-in-Place:

There is a serious, potential safety risk or risk of imminent harm **inside** the campus buildings or on campus. All personnel should remain behind closed and locked doors. All non-critical work should stop. Access into buildings will be dependent on the location of the incident. Relocation or evacuation of specific areas could be considered. A Code Silver, Shelter-in-Place will include the entire campus.

Active Shooter:

A subject has displayed a weapon in a threatening manner or the weapon is in use anywhere on Legacy Health property. Code Silver, Active Shooter will include the entire campus.

Initiate Run, Hide, Fight response.

Fall Prevention

Legacy identifies fall prevention as a system priority to help us achieve our Big Aims of “no needless deaths” and “no preventable harm.” As a physician, there are ways you can assist clinical staff in ensuring patients are assessed for fall risk and are educated on ways to reduce/avoid falls.

When discussing a patient’s fall risk with nursing, ensure your discussion includes: medications that might affect patient balance or alertness;

management of sensory deficits or other risk factors; and mobility and activity considerations.

When your patient has been identified as being at risk for falls, ensure patients and/or families have been educated on calling for assistance for all mobility and activity needs, and appropriate activity limits and safety needs and initiate Fall Precautions order set. High fall risk patients will be wearing red socks. Respond to alarms when you hear them. If a fall occurs, a post-fall huddle is performed at the bedside, attend if you are present on the unit. The nurse may also request implementation of the post-fall order set. For additional information on fall prevention, consult Legacy Health [policy 900.1154](#).

Impaired Practitioner

The term “impaired” is used to describe a practitioner who is prevented by reason of illness or other health problems from performing 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. It places the practitioner at risk and creates a risk to public health and safety.

Some signs of impairment are deterioration of hygiene or appearance, personality or behavior changes, unpredictable behavior, unreliability or neglecting commitments, excessive ordering of drugs, lack of or inappropriate response to pages or calls, and decreasing quality of performance or patient care.

Infection Prevention and Control

Prevent Spread of Pathogens:

- Follow Standard Precautions for all patient care to protect providers from infection and to prevent spread of infection from patient to patient.
 - > Hand Hygiene
 - > Personal protective equipment (gloves, gown, goggles/mask/face shield)
 - > Environmental precautions (disinfect equipment taken into patient room and after use, between patients, e.g. stethoscope)
- Model excellent hand hygiene following [LH 600.35](#). Clean your hands when entering and exiting a patient room for any reason – even if you’re not going to touch anything.
 - > If someone reminds you to clean your hands, your response should be “thank you!”
 - > Wash your hands using soap and water or use alcohol hand sanitizer before and after each patient contact, and immediately after

glove removal (gloves do not replace the need to clean hands).

- Follow Transmission-based Precautions (Contact/Enteric Contact/Droplet/Airborne) following [LH 600.25](#).
 - > Ensure placement of timely, appropriate order (see back of signs at each patient room doorway for specific diseases/pathogens).
 - > Use Enteric Contact Precautions for patients with *C difficile*, Norovirus, and Rotavirus. When leaving patient room, wash hands with soap and water to physically remove spore-forming bacteria. Disinfect surfaces and equipment with bleach.

Prevent Spread of Multi-Drug Resistant Organisms (MDRO):

- Follow Contact Precautions for the following MDROs. This includes hand hygiene, gloves, and a gown for direct contact with the patient or immediate environment.
 - > MRSA-colonization or infection, positive results current admission only.
 - > VRE, Gram-Negative MDROs, and Carbapenem-Resistant Organisms (CRO)- infection or colonization, for duration of every admission.
- Perform hand hygiene and wear gloves when entering room, wear a gown if clothing will contact anything in the room, remove PPE before leaving, and then wash hands.
- Disinfect all equipment between patients, including your stethoscope.
- Educate the patient, family, and visitors about the importance of hand hygiene and the purpose and use of Contact Precautions.

Prevent Central Line Associated Bloodstream Infections (CLABSIs):

1. Evaluate the clinical need for a central line before insertion and during daily rounds. Remove as soon as it is no longer indicated.
 - Consult the Vascular Access Team (VAT) prior to inserting a non-emergent line for expert guidance.
 - Follow appropriate indications:
 - Chemotherapy medications
 - Vesicant medications
 - Hypertonic Saline
 - Long term antibiotics only when a PIV is not appropriate
 - Need for CVP monitoring
 - Potassium in a concentration greater than 20 mEq/50mL
 - TPN

2. Vasoactive medication administration. When inserting a central line, follow these best practices:

- Follow the central line insertion checklist.
- Use a pre-packaged tray or pre-filled insertion cart, or box. Follow hand hygiene protocol and remove jewelry before procedure.
- Use full, sterile barriers: hat, mask (everyone in room including patient), eye protection, sterile gown. Prepare clean skin at insertion site using CHG and allow to dry COMPLETELY (Note: No iodine ointment to be used at the site; use Betadine instead of CHG for infants less than 28 weeks corrected gestational age).
- Drape the patient with maximum barrier precautions from head to toe.

Prevent Surgical Site Infections (SSIs):

1. Instruct the patient in skin preparation prior to surgery, such as the use of soap, 2% chlorhexidine (CHG) solution or 2% CHG wipes the day before (*if possible*) and the morning of surgery. Hair removal should be avoided unless it interferes with surgery; if necessary, use clippers instead of a razor. Clean and prep the surgical site with ChlorPrep (preferred) or an alcohol-based iodine scrub around the surgical area (if not contraindicated).
2. Maintain acceptable glucose range perioperatively which requires monitoring and control of glucose throughout the entire perioperative continuum (Legacy protocol). Target should be between 140 – 180 mg/dl in all patients regardless of diabetic status.
3. Maintain perioperative normothermia (core temperature) at or above 36 degrees Celsius. For patients 18 years of age and older, initiate a forced air active warming device 30-45 minutes prior to surgical procedure if not contraindicated and continue throughout the perioperative continuum. In pediatrics, initiate forced air warming for children greater than 50kg with surgery time greater than 1 hour. Hypothermia increases risk of SSI:
 - *Vasoconstriction reduces oxygen supply to the affected tissue, which gives rise to tissue hypoxia. Decreased tissue oxygen tension impairs many aspects of wound healing.*
 - *Negatively affects key components of the immune system, including antibody and cytokine production, as well as migration of various leukocyte subsets that are important to control and clear contaminants.*

4. Initial prophylactic antibiotic doses are to be completed within one hour prior to the incision; or within 2 hours for vancomycin or fluoroquinolones. Assess the need for intraoperative antibiotic re-dosing per Legacy protocol. Discontinue post-operative antibiotic within 24 hours (in most procedures).
 - *Antibiotic administration should be timed so that concentration of the drug is established in the serum and tissues when the incision is made.*
5. Dressings placed in an operating room on a fresh surgical incision site should be kept in place with a sterile dressing for a minimum of 24 hours. This promotes wound healing and lowers the risk of SSI. Teach patients how to care for themselves at home after surgery. For example, instructing to use clean (freshly washed) sheets and clothes, advising not to pick at the surgical wound or sleep with pets, good hand hygiene and healthy eating.
 - Key Point: Perform surgical scrub on hands/forearms prior to gloving; minimize traffic during surgery; and perform hand hygiene before and after examining patient/wound (including when wearing gloves) and when exiting the operating room.
 - *End of life care, if needed, to improve comfort*
 - *Patient will be discharged with indwelling catheter.*

2. Follow urine culturing best practices:

- Follow appropriate indications:
 - *Part of an evaluation of sepsis without a clear source (CAUTI is often a diagnosis by exclusion)*
 - *Based on local findings suggestive of CAUTI (e.g. pelvic discomfort)*
 - *Prior to urologic surgeries where mucosal bleeding is anticipated*
 - *Early pregnancy*
- Avoid routine screening or pan cultures and do not culture urine for quality (color, smell, sediments, turbidity). It is not recommended to culture urine based on pyuria in an asymptomatic patient or in the asymptomatic elderly or patients with diabetes.
- Treatment is discouraged in cases where a urine culture turns positive in a catheterized patient that has no symptoms or signs of infection.

Prevent Catheter Associated Urinary Tract Infections (CAUTIs):

1. Evaluate the clinical need for an indwelling catheter before insertion and during daily rounds. Remove as soon as it is no longer indicated. Consider alternatives to the urinary catheter such as the condom catheter or daily weights etc. Communicate the plan for removal during rounds.
 - Place an order in Epic catheter using Insert Indwelling Catheter
 - Follow appropriate indications:
 - *Perioperative use for procedures lasting > 2 hours and C-Sections (remove immediately after surgery if appropriate, or within 24-48 hours of surgery)*
 - *Precise urine output impacting changes in treatment*
 - *Unstable spine/pelvic fracture*
 - *Suspected or established urinary tract injury*
 - *Gross hematuria/clots*
 - *Management of acute urinary retention and obstruction*
 - *Assistance in healing of open sacral pressure ulcer/perineal wound for incontinent patients*

Influenza

Influenza remains one of the top 10 causes of death in the United States despite availability of an effective vaccine to prevent it. Up to 20,000 Americans die from influenza and its complications each year, with an additional 200,000 hospitalized.

People who are pregnant or who have chronic conditions are at much higher risk for complications from influenza, as are the very young or old. Health care workers are at increased risk of exposure to persons with influenza infection, and if infected can spread the virus between patients, to other staff, or bring it home to their families. Approximately 50 percent of influenza infections for healthy people under age 50 are asymptomatic but still infectious, so it can be spread by someone who does not feel ill. For this reason, The Joint Commission includes flu vaccination rates for health care workers as a measure of patient safety.

Physicians are uniquely positioned to help reduce the burden of influenza on our patients and staff. All patients will be screened for immunization status upon admission to the hospital (inpatient and

observation). If a patient meets criteria and does not decline, the vaccine will be given per the approved protocol. You can recommend vaccination for your patients and their families. You also have the opportunity to be a role model to your colleagues and health care staff. Please support Legacy and your patients by joining our efforts to protect all patients and staff by getting a seasonal influenza vaccination. The Joint Commission now requires Legacy Health to track and report on the aggregated flu vaccination rates for Medical Staff. If you have gotten your flu vaccination from somewhere other than Legacy, please email employeehealth@lhs.org or fax to 503-415-5192 and let us know.

For more information on influenza virus or the vaccine to prevent it, visit www.immunize.org/influenza. Flu vaccine clinics can be found by calling 1-800-SAFENET. Legacy medical staff can receive a free flu vaccination at Employee Health offices or from Flu Kickers at each hospital and may bring in guests for their vaccinations. Screening for influenza vaccination status and administering the vaccine when no contraindications exist is performed by the nurse for all Observations and Admitted patients. No additional order/signature is needed from the provider.

Mandatory Abuse Reporting

As you are aware, physicians are mandatory reporters under the law and Legacy's policy. As such, if there is a suspected case of abuse/neglect/maltreatment of elders, children, mentally ill or developmentally disabled people, all caregivers, including physicians, have a responsibility to ensure a report is made to the proper authorities. Legacy Health [policy 900.3312, Mandatory Reporting of Suspected Abuse](#), provides guidance and procedures for ensuring these reports are made. Reports must be filed in a timely manner. Please refer to the resources listed below for more information.

Resources for mandatory reporting include:

- *Mandatory Reporting of Suspected Abuse* policy, 900.3312.
- Suspected Abuse or Neglect Report [Form](#) on MyLegacy intranet.
- For reportable diseases and conditions, visit both Oregon and Washington grids on [MyLegacy intranet](#).
- For reporting immediate patient safety complaints or concerns relating to suspected abuse by a Legacy staff person or physician,

refer to the Inappropriate Behaviors Checklist on [MyLegacy](#) for more information.

Pain Management

The goal of pain management therapy is to improve comfort without creating an expectation that the treatment provided will completely eradicate the patient's pain. This goal is accomplished by creating realistic expectations for the patient and by taking a multimodal approach to the treatment of pain. Legacy always strives to minimize the use and dosage of opioids. Offer non-opioid options for treating pain, and alternative therapies, such as use of modalities including ice, heat, repositioning, and distraction with TV or music, to control pain without taking pain medicine.

Multimodal Pain Management:

Multimodal pain management order groups within order sets promote the use of adjunctive non-opioid analgesics administered on a scheduled basis to improve overall pain relief while reducing overall opioid requirements. The backbone of the multimodal analgesia regimens includes scheduled acetaminophen ± a scheduled NSAID ± scheduled gabapentin or pregabalin + an as needed opioid.

Combination analgesics were not included in the multimodal order groups because:

- 1) Non-opioid analgesics are more effective when administered on a scheduled basis rather than as needed.
- 2) Opioids cannot be titrated effectively when they are tied to a non-opioid analgesic. Keeping the opioids separate from the non-opioids prevents patients who do not require the opioid component from receiving it. This is especially useful in the treatment of acute pain in which less analgesic is required as the pain resolves.

Regulatory Influences:

In the environment of today's prescription opioid epidemic, regulatory healthcare agencies have an increased focus on how healthcare organizations are addressing the problem. Joint Commission standards require hospitals to identify pain assessment and pain management, including safe opioid prescribing, as an organizational priority. There is a systemwide group that is meeting to evaluate how Legacy can influence prescribers to limit the number of opioids prescribed. This group started by decreasing the default quantity for discharge prescriptions. The group is evaluating the

effectiveness of this intervention and will be exploring ways to share prescribing data with providers.

Providers should assess opioids prescribed at discharge to assure the most appropriate quantity to offer safe symptom management.

Finally, when prescribing PRN pain medications for inpatients, providers should ensure that each order has a clear indication for use. This gives nurses a clear understanding of when to prescribe a medication, and helps to ensure patients are not receiving duplicative therapies.

Restraints

A restraint is defined as:

- Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head, freely. This includes enclosure beds.
- A drug or medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Seclusion is defined as:

- The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behaviors.

Use of restraints and/or seclusion:

- Restraint or seclusion are interventions that may only be used to address patient behaviors when less restrictive interventions have been deemed ineffective and their use is necessary to ensure the immediate physical safety of the patient, a staff member, or others.
- The decision to use a restraint or seclusion is not driven by diagnosis, but by a comprehensive individual patient assessment, which should include a physical assessment to identify medical problems that may be causing behavior changes in the patient.
- Orders for restraint or seclusion must never be written as a standing order, or on an as-needed basis (PRN).

- Only one order may be active at a time. You cannot have an order for both non-violent behaviors and violent/self-destructive behaviors at the same time.
- Medical Staff must have a working knowledge of Legacy Health's *Restraint and Seclusion* policy, [LH.900.5274](#).

Use of restraint or seclusion to manage violent or self-destructive behavior:

- Each order may only be reordered in accordance with the following limits for up to a total of 24 hours:
 - 4 hours for adults 18 years and older;
 - 2 hours for children and adolescents 9-17; or
 - 1 hour for children under 9 years of age.
- Once an order is written, any change in the restraint device type or number requires a NEW order that includes all devices in use.

For Violent/Self-Destructive restraints or seclusion:

- The patient must be seen face-to-face within 1 hour after the initiation of the intervention, by a physician or other LIP, with documentation of the face-to-face assessment by the LIP. This must be documented in the electronic health record. The dot phrase ".F2F" assists in completing this documentation
- If the patient's behavior resolves and the restraint or seclusion intervention is discontinued before the 1 hour face-to-face occurs, the evaluation within 1 hour after the initiation of the intervention is still required.

Note: These timelines differ for committed patients. Refer to LH.900.5274 for details.

Use of restraints to manage non-violent behaviors:

- Each order will remain in effect until the behaviors subside, for a maximum of 24 hours. Once an order is written, any change in the restraint device type or number requires a NEW order that includes all devices in use.

Physician training is completed via the self-learning module in E+ and as needed by contacting Clinical Practice Support.

The Emergency Medical Treatment and Labor Act (EMTALA)

EMTALA is triggered when one of two events occur:

1. Patient Presents: Individual comes to the emergency department or hospital campus/property and a request is made for examination/treatment for an emergency medical condition ("EMC") (or based on appearance, prudent layperson observer would believe individual needs an exam); or
2. Transfer Requested: A transfer request is made for an unstable ED patient where the transferring hospital lacks specialized capability or capacity to treat an individual at the time of the request and the recipient hospital has capability and capacity to treat at the time of the request.

Obligations of receiving hospital:

A hospital with specialized capabilities or facilities and the capacity to treat an individual needing its specialized services cannot refuse to accept a proper transfer regardless of where the patient is located even if there are closer hospitals to the patient. EMC: An emergency medical condition is, when in absence of immediate medical attention, the condition could reasonably be expected to result in:

- Placing the health of an individual or unborn child in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of any bodily organ
- EMC is presumed if one of the following conditions is present:
 - intoxicated / impaired
 - psychiatric patient: suicidal/ homicidal
 - pregnant or in labor

Screen Patient: EMTALA requires hospital to provide an appropriate medical screening exam (MSE) to determine whether an emergency medical condition exists.

- Appropriate MSE means the exam is suitable for the symptoms presented and conducted in non-disparate fashion (meaning that all patients with similar symptoms receive the same level of examination regardless of ability to pay).
 - For pregnant person, medical record must show evidence that the MSE included on going evaluation of the fetal heartbeats, regularity and duration of uterine contractions, fetal

position and station, cervical dilation, and status of the membranes (ruptured, leaking, intact). Must assess and re assess both the patient and fetus separately and must document separately.

- MSE is not the same thing as triage. MSE must be conducted by a physician or other qualified medical personnel (QMP) such as nurse practitioners and physician assistants.

Stabilize Patient: If an emergency medical condition exists, the hospital must stabilize and/or appropriately transfer the patient. For EMTALA purposes, stabilization means that if the patient were to be transferred, there would be no material deterioration of the condition likely to occur during the transfer.

- For a patient in labor, the patient is stable, only if:
 - physician or other QMP has certified false labor; or
 - person has delivered the child and placenta.
- Psychiatric patients that are suicidal or homicidal are considered stable only if they are no longer a threat to themselves or others.
- Intoxicated patients are not stable until sober.

Transfer:

- ED physicians are authorized to transfer patients — ED to ED
- EMTALA requirements DO NOT apply to inpatients at other hospitals
- "Observation" status is not the same as inpatient. Observation patients are subject to EMTALA obligations.

EMTALA allows transfer of an unstable patient only if:

- Transferring hospital provides medical treatment within its capabilities to minimize the risk to the patient's (and fetus') health.
- Receiving facility has bed space and personnel to treat the patient.
- Receiving facility has accepted the transfer.
- Transferring hospital sends all available medical records (including name and address of any on-call physician who refused/failed to appear) with the transfer or as soon as possible thereafter (e.g., by fax or email, etc.)

- Transfer is made through qualified personnel and transportation equipment, including life support if necessary.
- Patient (or legal representative) requests the transfer in writing after being informed of the risk and the hospital's EMTALA obligations.
- Sending physician certifies that the benefit of transfer outweighs the risk to the patient (and/or fetus).

Against medical advice/Leave without being seen (AMA/LWBS):

If patient tries to leave without being seen/against medical advice, then provider must make reasonable efforts to:

- Inform the individual of the risk and benefits of leaving; and
- Have the individual sign an AMA/LWBS form, or document in the medical record that the patient refused to sign, and the risk and benefits were explained.

On-Call Obligations:

- You must have a conversation with the requesting physician to establish whether the patient has an emergency medical condition that requires the transfer. Questions to ask include:
 - “Describe for me the condition of the patient.”
 - “Are you telling me the patient has an emergency medical condition that requires the specialized capabilities or facilities of this Legacy Hospital?”
 - “Has your hospital provided all treatment within its capacity to accommodate this patient, including available staff, beds and equipment?”
- If answers to 2 and 3 above are yes, *then you must accept the patient for transfer.*
- If you accept a patient based on misinformation from the referring physician (i.e., patient determined not to be in an emergency medical condition upon arrival at our facility), report the transfer to the Legacy Compliance Hotline, 1-800-820-7478, for evaluation and follow up.
- An on-call physician who refuses or fails to respond at the hospital within a reasonable period (30 minutes) will be in violation of their ED call coverage contract with Legacy Health, Medical Staff bylaws and hospital policy (subject to disciplinary action) and may be found to be in violation of EMTALA.

- An on-call physician taking call at another hospital or who is delayed is obligated to attempt to obtain back up on-call coverage from another member of the Medical Staff (“Substitute Physician”) who can respond to emergencies.

EMTALA Penalties/Consequences:

Potential penalties include the following:

- Civil monetary penalties for hospital and physician
- Termination of Medicare Provider Number
- Private lawsuit
- Negative impact on Medical Staff privileges at hospital or other disciplinary action

Reporting Concerns

Legacy is committed to ethical behavior and legal compliance, and to maintaining a workplace where concerns can be freely raised and addressed. Refer to [LH 100.03](#), *Reporting Concerns*. Below you will find a partial list of some key internal and external reporting options.

Internal options for reporting concerns:

- Chain of Command: Leadership within your operating unit or the supervisor at your location. You can also contact your site Employee Relations Consultant.
- Compliance Line: Call 800-820-7478 or make a report [online](#). These reports can be made anonymously.
- ICARE: Should be used to report:
 - Patient and visitor incidents.
 - Work-related incidents resulting in injury to employees.

External options for reporting:

- The Joint Commission, Fax 630-792-5636, or [online](#).
- Oregon Department of Human Services — Oregon Health Authority, 971-673-0540, or mailbox.hclc@state.or.us.
- Washington State Department of Health, Office of Customer Service HSQA Complaint Intake, 360-236-4700, or [online](#).