Medical, APP and AHP Provider Annual Education

2025

The information provided in this document is to meet CMS and The Joint Commission requirements for annual provider education.

- Complete the web link attestation when you are finished viewing this document.
- Any questions, contact Christina Pellegrini at Cpellegrini@tomahhealth.org

Epic

Your Epic in basket is an important hub for your patient communication from staff, orders, verbal/telephone orders, results, notes, prescriptions, etc.

In order to provide the best patient care, it should be checked daily.

Contact IS Help Desk at ext. 8670, option # 1 if you have any questions, issues or concerns.

Communication and Teamwork

Tomah Health is standardizing language to improve communication. Staff have been taught to use **CUS** and **SBAR**. Both are evidence-based set of teamwork tools that are aimed at optimizing patient outcomes by improving communication and teamwork skills among healthcare professionals.

Any time a provider or employee hears these words in a conversation about patient care, a pause should occur to ensure that each team member has the information they need, and each has a clear understanding of the plan.

CUS:

- **C**oncern: "I am concerned about…"
- **U**ncomfortable: "I am uncomfortable because…"
- **S**afety: If not resolved, "I believe there is a safety issue because…"

SBAR:

- **S**ituation-What is happening?
- **B**ackground-What is the patient's history? What led to the change?
- **A**ssessment-What do you think the problem is?
- **R**ecommendation-What do you recommend to mitigate the issue?

Communication Techniques

Crucial Conversations

- can resolve misunderstandings, reduce conflict and support a health work environment

  I feel….(Describe your emotion)
  When you….(Describe factually what the person did)
  Because…..(Describe why those actions affected you)
  I would like…..(Suggest a solution)
  What do you think?…..(Really listen)
  Reflective listening…..(Paraphrase/summarize)

Huddles

- can be used prior to shifts, procedures, after falls or incidents
- allows immediate check in to get everyone on same page and share information

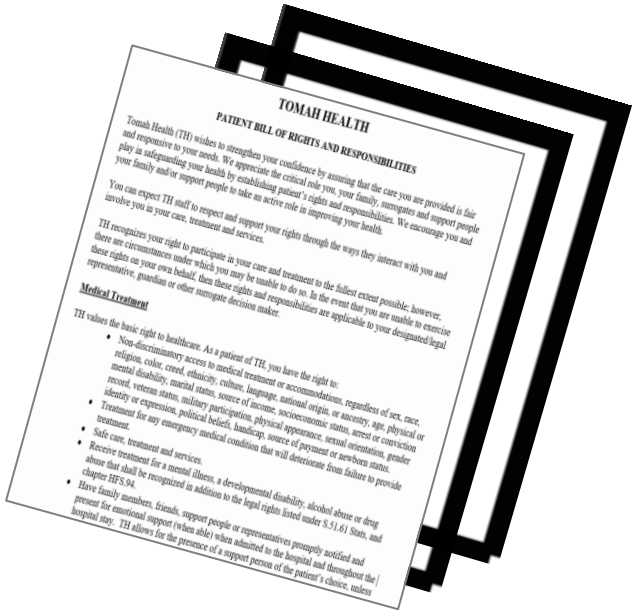
Debriefings

- typically done after an event
- can help identify problem areas and improvement strategies in the moment
- allows for open communication and feedback

Patient Bill of Rights and Responsibilities

Offered to patients at time of registration:

- Right to Privacy and Confidentiality
- Right to Develop, Review or Revise Advance Directives
- Right to Receive Visitation, Privileges and Limitations
- Right to Financial Information
- Right to Personal Safety
- Right to Participate in Ethical Issues
- Right to File a Complaint or Concern
- Right to Medical Treatment
- Right to Medical Information and Consent
- Right to Actively Participate in Medical Treatment Decisions
- Right to Refuse Treatment
- Right to Continuity of Care
- Right to Dignity and Respect



TOMAH HEALTH

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Tomah Health (TH) wishes to strengthen your confidence by assuring that the care you are provided is fair and responsive to your needs. We appreciate the critical role you, your family, surrogates and support people play in safeguarding your health by establishing patient's rights and responsibilities. We encourage you and your family and/or support people to take an active role in improving your health.

You can expect TH staff to respect and support your rights through the ways they interact with you and involve you in your care, treatment and services.

TH recognizes your right to participate in your care and treatment to the fullest extent possible; however, there are circumstances under which you may be unable to do so. In the event that you are unable to exercise these rights on your own behalf, then these rights and responsibilities are applicable to your designated legal representative, guardian or other surrogate decision maker.

Medical Treatment

TH values the basic right to healthcare. As a patient of TH, you have the right to:

- Non-discriminatory access to medical treatment or accommodations, regardless of sex, race, religion, color, creed, ethnicity, culture, language, national origin, or ancestry, age, physical or mental disability, marital status, source of income, socioeconomic status, arrest or conviction record, veteran status, military participation, physical appearance, sexual orientation, gender identity or expression, political beliefs, handicap, source of payment or newborn status.
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Safe care, treatment and services.
- Receive treatment for a mental illness, a developmental disability, alcohol abuse or drug abuse that shall be recognized in addition to the legal rights listed under S.51.61 Stats, and chapter HFS.94.
- Have family members, friends, support people or representatives promptly notified and present for emotional support (when able) when admitted to the hospital and throughout the hospital stay. TH allows for the presence of a support person of the patient's choice, unless

Diversity in Health Care

Tomah Health is committed to treating all patients, staff and providers with respect. We do this by acknowledging and understanding belief systems and cultural norms. The LEARN approach can be useful in providing care to the diverse population we serve.

Diversity in Health Care

LEARN

- **L**isten with empathy and understanding
- **E**xplain your perceptions of the situation and strategy for care.
- **A**cknowledge and discuss the differences and similarities between the patient's perception and the recommended strategy
- **R**ecommend care while remembering the patient's cultural background
- **N**egotiate agreement – seek to understand the patient's explanation so that the care provided fits his/her framework

Communication Barriers

- Identify the primary language of the patient.
- Obtain an interpreter
  - Stratus Video Interpretation System

Abuse and Neglect

- Tomah Health supports the patient's right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.

- All forms of abuse, neglect and exploitation from staff, other patients or visitors are prohibited.

- Upon recognition by hospital staff of the suspected abuse and neglect, referral will be made to the case manager/social worker during regular hours on Monday through Friday. Referrals are made to the Nursing Supervisor on weekends, holidays and after hours.

Suicide Prevention

Knowing the risk factors and recognizing signs can help prevent suicide.

Chapter 51 (Emergency Detention) is a LEGAL (not medical) distinction.

- Law enforcement officers must consult with crisis staff/mental health workers of the county DHS/designee.
- DHS/designee must approve the need for detention of the individual before law enforcement officers can do an ED.
- The receiving mental health facility/unit usually requires medical clearance of the individual prior to detention, to check for medical problems, drug or alcohol use, and to evaluate the individual's mental status.

If your patient expresses suicidal ideation, or has made a suicidal gesture/attempt:

- Use the SUICIDE ORDER PANEL for all High Risk patients AND any Moderate Risk patient that needs a 1:1.
- If no 1:1 is ordered – document why it is not necessary.
- Tomah Health uses the Columbia Suicide Severity Rating Scale (CSSRS) to stratify risk for suicidal patients.
- Voluntary psych admissions may be placed without calling crisis/law enforcement. If you are unable to find voluntary placement, crisis can be contacted for next steps/discharge planning.
- Monroe County DHS provides crisis evaluation M-F 0800-1630.
- Northwest Connections is contracted through Monroe County DHS to provide after hours crisis evaluation.
- Secure Transport is often requested by the receiving facility (patient is escorted to their facility by a responsible third party – not a family member or friend). Tomah Health contracts with companies that provide this service.

Restraints

The Joint Commission and CMS standards related to restraint use focuses on limiting the use of restraints to:

- Emergency situations where a person is at imminent risk of harming themselves or others
- When non-physical safety measures have been ineffective
- When safety requires an immediate physical response

When restraints are used it must be clinically justified and accompanied by documented evidence that other treatment options and alternatives had been attempted and failed. Only those that have received competency validation are allowed to apply restraints and make patient assessments while they are wearing the restraints.

If used, a restraints order must include:

- time limits,
- type of restraint,
- reasoning for restraints
- criteria for early release from the restraints.

If the time limit is up a continuation order will be needed if restraints continue to be necessary.

Mitigating Workplace Violence

Be Empathic and Nonjudgmental
Respect Personal Space
Use Non-threatening Body Language and Tones
Remain calm, rational, and professional.
Use Supportive Words
Ignore Challenging Questions
Set Limits – Be Clear and Speak Sin
Choose Wisely What You Insist Upo
Allow Silence for Reflection
Allow Time for Decisions

Workplace Violence

- Report any potentially dangerous behavior or threats received, witnessed, or been told regardless of the severity or relationship between parties.
- Notify the department manager if you apply for a restraining order.
- All threats will be taken seriously.
- Retaliation to those who report will NOT be tolerated.
- If an Emergency, follow your Department guidelines and report to management.
- If you feel threatened in any way or feel a situation is getting beyond your control, call 9-1-1

Policy 300-GEN-021 can be found in the Resources tab on HealthConnect

Harassment

- Unwanted behavior or action that may be intimidating, hostile, abusive and discriminatory.
- Making insulting comments about someone's gender identity, sexual orientation, race, ethnicity, age, religion, or other characteristics.
- Telling jokes or sharing stories about sexual experiences.
- Sending/sharing unwanted suggestive or lewd emails, letters or other communications
- Inappropriate touching, kissing, rubbing or caressing of a person's body and/or clothing
- Repeatedly asking for dates or asking for sexual favors despite being rebuffed

If you are being harassed:

- Let the offender know you find the conduct unwelcomed.
- Notify the Department Manager or Human Resources if it does not stop

If you notice harassment happening:

- Report any incident to their Department Manager or Human Resources

Radiation and MRI Safety

MRI:

- **Due to the magnet always being on, providers are NOT to enter the MRI room. In the event of a medical emergency, the patient will be removed from the magnet room and care can be administered outside of the area of risk. Staff have been trained in emergency response in the MRI area and providers are to adhere to direction from staff.**

Radiation:

- **Although it is very effective, it can change the integrity of living cells in the body. It is important for medical workers to take precautions to limit and monitor exposure.**
- **<u>Pregnancy:</u> Radiation can affect the health of a fetus. Pregnant workers can voluntarily report their pregnancy in writing to the manager for potential additional monitoring.**

Fire Safety

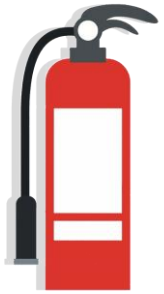
Fire alarms are located by each exit and stairs

R.A.C.E. is the response in case of fire:

- **R** = Rescue – patients, visitors, etc; close door behind you
- **A** = Activate – pull alarm, this will call the fire department
- **C** = Contain – close doors, place wet towel under door
- **E** = Extinguish if trained, evacuate as required

P.A.S.S. pertains to the use of a fire extinguisher:

- **P** = Pull the pin
- **A** = Aim the nozzle at the base of the fire
- **S** = Squeeze the handle
- **S** = Sweep the nozzle from side to side



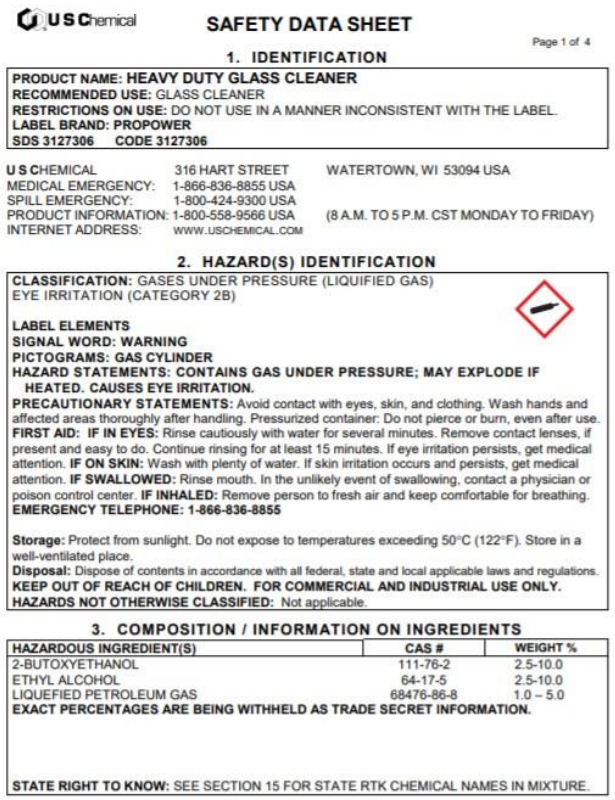
Class of Fire Extinguisher	Uses
Class A	Used on ordinary combustible materials such as paper, wood, cardboard, and most plastics.
Class B	Used on flammable liquids such as gasoline, grease, and oil.
Class C	Used on fires involving electrical equipment such as appliances, wiring, circuit breakers, and cutlets.
Class D	Used on fires that involve combustible metals such as magnesium, potassium and sodium. Commonly found in chemical labs.
Class K	Used on fires involved commercial cooking appliances with vegetable oils, animal oils, or fats at high temperatures.
Class A, B, C	Used on class A, B, and C fires.

Hazard Communication: Safety Data Sheets (SDS)

SDS sheets are found in the SDS Online link on the HealthConnect home page. A hard copy of the SDS sheets is kept in Materials Management.

All hazardous chemicals SDS sheets will include:

- **Contents**
- **PPE/handling instructions**
- **Guidance on accidental exposure**



USChemical

SAFETY DATA SHEET

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1. IDENTIFICATION

PRODUCT NAME: HEAVY DUTY GLASS CLEANER
RECOMMENDED USE: GLASS CLEANER
RESTRICTIONS ON USE: DO NOT USE IN A MANNER INCONSISTENT WITH THE LABEL.
LABEL BRAND: PROPOWER
SDS 3127306 CODE 3127306

U S CHEMICAL 316 HART STREET WATERTOWN, WI 53094 USA
MEDICAL EMERGENCY: 1-866-836-8855 USA
SPILL EMERGENCY: 1-800-424-9300 USA
PRODUCT INFORMATION: 1-800-558-9566 USA (8 A.M. TO 5 P.M. CST MONDAY TO FRIDAY)
INTERNET ADDRESS: WWW.USCHEMICAL.COM

2. HAZARD(S) IDENTIFICATION

CLASSIFICATION: GASES UNDER PRESSURE (LIQUIFIED GAS)
EYE IRRITATION (CATEGORY 2B)

LABEL ELEMENTS
SIGNAL WORD: WARNING
PICTOGRAMS: GAS CYLINDER
HAZARD STATEMENTS: CONTAINS GAS UNDER PRESSURE; MAY EXPLODE IF HEATED. CAUSES EYE IRRITATION.
PRECAUTIONARY STATEMENTS: Avoid contact with eyes, skin, and clothing. Wash hands and affected areas thoroughly after handling. Pressurized container: Do not pierce or burn, even after use.
FIRST AID: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing for at least 15 minutes. If eye irritation persists, get medical attention. **IF ON SKIN:** Wash with plenty of water. If skin irritation occurs and persists, get medical attention. **IF SWALLOWED:** Rinse mouth. In the unlikely event of swallowing, contact a physician or poison control center. **IF INHALED:** Remove person to fresh air and keep comfortable for breathing.
EMERGENCY TELEPHONE: 1-866-836-8855

Storage: Protect from sunlight. Do not expose to temperatures exceeding 50°C (122°F). Store in a well-ventilated place.
Disposal: Dispose of contents in accordance with all federal, state and local applicable laws and regulations.
KEEP OUT OF REACH OF CHILDREN. FOR COMMERCIAL AND INDUSTRIAL USE ONLY.
HAZARDS NOT OTHERWISE CLASSIFIED: Not applicable.

3. COMPOSITION / INFORMATION ON INGREDIENTS

HAZARDOUS INGREDIENT(S)	CAS #	WEIGHT %
2-BUTOXYETHANOL	111-76-2	2.5-10.0
ETHYL ALCOHOL	64-17-5	2.5-10.0
LIQUEFIED PETROLEUM GAS	68476-86-8	1.0 – 5.0

EXACT PERCENTAGES ARE BEING WITHHELD AS TRADE SECRET INFORMATION.

STATE RIGHT TO KNOW: SEE SECTION 15 FOR STATE RTK CHEMICAL NAMES IN MIXTURE.

Decon Room Location

Tomah Health's Decon room is located in the ED next to the ambulance bay. There are two ways to enter the Decon room:

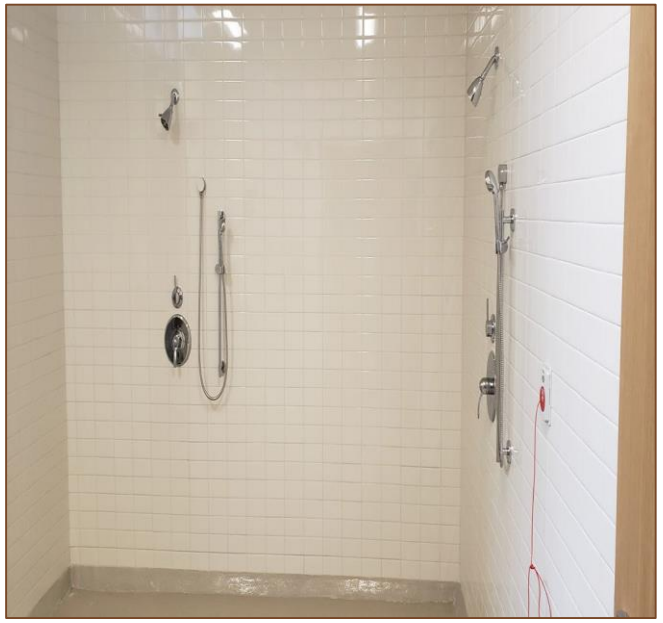
ED Corridor

ED Ambulance garage side

Providers should not enter the area until the chemical or contaminant has been identified and a decontamination strategy has been determined.

Eyewash Station

Shower



Bloodborne Pathogens and PPE

- Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans, such as hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).
- Needle sticks and other sharps-related injuries may expose workers to bloodborne pathogens directly, indirectly or via respiratory transmission.
- Wear Personal Protective Equipment (PPE) – gloves, masks, scrubs, mouth pieces, safety glasses – to help prevent exposure. Treat all bodily fluids as potentially dangerous.

If you think you may have been exposed:

- Wash with soap and water, or flush mucous membranes (eyes) with water ASAP for 5 minutes
- Report to the Emergency Department where you will receive a medical evaluation.
- Fill out a Clarity (Incident Report) on HealthConnect
- Notify the department manager

A detailed exposure control plan to protect employees from occupational exposure to blood borne disease is available on HealthConnect. Refer to policy 600INF.002 Exposure Control Plan.

Blood Administration

- ABO, RH, antibody screens, Crossmatch, IgG DAT are performed at TH.
- Positive antibody screens are sent to either Gundersen Health System La Crosse or Versiti Wisconsin for identification, and require additional time.
- Blood types A positive, A negative, B positive, O positive and O negative are routinely stocked in the blood bank. All other blood types are available within approximately 2 hours. Per policy, the blood bank can choose type-compatible blood based on blood supply.
- In emergencies, adult females ≥55 years and adult males ≥18 years will be provided Rh positive units as inventory dictates. Type specific blood can be transfused once ABO/Rh is completed on current sample and the patient has a historical type on file (either at TH or on Care Everywhere). All units are leukoreduced. Requests for Irradiated or CMV negative must be ordered by special request. Note: all of our PRBC's are leukoreduced which is considered CMV safe. Gundersen has removed the option to order CMV negative blood except on babies.
- Only apheresed (single donor) platelets are transfused at TH. The volume of a single donor platelet unit is 200-500 mL. Please specify the amount to be transfused. Platelets are generally available from the LaCrosse distribution center and are available within 2 hours of order.
- Fresh Frozen Plasma is currently obtained from LaCrosse. It is available within 2 hours of order.

Tomah Health uses a Code Team concept for responding to medical emergencies. The Code Team consists of Nurse manger/PCC, RT, designated ED and Acute Care staff. Providers are not required to respond to other departments unless notified. The Code Team will respond, provide BLS, and move the patient to the appropriate care area as needed.

- Non-patient care locations include hallways, café and dining
- Patient care locations include ED, OR, Acute Care

Code carts are located:

- Emergency Department
- Surgical Services Department
- Acute Care *(Women's Health to use the cart from Acute Care)*

AEDs are located:

- 1st floor - Public Elevator, Rehab Services, Cardiac Rehab, Imaging, Specialty Clinic
- 2nd floor - Public Elevator
- 3rd floor - Public Elevator and Sleep Lab

Code Teams, Carts and AED

The Emergency Operations Plan (EOP) & Informacast Mobile Notifications System

Emergency situations include:

- Fires
- Bomb Threats
- Severe Weather
- Technological Disasters
- Natural Disasters
- Civil Disruption/Terrorism
- Influx of potentially infectious patients
- Floods
- Toxic Fumes
- Chemical Spills
- Utilities Service Failures

Informacast Notifications Opt In or Out
Contact IS Help Desk

- helpdesk@tomahhealth.org
- 608-377-8670

Tomah Health uses Informacast Mobile Notification System to communicate emergency situations to you quickly. An example would be Active Shooter or Mass Casualty. You will receive a text any time an emergency like this is occurring. If you would like to opt out of Informacast notifications, let me know and I will contact the IS Help Desk.

- Medical Staff who are working during an event may be requested to report directly to the Emergency Department or another area of the hospital as deemed necessary.

- Medical Staff who are not currently working during a disaster, but who are contacted, may report to Conference Room 1A on the first floor.

Quality

If you have any concerns regarding the safety or quality of care being provided, contact **Kayla Mobley (Director of Quality Services) at Ext 8689**.

Peer Reviews:

- **Focused Professional Practice Evaluation (FPPE)-previously called proctoring:** All providers are subjected to FPPE upon initial granting of core privileges, and upon any new privilege they have requested. Providers are assigned an evaluator who will be provided a set number of random charts to review and provide an evaluation. The evaluator is expected to provide feedback and may discuss their evaluations with the provider being evaluated. The evaluator will be a provider with same/similar privileges.

- **Ongoing Professional Practice Evaluation (OPPE):** These ongoing evaluations are required by The Joint Commission (TJC). We will continuously monitor a provider's performance.

- Reviews can be requested at any time. Automatic triggers for review include things like: Unexpected outcomes, transfers, adverse events, complaints

Compliance

- Your responsibility is to report anything that you sense is illegal, unethical, and/or fraudulent.

- Reporting can be accomplished by contacting Compliance Officer, Tracy Myhre, at **Ext 8682**, or by contacting the Compliance Hotline at **1-608-377-8698.** The Compliance Hotline can be used anonymously.

Thank you!

Reminders:

- Submit the web link attestation.