



September 2011

Message from the CMO: Sentinel Event policy reminder

by Terry Loftus, MD, MBA, FAC

The Medical Staff and Administration of Banner Boswell are committed to maintaining a culture of transparency, which includes disclosing to patients when an unanticipated or serious outcome of treatment or service occurs. When these incidents occur, it is our policy to first address the immediate needs of the patient, and if the patient's attending physician is not present, he/she is promptly notified of the event and any tests or consults already ordered. Per Banner Policy, a serious event requires an Incident Report entry into Softmed. In the event the incident involved a medical device/equipment (pump, anesthesia machine, etc.) or medical supplies, the item needs to be preserved for investigation in accordance with hospital policy. The staff will work with you to assure the items are stored correctly and that Risk Management is notified. The actual disclosure with the patient is a collaborative effort between the physician, Administration, Quality Management and Risk Management. A discussion with this team should occur prior to any discussion with the patient or family. If that is not feasible, the initial conversation should focus on what happened and the process that will be followed to investigate and communicate the finding at a later time. Please have one of these representatives present when you discuss the matter with the patient or designated family member. The patient should also be offered the opportunity to have another person present for support during this discussion and to ask questions about the unanticipated outcome and how/why it happened. Your discussion and the items covered in your discussion are to be documented in the medical record.

The type of events that should be considered for disclosure to a patient include:

Unanticipated Outcome – A clinical result that differs significantly from what was anticipated to be the result of a treatment or procedure. The unanticipated outcome may or may not be related to an error. A known complication or a side effect that the patient has been made aware of as part of the informed consent process is not an unanticipated outcome.

Incident/Event/Occurrence – Any unusual, untoward or unintended event or practice that is not consistent with routine patient care or hospital procedures that results in harm or potential harm to the patient (not necessarily due to an error).

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Sentinel Event – An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. The types of events that are included in this category are an unanticipated death or major permanent loss of function not related to the natural course of the patient's illness or underlying condition or the event is one of the following even if the outcome was not death or major permanent loss of function, not related to the patient's illness or underlying condition including:

- Surgery on the wrong body part.
- Unintended retention of a foreign object in a patient after surgery or other procedure.
- Hemolytic transfusion reaction involving administration of blood or blood products having major group incompatibilities.
- Suicide while inpatient or observation status or within 72 hours of discharge.
- Abduction of any individual receiving care, treatment or services.
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above planned radiotherapy dose.
- Rape.
- Discharge of a baby to the wrong family.
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter).

NOTE: Sentinel Events should be immediately reported to Administration or Quality Management. Banner's policy on Sentinel Events provides for protection of the investigation and review activities when reported through the QM Department. In addition, these events are required to be referred for a Root Cause Analysis which is coordinated by the Quality Management Staff.

Banner Boswell believes that being forthright and open with the patient when these events occur not only maintains an environment of trust and a mutual concern for what is best for the patient, but also allows the patient to focus on the healing process rather than questioning the cause of the event and whether or not it was preventable.

If you have any questions regarding the above or would like to receive a complete copy of the policy, please contact Quality Management at (623) 815-5315 or Medical Staff Services at (623) 876-5550.

Restraints and seclusion reminders

by Fredric Klopf, MD, Chief of Staff

All physicians and other licensed independent practitioners who are authorized to order restraint or seclusion are required to have a working knowledge of the hospital's policies on restraints and seclusion. Banner has two policies on restraints and seclusion — one for the violent patient and one for the nonviolent patient.

Banner's policy requires staff to promote the safety, rights, dignity and wellbeing of patients. Restraints may be used as the intervention of last resort, and all possible alternative measures shall be used prior to using restraints. Moreover, they must be used in the least restrictive manner possible and must be discontinued as soon

help shape the future of our organization. Your input can help identify ways to make Banner Boswell an even better place to work, practice medicine and receive care.

We also want to make sure you have the opportunity to ask questions and get the answers you need to understand what's taking place at Banner Boswell. That's why we've created *The Doctor's Lounge* - an electronic information center on the employee website for the medical staff at Banner Boswell.

The Doctor's Lounge is intended to provide you with a simple way to ask questions and give feedback to our team to continue enhancing the way we care for patients. All medical staff members are encouraged to submit questions, which will be answered by our senior administrators and physician leaders. In addition to responding back to the medical staff member who submitted the question (if contact information is provided), questions and answers also will be posted on this new page.

To visit *The Doctor's Lounge* from any Banner Boswell computer, click on *The Doctor's Lounge* icon near the bottom of the homepage, or click on *The Doctor's Lounge* link in the "Boswell Links" shaded box on the right side of the homepage.

as possible. At Banner Boswell, only the following restraints may be used: soft limb restraints, mittens that are tied, bed side rails, and Freedom Splints (where available) and enclosed beds (where available).

For violent patients, restraint or seclusion of any kind is the intervention of last resort to secure the physical safety of the patient, a staff member or others. Again, these restraints will be used in the least restrictive manner possible and will be discontinued as soon as possible.

“PRN” orders for restraint or seclusion are not acceptable (except for raised side rails). This includes medications, such as Haldol and Ativan, that are ordered in response to changes in patient behavior and are not part of the patient’s home medication regimen. Staff will contact the physician for orders and will describe the patient’s condition that requires restraints. For nonviolent patients, a new order is required every 24 hours if restraints are to be continued. For violent patients, orders must be given every four hours for patients age 18 and older. Orders may be renewed if necessary up to a total of 24 hours in increments stated above. In addition, for these patients, a face-to-face assessment must occur within one hour by trained staff. The assessment must address the patient’s immediate situation, his/her reaction to the intervention, his/her medical and behavioral condition, and the need to continue or terminate restraint.

If you would like a copy of one/both policies or have any questions, please contact Medical Staff Services at (623) 876-5550. The policies are also available on the Banner intranet and throughout the hospital.

Enhanced technology sparks HIPAA reminders

While the increase and use of technology has enhanced our lives and the lives of our patients in great ways, it can also pose significant privacy and security risks.

Texting

Text messaging is a commonly used communication vehicle that carries some of those risks. We have recently been informed of several instances where PHI (protected health information) has been communicated through text messaging at Banner Boswell. When information is sent via text messaging, it is not encrypted; therefore, if the text message is intercepted by another recipient, a HIPAA violation has occurred by releasing the patient’s PHI to someone who was not involved in the patient’s medical treatment. Texting is also considered to be a high risk due to unauthorized access (others who may access your phone such as your spouse, children, staff members, etc.), loss or theft of the cell phone with the information inside. Additionally, utilization of text messaging to communicate information regarding the care of patients could result in your cell phone being subpoenaed through the e-discovery rules should there be a malpractice case involving the patient. Simply deleting the information from your cell phone isn’t protection enough; cell phone logs can be obtained through your telephone carrier providing a complete record of each text message conversation that you’ve had.

If you prefer to communicate information through a SmartPhone

Statin interchange is updated

The FDA has announced changes in the labeling of simvastatin to reduce the risk of myopathy. These changes include limiting the use of the 80-mg maximum dose to patients who have been taking it for 12 months or more without evidence of myopathy and new recommendations for use of simvastatin with other drugs. In light of the major interactions with Simvastatin at high doses, the [revised interchange](#) only allows for Simvastatin 40mg or below. Please note that this new interchange takes into consideration other common medications that may be on the patient’s profile (Diltiazem, Verapamil, Amiodarone, Amlodipine, Ranolazine, HIV medications or transplant medications).

Delirium Phase II goes live Oct. 25

Delirium negatively affects our patients by increasing the following: mortality, length of stay, long-term cognitive impairment, discharges to long-term care facilities and costs.

Phase II of delirium in the ICU will go-live on Oct. 25. This phase will include the CAM-ICU assessment tool, Richmond Agitation Sedation Score (RASS), and the Critical Care Pain Observation Tool (CPOT).

Changes for the providers include new

regarding your patients, you may request to be set up with an email through Banner Health – contact [Jami Woebkenberg](#), (623) 832-5522. The staff at Banner Boswell can email information directly to you since Banner Health email is encrypted and also requires configuration of security measures on your SmartPhone. SmartPhone access is limited to approved phones which support Banner security policies. Below is a list of Banner-approved SmartPhones.

- Android OS devices with version 2.0 and new with NitroDesk Touchdown (\$20 one-time app fee)
- Blackberry devices compatible with BES Server 5.0
- Apple devices iOS version 4.1 and above (iPhone 2G and 3G models are not compatible with the hardware encryption requirement enforced by Banner's mobile phone policy)
- Windows Mobile phones with OS 6.1 to 6.5 (Windows Mobile OS7 is not supported by Banner Health as it violates the encryption at rest policy required on all mobile devices for email syncing).

Photos and video

With the increased availability of cameras and video recorders, it is important to remind everyone that any information whether oral or recorded in any form or medium that is created or received by a health care provider is protected health information. To photograph or video record a patient requires a written consent from the patient or their authorized representative and must occur using Banner equipment. Using personal phones or cameras is prohibited and is not a protected venue for transferring these documents and may result in a HIPAA violation if the information is intercepted or forwarded to anyone who is not directly involved in the patient's care. Photographs taken in accordance with the policy are to be stored in the patient's medical record. If a situation occurs that you believe warrants a photograph, please ask the hospital staff for assistance in locating the proper consent form and equipment for your use.

Pre-Surgical History and Physical Examination Requirements

If you are a PCP and are asked to perform a pre-surgical History and Physical (H&P) for a podiatric surgical patient, it is important that you understand the required elements and timeframes for the H&P to meet the Surgery Department requirements.

Prior to a surgical/invasive procedure (or any procedure in which conscious sedation will be administered) a complete H&P must be on the medical record or the case will be cancelled unless the responsible physician documents in writing that such delay would constitute a hazard to the patient. A legible office history and physical performed within 30 days prior to admission is acceptable with an interval note completed the day of surgery by an MD or DO, which includes documentation that an examination was performed and confirms the continuing necessity for the care or treatment. The updated examination must be completed and documented in the patient's medical record prior to surgery or a procedure requiring anesthesia services.

care sets for:

- Pain/Sedation in the ventilated patient
- Delirium treatment
- Severe/moderate alcohol withdrawal management

Please familiarize yourself with these care sets as they will be an important part of delirium prevention, assessment and treatment. CAM-ICU assessments will be completed once a shift and positive screenings will be reported to the physician. Collaboration between nurses and physicians will be a vital part of making delirium prevention, assessment and treatment a success.

Banner Boswell welcomes new neurosurgeon

Banner Health announces the addition of a new neurosurgeon to Banner Sun City Neurosurgical Specialists, located on the second floor of Banner Boswell Medical Center, 13188 N. 103rd Drive in Sun City.

Nevra S. King, MD, specializes in complex, degenerative and traumatic



spine issues and brain tumors. She comes to Banner Boswell from the United States Air Force, where she was a Major and director of Neurotrauma at Wilford Hall Medical Center in San Antonio, Texas.

The following elements are required for an H&P for both surgical and non-surgical patients:

1. Medical history.
2. Chief complaint.
3. History of the current illness, including when appropriate, assessment of emotional, behavioral and social status.
4. Relevant past medical, family and/or social history appropriate to the patient's age.
5. Review of body systems.
6. A list of current medications and dosages.
7. Any known allergies including past medication reactions and biological allergies.
8. Existing co-morbid conditions.
9. Physical examination: current physical assessment.
10. Provisional diagnosis: statement of the conclusions or impressions drawn from the medical history and physical examination.
11. Initial plan: Statement of the course of action planned for the patient while in the medical center.
12. For other outpatient (ambulatory) surgical patients, as necessary for treatment.

For podiatric surgical cases, the Podiatric H&P must also have been performed within 30 days prior to admission and be updated the day of surgery as well.

First impressions enhance patient experience

You play a key role in the experience of our patients. There are a number of simple techniques that can help you to engage patients and positively shape their perception of the care you provide. Our top three suggested techniques are:

1. Effectively manage first impressions
2. Engage patients in two-way conversation
3. Foster an environment of team collaboration

When demonstrated consistently, these techniques will result in improved clinical outcomes AND your patients will provide better feedback about their care – as evidenced on the patient experience survey. Below are suggested ways to effectively manage first impressions. The other two techniques will be featured in future articles. [View a printer-friendly version](#) of the first impressions techniques on our website.

- A combination of professional dress and a white coat have been shown to most positively enhance patients' trust and confidence with their physician.
- Addressing your patient by his or her name creates a sense of individualized care, and implies a personal relationship between patient and physician.
- Knocking before entry empowers patients and displays respect for privacy and personal space.
- Physical contact creates a personal connection and solidifies the unique nature of the healing relationship.
- Eye contact tells patients what your priorities are in a given moment. A lack of eye contact, even when justified, tells your patient that your attention is occupied elsewhere.
- The practice of sitting at the bedside has been shown to

Dr. King received her medical degree from the University of Istanbul and completed a neurosurgical residency at the Bakirkoy Psychiatric and Neurological Diseases Hospital in Istanbul. During her Turkish residency and for another year thereafter she was engaged in a Neurosurgery Observership at Barrow Neurological Institute in Phoenix. Established in the United States, she completed a Neurosurgery Clinical Fellowship at the University of Arizona in Tucson, as well as a General Surgery Internship at Abington Memorial Hospital in Pennsylvania. She went on to complete her Neurosurgery Residency at the University of New Mexico Hospitals in Albuquerque before joining the Air Force.

Dr. King is a member of the American Association of Neurological Surgeons, the Congress of Neurological Surgeons and the American Medical Association. She joins David A. Pootrakul, MD, and Jesse D. Babbitz, MD. Their office can be reached at (623) 972-3001.

improve the efficiency of communication, and increase the perceived length and quality of an interaction.

Thank you for the excellent care you provide to *Every Patient, Every Time!*

connect with us



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