Expectations for Patient Centered Care
Infection Prevention Goals

Reduce risk of healthcare association infection

Ongoing surveillance and monitoring
Transmission Based Precautions

• It is the policy of Navicent Health to utilize transmission based precautions per the CDC guidelines for any patient assessed to have a communicable disease, whether diagnosed or being considered.

• A physicians order is not necessary for immediate placement into transmission based precautions if the patient is suspected or diagnosed with infectious disease.

• If you have any questions, please contact Prevention and Control at 633-1828.
Personal Protective Equipment

- The use of PPE is **required** by OSHA in some cases
- The use of PPE is **required** by Navicent Health policy in some cases
- The use of PPE is **recommended** any time there is the risk of injury
- Medical evaluation and fit testing is done by Employee Health Dept - **633-1547**
Expectations for Hand Hygiene

• Health-care-associated infections are a significant cause of morbidity and mortality among hospitalized patients worldwide.

• Evidence supports the belief that improved hand hygiene can reduce health-care-associated infection rates.

• At Navicent Health, all health care workers are expected to practice hand hygiene consistent with CDC guidelines.

• Navicent healthcare professionals are empowered to remind other health care workers to practice appropriate hand hygiene.
Infection Prevention

Ongoing surveillance and monitoring:

• Central Line Associated Bloodstream Infections (CLABSI)
• Catheter Associated Urinary Tract Infections (CAUTI)
• Ventilator Acquired Pneumonia (VAP)
• Multi - Drug Resistant Organisms (MDRO)
Infection Prevention

Surveillance – Surgical Site Infections (SSI)

• CABG
• Hips, Knees, Spines
• Hysterectomy
• Colorectal
Medical Center FOCUSED National Quality Measures

Elective Delivery  Stroke
Immunization  VTE Prophylaxis
ED Throughput  Imagining Efficiency
ED Pain Management of Long Bone Fracture
Hospital Based Inpatient Psychiatric Services Reporting
Tobacco Use
RESTRAINT/SECLUSION

• The use of restraint or seclusion is based on assessed needs of the patient.

• Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

• Requires physician order prior to application
RESTRAINT/SECLUSION

• In emergent situations, a RN, APRN, or PA, is authorized to initiate the emergent use of restraints or seclusion prior to obtaining an order. The order must be obtained during the emergency application of the restraint or seclusion, or immediately (within a few minutes) afterwards.

• The type of restraint used will be consistent with the type ordered.

• PRN ordering of restraints or seclusion is not permitted.
RESTRAINT/SECLUSION
MEDICAL/SURGICAL

• Medical/Surgical restraint orders are considered in effect for one calendar day and must be renewed each calendar day for continued use. A new order must be obtained for each calendar day in restraint.

• The practitioner ordering Medical/Surgical restraints must provide documentation in medical record to reflect a daily evaluation to support the continued use of restraint or seclusion.
RESTRAINT/SECLUSION FOR VIOLENT OR SELF DESTRUCTIVE BEHAVIOR

• Each order for restraint or seclusion may only be obtained and renewed for up to a total of 24 hours.
• Ordering practitioner is required to see the patient within 24 hours of initiating restraint or seclusion and every 24 hours that the patient remains in restraints or seclusion.

• Requires order renewal for continued use up to 24 hours as follows:
  – Every 4 hours for adults 18 years of age and older
  – Every 2 hours for children and adolescents age 9 – 17
  – Every 1 hour for patients under age 9
RESTRAINT/SECLUSION FOR VIOLENT OR SELF DESTRUCTIVE BEHAVIOR

• The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion. The attending is the physician who is responsible for the management and care of the patient.
MEDICATION RECONCILIATION

• Medication Reconciliation is the responsibility of the PHYSICIAN entering the orders
• Med Reconciliation should be done on admission, transfer from one unit to another and at discharge
MEDICATION RECONCILIATION REQUIREMENTS

- **ADMISSION**
  - Compare orders with list of home meds
  - Convert meds on home med list to inpatient orders (or not)
  - Verified by pharmacist

- **TRANSFER** from one unit to another
  - Renew or discontinue meds by comparing with inpatient list on original unit as well as home med list

- **DISCHARGE**
  - Convert inpatient meds to prescription (or not)
  - Renew previous home meds (or not)
  - Identify which home meds NOT to take
  - RN completes paper form for patient and chart
Pain Assessment and Management

**Acute Pain: Treatment Goals**
- Facilitation of recovery from the underlying injury, surgery, or disease
  - Reduce neuro-endocrine stress
  - Minimize impact of pain on recovery activities
- Control and reduction of pain to acceptable level
- Minimize pharmacologic side effects
- Prevention of chronic pain

**Chronic Pain: Treatment Goals**
- Restore function
  - Physical, emotional, social
- Decrease pain
  - Treat underlying cause where possible
  - Minimize medication use
- Correct secondary consequences of pain
  - Postural deficits, weakness, overuse
  - Maladaptive behavior, poor coping
Bariatric Program
Promoting a Culture of Sensitivity

At Navicent Health, the bariatric patient has the right to be treated with respect and receive competent healthcare and medical treatment with the same attention to quality, comfort, safety, privacy and dignity as all other patients.
Issues Obese Patients Face

• Studies show obese people are inclined not to go to the doctor’s office or hospital for fear of being mistreated or fear the facility will not be able to accommodate their needs.
Obesity Defined

A BMI of 18.5 - 24.9 = normal weight
BMI of 25 - 29.9 = overweight

Three subcategories of obesity are also recognized:
Class I: a BMI of 30 to 34.9 kg/m2.
Class II: a BMI of 35 to 39.9 kg/m2.
Class III: a BMI of 40 kg/m2 or greater.
Society views obese people as:

- Lazy, Less Competent, Sloppy, Less Conscientious, Slow Thinkers
- Lacking Self Discipline, Emotionally Unstable, Noncompliant, Dishonest
- Weak Willed, Unsuccessful, Unattractive ...
Studies Reveal...

HEALTH CARE PROVIDERS have strong negative associations and attitudes toward obese persons. Obese patients feel unwelcomed and mistreated in health care settings where they encounter negative attitudes and remarks, discriminatory behaviors and challenging – even dangerous - physical environments.
Laws Protecting the Obese Population

The Civil Rights Act, Americans with Disabilities Act, and the Rehab Act protect the rights of obese individuals. Hospitals are sued when rights are neglected or the patient feels they have been mistreated.
Sensitivity is about... **R-E-S-P-E-C-T**

Respect is key to providing quality, patient-centered, sensitive care to the bariatric patient – to any patient.

- **R**-rapport
- **E**-environment/equipment
- **S**-safety
- **P**-privacy
- **E**-encouragement
- **C**-caring/compassion
- **T**-tact
Resources Available for Care of Our Bariatric Patients

- The bariatric program is comprehensive from intake to diagnosis, treatment, discharge and follow-up.
- 5 bariatric beds accommodate up to 600-1000 lbs
- EC stretchers accommodate up to 700 lbs
- Wheelchairs accommodate up to 700 lbs
Resources Available for Care of Our Bariatric Patients

- Hovermatt and Hoverjack accommodate any weight
- Cath lab tables accommodate 500 lbs
- Maxi Move lift accommodates 705 lbs
- Maxi Slide and Orange & Blue tubes have no weight limit and are available in XXL sizes
Bariatric Surgery Performed at Navicent Health

• **Restrictive procedures** restrict intake of food and drink.
  * Vertical Sleeve Gastrectomy
  * Adjustable Gastric Banding

• **Restrictive and Malabsorptive procedures** slow digestion and absorption of the food eaten.
  * Roux-en-Y Gastric Bypass (RYGB)
Types of Bariatric Surgeries

- **Vertical Sleeve Gastrectomy (sleeve gastrectomy, VSG):** An irreversible surgery involving removal of 80% to 90% of the stomach leaving only a gastric sleeve shaped like a banana. This both restricts intake and slows digestion and absorption. Usually performed laparoscopically.
Types of Bariatric Surgeries

• **Adjustable Gastric Banding:** This procedure is restrictive and reversible. It involves placing an adjustable silicone band around an upper portion of the stomach to form a small pouch, leaving a small stoma to the larger, lower portion of the stomach.
Types of Bariatric Surgeries

- **Roux-en-Y Gastric Bypass (RYGB):** Irreversible. Involves creating a small stomach pouch and attaching it directly to the small intestine using a Y shaped limb of the small bowel. The larger stomach portion and the duodenum are bypassed. Works both by restricting intake and by slowing the digestion and absorption of food.
Eliminating Prejudice and Discrimination from our Practice

As health care providers:

• We need to dedicate time and effort to make the bariatric person’s inpatient experience less stressful and more positive.
• We need to understand the complexity of the obese condition. There are emotional and psychological needs to be met as well as physical and safety needs.
Self Assessment II: Patient Care

Click here to complete self assessment:

Patient Care