

While You Wait: Check These Out

Tulane WiFi

- UMC-STAFF
- Access with LCMCHHealth ID/Password (eg. annie.intern@lcmchealth.org)

UMCNO Companion App

- Download from iTunes (apple) or Google Play (android)
- lcmchealth user name/PW (annie.intern@lcmchealth.org)
- Download all toolkits. Password: *umcno*



FACEBOOK & TWITTER

Become a fan of UMCNO on Facebook or follow UMCNO on Twitter to receive updates and information.

- > facebook.com/umcno
- > twitter.com/umcno

LSU WiFi

- LSUHSC-SECURE
- Access with LSU ID/Password (eg. ainter@lsuhsc.edu)

#UMCResident17



Check Out Our Filter and Share It On Social!



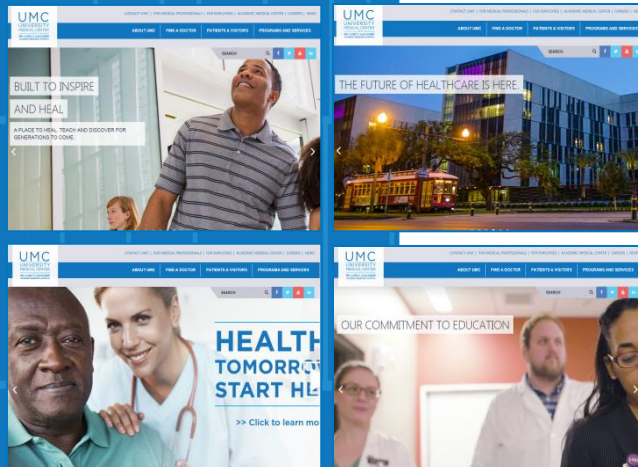
Connect with us on LinkedIn and YouTube!

UMC

UNIVERSITY
MEDICAL CENTER

—NEW ORLEANS
REV. AVERY C. ALEXANDER
ACADEMIC RESEARCH HOSPITAL

2017 House Officer Orientation



Welcome to UMCNO

<http://www.umcno.org/>

- **Leadership** <http://www.umcno.org/leadership>
 - **CEO:** Bill Masterton
 - **CMO:** Peter DeBlieux, M.D.
 - **COO/ VP Operations:** Lisa Miranda
 - **CNO:** Denise Danna, DNS, RN
 - **CAO:** Cathy Lazarus, M.D.
 - AAO: Paul Gladden, M.D.
 - AAO: Robin McGoey, M.D.
- **Medical Staff Services** <http://www.umcno.org/medstaffservices>
 - Director: Gail Runnebaum, CPMSM
- **Tower3, Floor 1**



The LCMC Family



Snapshot of UMCNO



Who?

- ≈ 2,100 full-time employees
- ≈ 600 attending / 1,000 resident physicians

What?

- 446 licensed inpatient / 60 behavioral health beds
- 1.3 million square feet for healthcare services

How?

- 19 operating rooms
- 56 ED exam rooms with 9 rapid treatment rooms
- 5 trauma rooms
- 5-story Ambulatory Care Building (ACB) with 276 exam rooms

What's Next?

- Burn Unit
- Palliative Care
- Primary Care Practice Site

UMCNO Mission and Vision



Mission

To provide exceptional patient-centered care and a world-class academic experience through advanced research, leading technology and innovation.

Vision

To be a leading world-class academic medical center and the destination of choice for exceptional healthcare.

Commitment to Patient Care and Performance Improvement

UMCNO

Organizational Priorities

1. Patient Satisfaction
2. Infection Control / Prevention
3. ED/Hospital Throughput

UMCNO Commitment to a Code of Conduct

- Integrity
- Honesty
- Professionalism
- Collegiality
- Free from harassment

To Read full UMC Medical Staff
Code of Conduct:
U Drive on UMC Desktops

Dr. Peter DeBlieux, CMO
Admin Tower 3, Floor 1
702-4415
pdebli@lsuhsc.edu

UMCNO Commitment to Education



**360 Physician
 Residents**

**34 Core Residencies
 24 Fellowships**

**NUMBER OF STUDENTS WHO
 TRAIN AT UMC EVERY YEAR:**

**OVER 2,400 FUTURE
 HEALTHCARE PROVIDERS**

**STUDENTS
 BY THE
 NUMBERS**

Nursing.....	1,300
Medical.....	900
Allied Health	83
Pharmacy	60
Scrub Techs.....	45
Paramedics.....	30

Healthy Tomorrows Start With **A COMMITMENT TO EDUCATION**

2,400

STUDENTS AND
 FUTURE HEALTHCARE
 PROVIDERS TRAIN
 AT UMC

1,000

RESIDENTS ROTATE
 THROUGH UMC
 EVERY YEAR

50%

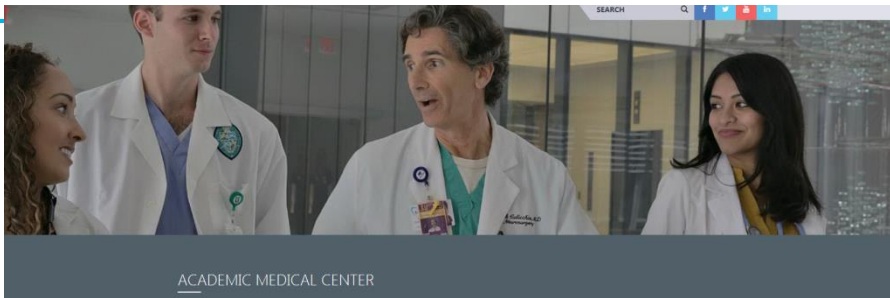
OF THE PHYSICIANS NOW
 PRACTICING IN LOUISIANA
 TRAINED AT UMC**

600

FACULTY PHYSICIANS
 FROM OUR ACADEMIC
 PARTNERS

The Academic Mission

<https://www.youtube.com/watch?v=w4uZ0xLBw6s>



ACADEMIC MEDICAL CENTER

IN THIS SECTION

ACADEMIC MEDICAL CENTER

OFFICE OF ACADEMIC
AFFAIRS

HOUSE OFFICER
RESOURCES

OUR PARTNERS

I NEED INFORMATION ABOUT

SELECT ONE...

FIND A DOCTOR

LAST NAME

SELECT A SPECIALTY

What is an Academic Medical Center (AMC)?

- AMCs are medical facilities with Joint Commission accreditation and a commitment to training future health care providers
- AMCs are focused on National Patient Safety Goals and Patient Satisfaction
- AMCs offer access to medical providers in all the major disciplines working together in teams to provide care 24/7
- AMCs are the gateways to the latest discoveries in medicine by offering opportunities to participate in clinical trials

Healthy Tomorrows Start With **A COMMITMENT TO EDUCATION**

2,400
STUDENTS AND
FUTURE HEALTHCARE
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OF THE PHYSICIANS NOW
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TRAINED AT UMC**

600
FACULTY PHYSICIANS
FROM OUR ACADEMIC
PARTNERS

One of the most important contributions of UMC New Orleans is the training given to thousands of medical, dentistry, nursing and allied health students annually. As the state's largest teaching hospital and training facility for many of the state's physicians, UMC New Orleans plays an integral role in shaping the future of healthcare for the region.

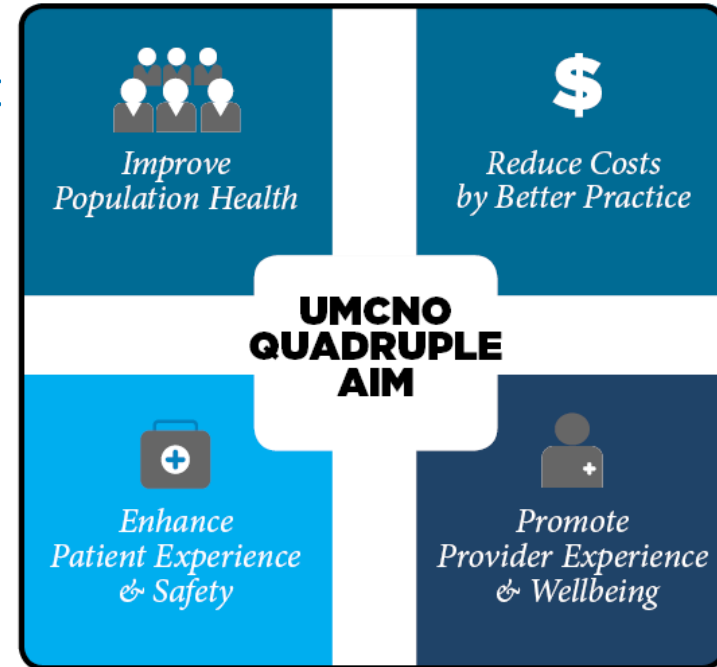


4 Integrated Dimensions of Care

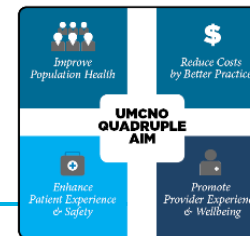
Adapted from IHI (2014)

■ **Primary Goal: *high quality care***

1. Awareness of population needs; engagement in efforts to address local disparities
2. Stewardship for healthcare cost containment for not only our patients but also UMCNO - through wise practice choices
3. Emphasis on the patients' experience, satisfaction, outcomes and safety metrics
4. Support for a work environment that is safe, collaborative and efficient; that optimizes the providers' wellbeing and satisfaction



Learning Objective Mapping



Department	Presenters	Primary Aims
Nursing	Denise Danna	IPH, PSS, PWS, RCBP
Quality Office	Roslyn Pruitt	PSS, IPH
Patient Experience Lead	Angela Davis-Collins	PSS
Infection Control	Cathy Lopez	PSS, IPH, RCBP, PWS
Public Safety	Deputy Chief Rosato	PWS, RCBP
ED	Dr. Beran / John Macmahon	PSS, IPH, PWS, RCBP
Radiology	Dr. David Smith	IPH, PSS, PWS, RCBP
Pathology/Lab	Chantelle Collado	IPH, PSS, PWS, RCBP
Pharmacy	Fatima Brakta	IPH, PSS, PWS, RCBP
Legal/Compliance	John Cook/ Connie Madden	PSS, PWS
HIM/CDI	Courtney Hamilton	RCBP
IT/Marketing/Connectivity	Siona LaFrance/ Mikal St. Angelo	PWS, IPH
Get Involved	T/L Resident Leadership	PWS, IPH, PSS
The CLE	Dr. Cathy Lazarus	PWS, IPH, PSS, RCBO
Patient Access	Carlene Williams	PSS
Perioperative	C'Lita Lombard	IPH, PSS, PWS
Case Management	Connie Brider	IPH, PSS, PWS

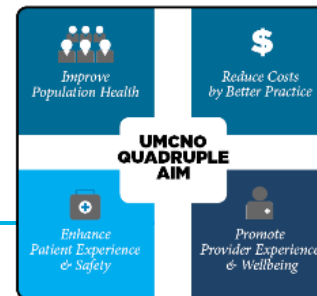
RCBP
Reduce Costs-Better
Practice

PWS
Provider Wellbeing/
Satisfaction

PSS
Patient Satisfaction/
Patient Safety

IPH
Improve Population
Health

General Session 1



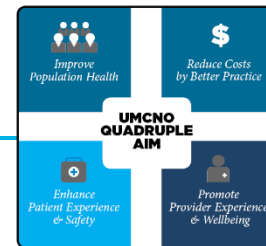
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Infection Control	Cathy Lopez	PSS, IPH, RCBP, PWS
Public Safety	Deputy Chief Rosato	PWS, RCBP



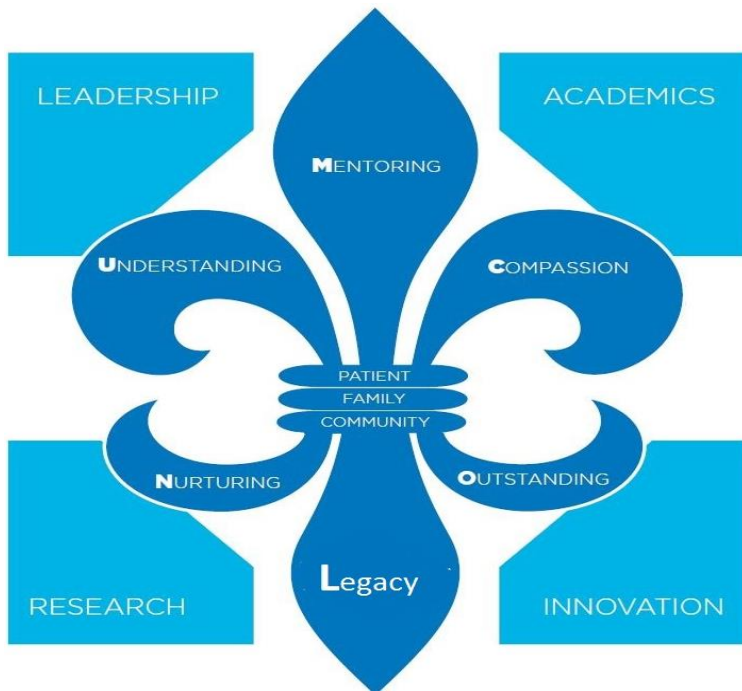
Nursing

Denise Danna, DNS, RN, NEA-BC, CNE, FACHE
CNO

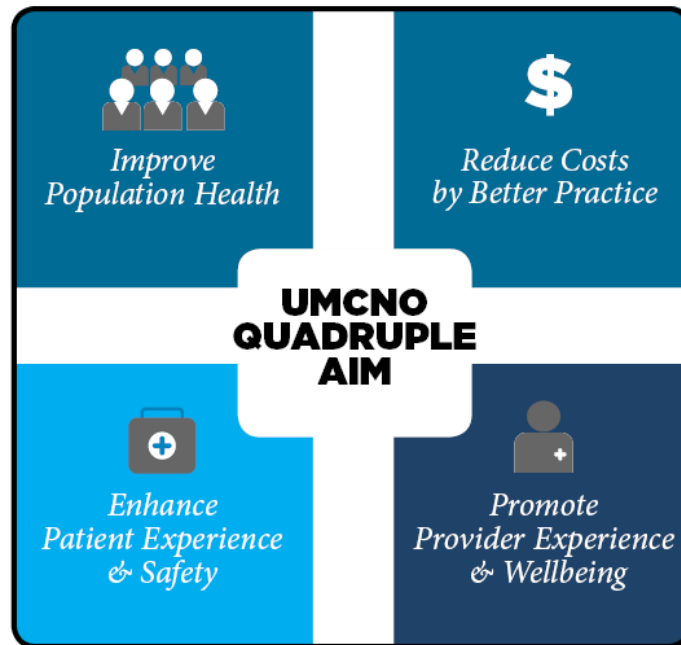
Denise.Danna@lcmchealth.org



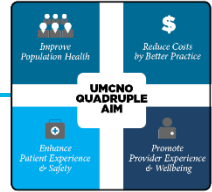
Quadruple Aim and My Department



NURSING MODEL

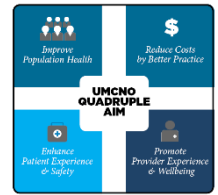


Shared-Governance Model



- Patient Services Executive Council
- Nurse Council
- Nursing Peer Review Council
- Standards and Practice Council
- Engagement and Retention Council
- Unit-Based Councils

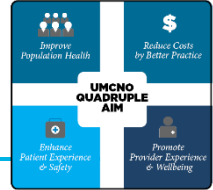
Organizational Structure (Nursing)



- Chief Nursing Officer: **Denise Danna**, DNS, RN, NEA-BC, CNE, FACHE
- Senior Nursing Directors
 - **Mary Kelly**, MSN, MHA, RN –Medical/Surgical Services
 - **Joseph Epling**, MN, RN, NEA-BC –Critical Care Services
- Directors
 - **Anne Romig-Tucker**, PMHNP, BC
 - **Dan Kiff**, MN, RN
 - **Jay Guidry**, MSN, RN
- Unit Directors/Managers
- Unit Supervisors
- Charge Nurses
- House Supervisors

Emergency Department

John Macmahon, Unit Director



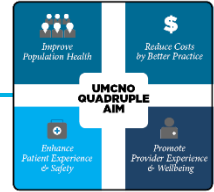
D&T Building, 2nd Floor, 69 bed unit with a rapid treatment, fast track POD and main ED POD, trauma POD (14 beds) and ED offender care (treatment & holding areas)

- **Scope of Care/Services:**
 - Level 1 Trauma Center
 - Primary Stroke Center
 - SANE Program

Cisco: 702-2507

Trauma Services

Dan Kiff, MN, RN, Director

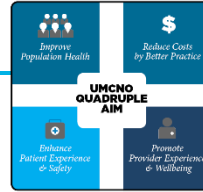


- Level 1 Trauma Center
- Community Injury Prevention Program
 - Sudden Impact Program
 - Child Safety Seat Program
 - Hemorrhage Control and Tourniquet Training

Trauma Office
702-2288

Controlled Access Unit (CAU)

Melody Kennedy, Unit Director



D & T, 2nd Floor, 12 bed secured unit

- **Scope of Care/Services:**
 - Adult patients 18 years or older who are incarcerated at a LA Department of Corrections facility
 - Medical/surgical patients
 - Telemetry monitoring

Cisco: 702-2826
Office: 702-4589
Cell: 343-5182

Decision Making Unit

Courtney Guidroz – Manager



Tower 1, 2nd Floor, 16 beds

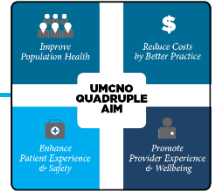
- Scope of Care/Services
 - Patients who require an observation period (e.g. chest pain, syncope)

Cisco: 702-5690
Office: 702-4450

MICU

Rebecca Barnes, Unit Director

IP Tower 1, 4th Floor, 24 beds



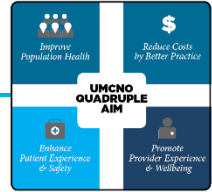
■ Scope of Care/Services:

- Medical/surgical patients in acute, subacute and chronic phases of illness
- Post-op Open Heart
- Major neurovascular emergencies (hemorrhagic and ischemic strokes)

Office: 702-4637

Oncology Unit

Alesia Thompson, Unit Director



IP Tower 1, 5th Floor, 30 beds

- **Scope of Care/Services:**
 - Medical/surgical patients
 - Chemotherapy administration
 - Multiple antibiotics

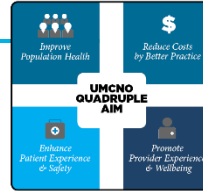
Cisco: 702-2773
Office: 702-4558
Cell: 452:4846

Medicine/Isolation Unit

Keithen Potts, Unit Director

IP Tower 1, 6th Floor, 32 beds

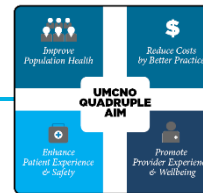
- **Scope of Care/Services:**
 - Medical/surgical services
 - Infectious disease (HIV, TB, contact isolation)



Cisco: 702-2747
Cell: 909-4201

Stroke/Neuro Unit

Alesia Thompson, Unit Director



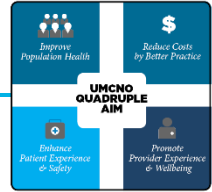
IP Tower 2, 3rd Floor, 32 beds

- **Scope of Care/Services:**
 - Acute and chronically ill medical/surgical adult patients with a focus on Stroke/Neurological and Rehabilitative Services
 - Epilepsy Program (2 bed service)

Cisco: 702-2773
Office: 702-4558
Cell: 452:4846

TICU

Jeremy Landry, Unit Director



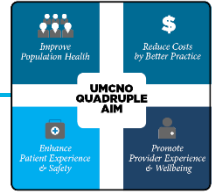
IP Tower 2, 4th Floor, 24 beds

- **Scope of Care/Services:**
 - Adults, pediatric/adolescent trauma
 - Major trauma
 - Neuro trauma
 - OMFS
 - Orthopedic
 - ENT

Cisco: 702-2594
Office: 702-4668

Cardiology/Telemetry Unit:

Derrick O'Neal, Unit Director



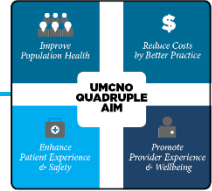
IP Tower 2, 6th Floor, 32 beds

- **Scope of Care/Services:**
 - Pre- and post-op care cardiac conditions such as CHF, HTN, CAD, PH, CABG, PTCA
 - Continuous cardiac telemetry monitoring
 - Centralized Telemetry Unit

Cisco: 702-4589
Cell: 318-588-1999

Behavioral Health

Anne Romig-Tucker, Director



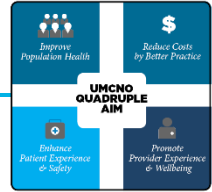
IP Towers 2 & 3, 2nd Floor, 60 beds
BHER – 6 bed triage, 20 beds

- **Scope of Care/Services:**
 - Patients are treated with the following conditions: bipolar, schizophrenia, major depressive disorder, dual diagnosis
 - Group and recreational therapy

Cisco: 702-4495
Office: 70-2302

General Surgery/Post ICU Trauma:

Melody Kennedy, Unit Director

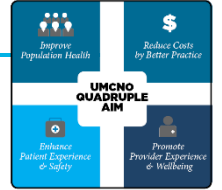


IP Tower 3, 3rd Floor, 32 beds

- Scope of Care/Services:
- Medical/surgical patients
- Trauma related conditions (blunt/penetrating injuries)

Office: 702-4589
Cisco: 702-2826
Cell: 343-5182

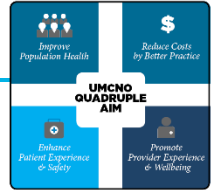
Perioperative Services



- OR
- Pre Admit Testing (PAT)
- Invasive and Noninvasive Labs
- PACU
- Infusion Center
- One Day Surgery
- Endoscopy

Operating Room

Jennifer Milam, Manager



D & T, 4th Floor, 19 ORs

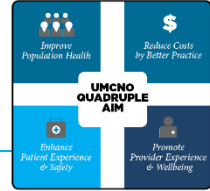
- **Scope of Care/Services:**
 - Unit staffed 24/7
 - Facilitates procedures for 22 service-lines
 - Performs elective, urgent, emergency/trauma cases
 - 24/7 dedicated Trauma Team
 - State-of-the-Art integrated technology
 - Intraoperative MRI capabilities

Office: 702-3355

Pre-Admit Testing

Joy Melgar, MSN RN Manager

Office #:
702-2533

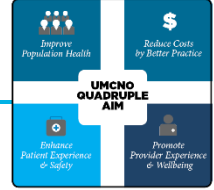


1st Floor, Ambulatory Care Building (ACB) 9 Exam Rooms

- **Scope of Care/Services:**
 - Patients are evaluated via Face-to-Face or Phone Interview by PAT Nurse and Anesthesia Services in preparation for elective surgery or procedure
 - Ensures patients are medically optimized for surgery or procedure
 - Provides education (i.e. surgical site infection prevention) and reinforce instructions
 - Departments Serviced by PAT:
 - Operating Room
 - Endoscopy
 - Interventional Radiology
 - Cardiology
 - Offender preparation for elective surgery or procedure

Invasive Lab, Noninvasive Cardiology and Neurodiagnostics

Corey Roger, Director



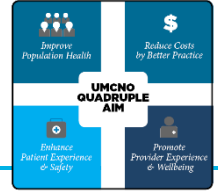
D & T, 4th Floor

5 Labs- 3 Angio Suites, EP Lab, Hybrid OR

- **Scope of Care/Services:**
 - Interventional Cardiology
 - Interventional Radiology
 - Vascular Surgery
 - Neuro Diagnostic
 - Electrophysiology

Post-Anesthesia Care Unit

Janelle St. Germain, Manager



D & T, 4th Floor

22 Phase I , 6 Phase I/II offender bays

- **Scope of Care/Services:**
 - Post- Anesthesia care and Post-Procedural care of patients from Surgery, Invasive Lab, and Endoscopy who receive general anesthesia and/or require intensive monitoring
 - 2:1 Patient: Nurse ratio
 - Pre-op and Post-op care on offenders having procedures on the 4th floor
 - ECT

Office #:
702-3293

Infusion Services

Janelle St. Germain, Manager

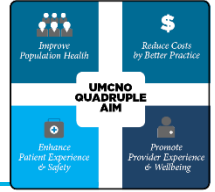


D & T, 4th Floor (7 chairs)

- **Scope of Care/Services:**
 - IV antibiotics
 - Biologics, IVIG, etc
 - PIC and Central line site care

One Day Surgery

Colette Blancq, Manager



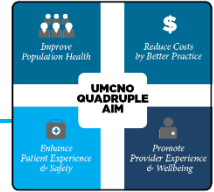
D & T, 4th floor. 22 Pre/Post Bays

Office #:
702-3343

- **Scope of Care/Services:**
 - One Day Surgery Department services all preoperative scheduled elective surgical cases, add on urgent cases, Preop Inpatients, Invasive Lab patients and AM Admits
 - Post Procedure, Phase II patients, Inpatient and Outpatient MAC cases and Procedural Sedation Invasive Lab patients (both inpatients and outpatients)

Endoscopy

Simon Cantrelle, Manager



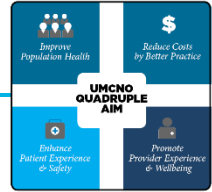
D & T, 4th floor

4 Rooms, 9 pre/post rooms

- **Scope of Care/Services:**
 - EGD
 - Colonoscopy
 - ERCP
 - EUS
 - Anal Rectal Manometry
 - Esophageal Manometry
 - Video Capsule Endoscopy
 - PEG placement
 - Metal Stent Placement

Nursing Education

Gerald “Jay” Guidry, Director

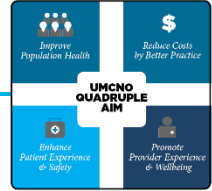


- Nursing Education
- Orientation
- Preceptor Program
- Clinical Affiliations
- Competency Program
- Educational Programs
- Mandatory Requirements
- WILMA
- BLS/ ACLS

Office: 702-2070

Nursing Support Services

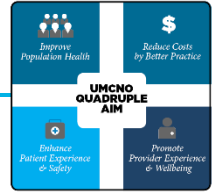
Carol Gonzales, Director



- IV Nurses
- In-house pool
- Staffing Office/Staffing Coordinators
- Patient Escort Service
- Patient Sitters

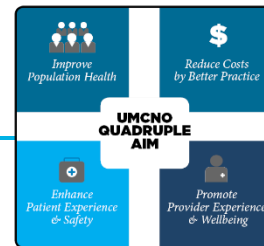
Office: 702-4551

Other Initiatives



- Clinical, Leadership, and Executive Rounding
- Nurse Technician Program
- Nurse Residency Program
- Nursing Wall of Honor
- Awards & Recognition
 - Daisy Award for Extraordinary Nurses
 - Nightingale Awards
 - Great 100 Nurses

Quality Safety Risk Regulatory

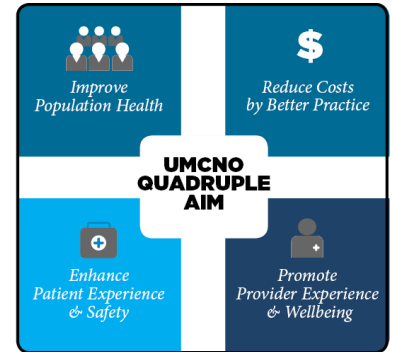


E. Roslyn Pruitt RN
Erica.Pruitt@lcmchealth.org
Patient Safety Officer

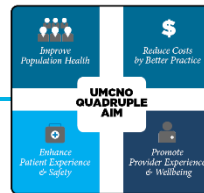
Advancing the Aims:

A Focus on Patient Safety and QI

- Creates a high-reliability organization
- Leads to return on investment
- Decreases risk of malpractice
- Establishes a 'culture of safety'
- Improves teamwork, performance, working relationships, the practice environment, provider wellbeing



Safety and Risk Management



1. Recognize

- Adverse events
- Medical errors



2. Respond

- Care of the patient
- Situation

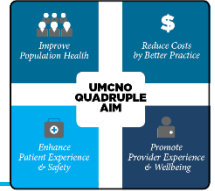


3. Report

- Notification
- Documentation

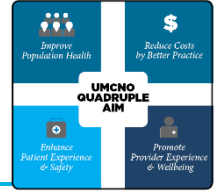


“B-SAFE”



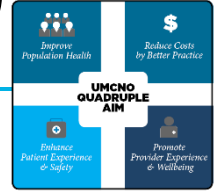
- **UMCs system for reporting safety events**
- Everyone is responsible for safety
- **What to report?**
 - Any event of concern, that potentially caused / could have caused harm, all medical errors and near misses, and any event that prevents you from appropriate patient care
- **How to report?**
 - Call **B-SAFE (2-7233)** to record a message from within the hospital
 - Anonymous or leave your name
 - Email UMCSafe@lcmhealth.org

“Don’t Hesitate... Escalate”



- **UMCs system for escalating issues that need immediate attention**
- Escalation Tree for Residents:
 - Supervising faculty → *if unresolved, then...*
 - Hospital Center Director →
 - Administrator on Call →
 - Chief Medical Officer (CMO) →
 - Chief Executive Officer (CEO)

National Patient Safety Goals (NPSG)



- Established by The Joint Commission
- Every healthcare worker should incorporate into patient care

Goal 1 Improve the accuracy of patient identification



Goal 2 Improve the effectiveness of communication among caregivers



Goal 3 Improve the safety of using medications



Goal 6 Reduce the harm associated with clinical alarm systems



Goal 7 Reduce the risk of healthcare-associated infections



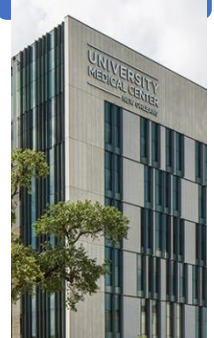
Goal 9 Reduce the risk of patient harm resulting from falls



Goal 14 Prevent healthcare-associated pressure ulcers

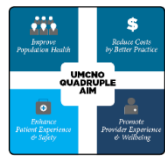


Goal 15 The organization identifies safety risks inherent in its patient population



Universal Protocol

Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery



1. Conduct a pre-procedure verification process

2. Mark the procedure site
** person who will perform procedure **

3. Perform a time-out
** stop all other activity during the time-out **

SpeakUP™

Conduct a pre-procedure verification process

Address missing information or discrepancies before starting the procedure.

- Verify the correct procedure, for the correct patient, at the correct site.
- When possible, involve the patient in the verification process.
- Identify the items that must be available for the procedure.
 - Use a standardized list to verify the availability of items for the procedure. (If a not necessary to document that list can exist for each patient.) (If a minimum, these items include:
 - informed documentation
 - latest diagnostic and imaging test results that are properly obtained
 - Examples: radiology images and scans, pathology reports, biopsy reports
 - any required blood products, implants, devices, special equipment
 - Mark the items that are to be available in the procedure area in the patient.

Mark the procedure site

All a minimum, mark the site when there is more than one possible location for the procedure and when performing the procedure in a different location would harm the patient.

- For spinal procedures: Mark the general spinal region on the skin. Special intraoperative imaging techniques may be used to locate and mark the exact vertebral level.
- Mark the site before the procedure is performed.
- If possible, involve the patient in the site marking process.
- The site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed.
- In limited circumstances, site marking may be delegated to some medical residents, physician assistants (PAs), or advanced practice registered nurses (APRNs).
- Ultimately, the licensed independent practitioner is accountable for the procedure – even when delegating site marking.
- The mark is unambiguous and is used consistently throughout the organization.
- The mark is made at or near the procedure site.
- The mark is sufficiently permanent to be visible after skin preparation and draping.
- Adhesive markers are not the sole means of marking the site.
- For patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (see examples below), use your organization's written alternative process to ensure that the correct site is operated on. Examples of situations that involve alternative processes:
 - massed surfaces or painless
 - invasive access procedures (needle a identified internal organ, whether percutaneous or through a natural orifice)
 - teeth
 - perineal incisions, for whom the mark may create a permanent lesion

Perform a time-out

This procedure is not started until all conditions or assessments are reviewed.

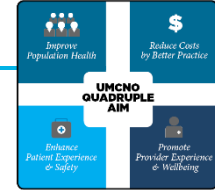
- Conduct a time-out immediately before starting the invasive procedure or making the incision.
- A designated member of the team starts the time-out.
- The time-out involves the immediate members of the procedure team: the individual performing the procedure, anesthesia providers, circulating nurse, operating room technician, and other active participants who will be participating in the procedure from the beginning.
- All relevant members of the procedure team actively communicate during the time-out.
- During the time-out, the team members agree, at a minimum, on the following:
 - correct patient identity
 - correct site
 - procedure to be done
- When the same patient has two or more procedures, if the person performing the procedure changes, another time-out needs to be performed before starting each procedure.
- Document the completion of the time-out. The organization determines the amount and type of documentation.

This document has been adapted from the Full Universal Protocol. For specific requirements of the Universal Protocol, see The Joint Commission standards.

The Universal Protocol
for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™
Guidance for health care professionals

The Joint Commission

“Journey for Excellence”



- **LCMC Process for tracking and analyzing quality metrics and trends across 6 major domains:**

- **Regulatory**
- **Ancillary**
- **Patient Experience**
- **ED/Flow**
- **PS/Nursing**
- **Case Management**

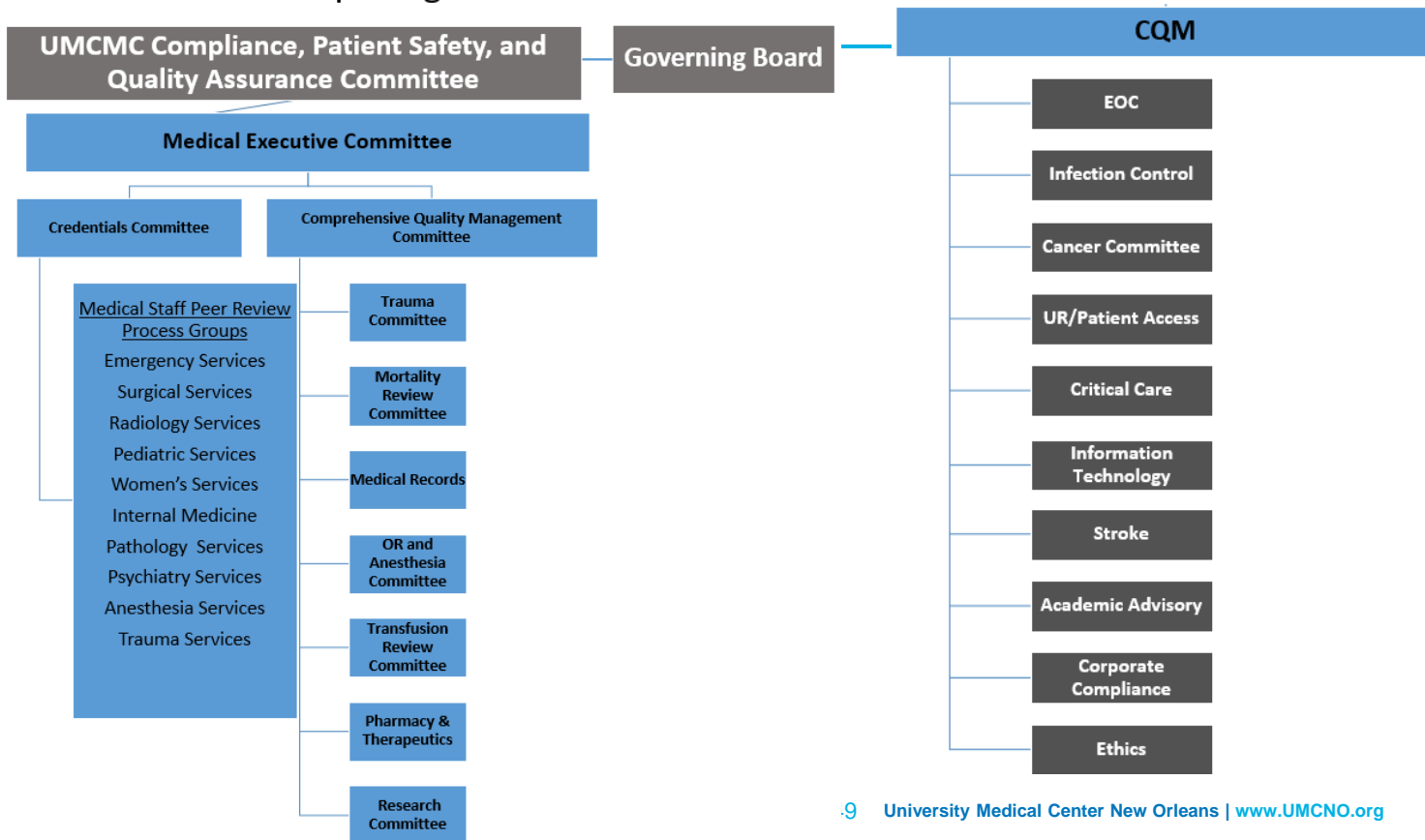
2017 Stoplight Report for Outcomes University Medical Center New Orleans					
Domain	Scoring Legend	Jan	Feb	March	April
Patient Experience	At least 8 items are at or above benchmark.	Green	Quarterly Report	Not Scored	Not Scored
	Between 6 and 7 items are between the target and the benchmark.	Yellow			
	5 or more items are below the target.	Red			
ED/Patient Flow	≥ 80%	Green	Not Scored	Not Scored	Not Scored
	79%-61%	Yellow			
	≤ 60%	Red			
Patient Safety/Nursing	≥ 80%	Green	Not Scored	Not Scored	Not Scored
	79%-61%	Yellow			
	≤ 60%	Red			
Case Management	≥ 80%	Green	Not Scored	Not Scored	Not Scored
	79%-61%	Yellow			
	≤ 60%	Red			



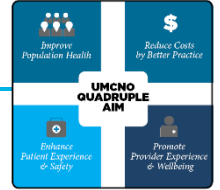
UMCNO Reporting and Communication



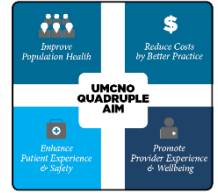
Medical Staff Committee Reporting Structure



Public Reporting



Interpreter Services



Patients have the right to receive information *in a manner he or she understands* (RI.01.01.03)

- Cornerstone of patient safety and quality
- Allows patients to participate more fully in their care
- Critical to the informed consent process
- Understanding provides better outcomes

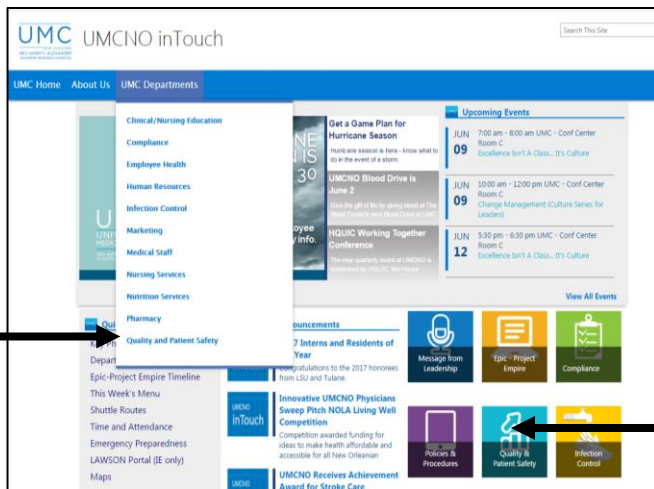
Available through **Cyacom Blue Phone System**

To access:

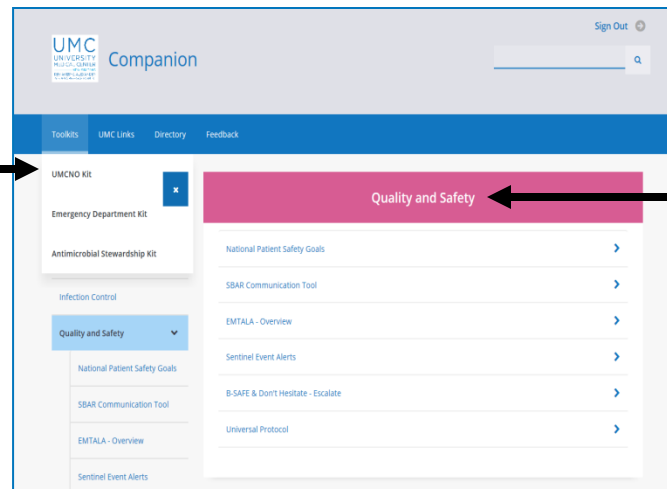
- Check with Unit Director – see Directory inTouch
- Call Communications Department (702-3000)

Quality/ PS: Here to Help:

UMCNO inTouch



UMC Companion App



*More on
 how to
 access
 UMC
 inTouch
 and UMC
 Companion
 App
 later..*



The Patient Experience



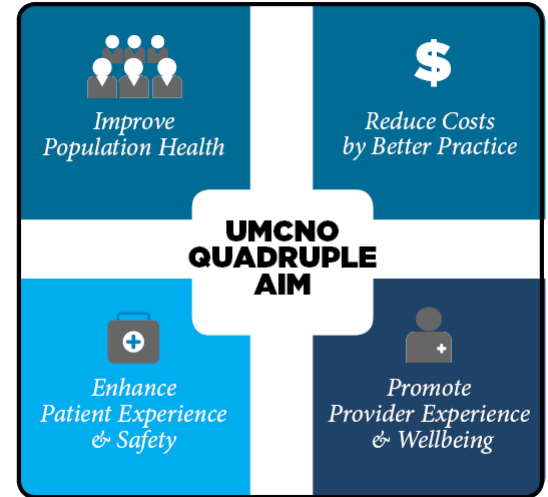
Angela Davis-Collins

Angela.DavisCollins@lcmchealth.org

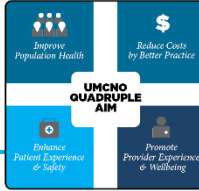


Advancing the Aims: A Focus on the Patient Experience

- Improves patient satisfaction and public reporting of ‘satisfaction scores’
- Maximizes value based reimbursement
- Translates into better patient outcomes
- Promotes a meaningful patient-provider relationship



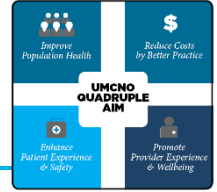
What is Patient Experience?



The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

Patient Satisfaction
is one of UMCNO's 3
Organizational Priorities

Measuring and Reporting the Patient Experience



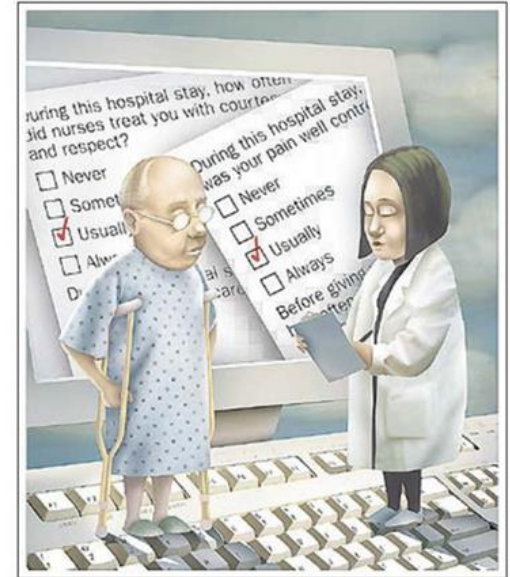
HCAHPS

Hospital Consumer Assessment of Healthcare Providers and System

- Standardized patient satisfaction survey required by CMS of all hospitals
- Publicly reported
- Inpatient adult patients – excluding psychiatric
- Reimbursement and payments tied to scores
 - Hospitals can *gain* or *lose* up to 1.5% of Medicare payments

HCAHPS Survey Areas

- Communication
 - with Doctors
 - with Nurses
 - About Medicines
 - About Discharge
- Responsiveness of Staff
- Pain Management
- Hospital Cleanliness and Quietness
- Overall Rating of Hospital
- Willingness to Recommend Hospital

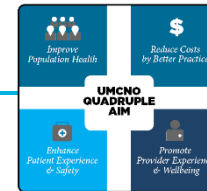


The Patient Experience: Watch and Learn

[https://www.youtube.com/watch?v=5i1cWqAABb8&feature=em-share video user](https://www.youtube.com/watch?v=5i1cWqAABb8&feature=em-share_video_user)

<https://www.youtube.com/watch?v=z6g8M2koswU>

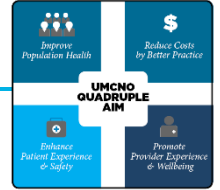
HCAHPS Rating Scale



NEVER – SOMETIMES – USUALLY – **ALWAYS**

***the goal is ALWAYS**

Aiming for ALWAYS



My doctor is **ALWAYS** courteous

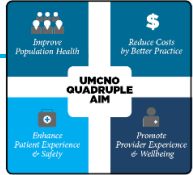
My doctor **ALWAYS** explains

My doctor is **ALWAYS** respectful

My doctor **ALWAYS** listens

I will **ALWAYS** recommend my doctor
and UMCNO to others

5 Facts about the Patient Experience



- The patient experience has a direct financial impact on physicians' reimbursement
- Better health outcomes are derived from systems that focus on patient experience
- Communication and coordination of care are key to a good patient experience
- A better experience is about quality not quantity
- Physicians are the driver of patient satisfaction ratings

Your Role in UMCNO HCAHPS Score

- Residents are 1/3 of the physician workforce
 - Part of the team
 - Frontline
- How to ‘do your part’
 - Promote the culture of ALWAYS
 - Provide excellent care
 - Communicate *and* listen

For Our Patients:

“B-SAFE” and “Don’t Hesitate-Escalate”

If you have any concerns or suggestions

Call **B-SAFE(2-7233)**

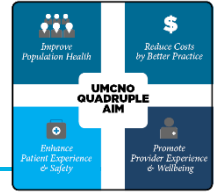
or email

UMCsafe@lcmchealth.org

Or, if an issue needs immediate attention:

ESCALATE to Supervising faculty → Hospital Center
Director → Administrator on Call → CMO → CEO

- ***“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”***



Maya Angelo

THANK YOU FOR JOINING OUR TEAM!

Angela Davis-Collins

Angela.DavisCollins@lcmchealth.org Tower 3, Floor 1



Infection Control

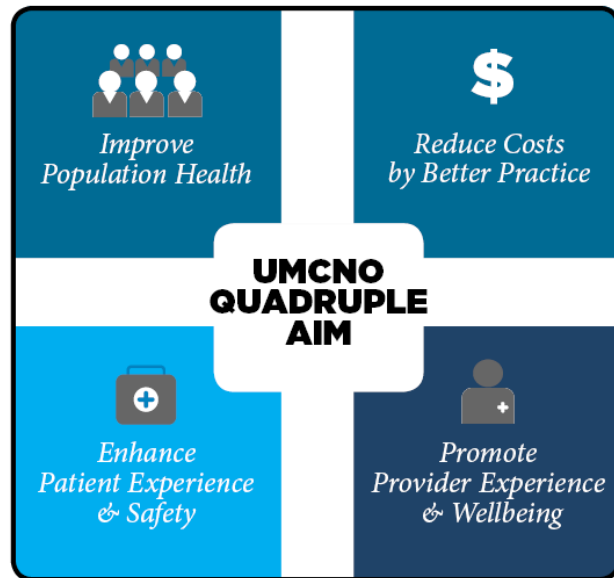
Vanessa Bergeron, RN
Karen Furbert, RN
Catherine Lopez, RN



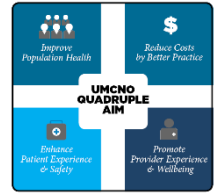
Advancing the Aims: A Focus on Infection Control and Prevention

- Ensures our patients health
- Improves outcomes
- Protects provider health and wellness

***Infection Control
and Prevention***
is one of UMCNO's 3
Organizational Priorities.



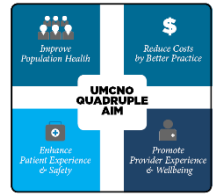
Who Are We



- Vanessa Bergeron ext 2179
- Catherine Lopez ext 4984
- Karen Furbert ext 4393

We are located on the 1st floor of Tower 3

How to Find Us on the Intranet



- inTouch

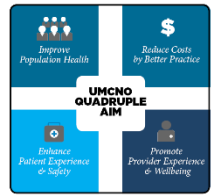


- UMC Companion App



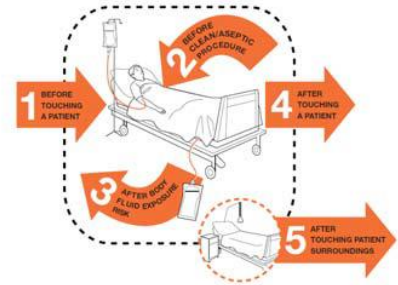
More on how to access UMC inTouch and UMC Companion App later..

Hand Hygiene



The #1 Defense against Hospital Acquired Infections (HAI) is Hand Hygiene

Your 5 Moments for Hand Hygiene



Your 'Infection Prevention' We Care About You...

UMC Employee Health D&T, Tower 1, 5th Floor

- Annual Influenza Vaccination
 - Mandatory requirement
- Needlestick Protocol



UMC - Employee Health

UMC Home About Us UMC Departments

Site Links
Department Home
Documents
Forms
Calendar
Needlestick Protocol
Flu Mask Instructions
Fit Testing

WELCOME TO THE EMPLOYEE HEALTH PAGE

A healthy workforce is our focus of Employee Health Services. We provide a range of services, including health education, assessments and monitoring of conditions that may pose a risk to our employees, patients and visitors.

The Employee Health Clinic is located on the Fifth Floor of the Hospital, Room 5416, across from the walkway to Tower 1. Hours of operation are 7 a.m. - 4:30 p.m. For information, call 702-3517 or 702-3757.

Our services are available to clinical staff, hospital staff, medical staff and volunteers.

Visit UMCNO Employee Health Services for:

- Pre-employment health screenings
- Annual preventive flu vaccines
- TB surveillance for UMC employees
- Chemotherapy medical surveillance
- Immunizations
- Guidance following work-related injuries (click here to download form)
- Respiratory fit testing
- Referrals (employee assistance program)
- Wellness (blood pressure screenings, etc.)
- Employee post-exposure medical monitoring and management

Contact List

Stacy Wisniewski - Director
504-702-3757
Stacy.Wisniewski@LCMCHHealth.org

Kimberly Held - Employee Health Coordinator
504-702-3517
kimberly.held@lcmchhealth.org

2017 TB Schedule
CLICK HERE

Work Injury Form
CLICK HERE

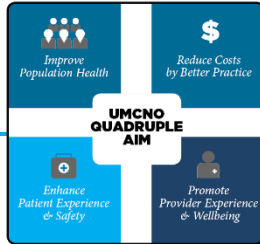
NEEDLE STICK
SOURCE LAB SLIP
CLICK HERE

Release of Information Form
CLICK HERE

UMC
UNIVERSITY
MEDICAL CENTER
—NEW ORLEANS
REV. AVERY C. ALEXANDER
ACADEMIC RESEARCH HOSPITAL

Public Safety

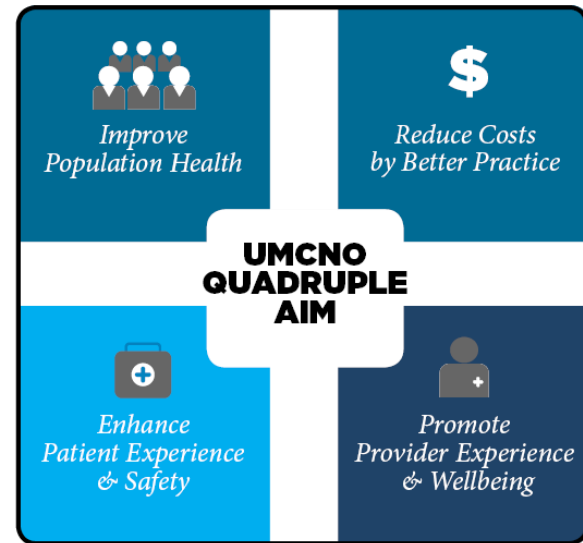
Deputy Chief Rosato



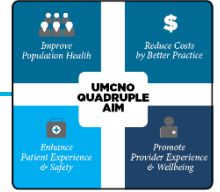
A proud member of
LCMC
HEALTH

Advancing the Aims: A Focus on Public Safety

- Provides patients with a safer atmosphere
- Reduces costs by preventing thefts and damages
- Improves patients' overall satisfaction with UMCNO
- Affords staff a safe place to work

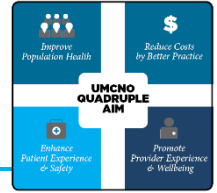


Organization



- 70 full-time personnel and several part-time officers
- Prior law enforcement / military experience
- Commissioned by the City of New Orleans
- Extensive training provided to include Active Shooter Response, baton, firearms, defensive tactics, OC spray and Crisis Prevention Institute (CPI).

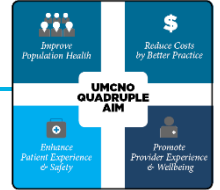
Officer Duties



- Posted throughout hospital at critical locations to provide visibility and assist with response to calls
- Emergency calls
- Escorts
- Unlocking of doors
- Securing of valuables
- Helipad response *just to name a few...*

**The Total # of
UMCNO Officer
Calls through April
2017
= 15,253, averages
3,813/month**

Safety



- 882 cameras
- 219 panic buttons
- 21 call boxes in the parking garage
- 21 call boxes throughout the exterior of the campus
- External Patrols include vehicle and foot patrols

**Public Safety or
Escorts:
702-2173
Emergency:
702-5000**

Medical Response *and* Disaster Codes

- Pay attention to codes that are called
- Active Shooter instructions: **Run–Hide–Fight**

Disaster Codes

For all Disaster Codes or Medical Responses- call 2-5000

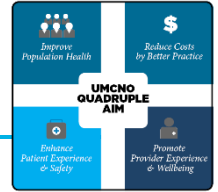


Disaster Code	Response After Call at point of origin
Code Blue/Medical Emergency	If trained initiate CPR
Rapid Response, Code AMI, Stroke Activation	Assist as able until help arrives
Code Red/Fire or Smoke	RACE/PASS; if no fire- defend in place
Code Grey/Severe Weather	Follow policy and direction from management
Code White/ Violence	If trained, assist as able
Code Brown/ Internal Disaster	Follow policy/direction from management; use alternate resources
Code Gold/Offender	Follow policy/direction
Code Black/ Bomb Threat	Follow policy/direction; report suspicious activity; evacuate if notified
Code Silver/ Shooter	Run/Hide/Fight; evacuate if notified

Emergency:
702-5000

RACE = Rescue, Alert, Close doors/windows, Extinguish
 PASS = Pull pin, Aim at fire, Squeeze handle, Sweep side to side

I.D. Cards and Parking Validation



- **I. D. Cards**
 - Public Safety *issues* ID cards
 - 2nd floor D&T
 - M-F from 8-10am and 2-4pm
 - If you lose or break your I.D. after hours, call for assistance
- **Parking Validation (garage)**
 - Public Safety *validates* garage parking that occurs between 8pm to 8am and on weekends
 - 2nd floor ED walk-in entrance

*More
info on
resident
parking
to come
later...*

Public Safety Logistics

Headquarters: 2nd floor D&T rm2673

Directly behind CAU and Behavioral Health Unit.

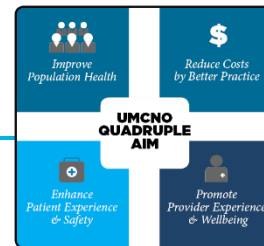
- During work hours, several hospital entrances:
 - Tulane Avenue (main lobby), Claiborne Avenue, Galvez Street- 2nd Floor from parking garage into ED and lobby area
- After 8:30pm, only two entrances are open:
 - 2nd floor ED
 - Main lobby.



Emergency Department

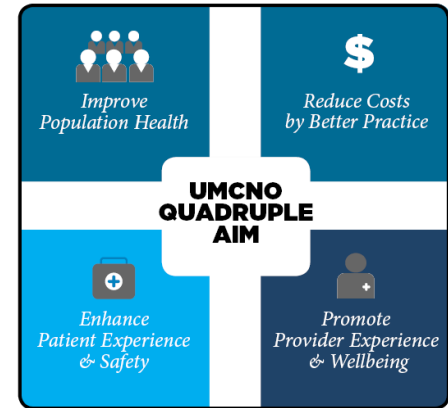
Dr. David Beran

John Macmahon, Unit Director



Advancing the Aims: Focusing on the ED as a Point of Entry

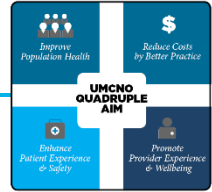
- Optimizes total ‘throughput time’ if care is coordinated and efficient
 - ED is the “front door”
 - 80% of IP come through the ED
 - 15% of ED patients admitted



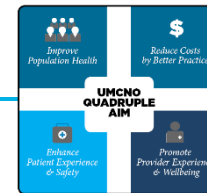
ED Basics

D&T Building, 2nd Floor

- Average 250 visits/day
- Level 1 Trauma center
- 5 Trauma rooms
- 9 Acute Resuscitation Rooms
- Running 3 out of 4 available Pods
 - 14 beds each
- 3 Rapid Treatment Areas



ED Throughput Goals

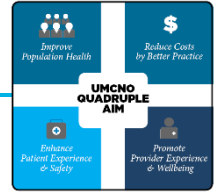


Not Just a Patient Satisfier

- Door-to-Provider = 30 min
- Door-to-Discharge = 172 min
- Door-to-Admit = 338 min
- Left Without Being Seen = 5%

Throughput
is one of
UMCNO's 3
Organizational
Priorities

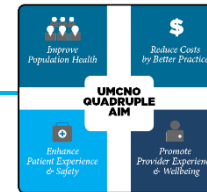
Communication with Nurses



Not Just a Patient Satisfier

- Improves patient safety
- No such thing as ‘over-communication’
- Don’t be shy. Talk. Don’t message.
- Trust
- Share the plan-of-care
- Knock before you enter
- Improves throughput

Infection Prevention



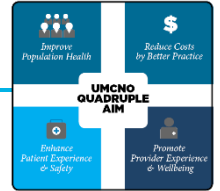
Your 5 Moments for Hand Hygiene



- Handwashing
- Dressing out in trauma & procedures
- Protect yourself
- Its not personal!

Infection Prevention
is one of UMCNO's 3
Organizational Priorities

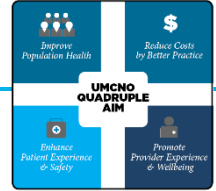
Forensic Nursing



- Sexual Assault & DV Victims (17 & up)
- SAFE Center
- Designated by Coroner - multiple parishes
- Coverage
- ‘Alleged’ is a bad word. Epic = medical
- Chief Complaint – Forensic Consult

Forensic Cell:
(504) 655-7383 for
any sexual assault

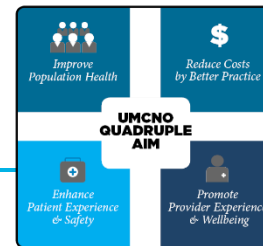
Remember...

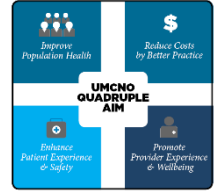


- Put it back where you found it!
- Your mom doesn't work here!
- Keys
- HIPAA – don't leave patient data open or on the counters.
- Use the sip room for drinks & staff lounge for food

Helpful Hints from Radiology: How to Survive Ordering Studies

David L. Smith, MD

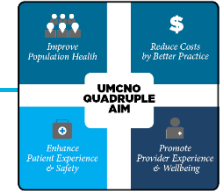
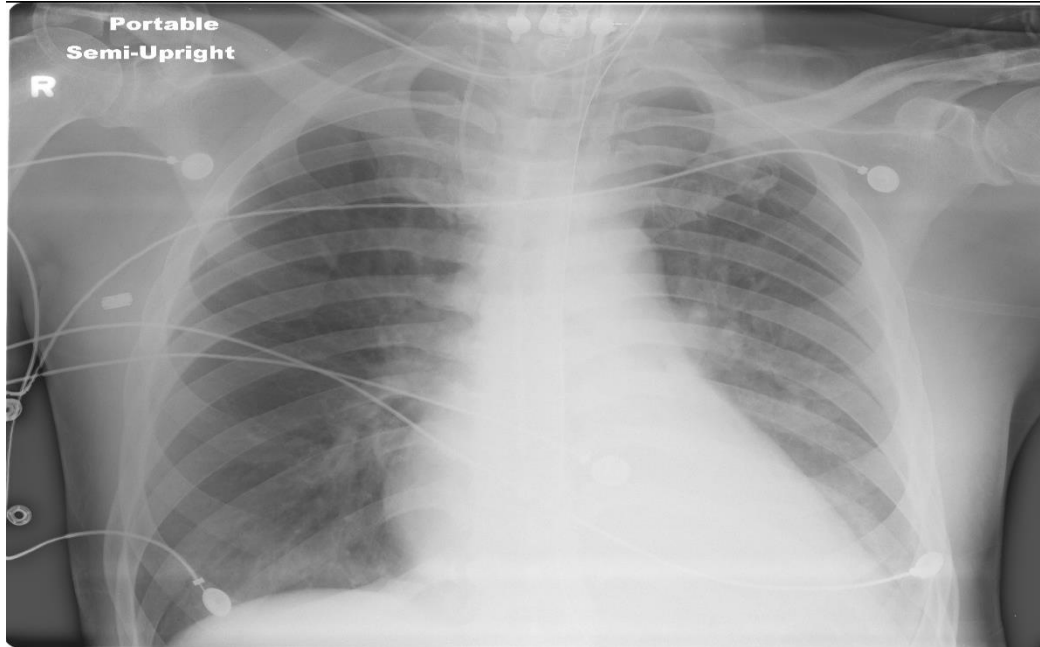




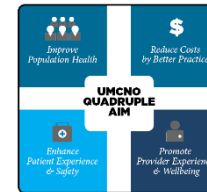
You have the power to

PREVENT HEDGING!

Case in point



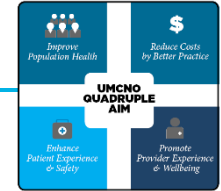
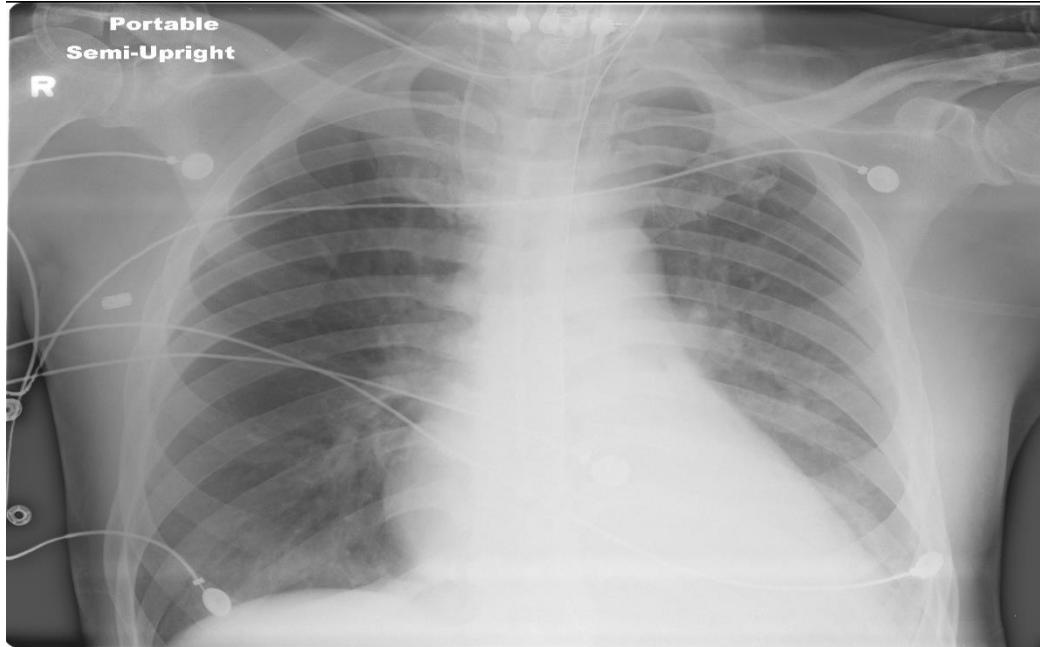
Indication:
SOB



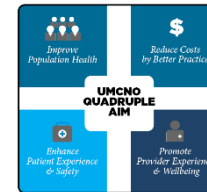
Impression:

**LEFT LOWER LOBE PULMONARY OPACITY.
DIFFERENTIAL INCLUDES PNEUMONIA, ATELECTASIS,
HEMORRHAGE, ASPIRATION, EFFUSION, OR A COMBINATION OF
THESE. CANCER IS NOT EXCLUDED.
PLEASE CORRELATE CLINICALLY AND CONSIDER CHEST CT WITH
CONTRAST FOR FURTHER EVALUATION, IF INDICATED.**

Case in point



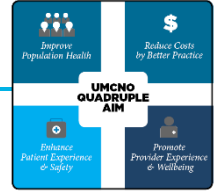
Indication:
**SOB, WBC,
fever**



Impression:

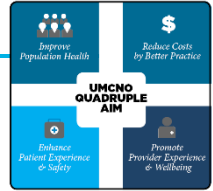
PNEUMONIA

How can we get there?



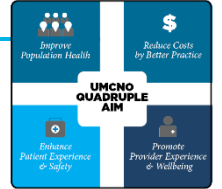
Add Pertinent Clinical Information!

What Information Do I Include?



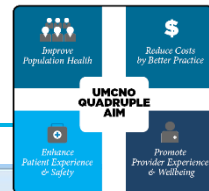
- Important positives and negatives pertaining to the question being answered by the study
- Anything that would change your DDx will change our DDx
- History (eg. HIV, h/o cancer, surgery, symptom specifics)
- Physical (eg. exact site of pain or other abnormality)
- Labs/tests (eg. \uparrow WBC, fever, tumor markers, path)

Where Does the Information Go?



In the '*Reason for Exam*' box
in EPIC's ordering window.

The EPIC Ordering Environment



Place orders

New Order Pref List Order Set Interactions Providers Reports Pngded Orders Held Orders Pend Orders Sign & Hold Sign Orders

New order: Search Next Edit Multiple

Order mode: New order defaults Not using defaults Phases of Care

Procedures (1 Order)

Xray Wrist A, Lat & Obl or Min 3 views per radiology protocol Accept Cancel Link Order Remove

Routine, 1 TIME IMAGING First occurrence Today at 1241
Reason for exam: CHEST PAIN

Priority: Routine Routine STAT

Frequency: 1 TIME IMAGING Once

Starting: 6/12/2014 Today Tomorrow At: 1241

First Occurrence: **Today 1241**

Scheduled Times: Hide Schedule
 6/12/14 1241

Questions:

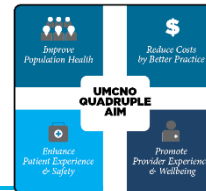
Prompt	Answer
1. Reason for exam:	CHEST PAIN <small>eg. snuffbox tenderness, swelling and inc wbc, etc.</small>
2. Transport Method	<input type="text"/>
3. Laterality	<input type="text"/> Left <input type="text"/> Right
Single response	

Comments (F6): [Click to add text](#) Accept Cancel Link Order Remove

This is autopopulated from the Chief Complaint entered by a nurse or clerk and is almost never useful. Add to or replace this with IMPORTANT POSITIVES AND NEGATIVES PERTAINING TO THE QUESTION TO BE ANSWERED BY THIS STUDY

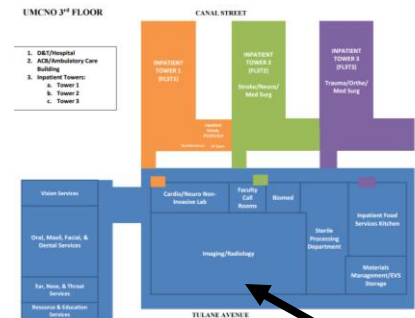
F7- Prev Order F8- Next Order

Radiology Pearls



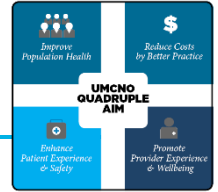
D&T Building, 3rd Floor

- Every modality has strengths and weaknesses.
- Modality choice depends on the question
- Radiologists are subspecialized by organ system
- Each subspecialty has its own reading room
- Interventional Radiology (IR) Procedure Orders
 - Outpatient (except thyroid biopsies) proceed through Outpatient Referral Order Tree in EPIC.
 - Answer all the questions
 - Inpatient requires EPIC Consult Order *AND* a phone call to IR per the AMiON electronic call schedule.



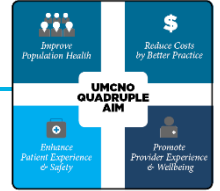
More info on
AMiON
to come...
www.amion.com
password:
qualitycare

PEARLS re: X-ray Ordering



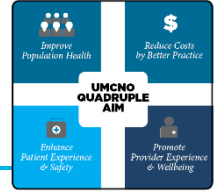
- “PA and Lateral” CXR is always better than portable or “AP.”
- Musculoskeletal X-rays should NEVER have only one view.
- X-rays of joints should have at least 3 views.

PEARLS re: Contrast



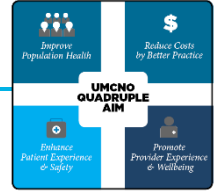
- IV contrast is important to evaluate vascular or vascularized structure.
- IV contrast is important to find lesions, infection, and inflammation and to define anatomy.
- Lack of IV contrast decreases sensitivity and specificity of the exam.

PEARLS re: Contrast



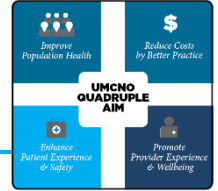
- CT contrast (iodinated) may hurt kidneys
- MR contrast (gadolinium-based) does not.
- Contact radiology or nephrology if GFR is <60.
- Patients with allergic-like reactions to iodinated contrast need premedication:
 - Prednisone 50mg PO @ 13, 7, and 1 hour prior to the exam
 - Diphenhydramine 50mg PO on the way to the scanner).
- GI contrast is important to define bowel lumen and to differentiate bowel from other tissues, especially in the pelvis.

PEARLS re: CT Ordering



- Questions about contrast and protocol are complex and often best answered by a radiologist.
- Consult a radiologist before ordering
- CT with and without (WWO) contrast

PEARLS re: MRI

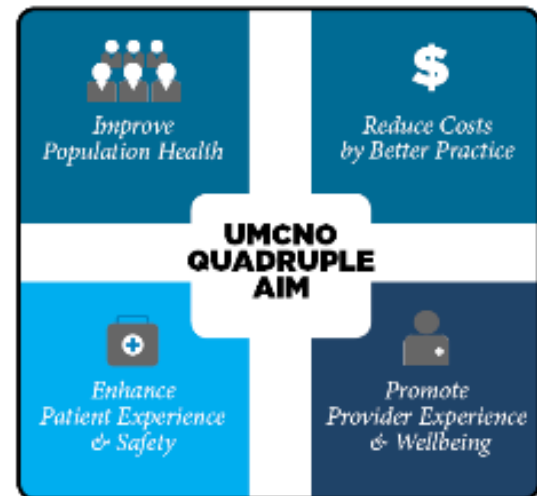


- MRI requires a Metal Screening Form each time a patient is brought to the scanner.
- If the patient or a family member cannot complete it, the ordering physician is responsible for obtaining one.
- Imaging can be used in cases to confirm if patient has implants.

and finally...

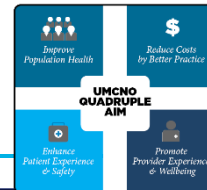
Advancing the Aims: *Prudent Radiology Practices*

- Include all the accurate clinical information in the ‘Reason for Exam’ prompt
- Assure patient safety by assessing each patient’s contrast use risk
- Include consultation with the radiologist about modality



Radiology: Here to Help

702-3087



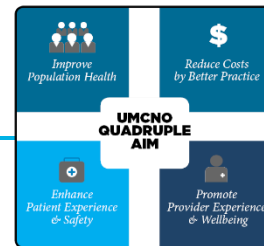
David Smith, MD
dsmi18@lsuhsc.edu



Laboratory & Pathology

Chantelle Collado

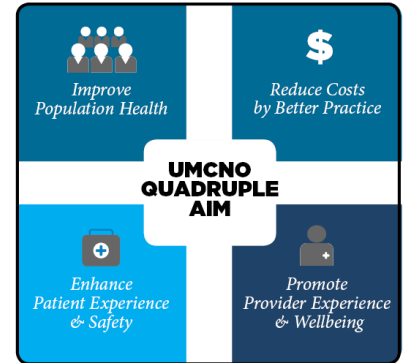
Chantelle.Collado@lcmchealth.org



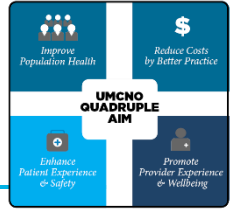
Advancing the Aim:

A Focus on Lab/Path Results as Critical Diagnostic Tools

- Ensures quality care
 - 60-70% of all diagnostic, treatment, admit and discharge decisions are based on laboratory or pathology results
- Lowers healthcare costs when ***‘Choosing Wisely’*** by avoiding wasteful inefficient medical tests

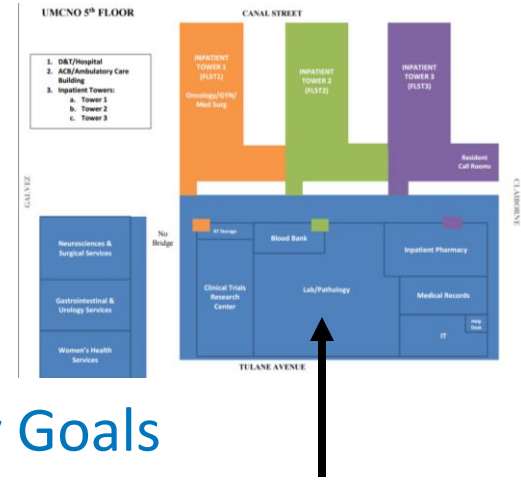


Laboratory / Pathology Basics



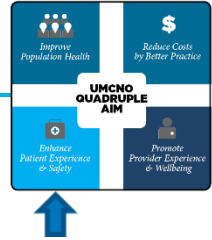
D&T Floor 5

- Handles >1 million lab tests annually
- Patient Safety is key
 - Patient Specimen Labeling aligns with National Patient Safety Goals
- Patient Care is key
 - Critical Value Notifications processes are emphasized

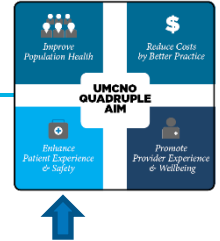


If Involved with Patient Specimen or Tissue Collection

- Always Verify Two Identifiers
- Follow through with 'Time-Outs'
 - Ask Patient to State Name, Date of Birth
 - Verify Information to Armband/Chart/Orders/Labels
- Always Label In Presence of the Patient
 - Label must contain at least Two identifiers
 - Lab Barcode Label – Name, Date of Birth, MRN
 - Chart Label – Contains Name, Date of Birth, MRN
- Always Maintain Identity of Patient Through Entire Process of Patient Care

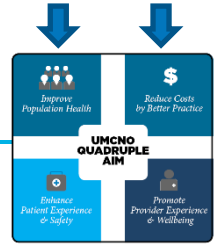


Should You Have to Handle a Patient Specimen



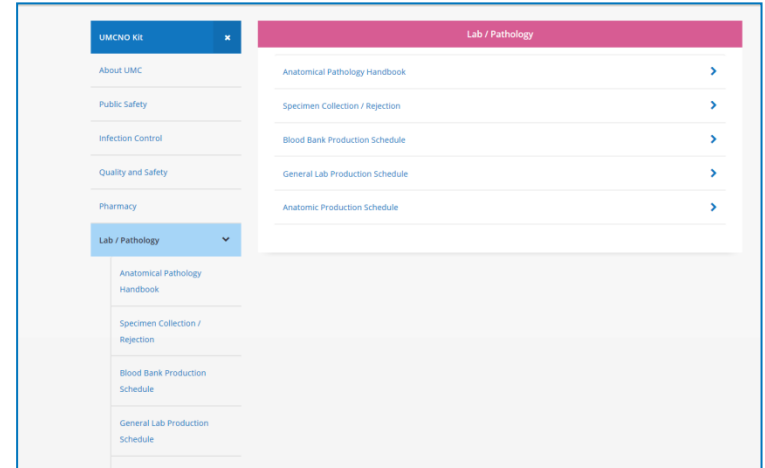
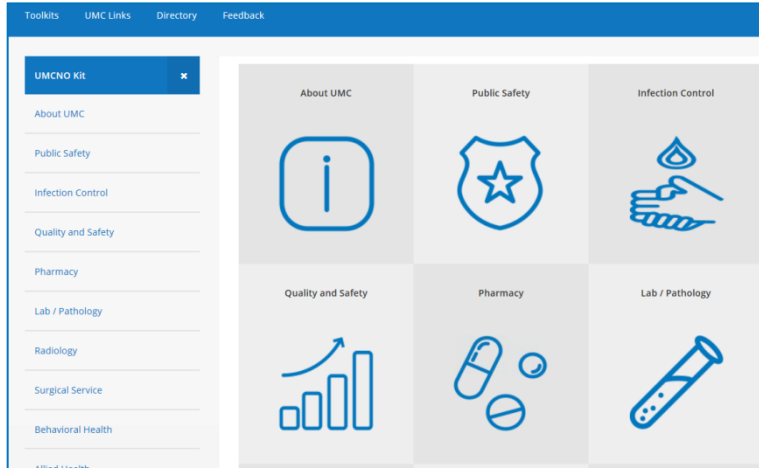
- **Pneumatic Tube System**
 - Specimens which are easily obtained / replaced
 - Most Blood Collections, Urine Collections,
- **Hand-Delivered** to the Laboratory
 - Critical Specimens Collected Through Procedure
 - One-Time Procedure and/or Difficult to Replace
eg. Body Fluid, Tissue, Stimulation Studies, etc.

Testing Menu – Collection Info

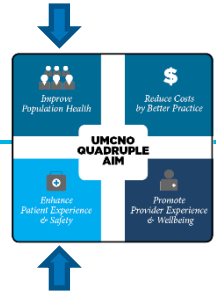


UMC Companion App

*More on
 how to
 access
 UMC
 Companion
 App
 later..*

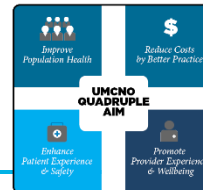


Abnormal Patient Labs



- **Critical Values** *(Defined by Standards of Care)*
 - Called to Patient Caregiver
 - Call Tree may lead to the Resident
 - Nursing first line for IP
 - Ordering physician first line for OP
 - National Patient Safety Goals
 - Patient Name, MRN, Test Name, Critical Value
 - Document Call and Caregiver Readback
- **Non-Critical Abnormal Values**
 - Routed to In-Basket
 - Ordering Physician and Attending Physician

Laboratory/Pathology: Here to Help



D&T, 5th floor 702-3495

- Lab and/or Collection Instruction
- Clinical Pathologist
- Anatomic Pathologist



Chantelle.Collado@lcmchealth.org

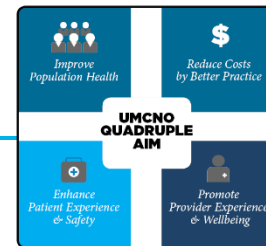


Pharmacy Services

Fatima Brakta, Pharm.D, BCPS-AQ ID

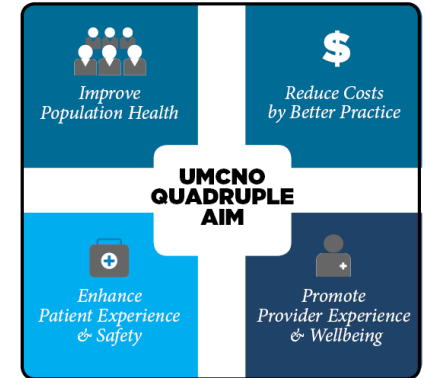
Clinical Pharmacy Manager

Cisco Phone #: (504) 702-3592

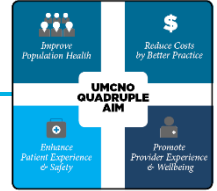


Advancing the Aims: *A Focus on Pharmacy Services*

- Ensures patient safety by preventing toxicity, appropriate selection of medications, proper dosing and route of administration
- Improves population health by reducing antibiotic resistance



UMC Hospital Formulary



- Closed formulary
- Under EPIC “Resources” tab
 - Embedded in LexiComp
- Reviewed annually by Pharmacy & Therapeutics Committee (P&T)
- Formulary addition request form available under EPIC “Resources” tab

Clinical Resources

Below is a list of helpful resources for your facility. Because of licensing agreements, please only use the links for your facility or the all facilities heading.

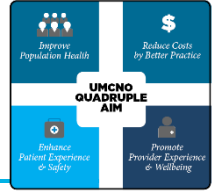
UMCNO Links

Abbreviation Policy
Approved Abbreviations
AMION
UMC 2016 Antibigram
Companion App
Consent Forms
Diabetes Disease Management
DynaMed
E-Privilege
Enteral Feeding Guideline 2015
HCE Guidelines
ICD-9-CM
~~Hypertension Protocol~~
Formulary
Request for Formulary Additions
Lexicomp Online
UMC Medication Therapeutic Interchange Chart
Pathology Information
MD Consult
Nursing Consult
PubMed
Quantifi
Risk Web
UMCNO Lexicomp
UMCNO Opioid Swallowing Offender Guidance

LAK - INDEPENDENCE

Consent Forms
E-Privilege
HCE Guidelines
LAK Lexicomp
LaPost
PubMed

Nonformulary Medications



- Can be ordered in EPIC by typing **“Non-Formulary”** into the drug field
- Request processed by pharmacy department
- Depending on agent and circumstances, requests may be approved/denied by Pharmacy Director
- If Pharmacy Director determines request requires more review, it is forwarded to P&T Chair and Medical Director for final approval

NON FORMULARY

Accept Cancel

Order Inst.: [Please enter as much information as possible for the pharmacy.](#)

Reference Links: 1. Micromedex

Rate: mL/hr

For: Doses Hours Days

Starting: 6/15/2016 Today Tomorrow

First Dose: Include Now As Scheduled

First Dose: **Today 1226**

There are no scheduled times based on the current order parameters.

Questions:

Prompt	Answer	Comments
1. Brand Name:	<input type="text"/>	<input type="text"/>
2. Generic name:	<input type="text"/>	<input type="text"/>
3. Form:	<input type="text"/>	<input type="text"/>
4. Length of Therapy:	<input type="text"/>	<input type="text"/>
5. Reason for Non-Formulary:	<input type="text"/>	<input type="text"/>
6. How soon needed? (normally 72 hrs needed to procure):	<input type="text"/>	<input type="text"/>
7. Patient Diagnosis:	<input type="text"/>	<input type="text"/>
8. Attending Medical Staff Responsible (name and contact#):	<input type="text"/>	<input type="text"/>
9. (For Pharmacy Use Only) Pricing Information:	<input type="text"/>	<input type="text"/>
10. (For Pharmacy Use Only) Package Size:	<input type="text"/>	<input type="text"/>

Admin. Inst.: [Click to add text](#)

Prod. Admin. (none)

Inst.: [Click to add text](#)

Comments (F6) [Click to add text](#)

(300 char max.)

Priority:

Phase of Care:

Dispense: Dispense from:

Product: NON FORMULARY [900003]

Dispense amount:

Charge method:

First doses from:

Package:

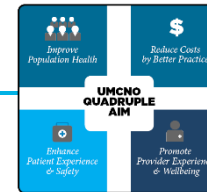
Dispense package x

Dispense code:

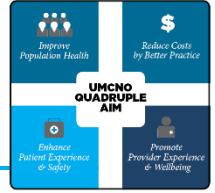
Next Required

Link Order

Accept Cancel



Order Entry



- If not using order sets, enter medication orders in EPIC with clear directions for nursing
 - Consider dosing, route, duration and any drug interactions,
- Useful links:
 - EPIC Resources
 - Lexicomp
 - Vancomycin & Aminoglycosides dosing cards
 - UMC Companion App

Questions:
Call Pharmacy
Staff
702-3576

*More on
how to
access
UMC
Companion
App
later..*

Reference Links: 1. Vancomycin Dosing Guide 2. Lexicomp

Report:

Lab Test Results

Component	Time Elapsed	Value	Range	Status	Comments
Vancomycin Tr	60 days (04/15/16 1330)	5.9 (L)	10.0 - 20.0 MCG/ML	Final result	
	64 days (04/12/16 0444)	11.2	10.0 - 20.0 MCG/ML	Final result	

Dose:

vancomycin Details [Details](#)

Missing Frequency for dose checking

Override Reason/Comment:

Frequency:

For: Doses Hours Days

Starting:

First Dose:

First Dose: **Today 1218**

There are no scheduled times based on the current order parameters.

Route:

Rate: mL/hr

500 mL / 2 hr
= 250 mL/hr

Administer Over: Minutes

Questions:

Prompt	Answer
1. Desired Trough Level	<input type="text" value="10-15 mcg/mL"/> <input type="text" value="15-20 mcg/mL"/> <input type="text" value="20-25 mcg/mL"/> <input type="text" value="Pre-Op"/> <input type="text" value="Post-Op"/>

Indications:

Asthma Exacerbation

BONE INFECTIONS

BACTERIAL SEPSIS

CLOSTRIDIUM DIFFICILE C...

Bacterial Endocarditis

Central Nervous System Infe...

Bacterial Meningitis

Chronic Obstructive Pulmona...

Bacterial Pneumonia

FEBRILE NEUTROPENIC PA...

Bacterial Urinary Tract Inf...

Genitourinary Tract Infections

INFECTIOUS DISORDER OF...

Infectious Disease of Abdom...

Peptic Ulcer due to H. Pylori

Perioperative Infection

Postoperative Care

SKIN AND SKIN STRUCTUR...

Additional clinical indications (300 character max):

Admin. Inst.: [\(TIME CRITICAL\)](#)

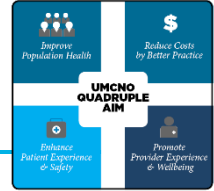
Prod. Admin. (none)

Inst.:

Comments (F6): [Click to add text](#)
(300 char max.)

Priority:

Therapeutic Interchange Policy



- Chemically distinct but with properties and activities that are considered comparable
- EPIC guides you to pick the correct therapeutically interchangeable drug in our formulary
- Therapeutic interchange chart is available in the EPIC “Resources” tab

Alternative Selection

candesartan (ATACAND) tablet 8 mg: 8 mg, Oral, Daily, First Dose Today at 1015, For 30 days

The LSU Health System Pharmacy and Therapeutics Committee has an approved therapeutic substitution for this medication. Review Dose Equivalence Table and select alternative below:

Dose Equivalence

candesartan (Atacand) 8 mg = losartan (Cozaar) 25 mg
 candesartan (Atacand) 16 mg = losartan (Cozaar) 50 mg
 candesartan (Atacand) 32 mg = losartan (Cozaar) 100 mg

Web Links

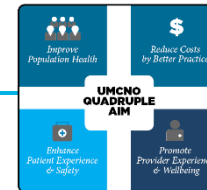
No additional information.

Alternative	Details	Cost
losartan (COZAAR) tablet	25 mg, Oral, Daily	
losartan (COZAAR) tablet	50 mg, Oral, Daily	
losartan (COZAAR) tablet	100 mg, Oral, Daily	

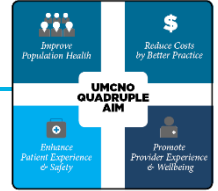
Accept Alternative

Continue With Original Order

Cancel



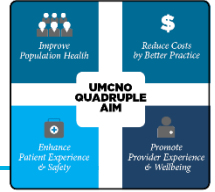
Chemotherapeutic Agents



Requirements:

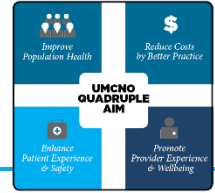
1. To Order: two signatures required
 - Hem/Onc resident, and
 - Attending Physician
2. To Administer: only RNs trained in chemotherapy can administer
3. Abbreviations are *not* accepted
 - For written orders during downtime
4. Telephone orders are *not* accepted

Adverse Drug Reactions (ADR)



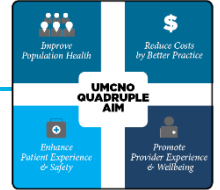
- ADR is any reaction to a medication that is unexpected, undesirable, and occurs at doses used for prophylaxis, diagnosis or therapy, resulting in one of the following:
 - Admission
 - Extension of an inpatient stay
 - Discontinuation of the medication
 - Change in medication therapy, including dose reduction
 - Initiation of supportive / reversal treatment, such as an antihistamine
 - Complication of diagnosed disease state

Reporting ADRs



- Reporting ADRs or variances is IMPORTANT
 - Evaluates quality of patient care
 - Prevents future medication error and injury
- **B-SAFE (2-7233) or email UMCSAFE@lcmchealth.org**
 - Leave detailed account of what happened
 - Include MRN

IV to PO Conversion: *A Clinical Pharmacy Service*



- Benefits of Conversion
 - Decreases IV related complications
 - Shorten length of stay
 - Lowers costs (including IV lines, fluids, etc.).
- Medications to Convert
 - High oral bioavailability
- Inclusion Criteria for Conversion
 - Taking scheduled PO medications
 - Using gastric tube or oral route for medication
 - Taking nutrients by mouth and not NPO
 - Not refusing PO intake or have other psychological barriers
 - No order that physician does not want IV to PO conversion



ANTIBIOTIC STEWARDSHIP PROGRAM (ASP)

Physician Champion: Julio Figueroa, MD

ASP Charter/Policy: Governs all functions

ID Pharmacist: Kirbie St James, Pharm.D





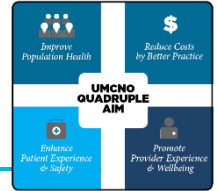
WHAT ARE THE TOP 3 PRESCRIBED ANTIBIOTICS AT UMC?



-
- 1. Piperacillin-tazobactam**
 - 2. Vancomycin**
 - 3. Ciprofloxacin / Cefazolin**



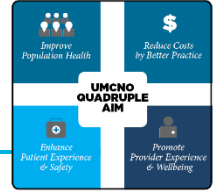
UMCNO ASP Objectives



- **Reduce unnecessary antibiotic exposure**
 - Days of therapy (DOT) per 1000 patient days for top 4 antibiotics
 - Reduce hospital length of stay (LOS)
- **Decrease antimicrobial costs**
 - Direct antimicrobial expenditures
 - Number of pharmacy antibiotic intervention
- **Stabilize and/or reduce antimicrobial resistance patterns**
 - C diff, VRE and other MDROs



Operational Logistics of ASP



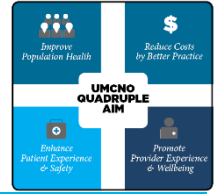
a. Weekday Review of:

- Patients on 48 hours or more of broad spectrum antibiotics (i.e. piperacillin-tazobactam)
- Antimicrobial regimens for all (+)blood and CNS samples
- Renal dosing of qualifying antibiotics
- IV to PO conversion qualifying antibiotics

b. Daily Review and Pharmacokinetic Dosing of:

- Patients on vancomycin and aminoglycosides

Major Pharmacist Interventions



- **Dosing Service (7d/w)**
 - Dose/Frequency adjustment (*automatic*)
 - Level and other lab ordering (*automatic*)
 - Culture ordering
 - De-escalation/discontinuation of vancomycin
- **Daily Review/ “ASP Rounds” via EPIC (5d/w)**
- **De-Escalation**
- **Streamlining and Optimization**
- **Antibiotic Duration**
- **Drug Change**
- **Dose/Frequency Change**
- **ID Consult Recommendation**

Remember to De-escalate

@48-72 hours for:

*piperacillin-tazobactam, vancomycin +/- ciprofloxacin
or other broad spectrum regimens*

UMC Outpatient Pharmacy



Walgreens is OPEN!

Located at University Medical Center
Clinic Building, Floor 1

Walgreens Outpatient Pharmacy Services

- We are a full service Walgreens for prescription needs, accepting most insurances, including Medicare, Medicaid and commercial plans.
- We accept the "free-care" prescription discount program, for eligible patients.
- We provide immunizations, including flu, shingles, pneumonia, and Tdap.
- We fill employee and family member prescriptions.
- We assist patients with financial and reimbursement needs, including coordinating with manufacturer free-drug programs (see attached list of eligible drugs) and finding the most cost effective options.
- We accept electronic prescriptions. Find us using the below information:
 - eRx ID: 1938705
 - eRx Name: Walgreens_16395_at_University_MC
- Our pharmacists provide personalized pharmacy care and medication therapy management.
- Our pharmacists are specially trained in providing care for HIV/AIDS, Hepatitis C, inflammatory conditions, and other chronic and complex conditions.
- COMING SOON: Bedside delivery program, where patients can have discharge medications delivered to the room.

Come Visit Our Pharmacy Today!

Conveniently located at University Medical Center in the Clinic Building, Floor 1 (near the main lobby)

Address: 2000 Canal St, Ste G1-1200
New Orleans, LA 70112
Phone: 504-758-3718
Fax: 504-758-3720

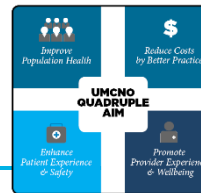
- A Walgreen's Pharmacy at UMCNO
- ACB, First Floor
- M-F 9am-5pm

Benji Newman, RPh, CSP
Registered Store Manager (RMGO)

Phone: 758-3718

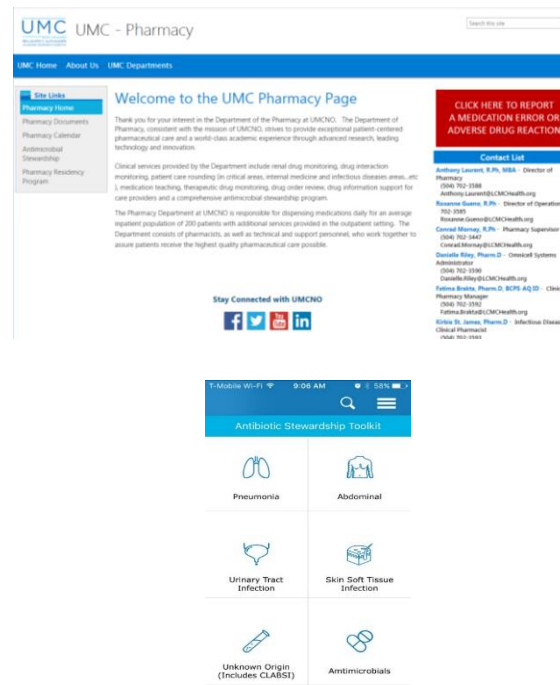
Fax: 758-3720

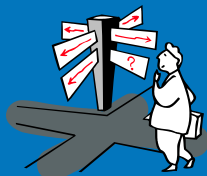
Online Pharmacy Resources



- EPIC “Resources” tab
- InTouch
 - Antibiotic Stewardship Resources
 - Other Clinical Resources
- Companion App
 - Antibiotic Stewardship Toolkit
 - Treatment Guidelines
 - Dosing Cards

More on how to access UMC inTouch and UMC Companion App later..



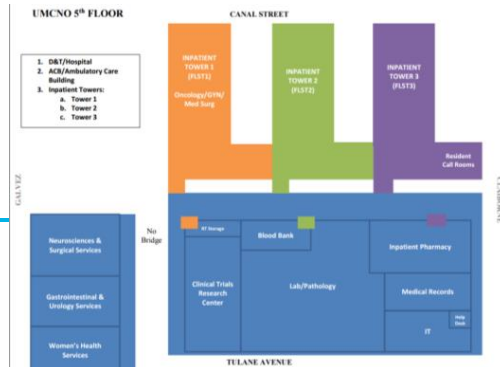


Pharmacy Here to Help

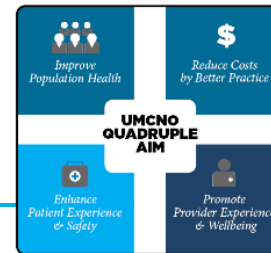
D&T, 5th floor

- IP Pharmacy: 702-3576
- ID Pharmacist: Kirbie St. James, Pharm. D
702-2532
- TICU Pharmacist: Charles Jastram, Pharm. D
702-2529
- MICU Pharmacist: Ellen Austin, Pharm.D

Fatima Brakta, Pharm.D, BCPS-AQ ID
Clinical Pharmacy Manager Cisco Phone #: 702-3592



General Session 2



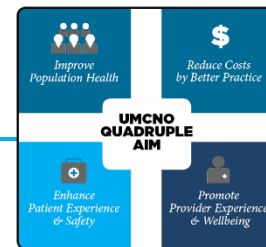
Department	Presenter	Major Aims
Legal/Compliance	John Cook/ Connie Madden	PSS, PWS
HIM/CDI	Courtney Hamilton	RCBP
Connect IT/Marketing/Connectivity	Siona LaFrance/ Mikal St. Angelo	PWS, IPH
Get Involved	Dr. Kris Coontz	PWS, IPH
CLE	Dr. Cathy Lazarus	PWS, IPH



Legal & Compliance

John Cook, Senior Attorney

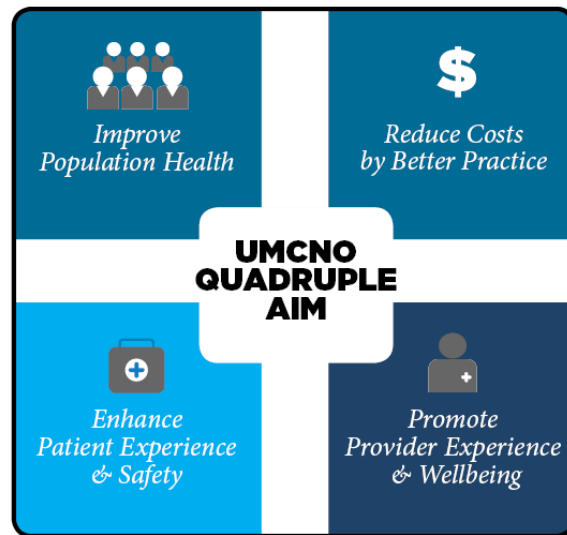
Connie Madden, Director of Compliance



Advancing the Aims:

A Focus on Health Care Law and Compliance

- Protects the health information of our patients
- Protects the providers' licenses to practice
- Safeguards the hospital's interest
- Contributes to responsible stewardship of healthcare costs

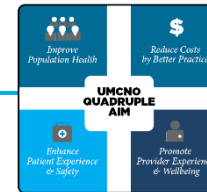


John R. Cook

Isidore Newman School 
B.S. Cell & Molecular Biology
Juris Doctor



**702-4386 or Operator or
House Supervisor**



UMC

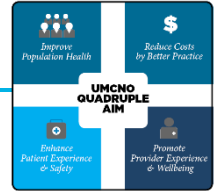
UNIVERSITY
MEDICAL CENTER

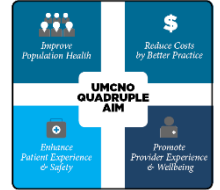
NEW ORLEANS
REV. AVERY C. ALEXANDER
ACADEMIC RESEARCH HOSPITAL

Connie Madden, CHC

- Compliance Officer
- HIPAA Privacy Officer

702-3532 or Operator
or House Supervisor





T
R E
A T A
L L P A T
I E N T S T H E
S A M E R E G A R D L
E S S O F T H E I R A B I L I T Y
T O P A Y O R T H E I R I N S U R A N C E !!!

UMC

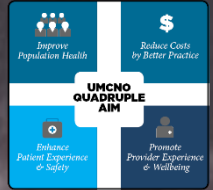
UNIVERSITY
MEDICAL CENTER

NEW ORLEANS

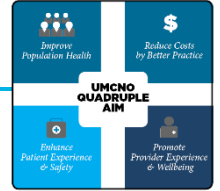
REV. AVERY C. ALEXANDER
ACADEMIC RESEARCH HOSPITAL



HIPAA

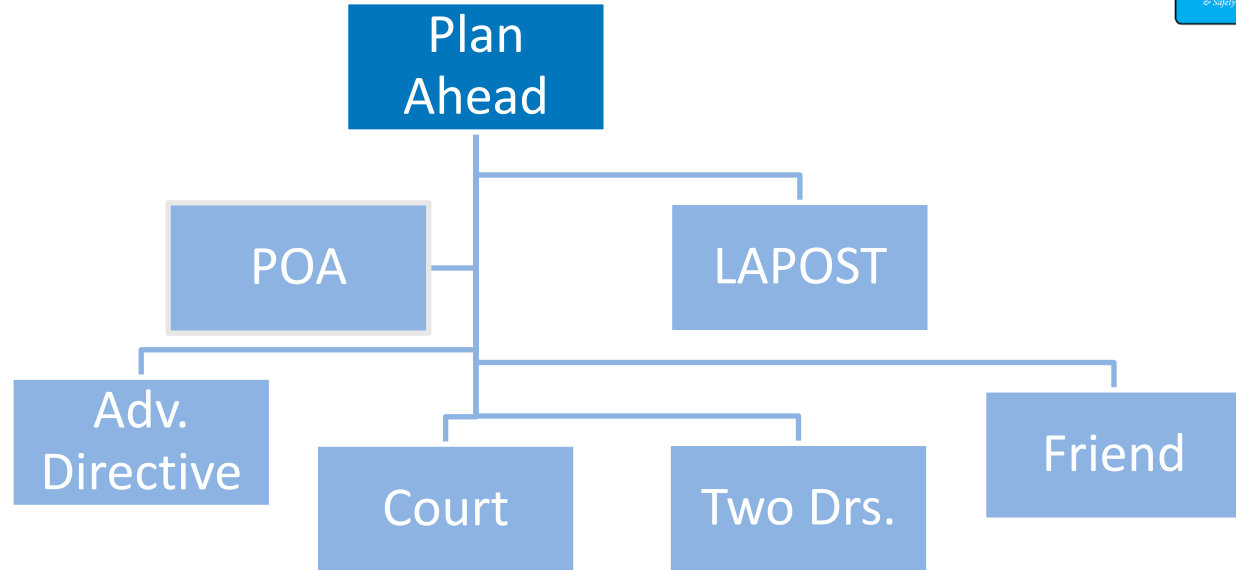
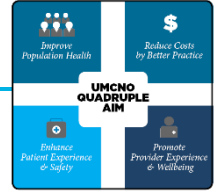


HIPAA

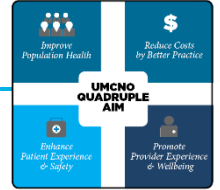


KNOW THE RULES!

- ✓ Appropriate Access - based on treatment relationship!
- ✓ Deidentify patient information used for study & presentations!



Who Consents?



Patient

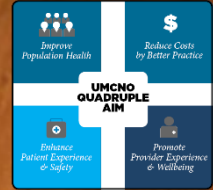
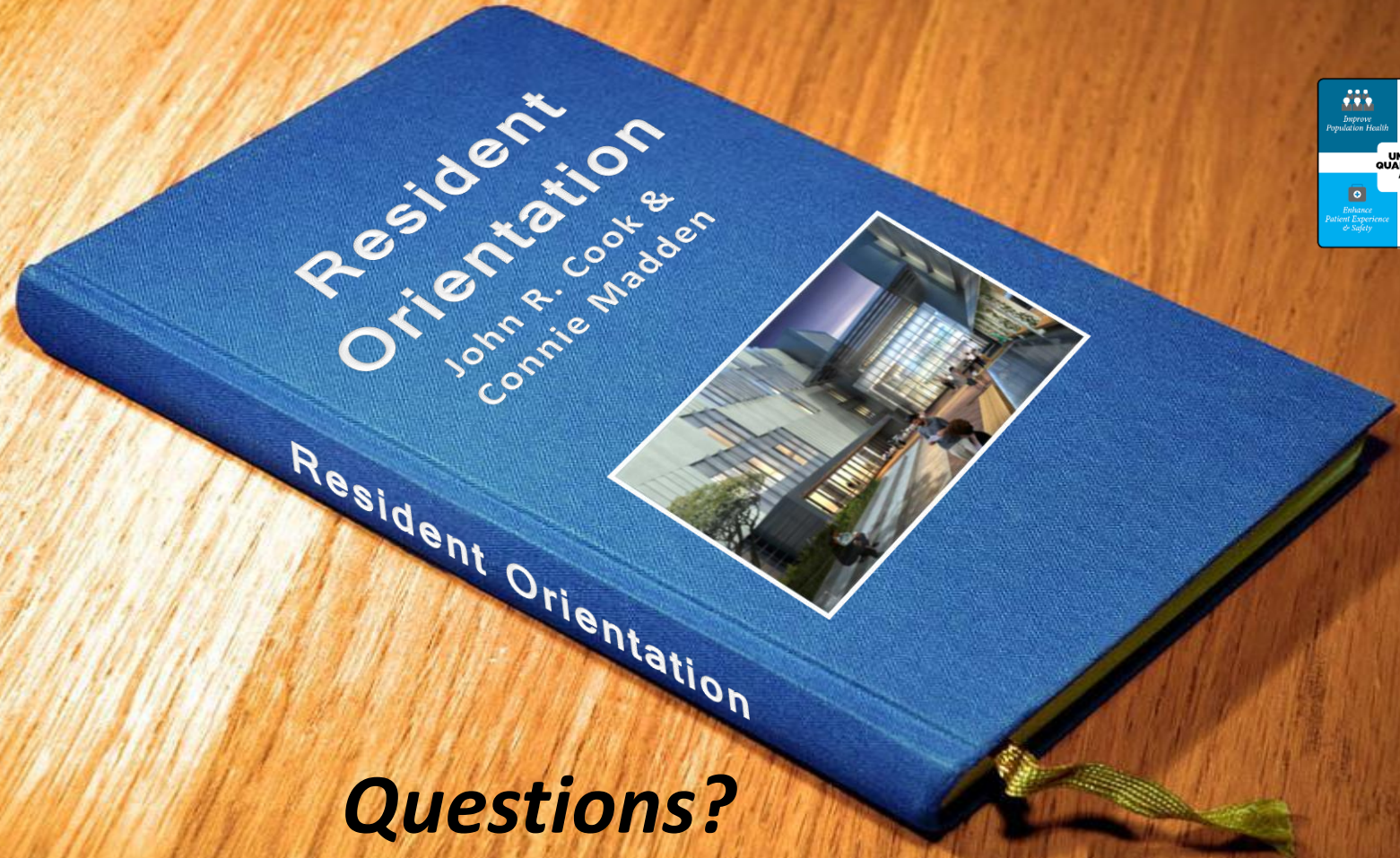
Court

Family

Loco Parentis

Friend

Two Physicians



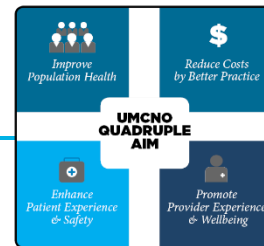
Questions?



HEALTH INFORMATION MANAGEMENT (HIM)

Courtney Hamilton

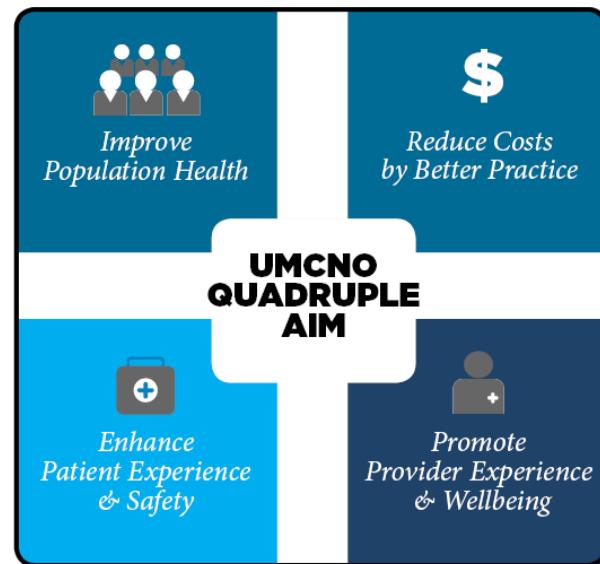
Courtney.Hamilton@lcmchealth.org



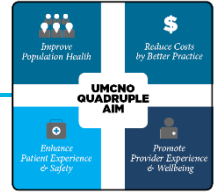
Advancing the Aims:

A Focus on Health Information Management (HIM) and Clinical Documentation Improvement (CDI)

- Validates the good care we give our patients for purposes of recording and sharing the information with the other caregivers and with the patients themselves through tools like “My Chart”
- Helps optimize appropriate level reimbursement

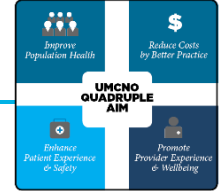


Keys to EMR Documentation



- Dictate reports within 24 hours
- List the Attending Physician
- Sign all dictated reports
- *Do Not* leave incomplete notes in your in basket
- HIM will contact Residents via phone/email regarding deficiencies
 - If no response, Program Director/Chair is notified
- All records must be cleared and signed out with HIM for graduation clearance

Clinical Documentation Improvement (CDI) & Coding



- **ICD-10:**
 - Disease Classification System that has been expanded to include health-related conditions and to provide greater specificity for a given diagnosis, condition, disease and/or surgical procedure
- **HIM Requirements**
 - Check your EPIC in-basket daily
 - Complete all medical records documentation
 - Respond to all CDI/Coding Queries within 48 hours
 - Query Types often sent – blood transfusion, relationship between catheter and UTI, Debridement

HIM/CDI/Coding: Here to Help

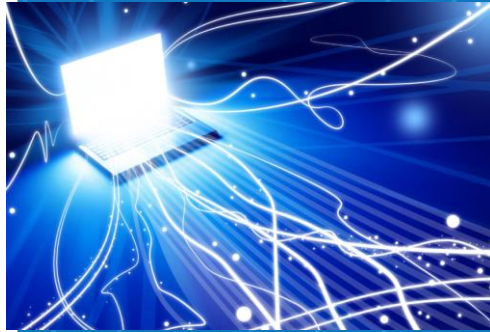
D&T, 5th Floor

Courtney Hamilton

Courtney.Hamilton@lcmchealth.org

702-3569





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MEDICAL CENTER
—NEW ORLEANS
REV. AVERY C. ALEXANDER
ACADEMIC RESEARCH HOSPITAL

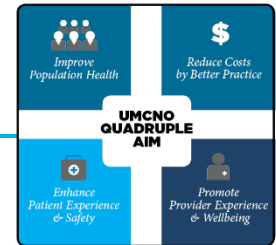
Connect with Us

Mikal St. Angelo

LCMC IT Strategic Partner for UMC

Siona LaFrance

Marketing & Communications



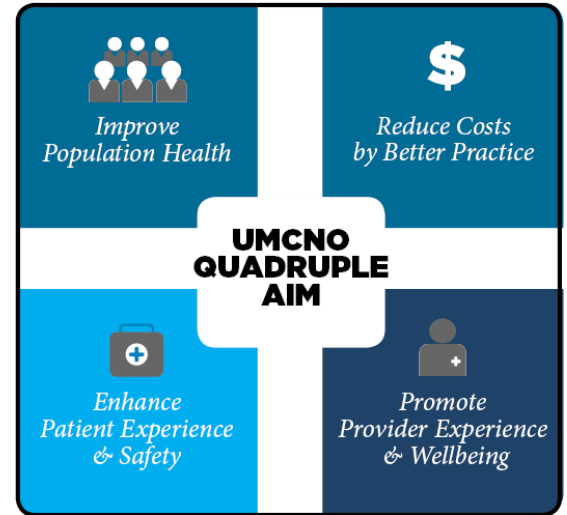
A proud member of

**LCMC
HEALTH**

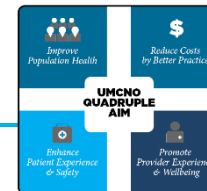
Advancing the Aims:

A Focus on Connectivity and Communications

- Clear and unified communications about the UMCNO mission, vision and brand will strengthen the organization's visibility and reputation in the community
- Connectivity will enhance our engagement and improve and coordinate the care we provide as a health care team



Web and Social Media Channels



UMCNO inTOUCH

Check the UMCNO inTouch intranet site for important information.

WWW.UMCNO.ORG

Check the UMCNO website for updates and information.



FACEBOOK & TWITTER

Become a fan of UMCNO on Facebook or follow UMCNO on Twitter to receive updates and information.

- > facebook.com/umcno
- > twitter.com/umcno



#UMCResident17



Plus: Connect with us on LinkedIn and YouTube!

inTouch: The *Inside* Connection



- For news, information and updates
- Accessible from ANY location
- Routes
 - www.umcno.org
 - For Medical Professionals
 - Resources – UMCNO inTouch
 - Use lcmc credentials to login
 - [eg. sara.resident@lcmchealth.org](mailto:sara.resident@lcmchealth.org) <enter> and EPIC pw
 - UMC/EPIC desktop - inTouch icon. Use lcmc credentials
 - Citrix Desktop through lsuhsc.edu if LSU and off-campus

inTouch: The *Inside* Connection

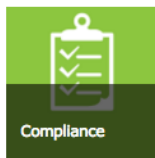
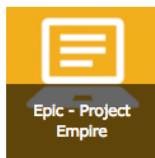


Frequently Requested Info

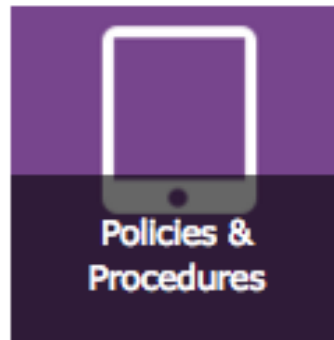
Quick Links

- Key Phone Numbers
- Department Directory
- Epic-Project Empire Timeline
- This Week's Menu
- Shuttle Routes

UMCNO Departments Info



Policy Navigator



Upcoming Events

JUN
15

8:00 am - 1:00 pm UMC Conference Center
Tulane Medicine New Resident Orientation

News You Can Use

FOOD TRUCK THURSDAY!!!
(Outside the cafeteria)

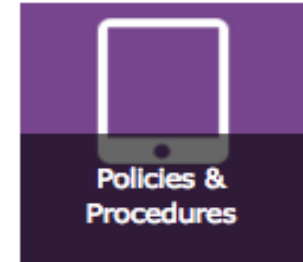


LCMC Health Media Policy



- Guidelines and processes as they relate to media relations at LCMC facilities.
- Applies to ALL employees, medical staff, students, business partners and volunteers at LCMC Health hospitals, facilities and subsidiaries in addressing media inquiries, interview requests, media access to patients, media visits to the facility, and media on-site.

Location: Policy Navigator

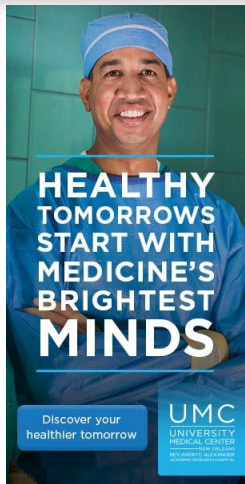


Messaging: Healthy Tomorrows Start Here



At UMC, we are focused on creating healthier tomorrows for our community through:

- Increased Access to Care
- A Commitment to Education
- Excellence
- Innovation



Wi-Fi /Network LOGIN

Tulane

- UMC-STAFF
- Access with LCMCHHealth ID/Password

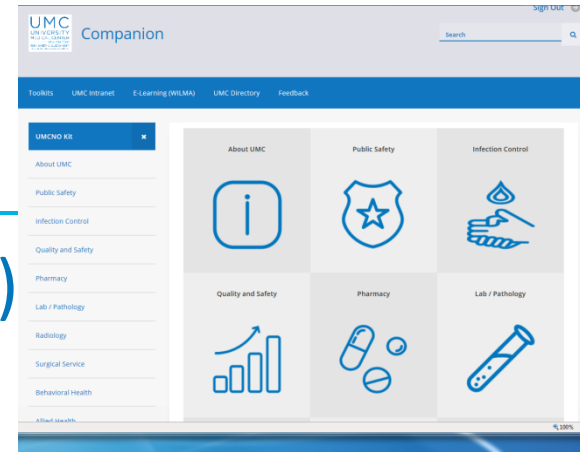
LSU

- LSUHSC-Secure
- Access with LSU ID/Password

- ### Other Wi-Fi
- UMC- Guest is for our patients and their family (frequently recycled so inactive users are released)
 - UMC-Medical is dedicated for medical devices only.

UMCNO Companion App

- Download from iTunes (apple) or Google Play (android)
- Enter lcmchealth user name (annie.intern@lcmchealth.org) and pw
- Download all toolkits
 - Password: *umcno*
- Webversion: <http://companion.umcno.org/umcno-kit/>



Cellular Service at UMCNO

- Cellular Service at UMC is limited in all buildings because the glass is silver coated preventing external signals from penetrating the building.
- A Digital Antennae System (DAS) is being implemented in all areas of UMC. This basically means we will be our own Cell tower and digital signals will be transmitting to all areas.
 - Live by Labor Day.
 - AT&T and Verizon have installed antennae
 - Sprint & T-Mobile have declined to connect to our DAS so their signals will remain weak.



Epic Home Page (from UMCNO In-Touch)

Quick Links

- Key Phone Numbers
- Department Directory
- Epic-Project Empire Timeline**
- This Week's Menu
- Shuttle Routes
- Time and Attendance
- Emergency Preparedness
- LAWSON Portal (IE only)
- Maps
- eLearning (WILMA)
- Facilities Work Order
- Outlook Web App
- LCMC MyInfo
- UMCNO Companion App
- Remote Access
- UMCNO Website

News & Announcements

- 2017 Interns and Residents of the Year**
Congratulations to the 2017 honorees from LSU and Tulane.
- Innovative UMCNO Physicians Sweep Pitch NOLA Living Well Competition**
Competition awarded funding for ideas to make health affordable and accessible for all New Orleanian
- UMCNO Receives Achievement Award for Stroke Care**
Get With The Guidelines Award recognizes commitment to quality stroke care.
- Sign up for Amazon Smile to Benefit Spirit of Charity Foundation**
If you shop online with Amazon you can designate .05% of your purchase toward programs that benefit

Message from Leadership

Epic - Project Empire

Compliance

Policies & Procedures

Quality & Patient Safety

Infection Control

For Medical Staff

Organizational Development

Antimicrobial Stewardship

[View All Announcements](#)



You can do that.

Physicians & Mid-level Providers	Clinicians	Leadership	Support Services
About Empire	Journey Map	Training	Glossary
Go-Live	Materials	Team Resources	FAQs

UMC Go-Live Countdown

177	10	05	32
Days	Hrs.	Min.	Sec.

2017 2018

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Rev Cycle Summit

UMC 6/14

90d 8/2

60d 9/7

30d 10/1

UMC LAK

90d 1/8

60d 2/2

30d 3/1

CHNOLA Touro NOEH & All Clinics

90d 6/20

60d 7/22

30d 8/20

West Jefferson & All Clinics

Adoption

- Direction Session 1 (6/6-8)
- Direction Session 2 (6/27-29)
- Direction Session 3 (7/18-30)
- Adoption Session 1 (8/22-24)
- Adoption Session 2 (10/24-26)
- Adoption Session 3 (12/12-14)

Build Completion Milestones

- Build Bucket 1 (6/27-8/19)
- Build Bucket 2 (8/29-10/21)
- Build Bucket 3 (10/31-12/9)
- Build Bucket 4 (12/19-3/31/18)
- Content Build (2/6-7/21/17)

Testing

- Interface Functional Testing (1/1-6/9)
- Claims Unit Testing (3/10-3/31)
- UMC April Build Package Testing (3/13-3/31)
- General Ledger Testing & Validation (3/13-5/26)
- Charge Trigger Testing (3/13-7/28)
- Interface - Mapped Record Testing (4/3-1/26/18)
- Claims Volume Testing (4/10-6/30)
- Integrated Testing (4/24-7/14)
- Parallel Revenue Cycle Testing (5/29-10/27)
- UMC July Build Package Testing (6/19-7/14)
- Remittance Testing (6/12-8/4)
- Report Testing & Validation (7/24-10/27)

Technical Dress Rehearsal

- UMC Technical Dress Rehearsal (7/17-9/15)
- LAK Technical Dress Rehearsal (7/17-9/15)

Operational KPIs

- Key Performance Indicators action plan in place (6/30)
- Revenue cycle work queue operation cycle identified (8/1)
- Department hardware location validation (7/10)
- Downtime processes verified/signed-off per Dept. (10/1)
- Risk mitigation plans developed for high impact workflows (10/1)
- Cutover activities validated and completed (10/15)

UMC Training

- Super Users & Dept. Mgrs. (9/18-10/1)
- End Users & Physician Personalization Labs (10/2-10/29)
- Super User Refresher & Go-Live Prep (10/30-11/3)

Go-Live 11/4

- Super User Go-Live Support (Full Time) (11/4-18)
- Super User Go-Live Support (Half Time) (11/19-12/2)

Go-Live

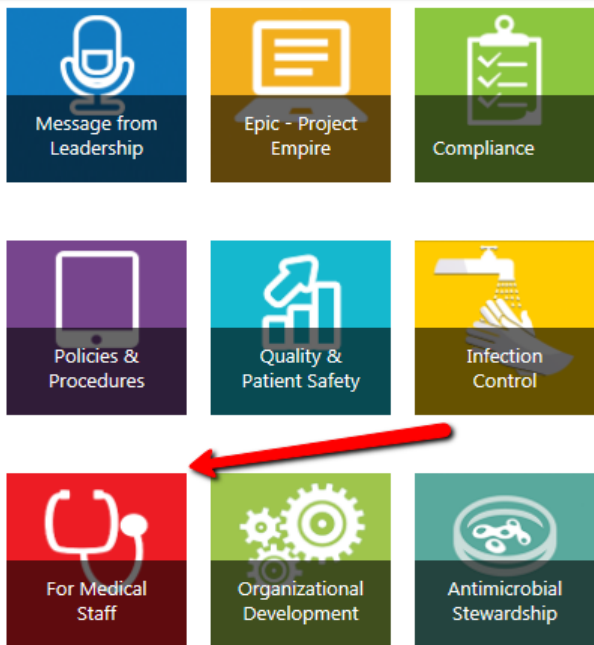
30/60/90 day Go-Live Readiness Assessments

Workflow Walkthrough



Epic Remote Access

In Touch



Medical Staff Services

Medical Staff Services provides credentialing and other assistance for all cred

On-Call Scheduling

Sign in to Amion to see who's on call (login required).

eLearning (Wilma)

eLearning portal and Policy Navigator (login required)

 [VMware Installation Instructions.pdf](#)

Learn how to access Epic remotely using the VMware client

Code Grey

Each School's service area responsible for coverage during a Code Grey activ requirements for Code Grey at UMCNO. The following services will not be in during hurricane season with all information required.

Epic Mobile Platforms

- **Haiku**
 - EpicCare's mobile app for the iPhone® and Droid®.
- **Canto**
 - Mobile app for the iPad®.
- These two apps give clinicians secure and portable access to patient charts from the hospital or home



Haiku Settings

The screenshot shows the Haiku Settings application interface. It is divided into several sections: Connection Settings, Dashboard, and Preferences. The Connection Settings section includes a toggle for HTTPS (ON), a Server field with the value 'Interconnect.lcmchealth.org', and a Path field with the value 'haiku'. The Dashboard section lists four activity slots with their respective settings: Activity Slot 1 (Patients), Activity Slot 2 (Schedule), Activity Slot 3 (In Basket), and Activity Slot 4 (Dictations). The Preferences section includes Initial Patient Activity (Summary), Theme (Blue), and Legal.

Connection Settings

HTTPS ON

Server

Path

Dashboard

Activity Slot 1 Patients >

Activity Slot 2 Schedule >

Activity Slot 3 In Basket >

Activity Slot 4 Dictations >

Preferences

Initial Patient Activity Summary >

Theme Blue >

Legal >

Download and Install the app from either the App Store or the MarketPlace.

Canto is for iPads only.

Haiku is for Android phones and iPhones.

Manually enter the settings shown.

Navigate to the settings screen.

Select Canto/Haiku

Fill out the following settings with the information provided in the e-mail:

a. HTTPS: ON

b. Server: Interconnect.lcmchealth.org

c. Path: haiku

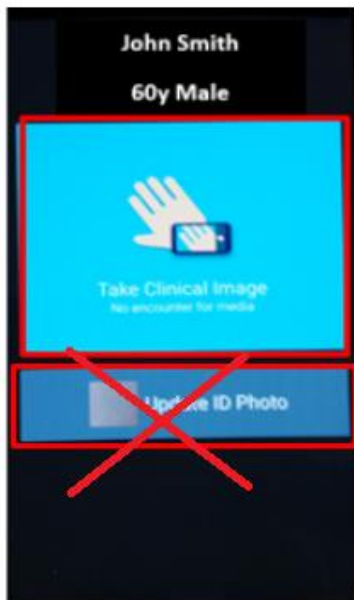
Start Canto/Haiku.

Type in Epic username and password.

example: User ID: jdoe

Once you have completed the installation of Canto/Haiku, call the Help Desk at 702-HELP and request a ticket be opened to grant access to Canto

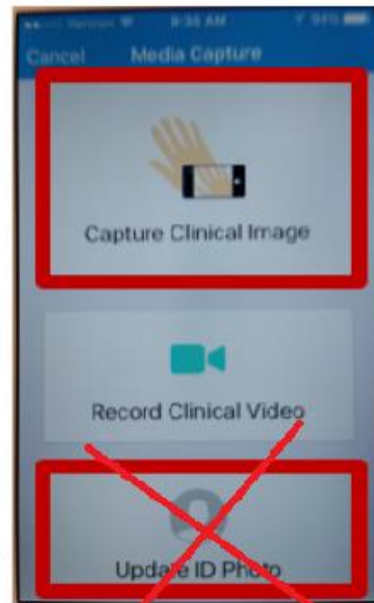
HAIKU Patient Photos (HIPAA COMPLIANT)



ANDROID

TAKE CLINICAL IMAGE: Inserts the image into the patient's encounter. Used when capturing clinically relevant images for that patient visit/encounter.

UPDATE ID PHOTO: Adds the face to the patient header.



IPHONE



NEVER EVER select **UPDATE ID PHOTO** to upload a non-portrait (face photo) of the patient. If you do, the patient's portrait image will be replaced with the clinical image in the patient header as well as in the patient's MyChart account.

Epic Mobile Platforms

- Find patients in the system , Access patient lists, Access your outpatient schedule, Search the database for patients not on your list or schedule.
- Keep up to date on medications, allergies, immunizations, medical history or the problem list
- View reports on inpatient encounters including admission notes, vitals, active orders and discharge.
- Note writing is not available
- Review labs and imaging; and see new or abnormal results immediately
- Read and reply to Staff and Results messages from InBasket



IT: Here to Help



TEAMWORK

We are here to help and support each other.

- Help Desk at 702-HELP
- Mikal St. Angelo
mikal.stangelo@lcmchealth.org
- Change Password using online link:
http://myinfo.lcmchealth.org/Director_yPassword/
- Operator 702-3000
- All Security/Access related issues can be emailed direct to the Provisioning team at Provisioning@lcmchealth.org

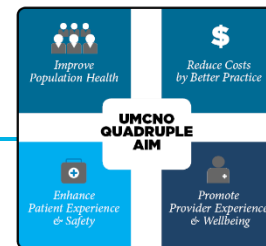
Get Involved

Dr. Kris Coontz T-IM

Dr. Molly Davis T-IM

Dr. Cliff Crutcher L-Neurosurgery

Dr. Anthony DiGiorgio L-Neurosurgery





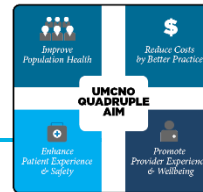
Quality and Safety Collaborative

Focus Areas

- Health Care Quality
- Patient Safety
- Health Disparities
- Inter-professional Communication and Professional Development
- Transitions of Care
- Wellbeing and Resilience



Upcoming Events



July 18

- Talking Quality

UMCNO Conference
Center, 12pm

July 18th

- Narrative Medicine

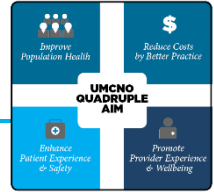
Common Grounds
Coffee House, 7 pm

August 22nd

- SHIP Conference

UMCNO Conference
Center, 12pm

Resident Organizations / Committees



- **SOM**
 - Housestaff Associations (T/L)
 - Resident / Medical School Committees
- **UMCNO**
 - House Officer QI Council (HQVIC)
 - Cliff Crutcher (L), Jon Decuir (L), Catherine Hudson (L), Molly Davis (T) or Katherine Boland (T)
 - SHIP or Working Together conferences
 - Kris Coontz (T) or Amanda Bisset (T) or Shannon Palombo (L)
 - UMCNO Committees – ask Chiefs/GME for nomination

UMC

UNIVERSITY
MEDICAL CENTER

NEW ORLEANS
REV. AVERY C. ALEXANDER
ACADEMIC RESEARCH HOSPITAL

For more information

SHIP: kcoontz@tulane.edu

sberr1@lsuhsc.edu

HQUIC: mdavis28@tulane.edu

ccrutc@lsuhsc.edu

jdecu1@lsuhsc.edu

ctridi@lsuhsc.edu

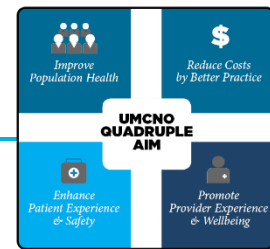
Working Together: abisset@tulane.edu

Narrative medicine: rhammer@tulane.edu

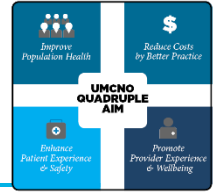


Clinical Learning Environment

Dr. Cathy Lazarus
Dr. Paul Gladden
Dr. Robin McGoey



The UMCNO CLE



- Centers on the ACGME Focus Areas:
 1. Patient Safety
 2. Health Care Quality and Disparities
 3. Care Transitions
 4. Wellbeing, Satisfaction and Teamwork
 5. Professionalism
 6. Accountable Supervision

UMCNO CLE Learning and Living Spaces

- Medical Staff Resource Center: D&T 1st Floor
- GME Classrooms – each floor of each tower
 - See Chief for program assigned classroom
- Resident Lounge – Tower 3, 5th floor
- Resident Lockers – Tower 3, 5th floor
- Resident Call Rooms – Tower 3, 5th floor

UMCNO CLE Nourishment and Wellness

- Cafeteria and Coffee: 630am- 630pm
- Food Truck Thursdays: watch inTouch
- Meal cards
 - Distributed through each program
 - Allocated according to resident assignment at UMCNO
- Yoga Wednesdays and Pilates Thursdays @530
 - BYOM
 - Discounts available on inTouch
- Meditation rooms / Chaplains: Tower 1, Floor 1

UMCNO Resident Parking

- Onsite parking is limited during weekdays
- Tulane
 - Certain rotations and services have parking passes – see Chief
 - TUMC Shuttle (Purple Route) (530a-6p in Summer)
 - Can park at Green Lots (24h access) then UMC Shuttle [Grace's Transportation, 530a-8pm]
- LSU
 - Certain rotations and services have parking passes – see Chief
 - UMC Shuttle [Grace's Transportation] (530a-8p)
 - Roman Street Garage – Public Safety can escort
- Garage Parking Validated: 8pm-8am AND on weekends

UMC/ Tulane Shuttle

530am-6pm-Summer Hours

<http://www2.tulane.edu/universityservices/transportation/upload/Downtown-Med-Loop-Summer-2017.pdf>



THE FOLLOWING STOPS ARE AVAILABLE BY REQUEST ONLY.

DROP OFF: Notify your driver upon entering the vehicle if you require a request-only drop-off.

PICK UP: To schedule a pick-up from a request-only stop, download the free Tapride mobile app or call 504-314-7433.

- **1555 POYDRAS**
Freret Street entrance
- **Louisiana Cancer Research Center**
1700 Tulane Ave.
- **UMC Green Lot #1**
Corner of Perdido St. and S. Johnson St.
- **UMC Green Lot #2**
Corner of Perdido St. and S. Prieur St.
- **Whole Foods Market**
Goldring Center for Culinary Medicine, ReFresh Shopping Center, 300 N. Broad St. Suite 102
- **127 Elk Place**
School of Social Work
- **UMCNO**
South Roman St. entrance ONLY

Tulane Hospital ¹	UMCNO ²	VA Hospital ³	Murphy ⁴	Tidewater ⁵
5:30 AM	5:35 AM	5:36 AM	5:39 AM	5:41 AM
5:55 AM	6:00 AM	6:01 AM	6:04 AM	6:06 AM
6:20 AM	6:25 AM	6:26 AM	6:29 AM	6:31 AM
6:45 AM	6:50 AM	6:51 AM	6:54 AM	6:56 AM
7:10 AM	7:15 AM	7:16 AM	7:19 AM	7:21 AM
7:35 AM	7:40 AM	7:41 AM	7:44 AM	7:46 AM
8:00 AM	8:05 AM	8:06 AM	8:09 AM	8:11 AM
8:25 AM	8:30 AM	8:31 AM	8:34 AM	8:36 AM
8:50 AM	8:55 AM	8:56 AM	8:59 AM	9:01 AM
9:15 AM	9:20 AM	9:21 AM	9:24 AM	9:26 AM
9:40 AM	9:45 AM	9:46 AM	9:49 AM	9:51 AM

DRIVER ON BREAK. SERVICE WILL RESUME AT TULANE HOSPITAL AT 10:45 AM. CALL SHUTTLES & TRANSPORTATION AT (504) 314-7433 IF SERVICE IS NEEDED DURING THIS BREAK.

10:45 AM	10:50 AM	10:51 AM	10:54 AM	10:56 AM
11:10 AM	11:15 AM	11:16 AM	11:19 AM	11:21 AM
11:35 AM	11:40 AM	11:41 AM	11:44 AM	11:46 AM
12:00 PM	12:05 PM	12:06 PM	12:09 PM	12:11 PM
12:25 PM	12:30 PM	12:31 PM	12:34 PM	12:36 PM
12:50 PM	12:55 PM	12:56 PM	12:59 PM	1:01 PM
1:15 PM	1:20 PM	1:21 PM	1:24 PM	1:26 PM
1:40 PM	1:45 PM	1:46 PM	1:49 PM	1:51 PM
2:05 PM	2:10 PM	2:11 PM	2:14 PM	2:16 PM
2:30 PM	2:35 PM	2:36 PM	2:39 PM	2:41 PM
2:55 PM	3:00 PM	3:01 PM	3:04 PM	3:06 PM
3:20 PM	3:25 PM	3:26 PM	3:29 PM	3:31 PM
3:45 PM	3:50 PM	3:51 PM	3:54 PM	3:56 PM
4:10 PM	4:15 PM	4:16 PM	4:19 PM	4:21 PM
4:35 PM	4:40 PM	4:41 PM	4:44 PM	4:46 PM
5:00 PM	5:05 PM	5:06 PM	5:09 PM	5:11 PM
5:25 PM	5:30 PM	5:31 PM	5:34 PM	5:36 PM
5:50 PM	5:55 PM	5:56 PM	5:59 PM	6:00 PM

Monday-Friday 5:30AM-6:00PM

Provides service for the Tulane community from Tulane's medical district to University Medical Center New Orleans (UMCNO), remote UMCNO parking lots, and the VA Hospital.

KEY:

1. Aron Pavilion entrance below skywalk on Tulane Ave. (directly across from medical school entrance)
2. University Medical Center New Orleans, Tulane Ave. and S. Galvez St. entrances
3. Roman St. entrance by request only
4. School of Medicine/ 131 S. Robertson St.
5. Tulane School of Public Health & Tropical Medicine, 1440 Canal St.



Find your ride:
Download the SmartTraxx app for real-time GPS shuttle locations

ID Policy:

Must present a Tulane Splash Card or Loyola Express Card to board

Times:

Posted times are when bus departs from the stop. Please be at stop 5 minutes prior to posted times.



TUPD Rave Guardian:
Download the Rave Guardian app to request a virtual safety escort

TUPD offers personal escorts for on-campus to on-campus or on-campus to off-campus (within a one-mile radius) locations. Call (504) 865-5381 24 hours a day, 7 days a week to request a safety escort.

NO SERVICE ON UNIVERSITY HOLIDAYS

Service disruptions, cancellations, and holidays are posted on shuttles.tulane.edu.
Transportation ALERTS are found on shuttles.tulane.edu

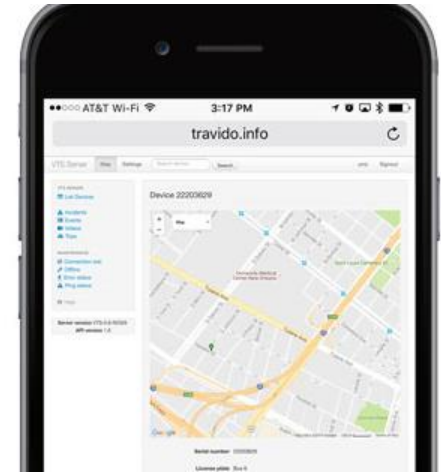
SmartTraxx app
for shuttle tracking



UMC/LSU/Green Lot SHUTTLE APP

<http://lsuh.sc/UMCShuttle>

- Sign in to the application using the following credentials:
 - username: umc
 - password: shuttle1!
- Pinch to zoom in to downtown New Orleans area
- Touch green icon closest to your current location to track shuttle.
 - **Shuttle location should update around every 10 seconds**



For Key Phone Numbers and Resources

inTouch

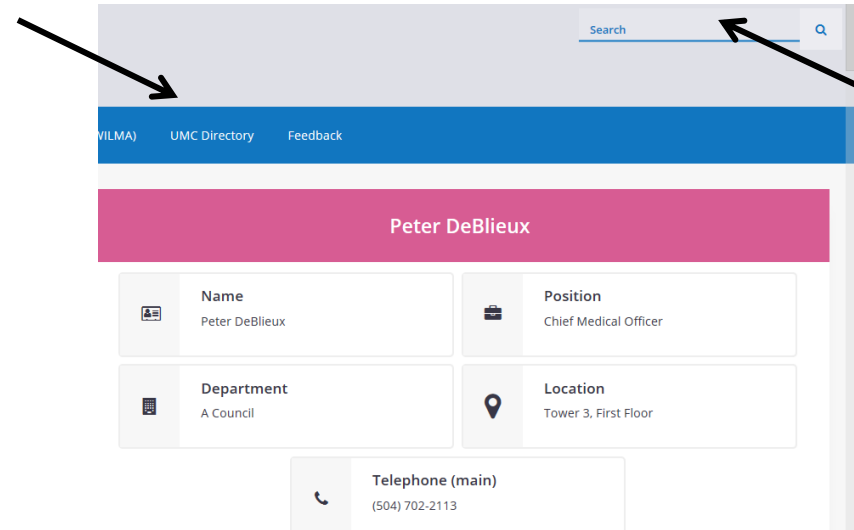


ePRIV (EPIC)

- Under RESOURCES tab
- All Med Staff
- All Contact #s

Companion App

- UMC Directory



Amion Physician Scheduling
See why over 200,000 providers trust their schedules to Amion...

Groups Plan time off, create schedules, trade shifts, page staff, and more! For residents, attendings and other medical providers.

Enterprises Standardize an entire hospital into a single on-call list with paging, last-minute updates & much more!

Special-Day Highlights Some days on the schedule may need extra attention. You can now highlight important events, deadlines and other special dates. Add highlights one day at a time or on a repeating basis...



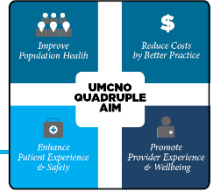
- UMCNO Daily Service (and on call) physician schedules for both LSU and Tulane
- www.amion.com
- EPIC
- inTouch
 - Medical Staff tab
- pw: qualitycare

Resident Recognition



- Speak UP Award- through BSAFE
- Resident/Intern of the Year- through Med Staff
- Quality Champions- through Spirit of Charity / Academic Affairs Office
- Together Making a Difference Awards – through Spirit Committee / Academic Affairs Office

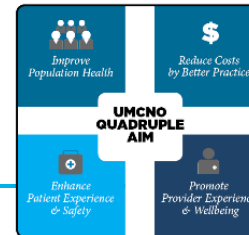
Office of Academic Affairs Tower 3, Floor 1



- Dr. Cathy Lazarus – CAO claza1@lsuhsc.edu
- Dr. Robin McGoey – AAO rmcgoe@lsuhsc.edu
- Dr. Paul Gladden – AAO pgladden@tulane.edu

inTouch- Departments- Academic Affairs
<http://www.umcno.org/academicaffairs>

Session 3



Department	Presenter	Major Aims
Patient Access	Carlene Williams	PSS
Case Management	Connie Brider	IPH, PSS, PWS
Perioperative	C'Lita Lombard	IPH, PSS, PWS

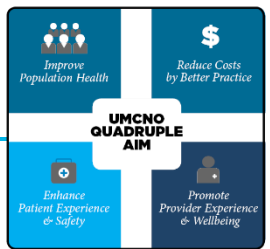


Patient Access

Carlene Williams

Patient Access Manager

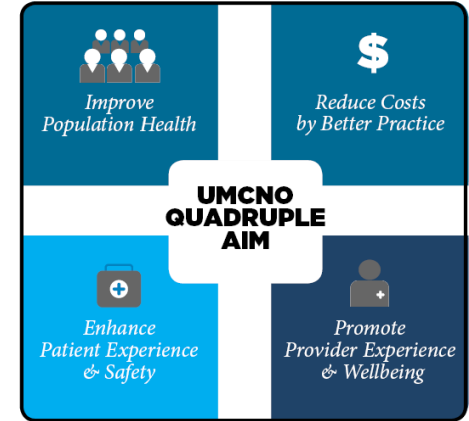
Tower 3, Floor 1



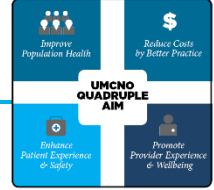
Advancing the Aims:

A Focus on Patient Access

- Enhances patient satisfaction through optimal:
 - registration
 - scheduling
 - insurance verification
 - financial assistance
- Advances responsible stewardship of healthcare costs by attending to each patient's individual financial status
- Improves health outcomes through greater access to care

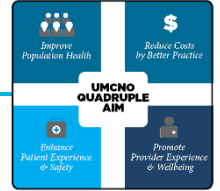


Important Topics to Remember from EPIC Training

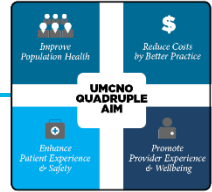


- Schedules
- Visit Events
 - Orders
- In Basket Messages
- Closing Encounters

Check In/Check Out Processes



Financial Counseling Department



- Assists *SELF-PAY* patients in applying for Medicaid and/or financial assistance
- Locations and Hours
 - 1st Floor D&T, next to Registration
 - Monday-Friday 7-4:30pm
 - 5th Floor ACB(Clinic), Section A, behind Registration
 - Monday-Friday 7-3:30pm
- Manager: **Arielle Osei**: 702-2085
- Supervisor: **Stacy Gordon**: 702-2080

Patient Access: Here to Help



- **Appointment Scheduling: 702-5700**
- **Christe Brewton: Patient Access Director: 702-4385**
- **Amy Edwards: Patient Access Manager- Scheduling & Clinics: 702-4944**
- **Carlene Williams: Patient Access Manager- D&T & ED Registration: 702-4916**



Case Management Department

Connie Brider

Connie.Brider@lcmchealth.org



The Patient's Journey:



Admission to Discharge

Case Management (CM)

- We are a safety net hospital
- *Our goal* is to provide effective and timely healthcare in the right setting, at the right time
- *Our challenge* is to be fiscally responsible



Case Management (CM)

- Works diligently for proper patient outcomes and admission/ discharge/ outpatient status for all patients
- Works diligently to attain proper reimbursement for the hospital
- Works with physician partnership to achieve these goals
- Proper documentation is critical

Case Management

The Admission Nurse

**Admit Nurse:
702-2412 / 2414**

- Reviews all patients considered for inpatient admission or outpatient status (called Observation)
- Reviews concurrently 24/7
- Should be called for any clinic patient who requires admit unless patient needs emergency evaluation or treatment
- Patient should meet InterQual/Milliman Criteria

Observation Status Services

- **Services provided by a hospital**
- **Use of a bed**
- **Periodic (at least q 4 hrs) monitoring by staff**
- **Requires physician order that's dated and timed**
- **Reasonable & necessary**
- **Evaluate outpatient condition**
- **Determine need for inpatient admission or discharge**

Observation Status Services

The NonReimbursable Services for the Hospital

- Services that are not reasonable or necessary for diagnosis and treatment
- Services > 30 hrs for Medicaid and > 48 hrs for Medicare
- Pre-procedure prep
- Postoperative monitoring during a standard recovery period (4-6 hours)
- Transfusions of 2 units or less
- Chemotherapy unless deemed IP
- Custodial care
- Services provided for convenience (patient, family or physician)

Outpatient Services

- **Do *not* admit a patient if:**
 - If a patient can be treated in outpatient setting
 - If patient can get a work up in outpatient setting
- If patient needs additional outpatient work up after acute phase has resolved, *discharge* & arrange to have tests or treatment performed in an outpatient setting
 - **When in doubt, call CM Admission Nurses**
702-2412 / 2414

Inpatient Admission

- **Treatment expected to be delivered within 2 midnights**
- **Outpatient treatment has not been effective**
- **Inpatient-only procedure**
- **Continuous monitoring necessary**

Best Practice Guidelines

- Industry Guidelines for determination of Medical Necessity used by payors
 - **Milliman**
 - **InterQual**
- Payors will approve day(s) for patient stay and procedures based on these guidelines
- Medicare & majority of State Medicaid Programs use InterQual for reviews

Clinical Documentation Guidelines

- Admission order: *Observation or Admission*
- Identify: *Admitting Attending Physician*
 - Attending must sign admit order within 24hrs
- Documentation must clearly show *medical necessity of admission including preexisting history and comorbidity* that support examination and treatment at this level.
- Clinical documentation must be submitted to payer (by CM) *by 3 pm* to decrease denials and the need to have Physicians speak with Insurance Medical Director and UMC Medical Director.

***When in
doubt,
call CM
702-
2412/
2414**

Proactive Discharge Planning



- Starts at admission
- Admit orders should state *estimated duration* of admission
- Inform patient & family of 11am discharge time
- Promotes patient and family satisfaction
- Improves outcomes and decreases readmissions
- Reduces LOS, delays & denials

Physicians should discuss the discharge plan with the patient and document the discussion in the chart. This includes caregiver identification and communication.

Discharge Planning

Community Placement Resources

- Home Health Care
- Hospice Care
- Acute Rehab Hospitals
- Long Term Care Hospitals
- Skilled Nursing Home Facilities

***We need Orders and time to place referrals**

***CM can help. CM Office: 702-4114**

Case Management SW

brings knowledge & skills to the process of
discharge planning

- CM can't fix the community resources & societal problems (poverty, hunger, homelessness, lack of facilities in outlying areas)
- CM can assist in finding available resources
- CM can't hand out checks, Medicaid cards, have free apartments, free drugs, free sitters
- *CM can, many times, pull a rabbit out of a hat*



Discharge Planning

Team work

- Case Management teams on the floors or the units include a RN & a Licensed Social Worker
- The patient's team, MD, Rehab, Nurses, Nutritionists, Respiratory, Wound Care.....
- Everyone collaborating and communicating a consistent and appropriate care plan message to the patient and the family and caregiver(s)

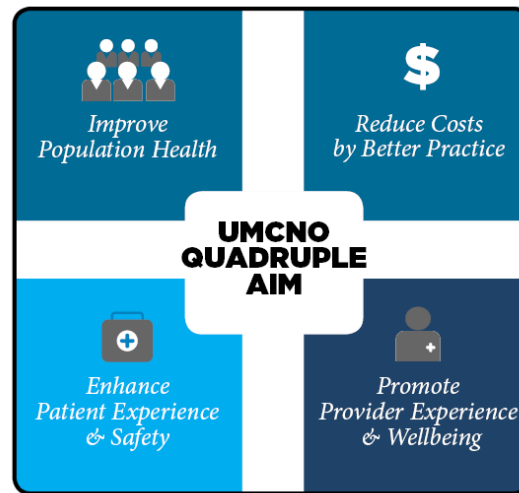
Peri-operative and Anesthesia Services

C'Lita Henry-Lombard



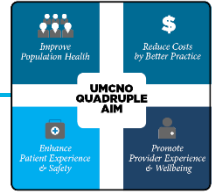
Advancing the Aims: *A Focus on Peri-Operative Care*

- Enhances the patient experience and optimizes the surgical outcomes of our patients



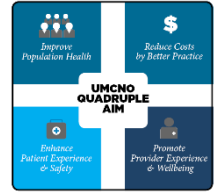
Perioperative and Anesthesia Services

Top Resident Topics



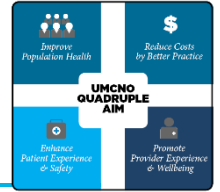
- Case Requests/Case Classification
- Block Time
- PAT process
- Resident Responsibilities
- Surgical Attire
- Room 4
- Code Blue
- Airway Assistance
- Line placement

Case Requests

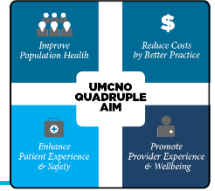


- Cases must be requested (booked) in EPIC; should be confirmed from the depot
 - *Procedures will not be *moved to the schedule* until insurance has been addressed AND the patient is medically/clinically prepared
- Orders are to accompany case requests
 - Labs, Tests, Clearances
 - Bowel prep
 - Antibiotics
 - Medication instructions (BP, DM, Blood thinners, etc)

Case Classification



- Emergent:
 - Patient is at risk of losing life or limb
 - Complete ASAP
 - *Must indicate EMERGENT when booking
 - *Must notify OR Desk
- Urgent:
 - Complete within 24 hours
- Elective:
 - When the patient is optimized



Urgent Procedures

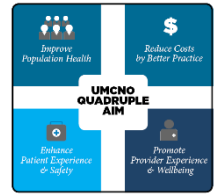
- May be scheduled in Acute Care Service ORs, when available
- * Indicate need for ACS Room in the “comment” section when scheduling

11/27/2016	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available ACS OR #1 hours	1100-1900	0700-1500	0700-1500	0700-1500	0700-1500	0700-0659	0700-0659
Available ACS OR #2 hours	0700-1500	0700-1500	0700-1500	0700-1500	0700-1500 (weeks 1/2/3/4)	0700-1900	0700-1900

Direct Admit - Emergent/Urgent:

- Call 702-2414 or 702-2412 to report patient's specific needs
- **Admit Nurse** will give instructions
- A note must be in the chart with details about clinical need for the procedure
 - * This does not apply to emergency procedures; they will be handled as all other Emergencies are handled in the ED

Block Time

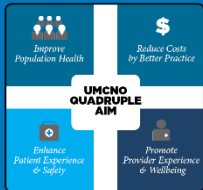


- Elective cases must be booked via case request *at least 3 working days* prior to planned procedure (by 12 noon) → *robotic 10 working days*
- Unclaimed assigned priority time will become available as open time at 12 noon the day prior to the procedure
- Remain aware of Block Time
- Don't overschedule; don't post Offenders as first cases
 - *Procedures will not be *moved to the schedule* until insurance has been addressed AND the patient is medically/clinically prepared

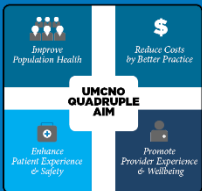
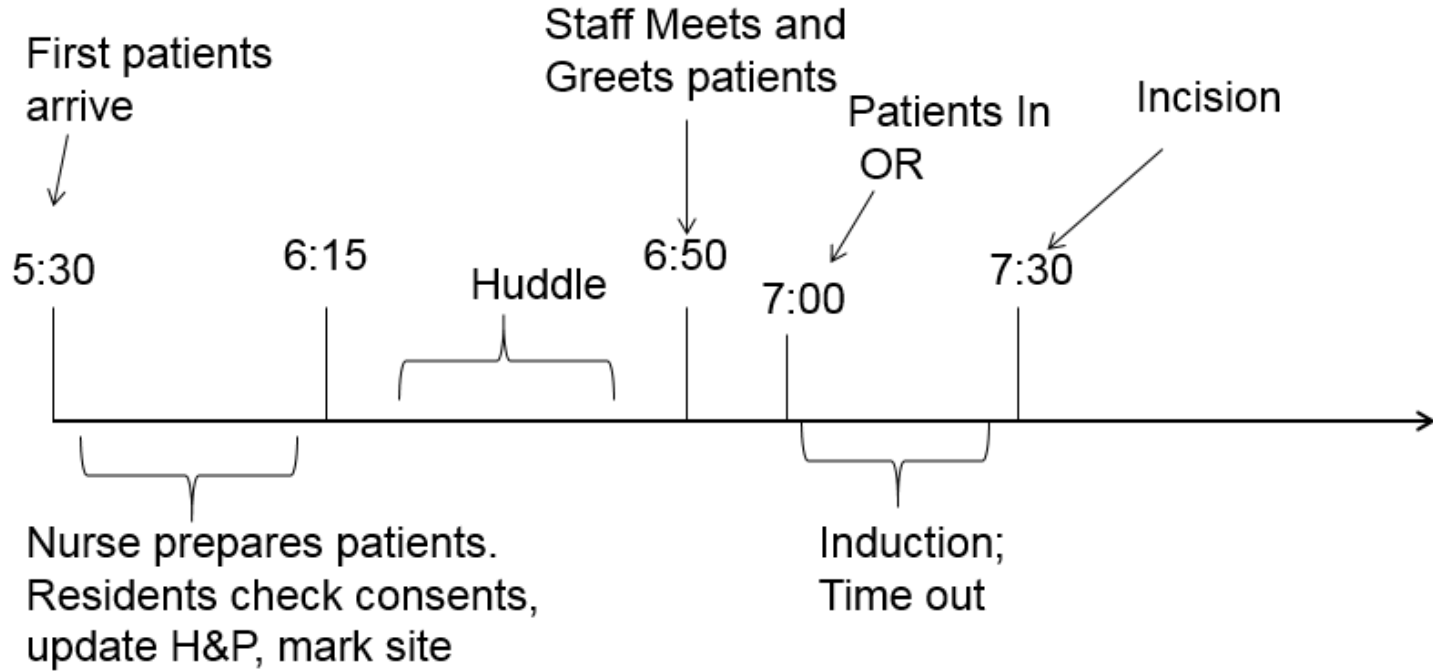
Pre-Admit Testing (PAT) Process

Outpatients ONLY

- Hours of operation: Monday – Friday (excluding holidays)
7:30 am – 4:00 pm
- Patients seen by scheduled appointments
- Appointments are scheduled via EPIC by Patient Access or by contacting PAT Clinic at 702-4913
- Walk-in appointments allowed with approval from Anesthesia Director
- Procedures for Offenders are referred to DOC for approval
If necessary, a PAT visit may be scheduled; dial 702-4907
- Phone interviews may be conducted, when deemed appropriate and necessary by the Anesthesia Department



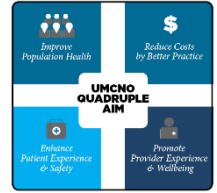
Resident Responsibilities: Day of Surgery



Surgical Attire

- Only hospital laundered green scrubs are allowed
- Hospital picture identification cards are to be worn at all times while on hospital premises
- Masks must be on *or* off; not dangling
- All hair must be covered at all times while in surgical suites with a **disposable bouffant cap**
- Protective eyewear is **mandatory for scrubbed personnel** and for all other personnel with potential for blood and body fluid splash risk in the restricted zone

Requests for Anesthesia Services

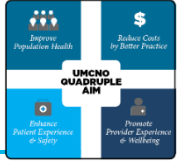


- If a Patient requires sedation/anesthesia for testing (MRI, CTs, etc)
 - Sedation RNs are able to sedate/monitor
 - If an anesthetic is required, call the OR Desk at 702-3234/3355 to schedule/book AND call anesthesia at 702-2662
 - Anesthesia providers assigned based on acuity, as well as, the required Department's availability
 - Place a "consult" in EPIC with pertinent details

OR Desk:
702-3234
702-3355

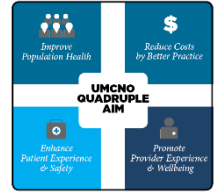
Anesthesia:
702-2662

Room 4 – Trauma Activations

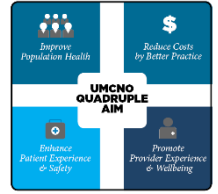


- Anesthesia responds to all Room 4 Activations
 - *Upon arrival, anesthesia awaits a request to assist with the airway*
- Anesthesia does *NOT* respond to “Trauma Bay” activations

Code Blue



- Anesthesia responds to all Code Blues
 - *Upon arrival, anesthesia assumes responsibility for the airway*
- CRNAs are not permitted to “oversee” non-anesthesia provider’s management of an airway
- Anesthesia does *NOT* respond to calls for “Rapid Response”



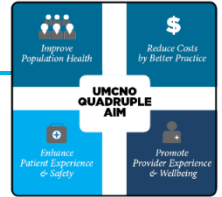
Airway Assistance Outside the ED

- Critical Care attending physicians have access to RSI medications via Omnicell
 - Anesthesia will *not* provide RSI meds for other disciplines
 - Call Pharmacy if medications are needed
- Alert anesthesia at 702-2663 if assistance needed for actual or impending airway needs
 - Clearly communicate the need: *Urgent* or *Elective*
 - *Upon arrival, anesthesia will assume responsibility for airway*
 - CRNAs are not permitted to “oversee” non-anesthesia provider’s management of an airway

Line Placement

- In-house Surgical/Procedural patients **all require IV access** prior to surgery/procedure
- Ensure that patients have appropriate and patent IV access
- Central Lines are preferred for large / difficult PIV patients
 - Consider central lines for:
 - Cardiothoracic
 - Neuro
 - Orthopedic
 - Trauma

Perioperative and Anesthesia Services: Here to Help



- PAT/Anesthesia Director:
 - C'Lita Henry-Lombard, CRNA, DNAP, MBA
 - 504-702-2665
- OR Hospital Center Director:
 - Paul Gladden, MD
 - 504-810-0325

Thank you for your attention!
Welcome to the UMCNO Team!