Other Provider Resources for Banner Del E. Webb Medical Center

Specialty consultations

Consultation is encouraged for those patients whose medical issue is not within the scope of the attending physician. To verify that providers are contacted in a timely manner and information is shared after consultation, the following process is expected:

- **Only the attending physician can request a consult**. If a consultant feels other expertise is needed, the consultant can recommend a second consultation to the attending physician either through direct communication. A consultant may not order another consultation except in emergent situations. This will improve coordination of care.

- **When a consultation is required, the attending physician will place an order and include a telephone number and a preference for texting or phoning for the consultant to contact the attending physician**. The attending physician may contact the consultant directly at his/her option, but the order for consult should still be entered. The request for consultation is not considered complete until the attending physician and consultant have directly communicated.

To facilitate physician to physician communication, the Medical Executive Committee recommends that physicians share their cell phone numbers and indicate their preference for texting or phoning. Medical Staff Services can assist with this. Please contact Medical Staff Services at **(623) 524-4010** for a list of consulting physicians and their contact preferences.

- **Consultation must be rendered and electronically recorded or dictated within 24 hours of notification**.

In each case, the attending physician is responsible for making sure the consultant is contacted in a timely manner, with appropriate patient information including reason, urgency, and contact information for the attending physician. The attending physician should directly communicate with the consultant whenever possible.

When the consultation has been performed, the consultant must directly communicate with the attending physician, as well as document the consultation in the electronic medical record.

Looking to be added to our Physician Referral program? Register right now to be a part of our 230-CARE physician referral database.

Infection Prevention

Our Infection Prevention team wants to alert you to important information on infection prevention in the hospital.

Comply with Standard Precautions

The Center for Disease Control's Standard Precaution procedures apply to all patients and clinical staff at all times at Banner Del E. Webb Medical Center. This evidence-based practice was designed to protect health care workers from exposure to blood borne pathogen and to protect other patients from exposure.

- Hand Hygiene
    - Perform before entry into the room and upon exiting (Gel in / Gel Out)
    - Perform before and after any patient contact. (Gel in / Gel Out)
    - Perform prior to and after the use of gloves, mask, eye protection, or gown (PPE)

- o After touching contaminated surfaces
- o Hand washing with soap and water required for
  - ▪ Clostridium difficile patients
  - ▪ Visibly soiled hands
- Assume all patients are potentially infectious, wearing PPE (gloves, mask, eye protection, and gown) appropriate for the task being performed
- Practice sharps safety
  - o Do not bend needles
  - o Do not recap contaminated needles.
  - o Use needleless or safety devices whenever possible
    - ▪ Do not break off protective device on needles
    - ▪ Make sure to activate the device before placing in sharps container
  - o Wear surgical mask when doing lumbar punctures.

Cover your Cough

- Respiratory Hygiene at all times. Cover your cough and sneezes with a tissue or the bend of your arm - never your hand.
- If you are sick with fever and cough, stay home. We do not want to share the flu with our patients and coworkers.

Comply with Transmission Based Precautions (in addition to Standard Precautions)

- Contact Precautions: Spread by Direct/indirect Contact (Multiple Drug Resistant Organisms (MDROs) such as MRSA, VRE, ESBL, Acinetobacter, C. difficile, etc.)
  - o Put on gown and gloves when entering the patient room, even if you do not think you will touch the patient.
  - o Dedicated equipment stays in patient's isolation room. Any item leaving an isolation room must be disinfected. *Reminder: This includes a stethoscope.*
  - o Contact Precautions will be automatically initiated for:
    - ▪ Patients identified with MDROs and C.diff.
    - ▪ Patients with a 6-month history of MRSA or a 2-year history of VRE (Infection or Colonization).
  - o Discontinuing Contact Precautions for patients with MDRO's is strongly discouraged. Contact your facility Infection Prevention and Control Department for guidance.
- Droplet Precautions: Spread by droplets within 3-6 feet around the patient (Influenza, Meningitis, Pertussis, etc.
  - o Don a regular surgical mask as you enter the room
- Airborne Precautions: spread in air currents (suspect Tuberculosis, chickenpox, disseminated Zoster, etc.)
  - o Wear fit tested N-95 respirator mask or PAPR
  - o Patients must be in a negative pressure room and door must remain closed at all times

Comply with the Central Line Associated Blood Stream Infection (CLABSI) Prevention Bundle

CLABSIs are associated with increased length of stay for our patients.

- Use BH catheter insertion checklist and an all inclusive standardized catheter cart or kit.
  - o Use large sterile drape to cover head and body
  - o Person performing procedure wears sterile gown, sterile gloves, mask and cap.
  - o All persons in the room must wear cap and mask.
- Scrub insertion site with Chlorhexidine-based product or age appropriate product and allow to dry.
- Perform daily assessment of necessity of the line.
- Avoid using the femoral site in adults.

Comply with the Prevention of Urinary Tract Infection Guidelines (CAUTIs)

- Limit the use and duration of catheters to situations necessary for patient care.
- The use of indwelling urinary catheters should be limited to the following indications:
    - Urinary retention, acute or chronic, where clean intermittent catheterization is not feasible.
    - Close monitoring of urine output in critically ill, incontinent, or uncooperative patients.
    - Fluid challenge in patients with acute renal insufficiency.
    - Perioperative use for patients having gynecological, urological or perineal procedures.
    - Urinary incontinence posing a risk to patient, including sacral or perineal pressure ulcer, or contamination of recent surgical site.
    - Patient requires prolonged immobilization, comfort care in terminally ill patients.
    - Physicians must document an order and indication for placement of an indwelling urinary catheter.
    - Perform daily assessment for urinary catheter necessity. If catheter is left in, a daily order for continuation is required.

Prevent Surgical Site Infection (SSI)

- Administer prophylactic antibiotics within 1 hour prior to incision (2 hours for vancomycin and fluoroquinolones).
- Select the antibiotic based on the surgical procedure, the most common pathogens for a procedure, and published recommendations.
- Discontinue prophylactic antibiotics within 24 hours after surgery (48 hours for cardiac surgery).
- Do not remove hair at the operative site, unless it will interfere with the procedure. If necessary, remove by clipping. Do not use razors.
- Control blood glucose levels during the perioperative period for patients undergoing cardiac surgery.
- Perform optimal preparation and disinfection of the operative site and hands of surgical team members.
- Adhere to standard principles of operating room asepsis, including minimizing operating room traffic.
- Sterilize all surgical equipment according to published guidelines; minimize the use of flash sterilization.

Patient and Self Protection

- Make sure your immunizations are up to date: influenza, Hepatitis B, MMR, Tdap, Varicella
- Report exposures to blood and body fluids or infectious disease to the department supervisor or charge person as soon as the exposure happens
- Self furlough if suspect of having an infectious disease or condition.

Know your Resources

- You can reach the Infection Prevention team by calling **(623) 524-4452**.
- Look for the Infection Prevention page on the Employee Intranet
- Review all Infection Prevention Policies and Procedures on the Employee Intranet, under Policies and Procedures

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Banner Del E. Webb Laboratory

The Banner Del E. Webb Laboratory is a modern clinical laboratory with a full complement of state-of-the-art analytical equipment and qualified personnel.

- Our Laboratory team includes five pathologists and 29 technologists who help perform testing services 24 hours a day, seven days a week.

The pathologists belong to a network of 60 pathologists/PhDs, with expertise in all pathology subspecialties including Hematopathology, Cytology, Pediatrics, Dermatology, Gastrointestinal, GU, Gynecology, Breast, Lung, Microbiology, Chemistry, Hematology and Coagulation.
- Banner Del E. Webb's Laboratory provides the comprehensive testing, clinical information reporting, and customer service that you need to ensure the best care for your patients.
- The Banner Health intranet has a link "Laboratory Test List", which provides Banner Del E. Webb site-specific test information including critical values, reflex testing, specimen collection, instructions for microbiology testing and the ability to look up information on specific tests.
- Our commitment to quality assurance and continual improvement provides you with reliable test results that you can trust.

Security

Banner Del E. Webb Medical Center is dedicated to establishing and maintaining a safe and secure environment in which to work and receive care. All providers are encouraged to be security-conscious while at work, and helping to maintain a safe environment is the responsibility of every provider

If you witness any suspicious behavior or if you or someone else is a victim of a crime, we ask that you report it immediately to Banner Security by calling the dispatch and asking for security - (623) 524-4000.

What is a provider's role during disasters?
The medical staff leaders assist with identifying volunteer providers as necessary, and provide oversight of the professional performance of volunteer practitioners who receive disaster privileges through:

- Direct observation
- Dentoring
- Clinical record review

Emergency Codes
To report an emergency call the hospital operator at 1-6666. Below is a summary of emergency codes and response procedures. More detailed information regarding emergency codes and hospital disaster response plans can be located on the Banner Estrella's Disaster Response website.

Fire Response
A "Code Red" is initiated anytime there is a fire, smoke or the smell of something burning. When the fire alarm or the overhead paging system announces "Code Red" utilize the RACE acronym. RACE stands for:

- Rescue those in immediate danger
- Alarm by activating the nearest fire alarm pull station and dialing 1-6666.
- Contain the fire by closing all doors and windows to prevent the spread of smoke and fire.
- Extinguish the fire if safe to do so, otherwise evacuate
  In addition, it's important that all providers know how to use a fire extinguisher.

Use the PASS acronym

- Pull the pin
- Aim at base of fire
- Squeeze the handle
- Sweep back and forth

Medical gas shutoff valve locations vary depending on department, but are labeled and typically located in corridors/hallways. Under authorization of the House Supervisor, Facilities and Respiratory Services are the only departments permitted to shut off medical gas valves.

Hazardous Material Spill
A Code Orange is announced overhead when there is a chemical spill that requires a response by trained staff. If there is a chemical spill in your immediate area the following actions should be taken:

- Isolate and contain the spill to smallest area possible.
- Evacuate persons from the immediate area, if possible.
- Call the emergency number 1-6666.
- Trained hospital staff will respond with the proper spill kit and the appropriate personal protective equipment.

Information on hazardous chemicals can be located using the Banner Health Safety Data Sheet (SDS) application.

Bomb Threat or Suspicious Package
A Code Yellow is initiated when the hospital has received a bomb threat. The threat may be by telephone, mail, or in-person. The initial response is called a phase 1 "search" response. During the search phase the entire hospital is searched. Each department is responsible for searching their own department. If you find a suspicious package do not touch it or move it and immediately notify Security.

If any suspicious packages or devices are located the hospital will activate a phase 2 "found" response. During the found response the hospital incident commander, in conjunction with police department, will determine the level of evacuation.

If you receive a call from anyone that claims a bomb or explosive device may be located in the hospital, take the following actions:

- Do NOT interrupt the caller.
- Gather as much information from the caller as possible.
- When you finish the phone call, immediately call 1-6666.

Infant/Child Abduction
A Code Pink is initiated when there is suspected or actual infant/child abduction. You will hear Code Pink paged overhead. When a Code Pink is paged, specific staff is assigned to secure hospital exit doors. All individuals, including staff, will be questioned and potentially searched prior to leaving the building. Any person carrying a package large enough to conceal an infant/child must be searched. At no time are you expected to confront a suspected abductor, but you may be expected to describe the individual(s) who are acting in a suspicious manner and notify Security.

If you discover or suspect that an infant has been abducted, call 1-6666 immediately to activate a Code Pink.

Disruptive Person
A Code Gray may be initiated for any violent or disruptive activity likely to cause injury or damage to persons or property. If you encounter a violent or disruptive person remain calm and summon help from staff in your immediate area. Have someone call 1-6666 to have a Code Gray paged overhead. Security and trained staff will respond and deescalate the situation.

Disruptive Person with a Deadly Weapon
A "Code Gray Level 2" involves a person who is armed with a deadly weapon. A deadly weapon means a gun or knife. This could be an Active Shooter Situation, someone carrying the weapon in his/her hand rather than in a holster, or an armed person engaging in criminal activity.

Please take 5 minutes to watch the "Surviving An Active Shooter Event" video from the Arizona Counter Terrorism Information Center. The video demonstrates how to respond when an Active Shooter is in your vicinity, and how to quickly determine the most reasonable way to protect your own life.

For additional information regarding Security & Safety programs, please call (623) 524-4000.and ask for Security.

Technology

Electronic Medical Record and Computer Physician Order Entry

Banner Del E. Webb Medical Center and Banner Health hospitals utilize Electronic Medical Records (EMR) and Computer Physician Order Entry (CPOE) for all patient records. Providers enter patient orders into computer systems; nurses follow patient care via computer, tests are ordered and results are shared in the computer system. Banner Health has been recognized nationally as a pioneer in the use of electronic medical records.

Electronic Medical Record use in Banner Del E. Webb Main OR
As part of Banner Health's effort to continually improve patient safety, Banner Del E. Webb has added the Cerner Surgical Anesthesia Module to the electronic medical record system.

Banner Health currently uses a Cerner electronic medical record system, called PowerChart for all provider documentation with the exception of anesthesiology.

With the addition of the anesthesia module, all physicians can view anesthesia documentation in digital form versus having to pull up scanned, handwritten paper documentation within PowerChart. Anesthesia documentation will be entered directly into the EMR; automatically populating the patient record.

You are required to schedule your computer software training by calling (480) 684-7990.

- For technical assistance with the Electronic Medical Record and CPOE, contact the Clinical Informatics Coordinator at Banner Del E. Webb by calling the operator at **(623) 524-4000** and asking for the Clinical Informatics Coordinator. The Clinical Informatics Coordinator will provide you one-on-one training per your specialty and patient needs.
- For assistance with the Electronic Medical Record and CPOE, contact clinical Informatics by calling (602) 747-4444, 24 hours a day.

Peribirth
If working with the Women and Infants Services department, you will also be expected to be familiar PeriCalm and PeriBirth.

It is recommended all providers complete their computer training session prior to Medical Staff appointment to avoid delays in exercising privileges as it may take several business days to obtain sign-on credentials. Training can take anywhere from four to five hours.

Clinical Connectivity
For the most user-friendly opportunity, Banner also offers Clinical Connectivity, which is designed so providers, office staff and health insurance staff can access clinical information quickly, easily, and on their own schedule. Access Clinical Connectivity Internet Portal to review it today.

Vocera
Vocera is a communication tool that allows providers to instantly connect with patients, case management and other

facility personnel utilizing only one phone call. This "walkie-talkie" like system is a hands-free speaker that is worn by nurses and hospital personnel for ease of instant communication.

To reach personnel in the hospital, dial **(623) 832-7979**, and ask for the person by name or by position (aka "Betty Jones" or "Case Management". The system will repeat your request and make the connection to the correct person for immediate consultation.