# PHYSICIAN'S ASSISTANT STUDENT APPLICATION FOR RIGHTS WHILE IN TRAINING AT BATON ROUGE GENERAL MEDICAL CENTER

| IDENTIFYING INFORMATION (please print clearly) |                |                               | Date:              |   |  |  |
|--|----------------|-------------------------------|--------------------|---|--|--|
| Last Name                                      | First Nam      | e M.                          | I. Maiden Na       | ame   |  |  |
|  |                | □M□F                          |                    |   |  |  |
| Birthplace                                     | D.O.B.         | Sex                           | Social Security Nu | mber  |  |  |
| Home Address                                   | City           | State Zip                     | Telephone #,       | Pager# & Cell#  |  |  |
| □ M □ S □ W □ D                                |                |                               |                    |   |  |  |
| Marital Status                                 | Name of Spouse | E-mail Address                |                    |   |  |  |
| College Attended                               |                | Date of Graduation/Degree     |                    |   |  |  |
| Dates of Rotation: beginning                   | gending        |                               |                    |   |  |  |
| Signature of Attending Phys                    | ician          |                               |                    |   |  |  |
|  | In Case of Em  | ergency Contac                | t:                 |   |  |  |
| Name   |                | Relationship Telephone Number |                    | Number  |  |  |
| Address  |                | City                          | State              | Zip   |  |  |
| Signature of PA Student                        |                |                               |                    |   |  |  |
| LICENSE INFORMATION (att                       | ach copy)      |                               |                    |   |  |  |
| Louisiana License #                            |                | Date of Expiration            |                    |   |  |  |
|  |                |                               |                    | PARAGRAPH A STATE OF THE STATE |  |  |
| Marathara I (1985) and a                       |                |                               |                    |   |  |  |
| Medical Director<br>Graduate Medical Education |                |                               |                    |   |  |  |

BATON ROUGE GENERAL MEDICAL CENTER ● 3600 FLORIDA BLVD. ● BATON ROUGE, LA 70806 OFFICE OF GRADUATE MEDICAL EDUCATION ● phone (225) 387-7707 ● fax (225) 387-7872

Baton Rouge General Medical Center

### **GENERAL HEALTH SYSTEM**

## Medical Education and Research **IMMUNIZATION STATUS REPORT**

# (Return to GME Department)

| Name:   |   |                    |        |                 |
|---|---|--------------------|--------|-----------------|
| Social Security #: DOB:   |   |                    |        |                 |
| Training Program:   | Level                                     | Level of Training: |        |                 |
| Date of your last TB skin test:<br>Have you ever had a previous rea   | action to a TB sk                         |                    | □Yes   | □ <sub>No</sub> |
| <ul> <li>Have you ever had:</li> <li>German Measles</li> <li>Chicken Pox</li> <li>Mumps</li> <li>Red Measles</li> <li>Hepatitis B</li> <li>Hepatitis B Vaccine series Date:</li> <li>Was your Hep B antibody titer cholls of the positive?</li> </ul> | ☐ Yes |                    | _      |                 |
| Have you been vaccinated for MN   | MR since 1979?                            | □ Y€               | es 🗖 l | No              |
| Approximate date of your last Td  | booster:                                  |                    |        |                 |
| Signature:  |   |                    |        |                 |
| Date:   |   |                    |        |                 |
|   |   |                    |        |                 |

### GENERAL HEALTH SYSTEM

#### NON-WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT

I, the undersigned, understand that, although I am not a member of the workforce of General Health System, ("General Health"), I may acquire certain information during my visit at General Health facilities that constitutes information that must be kept confidential. I understand that General Health's patients expect confidential treatment of their medical information and other protected health information. I understand that I may have access to confidential medical, financial, and proprietary operational information pertaining to General Health, its patients, or other persons.

I agree that I will not disclose confidential medical, financial, operational, or personnel related information to any person, corporation or entity unless General Health expressly permits it or unless required by law or legal process. Any disclosure made will be reported immediately to the General Health System Privacy Officer. Confidential information includes, but is not limited to, information relating to any and all medical treatment or protected health information of persons at General Health or affiliated companies, or anyone whose records are obtained by General Health in the course of treating a patient. I agree to treat all financial information as confidential unless I receive explicit instructions to disclose it. I agree that I will not disclose any confidential information of General Health after termination of my relationship with General Health, regardless of the circumstances of the end of my services with General Health, unless I have received prior permission in writing from General Health.

I understand that my entering this agreement is a condition of my continued relationship with General Health and its affiliates.

|            | / /                         |
|------------|-----------------------------|
| Signature  | Date                        |
|            |                             |
|            |                             |
|            |                             |
|            |                             |
| Print Name | Company Name or Affiliation |

# Baton Rouge General Orientation/On-Going Education

#### **Our Vision:**

We will be the region's hospital of choice.

#### **Our Mission:**

Improving lives and strengthening our community by providing exceptional healthcare.

#### **Our Values:**

Caring Excellence Service Integrity

#### Confidentiality:

BRGMC recognizes the important need to maintain patient and other information in a confidential manner. The BRGMC shall protect the privacy of medical records and other individually identified personal health information as required by the Health Insurance Portability and Accountability Act. As such, patient information will not be shared in an unauthorized manner, and sensitive information concerning personnel and management issues will be maintained in the strictest confidence and utilized only by those individuals authorized to review and act upon such information.

#### Smoking:

Smoking and tobacco use (including dipping and chewing tobacco) is Prohibited within all BRGMC facilities and company vehicles, with the exception of vented rooms on Med and Geri Psych Units.

BRGMC promotes a smoke-free environment within all facilities and provide for exceptions when authorized by a licensed independent practitioner (LIP) based on criteria developed by the Employees, physicians, visitors and patients who do not meet the criteria shall be permitted to smoke only **outside** the facility in **designated** smoking areas while on the hospital campus.

#### Safety/Workplace Violence:

The safety of both hospitals is overseen by the Environment of Care Committee.

Safety violations can be reported via the 1-SFE line by dialing 1733.

For immediate threat to life or property, contact Security at 7747 or 4100.

The Safety Officer can be reached at 6153.

The Environment of Care Committee is responsible for 7 areas of the Environment of Care

- Safety
- Security
- Medical equipment
- Utilities management
- Fire safety
- Emergency preparedness
- · Hazardous material and waste

Safety is everyone's responsibility.

#### Hazardous Materials:

Material Safety Data Sheets (MSDS) -For spills, exposures, and/or poisonings call 1-800-451-8346 or 760-602-8703. Info you should have when calling

- Product name
- Product number
- Manufacturer Name
- Manufacturer Phone Number
- UPCs code

#### Fire Plan:

All emergency codes will be paged in a similar manner: "YOUR ATTENTION PLEASE, EMERGENCY CODE

\_\_\_\_." This will be paged three (3) times in succession and repeated after a thirty (30) second delay.

Flip charts outlying your responsibilities when a code is paged are located in each department and nursing unit. One of the greatest needs during the event of a disaster situation is physician support. If you should hear one of those codes being paged overhead, please report to the Physician's Lounge so that the availability of medical support can be determined.

For any further information, please do not hesitate to contact the Safety Officer, Cindy Munn at 381-6153 (office) or 660-3131 (pager).

#### Code Red:

If you encounter fire, then use the following procedure RACE:

R = Remove/rescue the patient.

**A** = Activate the alarm.

C = Confine the fire.

**E** = Extinguish the fire.

If you need to use a fire extinguisher then remember the following procedure **PASS**:

P = Pull out lock ring.

**A** = Aim nozzle at the base of fire.

**S** = Squeeze the two handles together.

**S** = Sweep the extinguisher from side to side

If you are not in the area where the fire is located, then use the following procedure **PAUSE**:

P=Pay attention to overhead paging

A=Await instructions
U=Use your senses to detect if
the fire is spreading to your area.
S=Stay clear of the fire area.
E=Ensure patient safety

#### **Emergency Codes/Alerts:**

Emergency codes that are utilized by the hospitals include:

- Code Green: Radiological Exposure
- · Code Black: Bomb Threat
- Code Evacuate: Partial or full evacuation of patients in the facility.
- Code Pink: Infant/Child Abduction
- Code Red: Fire (see previous information)
- Code Yellow: Mass Casualty
- Code Orange: Hazardous Materials Exposure
- Code White: Violent Individual/Hostage Situation
- Code Gray: Severe Weather. Levels of response will be determined based on location and magnitude of the hurricane.

# Dangerous Prescribing Practices BRGMC does not accept the following:

- U or u for units
- IU for international units
- Q.D. for once daily
- Q.O.D. for every other day
- · MS for Morphine
- MSO<sub>4</sub> for Morphine
- MgSO<sub>4</sub> for Magnesium Sulfate
- Use of trailing zero after decimal
- · Lack of zero before decimal
- Do not abbreviate chemotherapy medications

#### Sentinel Events:

An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, not related to the natural course of the patient's illness or underlying condition.

Critical Event Analysis (CEA) is a process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.

#### Examples:

- Patient suicide w/in 72 hours of discharge
- Unanticipated death of a full-term infant
- Discharge of infant to wrong family
- Severe neonatal hyperbilirubinemia
- Patient abduction
- · Confirmed rape of a patient
- Hemolytic transfusion reaction
- Surgery on the wrong patient or body part
- Unintended retention of foreign object post-surgery
- Unanticipated death related to infection
- Prolonged fluoroscopy or any delivery of radiotherapy to the wrong body region > 25% above planned dose

Sentinel Events should be reported IMMEDIATELY TO THE ADMINISTRATOR ON CALL AND THE DEPARTMENT MANAGER.

#### 2010 National Patient Safety Goals:

- Accurate Patient ID: Use two patient identifiers (IP=Name & MRN/ OP= Name & DOB)
- Effective Communication: Read back telephone/ verbal orders &

critical test results within one hour

- Standardize "hand off" communications: S-Situation, B-Background, A-Assessment, R-Reccomendation
- Medication Safety: Identify lookalike, sound-alike meds; Label all meds, containers, & on and off sterile tiled and reduce harm associated with anti-coagulation therapy
- Reduce the risk of infections:
   Comply with hand hygiene guidelines
   & report patient infections
- Medication Reconciliation:
   Document home medications upon admission, reconcile and communicate discharge list to patient and next providor upon transfer or discahrge
- Reduce harm from falls: Assess fall risk (Morse Fall Scale) and provide appropriate interventions
- Encourage patients' active involvement in their own care: Encourage patients and families to report concerns about safety by utilizing 1-safe, Ask Me
- Identify patients at risk for suicide: (See Policy PE-130)
- Improve recognition and response to changes in a patient's condition: Utilize MRT
- Eliminate transfusion errors using two-person bedside identification procedure

#### Infection Control:

The following is a list of services provided to physicians by the Infection Control Department. You can contact the department at 387-7852.

 Policies regarding isolation precautions for patients with communicable diseases, especially

- patients with suspected or confirmed tuberculosis.
- Reporting of communicable diseases to the Public Health Department.
- Monitoring and reporting of healthcare – Associated Infections
- Monitoring and reporting of multidrug resistant organisms.
- Investigation and confirmation of suspected outbreaks.

The following is a list of services provided to physicians by the **Employee Health Department**. You can contact the department at 381-6811.

- Blood and body fluid exposure workup
- Immunizations for influenza and Hepatitis B
- Annual and exposure related tuberculin skin testing
- Flu vaccines

#### Hand Hygiene:

The BRG follows the CDC guidelines for hand hygiene:

- Staff and physicians <u>MUST</u> clean their hands immediately prior to providing care to the patient, in front of the patient and/or family.
- Staff and physicians <u>MUST</u> clean their hands immediately prior to leaving the patient's room.

#### Central Line Bundle:

The physician is requested to provide education to the patient and/or family about central lineassociated bloodstream infection prevention. The physicians and staff of the BRG use of the CDC's Central Line Bundle. These practices, when combined into a "bundle" have been proven to decrease the incidence of central line-related blood stream infections. Bundle elements:

- Perform hand hygiene prior to catheter insertion or manipulation.
- For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.
- Use maximum sterile barrier precautions when inserting the central venous catheter.
  - Sterile gloves and long-sleeve gown, mask covering mouth and nose, cap covering all hair.
  - 2. This is to be worn by the practitioner inserting the catheter as well as anyone assisting in the procedure.
- Sterile full body drape used on patient.
- Site prep with a chlorhexidine-based skin antiseptic. The BRG uses Chloraprep®.

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- Document insertion on the BRG, Intravascular Catheter Progress/Procedure Note. See link below: http://btrghsws1.ghsbtr.net/formsonline/docs/docs1/brgmc%20forms/mr%20-%20medical%20record/mr%20-%20mss%20medical%20staff%20services/mr-mss-6631%20intravas%20cath%20prog%20note.pdf
- Please routinely access the need for the central venous catheter and remove as soon as no longer medically necessary.

## Physician Options for Reporting Safety or Quality of Care Concerns:

| CONCERN  | REPORT TO  | ACTION  |
|--|--|---|
| Injuries, Medication<br>Issues, Visitor Issues,<br>Patient Falls, Lab<br>Issues, Other Concerns                                    | 1-Safe Line<br>(237-1733)  | The Manager/Director and/or designee will investigate any report and provide feedback. The concerns will be tracked and trended for patterns. Actions taken may include recommending a Performance Improvement to the Quality Committee and/or Peer review Process. |
| Any quality or patient care concern that you feel has not been addressed; any compliance concern                                   | Director of Risk<br>Management<br>(763-4578)                             | The Director of Risk Management will investigate any report and provide feedback. The concerns will be tracked and trended for patterns. Actions taken may include recommending a Performance Improvement to the Quality Committee.                                 |
| Any quality or patient care concern that you feel has not been addressed by the Director of Risk Management any compliance concern | Member of Administration<br>(763-4040)                                   | The Administrative representative will investigate any report and provide feedback to the physician.  |
| Environmental Safety<br>Concerns   | Safety Officer<br>(381-6153)   | The Safety Officer will assess any environmental concerns and remedy them as necessary and provide feedback.  |
| Concerns that have not been resolved through the hospital channels.  | The Joint Commission<br>(1-800-994-6610 or email<br>complaint@jcaho.org) | No retaliatory action will be taken against the physician if they do report safety or quality of care concerns to The Joint Commission.   |

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#### Pain Scales:

Verbal (0-10): Alert patients able to comprehend & communicate are asked to rate their pain on a scale of 0 to 10.

- 0 would mean that the patient is experiencing no pain
- 6 would mean that the patient is experiencing moderate pain
- 10 would mean that the patient is experiencing the worst pain imaginable.

Nonverbal: Unable to verbally communicate pain concerns.

0 = relaxed

2 = Occasional repositioning / restlessness

4 = Guarding

6 = Grimacing

8 = Moans

10 = Altered vital signs / confusion

#### Restraints:

Prevention, reduction, and ultimately elimination by using alternatives as preferred interventions and ongoing education of staff in preserving the dignity, rights, safety and well-being of patients.

#### **Restraint Orders:**

- Nursing will notify the attending physician as soon as possible
- Are never STANDING or PRN
- Must indicate clinical justification
- Documented in the Plan of care (physician's progress note)

#### Non-Violent Restraints (old Med-Surg):

- Behavior that demonstrates that there is a continuous detrimental disruption of a patient's medical healing and well-being
- Orders must be time limited not to exceed once calendar day

Violent Restraints (old Behavioral):

- Behavior that demonstrates that there is an immediate danger to self or others
- Orders must be time limited and renewed (not to exceed 24 hours):
  - 4 hours for adults ages ≥
     18 years
  - 2 hours for children & adolescents age 9-17 years
  - 1 hour for children ≤ 9 years

Preprinted order sets are available for physician convenience that meets all standards if completely filled out.

#### **Informed Consent:**

Documentation of Informed Consent must be provided by the surgeon and signed by the surgeon.

For your convenience there is an Informed Consent form provided online on the brgeneral.org website. You may also provide a copy of the consent formed signed by the patient and physician in the office.

# Universal Protocol: Preventing Wrong Person, Wrong Site Surgery:

Procedures/steps are established to verify the right patient, right procedure and right surgical/invasive site prior to the start of a surgical procedure. This verification process is incorporated in three aspects of care:

- · Pre-operative verification process
- · Marking of the surgical site
- Verification during "Time Out"

The above three aspects of care will be carried out on each surgical/invasive procedure patient, as appropriate.

#### Marking the Surgical Site:

- The surgical site will be designated by placement of an "S" or initials of the M.D. Do NOT mark any non-operative site unless necessary for some other aspect of care.
- The "S" mark is to be placed at or near the incision site and must be visible after the patient is prepped and draped.
  - If laterality is involved with genitalia procedures, the appropriate anterior iliac crest will be marked.
  - If appropriate marking of the site is technically or anatomically impossible or impractical, a wristband is placed on the patient with the designated site written.
- The site is marked prior to going into the procedure room

Disaster Privileges & Protocol:

Beginning in June of each year, members of the Medical Staff of Baton Rouge General will be asked to provide Medical Staff Services with their most recent and updated contact information.

All physicians on call for the first 36 hours of initial storm impact will be contacted days in advance and directed to contact Medical Staff Services or the Emergency Departments in the event of communication delays due to the storm.

The Chief of Staff and Department Chairs will coordinate the Medical Staff Work Force.

All Medical Staff Command Center activities will be located in the office of the Chief Medical Officer in Administration once activated.

A list will be created yearly of In-house physicians that will be prepared to dedicate 36 hours of service. This list will consist of 2 teams A & B.

The A Team will consist of those physicians that will be located in house the first 36 hours of the storms impact. The mandatory services included will be as follows:

- Anesthesia
- Emergency Medicine
- HMG/Internal Medicine/Family Medicine
- General Surgery
- OB/GYN

The B Team will consist of those physicians that will relieve the A team and in addition to any physician services that may be needed as listed below:

- Cardiology
- Orthopedics
- Vascular

A paper copy of the Medical Staff
Physician Roster will be distributed to
the ED's and Administrative Command
Centers at both campuses. This list will
include specific contact information such
as, home phone number, cell phone
numbers, pager numbers, office
numbers and numbers to the answering
services.

Medical Staff services will implement a process to contact physicians unavailable by phone through text paging.

Medical Staff Services along with the GME Coordinator will make sure Call Room accommodations are available for all members of the A & B Team of physicians.

All Disaster Credentialing will be directly handled in Medical Staff Service along with an expedited process of access to the Electronic Medical Record for those physicians granted disaster privileges.

#### Disruptive/Impaired Physician:

All individuals working in the Hospital shall treat others with respect, courtesy, and dignity and to conduct themselves in a professional and cooperative manner. In addition, the Hospital and Medical Staff are committed to providing safe, timely and effective care while fostering an environment that promotes physician health. The Hospital and Medical Staff affirm that substance abuse disorders and other psychiatric and behavioral disorders are treatable illnesses. Likewise, the Hospital and Medical Staff recognize that disruptive behavior that might impair timely and effective care by other members of the health team may be a treatable condition. It is further affirmed that effective treatment, followed by effective professional monitoring, can generally provide rehabilitation for such affected professionals such that they may return to the work environment and deliver quality medical care with reasonable skill and safety.

A disruptive physician is defined as a physician who manifests aberrant behavior which, it reasonably appears, may lead to a compromise of quality of patient care, either directly or indirectly because it disrupts the ability of other professionals to provide quality care. The physician's personal delivery of medical care need not be impaired.

An impaired physician is a physician licensed to practice medicine in the state of Louisiana, who is unable to practice medicine with reasonable skill

or safety to patients because of mental illness or deficiency, physical illness. including but not limited to deterioration through the aging process or loss of motor skills, and/or excessive use or abuse of drugs, including alcohol. Impairment may also be deemed to exist where, by virtue of mental or physical illness or condition, a physician's continued practice of medicine poses a substantial risk of physical harm to himself, to his family, or to other individuals, whether or not a physician-patient relationship exists between the physician and such individuals. Impairment, or the conditions giving rise thereto, may be established by a physician's acknowledgment or admission, or by the observation and evaluation of his peers. employees, family members, patients, or others.

It is the policy of the Baton Rouge General Medical Center and the Medical Staff to provide a process to identify and manage matters of an individual physician's health that is separate from the medical staff disciplinary function as defined in policy MSS-130.

I have read and understand the contents of this educational and orientation packet. I have been given the opportunity to have my questions answered.

| Print Name         |  |
|--------------------|--|
| Signature          |  |
| Date               |  |
| Title/Organization |  |

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