Huntington Hospital is required by The Joint Commission (TJC) standards to document that all new staff members have been working knowledge of key hospital elements.
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Dear Physician:

It is my pleasure to welcome you to the Huntington Memorial Hospital Medical Staff. Our hospital has enjoyed the distinction of being the premiere healthcare facility in the region for nearly 120 years, driven largely because of the dedicated physicians and clinical staff who practice and work here.

This orientation packet has been designed to help you become familiar with Huntington Hospital and includes information you will want to know before your first day in the hospital. Please review the packet carefully and contact the Medical Staff Office, either via telephone at 626-397-3776 or email at bianca.irizarry@huntingtonhospital.com, if you have any questions or concerns regarding the enclosed information.

We have an “open door” policy at Huntington Hospital, and I encourage you to visit me or any other member of our Executive Management Team. We fully understand the importance of hospital/physician alignment and Huntington Hospital administration is committed to meeting and hopefully exceeding the needs of our medical staff as we move together to excel in the delivery of healthcare for our community.

Once again, I welcome you on behalf of the Executive Management Team, and I look forward to meeting in person.

Sincerely,

Stephen A. Ralph
President and CEO
Welcome to Huntington Hospital.
To use this map, first locate the department in the alphabetical list on the back.
Then go to the building and follow the signs to your destination.

→ Building Entrance  Elevator  Restroom  Information
  Stairs

HUNTINGTON HOSPITAL
100 West California Boulevard
Pasadena, California 91105
Tel. 626-397-5000
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Revised 4.11
Huntington Memorial Hospital is a 625-bed not-for-profit hospital that is home to the only level II trauma center in the San Gabriel Valley. In addition to being granted Magnet® status in 2011, Huntington Hospital has been ranked nationally by U.S. News & World Report in two specialties, and was named the 10th best hospital in California.

Renowned for its programs in neurosciences, cardiovascular services and cancer care, Huntington Hospital is an active teaching hospital with graduate medical education programs in internal medicine and general surgery. Huntington Hospital has a high level neonatal intensive care unit, treating babies with the highest acuity.

For 120 years, Huntington Hospital has been committed to serving its community with excellence, compassion and respect. Consistent with its mission, the hospital provides millions of dollars annually in charity care, benefits for vulnerable populations, health research, education and training and support programs that may otherwise be absent from the community. These programs include geriatric psychiatric services as well as a children’s asthma management program.

Huntington Hospital is committed to quality care and we have received many honors as a result of our efforts toward excellence. Some of these recent awards include:

**National Ranking**
Huntington Hospital has been ranked among the top hospitals in the nation by the U.S. News & World Report. The hospital received a national ranking in the orthopedics (#33) and urology (#44) specialties. In addition, the hospital was named the number five hospital in Los Angeles and ranked as the tenth “Best Hospital” in California.

**Magnet Designation**
In March 2011, Huntington Hospital was granted Magnet® recognition for excellence in nursing by the American Nurses Credentialing Center (ANCC). Only six percent of the nation’s hospitals have earned this prestigious designation which recognizes healthcare organizations that demonstrate sustained excellence in nursing.

**Gold Seal of Approval from the Joint Commission – Primary Stroke Center**
Huntington Hospital was among the first in LA County to earn the prestigious designation as a Joint Commission approved Primary Stroke Center.

**Bariatric Surgery Center of Excellence**
Huntington Hospital has met the stringent requirements concerning data, outcomes, and patient follow-up, allowing us to be named a center of excellence by the American Society of Bariatric Surgery.

**Blue Distinction – Cardiac Care & Hip and Knee Replacement Surgery**
Our Mission Statement

At Huntington Hospital, our mission is to excel at the delivery of health care to our community.

Core Values

In order to accomplish our mission, we have adopted a set of core values which act as a compass to guide us in the decisions we make. These core values are:

Respect
We affirm the rights, dignity, individuality, and worth of each person we serve, and of each other.

Integrity
We honor the commitments that we make, believe in fairness and honesty, and are guided by our ethics.

Stewardship
We wisely care for the human, physical and financial resources entrusted to us.

Excellence
We strive for excellence, quality and safety, and we are committed to providing the best care, work environment and service possible.
Christopher Hedley, MD
President, Medical Staff

Harry Bowles, MD
President-elect, Medical Staff

Laura Sirott, MD
Secretary/Treasurer

Madhu Anvekar, MD
Chair, Credentials Committee

David Lourié
Chair, Quality Management Committee

Howard Kaufman, MD
Chair, Department of Surgery

Syeda Ali, MD
Chair, Department of Medicine

Kathy Walker, MD
Chair, Department of OB/GYN

John Rodarte, MD
Chair, Department of Pediatrics
### MEC Member

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<tr>
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<tr>
<td>President</td>
<td>James Shankwiler, MD</td>
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<tr>
<td>President Elect</td>
<td>Christopher Hedley, MD</td>
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<tr>
<td>Secretary/Treasurer</td>
<td>Harry Bowles, MD</td>
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<tr>
<td>Chair, Credentials Committee</td>
<td>Thomas Vander Laan, MD</td>
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<tr>
<td>Chair, Quality Management</td>
<td>Gregory Giesler, MD</td>
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<td>Chair, Department of Medicine</td>
<td>Peter Rosenberg, MD</td>
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<td>Chair, Department of OB/GYN</td>
<td>Jonathan Tam, MD</td>
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<td>Chair, Department of Pediatrics</td>
<td>Mark Powell, MD</td>
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<tr>
<td>Chair, Department of Surgery</td>
<td>Steven Battaglia, MD</td>
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### Chair Elect

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### Section Chairs

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<th>Vice Chair</th>
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<tr>
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<td>Matthew Hart, MD</td>
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<tr>
<td>Cardiology</td>
<td>Babak Tashakkor, MD</td>
<td>Ashish Patel, MD</td>
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<tr>
<td>Critical Care</td>
<td>D. Mark Kroe, MD</td>
<td>David Ulick, MD</td>
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<tr>
<td>Emergency Medicine</td>
<td>Douglas Willard, MD</td>
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<td>Ted Shen, MD</td>
<td>Kay Durairaj, MD</td>
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<td>Julie Yang, MD</td>
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<td>Magdi Alexander, MD</td>
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<tr>
<td>Hematology/Oncology</td>
<td>Yi-Kong Keung, MD</td>
<td>Evangelina Kirimis, MD</td>
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<td>Neurosurgery</td>
<td>Ian Ross, MD</td>
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<td>Yafa Minazad, DO</td>
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<td>Alfred Solish, MD</td>
<td>Michael Burnstine, MD</td>
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<td>Oral and Maxillofacial Surgery</td>
<td>Robert Lytle, DDS</td>
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<td>Orthopedic</td>
<td>Todd Dietrick, MD</td>
<td>Charles Resnick, MD</td>
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<td>Daniel Casper, MD</td>
<td>Christopher Tiner, MD</td>
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<td>Dirk De Brito, MD</td>
<td>Clifford Feldman, MD</td>
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<td>Christopher Hedley, MD</td>
<td>Jon Foran, MD</td>
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<tr>
<td>Thoracic Surgery</td>
<td>Paul McFadden, MD &amp; Robbin Cohen, MD (Co-Chairs)</td>
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<tr>
<td>Trauma</td>
<td>Amal Obaid, MD</td>
<td></td>
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<tr>
<td>Urology</td>
<td>Armen Dikranian, MD</td>
<td>Michael Bishai, MD</td>
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The Medical Staff Services Department is open Monday through Friday from 7:30AM – 4:30PM.

### Roberta (Bobbie) De La Rosa, CPMSM
**Director, Medical Staff Services**  
(626)397-3778  
Email: roberta.delarosa@huntingtonhospital.com

Management responsibilities of Medical Staff Services Department and Hospitalist Group, and the following specific functions: Medical Staff Bylaws, Medical Staff Rules and Regulations, Medical Staff Funds

Responsible for coordinating the following meetings: Bariatric Surgery Committee, Medical Executive Committee, Robotic Committee, Urology Section, Cerner Task Force

### Barbara Benford, CPMSM
**Medical Staff Coordinator**  
(626) 397-3768  
E-mail: barbara.benford@huntingtonhospital.com

Responsible for coordinating the following meetings: Cancer Committee, Cardiology Section, Emergency Medicine, Endovascular Committee, ENT Section, GI Section, Infection Control Committee, Interdisciplinary Practice Committee, Neurology Section, Ophthalmology Section, Oral Surgery & Dental Section, Pulmonary Section, Quality Management Committee, Radiology/Nuclear Medicine Section, Spine Committee, Trauma Services Committee Allied Health Professional Applications

### Bianca Irizarry
**Credentials Coordinator**  
(626) 397-3776  
E-mail: bianca.irizarry@huntingtonhospital.com

Responsible for coordinating the following meetings: the Ongoing Professional Practice Evaluation Program; ED Physician On-Call Schedule; Medical Staff Newsletter, Referring physician database; and maintaining expireables. Also coordinates the following meetings: GME Committee, Plastic Surgery Section, and Pediatrics Committee

### Lenore Pitigala, CPCS, CPMSM
**Medical Staff Coordinator**  
(626) 397-3781  
E-mail: lenore.pitigala@huntingtonhospital.com

Responsible for coordinating the following meetings: Anesthesia Section, Critical Care Section, General Surgery Section, Hematology/Oncology Section, Internal Medicine Peer Review, Medicine Committee, Neurosurgery Section, OB/GYN Committee & Peer Review, Orthopedic Section, PT&D Committee, Psychiatry Section, Surgery Committee, Thoracic Surgery Section, Transfusion Subcommittee
Mabel Marin, CPCS
Medical Staff Coordinator
(626) 397-3749
E-mail: mabel.marin@huntingtonhospital.com

Responsible for coordinating the Credentialing process for medical staff reappointments and proctoring. Coordinates the Credentials Committee.

Maricela Alvarez
CME Coordinator
(626)397-3770
Email: Maricela.alvarez@huntingtonhospital.com

Responsible for coordinating the hospital’s continuing medical education program. Coordinates the CME Committee.
General Information

Physician Parking
A private physician parking lot is available in the East Parking Lot, off of Congress Street. Additional parking is also available in the employee lots of the East, North, and South parking lots.

Doctors Dining Room
The Doctors Dining Room (Conference Room 8) is available to all Medical Staff and house staff members and is located in the main cafeteria near Conference Room 5/6. Lunch 10:45AM – 3:00PM

Meals are available in the Cafeteria as follows: Breakfast 6:30AM – 10:00AM, Dinner 3:30PM – 8:00PM. Please check with Medical Staff Services to check on eligibility for a meal stipend.

Doctors Lounge
The Doctors Lounge is located on the first floor of the Wingate Building behind Medical Records and can also be accessed off of Faimount Avenue. Breakfast rolls, coffee, fruit and juice are provided each morning. Work space and computers are also available for use.

Medical Staff Office
The Medical Staff Office is located on the first floor of the Wingate Building near the Doctors Lounge and old Cafeteria. The hours of operation for the office are 7:00AM – 4:30PM.

Please notify the Medical Staff Office immediately regarding the following matters: Change to either office or home address/telephone; Scheduled vacation or absence from area. You will remain responsible for obtaining coverage for your Emergency Room on-call and Dispensary assignments; Requests to change category status or to terminate membership; Request for leave of absence and return from leave.

Mail
All correspondence from the hospital will be mailed to the physician’s current designated mailing address. Please notify the Medical Staff Office if you move or would like mail sent to a different address. Members are responsible for ensuring that mailing addresses are updated and maintained as current.

Medical Staff Newsletter
The Medical Staff Newsletter is published monthly by the Medical Staff Office and is mailed to all physicians by the beginning of the month. The Newsletter is a helpful tool in keeping you informed of decisions recommended by staff committees and approvals by the Executive Committee.

Attendance at Meetings
Physicians on the Provisional and Active Staff are encouraged to attend medical staff meetings, as well as relevant Department, Section, and Committee meetings.

Continuing Medical Education (CME) Credits
The Medical Board of California requires CME hours as a condition of re-licensure; the hospital requires that 30 hours of *AMA PRA Category 1 Credit™* be completed for every reappointment. Conferences are offered at the hospital on an on-going basis and a schedule can be found in the Medical Staff Newsletter as well as the hospital intranet. Please visit the [CME website](#) or contact Maricela Alvarez, CME Coordinator, for any questions.

Interpreter Services
Interpreter Services are available 24 hours a day and are free to all patients. To view the available services please view the Interpreter and Communication Policy [#233](#).
Reference Documents & Training Modules

A copy of the Medical Staff Bylaws, Rules and Regulations, and Policies is available online either via the Physician portal of the Huntington Hospital website (http://www.huntingtonhospital.com/PhysiciansOnly/MedicalStaffRulesRegs.aspx) or on the Medical Staff Sharepoint site which is accessible via logging into Citrix.

Please be sure to review the Bylaws, Rules and Regulations and appropriate Department/Section Rules and Regulations.

In these locations you will find the following documents:
- Medical Staff Bylaws
- Medical Staff Rules and Regulations
- Allied Health Professional Rules and Regulations
- Department of Medicine Rules and Regulations
- Cardiology Section
- Critical Care Section
- Emergency Medicine Section
- Family Medicine Section
- Gastroenterology Section
- Hematology/Oncology Section
- Neurology Section
- Psychiatry Section
- Pulmonary Section
- Radiology/Nuclear Medicine Section
- Department of Obstetrics & Gynecology
- Department of Pediatrics
- Department of Surgery

Training Modules – Self study modules are available on the website for physicians requiring the Sedation Test, Fire Safety Test or the Restraint and Seclusion test. Please review the study modules, print a copy of the test. Complete and sign the test and submit it to the Medical Staff Office if you have yet to do so.

- Sedation Test Requirements – required for all practitioner requesting sedation privileges (with the exception of anesthesiologists)
- Fire Safety Test Requirements – required for all practitioners working in an oxygen enriched environment (operating room, endoscopy, etc.)
Obtaining a Badge

Badges are to be worn at all times while on duty and must be worn facing forward at or above the waist with the photo, name, and department clearly visible.

There are many uses for the ID badge, it allows you to: access into the hospital and the various work areas as well as the parking lots, obtain scrubs from the scrub machines, and access the Health Science Library after hours.

**New Badge**

Once the online orientation has been completed you will be able to obtain an identification badge. Please go to the Medical Staff Services Department, located on the 1st floor of the Wingate Building between 8:00AM and 3:00PM to obtain a badge form. For questions you can call the office at 626-397-3776.

Please note that in order to be obtain the badge form, you must present your driver’s license, passport, military or government issued identification, so that your identity can be validated. (TJC Standard MS 4.10).

Badges are issued in the Security Office, located on the 1st floor of the Valentine Building, between 8:00AM and 4:30PM. If you need to get your badge during off hours you may contact the Security Office at 626-397-5282 to see if someone is available to issue a badge.

**Replacement Badge**

If your ID badge is lost or stolen, please go to the Security Office for a replacement as soon as possible.

There are many uses for the ID badge, such as gaining access to work areas, parking, accessing the scrub machines, and making purchases at the cafeteria. It is very important to report when your badge is missing so that Security can inactivate the badge. In addition, it is important to notify the Medical Staff Office that you have a new badge in order to have the meal stipend and other access switched over to the new badge (due to the different systems utilized it is not done automatically when the badge is issued by security).
For questions regarding Cerner/H@NK contact:

**Physician Informatics Office** – 626-397-2500

**H@NK Line** – 626-397-4265

The Physician Informatics Office is open from 8:00AM – 4:00PM and is located on the 1st floor of the Wingate Building.

All new physicians will need to undergo training for the hospital’s electronic health record system, Cerner. The classes will provide you with an efficient and practical method for learning the system.

Physicians will need to complete an initial training session, which will last approximately three (3) hours.

To register for an initial/favorites session, you can either call 626-397-3767 or email bianca.irizarry@huntingtonhospital.com. There will be no entry if arrival is more than 15 minutes after start time.

To view the training schedule, please click [HERE](#).

Classes take place in RC-11, which is located on the first floor of the La Vina Building. Please click [HERE](#) to view the training location map.

H@NK webinar videos are also available online (click [HERE](#) to go to the webpage). The videos are two to six minutes in length and review key components of important provider workflows. You can watch from your PC, tablet or smart phone.

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**myHuntingtonhealth**

myHuntingtonhealth is a free online patient portal that gives the patient access, 24/7, to their essential health information. It provides access to lab results, medication history, immunization records, allergies, and medical documents including discharge instructions (sensitive results and documents such as, HIV and reproductive tests are not included). The information can be downloaded or printed and shared securely with the patient’s physician.

For more information please visit the [myHuntingtonhealth](#) webpage.
Turn Around Time Dictation System

For questions contact Medical Records at 626-397-5054 or Transcription Assistance at 626-397-8794.

**To Dictate a Report**

1. Dial 2585 from inside the hospital or 626-397-2585 from outside the hospital
2. Enter 5 digit employee ID/dictation number then press # key
3. Enter work type number, then press # key
4. Enter patient visit number, then press # key

**Notes:**

1. State your full name, patient’s full name and visit number.
2. State what the date of service is/was.
3. To review your last few words, press “3”.
4. To start a new report, press “5”, then enter Work Type and visit number.

**To Review Dictation**

1. Dial 2585 from inside the hospital or 626-397-2585 from outside the hospital
2. Enter 5 digit employee ID/dictation number, then press # key.
3. Press “*” + “1”

System will prompt you, follow prompts.
Turn Around Time Dictation System

**Dictation Functions**

1. Listen  
2. Record  
3. 5 Sec Rewind  
4. Pause  
5. Next Report  
6. Go To End  
7. 5 Sec Rewind  
8. Go To Start  
9. Confirmation # & Disconnect  
* Press Twice for Stat  
# Confirmation # Any Time During Dictation

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Scrub Apparel Utilization
(Administrative Policy & Procedure #330 – click HERE to view full policy)

Scrub and warm-up jackets are maintained by Linen Services. Surgical scrub apparel is supplied for physicians working in designated areas and/or under certain working conditions in order to control extraneous contamination of patient environment. Hospital provided surgical scrub apparel is not to be worn outside of the hospital property for any reason.

The following departments are authorized as units whose staff may wear hospital-provided scrub apparel:

- Surgery
- Outpatient surgery (HASC)
- Labor & Delivery
- Cath Lab
- Interventional MDs
- Pathology

Scrub machines will be installed in areas with high volume use of surgical scrubs. The machines will be located in the following areas:

- Surgery
- Labor & Delivery
- HASC

To Obtain Scrubs:

1. Surgeons & OB/GYNs on staff at Huntington Hospital will have access to the scrub machine in their designated department.
2. Physicians will need to complete the Scrub Form (see next page) and submit it to the department manager.
3. Each identified physician will be given a set amount of credits to retrieve scrubs sets from the machine.
4. To maintain credits, the scrub sets must be returned to the scrub machine receptacle.
5. Failure to return scrub sets will result in a lack of access to retrieve further scrub sets.

Should a physician need surgical scrubs and either has no badge, or credits for scrubs, the physician will be given a set of scrubs by the PFC or designee, with the following expectations:

a) The physician must sign out the set of scrubs
b) The scrubs must be returned to the scrub machine receptacle with PFC or designee prior to leaving the department.
c) The PFC or designee will note that the scrubs have been returned on the sig out sheet, and the physician is to initial the return.

Exceptions to the general rule may occur due to unplanned circumstances. Physicians whose regular clothes have become soiled on the job or who may be performing a non-routine job function requiring scrubs may obtain scrubs using the procedure described below:

1. With the approval of the department manager, the physician will may obtain temporary scrubs from Linen Services.
2. Linen Services will maintain a sign-out sheet for temporary scrubs. Any more than periodic and minimal usage by a department or individual will be reviewed with the department manager.
Huntington Memorial Hospital
Scrub Suit Size Survey
PRINT CLEARLY

User Last Name ____________________________

User First Name ____________________________

Hospital Badge # ____________________________
(Up to 5 Digits - Example Badge shows Number "19147")

Personal Identification Number (PIN - 4 Digits) NEEEDED FOR KEYPAD ACCESS
ONLY IF BADGE NOT AVAILABLE

_____   _____   _____   _____   _____
(If not completed, a PIN will be assigned)

Please choose one of the following for Occupation and one for Department

Occupation
☐ Anesthetist/Anesthesiologist
☐ Surgeon
☐ Physician
☐ Resident
☐ Other (specify)

Department
☐ Labor & Delivery
☐ OR
☐ Other (specify)

Sizes: Choose your appropriate size

☐ X-Small  ☐ Large  ☐ 3X
☐ Small    ☐ X-Large ☐ 4X
☐ Medium   ☐ 2X    ☐ 5X

This Area To Be Completed By Manager/Director

Please select the appropriate machine(s) for access

Machine Location
☐ OR Men's Locker Room
☐ OR Women's Locker Room
☐ Labor & Delivery (Women)
☐ Labor & Delivery (Men)

Expiration Date for Residents

I have read, understand, and will comply with the program guidelines outlined in Policy 330 for Surgical Scrub Apparel Utilization. I also understand that failure to comply with the program will result in my direct purchase of scrubs.

__________________________________________________________________________
Scrub User

__________________________________________________________________________
Date

__________________________________________________________________________
Dictation Number
Proctoring Plan Guidelines

(Medical Staff Policy & Procedure – click HERE to view full policy)

Medical Staff Bylaws – 5.9 Proctoring
Each Medical Staff member requires a period of clinical observation, for all initially requested privileges. It is the responsibility of the staff member to arrange for a qualified proctor. The member shall be proctored on an adequate variety and number of cases at the discretion of each Department and/or Section until competence has been demonstrated. Refer to the specific Proctoring Protocol (Medical Staff Department Policy & Procedure 8710.100) regarding particular initial proctoring requirements.

Proctoring Requirements
The initial Provisional period generally shall be for six (6) months and can be extended for a maximum period of 24 months, except as otherwise permitted by the Proctoring Plan and the Medical Staff Bylaws. At the six (6) month review period, those provisional staff members who have enough activity to complete proctoring and have yet to do so will be suspended until the proctoring requirement has been satisfied. To determine whether a member has satisfactorily completed the proctoring requirements, the proctors’ reports must demonstrate that the care provided by the practitioner was clinically pertinent and appropriate.

Proctoring shall:
- Consist of concurrent/direct as well as retrospective/indirect review, depending upon the scope of privileges granted.
- It may also consist of non-surgical and non-invasive cases that have been peer reviewed through routine quality assessment and monitoring programs established by the Medical Staff.
- Be done on an adequate variety and number of cases at the discretion of each Department/Section Chair.
- Be performed by at least two (2) different proctors, with no more than 50% by one (1) proctor and no more than 50% by practice associates, except as otherwise permitted by the Section/Department

Components of the Proctoring Process
- The number of cases generally required to complete proctoring is specified in each member’s specialty privilege card.
- A list of Active members of the Medical Staff in the practitioner’s specialty who may act as proctors will be provided. When possible the practitioner should select proctors who are not associated or in practice with the practitioner.
- The practitioner is responsible for contacting one of the proctors, informing him/her of planned admissions, consultations or procedures, and arranging for the proctor to be present and proctor the cases.
- A single case may not be “unbundled” to count for multiple procedures; one trip to the OR/one anesthesia will be counted as one case and should be submitted on one proctoring report.
- The proctoring process shall be done in a manner that respects the doctor/patient relationship.
- Concurrent proctoring shall be done whenever possible, or whenever required by the Department/Section.
- No proctor is required for an emergency situation.

Responsibilities of Practitioner
- The practitioner must contact and obtain a proctor for each case that is being proctored.
- The practitioner must comply with the requirements for the number of cases to be proctored.
- If the practitioner is unable to obtain a commitment from any proctor for a particular case after a reasonable effort, the Department/Section Chair, or designee, will appoint a proctor.
- If a practitioner fails to take the steps necessary to ensure that he/she completes proctoring of the required number and mix of procedures within the initially specified timeframe, the privileges at issue will expire automatically at the end of that period with no right to a hearing. If proctoring is not completed within the initial period for reasons beyond the practitioner’s control, extension of the proctoring period will be at the discretion of the Department and the Executive Committee.
In order to obtain more information regarding the services offered please visit the hospital website at: [http://www.huntingtonhospital.com/Main/HospitalServices.aspx](http://www.huntingtonhospital.com/Main/HospitalServices.aspx).

- Ambulatory Care/Dispensary
- Ambulatory Surgery
- Angiography
- Anticoagulation Clinic
- Asthma Education and Management
- Audiology
- Bariatric Surgery
- Blood Donor Center
- Breast Cancer Program
- Breast Imaging
- Breastfeeding Center
- Cancer Center
- Cardiac Catheterization Lab
- Cardiac Electrophysiology (EP)
- Cardiac Rehabilitation
- Cardiac Screening and Diagnostics
- Cardiothoracic Surgery
- Chemical Dependency Recovery
- Childbirth and Parenting Classes
- Children's Services
- Chronic Disease Prevention
- Colorectal Cancer Program
- Community Outreach
- CT Scanning
- (Type 2) Diabetes Prevention and Management
- Emergency Department
- Epilepsy and Brain Mapping
- Gastroenterology
- Genetic Counseling
- Geriatric Assessment Clinic
- Gynecological Cancer Program
- Gynecology
- Health Counseling
- Heart and Vascular Services
- Imaging Center
- Injury Prevention
- Labor and Delivery
- Lung Cancer Program
- Maternity Orientation and Tour
- Mental Health
- MRI (Magnetic Resonance Imaging)
- Neonatal ICU
- Neurophysiology
- Neuroradiology
- Neurosciences
- Neurosurgery
- Non-invasive Vascular Lab
- Nuclear Medicine
- Obstetrics
- Orthopedics
- Ostomy Clinic
- Outpatient Psychiatric Services
- Parkinson's Disease
- Pediatrics
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- Pediatric Obesity Prevention
- Perinatal High Risk Unit
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- Pulmonary Lab ..... 3307
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- Ultrasound (Perinatal)
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- 2 West (DOU) ....... 3929
- Fax ..................... 2967
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- Fax ..................... 2997
- 4 West (Med Surg) .. 3949
- Fax ..................... 2971
- 5 East (Surgical) ..... 3953
- Fax ..................... 2998
- 5 West (Med Surg) .. 3959
- Fax ..................... 2976
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- .................. 3969
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- .................. 5132
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- Fax ..................... 2169
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- Fax ..................... 2153
- Labor & Delivery ..... 5069
- Fax ..................... 2176
- Maternity ............ 5078
- Fax ..................... 2955
- High Risk Unit ..... 8697
- Fax ..................... 2106
- NICU .................. 8524
- Fax ..................... 2954
- Follow-up Program 8675
- Respiratory .. 8658/8077
- Neuroscience Stroke
- Center
- Station 31 ..... 3031
- Fax ..................... 7131
- Newborn Nursery .... 5210
- Pediatrics (Sta 44)
- Fax ..................... 2926
- Rehab (Sta 41) ....... 3041
- Fax ..................... 2963
- HUNTINGTON PAVILION
- 625 S. Fair Oaks Ave
- Surgery Center (HASC)
- Suite 380 ...... 229-8999
- Fax ..................... 768-7551
- Cancer Center
- Suite 100 .......... 2524
- Fax ..................... 7170
- Hill Breast Center
- Suite 140 .... 793-6141
- Hill Imaging Center
- Suite 180 ...... 229-8969
- Neurosciences
- Suite 325 ........... 2515
- APDA .................. 2684
- Fax ..................... 2194
- Pre-Op Testing
- Suite 355 .......... 5905
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- Center
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Huntington Hospital is pleased to provide documents to help facilitate admissions and surgical procedures. These forms are available to you online via the Physician Only portal of the hospital website: www.huntingtonhospital.com/PhysiciansOnly/PhysiciansOnly.aspx.

The following forms are available:

**Surgery Scheduling**
- Important fax numbers
- How to schedule a surgery or procedure
  - Surgery Scheduling Form
  - Surgery Scheduling Change Form
- Pre-Operative Testing Appointment Information
- Pre-Surgical Guidelines
- Patient Instructions for Surgery or Procedures
- Generic Pre-Operative Orders
- Generic Post-Operative Orders – page 1
- Generic Post-Operative Orders – page 2
- History and Physical – page 1
- History and Physical – page 2
- Outpatient History and Physical Exam
- Pre-op Testing Fax Cover Sheet

**Admissions**
- Pre-Admission Form
- Pre-Registration Form
- Medication Form

**Surgery Preparation**
- Pre-Hospital To-Do List
- Information Sheet
- Patient Instructions for Surgery
- Authorization and Consent for Surgery
- Consent for Transfusion of Blood or Blood Components
- Hysterectomy Consent
- Pre-Anesthesia Evaluation
Standards of Conduct

Our mission and core values are accomplished through a set of standards referred to as our standards of conduct. These standards outline the manner in which we approach the business of our organization in harmony with our values and our commitment to being a health care leader in our community.

The standards of conduct address the following areas:

- **Quality of care and services**
  We are committed to providing a care and comfortable environment and each of us makes an integral contribution in creating this environment.

- **Compliance with laws and regulations**
  We are committed to complying with all laws, regulations, standards, and other compliance requirements that apply to the business of Huntington Hospital.

- **Coding and billing integrity**
  We are committed to the proposition that all billings for patient services and other transactions must be properly documented and authorized by management. All records must be accurately and completely supported in the hospital’s books and records.

- **Conflicts of interest**
  We have a responsibility to Huntington Hospital, the community, and to our patients. Therefore, we are committed to avoiding any activity, practice, or act that conflicts with the interests of, or that could bring into question, Huntington Hospital’s integrity.

- **Human Resources**
  We are committed to attracting, retaining, and developing the highest quality and most dedicated workforce possible in today’s market. The employees of Huntington Hospital are our most valuable asset. We strive to hire and promote people on the basis of their qualifications, performance and abilities, and are determined to provide a work environment free of any form of illegal discrimination or harassment, including sexual harassment. Further, Huntington Hospital is committed to maintaining a workplace where each employee’s privacy and personal dignity are respected and protected from offensive or threatening behavior.

- **Safeguarding property, assets, and information**
  We are committed to using our resources wisely and shall be accountable to ourselves and to others for their proper use.

- **Maintaining a safe work environment**
  We are committed to operating an environment where the health, safety, privacy, and comfort of patients and employees come first.

- **Responsible conduct of research**
  Huntington Hospital has a responsibility to its patients, staff, and its community to participate in research if the primary goal of that research is to improve the effectiveness of medical diagnosis, treatment, and prevention of disease. Huntington Hospital is committed to participating in research in an environment that complies with established law and ethics that pertain to the health, safety, privacy, rights, and welfare of human subjects.
A Relationship of Care
At Huntington Hospital we value the relationship we have with our physicians and other allied health care professionals. We are engaged in a work that transcends the simple provision of a product or service. We partner to provide healing and hope to those who come within our sphere of responsibility. As health care professionals, members of the medical staff provide the expertise and knowledge, based on their training and experience, to guide a patient’s course of care towards the most optimal outcome. As a health care institution, Huntington Hospital provides the facilities, nursing and support services to render that care and assist our physicians in diagnosing and treating our patients. This combination of knowledge and resources allows us to accomplish our mission of excelling at the delivery of health care to our community.

A Relationship of Accountability
With this relationship of care comes a relationship of accountability. Physicians are woven into the fabric of the hospital’s operations.

We act as one in purpose and action. As such, we share accountability with each other.

Health care is one of the most highly regulated industries in our nation. Physicians and hospitals are governed by a complex set of laws and regulations which are frequently modified and amended. Over the past few years, government regulators have increased their focus on the relation between physicians and the hospitals with which they are affiliated. The following topics describe some areas in which physicians and hospitals should be knowledgeable in order to sustain our relationship of accountability.

Quality of Care
When patients come to the hospital, they expect to receive the highest quality of care we can provide. Several areas pertaining to the provision of high quality care have been a focus of regulatory agencies. Regulators are now investigating and prosecuting health care providers for rendering care that does not meet generally recognized quality standards. Providers are at risk for not receiving payment for items or services rendered that are determined to be medically unnecessary or below acceptable standards of quality.

Our mission, core values and standards of conduct support a commitment to providing high quality care. Numerous programs and functions are performed within the hospital to ensure that we meet or exceed generally accepted quality of care practices.

Conflicts of Interest
A strong emphasis has been placed on relations between physicians and hospitals regarding incentives which might alter our professional judgment or impact our independent decision making in the best interest of our patients. A number of laws, including anti-kickback statutes, address a hospital’s receipt or payment of anything of value that is intended to induce a physician to refer patients to the hospital. The intent of this law is to ensure that health care decisions made by physicians and other health care providers are based solely on the clinical needs of the patient and not based on personal gain.
Stark Laws prohibit physicians from referring patients to hospitals or other entities with which they have an ownership or financial relationship for the provision of hospital and certain ancillary services. The Stark Laws provide several exceptions to the prohibitions which permit different kinds of hospital-physician financial relationships that meet the elements of each exception.

Most exceptions include requirements that the agreement be in writing, have a duration of at least one year, and have financial terms and conditions which are at fair market value and which do not vary with, or otherwise reflect, the volume or value of the physician’s referrals to the hospital.

The violation of Stark and anti-kickback laws can result in serious penalties including monetary fines, submission of false claims, and civil or criminal judgments against both the hospital and physicians.

**HIPAA and Safeguarding Patient Information**

The protection of patient privacy is one of our patients’ most basic rights. The obligation to protect patient information is a fundamental principle of our mission, core values, and our function as health care providers. Huntington Hospital physicians must understand the laws regarding the use and disclosure of our patients’ medical information.

**HIPAA and PHI Introduction**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)’s Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” (PHI) by organizations, physicians, and other individuals subject to the Privacy Rule — called “covered entities.”

The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information “protected health information.”

“Individually identifiable health information” is information, including demographic data, that relates to:

- the individual’s past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual for which there is a reasonable basis to believe can be used to identify the individual.

**General Principle for Uses and Disclosures**

A covered entity may not use or disclose protected health information, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual’s personal representative) authorizes in writing. A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities without patient authorization.

**Reporting / Notification Requirements**

Covered entities in California are also subject to state laws governing patient privacy. Both Federal and California laws contain reporting and notification requirements for violations. These notification requirements mandate that covered entities must notify the affected patient, the California Department
Of Public Health, the U.S. Department of Health and Human Services, and in some cases, the media and the attorney general when a violation of patient privacy has occurred. Ensuring that we act appropriately to maintain the privacy of our patients’ information is of utmost importance at Huntington Hospital. Our patients have entrusted us with their information, and expect that we will do the right thing to safeguard it. If you have questions or concerns related to the privacy of patient information, feel free to contact the hospital’s Compliance Officer at (626) 397-5335.

Resources
The following are resources which are available to members of the medical staff if they have questions or concerns about a potential risk to the organization including actual or alleged violations of legal and regulatory statutes.

Compliance Program
Huntington Hospital is committed to compliance with all laws and regulations that govern the operations of its business. As a means of improving and ensuring compliance, Huntington Hospital has instituted a Compliance Program which is designed to establish a culture within the organization that promotes prevention, detection and resolution of instances of conduct that do not conform with Federal or State laws and private payer requirements. The Compliance Program is overseen by a Compliance Officer who is charged with ensuring that the Compliance Program operates in a manner that is effective in meeting its intended purposes based on the recommendations of the Office of Inspector General of the Department of Health and Human Services.

Asking Questions and Reporting Concerns
If members of the medical staff have a question about a potential legal or regulatory concern or if they have observed something that they believe may place them or the hospital at risk for a compliance concern, there are a number of avenues available to have questions answered or concerns addressed. Huntington Hospital’s Compliance Officer is available as a resource to answer questions or address concerns. The Compliance Officer can be reached at (626) 397-5335. Huntington Hospital also has a Compliance Hotline and Compliance WebLine that are available 24 hours a day, 7 days a week. The Compliance Hotline and Compliance WebLine serve to have questions and concerns addressed in an effective manner and to protect the confidentiality and identity of persons placing the report. The Compliance Hotline number is (866) 311-4231. The Compliance WebLine address is www.hhcompliancewebline.com.

TJC Accreditation policy (APR.09.02.01) clarifies that physicians can report quality, safety concerns:
Physicians and medical staff members who have concerns about the safety and quality of care at their hospital can report those concerns to TJC without fear of retaliatory disciplinary action. Anyone who has concerns about the safety or quality of care may share those concerns with The Joint Commission Office of Quality Monitoring by phoning (800) 994-6610, or by sending an e-mail to complaint@jointcommission.org.

We look forward to working with you in this relationship of care and accountability.
Physician Impairment

The American Medical Association defines an “impaired physician” as one who is unable to practice medicine with reasonable skill and safety because of mental illness or excessive use or abuse of drugs, including alcohol. In general, physicians become impaired because of three major problems:

Substance Abuse: Alcohol is the most common problem. Abuse of narcotics, sedatives and other depressants as well as stimulants, including cocaine, may also occur. According to current estimates, 8% – 10% of physicians’ abuse alcohol and 2% abuse narcotics.

Psychological Problems: Too much stress and unhealthy responses to stress, depression and anxiety are the most common psychological causes of impairment. A life event, such as divorce or the death of a spouse or parent may precipitate a crisis.

Physical Illness: Physical ailments, either acute or chronic, and their treatments, can lead to incapacity.

Well Being Committee
The Medical Staff Well Being Committee is established to assist medical staff members who are impaired. An individual who suspects a physician of being impaired can submit a report to the Well-Being Committee Chair, the President, or the CEO via incident report. The observations should be factual and shall include a description of the incident(s) that led to the belief that the physician might be impaired. The individual making the report does not need to have proof of the impairment, but must state the facts that led to the suspicions.

Signs of Impairment

<table>
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<tr>
<th>Changes in personality, personal style</th>
<th>Changes in work performance</th>
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Clinical documentation improvement (CDI) is pivotal in determining and supporting medical necessity. Clinical Documentation Improvement Specialists (CDIs) review the patient record and provide feedback in the form of a written query. We query for clarification of diagnosis, of conflicting or ambiguous documentation, further specificity, and documentation of a diagnosis based on clinical indicators.

The queries are designed to ensure that all documentation is of high quality and paints a true picture of the care being provided to the patient. The queries at Huntington can be found in Cerner’s Message Center.

The CDIs will collaborate with physicians to ensure complete and concise documentation that assists in the capture of severity of illness (SOI), risk of mortality (ROM) and improve patient quality of care.

The CDI team is here to assist you with your documentation needs. Please feel free to call us if you have any questions.

Karen Beal, RN, BSN, CCDS, ext. 2024
Maria Gilda Villanueva, CCDS, ext. 3665
Theresa Cardona, RN, CCDS, ext. 3787

Gabriella Pearlman, MD, CDI Physician Advisor & ICD10 Champion, ext. 5183
Huntington Hospital has established a hospital-wide emergency code system to communicate and alert all employees of critical situations.

**Procedure**
1. To call a Code, Dial 6#. State the type of Code and location
2. Follow procedures as specified in protocols as listed under “Definitions” (policy and procedures can be viewed on Sharepoint, will need to log into Citrix to access)

**Definitions**

<table>
<thead>
<tr>
<th>CODE</th>
<th>TYPE OF CODE</th>
<th>POLICY &amp; PROCEDURE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Fire</td>
<td>#512</td>
</tr>
<tr>
<td>Blue</td>
<td>Medical Emergency (Adult &amp; Pediatric), pulseless arrest or near pulseless arrest</td>
<td>#8740.036</td>
</tr>
<tr>
<td>Rapid Response</td>
<td>All other urgent events requiring medical evaluation</td>
<td>#8740.036</td>
</tr>
<tr>
<td>Pink</td>
<td>Infant abduction (less than 12 months)</td>
<td>#507</td>
</tr>
<tr>
<td>Purple</td>
<td>Child abduction (older than 12 months)</td>
<td>#507</td>
</tr>
<tr>
<td>Gray</td>
<td>Bomb threat</td>
<td>#503</td>
</tr>
<tr>
<td>Silver</td>
<td>Hostage situation/weapon involved</td>
<td>#519</td>
</tr>
<tr>
<td>Orange</td>
<td>Hazardous Material Spill</td>
<td>#523</td>
</tr>
<tr>
<td>Triage Internal</td>
<td>Internal emergency (HICS* activation)</td>
<td>#902</td>
</tr>
<tr>
<td>Triage External</td>
<td>External emergency (HICS* activation)</td>
<td>#902</td>
</tr>
<tr>
<td>Trauma</td>
<td>Trauma Team to Emergency Department</td>
<td></td>
</tr>
<tr>
<td>AMI</td>
<td>AMI Team to Emergency Department</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>Possible stroke identified</td>
<td>#8740.223</td>
</tr>
</tbody>
</table>
Hand hygiene is the single most effective method used to prevent the spread of disease causing organisms in the hospital. It is expected that consistent, effective hand hygiene will be practiced by all Huntington healthcare workers and encouraged for patients and visitors. Huntington uses the World Health Organization’s Hand Hygiene Program as the basis for hand hygiene practices. This program addresses hand hygiene within the healthcare setting and encourages the use of alcohol based hand sanitizers when appropriate using the “5 Moments for Hand Hygiene” as a guide for compliance. These moments are:

1. Before contact with a patient
2. After contact with a patient
3. After contact with the patient’s environment
4. After contact with blood or body fluids
5. Prior to performing an aseptic task

### DEFINITIONS

<table>
<thead>
<tr>
<th>TYPE</th>
<th>PURPOSE</th>
<th>LOCATIONS USED</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Hand washing</td>
<td>Removes soil and transient organisms.</td>
<td>House wide</td>
<td>Soap, water and friction on all surfaces of the hands and wrists for 15 seconds followed by rinsing and drying of the hands.</td>
</tr>
<tr>
<td>Hand Rub</td>
<td>Destroys transient and resident microorganisms on UNSOILED hands.</td>
<td>Clinical Areas</td>
<td>Alcohol-based hand sanitizer applied to all aspects of the hands and rubbed in until dry. (NOT to be used with patients with active C. difficile infection.)</td>
</tr>
<tr>
<td>Hand Antisepsis</td>
<td>Removes soil and destroys transient microorganisms.</td>
<td>NICU</td>
<td>Nail cleaning followed by a one minute scrub from fingertips to wrists utilizing an antimicrobial soap, water and friction followed by a rinse and drying of the hands.</td>
</tr>
<tr>
<td>Surgical Hand Antisepsis</td>
<td>To remove soil and destroy transient microorganisms To reduce resident flora.</td>
<td>Surgery, Cath Lab, OB (surgical procedures)</td>
<td>Nail cleaning followed by a scrub using an antimicrobial soap preparation and water per manufacturer guidelines followed by a rinse and drying of hands with a sterile towel. Or, a scrub, per manufacturer guidelines, utilizing an alcohol based preparation rubbed in until dry.</td>
</tr>
</tbody>
</table>

II. Sinks for hand washing are located in every patient room and in or adjacent to rooms where diagnostic or invasive procedures are performed.

III. Hands must be washed with soap and water:

   a. When hands are visibly soiled, sticky, wet, or contaminated with blood and/or other body fluids.
   b. When caring for patients with spore forming organisms (C. difficile, B. anthracis or other Clostridium species).

IV. Alcohol based waterless hand sanitizers are available in patient rooms and clinical areas:

   a. Alcohol hand sanitizers may be used when hands are not visibly soiled, wet, sticky, or contaminated with blood and/or body fluids.
   b. Alcohol hand sanitizers may be used before and after contact with a patient, the patient’s surroundings, blood or other body fluids, and prior to performing aseptic procedures.
V. Hands must be washed with soap and water or decontaminated using alcohol based hand sanitizers:
   a. Before and after using gloves.
   b. Before and after all contact with patients (including intact skin).
   c. When moving from a contaminated body site to a clean body site during patient care.
   d. After contact with the patient environment or equipment in the vicinity of the patient.
   e. Before and after performing sterile or invasive procedures, even though gloves are worn.

VI. When hand hygiene products are to be changed, input will be solicited from end users. All hand hygiene products must be approved by the Infection Control Committee and other designated committees as needed.

VII. Environmental Services is responsible for maintaining supplies of hand hygiene products throughout the facility. Large amounts of the alcohol-based hand sanitizers are stored in cabinets or areas approved for flammable materials.

VIII. Wall mounted or countertop dispensers of bland soap are used throughout the facility. Bar soap for healthcare worker use is prohibited.

IX. A hospital approved antimicrobial soap is used in high-risk patient areas.

X. Alcohol based hand sanitizers are located in clinical areas as well as in select other areas of the facility. (This is not to be used with patients with active C. difficile infection.)

XI. Nail cleaning devices and hand washing brushes are single-use. Sponges are preferred over brushes to protect skin integrity.

XII. Utilize hand lotion that is provided. All other products are unacceptable unless prescribed by a physician and approved by Infection Control.

XIII. Artificial nails or extenders are prohibited for:
   a. Health care workers who provide hands-on patient care.
   b. Health care workers who prepare products that will be utilized on, in, or by patients.

XIV. Natural nail tips should be no longer than ¼ inch (i.e. not extending beyond the tip of the finger).

XV. Nail polish may be worn if not chipped

XVI. Gloves:
   a. Should be worn whenever there is potential for contact with body fluids, mucous membrane or non-intact skin.
   b. Should be changed if going from a contaminated site to a clean body site.
   c. Must be removed after caring for the patient and changed between patients.
   d. Do not eliminate the need for hand hygiene. Hand hygiene must be practiced both before and after glove use.

XVII. Rings and other jewelry on the hands and wrists are discouraged because they have the potential of harboring excess organisms.

XVIII. Employees will receive an annual update on hand hygiene.

XIX. Studies on hand hygiene compliance and other performance indicators will be conducted and data will be shared with employees and members of the Infection Control Committee.

PROCEDURE

I. Hand washing with Soap and Water (must be used when hands are visibly soiled, wet, or sticky or when caring for a patient with active C. difficile infection.)
   a. A minimum 15 second wash time is required.
   b. Pay special attention to areas in between fingers, under rings, and under fingernails.
   c. Stand away from the sink to avoid splashing self, and turn water on to a comfortable temperature. Avoid hot water as this can cause dermatitis.
   d. Moisten hands and wrists before applying soap. This helps reduce dermatitis.
   e. Apply one pump of soap (bland or anti-microbial) as recommended by the manufacturer.
   f. Work up a heavy lather of soap using friction between hands.
   g. Rinse hands and wrists well under running water, allowing water to flow from above wrist toward fingertips.
   h. Dry hands thoroughly using paper towel.
i. Using paper towel, turn off contaminated faucet handle to stop flow of water.

j. Discard paper towel in wastebasket.

k. Use hospital provided lotion to prevent skin dryness. The hospital lotion is compatible with soap products and latex.

l. When feasible, use a paper towel to touch door handles when leaving rooms.

II. Alcohol Based Hand Sanitizer (use only when hands are not visibly soiled, wet, or sticky)
   a. One pump of gel per manufacturer recommendations
   b. Apply product to palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry.

III. Hand Antisepsis & Surgical Hand Antisepsis (in select clinical areas)
   a. Remove rings, watches, bracelets, and other jewelry before hand scrub
   b. Remove debris from beneath fingernails using a nail cleaner under running water
   c. Scrub hands and forearms for the time designation in departmental policies using the product per the manufacturer recommendations.
**Standard Precautions**

(Administrative Policy & Procedure #746 – please click [HERE](#) to view full policy)

**PURPOSE:**
To reduce the risk of transmission of microorganisms found in blood, body fluids, and moist mucous membranes from both recognized and unrecognized sources of infection.

**POLICY:**
Standard Precautions apply to **ALL** patients regardless of their diagnosis or presumed infection status.
Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions regardless of whether or not they contain visible blood; 3) non intact skin; 4) mucous membranes.

**PROCEDURE:**

I. Hands, skin surfaces, and mucous membranes *must* be decontaminated following the WHO Hand Hygiene Guidelines (see policy #745 on Hand Hygiene for details). At a minimum hands should be decontaminated:
   a. **before** patient contact
   b. **after** patient contact
   c. **after** contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes
   d. **after** contact with the patient’s environment - any surface potentially contaminated with blood or other body fluids
   e. immediately after parenteral (through the skin) or splash exposure
   f. **before** donning and **after** removing gloves
   g. **between** patient contacts
   h. With soap and water **after** contact with patients with active C. difficile infection

II. All health care workers will be provided with and should routinely use appropriate Personal Protective Equipment (PPE) as barriers to prevent skin and mucous membrane exposure when exposure to blood or other body fluids from any patient is anticipated.

III. **Gloves** should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of **ALL** patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves must be changed after contact with each patient or when moving from a “dirty” to a “clean” procedure on the same patient. Hands should always be washed **before donning** and **after removing** gloves.

IV. **Masks and protective eyewear** should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. An N-95 mask must be worn when caring for tuberculosis patients or suspect tuberculosis patients.

V. **Fluid-Resistant gowns** should be worn if contamination of clothing or skin with blood or body fluids is anticipated. Gowns should also be worn during care of patients infected with epidemiologically important microorganisms, such as MRSA, VRE, and C.difficile, and to reduce the opportunity for transmission of these pathogens on clothing from patients or items in their environment to other patients or environments.

VI. All health care workers should take precautions to prevent injuries caused by sharp instruments or devices during procedures; when cleaning used instruments; and during disposal of used instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. All used or contaminated disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture resistant containers for disposal.

VII. **Mouthpieces, resuscitation bags, or other ventilation devices** should be available for use in areas in which the need for resuscitation is predictable and should be used during resuscitation procedures.
To maintain a safe environment for our patients, visitors, hospital staff, and medical staff we would like each member of the Medical Staff to be oriented to their basic responsibilities in various situations that might occur in the hospital.

Please review the policies to become familiar with your responsibility as a member of the Medical Staff: *(To view these policies please login to Citrix or click on the link below)*

<table>
<thead>
<tr>
<th>POLICY NAME</th>
<th>POLICY #</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Operations Plan</td>
<td>#900</td>
<td>Define a program that allows the hospital personnel to respond effectively to events that pose an immediate danger to the health and safety of patients, staff, and visitors.</td>
</tr>
<tr>
<td>Medical Staff Disaster Plan</td>
<td>8710.370</td>
<td>The plan is to support the hospital’s capability to provide usual care to its patients in the event of a major disaster.</td>
</tr>
<tr>
<td>Infection Control Manual</td>
<td>#734</td>
<td>Describe the components of the Infection Control Program.</td>
</tr>
<tr>
<td>Hazardous Substance Spill</td>
<td>#582</td>
<td>Describe the method to remove or remediate hazardous material releases in a manner that is safe for employees, patients, and visitors.</td>
</tr>
<tr>
<td>Medical Waste Handling</td>
<td>#765</td>
<td>To protect all persons from contact with items classified as medical waste and to comply with applicable governmental regulations.</td>
</tr>
<tr>
<td>General Safety</td>
<td>#531</td>
<td>To allow employees and Medical Staff to comply and be aware of safety procedures designed to ensure a safe and healthful environment for patients, visitors, and staff.</td>
</tr>
<tr>
<td>Fire Safety Response Plan</td>
<td>#512</td>
<td>To provide knowledge of what steps to take in the event of a fire.</td>
</tr>
<tr>
<td>Medical Device Reporting Program</td>
<td>#117</td>
<td>To identify medical device related incidents as soon as possible after their occurrence in order to initiate corrective action, prevent or minimize the occurrence of similar incidents, and comply with reporting requirements of the Federal Food, Drug, and Cosmetic Act and FDA regulations.</td>
</tr>
<tr>
<td>Blood/Body Fluid Exposure</td>
<td>#769</td>
<td>To provide immediate care for any employee, volunteer or physician, including interns and residents, who sustain a work related blood or body fluid exposure.</td>
</tr>
<tr>
<td>Management of Workplace Exposures (Excluding Blood Borne Pathogens)</td>
<td>#767</td>
<td>Describe the management of employees, physicians, students, and volunteers providing services within Huntington Hospital who may have been exposed to communicable diseases or environmental.</td>
</tr>
</tbody>
</table>

**NOTE:** All hospital policies and procedures (administrative, clinical and departmental) can be viewed on the Huntington Hospital Sharepoint page, which is available via logging in through Citrix (hhi/SitePages/Home.aspx).
Medical Staff Orientation Attestation

I have received the orientation/orientation package and have a working knowledge of the below listed items. The orientation program provided me with an opportunity to obtain clarification of my questions and understand my role and responsibilities as a credentialed practitioner. I agree to abide by the Huntington Hospital Medical Staff Bylaws, Medical Staff Rules and Regulations, Departmental Rules and Regulations, as well as hospital policy and procedures.

- Hospital Map and Layout
- About Huntington Memorial Hospital
- Our Mission Statement
- Huntington Hospital Medical Staff (Officers, Leadership, Medical Staff Office, General Medical Staff Information)
- Medical Staff Bylaws, Rules & Regulations, and Policies
- Obtaining a Badge
- Turn Around Time Dictation System
- Cerner
- Scrub Apparel Utilization
- Proctoring Plan Guidelines
- Hospital Services
- Frequent Call List
- Hospital Forms
- Standards of Conduct
- A Relationship of Care and Accountability
- Physician Impairment
- CDI Program
- Emergency Codes
- Hand Hygiene
- Standard Precautions
- Fire Safety, Restraint & Seclusion, Sedation Analgesia Privileges

Please print and sign this form and bring it to the Medical Staff Office in order to obtain your badge.

__________________________________________  ______________________________________
Signature                                        Date

_____________________________________________
Printed Name
Once you have completely read the Physician Orientation Packet, submit the online attestation form here.