

# Banner Thunderbird Medical Center New Provider Orientation

## Additional Resources

### Technology

#### Electronic Medical Record and Computer Physician Order Entry

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

#### CPOE/EMR/PeriCalm Training

You may contact the Clinical Informatics Coordinator (CIC), at 602-865-2000 to schedule CPOE/EMR/PeriCalm training. It is recommended you complete this 4- to 5-hour training session prior to Medical Staff appointment to avoid delays in exercising privileges as it may take several business days to obtain sign-on credentials. You will receive a password for access to the electronic medical record once membership and privileges are approved by the Banner Health Board.

Clinical Connectivity is Banner's online link (<https://www.bannerhealth.com/health-professionals/for-physicians/clinical-connectivity>) to clinical information. It is designed for physicians, office staff, and health insurance staff to access clinical information quickly, easily, and on their own schedule.

#### Mobile Devices Wireless Network

Guest wireless for your iPad, computer or other wireless device is available on campus

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### Infection Prevention

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

#### Comply with Standard Precautions

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

- Hand Hygiene
  - Perform before entry into the room and upon exiting (Gel in / Gel Out)

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

### **Cover your Cough**

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

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

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

- Airborne Precautions: spread in air currents (suspect Tuberculosis, chickenpox, disseminated Zoster, etc.)
  - Wear fit tested N-95 respirator mask or PAPR
  - Patients must be in a negative pressure room and door must remain closed at all times

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

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

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

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

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

### **Prevent Surgical Site Infection (SSI)**

- Administer prophylactic antibiotics within 1 hour prior to incision (2 hours for vancomycin and fluoroquinolones).
- Select the antibiotic based on the surgical procedure, the most common pathogens for a procedure, and published recommendations.
- Discontinue prophylactic antibiotics within 24 hours after surgery (48 hours for cardiac surgery).

- Do not remove hair at the operative site, unless it will interfere with the procedure. If necessary, remove by clipping. Do not use razors.
- Control blood glucose levels during the perioperative period for patients undergoing cardiac surgery.
- Perform optimal preparation and disinfection of the operative site and hands of surgical team members.
- Adhere to standard principles of operating room asepsis, including minimizing operating room traffic.
- Sterilize all surgical equipment according to published guidelines; minimize the use of flash sterilization.

### **Patient and Self Protection**

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

### **Know your Resources**

- You can page the Infection Prevention team at **(602) 201-6506**.
- Look for the Infection Prevention page on the Employee Intranet.
- Review all Infection Prevention Policies and Procedures on the Employee Intranet, under Policies and Procedures.
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### **Quality Management**

Banner Thunderbird's Quality Management department has a number of different, important roles in hospital operations:

- Oversees the Performance Improvement Program
- Ensures Banner Thunderbird's compliance with accrediting and regulatory organizations
- Use department specific and Quality Departmental data to implement evidenced-based solutions to improve specific departmental and overall hospital quality
- increases visibility of BTMC's positive quality outcomes both internally and externally to achieve quality recognition
- Proactively implements Banner franchise model/best practices and hospitalwide solutions in anticipation of quality and risk issues that may impact patient care
- Implements solutions to ensure compliance with the National Patient Safety Goals.

To reach Banner Thunderbird's Quality Department, call **(602) 865-5890, Option 1**.

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## **Safety and Security**

Banner Thunderbird Medical Center wants everyone to be safe on campus. Our Security patrols 24/7, offering both internal and external support to providers, patients, associates and visitors.

If you observe suspicious conduct or behavior while on hospital property or if you or someone else is the victim of a crime, call security dispatch at:

- 1-4400 (internal non-emergency)
- 1-6666 (internal emergency)
- (602) 747-4400 (external)

Here are some top Security questions for providers.

### **What is a provider's role in a fire emergency?**

We ask all our associates, support staff and providers to utilize the RACE acronym when confronted by a fire situation. RACE stands for:

- Rescue those in immediate danger
- Alarm by activating the nearest fire alarm pull station and dialing 1-6666.
- Contain the fire by closing all doors and windows to prevent the spread of smoke and fire.
- Extinguish the fire if safe to do so, otherwise Evacuate

In addition, it's important that all providers know how to use a fire extinguisher. Think the PASS acronym:

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

Medical gas shutoff valve locations vary depending on department, but are labeled and typically located in corridors/hallways. Under authorization of the House Supervisor, Facilities and Respiratory Services are the only departments permitted to shut off medical gas valves. Contact the House Supervisor to call a Code RED as soon as you are alerted to a fire in your area.

### **What is a provider's role during disasters?**

The medical staff leaders assist with identifying volunteer providers as necessary, and provide oversight of the professional performance of volunteer practitioners who receive disaster privileges through:

- direct observation
- mentoring
- clinical record review

