



CovenantHealth  <sup>SM</sup>



# Provider Guide



## **Mission, Vision & Promise**

### **Our Mission**

As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

### **Our Vision**

Health for a better world.

### **Our Promise**

“Know me, care for me, ease my way.”

### **Values**

Compassion  
Dignity  
Justice  
Excellence  
Integrity

### **Ministry**

Covenant Health is a part of Providence St. Joseph Healthcare, with care networks and providers spanning seven states — Texas, New Mexico, California, Alaska, Montana, Oregon and Washington. Covenant’s Methodist and Catholic heritages provide a foundation for faith-based care and Christian healing ministry.

# The Joint Commission

Covenant Health is accredited by The Joint Commission (TJC) — a non-profit organization that sets minimum standards for quality and safety in healthcare organizations. TJC is also a deemed-status agency authorized by the federal government to certify healthcare organizations as meeting Medicare Conditions of Participation.

TJC standards require that physicians, other licensed independent practitioners, and other members of the medical staff receive education on selected topics. This packet has been developed to meet these requirements.

Please review the information contained in this guide. Upon conclusion, please sign the accompanying attestation record indicating that you have reviewed and understood the information contained herein.

## Reporting a quality of care concern to The Joint Commission

Members of the medical staff have the right to report a concern regarding the quality or safety of treatment, care, and service rendered by the organization directly to TJC without fear of reprisal or disciplinary action.

We ask that you first contact the Regional Director of Regulatory Readiness at (806)725-3759 for questions or concerns, but you may contact TJC at:

### Office of Quality Monitoring – The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Fax: (630) 792-5636 | Email: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)

Call Monday – Friday, 8:30 a.m. – 5:00 p.m. CST

(800) 994-6610

## Identification Badges

Effective January 1, 2014, all Texas health care providers\* are required to wear a Photo Identification Badge during **all patient encounters**.

The badge must be visible and must clearly state:

1. At minimum the provider's first or last name
2. The department of the hospital with which the provider is associated
3. The type of license held by the provider, if the provider holds a license
4. If applicable, the provider's status as a student, intern, trainee, or resident

*\*Senate Bill No. 945 states that:*

*'Health care provider' means a person who provides health care services at a hospital as a physician, as an employee of the hospital, under a contract with the hospital, or in the course of a training or education program at the hospital.*

## **Ethics Committees and Ethics Consultations**

Covenant Health has ethics services in alignment with the PSJH Theology and Ethics Department. Doyle D. Patterson, PhD is the Regional Ethics Director for the Texas/New Mexico Region. The TX/NM Regional Ethics Council (REC) provides oversight and support for the ethics committees at each of Covenant's acute care facilities, as well as, providing ethics services for Covenant's ambulatory care services (Covenant Ambulatory Care Ethics Committee).

The ethics committees exist to assist you with difficult ethical issues in the care of patients. The committees provide individual clinical ethics consultations at the request of physicians, caregivers, patients, or family members. The committees also engage in projects to improve Covenant's ethical processes and procedures.

**To initiate an ethics consultation,  
please order a consult via Epic in the patient's EMR  
or call ethics at (806) 928-0283.**

Covenant's faith-based mission is to extend Christian ministry by caring for the whole person – body, mind, and spirit – and by working with others to improve health and quality of life in our communities. We draw this mission from our Methodist and Catholic heritages. Our ethical commitments call us to follow the guidance of the Social Principles of the United Methodist Church and the Ethical and Religious Directives for Catholic Health Care Services.

**If you wish to have a copy of these documents,  
please contact the Office of Mission Services at (806) 725-0260.**

## **Resolving Conflicts Between Patient Desires and Physician Treatment Recommendations**

Texas Health & Safety Code, Chapter 166.046, provides supportive assistance in the resolution of conflicts that may arise where an attending physician refuses to honor a patient's Advance Directive, or a health care treatment request made by or on behalf of a patient.

In the event the attending physician refuses to honor a patient's Advance Directive, or health care treatment request made by a patient or on behalf of a patient, the physician's refusal shall be reviewed by the hospital Ethics Committee. This Ethics Committee review is mandatory under Texas state law.

Ethics Consultation Process: Any person involved with the patient or patient care may request an Ethics Consultation if they perceive there to be a clinical ethics issue.

## Provider Impairment

Provider impairment is a serious issue. The following may be signs that you or a colleague may be impaired. (Reference Practitioner Health Policy, which may be found online at [covenantmss.org](http://covenantmss.org))

### Personal

- Deteriorating personal hygiene (e.g. over-use of cologne or mouthwash, disheveled appearance).
- Multiple physical complaints
- Personality and behavioral changes (moods swings, emotional crises, irritability, loss of compassion)
- Physical symptoms (blackouts, sweating, tremors)
- Preoccupation with mood altering agents (hiding or protecting supply, using more than intended)

### Friends and community

- Personal isolation
- Embarrassing behavior
- Legal problems (e.g. drunken driving, speeding tickets)
- Neglect of social commitments
- Unpredictable, out of character behavior, such as inappropriate spending

### Professional

- Change in work pattern (more or less hours), or disorganized scheduling
- Frequent “breaks” or absence
- Inaccessibility to patients and staff
- Excessive drug use (samples, prescriptions, etc.)
- Complaints by patients regarding physician’s behavior
- Alcohol on breath
- Rounding at inappropriate times
- Deteriorating relationship with staff, patients, and/or colleagues
- Deteriorating performance

***If you suspect that a colleague may be impaired, it’s important that he or she gets the help they need. The medical staff has established avenues where physicians can seek assistance in a safe and confidential way.***

## **Risk Management**

Clinical risk management comprises the systems and processes employed to identify, assess, mitigate/control, and prevent risks in healthcare organizations that may result in loss/harm to patients, visitors, staff, and the organization. Risk management seeks to systematically safeguard patient safety as well as the organization's assets, market share, accreditation, reimbursement levels, brand value, and community standing.

Collaboration partners in the risk management program include providers, clinicians, non-clinical staff, administrators, managers, supervisors, and vendors, who identify, review, evaluate and control risks that interfere with safety, quality patient care and services rendered by Covenant Health. Risk management works with our partners to take appropriate preventative and corrective action as needed.

Safety and quality thrive in an environment where "Speaking Up for Safety" is encouraged and supported by and for all caregivers in all departments. We encourage our physician partners to "Speak up for Safety" to help us fulfill the Vision of Covenant Health to be the best place for patients to receive care, for employees to work, and for physicians to practice.

### **Identification & Reporting of Potential Safety Issues/Concerns**

Safety events occur when there is a deviation from generally accepted practice/performance standards ("GAPS") that reaches a patient and causes harm, ranging from minimal harm to death. Near miss or "good catch" events are when a deviation from GAPS occurs, but does not reach the patient.

Covenant Health's journey to becoming a Highly Reliable Organization is supported by the work of the risk management and patient safety team as they partner with providers and staff to reduce patient harm by finding the causes of deviations from GAPS and formulating corrective actions to improve patient safety.

### **Incident reporting system**

Datix is the electronic incident reporting system utilized throughout Covenant Health to document, classify, and track safety events and conditions. Datix can be found under Quicklinks for Covenant Health.

### **What should be reported**

- Any conditions or events not consistent with generally accepted practice/performance standards
- Any concerns or events related to workplace violence or unprofessionalism per the Code of Conduct
- Patient/family grievances regarding care or experience that have not been resolved by the staff present.
- Events reported that discuss concerns regarding quality of care provided or professional behavior of a physician are directed to the Chief Medical Officer (CMO) and/or Chief of Staff for review and follow-up.
- Physicians are encouraged to utilize the system to report any issue involving patient safety. If you are unable to access Datix, please call the Risk Manager on-call to report your concerns.

### **Regulatory/Legal Support**

If a physician is contacted by a regulatory or law enforcement agency for information, s/he should contact the risk manager on-call to discuss the situation before responding. The risk manager will ensure that requests are managed appropriately per Covenant Health policies and HIPAA standards.

**For questions or concerns, you can reach a Risk Manager 24 hours a day, 7 days a week, by calling the on-call phone at **806-392-7319**.**

## Do Not Use Abbreviations

- Unapproved abbreviations should not be documented in orders, pre-printed forms, or in handwritten or electronic medication related documents.
- The following Unacceptable abbreviations, because of their propensity to be misunderstood and lead to an error in care, will not be used for any type of order, pre-printed forms, or in medication-related documentation, handwritten or electronic:

### Unacceptable Abbreviation

### Recommended Alternatives

'U' or 'u'

Spell out the word 'units'

'IU'

Spell out the words 'international units'

'QD' or 'QOD'

Write 'daily' or 'every other day'

Use of trailing zeros (i.e. 5.0mg)

Omit trailing zeros (i.e. 5mg)

Omission of leading zeros (i.e. .5mg) 'MS'. 'MS04'.  
'MgS04'

Use leading zeros (i.e. 0.5mg)

Write Morphine Sulfate or Magnesium Sulfate

# Clinical Alarms

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. This is a multifaceted problem. In some situations, individual alarm signals are difficult to detect. At the same time, many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow. These issues vary greatly among hospitals and even within different units in a single hospital.

## **Critical alarms**

Alarms on medical equipment designed to alert staff to the presence of a life-threatening condition.

## **Non-critical alarms**

Alarms on medical equipment designed to alert staff to the presence of a non-life-threatening condition.

## **Alarm fatigue**

Alarm fatigue occurs when clinical personnel fail to respond appropriately to alarms due to excessive or inability to understand the priority or critical nature of alarms. As a result, clinical personnel will be desensitized to alarms, and will ignore them and even turning them off.

Staff is expected to verify that critical life-threatening alarms are in the 'ON' position. Life threatening critical alarms are defined as the following:

- Patients on continuous cardiac monitoring, ICP monitoring, CO2 monitoring, ventilators, BiPAP, continuous IV infusion of hemodynamically altering drugs, and SaO2 monitoring (refer to criteria), should be placed where the alarms can be reliably heard, and trained staff are readily available to respond.

Alarms volumes will be set at a level so that staff can hear them.

Users of medical devices shall verify — as appropriate — that critical alarms are in the 'on' position and sufficiently audible:

- Prior to using the device on a patient
- When assuming care of a patient (i.e. at the start of shift)
- Following removal and subsequent reapplication of the device on a patient due to patient care needs or transfers
- Prior to transferring a patient with the device to another care area



## Responding to Incidents in the Care Environment

### Rapid Response Team

The purpose of the Rapid Response Team (RRT) is to provide expert assessment, early intervention and stabilization for patients and prevent clinical deterioration or arrest. The RRT will respond when summoned, for a patient who has significant change in status, and falls under the RRT criteria. The RRT is called into the PBX operator and then paged to the team members.

### Role in emergency management

The organization has established a comprehensive plan to respond to a variety of emergency situations. In the event of a significant emergency (disaster), members of the medical staff will be responsible for providing medical care and support. This may involve such activities as:

- Determining which patients under your care could be discharged to make room for emergency admissions.
- Staffing triage and secondary care areas depending on your discipline and specialty.
- Providing medical direction to care units.

**During an emergency, members of the medical staff should report to the physician dining room at the appropriate campus unless otherwise designated.**

## Armbands

A standardized process identifies and communicates patient-specific risk factors or special needs by using standardized color-coded clasps on the armbands. Hospitals across the nation have adopted armband clasp colors as a strategy to reduce confusion for staff members who may relocate from another state or work in multiple hospitals. Small alert labels with identical text and colors as outlined in this policy, may be used on the armband for the pediatric and infant patient population, in lieu of clasps. A pre-printed written descriptive text is used on the armband clasps, clarifying the intent (i.e., “Allergy” or “DNR”). The following represents the meaning of each color-coded armband clasp:

- RED** — Allergy
- PURPLE** — DNR
- PINK** — No Latex
- GREEN** — No Blood
- ORANGE** — Isolation

## Exposure to Hazardous Materials

1. Go to MyApps at <https://myapplications.microsoft.com/>
2. Click on **Quicklinks**
3. Scroll down and select: Maxcom
4. Type in the name of the chemical

## Role In the Event of a Fire

In the event of a fire at Covenant Health, please take the following actions. At fire's point of origin, all staff and providers shall report to the department manager or charge nurse for instruction for assisting in the event. Away from fire's point of origin, providers are to stay apprised of the conditions and be available if medical attention becomes necessary.

Covenant Hospitals have adopted PLAIN LANGUAGE Emergency Codes in accordance with recommendations from Homeland Security, FEMA, OSHA, and Texas Hospital Association. Covenant hospitals have standardized the language that will be used. A badge buddy is provided for a summary of the Emergency Codes and contact numbers.

### EXAMPLE BADGE BUDDY

<p><b>EMERGENCY NUMBERS</b></p> <p><b>44444 IN HOSP.</b>  <b>50707 SECURITY IN HOSP.</b></p> <ul style="list-style-type: none"> <li>• FIRE</li> <li>• BLUE (CARDIAC/RESP ARREST)</li> <li>• SEVERE WEATHER/TORNADO</li> <li>• NON PATIENT INJURY/FALL</li> <li>• EXTERNAL EVENT</li> <li>• INTERNAL EVENT</li> <li>• UTILITY OUTAGE</li> </ul> <p><b>725-CODE (2633) OUTSIDE HOSP.</b>  <b>911 OUTSIDE HOSP.</b></p> <ul style="list-style-type: none"> <li>• MISSING ADULT/CHILD/INFANT</li> <li>• EVACUATION</li> <li>• SECURITY ALERT             <ul style="list-style-type: none"> <li>• VIOLENT BEHAVIOR</li> <li>• HOSTAGE SITUATION</li> <li>• LOCKDOWN</li> <li>• BOMB THREAT</li> </ul> </li> </ul> <p>*** FOR AN ACTIVE SHOOTER DIAL 911 AND 44444 ***</p>	<p><b>FIRE RESPONSE</b>  <b>R.A.C.E.</b></p> <p><b>RESCUE</b>  <b>ACTIVATE ALARM</b>  <b>CONTAIN THE FIRE</b>  <b>EXTINGUISH OR EVACUATE</b></p>
<p><b>TO REPORT AN EMERGENCY</b></p> <ul style="list-style-type: none"> <li>• DIAL EMERGENCY NUMBER</li> <li>• TYPE OF ALERT (I.E. FIRE, VIOLENT PERSON, ETC.)</li> <li>• CAMPUS LOCATION (I.E. CHILDREN'S – MRI ONE)</li> <li>• EVENT DETAILS (I.E. AMMONIA SPILL)</li> </ul>	<p><b>FIRE EXTINGUISHER</b>  <b>P.A.S.S.</b></p> <p><b>PULL THE PIN</b>  <b>AIM AT THE BASE OF THE FIRE</b>  <b>SQUEEZE THE HANDLE</b>  <b>SWEEP SIDE TO SIDE</b></p>

# Infection Prevention/Control & Hand Hygiene

Infection Preventionist On-Call: (806) 252-1762

## Standard precautions

Standard precautions are those precautions that are to be taken with any patient to prevent the spread of infection. Standard precautions consist of: gloves; masks and eye protection (goggles /face shields), and fluid-resistant gowns/jumpsuits to protect from exposure to body fluids.

## Isolation

Certain patients may require isolation. The following list indicates the various types of isolation used in our organization: Contact Precautions; Special Contact Precautions; Droplet Precautions; Airborne Infection Isolation (All); TB-Specific Airborne Infection Isolation.

## Hand Hygiene

Washing your hands is the single most effective way of preventing the spread of infection among staff and patients. Our organization adheres to the CDC recommendations for good hand hygiene. Wash hands with soap and water when visibly dirty or contaminated with blood or body fluids, if exposure to potential spore-forming organisms is strongly suspected or proven, after using the restroom, before placing or removing contact lenses. If hands are not visibly soiled, an alcohol-based, waterless cleanser may be used.

## Preventing Influenza

Vaccination against influenza is the most effective means of spreading the disease. The influenza vaccine will be administered at no cost annually, October through December. Anyone choosing not to receive the vaccination must sign a Declination form and will be required to wear a mask during the influenza (flu) season. The mask will be required when within 6 feet of a patient regardless of where you work.

Infection Control in conjunction with the Infectious Disease Physicians and the laboratory will determine when Flu is active in our area. This will be when 10% (percent) of the flu test we perform are positive and will continue until less than 10% (percent) of all flu test are positive. Infection Control will notify Leadership that flu season has started.

# Isolation Precautions

TYPE OF ISOLATION	MOST COMMON TYPE OF DISEASE	SPECIFIC PRECAUTIONS
Standard Precautions	MRSA* VRE	<ul style="list-style-type: none"> <li>• Hand hygiene before before entering the room.</li> <li>• Place gloves, gowns or mask with eye shield before coming into contact with blood or body fluid.</li> </ul>
Contact	Carbapenem Resistant Enterobactriaceae (CRE) ESBL Other extremely resistant organisms RSV Rotavirus Lice Scabies  <i>Draining wounds with any organisms can not be contained</i>	<ul style="list-style-type: none"> <li>• Hand hygiene before before entering the room.</li> <li>• Place gloves and gowns on before entering the room.</li> </ul>
Special Contact	C. Difficile	<ul style="list-style-type: none"> <li>• Hand hygiene before before entering the room.</li> <li>• Place gloves and gowns on prior to entering the room and dispose of them upon exiting the room.</li> <li>• Wash your hands with soap and water.</li> </ul>
Droplet	Influenza Bacterial Meningitis Perussis	<ul style="list-style-type: none"> <li>• Hand hygiene before before entering the room.</li> <li>• Place surgical mask on prior to entering the room.</li> <li>• Place gloves, gowns and eye shield with procedures causing aerosolization.</li> </ul>
Airborne	Varicella Tuberculosis Measles (Rubeola) Disseminated Shingles Shingles in immunocompromised patient	<ul style="list-style-type: none"> <li>• Hand hygiene before before entering the room.</li> <li>• Place N 95 mask on prior to entering the room.</li> </ul>

## Anticoagulant Therapy

Patients receiving anticoagulant therapy shall have these medications ordered, prepared, dispensed, administered and monitored in accordance with guidelines and requirements established in Pharmacy policy.

**For questions or guidance in administering anticoagulant therapy, please contact the pharmacy department at your hospital.**

**Covenant Medical Center - (806) 725-0407    Covenant Grace Surgical - (806) 725-4000, x42417**

**Covenant Children's - (806) 725-6770    Covenant Plainview - (806) 291-3304**

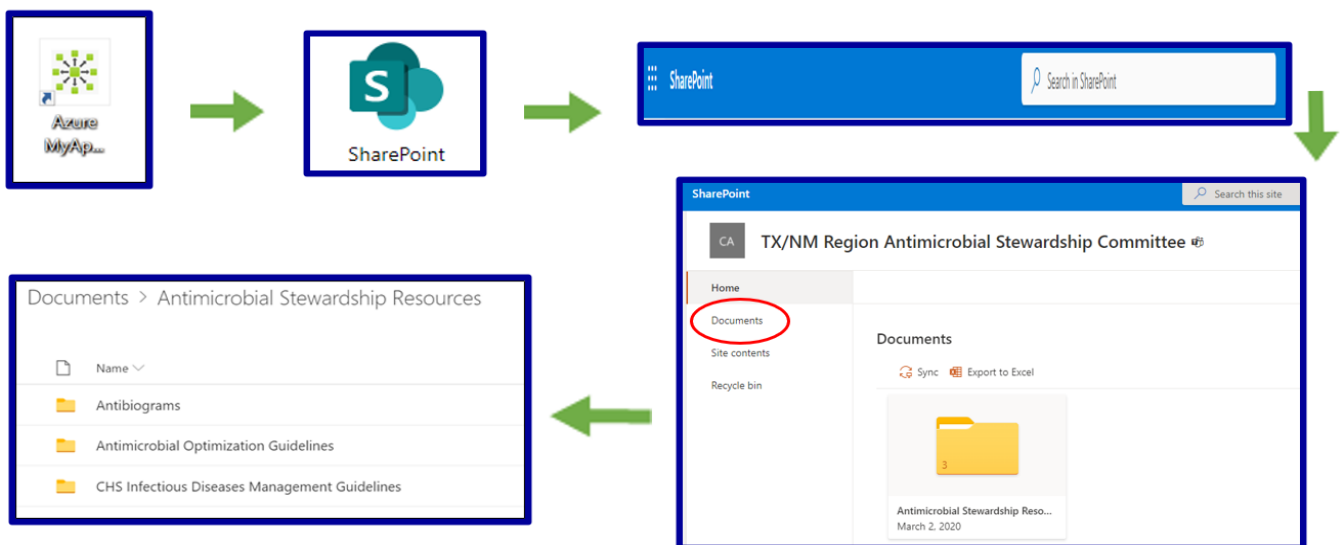
**Covenant Specialty - (806) 725-9250    Covenant Levelland - (806) 568-1312**

**Covenant Hobbs - (575) 492-5172**

## Antimicrobial Stewardship Program

Bacterial, fungi and viruses are becoming progressively more resistant to antibiotic, antiviral and antifungal drugs. The Centers for Disease Control and Prevention and the World Health Organization are both warning us about the resistance problem. Covenant Health has an Antibiotic Stewardship Program to ensure the best use of antibiotics in order to preserve the effectiveness of antibiotics. Our specialist pharmacist and Infectious Diseases physician oversee the program, which is part of the Covenant Health Quality and Patient Safety Program.

**For Questions contact: Larry J. Pineda, Pharm D, BCPS (806) 725-6164**



## Use of Restraint or Seclusion

### Administrative Policy - Restraint/Seclusion

The organization will work to actively decrease the use of restraint or seclusion. When restraint or seclusion is necessary, such activity will be undertaken in a manner that protects the patient's health and safety and preserves his or her dignity, rights and well-being. The use of restraint/ seclusion is a last resort, after alternative interventions have either been considered or attempted.

All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

### Training requirements for All Providers

All licensed independent practitioners or allied health professionals that manage patients placed in restraint or seclusion will have a working knowledge of the hospital policy. Reference Administrative policy (Medical/Surgical Restraints) for more information.

### Prohibitions to Use of Restraint or Seclusion

The use of restraint or seclusion for the following reasons is strictly prohibited:

- Use that is based solely on a patient's prior history and/or behavior.
- Use as a convenience to staff.
- Use as a method of coercion or as punishment.
- Use as a method for the prevention of a fall.

### Requirements for patient assessment & ordering of restraint or seclusion

The use of restraint or seclusion must be in accordance with the order of a physician or other providers who are responsible for the care of the patient. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.

Orders for the use of restraint or seclusion must never be written as a standing order, nor on an as-needed basis (PRN).

Each order for restraint or seclusion must contain at least the following information:

- The name of the patient being restrained or placed into seclusion
- The date and time of the order
- The name of the LIP ordering the restraint or seclusion
- The type of restraint or seclusion to be applied
- The time limit (duration) of the restraint or seclusion

If there is to be any variation from this policy for monitoring of the patient and/or release from restraint before the order expires, then the rationale for such variation must be contained in the order. The initial order for violent/self-destructive (behavioral) restraint must be time limited and shall not exceed 24 hours.

Renewal orders for non-violent/non-self-destructive (medical) restraint shall be obtained at least each calendar day. Renewal orders shall be based on an examination of the patient by a provider. Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be ordered/renewed in accordance with the following limits for up to a total of 24 hours:

- Four (4) hours for adults age 18 and older;
- Two (2) hours for children and adolescents ages 9 to 17;
- One (1) hour for patients under age 9.

After 24 hours, before writing a new order a physician or other LIP who is responsible for the care of the patient must see and assess the patient.

When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within one (1) hour after the initiation of the intervention by a provider; or RN or PA who has been trained in accordance with the requirements of this policy. The purpose of the face-to-face evaluation is to assess; the patient's immediate situation; the patient's reaction to the intervention; the patient's medical and behavioral condition; and the need to continue or terminate the restraint or seclusion.

# Pain Management

## Patients rights

Patients have the right to pain management. It is the policy of our organization to do the following:

1. Conduct an appropriate assessment and/or reassessment of a patient's pain consistent with the scope of care, treatment, and service provided in the specific care setting in which the patient is being managed.
2. Require that methods used to assess a patient's pain are consistent with the patient's age, condition, and ability to understand
3. Assess the patient's response to care, treatment, and service implemented to address pain.
4. Treat the patient's pain or refer the patient for treatment.

## Treatment of pain

In general, inpatients shall receive treatment for any active pain issue (acute or chronic), when intensity exceeds their acceptable level. Treatment shall be consistent with the patient's clinical presentation and objective findings. The treatment modality selected shall be appropriate for the patient's needs. Treatment is to be provided in a timely manner.

## Patient refusal of pain management

Patients have the right to refuse pain management in any care setting. Such refusal should be documented in the patient's medical record.

## Decision not to treat pain

If a decision is made not to treat a patient's pain and/or refer the patient for treatment, then the clinical justification for that decision should be documented in the patient's medical record. (See Administrative Policy, Management of Pain)

# Medical Records

Welcome to Covenant Health. HIM/Medical Records would like to ease your way with the following information regarding documentation in Epic.

## Record completion requirements:

### I. Timely Documentation

Follow these guidelines for timely documentation.

1. Complete History & Physical within 24 hours after admission of patient.
2. Complete Consultation within 24 hours after visit to patient.
3. Complete Operative Note within 24 hours after surgery is performed.
4. Complete Discharge Summary within 24 hours after discharge of patient.

### II. Incomplete records

When Medical Records determines that the record has not been satisfactorily completed, the physician will have thirty (30) days to complete the records.

If the physician fails to complete the records within the thirty (30) day period, the physician's name will automatically be posted to the suspension list.

### III. Transcription

Please contact transcription to be setup on the call-in dictation at 503-215-6826 or email [REGMedTrans@providence.org](mailto:REGMedTrans@providence.org)

For access issues, please call the Service Desk at **806-725-5555** and select the Physician line.

For Epic issues, please call the Epic Support Team at **855-415-8188**

Thank you, Gail Glenn, HIM Manager, 806-725-4380



## **Language Assistance for Limited English Proficient & Hearing-Impaired Patients**

Qualified Interpreters should be used for clinical assessment, discussing plan of care, diagnosis, prognosis, med reconciliation, all surgical consents, medical questions, treatment decisions, physician consultation, discharge planning and instructions and health education. Non-qualified Interpreters (including family or friends of the patient that are at least 18-year-old) may be used for non-clinical information only, but the patient should sign a waiver allowing this to occur.

If qualified in-house interpreters cannot be located, professional over the phone interpreters or in some cases visual service is available 24x7 through Language Line/Pacific Interpreters.

- Language Line/Pacific Interpreters provides over 200 languages. Sign Language Interpreter Service is also available via Video Remote Interpreter on iPad Pro and in person by request. Ask the Charge Nurse or Unit Secretary for assistance.
- Nursing can access interpreter services by Vocera or the Dual Handset phones located in each patient room and in procedural areas.
- For Low German (Mennonite), please contact the House Supervisor or Charge Nurse for arrangements. This language is extremely difficult to arrange. Spanish is often used with these families.

**For assistance from the Qualified Interpreter Specialist during business hours (Monday – Friday, 8 a.m. – 5 p.m.) call (806) 407 - 7920.  
After hours, please contact the Nursing Supervisor.**

## Patient Transfer Policy

Transfer of a patient may not be predicated upon arbitrary, capricious, or unreasonable discrimination based upon race, religion, national origin, age, sex, physical condition, economic status, insurance status or ability to pay.

Hospital staff who have the authority to represent CH-Lubbock and the physician with regard to the transfer from or receipt of patients into the hospital include physicians, licensed nurses, Case Management/Social Services staff, House Supervisors, Transfer Center staff, and Administrators on duty. Physician Duties (Regarding Patient Transfer):

1. The transferring physician shall determine and order life support measures which are medically appropriate to stabilize the patient prior to transfer and to sustain the patient during transfer.
2. The transferring physician shall determine and order the utilization of appropriate personnel and equipment for the transfer.
3. In determining the use of medically appropriate life support measures, personnel, and equipment, the transferring physician shall exercise that degree of care which a reasonable and prudent physician exercising ordinary care in the same or similar locality would use for the transfer.
4. Except as allowed, when delay of transfer would appear to be a detriment to the patient, prior to each patient transfer, the physician who authorizes the transfer shall personally examine and evaluate the patient to determine the patient's medical needs and to ensure that the proper transfer procedures are used.
5. Prior to transfer, the transferring physician shall ensure that a receiving physician and a receiving hospital that are appropriate to the medical needs of the patient have accepted responsibility for the patient's medical treatment and hospital care.

### **Guidelines for handling of requests for transfers from other hospitals**

- Requests for transfer of patients with emergency medical conditions to Covenant Health — Lubbock ("Covenant-Lubbock") will be directed to a central Communications Center.
- The Communications Center will collect all information available about the proposed patient's condition and needs and will respond to requesting facility within 30 minutes.
- Information regarding the financial status of the proposed patient will not be obtained or discussed until after the transfer is accepted or it has been determined that EMTALA does not apply to the request for transfer. (e.g., the transfer of a patient who does not have an emergency medical condition).
- The Communications Center will communicate with the Patient Placement Coordinator at Covenant-Lubbock to determine if Covenant-Lubbock has the physical capability and capacity to meet the emergency needs of the proposed patient.
- The Communications Center will follow the Covenant-Lubbock call schedule as provided to determine the appropriate physician for the proposed patient's needs.
- If Covenant-Lubbock has the physical capability and capacity to take care of the proposed patient and the appropriate physician is available and able to take care of the patient, the Communications Center will call the requesting facility and accept the transfer.

## **Workplace Violence**

In keeping with our mission and values, Covenant Health is committed to providing a safe and secure workplace and environment free from violence, threats of violence, and other disruptive behavior that impacts the safety of workforce members, patients, and visitors.

- **Notify management and, where applicable, security, of any workplace violence incidents.**
- **Incidents should also be documented in Datix.**