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Bylaws vote, leadership nominations top Sept. 16 annual meeting agenda

The First Hill/Ballard/Cherry Hill medical staff will vote on a series of Bylaws amendments at the annual meeting set for Tuesday, Sept. 16, from 6 to 8 p.m. in the Swedish Education and Conference Center at the Cherry Hill Campus. All medical staff members are encouraged to attend. Dinner is available at 5:45 p.m.

Amendments cover a wide range of topics, including:

• Procedures for amending medical staff bylaws
• Medical record authentication
• Quality review committee composition
• QRC member terms
• Temporary privileges

Ballots will be given to all Active members upon their registration at the meeting. Voting will take place immediately following a presentation describing the amendments. Members must be present to cast a ballot. The meeting will also include a report on nominees for two seats on the Medical Executive Committee, including representation in the following areas:

• Orthopedics
• Women and children’s medicine

Nominations will also be taken from the floor, and nominees will have an opportunity to make brief statements describing their qualifications. Voting in the leadership election will take place by mail or electronic ballot later this fall. MEC members serve two-year terms that begin Jan. 1.
Using “Health Care Agreements (HCAs) for Behavioral Management: Patient”  
by June Altaras, RN, MN, chief nursing officer, Swedish Health Services; chief operating officer, Swedish Seattle 

Do you know what steps need to be taken to identify and manage behaviors of patients that are in conflict with the delivery of care and may represent an unsafe situation to patients, staff or visitors? If not, click here to review the policy that describes how to use an HCA in working with the patient. As well, the related intervention strategies are available readily in the Standards by searching for Health Care Agreement.

If a patient has a prior history of unsafe behavior and/or active chemical dependency issues, or exhibits behaviors that are in conflict with his or her treatments and procedures, or present a risk to the safety of other patients, visitors, or staff, the attending physician or charge nurse is responsible to facilitate a “huddle” of the care team. The care team is to develop an individualized Health Care Agreement that identifies the specific behaviors that represent a barrier to care and/or an unsafe situation; the attending physician and care team together review with the patient the Health Care Agreement. The patient may need to be discharged in cases when medical/surgical goals cannot be met due to the patient’s behavior, and/or if staff or other patients’ safety is at risk.

Please refer to the full policy for the specific requirements in various scenarios. If you have any questions, please contact me at june.altaras@swedish.org.

Recognizing and reporting physician impairment  
by David W. Mitchell, M.A., director, First Choice Health Physicians Assistance Program

Airline pilots put us all at risk if they show up to work impaired. Truck drivers or school bus drivers shouldn’t work while they are impaired. But what about our physicians?

For a number of reasons, research has shown that physicians may be at higher risk of impairment at some point in their career than other professionals. If untreated, drug and alcohol abuse/dependence, depression and other mental illness not only significantly impacts physicians and their families, but can jeopardize patient safety and a career. Adding to this risk is the challenge that goes along with physicians who typically deny or suppress suggestions that there may be a problem.

In Washington and many other states, there are now laws that require licensed healthcare providers to report other licensed providers who commit an act of unprofessional conduct or who have a physical or mental condition that may affect their ability to practice with reasonable skill and safety. (In Washington, these reports can be made to the Washington Physicians Health Program at (800) 552-7236. For more information, see: Washington Physicians Health Program)

Our Physician Assistance Program at First Choice Health can also help before things get to that point. Free, confidential assistance is available to physicians and their family members covered by our program. We understand the unique needs of physicians, know the local and national resources, and appreciate the importance of supporting not only the well-being of the physician, but the safety of the public.

For more information, visit First Choice Physician Assistance Program or call us at (800) 777-1323.
# Changes to the Restraint or Seclusion Management Policy/Procedures

## New Practices

<table>
<thead>
<tr>
<th>Revised definitions of restraint/seclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN must perform initial safety monitor checks at restraint/seclusion initiation and must document continued use of restraint device every shift.</td>
</tr>
</tbody>
</table>

| LIP Face to face evaluation for Medical Interference must be within 24 hours of initial application instead of 12 hours. |

<table>
<thead>
<tr>
<th>Prolonged use of restraint defined:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 72 hours for Medical</td>
</tr>
<tr>
<td>• 24 hours for Violent/Seclusion</td>
</tr>
<tr>
<td>• 4 hours for Locked seclusion or combined restraint and seclusion</td>
</tr>
</tbody>
</table>

| Charge RN to track use of restraint each shift and duration of each restraint use |

<table>
<thead>
<tr>
<th>Revised Epic Restraint Flow sheet:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised LIP face-to-face documentation SmartText to capture essential requirements. Restraint order slightly modified.</td>
</tr>
</tbody>
</table>

| Respiratory rate is no longer part of routine safety checks |

| Double Locking Cuffs now in Code Gray kits |

| New Process for Progressive Release when double locking restraint used |
| Four Keys to Locking Restraint to be kept by: |
| 1. Patient’s RN |
| 2. Charge RN |
| 3. Taped to white board in nursing station |
| 4. PSA for emergent release |

| Code Gray Transfer call to Code Operator |

## Continued Practices

<table>
<thead>
<tr>
<th>MD order required within 15 minutes of restraint application. RN may take telephone order in emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN may apply restraint before obtaining physician order if situation warrants it</td>
</tr>
<tr>
<td>Alternatives, least restrictive devices attempted before restraint initiated and while patient in restraint</td>
</tr>
<tr>
<td>Patient told of reason for restraint and what actions would result in removal of restraint</td>
</tr>
<tr>
<td>Family included in education and reason for restraint and encouraged to help problem-solve unsafe patient actions</td>
</tr>
<tr>
<td>Restraint removed as soon as indicated</td>
</tr>
<tr>
<td>Medical Interference Restraint Track requires safety and physical needs checks every 2 hrs.</td>
</tr>
<tr>
<td>Medical Interference Restraint Track requires LIP face to face within 24 hours of order</td>
</tr>
<tr>
<td>Medical Interference Restraint Track requires RN assessment of continued need q shift or min 12 hours.</td>
</tr>
<tr>
<td>Medical Interference Restraint Order expires after 24 hours; may be renewed if indicated.</td>
</tr>
<tr>
<td>Four (4) point restraint requires a Violent Restraint Track order to support increased monitoring and patient safety needs.</td>
</tr>
<tr>
<td>Violent Restraint/Seclusion Track requires safety checks every 15 minutes and physical needs check every 2 hours.</td>
</tr>
<tr>
<td>Violent Restraint/Seclusion Track requires LIP face to face within 1 hour of order</td>
</tr>
<tr>
<td>Violent Restraint/Seclusion Track requires RN assessment for continued need q 4 hrs for adults, q 2 hrs for patients ages 9-17, and q 1 hr. for children under age 9.</td>
</tr>
<tr>
<td>Violent Restraint Order expires after 4 hours for adult patients; after 2 hours for 9-17 year olds, after 1 hour for children under 9; may be renewed, if indicated</td>
</tr>
<tr>
<td>Patient in Violent Restraint Track may need continuous 1:1 monitoring; this depends on patient situation</td>
</tr>
<tr>
<td>RN to document in progress note or shift summary behaviors, actions related to restraint/seclusion each shift.</td>
</tr>
<tr>
<td>Medications will be a therapeutic intervention when ordered, not a chemical restraint.</td>
</tr>
<tr>
<td>Restriction Orders are NEVER PRN</td>
</tr>
<tr>
<td>Post-Code Gray debriefing is required to discuss how the Code ran and what could be done to improve the process</td>
</tr>
</tbody>
</table>
Deregulation in Medicine
Bob Nash, MD, and John Henson, MD

Abbreviations in medical orders and documentation come with obvious risks for miscommunication. Given their efficiency and widespread use, however, Swedish will now prohibit only the “most dangerous” abbreviations, as listed in the link below.

This is such a notable occurrence in an increasingly regulated world that we thought the medical staff should see this Bylaws change.

*******************************
FBC Bylaws Committee
Approved May 13, 2014
Use of abbreviations and symbols

Rules and Regulations
Amend section 8.15 as follows:

8.15 Use of Symbols and Abbreviations and Symbols
Symbols and abbreviations may be used only when they have been approved by the appropriate committees, and are maintained by the Clinical Standards Committee. A current list of DO NOT USE—Dangerous Abbreviations may be found as the first page of the Commonly Used Medical Abbreviations list on the Swedish Intranet. Dangerous Abbreviations are selected by the Patient Safety Program’s Medication Variance Oversight Team (MVOT). The abbreviations and symbols designated as Dangerous Abbreviations (see link) are not allowed.

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Reminder to NOT USE family members or friends as interpreters

Accommodating the hearing and vision needs of our patients is an important part of care at Swedish. It is crucial that patients and their families understand what is being asked, taught, assessed, and evaluated by care providers….. and equally important to validate what care givers say and do is understood by the patient and family. Swedish offers a variety of free, qualified interpretation for our patients. Such examples are the video remote interpretation (VRI), telephonic interpretation, and a live person interpreter. There at times that the patients’ family and friends prefer to interpret. Refer to the below resources to remind you under which context it is safe and appropriate to use family and friends to interpret and what to document if the patient insists to use family and friends and refuse our qualified interpretation services. Contact Kathleen.To@swedish.org for further clarification or questions.

- Clinical Job Aid: Interpreter Services: Family Member or Friend as Ad Hoc Interpreter http://intracm.swedish.org/Stellent/groups/standards/documents/swedstd/swed_017509.pdf
FYI to all Surgeons

On August 18, all preop areas (excluding Edmonds) started Preop use of CHG wipes on incision site(s) & under abdominal folds. Multiple applications of CHG inhibit or kill more skin flora than single application. The patient and/or caregiver can use pre-warmed CHG wipes with assistance & additional body folds will be added soon. Skin reaction to CHG will be noted in the chart & surgeon contacted. Your patients are notified re increased skin assessment & use of “antiseptic” wipes to decrease infection in Preadmit & Preop day of surgery.

Spine CME Guide 2014 now available

The Spine Specialists at the Swedish Neuroscience Institute (SNI) offers a wide range of continuing medical education opportunities to both primary care and specialized health-care professionals. Designed with today’s busy physician in mind, our continuing medical education (CME) activities are available in a variety of formats. Program highlights include, national leaders in spine surgery, hands-on cadaver lab training and a commitment to developing programs that unify education and research among neurological and orthopedic spine surgeons in order to improve patient care.

ONESpine fellows and residents course videos available

If you missed this year’s ONEspine Fellows & Residents Course for orthopedic fellows and senior neurosurgical residents who will practice spinal surgery, videos are now available. This year, a record number of 19 world-class spine surgery faculty members volunteered their time to three days of presentations and hands-on training. Orthopedic and neurosurgical spine surgeons from 36 hospitals and institutions from across the United States and as far as Kenya and Libya attended this year’s event. Coursework ranged from spinal tumors and the latest in minimally invasive surgery to spinal vascular malformations and managing thoracolumbar spine trauma.

The Kenyan perspective of spine surgery presentation now online

Did you miss “The Kenyan Perspective of Spine Surgery” presentation? If so, view the recorded presentation online featuring presenters Richard Ombachi, M.D. and Soren Otieno, M.D., visiting orthopaedic surgeons from Kenyatta National Hospital in Nairobi, Kenya. For the last four years, Drs. Ombachi and Otieno have collaborated with U.S. surgeons through the Spine Project to help more than 200 patients in critical need of corrective spine surgery. Their mission is to create a sustainable spine treatment program that will advance the quality of spine care in Kenya.

What is interventional pain management? Patient education video

Join Glen David, M.D., director of Interventional Pain Management and Acute Care Physiatry, as he describes several options to improve the quality of life for patients with ongoing neck, back, arm and leg pain. This is one in a series of patient education videos, created by Dr. David to help nonsurgical patients manage their pain. View the video. For more information, call 206-320-2542 or visit www.swedish.org/snispine.
Current trends in minimally invasive spine surgery Dec. 5

The “Current Trends in Minimally Invasive Spine Surgery” symposium will take place Friday, Dec. 5 at the Seattle Science Foundation. The benefits of minimally invasive spine (MIS) surgery include decreased pain, less blood loss, shorter hospital stays and faster recovery. The goal of this conference is to update neurological and orthopedic surgeons and allied health professionals on the latest advances in MIS surgical techniques. This activity has been approved for AMA PRA Category 1 Credit™. For more information and to register, visit www.swedish.org/mis2014.

The Allen Spinal Cord Atlas—Sept. 17

We are pleased to announce that Ralph Puchalski, PH.D., Scientific Program Manager at the Allen Institute for Brain Science will be speaking at our upcoming Seattle Science Foundation Spine Conference on Wednesday, Sept. 17 from 6:30-8 a.m. at the Seattle Science Foundation at Cherry Hill. Join Dr. Puchalski for a special presentation on “The Allen Spinal Cord Atlas.” This activity has been approved for one AMA PRA Category 1 Credit™. Learn more at www.swedish.org/spineconference. View the conference brochure.

Join Team Swedish Fish Sept. 20 for Seattle Brain Cancer Walk

Gather your colleagues, friends, and family and register now for the 7th Annual Seattle Brain Cancer Walk on Sat. Sept. 20 to benefit The Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment at Swedish Neuroscience Institute. The symbolic walk, held at Seattle Center, brings together the brain cancer community to share, celebrate and support those impacted by the disease.

Visit www.braincancerwalk.org and join 5E’s team, Swedish Fish, start your own team, register as an individual, or donate to improve the prognosis for patients with brain tumors.

Did you know it takes nearly 200 volunteers to support Walk participants? To join us as a volunteer, email seattlebraincancerwalk@swedish.org or call Molly Jo at the Foundation at 206-386-3445.

We look forward to seeing you at the festivities!

Brain cancer survivors gather during the closing festivities of the 2013 SBCW
Welcome new medical staff members

Help welcome practitioners who joined the medical staff in August.

To admit a patient to Swedish, call 206-386-6090.

Kudos

Congratulations to John Hsiang, M.D., Ph.D., spine specialist and neurosurgeon at Swedish Neuroscience Institute for being recognized as a Top 25 Spine Surgeon Leader in State Medical Societies by Becker’s Spine Review. Dr. Hsiang has served as president of the Washington State Association of Neurological Surgeons and as a delegate to the Washington State Medical Association. He is a principal investigator for a number of clinical trials and is a board member of the credentials committee for the American Board of Spine Surgery.

At Your Service: The Physician Assistance Program

The Swedish Physician Assistance Program is a confidential, outside resource available to medical staff members and their families at no cost to support members in addressing:

- Family or marital concerns
- Substance abuse
- Work-life balance issues or other problems
- Emotional or behavior issues
- Compulsive behaviors

The program is always confidential and available 24 hours a day, seven days a week at 800-777-1323. Benefits also include free legal services, childcare and eldercare referrals, identity theft/fraud services and debt management assistance.

Check out the online tools and resources. At the “Work/Life Resources” tab enter the username: “swedish” and the password: “employee” for immediate access. The username and password provide access for all medical staff members, whether or not employed by Swedish.

CME spotlight

Physician Well-Being 2014 Symposium at Cherry Hill Oct. 3

The Physician Well-Being 2014 symposium will take place Friday, Oct. 3, in the Swedish Education and Conference Center at Cherry Hill. Intended for all healthcare professionals in the Puget Sound region, this course will focus on recognizing and managing sources of stress and illustrate ways to integrate mindfulness, compassion, nutrition and exercise into your work life. This activity has been approved for AMA PRA Category 1 Credit™. For further information or to register, please visit: http://www.swedish.org/PWB2014

(CME continued on p. 8)
Upcoming CME Conferences

**Fourth Annual Intensive Update in Neurology**  
Thursday and Friday, Sept. 11-12

**Telehealth: Improving Access to Healthcare**  
Friday, Sept. 19

**18th Annual Pain Management Symposium: Be an Einstein – Use the Brain to Treat Pain**  
Friday, Sept. 26

**Physician Well-Being 2014**  
Friday, Oct. 3

**Advances in Orthopedics: What Every Primary-Care Physician Should Know**  
Friday, Oct. 10

**12th Annual West Coast Colorectal Cancer Symposium**  
Friday, Oct. 17

**Transradial Approach: A Case-based and Hands-on Training Course**  
Friday and Saturday, Nov. 7 and 8

**PsychoOncology Symposium**  
Friday, Nov. 14

**Current Trends in Minimally Invasive Spine Surgery**  
Friday, Dec. 5

For updated conference information or to sign-up for the CME mailing list, please visit the CME Website at:  

**Standards News**

Click here for a summary of Clinical Standards recently adopted or amended and links to each Standard.

Standards are published as soon as possible after final adoption. All Swedish Standards are accessible at [http://standards.swedish.org](http://standards.swedish.org) or by going to the Swedish intranet page and clicking on “Standards.”

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Swedish Home Page: [http://www.swedish.org](http://www.swedish.org)  
Physician Profile Log In: [http://www.swedish.org/physicians](http://www.swedish.org/physicians)  
Swedish for Medical Professionals: [http://www.swedish.org/body.cfm?id=1355](http://www.swedish.org/body.cfm?id=1355)  
Current CME Listings: [http://www.swedish.org/cme](http://www.swedish.org/cme)  
Swedish Foundation: [http://www.swedish.org/foundation](http://www.swedish.org/foundation)

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