

*The Joint Commission (TJC)*  
**Physician Hot Topics 2023 Pocket Guide**

**Things To Keep In Mind**

**History & Physical (H&P)**

- Refer to [UCSF Rules and Regulations](#)
- A complete medical H&P must be documented **no more than 30 days** prior to, or **within 24 hours after**, registration or inpatient admission, but prior to surgery or procedure requiring anesthesia
- For a medical H&P that was completed **within 30 days** prior to admission, an Interval Update documenting any changes in the patient's condition is completed **within 24 hours after** registration or inpatient admission, but prior to surgery or procedure requiring anesthesia
- Interval updates should be linked to the appropriate H&P
- **H&P and Interval Update notes must be co-signed or attested by an Attending**
- Attending co-signature/attestation must be completed prior to surgery or procedure

**Patient Rights**

- **Interpreting and Translation Services**
  - Refer to [Interpreting and Translation Services Policy 6.06.04](#)
  - UCSF provides free 24/7 interpreting services (including on-site, video, and telephone) for more than 200 languages including American Sign Language
  - Patient's **preferred language** is available in the APeX Storyboard Sidebar
  - All patients must be asked upon admission/registration what their preferred language is for healthcare discussions
  - The use of an interpreter must be documented in the patient's EMR and on all critical forms (i.e. consents, authorizations for surgery, blood transfusions, etc.).
  - Documentation must include the language and the source of interpretation (i.e. on-site, video, etc.)
  - Do **NOT** use non-certified staff, family members, or friends to interpret
  - UCSF offers a Certified Bilingual Provider program so that providers fluent in non-English languages may communicate clinical information directly with patients. To determine your eligibility, email [Bilingual@ucsf.edu](mailto:Bilingual@ucsf.edu)
- **Advance Directives (AD)**
  - Refer to [Advance Healthcare Directives/POLST Policy 6.04.01](#)
  - Advance Directive Status is available in the APeX Storyboard Sidebar
  - Physician Orders for Life Sustaining Treatment (POLST) reflects a patient's current medical condition/wishes & must be signed by physician and patient
  - AD and POLST should be completed simultaneously

**Hand-off Communication/Sign Out**

- Required among providers and team members during transition of care
- Involves a concise oral exchange of patient information and allows for interactive questioning and discussion of the information

**Verbal & Telephone Orders**

- Refer to [Verbal and Telephone Orders Policy 6.07.13](#)
- Verbal and telephone orders should only be used for urgent/emergent needs
- All verbal and telephone orders received are entered and signed by the authorized recipient and read back after being entered in APeX
- Must be signed, **within 24 hours** by an authorized provider

## Things To Keep In Mind

### Operative Notes & Post-Procedure Notes

- An **immediate** postoperative/brief operative or post-procedure note must be documented immediately after all surgeries and procedures prior to patient transfer to the next level of care; an immediate/brief note is not required if a full operative/full procedure note is documented
- **Mandatory Elements for Operative/Post Procedure Reports:**
  - The name(s) of the practitioner(s) and assistant(s)
  - Name of the procedure performed
  - Description of the procedure
  - Findings of the procedure
  - Estimated Blood Loss (EBL)
  - Specimens removed (indicate “none” if none removed)
  - Post-op Diagnosis
- A full operative/procedure report must be documented immediately following surgery/procedure or by the end of day following the date of procedure
- For anesthesia cases, an anesthesia provider must perform and document a post-anesthesia evaluation **within 48 hours** of initial recovery; it can be started in PACU/recovery area, involve the patient whenever possible and include respiratory function (RR, airway patency, and O<sub>2</sub> sat), cardiovascular function (pulse and BP), mental status, temperature, pain, nausea, vomiting, and postoperative hydration

### Restraints

- Refer to [Restraints Policy 6.07.10](#)
- When ordering, the provider must select:
  - Order set: Non-Violent (Med/Surg) or Violent (Behavioral)
  - Reason for restraint & restraint device
- **Restraints may not be written as a standing order or on a PRN basis!**
- Non-Violent (Med/Surg): Obtain order before restraints applied or within 12 hours
- Violent (Behavioral): Only physicians can order Violent (Behavioral) restraints
  - Face-to-face evaluation of patient by physician must be completed within 1 hour of initiation of restraint
- Renewal Orders: Each order renewal requires a new Restraint Order
  - Non-Violent (Med/Surg): Order obtained once per calendar day
  - Violent (Behavioral): Order obtained every 4 hours for patients 18 years or older (more frequent for patients under 18 years)

### Rapid Response Team (RRT)

- Refer to [Rapid Response Teams Policy 6.04.17](#)
- RRT is comprised of trained individuals who provide immediate care to patients who show signs of clinical deterioration
  - Moffitt/Long Adult Hospital: 415-443-HELP (4357)
  - Mission Bay Adult Hospital: 415-443-FAST (3278)
  - Benioff Children’s Hospital & Pedi Outpatient Clinics: 415-353-1611
  - Mount Zion Adult Hospital: 415-443-4444
- RRT is available 24/7 at Parnassus, Mt. Zion and Mission Bay campuses

## TJC National Patient Safety Goals

### Universal Protocol

- Refer to [Universal Protocol, Perioperative/Pre-Procedure Verification Policy 6.04.15](#)
- Established to accurately identify the correct patient and procedure
- Prior to the start of a procedure, a standard universal protocol is used for pre-operative/pre-procedure verification, site marking and time-out
- Required for **all** surgical and non-surgical invasive procedures: (1) performed in an OR, (2) performed under moderate or deep sedation or general anesthesia, regardless of setting, or (3) invasive procedures performed without sedation
- Requires the presence of relevant members of the procedure team
- Must complete the Pre-Procedure Checklist and Final Verification (Time-out)
- During Time out and Final verification, **all** activities are suspended while the team members *actively* verify all required elements before the procedure begins
- The procedure does not start until all questions & concerns are resolved
- A debrief is conducted before the patient leaves the procedure room

### Patient Identification

- Use at least **two** patient identifiers when administering medications or blood, collecting specimens, and providing care, treatment, and services
  - Inpatient: patient's full name & MRN (if available, use patient ID barcode, i.e. for medication administration)
  - Ambulatory: patient's full name and date of birth

### Prevent Infections

- Ensure compliance with Hand Hygiene – use hand cleaning guidelines before & after patient contact, upon entering & exiting room, and after removing gloves

### Anticoagulation Therapy

- Refer to [Medication Management: Anticoagulation Therapy Management Policy 6.09.29](#)
- For anticoagulation therapy, patient care providers follow established, approved anticoagulation therapy ordering and monitoring guidelines, and suitable order sets
- Baseline & current INRs **must** be available for patients initiating or on warfarin. When using antithrombotic agents in the setting of neuraxial procedures (i.e. epidural catheter, refer to [Guidelines for the Use of Antithrombotic Agents in the Setting of Neuraxial Procedures](#). Due to risk for epidural hematoma, it may be contraindicated. If uncertain about these risks, consult the Acute Pain Service
- For Warfarin, all patients are discharged with a follow-up anticoagulation (INR) appointment or with the instruction to arrange to see a provider for anticoagulation follow-up within 7 days of discharge or as directed by provider

### Identify Patients at Risk for Suicide

- All patients in the Emergency Department age 10 and older are screened for suicide risk
- Admitted adult patients are screened when a behavioral health condition is present as determined by the provider who orders the screen
- All patients in the Birth Center are screened
- Order safety precautions, including 1:1 observation, for patients screened high risk
- Both moderate or high-risk screens require a suicide risk assessment performed by Psychiatry or Social Work. Order the appropriate consult based on risk level

## TJC National Patient Safety Goals

### Critical Test Results and Reporting

- Refer to [Critical Test Results and Reporting Policy 6.04.18](#)
- Critical test results are reported **within 60 minutes** to the responsible provider who can act on the results
- Whenever possible, the responsible provider should be contacted directly by the person reporting the results
- All critical test results require verbal confirmation of receipt by the provider
- Results received *via text* require a call-back with “Repeat Back & Confirm”

### Use Alarms Safely

- Alarms must be audible in all patient care areas to allow for an urgent response
- Alarm parameters may only be disabled or adjusted by staff/providers oriented to the device and knowledgeable about the patient condition

### Maintain & Communicate Accurate Medication Information

- Refer to [Medication Reconciliation Policy 6.03.05](#)
- For each patient encounter (or transition of care) and discharge, the provider reconciles the patient’s medication list by comparing current medications to all prior-to-admission (PTA) medications
- At the close of every encounter, the final medication list is available to the patient and other clinicians involved with the patient’s care in the After Visit Summary (AVS) or the patient portal (MyChart)

### Improve the Safety of Using Medications

- Any time medications are prepared, transferred to another syringe or container, but not administered immediately, the medication container must be appropriately labeled with the minimum requirements: drug name, strength, quantity, diluent & volume (if not apparent from container), expiration date (if not used within 24 hours) & expiration time (if expiration occurs *less than 24 hours*), preparer’s initials
- All medications and solutions both on and off the sterile field must be labeled

### Improve health care equity

- Improving health care equity is a quality and patient safety priority.

## Important Reminders

- **Templated Notes** – Document in the fields provided to maintain required compliance elements. Do **NOT** copy & paste templated notes.
- **Soiled Instruments** – For any unsealed or used instruments, inform bedside/charge nurse to facilitate appropriate handling for sterile processing

### **STOP for Safety** – Actions to Prevent Error and Harm

- **S**top the line, speak up
- **T**ake time to ask, review, and check
- **O**ptimize communication; use names, numbers, letters, and repeat back
- **P**ush unresolved issues up the chain of command

### Incident Reporting (IR)

- Refer to [Incident Reporting Policy 3.06.03](#)
- Report patient safety concerns, adverse or unusual events involving patients, staff or visitors to your supervisor and complete an IR at *CareLinks Incident Reporting*