



Mayers Memorial Hospital District

Chief Executive Officer, Interim
Louis Ward, MHA

Board of Directors

Abe Hathaway, President
Michael D. Kerns, Vice President
Allen Albaugh, Treasurer
Beatriz Vasquez, PhD, Secretary
Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA

July 27, 2015 1:00 PM
Board Room (Fall River Mills)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	CALL MEETING TO ORDER – Abe Hathaway, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	APPROVAL OF MINUTES: 3.1 Regular Meetings – June 24, 2015 (ATTACHMENT A) 3.2 SPECIAL MEETING MINUTES – JULY 16, 2015 (ATTACHMENT B).....	ACTION ITEM ACTION ITEM
4	Reports: 4.1 Annual Hospice Report, Mary Ranquist, Manager.....	Information
5	OPERATIONS ▶ Chief's Reports (CEO, CNO, CCO) (ATTACHMENT C) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY	Information
6	BOARD COMMITTEES: 6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report 6.1.2 June 2015 Financial review and acceptance of financials (<i>dispersed separately</i>) 6.1.3 Board Quarterly Finance Review (binder)—verify and accept review of payments made to ALPHA Fund (workers comp), CAHHS (unemployment liabilities, EDD (annual premiums; IRS (FICA, Medicare, withholdings), State Board of Equalization (sales tax), CEO expenditures/reimbursement 6.1.4 Building Options/Updates..... 6.1.5 IGT Update	Information ACTION ITEM ACTION ITEM Information Information
	6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Committee Meeting Report – (Hathaway)..... 6.2.2 Strategic Plan Approval (<i>Dispersed Separately</i>).....	Information ACTION ITEM

	<p>6.3 Quality Committee – Chair Mike Kerns 6.3.1 Committee Meeting Report.....</p>	Information
7	<p>New Business: 7.1 Approval - Policy & Procedure Quarterly Review including approval of new policies: (Attachment D)</p> <ul style="list-style-type: none"> • Antibioqram • California Newborn Pulse Ox Screening Form MMH546 • Damage Claims • CALNOC 2013-14 Pressure Ulcer/Restraint Prevalence Quality Study Data Collection Form 	ACTION ITEM
8	<p>8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS ▶ Board Education – QHR Webinar 2nd Tuesdays 2015, 10 a.m.</p>	Information/ Discussion
9	<p>ANNOUNCEMENT OF CLOSED SESSION: 9.1 Government Code Section 54952 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff), and to consider and approve Medical Staff Credentials:</p> <p>MEDICAL STAFF REAPPOINTMENT</p> <ol style="list-style-type: none"> 1. Sean Pitman, MD Pathology 2. Mark Ramus, MD Radiology 3. Scott Zittel, MD Wound Care 	ACTION ITEMS
10	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
11	ADJOURNMENT: Next Regular Meeting August 26, 2015 – Burney	

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43553 Highway 299 East, Fall River Mills CA 95028.

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Date: June 24, 2015
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

(These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.)

1. CALL MEETING TO ORDER: Vice President Kerns called the regular meeting to order at 1:10 p.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Art Whitney

Board Members Absent: Allen Albaugh, Treasurer

Staff Present: Matt Rees, CEO; Valerie Lakey, Board Clerk; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO, Louis Ward, COO;

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

3. APPROVAL OF MINUTES – A motion/second (*Whitney, Kerns*), and carried, the Board of Directors accepted the minutes for the Regular meeting – May 27, 2015 **Approved All – Hathaway Abstain**

4. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- ▶ **Matt Rees, CEO:** Report sent out his report via email. In addition, he had the following to report: USDA has requested more information, in which we have provided. Hopefully we will be done with this process within a couple of weeks. There are a couple of Design-Build options. United Health Services could be an option for a Plan C if USDA says no; but that could take several months. Hopefully we will have a package to the board in July. Hathaway wants other options for financing available at July meeting.

Rees also noted the list of legislative issues he sent out.

- ▶ **Sherry Wilson, CNO:** LTC still waiting on the annual survey. Whitney noted that narcotics and consent forms have been big issues at other facilities.
- ▶ **Keith Earnest, CCO:** Earnest noted the Supply Chain security act – He met with wholesaler; we can be audited for 6 years. McKesson has the system set up very well. Drop shipping is affected and we need to keep good records, scan and keep electronic and paper copy for 6 years. This will go into effect July 1 and we will be compliance. The bottom line is that we need to use reputable wholesaler.
- ▶ **Louis Ward, Chief Operating Officer:** Ward reported he is busy planning for the Fire Life Safety Survey. All of our systems are certified. The staff has been doing a lot of clean-up; we have had the Intermountain Conservation Camp crew on site assisting with Fire breaks, tree clean-up, etc.

The Fall River clinic is complete. It was used last week for employee physicals. As far as the Burney Clinic, we are working with Shasta County to determine scope of project – permits, ADA, DOT. We are looking at licensing and we will need a business license as well as an NPI number. Dr. Guthrie and Dr. Syverson have looked at the Fall River space.

Burney Clinic timeline – probably will open in September.

IT – working with HIE trying to figure out new healthcare environment. Constantly trying to

protect the data. We will have a security risk assessment company on site in September – Ward explained the process.

A grant was awarded to dietary. Very specific on what we can and can't purchase. The project needs to be spent and completed within one year of the award date.

Ward gave an update on EMR/Meaningful Use.

His departments have been working on budgets. Ward noted that minimum wage will increase Jan 1, 2016 and that will affect many employees in his departments. He will review budgets quarterly.

- ▶ **Compliance** – With Caleb Johnson leaving, his duties were divided among existing employees. It was noted the we should collect \$2 mil/month and our AR is at 55-56 days

5. BOARD COMMITTEES:

5.1 Finance Committee – Chair Allen Albaugh

- 5.1.1 Committee Meeting** – See Minutes as distributed
- 5.1.2 April 2015/May 2015 Financials – (Whitney, Kerns) – Approved All**
- 5.1.3 Building Options** – Updates (see finance minutes)
- 5.1.3 USDA – Budget and Cash Flow Approval (Whitney – Kerns) – Approved All**
- 5.1.4 IGT Documents and credit line (Whitney – Kerns) – Approved All**

5.2 Strategic Planning Committee –Chair Abe Hathaway

- 5.2.1 Committee meeting** –. See minutes as distributed
- 5.2.2 SSV Trauma/Base Station** – Hathaway noted that Emergency Care legislation is increasing. Modified Base station level would require the physicians to be available to respond to changes or additional orders. This does not change any of our reimbursement. Level 4 was applied for before Everett Beck left – there was a fund available through Shasta County at the time to contract on the SSV, NorCal EMS, etc. Currently, we are out of compliance at level 4 and SSV could change our status. It was recommended by SP committee to go to a Modified Base Station status **(Whitney, Vasquez) Approved All**

5.3 Quality Committee – Chair Mike Kerns

- 5.3.1 Committee Meeting Report** – See minutes as distributed- Notes: Holly reported that Pulse oximetry machine is in place and puts us in compliance. PT – Noise suppression needs to be addressed. Working with schools on injury evaluations, etc. There will be a Chargemaster review done soon. Discussed the number of different groups we are reporting data too.

6. NEW BUSINESS

6.1 AD HOC Committees

Chairman Hathaway appointed the following Ad Hoc Committees
Employee Health – Hathaway, Kerns
CEO Evaluation – Whitney, Vasquez

7. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- ▶ ACHD Committees
- Trustee Vasquez and Travis Lakey went to Hill Country Open House

8. ANNOUNCEMENT OF CLOSED SESSION: 2:13 PM

9. RECONVENE OPEN SESSION – ANNOUNCE ACTION TAKEN IN CLOSED SESSION – NO ACTION TAKEN
10. ADJOURNMENT: There being no further business, at the hour of 3:01 p.m., President Hathaway declared the meeting adjourned. Next meeting July 22, 2015 – Fall River Mills

Attachment B
DRAFT

Mayers Memorial Hospital District
Board of Directors – Special Board Meeting

Date: July 16, 2015
Time: 9:00 A.M.
Location: Mayers Memorial Hospital
Burney, California

(These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.)

1. CALL MEETING TO ORDER: President Abe Hathaway called the regular meeting to order at 9:00 a.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Allen Albaugh, Treasurer
Art Whitney, Director

Board Members Absent: Beatriz Vasquez

Staff Present: Valerie Lakey, Board Clerk, Matt Rees, CEO

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:
No public comments.

3. APPROVAL of July 10, 2015 Special Meeting Minutes – (Whitney/Albaugh) Approved All

4. ANNOUNCEMENT OF CLOSED SESSION: 9:02 a.m.
Government Code Section 54957 – Personnel – CEO Performance

5. RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION
BOARD OF TRUSTEES AND CEO REACHED A MUTUAL AGREEMENT TO SEPARATE – DETAILS AND PRESS RELEASE TO FOLLOW.

6. ADJOURNMENT: There being no further business, President Hathaway declared the meeting adjourned. 9:56 a.m.



Mayers Memorial Hospital

Operations Report June 2015

Statistics	June YTD FY15 <i>(current)</i>	June YTD FY14 <i>(prior)</i>	June Budget YTD FY15
Surgeries <i>(including C-sections)</i>	121	57	132
> Inpatient	37	21	18
> Outpatient	84	36	114
Procedures <i>(surgery suite)</i>	208	29	189
Inpatient	2221	1657	1959
Emergency Room	3802	3573	3555
Skilled Nursing Days	26453	25969	26185
OP Visits <i>(OP/Lab/X-ray)</i>	15592	15380	16296
Hospice Patient Days	1357	2317	1367
PT	13181	10209	10152
Ambulance Runs	403	413	407

Operations District-Wide

Prepared by: Louis Ward, MHA, Interim Chief Executive Officer

Facilities:

- **Planning for upcoming State Survey**
 - Ensuring that all policy and procedures are accurate and current for the review of the surveyors.
 - We have completed all annual checks mandated by the state
 - Fire Alarm
 - Sprinklers
 - Oxygen
 - Generators
- **Cleaning the Hospital and Annex Grounds**
 - We are requesting assistance from The Intermountain Conservation Camp to assist with painting both the Fall River Physical Therapy building and the Riverview house. More information regarding scheduling of these services to come.
- **Burney and Fall River Clinic – 1206(b)**
 - The Fall River Clinic has been completed
 - Burney Clinic
 - We are continuing to work with Shasta County to determine the scope of the project as well as permits needed to complete the work.
 - Working with Michael Ryan to get plans drawn to assist with the County permitting process.
 - Met with Margaret Truan to discuss the requirements of the grant.

Information Technology:

- **Working to obtain Cyber Insurance Coverage**
 - Working with Alliant and 3rd Parties to increase our current \$2,000,000 aggregate policy to a \$5,000,000 policy to comply with the Sac Valley Med Share Participation Agreement.
- **Updated the Phone Systems in both Burney and Fall River**
 - Installed operating system software patches to prevent glitches on the phone system.
- **Health Information Exchange**
 - The North State Health Connect has merged with the Sac Valley Med Share
 - We are now in talks determining governance issues
 - We have executed a Participation Agreement with the Sac Valley Med Share and the platform vendor ICA
 - All year 1 cost for connectivity will be covered by the 299 collaborative HIE grant.

Dietary:

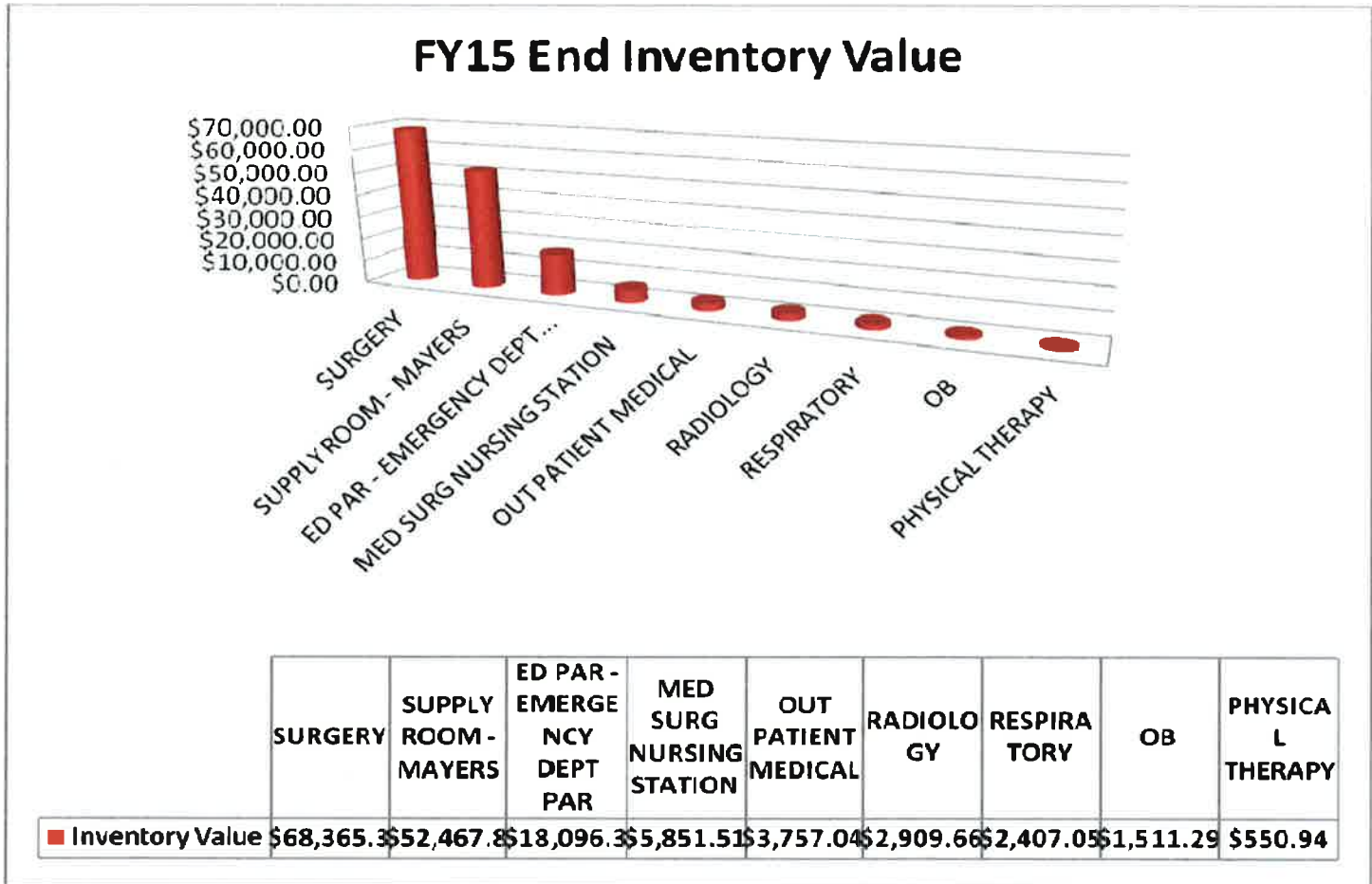
- **McConnell Foundation Grant**
 - The Grant committee has awarded \$22,544 for the Nutrition Center Project
 - We intend to purchase:
 - New seating
 - New food display cases
 - New salad bar
 - New furniture to house cutlery and other dining related material
 - We are at the planning stages of completing the project.

Environmental Services:

- **Continuing to prepare for State Surveyors**
 - All bugs are removed light fixtures and vents throughout the hospital
 - All entrances are checked daily to ensure we are proactive
 - All Windows have been cleaned on exterior in both Fall River and Burney
 - All Logs are current, accurate, and accessible to state surveyors when needed.

Purchasing:

- We have completed our Annual Inventory Check



Chief Clinical Officer Report

Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Physical Therapy

- Ben Wershing, PT, rejoins the Mayers team via registry July 20th.
- We are waiting for the money from Alpha Fund to be released to install the sound proofing in the gym at PT.

Respiratory Therapy

- Adam Dendauw, Respiratory Manager, has completed a Policy and Procedure on short term ventilator use to allow extended recover for post-operative patients.
- Adam Dendauw is working with Asante Health (Medford) to become a Neonatal Resuscitation Program instructor. The instructor training is conducted annually in January. The instructors are currently provided via contract and having Adam certified will bring this task in-house.

Pharmacy

- We are experiencing shortages and backorders of many important antibiotics such as Zosyn®, Fortaz® and vancomycin. We are doing our best to use what we have in the most appropriate ways possible.
- We are working on policies to assure compliance with the Drug Supply Chain Security Act.

Imaging

- Imaging is pre-registering outpatients and collecting co-pays upfront. Mary Senko, Imaging Scheduler, will be working with laboratory staff to set up a similar system in that department.
- Doreen Parker, Imaging Manager, is working closely with billing to improve communication with the goal of collecting as much as possible and preventing future denials.

Laboratory

- A central fax line to Mountain Valleys Health Centers has been established so diagnosis code clarifications are received at one location. In the past these faxes have been spread throughout their system and there has been difficulty having them addressed.
- We are working to further streamline our processes with Mountain Valleys.
- Chris Hall, CLS, laboratory manager, is in the process of refining our onsite test menu to be most cost efficient.

Critical Access Hospital

Prepared by: Sherry Wilson CNO/Acute

Emergency Department

July 2014 – June 2015

Total patients seen in the ED 3979

Admitted to MMHD Acute	263
Released to home	3497
Transfers	147
Mortuary/corners cases	17
5150	7
AMA/LWBS/LPTT	38
Critical	56
Urgent	1911
Non-urgent	2012

June Ambulance Calls:

Ambulance Calls total:	36
Inter facility transfers:	7
Big Valley Area	10
Burney Area	4

The New Ambulance has arrived!!! It needs to be outfitted with radios and stacked with all the necessary supplies per SSV protocol. It is projected the rig will be in service by the end of July.

Shayne Middleton was here from EmCare, June 10th and 11th for Customer Service Training. This training was awesome!! One of the best trainers we have had at Mayers in a long time. Sadly we had a very poor turn out by the C Team and department managers.

One of our full time paramedics resigned to take a job in Montana, Bob is looking to fill this position. We continue to provide mutual aide to Burney at time running 10 calls in their area in June. These calls were when Burney was either on a transfer to Redding or committed to another call and could not staff their second out. In return Bob and Kathy are working with Chief Rogers when Mayers only has one staff member available for transfer to use one Burney personnel to staff for IFTs.

Kathy, Cathy and Coleen are going above and beyond covering almost the entire 28 shifts in the ED by themselves. We have had some help with NPH registry and have two 13 week contracted travelers starting July 27th and August 31st. With these two helping to cover ED shifts we hope to use Kathy on the floor some to allow our own Acute nurses to float to the ED and be trained to work in the ED and phase out travelers once again. We will no longer need to train our nurses for 1000 hours as before since we moved to a Modified Base Hospital status.

Kathy is working with Karen from SSV to wrap up the Modified Base Hospital contract. Our proposal was turned in is being presented at the SSV Board meeting this week. Per Karen who is in charge of trauma she is no longer considering us a Level IV Trauma Center. This will relieve a huge amount of paperwork and time spent inputting data.

Kathy has stepped down from the ED management position. In discussion with upper management she will return to her previous position as ED Charge/House Supervisor.

Outpatient Medical

- The Outpatient /Wound Care Department experienced a concentration of new swing admits, as well as outpatients that required wound VAC, or negative pressure wound therapy, this last month. The experience highlighted the need for a new policy regarding Wound VAC placement on Acute/Swing patients and the ensuing ordering, purchasing and payment process.

Identified problems/solutions were:

- Advised on intake assessments from outside facility that patient is currently on VAC—when patient arrived, no VAC was indicated clinically. VAC and supplies already ordered by Mayers. New policy; No VAC will be placed until Wound Care RN/ Mayers Physician evaluates patient and determines a need for a wound vac.

Purchase Orders created by patient then item not required for that patient. New Policy; every item purchased by the hospital will have a Purchase Order attached to the item. The patient name will be attached to the daily rental charge for identification purposes only. Supplies will be purchased by the hospital as needed. Purchasing to establish pricing and all hospital purchased items will be a "scannable" patient care item to become a part of the patient bill.

- A new policy is currently being developed, and a meeting of departments affected by the process is being coordinated. This will involve BJ Macy, representing the intake process, Outpatient RNs, representing Wound Care, Steve Sweet, representing Purchasing, and Cathy Manly, representing

Finance. Travis Lakey and Louis Ward to be consulted for oversight and final approval of the process. Patient Charges for the services rendered have already been established and are directly overseen by the Outpatient Manager, Kay Shannon and Anita Bottorff at weekly patient charge reviews. Our goal is to streamline the process and eliminate the current confusion/waste regarding the hospital's financial responsibility for Wound VACs.

Surgery

- Although our yearend of total surgeries is not quite what we wanted, our procedures have far surpassed what we budgeted for.
- The light source that is used for any arthroscopic or laparoscopic cases was no longer usable. A new one was purchased and is here already.
- Looking forward into July, Dr. Syverson is on vacation from July 6th through the 19th. Because of this decrease in our surgery volume, 4 additional surgery staff has decided to take time off at this time as well.

Infection Control

- The Antimicrobial Stewardship Program, sub-committee of Infection Control, has successfully completed the requirements as described in Senate Bill 1311. The Basic Steps have been implemented and the committee has exceeded the basic steps, required to be in place by July 1, and has moved on to the intermediate phase of the program.
- Dr. Weinhold completed her formal education required by the bill, Primer on Healthcare Epidemiology, Infection Control & Antimicrobial Stewardship, on June 22, 2015.

Shelley Lee RN
Infection Control
Antimicrobial Stewardship

Skilled Nursing Facility – Burney & FRM
Submitted By: Sherry Wilson, RN, CNO

- Census is at

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MAYERS MEMORIAL HOSPITAL DISTRICT  
POLICY AND PROCEDURE SUMMARY

ATTACHMENT  
D

April through June 2015

| Manual Name            | Document Name                                                                           | New/Revised/<br>Piloting |
|------------------------|-----------------------------------------------------------------------------------------|--------------------------|
| Anesthesia             | Anesthesia, Documentation of Medical Necessity of MMH480                                | Revised                  |
| Anesthesia             | Delivery of Anesthesia Care                                                             | Revised                  |
| CAH                    | Periodic Evaluation and Quality Assurance Review                                        | Revised                  |
| Disaster               | Bed List Form BA MMH542                                                                 | Revised                  |
| Disaster               | Bed List Form FR MMH543                                                                 | Revised                  |
| Disaster               | Code Triage - Pharmacy                                                                  | Revised                  |
| Disaster               | Transfer of Command - Disaster Management                                               | Revised                  |
| Emergency Department   | Emergency Department Cleaning MMH492                                                    | Revised                  |
| Emergency Department   | Midazolam Intranasal (Versed)                                                           | Revised                  |
| Environmental Services | Absentee Replacement - Environmental Services                                           | Revised                  |
| Hospice                | Administrator - Hospice Manager                                                         | Revised                  |
| Hospice                | Annual Evaluation - Hospice                                                             | Revised                  |
| Hospice                | Attending Physicians - Hospice                                                          | Revised                  |
| Hospice                | CPR Certification - Hospice                                                             | Revised                  |
| Hospice                | Ethical Billing Practices                                                               | Revised                  |
| Hospice                | Fiscal and Fiduciary Responsibilities                                                   | Revised                  |
| Imaging                | Acromio-Clavicular Articul                                                              | Revised                  |
| Imaging                | Clavicle                                                                                | Revised                  |
| Imaging                | Facial Bones                                                                            | Revised                  |
| Imaging                | Humerus                                                                                 | Revised                  |
| Imaging                | Mandible                                                                                | Revised                  |
| Imaging                | Multislice Computed Tomography (CT) Examinations                                        | Revised                  |
| Imaging                | Nasal Bones                                                                             | Revised                  |
| Imaging                | Orbits                                                                                  | Revised                  |
| Imaging                | Ribs-Above Diaphragm                                                                    | Revised                  |
| Imaging                | Scapula                                                                                 | Revised                  |
| Imaging                | Shoulder                                                                                | Revised                  |
| Imaging                | Sinuses                                                                                 | Revised                  |
| Imaging                | Skull X-Ray                                                                             | Revised                  |
| Imaging                | Sternum X-Ray                                                                           | Revised                  |
| Imaging                | Temperomandibular Joints X-Ray                                                          | Revised                  |
| Infection Control      | Antibiogram                                                                             | New                      |
| Infection Control      | Central Line Insertion Bundle                                                           | Revised                  |
| Infection Control      | Gastroenteritis Outbreaks in LTC, SNF, Control of                                       | Revised                  |
| Infection Control      | Hand Hygiene                                                                            | Revised                  |
| Infection Control      | Outbreak Investigation FORM MMH71                                                       | Revised                  |
| Medical Staff          | Application for AHP Reappointment                                                       | Revised                  |
| Medical Staff          | Initial Application Process to the Medical Staff                                        | Revised                  |
| Medical Staff          | Physician-to-Physician Consultation Procedure                                           | Revised                  |
| Obstetrics             | California Newborn Pulse Ox Screening Program Form MMH546                               | New                      |
| Obstetrics             | Newborn Hearing Screening Results and Followup Form MMH277                              | Revised                  |
| Outpatient Medical     | Physician Progress Note Zittel MMH293                                                   | Revised                  |
| Outpatient Medical     | Wound Assessment and Reassessment                                                       | Revised                  |
| Outpatient Medical     | Wound Care Physician Initial Exam MMH297                                                | Revised                  |
| Pharmacy               | Unit Dose Packaging                                                                     | Revised                  |
| Physical Therapy       | General Department Maintenance PT                                                       | Revised                  |
| Physical Therapy       | Specialized Rehabilitative Services                                                     | Revised                  |
| Purchasing             | Damage Claims                                                                           | New                      |
| Quality                | CALNOC 2013-2014 Pressure Ulcer/Restraint Prevalence Quality Study Data Collection Form | New                      |
| Skilled Nursing        | Skin Tears, Abrasion and Other Wounds                                                   | Revised                  |
| Surgery                | Observers in Surgery                                                                    | Revised                  |
| Surgery                | Post Anesthesia Recovery                                                                | Revised                  |

| Gram Negative Rods--Excluding Pseudomonas and related genera | # of Isolates | Antibiotic Susceptibility Data |           |           |             |             |               |            |            |          |              |                |              |                               |     |
|--------------------------------------------------------------|---------------|--------------------------------|-----------|-----------|-------------|-------------|---------------|------------|------------|----------|--------------|----------------|--------------|-------------------------------|-----|
|                                                              |               | Ampicillin                     | Augmentin | Cefazolin | Ceftazidime | Ceftriaxone | Ciprofloxacin | Fosfomycin | Gentamicin | Imipenem | Levofloxacin | Nitrofurantoin | Tetracycline | Trimethoprim/Sulfamethoxazole |     |
| <i>E. coli</i>                                               | 266           | Susceptible:                   | 41        | 68        | 83          | 98          | 97            | 82         | 99         | 95       | 99           | 84             | 97           | 76                            | 79  |
|                                                              |               | Intermediate:                  | 12        | 21        | 11          | 1           | 2             | 2          | 0.4        | 0.4      | 0.4          | 0.4            | 2            | 3                             | 1   |
|                                                              |               | Resistant:                     | 47        | 11        | 6           | 2           | 2             | 16         | 0.4        | 4        | 0.4          | 16             | 0.4          | 21                            | 20  |
| <i>Klebsiella/Enterobacter</i> sp.                           | 63            | Susceptible:                   | 6         | 71        | 85          | 98          | 97            | 91         |            | 100      | 97           | 95             | 71           | 86                            | 90  |
|                                                              |               | Intermediate:                  | 5         | 16        | 8           | 2           | 3             | 7          |            | 0        | 2            | 2              | 16           | 5                             | 0   |
|                                                              |               | Resistant:                     | 89        | 13        | 6           | 0           | 0             | 2          |            | 0        | 2            | 3              | 13           | 9                             | 10  |
| <i>Enterobacter cloacae</i>                                  | 7             | Susceptible:                   | 29        | 14        | 14          | 100         | 100           | 67         |            | 100      | 100          | 100            | 100          | 67                            | 86  |
|                                                              |               | Intermediate:                  | 29        | 29        | 0           | 0           | 0             | 34         |            | 0        | 0            | 0              | 0            | 0                             | 0   |
|                                                              |               | Resistant:                     | 43        | 57        | 86          | 0           | 0             | 0          |            | 0        | 0            | 0              | 0            | 33                            | 14  |
| <i>Enterobacter aerogenes</i>                                | 1             | Susceptible:                   | 0         | 0         | 100         | 100         | 100           | 100        |            | 100      | 100          | 100            | 0            | 100                           | 100 |
|                                                              |               | Intermediate:                  | 0         | 0         | 0           | 0           | 0             | 0          |            | 0        | 0            | 100            | 0            | 0                             | 0   |
|                                                              |               | Resistant:                     | 100       | 100       | 0           | 0           | 0             | 0          |            | 0        | 0            | 0              | 0            | 0                             | 0   |
| <i>Proteus</i> sp.                                           | 31            | Susceptible:                   | 42        | 65        | 48          | 100         | 97            | 72         |            | 81       | 83           | 77             | 17           | 13                            | 60  |
|                                                              |               | Intermediate:                  | 3         | 29        | 26          | 0           | 3             | 8          |            | 0        | 13           | 0              | 0            | 0                             | 0   |
|                                                              |               | Resistant:                     | 55        | 6         | 26          | 0           | 0             | 20         |            | 19       | 3            | 23             | 83           | 88                            | 40  |
| <i>Acinetobacter</i> sp.                                     | 9             | Susceptible:                   | 22        | 33        | 0           | 56          | 22            |            | 78         | 100      | 78           |                |              |                               | 63  |
|                                                              |               | Intermediate:                  | 0         | 22        | 0           | 11          | 44            |            | 0          | 0        | 0            |                |              |                               | 13  |
|                                                              |               | Resistant:                     | 78        | 44        | 100         | 33          | 33            | no data    |            | 22       | 0            | 22             | no data      | no data                       | 25  |
| <i>Citrobacter freundii</i>                                  | 6             | Susceptible:                   | 17        | 50        | 33          | 83          | 83            | 100        |            | 83       | 100          | 83             | 100          | 75                            | 83  |
|                                                              |               | Intermediate:                  | 17        | 17        | 17          | 0           | 17            | 0          |            | 0        | 0            | 17             | 0            | 0                             | 0   |
|                                                              |               | Resistant:                     | 67        | 33        | 50          | 17          | 0             | 0          |            | 17       | 0            | 0              | 0            | 25                            | 17  |
| <i>Morganella morganii</i>                                   | 2             | Susceptible:                   | 0         | 50        | 0           | 50          | 50            | 0          |            | 50       | 100          | 50             | 0            | 0                             | 50  |
|                                                              |               | Intermediate:                  | 0         | 0         | 50          | 0           | 0             | 0          |            | 0        | 0            | 0              | 0            | 0                             | 0   |
|                                                              |               | Resistant:                     | 100       | 50        | 50          | 50          | 50            | 100        |            | 50       | 0            | 50             | 100          | 100                           | 50  |
| <i>Providencia stuartii</i>                                  | 1             | Susceptible:                   | 0         | 0         | 0           | 100         | 100           | 100        |            | 100      | 0            | 100            | 0            | 0                             | 100 |
|                                                              |               | Intermediate:                  | 0         | 0         | 0           | 0           | 0             | 0          |            | 0        | 0            | 0              | 0            | 0                             | 0   |
|                                                              |               | Resistant:                     | 100       | 100       | 100         | 0           | 0             | 0          |            | 0        | 100          | 0              | 100          | 100                           | 0   |

| Enterococcus sp. | # of Isolates | Susceptible:  |            | Ampicillin | Ciprofloxacin | Fosfomycin | Gentamicin HL | Nitrofurantoin | Norfloxacin | Penicillin G | Tetracycline | Vancomycin |    |    |   |   |    |    |    |    |   |    |    |   |    |    |   |   |
|------------------|---------------|---------------|------------|------------|---------------|------------|---------------|----------------|-------------|--------------|--------------|------------|----|----|---|---|----|----|----|----|---|----|----|---|----|----|---|---|
|                  |               | Intermediate: | Resistant: |            |               |            |               |                |             |              |              |            |    |    |   |   |    |    |    |    |   |    |    |   |    |    |   |   |
| Enterococcus sp. | 81            | 96            | 0          | 4          | 24            | 44         | 32            | 84             | 9           | 6            | 63           | 1          | 35 | 91 | 6 | 3 | 43 | 27 | 30 | 78 | 3 | 19 | 23 | 2 | 75 | 93 | 6 | 1 |

| Pseudomonas/<br>Burkholderia | # of<br>isolates | Susceptible:                  |                                  | Ampicillin | Augmentin | Aztreonam     | Cefazolin | Cefotaxime     | Ceftazidime  | Ceftriaxone    | Ciprofloxacin  | Gentamicin    | Imipenem     | Levofloxacin   | Norfloxacin     | Piperacillin  | Trimethoprim/<br>Sulfamethoxazole |
|------------------------------|------------------|-------------------------------|----------------------------------|------------|-----------|---------------|-----------|----------------|--------------|----------------|----------------|---------------|--------------|----------------|-----------------|---------------|-----------------------------------|
|                              |                  | % Intermediate:<br>Resistant: | % Intermediate:<br>Resistant:    |            |           |               |           |                |              |                |                |               |              |                |                 |               |                                   |
| <i>Pseudomonas</i> sp.       | 30               | No data                       | No data                          | No data    | No data   | 67<br>22<br>8 | No data   | 19<br>46<br>35 | 97<br>3<br>0 | 13<br>63<br>23 | 47<br>11<br>42 | 83<br>3<br>13 | 93<br>0<br>7 | 63<br>10<br>27 | 53<br>6<br>41.2 | 89<br>11<br>0 | No data                           |
| <i>Burkholderia cepacia</i>  | 1                | Susceptible:<br>0<br>0<br>100 | % Intermediate:<br>0<br>0<br>100 | 0          | 0         | No data       | 0         | No data        | 0            | 0              | No data        | 0             | 0            | 0              | No data         | 0             | 0                                 |



| Staph Group | # of Isolates | %             |            | Antibiotic                    |
|-------------|---------------|---------------|------------|-------------------------------|
|             |               | Susceptible:  | Resistant: |                               |
| Coag Pos.   | 163           | Susceptible:  | 16         | Ampicillin                    |
|             |               | Intermediate: | 1          | Ampicillin/Sulbactam          |
|             |               | Resistant:    | 83         | Augmentin                     |
| Coag Neg.   | 121           | Susceptible:  | 24         | Azithromycin                  |
|             |               | Intermediate: | 0          | Cefazolin                     |
|             |               | Resistant:    | 76         | Cefotaxime                    |
|             |               |               |            | Cefpodoxime                   |
|             |               |               |            | Ceftazidime                   |
|             |               |               |            | Ceftriaxone                   |
|             |               |               |            | Ciprofloxacin                 |
|             |               |               |            | Clindamicin                   |
|             |               |               |            | Erythromycin                  |
|             |               |               |            | Gentamicin                    |
|             |               |               |            | Levofloxacin                  |
|             |               |               |            | Nafcillin                     |
|             |               |               |            | Nitrofurantoin                |
|             |               |               |            | Norfloxacin                   |
|             |               |               |            | Oxacillin                     |
|             |               |               |            | Penicillin                    |
|             |               |               |            | Rifampin                      |
|             |               |               |            | Tetracycline                  |
|             |               |               |            | Trimethoprim/Sulfamethoxazole |
|             |               |               |            | Vancomycin                    |

# MAYERS MEMORIAL HOSPITAL DISTRICT

Medical Record # \_\_\_\_\_

Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hospital: \_\_\_\_\_ Medical Provider: \_\_\_\_\_

Fax **failed** screens to \_\_\_\_\_

Age at Initial Screening \_\_\_\_\_ hours.

## INITIAL SCREENING:

Time: \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_

Pulse Ox Saturation of Foot \_\_\_\_\_

Difference (Between Right hand and foot) \_\_\_\_\_  **FAIL**

## SECOND SCREENING ( 1 hour following initial screen if failed initial screen)

Time: \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_

Pulse Ox Saturation of Foot \_\_\_\_\_

Difference ( Between Right hand and foot) \_\_\_\_\_  **FAIL**

## THIRD SCREENING (1 hour following second screening if failed second screen)

Time: \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_

Pulse Ox Saturation of Foot \_\_\_\_\_

Difference ( Between Right hand and foot) \_\_\_\_\_  **FAIL**

Other etiology identified:  Pulmonary  Infection  Unknown

Other: \_\_\_\_\_

Transferred: \_\_\_\_\_

Provider referred to: \_\_\_\_\_

Screeener's Last Name/First Initial/Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# MAYERS MEMORIAL HOSPITAL DISTRICT

## POLICIES & PROCEDURES

### DAMAGE CLAIMS

Page 1 OF 1

#### **POLICY:**

Receiving will notify the Purchasing Agent of any damages incurred during shipping. Notification will occur within 1 business day.

#### **PROCEDURE:**

- When damage is noted at the time the item is received, the type of damage and quantity of items involved is noted on the bill of lading and Receiving Report.
- The Purchasing Agent will be notified in writing when items are noticed as damaged after they have been received. Forward the following information to the Purchasing Agent for the claim:
  - Items damaged
  - Quantity of items damaged
  - Type of damage sustained
- A claim form will be obtained from the shipper or vendor and completed by the Purchasing Agent.
- Keep a copy of the claim form with the purchase order and send one copy to Accounts Payable.
- Keep the purchase order in the open file until resolution of the claim.

## **CALNOC 2013-2014 Pressure Ulcer/Restraint Prevalence Quality Study Data Collection Form**

**The following two pages should be duplicated as one back-to-back form and used for data collection during the CALNOC Pressure Ulcer/Restraint Prevalence Quality Study.**

**This revised form should be used for all studies beginning October 1, 2013.**

**The Data Collection Forms are to be used to collect data to enter into the CALNOC Excel Data Submission file and upload to CALNOC using the QUIC data upload procedure.**

**You are welcome to develop your own data collection forms if you wish. If you decide to do so, please ensure that all CALNOC data fields and definitions are duplicated exactly from the CALNOC Codebook and entered in our Excel Data Submission file for upload to the database.**

**For any questions, please contact [support@calnoc.org](mailto:support@calnoc.org).**

**Note: As part of our ongoing commitment to our hospitals, CALNOC is also exploring the technical feasibility and potential interest in an iPad application to eliminate paper forms entirely and enter prevalence study data during data collection. The data would then be transferred to the CALNOC Excel Data Submission file for QUIC upload.**



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# CALNOC Pressure Ulcer/Restraint Prevalence Study: All Units

## Chart Review and Patient Observation

**Section I:**  
For office use only

Facility Code No.

CALNOC Unit Numeric Code

Service Line:

Adult Acute  Post Acute  
 Pediatric  ED

Month

2012  2014  
 2013  2015

**Note: This is a two-sided form. Do not use unless Restraint Prevalence section is printed on back of form. If any information is missing or unavailable, please leave section blank, do not enter 0's.**

**Section II: Patient Background Information:** Erase or black out Unit, Patient and Room # before sending to CALNOC.

Unit: \_\_\_\_\_ Patient: \_\_\_\_\_ Room #: \_\_\_\_\_  
(For Facility use only—do NOT send identifiable information to CALNOC.)

Age   yrs All patients over 11 mos. Pediatric patients   mos Pediatric patients less than 1 year old:   days  
(If over age 90, code 90.) less than 1 month old:

Gender  M  F Medical or Surgical Patient?  Medical  Surgical

**Section III: Pressure Ulcer Prevalence Study:** Complete one form for each patient on unit (whether they have ulcers or not).

If patient refuses skin inspection or cannot be examined, mark this circle:  Not in ulcer study Stop. Skip Section III if not in ulcer study.  
Day of hospitalization for patient on prevalence study day:     Turn form over and do restraint study only.  
(Admission to hospital for acute care or admission to SNF/acute rehab for post acute equals day 0001- 24 hours) (If no restraint study is being done, do not include patient in data submitted to CALNOC.)

Surgical Patients only: Intraoperative time in hours   Hours (Enter time in OR or Procedure Suite rounded to nearest hour. Leave blank for non-surgical patients. Do NOT enter 0.) (Peds: Include "born in this hospital" in "Other")

Source of Admission: (mark only one)

Same acute care institution  Home  Home w. home care  Skilled Nursing  Board/care  Other acute care  Rehab  Other  
(Rehab and SNF only)

Admission pressure ulcer **RISK** assessment documented within 24 hours of admission?  No  Yes  NA (Admitted w/in 24 hours)

Admission pressure ulcer **SKIN** assessment documented within 24 hours of admission?  No  Yes  NA (Admitted w/in 24 hours)

How long ago was the **LAST** pressure ulcer risk assessment performed? (Entry required. Exclude assessment at time of survey.)

0 - 24 Hours  More than 24 Hours  Never assessed  NA (Pt admitted within 24 hrs)

If patient was assessed, was patient identified at risk for pressure ulcers at admission?

No  Yes  No admission assessment  NA (Pt admitted within 24 hrs)

Is patient currently identified "at risk" at time of survey? (Based on admission OR later risk assessment)

No  Yes  Not assessed  NA (Pt admitted within 24 hours)

If currently "at risk" (at time of survey), did patient receive **RISK** reassessment on the day before the survey?

No  Yes  Not at risk  Not applicable (study done on Day 1 or Day 2 of hospitalization)

If currently "at risk" (at time of survey), did patient receive **SKIN** reassessment on the day before the survey?

No  Yes  Not at risk  Not applicable (study done on Day 1 or Day 2 of hospitalization)

If currently "at risk", had prevention protocol been implemented at time of survey (use clinical judgment, including: inspect skin, manage moisture, optimize nutrition/ hydration, minimize pressure, as appropriate)?

No  Yes  Not at risk  NA (Admitted w/in 24 hrs)

If currently "at risk", types of prevention interventions in use within past 24 hours:

**Pressure redistribution surface:**

No  Yes  Not at risk  NA (Adm w/in 24 hrs)  Documented contraindication  Unnecessary for pt.  Pt. refused

**Routine positioning as prescribed:**

No  Yes  Not at risk  NA (Adm w/in 24 hrs)  Documented contraindication  Unnecessary for pt.  Pt. refused

**Nutritional support:**

No  Yes  Not at risk  NA (Adm w/in 24 hrs)  Documented contraindication  Unnecessary for pt.  Pt. refused

**Moisture management:**

No  Yes  Not at risk  NA (Adm w/in 24 hrs)  Documented contraindication  Unnecessary for pt.  Pt. refused

Risk Assessment Tool (Mark only one):  Braden  Braden Q (pediatrics only)  NSRAS (neonates only)  Other

If **Braden or Braden Q** Risk Assessment was used, complete the following information from the admission assessment:

Braden Total Score:

(Braden Q for peds)

Braden or Braden Q Subscale Scores for:

Sensory?  1  2  3  4 Moisture?  1  2  3  4

Activity?  1  2  3  4 Mobility?  1  2  3  4

Nutrition?  1  2  3  4 Friction/shear?  1  2  3  4

Tissue Perfusion/Oxygenation?  1  2  3  4

(Tissue Perfusion/Oxygenation: Peds only)

**Do NOT Stop. Turn page over for additional questions.**

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(Back Side of two-sided form)

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Total number of observed pressure ulcers (include all ulcers):  None

|                                           |                         |                         |                         |                         |                         |                         |                         |                          |
|-------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Total Stage I ulcers:                     | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| Total Stage II ulcers:                    | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| Total Stage III ulcers:                   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| Total Stage IV ulcers:                    | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| Total ulcers unable to stage:             | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| Total suspected deep tissue injury (DTI): | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |

Total number of nosocomial pressure ulcers

(hospital acquired):

|                                     |                            |                         |                         |                         |                         |                         |                         |                         |                          |
|-------------------------------------|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| None                                | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of nosocomial Stage I ulcers:   | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of nosocomial Stage II ulcers:  | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of nosocomial Stage III ulcers: | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of nosocomial Stage IV ulcers:  | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of nosocomial unable to stage:  | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of nosocomial suspected DTI:    | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |

Day of first staff discovery/documentation of pressure ulcer (first documented in record):

- Within 24 hrs of admission     Day 2 (24-48 hrs)     After Day 2    Required field for patients with ANY ulcers.

Did this patient have any hospital acquired device related ulcers? (Either mucosal or pressure)  No     Yes

Total number of pressure ulcers acquired

on THIS unit (unit acquired):

|                                        |                            |                         |                         |                         |                         |                         |                         |                         |                          |
|----------------------------------------|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| None                                   | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of unit acquired Stage I ulcers:   | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of unit acquired Stage II ulcers:  | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of unit acquired Stage III ulcers: | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of unit acquired Stage IV ulcers:  | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of unit acquired unable to stage:  | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |
| No. of unit acquired suspected DTI:    | <input type="radio"/> None | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 | <input type="radio"/> 7 | <input type="radio"/> 8+ |

End of Pressure Ulcer Study.

Section IV: Physical Restraint Prevalence Study

Complete one form for each patient on the unit (whether they have restraints or not).

Be sure Section II (Patient Background Information) on front of form is filled in.

Restraint?  No     Yes (Entry required; Do not leave blank)

If No, skip to "Sitter" section below. If Yes, complete the following:

Type of restraint (mark all that apply):

- Limb     Vest     Siderail\*     Other     Waist     Mitts     Leather or Locked (If Leather/Locked, check also Limb)

Restraint Category:     Non-Behavioral Health Standard (Nonviolent, non-self-destructive behavior)

Behavioral Health Standard\*\* (in acute care) (Violent or self-destructive behavior)

Clinical justification for restraint or sitter (mark all that apply):

- Protect from falling by getting out of bed without assistance  
 Prevent from removing medical equipment/therapeutic modalities  
 Reduce the potential for inflicting harm to self  
 Reduce the potential for inflicting harm to others  
 Other

Sitter in the room:  No     Yes (Entry required; Do not leave blank)

- If yes, type of sitter (mark all that apply):  
 Assigned family/friend (if specifically assigned as a sitter)  
 Paid Staff (includes agency staff if paid by hospital)  
 Other Sitter

\* Side rails as restraint: Refer to your facility's policy on restraint to determine for your facility when side rails are defined to be restraint. Side rail use on gurneys or stretchers is considered customary medical protective devices and their routine use is not considered as restraint.

\*\* Behavioral Health Standard: Patients that demonstrate an unanticipated outburst of severely aggressive or destructive behavior that possess an immediate danger to the patient or others (HCFA); includes all 5150 patients who are restrained.

