2022 ASEU
SECTION 1 – EMANATE HEALTH

Learning Objectives:

After reading this section the learner will be able to:
1. Explain the organization's Mission, Vision and Values statements
2. Discuss our strategic goals
3. Build understanding, agreement and community
4. Share knowledge and successes
5. Create pride in identity and accomplishments
6. Define a team and identify elements of effective teamwork
7. Define cultural diversity and sensitivity
8. Name at least five factors that may influence an individual's cultural identity
9. Discuss guidelines for relating to individual from different cultures
10. Understand needs of our transgender population
11. Describe patients' rights to have an interpreter
12. Identify appropriate Emanate Health services and resources for interpreter services
13. List at least 3 options for obtaining interpreter services
14. Identify key elements of patient rights in regards to pain management
15. Identify benefits of effective pain management
16. Describe Emanate Health's Opioid Stewardship program
17. Identify elements of Emanate Health's Model of Care

A.   Mission, Vision, Values and Goals

Our mission is to help people keep well in body, mind and spirit by providing quality health care services in a safe, compassionate environment.

Our vision is that we are an integral partner in elevating our communities' health.

Our values are to have patients and their families experience excellence in all we do

through the quality of our services, our teamwork, and our commitment to a caring, safe and compassionate environment. They include:

- **Respect:**
  We affirm the rights, dignity, individuality and worth of each person we serve and of each other.
- **Excellence:**
  We maintain an unrelenting drive for excellence, quality and safety and strive to continually improve all that we do.
- **Compassion:**
  We care for each person and each other as part of our family.
- **Integrity:**
  We believe in fairness, honesty and are guided by our code of ethics.
- **Stewardship:**
  We wisely care for the human, physical and financial resources entrusted to us.

Emanate Health Strategic Goals:
- Transforming the Consumer Experience: Provide high value care, ease of access and a culture that personalizes the experience.
- Delivering Highly Reliable Care: Safety and quality, every person every time. Strategic Growth: Implement sustainable growth through partnerships that create, enhance and expand access to market-driven programs and services.
- Physician Relationships and Integration: Build lasting, mutually beneficial relationships between Emanate Health and physicians that serve our communities.
- Population Health: Improve the well-being and health of the people we serve.
- Financial Sustainability and Philanthropy: To achieve financial sustainability through an integrated business and clinical model.

B. **Building Connections**

The Philosophy: Taking the best of who we are and connecting with the best in the people we serve.

Storytelling: The benefits of storytelling are that stories drive engagement and create legacies that fuel organizations. Stories are an effective way to communicate because they captivate people, reaching both their heads and their hearts. Share your positive and meaningful experiences with coworkers in huddles and staff meetings. You will be sharing knowledge, bonding, and motivating each other.

The 3 concepts:
1. Be Present
2. Suspend Judgment
3. Practice Touch

Be present: **Presence** is the ability to:

- Focus completely on what we are doing at that moment.
- Devote full attention to one person or task at a time.
- Put away all other thoughts and truly connect with someone.

Suspend judgments and assumptions: Our view of others—preconceptions or judgments based on what we think we know about them or what they look like—can color our feelings and lead us to decide whether we like or dislike them. Unless we are careful, this view can prevent us from making a connection with others and living by the *Building Connections* philosophy.

Looking for the best in everyone—and acting on that positive insight—is a cornerstone of our work with patients, their families, and each other. Here are some ways to do this:

- Find ways to feel positive about ourselves.
- When talking with colleagues in report, meetings, or huddles, always find something positive to say about patients and their families.
- Speak positively about colleagues ("manage them up").

Practice touch: **Touch** is valuable because it:

- Helps us establish and maintain a nonclinical relationship.
- Demonstrates caring and kindness.
- Conveys warmth and presence.

The Process:

Hello: Make an initial personal connection
Leave armor behind
Sit down eye-to-eye, heart-to-heart

Retouch/Reconnect: Reaffirm your connection

Warm Handoffs: Smooth the transition

Meaningful Goodbyes: Meaningful goodbye, and thank you.

Outcomes:

- Improves patient experiences and satisfaction
- Enhances collegial relationships
- Reduces patient's and family's fear and anxiety
- Establishes trust

Managing Up

Managing up others in other departments or the organization by simply creating a positive impression for the patient/family or members/consumers. It reduces the anxiety of patient/family members/consumers and transfers trust. Take responsibility for how you respond to consumers, co-workers, and other departments. It's about contributing to someone else's life. You have the power to choose what kind of day you will have and to serve people in a meaningful and memorable way. Your attitude and body language affects others.

Outcomes:

Increases the confidence consumers and family members have in staff and improves teamwork. Consumers feel confident that all staff members are working together

Proactivity

Anticipate the consumers' needs and keep consumers informed proactively (e.g. offer things before they ask for them).

Outcomes:

Consumers know we care when we take the time to make sure they are totally comfortable…. ***without them asking first.***

C.   Team Building at EMANATE HEALTH

Teams Can:

1. Make decisions and solve problems within the organization.
2. Provide single voice solution(s) to meet customer needs.
3. Improve day-to-day operations.
4. Meet the need for quick and effective change.
5. Increase employee satisfaction.
6. Help people work together more effectively and efficiently.

Group versus Team:

Work groups are not teams. Work groups rely on individual contributions to accomplish group performance. In contrast, teams are distinguished by the individual's commitment to group performance, collective work products, and mutual accountability.

The members of a department are not necessarily a team. The members of a surgical unit are a team. The members have a purpose, which gives them an identity. Each member has a unique function or position that must be combined with that of the other members. Team members are aware and supportive of the need for interdependent interaction. Lastly, the team operates within the framework of a larger organization - the hospital

How is "Team" Defined?
A team is a group of interdependent individuals organized and committed to achieving common purpose.

In a successful team, members:
- Have a purpose for working together
- Benefit from each other's experience, ability and commitment to arrive at mutual goals
- Function as a unit within a larger organizational context
- Are accountable to themselves and to the team
- Together make decisions and are held accountable for the results

Elements of Effective Teamwork:

Commitment - Team members must be committed to the idea that working together as a group leads to more effective decisions than working in isolation.

Common Purpose - the team must have a reason for working together.

Organized - Individual team members are organized to be accountable as a functioning unit within a larger organizational context.

Interdependence - Members of the team must be interdependent. They need each other's experience, ability and commitment in order to arrive at mutual goals.

Our organization is committed to developing multidisciplinary teams that can meet the various goals of the organization. Each team member and team contributions are treated with dignity and respect. Please feel free to communicate your concerns or suggestions to your immediate supervisors.

Examples of EMANATE HEALTH multidisciplinary teams include:
1. General Hospital Operations (GHO)
2. Building Connections Action Team Committees
3. Safety/Environment of Care Committee
4. Patient & Family Advisory Council
5. Unit-specific Multidisciplinary Patient Rounds

Examples of team building training programs provided by EMANATE HEALTH:
1. Building Connections
2. Elevate Leadership Meetings
3. Unit Specific Staff Meetings

4. Ongoing Administration Rounds

D. Cultural Diversity and Sensitivity

Definition:
Culture is a patterned behavioral response that develops over time due to social, religious, intellectual, and artistic influences. Culture is shaped by values, beliefs, norms, and practices that are shaped by members of the same cultural group. Each of us has a unique culture that developed from a mixture of various influences. Cultural development starts at conception. An individual's cultural identity may stem from the following influences:

- **Ethnicity:** The ethnic group with which the individual identifies himself.
- **Race:** The racial group(s) with which the individual identifies himself
- **Religion:** The organized religion, with which the person adheres, has been taught or rejects.
- **Education:** The level and type of education the person has experienced.
- **Professional/field of work:** The type of work the person is trained to do.
- **Organizations:** Groups, associations, and organizations to which the individual belongs or has belonged.
- **Parents:** The messages, both verbal and nonverbal, given by our parents about (but not limited to) ethnicity, religion, values, cultural identity, and prejudices.
- Other influencing factors including gender, family, peers, and place of birth.

Since we all have unique cultures and we live in a multicultural environment, it is important that we learn how to interact with one another as respectfully as possible. **The first step is by understanding what our own culture is.** Interaction is not limited to the patient-caregiver interaction, but also includes the interaction among the staff members. Individualizing our interaction is important, so each staff member must ascertain degree of information.

Phenomena that Reflects Culture
- **Communication.** Communication is the sharing of common information. This definition implies and embraces all human interaction and behavior. All behavior, including verbal or nonverbal, in the presence of another individual is communication. Communication is a continuous process by which one person may affect another through written or oral language, gestures, facial expressions, body language, pronunciation, silence, voice tone/quality, space, or other symbols. 93% of effective communication is done through body language and tone of voice.
- **Personal space.** Personal space is the area and objects that surrounds a person's body. Personal space is considered an extension of the body.
- **Social organization.** Cultural behavior is socially acquired, not inherited. Children learn to behave by watching adults in social organizations or groups including family, religious, ethnic, racial, tribal, kinship, clan, and other special interest groups. Different interactions or reactions an individual has toward certain

situations are a reflection of the individual's social group.

- **Concept of time.** The concept of the passage of time is very familiar to most people regardless of cultural heritage, i.e. days and nights come and go. However, developing an awareness of the concept of time is not a simple phenomenon. Time and passing of time are different from one culture to another and from one individual to another.
- **Environmental control.** Environmental control refers to the individual's perception of his ability to direct factors in the environment and in nature. Health practices such as eating nutritiously and getting adequate sleep are examples of controlling the environment.
- **Biological variation.** People in various racial groups differ tremendously as evidenced by both their external appearance and internal biogenetic variations.
- **Transgender.** The term "transgender" is an umbrella term for people whose gender identity differs from what is typically associated with the sex they were assigned at birth. Transgender (sometimes referred to as "trans") persons face unique challenges in health care. They may be concerned about discrimination, and they have medical histories that include pharmacological and surgical treatments with which caregivers may be unfamiliar. It may seem obvious that doctors need to know what medications patients are taking, and what surgeries they have had. However, for transgender people, disclosing a personal medical history may not be simple. A transgender person's gender identity is not dependent on medications or surgery. There are many cases where transgender patients have been denied healthcare just because they were transgender. Remember to ask the person what terminology they prefer. A transgender person may be gay, straight, bisexual or asexual.

Guidelines for Relating to Individuals from Different Cultures
- Assess your personal beliefs surrounding persons from different culture.
- Assess communication variables from a cultural perspective.
- Plan care based on the communicated needs and cultural background.
- Modify communication approaches to meet cultural needs.
- Understand that respect for others and communication is central to a working relationship.
- Communicate in a respectful manner.
- Use validating techniques in communication.
- Be considerate of reluctance to talk when the subject involves sexual matters.
- Adopt special approaches when the patient speaks a different language.
- Use interpreters to improve communication.

Language and Interpreter Services
Emanate Health staff can access qualified and experienced medical interpreters to meet the needs of our Limited English Proficient (LEP) patients. We have on-demand access to medically qualified Interpreters in over 220 languages through the VOYCE, Inc. iPad system, 24-hours a day, and 7-days a week. Through VOYCE, Emanate Health offers

Video Remote Interpreting (VRI) and telephone services available for on-demand access to medically certified interpreters including American Sign Language (ASL) and Spanish, and many other languages.

Emanate Health has on-site Spanish interpreters during regular weekday work hours at two of our hospitals (Queen of the Valley and Inter-Community), and our standard documents and forms in English are translated into Spanish and Traditional Chinese.

Our formal policy Language and Interpreter Services #RI-360 is available to view or download on the intranet under "Policies Hospital."

For more information, please call the Culture and Language Services Department, 626-858-8512.

E.   Pain Management

Definition: Pain is what the patient says it is, occurring whenever the patient says it does. Pain is:
- A complex physical, emotional, psychological or spiritual experience which is unpleasant and accompanied by anxiety, distress, fear, and suffering.
- Feelings of hurt or discomfort ranging from dull ache to sharp, stabbing sensations. Disease, injury, and infection cause much of the tissue and nerve damage responsible for pain. Factors such as stress, anxiety, trauma, and depression can play a role in a person's perception of pain.
- The number one reason why our patients seek medical care.
- The 5th vital sign and should be treated in the same way as complaining of shortness of breath. Pain assessment must always be viewed objectively, and the patient's report of pain should be taken seriously. Some pain has no clear physical cause, but it is no less real for the person experiencing it.

Pain management is everyone's responsibility, and it requires a team effort to help patients be as comfortable as possible. The Emanate Health policy states "pain relief will be provided using an interdisciplinary approach to optimize the patient's comfort and dignity."

Everyone, from the emergency department to housekeeping personnel, is responsible for relaying information related to pain and/or managing and treating patients who have pain. It is important to remember to contact the clinician or nurse, if a staff member senses the patient is in pain.

The key elements of pain management should take into consideration all patients have the right to:
- Expect adequate and effective pain relief.
- Be taken seriously with dignity when reporting pain.
- Have a thorough pain assessment and reassessment done promptly.
- Participate actively in decisions about their pain management.
- Be informed by healthcare providers about the cause of pain with clear and prompt answers.
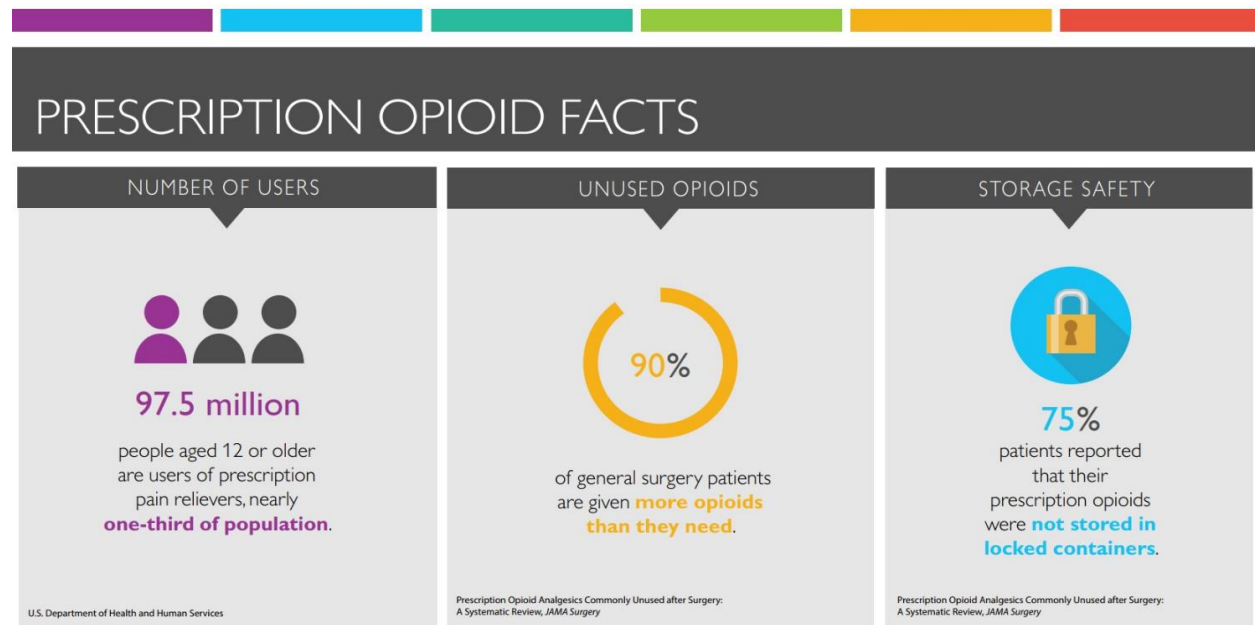
All patients need and deserve effective pain management to be as pain-free as possible. The distress of pain can be overwhelming and drain patients and their families physically, emotionally and financially. Effective pain management benefits everyone because it can help:
- Ensure a more satisfying treatment experience for patients and healthcare workers.
- Speed a patient's recovery.
- Control health care costs.
- The prompt and aggressive management of pain helps the organization meet the standards set by The Joint Commission (TJC) and state and federal laws.

Hand-Off Communication Tool
When patients are moved between different departments and/or services, it is important to communicate a brief description between nurses, transporters, and anyone coming in contact with the patient. The tool used to ensure effective communication is referred to as, the Hand-Off Communication Tool or **TRIP** Ticket. This form must be completed whenever the patient leaves one unit to go to another.

F. **Opioid Stewardship**

PRESCRIPTION OPIOID FACTS

NUMBER OF USERS

97.5 million

people aged 12 or older
are users of prescription
pain relievers, nearly
one-third of population.

U.S. Department of Health and Human Services

UNUSED OPIOIDS

90%

of general surgery patients
are given **more opioids
than they need**.

Prescription Opioid Analgesics Commonly Unused after Surgery:
A Systematic Review, JAMA Surgery

STORAGE SAFETY

75%

patients reported
that their
prescription opioids
were **not stored in
locked containers**.

Prescription Opioid Analgesics Commonly Unused after Surgery:
A Systematic Review, JAMA Surgery

Pain is the most common reason for emergency department visits in the United States, accounting for an estimated 75% of visits. Paralleling this is the growing concern regarding opioid abuse and overdose. The CDC's 2018 Annual Surveillance Report notes 17.4% of the U.S. population received one or more opioid prescriptions. Over 115 people die of an opioid overdose each day in the U.S. Over half of opioid overdose deaths are from diverted opioids.

Proper identification and treatment of pain remains an important aspect of patient care. Indeed, appropriate assessment and pain management is one of the Patient Rights. However, it is equally important to do so in a manner that prevents opioid-associated risks, such as side effects, adverse events, abuse, misuse, and diversion.

Due to these growing concerns, opioid stewardship is an increasingly important aspect of health care systems' provision of pain management for their patients and surrounding communities.

Opioid Stewardship Definition:

Opioid Stewardship is defined as a comprehensive organizational intervention to support safe and appropriate use of opioids while reducing associated risks of adverse events and abuse.

Opioid Stewardship Strategies:

Examples of such interventions can include:

- Maximizing use of alternative treatments to opioids for pain management
    - non-opioid medications (e.g., NSAIDs, selective serotonin reuptake inhibitors (SSRIs), anti-epileptics, topical analgesics, muscle relaxants, local injections)
    - Non-pharmacological therapies (e.g., physical therapy, massage, acupuncture, relaxation techniques, ice/heat).
- Reducing opioid-associated harm
    - Proper assessment of patients for risk factors
    - Use of lowest effective dose of oral immediate release products for shortest duration possible
    - Avoidance of concurrent use of other sedating medications (i.e., benzodiazepines)
    - Proper equianalgesic conversion between different opioid drugs and dosage forms
- Facilitating referral to treatment programs for opioid addiction
- Minimizing diversion
    - Limit opioid quantities dispensed in the emergency department (ED) and on discharge
    - Educate patient and family on risks of use and on proper storage and disposal to prevent theft and misuse. Patients can be directed to community take-back programs for unused medications:

        https://www.pharmacy.ca.gov/consumers/drug_takeback.shtml
        https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s3

    - Use of State Prescription Drug Monitoring Programs

Prescription Drug Monitoring Program = CURES:

The Prescription Drug Monitoring Program in the state of California is CURES: The Controlled Substance Utilization Review and Evaluation System.

CURES Defined:

The CURES program is "a database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care." All California licensed prescribers authorized to prescribe scheduled drugs and all California licensed pharmacists are required to register for CURES access.

As of October 2, 2018, all health care providers are required to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance

to the patient for the first time; and at least once every four months thereafter if the substance remains part of the treatment of the patient.

Some exemptions to this requirement include:

- In the ED of a general acute care hospital, and the controlled substance does not exceed a non-refillable 7-day supply
- As part of a patient's treatment for a surgical procedure, and the controlled substance does not exceed a non-refillable 5-day supply
- As part of hospice care

For further details on the CURES 2.0 requirements, visit:
http://www.mbc.ca.gov/Licensees/Prescribing/CURES/CURES_Mandatory_Flyer.pdf

OR https://oag.ca.gov/cures

Naloxone

The CDC reported 42,000 deaths in the United States in 2016 from opioid overdose. Naloxone is an opioid antagonist that acts as an antidote to opioid overdose and has been shown to reduce opioid-related deaths. It is not a controlled substance. Naloxone can be administered easily by non-healthcare professionals in the community, and prescriptions should be considered for those at risk of overdose, or for those likely to encounter someone with an overdose (such as family members of an addict). California pharmacists are authorized to furnish naloxone after completion of training requirements pursuant to a protocol developed by the Board of Pharmacy and approved by the Medical Board of California.

Current Opioid Safety and Management Policies

Emanate Health currently has many opioid safety processes in place. Some examples include:

- Required indication for prn pain med use and prevention of duplicate medications for the same indication
- Standardized IV opioid concentrations
- Use of smart pumps
- Verification of outpatient methadone clinic enrollment and dose for admitted patients
- Limitation of fentanyl patch to opioid-tolerant patients requiring continuous opioid administration
- Created Safe & Effective Pain Control After Surgery Handout as part of discharge education instructions

G. Model of Care and Special Needs Plan (SNP)

What is a Special Needs Plan (SNP)?

The Centers for Medicare and Medicaid Services (CMS) defines Special Needs Plan as Medicare Advantage (MA) coordinated care plan (CCP) that is specifically designed to provide targeted care and limit enrollment to special needs individuals. Individuals needing SNP could be one of the following:

1. An institutional individual;
2. A dual eligible; or
3. An individual with severe or disabling chronic conditions as specified by CMS.

These plans tailor benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve. There are three types of SNP:

- D-SNP: Dual eligible (Has both Medicare and Medicaid)
- C-SNP: Chronic Diseases or characteristics (cancer, memory loss, diabetes, heart failure, etc.)
- I-SNP: Institutional (Lives in an nursing home or requires nursing care at home)

The goals of a SNP are to improve access to care and services, improve coordination of required services and improve health outcomes for these vulnerable patients.

What is a Model of care (MOC)?

A model of care is a quality improvement tool that provides a framework under which the SNP will meet the needs of its enrollees.

It guides how we care for our members, monitor effectiveness, improve quality of care and communicate with stakeholders.

The four elements of a model of care are:

1. Description of SNP population

- Identify and describe the target population, including health and social factors and unique characteristics of each SNP type.

- How do their medical/social factors affect health outcomes and what services/resources can the SNP provide to address these factors.

2. Care coordination

- Describe the administrative/clinical staff roles, responsibilities and activities in detail.
- This includes how care is coordinated and shared, as well as how it conducts and maintains its annual MOC training.

3. Provider network

- Describe how the SNP conducts initial and annual MOC training for network providers and out of network providers seen by beneficiaries on a routine basis.
- Describes how providers collaborate with the interdisciplinary team and the beneficiary to contribute to the individual care plan.
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4. Quality measurement and performance improvement

- Describes how the SNP conducts quality improvement related to its overall goal (i.e. benchmarks, patient experience).

Compliance with CMS requirements and the ethical administration of the SNP MOC is a shared responsibility.