

Franciscan Health Dyer, Hammond and Munster Shared Governance Nursing Newsletter Nursing Notes

February, 2017



New Chief Nursing Officer at Franciscan Health Dyer/Hammond/Munster

Inside This Issue

- Meet our new Chief Nursing Officer**
- Fall Prevention Reminder**
- People you should know**
- Pharmacy Reminders-Med Rec**
- MRSA New Screen Tool**
- DNP Program from USF**
- Alaris Pump Integration**
- Skin Assessment reminders**
- Viewing Advanced Directives in EPIC**
- 2017Skills Days set**
- PACE Program**
- EPIC Updates**
- Hats off to our Nursing Staff!**
- Welcome New Nurses**



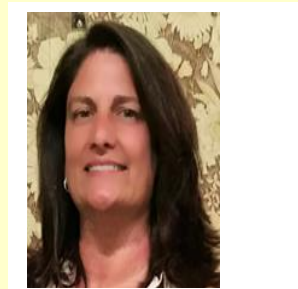
Alisa Murchek is the new Vice President Patient Care Services and Chief Nursing Officer for Franciscan Health Dyer/Hammond/Munster effective January 30, 2017.

Alisa rejoined Franciscan as a rehire in August 2016 and has served for the past six months as Director of Emergency Services for the three campuses.

Preceding her return, Alisa was Associate Director of Nursing of University of Illinois and Health Sciences System in Chicago with responsibility over multiple Nursing areas, including ICU, E.D., In and Out Patient Services.

Alisa also serves as Adjunct faculty for UIC College of Nursing/Governors State University.

WELCOME!



WELCOME!



Just a
friendly
reminder...

Fall Prevention

If a patient is identified as being a high fall risk, an initiative is that the nursing staff will provide the patient with a yellow fall bundle. This bundle includes a yellow lap blanket and yellow non-skid slippers that are to follow the patient throughout the facility to signify they are a fall risk.

Please remember to send the patient with the yellow blanket and slippers and that these items return with the patient from the ancillary department.



New Critical Care Leadership Team are Welcomed!

Jennifer Creighton, BSN, RN is the new manager for ICU and CVU at Franciscan Health Dyer. She obtained her BSN from Purdue University West Lafayette as her second degree, with her first Bachelor of Science in Athletic Training. She has IMCU, ICU and NICU experience. Jennifer started her new role on November 1st.



Rachel Nowaczyk, MSN, RN is the new manager of IMCU at Franciscan Health Hammond. She comes to us from Metro South and is also a former Franciscan Alliance Alum! Rachel has extensive background in Neuro ICU and brings that experience and enthusiasm to her new role!

Tim Rogers MBA, BSN, RN is the new manager for ICU at Franciscan Health Hammond. He obtained his BSN from Illinois State University and most recently obtained his Master of Business Administration from Saint Xavier University Graham School of Management. Tim has ICU and Neuro/Spine Surgical Nursing care experience.

Pharmacy Reminder: Medication Reconciliation

The Pharmacy staff is working diligently to complete medication histories upon admission and discharge Monday-Friday during normal business hours on every patient they can see. This is being done to assist nursing so they may complete other important tasks of the admission/discharge processes. For pharmacy to keep track of the patient's that they have already performed or need to perform Medication Reconciliation on, please remember the following:

1. If you as the nurse are only reviewing the patient's medication history and pharmacy has already completed the medication reconciliation, do NOT change the med list status. If Pharmacy has already completed the Med Rec, you will see this:

Med List Status Pharmacy Complete

To denote that you as the nurse have reviewed the medication history and not made any changes to it, you need to mark it as reviewed:

Mark as Reviewed Last Reviewed by Novorita, Kelly D. RN on 12/15/2016 at 9:13 AM [\(History\)](#)

2. If you as the nurse are completing the medication reconciliation before pharmacy staff have seen the patient you would then change the med list status to:

Med List Status RN Complete

3. For this process to work successfully, **a nurse should never select** "pharmacy complete" or "pharm tech complete" in the Med List Status.

This could lead to Pharmacy Staff not reviewing home medications thinking this already been performed by another member of the pharmacy team.



MRSA Screening Tool

Historically, we used the form "MRSA SCREENING TOOL/PHYSICIAN ORDER SHEET" as a way to capture the MRSA screening and in the pre-Epic day, to order the MRSA Swab and Isolation. Medical Records was having the physician sign all of these sheets because it was listed as a "Physician Order Sheet" even though we placed the MRSA Swab and Isolation order in Epic. This process has not been hardwired by the physicians, and we were being penalized by having delinquent charts. Health Information Management has asked if we could go ahead and revise the form, using it only as a **SCREENING TOOL**. The new SCREENING TOOL can be found under "forms" on the intranet.

Please throw away any copies of the old version

Date	Time			REASON FOR MED/TEST
MRSA SCREENING TOOL				
PROTOCOL: Patients meeting any of the following criteria should be screened for MRSA (Methicillin Resistant Staphylococcus Aureus) by nasal swab.				
MRSA Screening:				
<input type="checkbox"/>	<input type="checkbox"/>	Is patient being admitted to ICU at the Hammond or Dyer Campus?		
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Does patient have a history of colonization or infection with MRSA?		
Yes	No	Patients who were MRSA positive during a prior admission may be exempt from screening if that admission occurred less than sixty (60) days prior. Patients meeting these criteria will require contact isolation as colonization is considered likely.		
<input type="checkbox"/>	<input type="checkbox"/>	Does patient originate from a nursing home or other extended care facility?		
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient currently receiving dialysis/renal patient?		
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient being seen in the OPS for pre-surgery testing who has one of the above risk factors?		
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient going to have a CABG/Cardiac, joint replacement or implanted device surgery?		
Yes	No			
MRSA Screening Procedure: Obtain a nasal/nares sample using a dual sterile swab collection container. Submit for rapid MRSA screening. (Order Code: MRSAP)				
A. Use non-sterile gloves				
B. Use dual red capped swab culture tube for the specimen collection.				
C. Carefully insert the swab into the patient's nostril. The swab tip must be inserted up to 2.5cm (1 inch) from the edge of the nares. Roll the swab 5 times.				
D. Insert the same swab into the second nostril and roll the swab 5 times as in the preceding step.				
E. Repeat steps C and D with the second swab.				
F. Return the swabs to the container and send it to the laboratory immediately. The patient label, with the date and time of collection, must be placed on the container.				
G. Remove gloves and wash hands.				
Screening done by RN (signature)/Unit: _____				
Date: _____ Time: _____				
Patients meeting the criteria for MRSA screening should be placed in Contact Isolation pending the MRSAP results				
Placed in Contact Isolation by RN (signature): _____				
Date: _____ Time: _____				

Rx/S/P&T/PO 1-08, 2-09, 4-10, 11-11

Medical Records

PATIENT LABEL MUST BE PLACED WITHIN THIS BOX

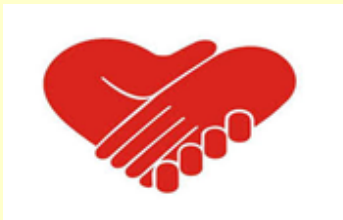


B.NUR.0026
2/3/17

MRSA Screening Tool



1NUR



Exciting New Doctorate of Nursing Practice program being offered by University of St. Francis!



NORTHERN INDIANA'S
CRNA PROGRAM

Marquessa Fisher DNP, CRNA
Nurse Anesthesia Program Director
and Associate Professor

LEADING CARE STARTS WITH YOU

TAKE CONTROL OF YOUR NURSING CAREER.

Our new Doctor of Nursing Practice (DNP) Program offers two practice-oriented tracks to help you improve patient outcomes.

Go directly from a bachelor's degree to a doctorate in three years with our BSN-DNP Nurse Anesthesia Program that equips you to serve others as a compassionate clinician, leader and educator. Or, if you already have your Masters of Science in Nursing, you can opt for our two-year Post-MSN Doctor of Nursing Practice with a focus on Population Health to advance your career.

With either route, you will learn to give patients more personalized care, and enjoy the rewarding side of higher education.

See where an advanced degree could take you at nursing.uf.edu/doctoral.

Together, we are Leading Care.



The program is undergoing a required accreditation process, and students will not be admitted or enrolled in the program until an approval by the Council on Accreditation of Nurse Anesthesia Educational Programs has been rendered. The Council's decision is expected in spring 2017.

Alaris Device Integration



If there is a need to troubleshoot Alaris Device Integration, please consider:

- Discussing issue with a 'Superuser Co-worker'
- Referencing the intranet, 'My Franc – Alaris IV Pump Education Videos'
- Using the guidebook 'Alaris Pump Integration Quick Start Guide.'
- Contacting Clinical Informatics.

If calling the 'Help Desk,' or submitting an online 'Heat Log,' regarding Alaris Device Integration, it is very important to include the Alaris pump ID number and the location (nursing unit and room number) the Alaris pump is not working in. Thank You!

Our Alaris Pump Scanning compliance has room for improvement. Utilize the resources provided to you for our patient's safety
Our target is 90%...some units are doing great, others have room for improvement!



QA Skin Assessment Reminders

For consistency with QA Audits and Wound Prevalence:

Braden Scale must be documented upon admission, every 24 hours, upon transfer, and per nursing judgement

The admission skin assessment must be cosigned by a second nurse in the Integumentary Section of the charting.

What is the required documentation for a Braden Score of 18 or less?

- Documentation at a minimum every 2 hours of position ex. Supine, lying left side, lying right side (please not only document, but turn patient)
- Heels up documented every 8 hours
- HOB documented a minimum of every 8 hours
- Specialty mattress on documented every 8 hours
- Risk for impaired skin integrity care plan

Intake/Output	IV Assessment	Daily Cares/Safety	Screenings	Complex Assessment	Patient Belongings	Diabetes	Daily C
Mode: Accordion Expanded VIEW		No department...		Med Title: DY			
		1/24/17		1/25/17			
		0800		1000		1200	
						1400	
Active contraindications For MECHANICAL							
Active PHARMACOLOGICAL Prophylaxis							
Activity/Mobility							
Activity		Bedrest		Bedrest			
Level of Assistance		Assist 1		Assist 1			
Assisted Devices							
Distance Ambulated (ft)							
Activity Response		Fair		Fair			
Repositioned		Supine		Lying left side		Supine	
Positioning Frequency		Every 2 hours		Every 2 hours		Every 2 hours	
Head of Bed Elevated		HOB 30					
Heels/feet		Heels elevated ...					
Care of Motion							
Comfort and Environment Interventions							
Comfort							
Patient Preferences							
Additional Comfort/Environmental Interventions		Specialty bed					
Specialty Mattress/Bed							
Specialty Bed/Mattress		Low air loss an...					

What is audited during the floor audits for patients with a Braden of 18 or less?

- Wedge in use and should reflect the turn schedule at the designated time(or at bedside, not to be found in the closet)
- Heels up (if heels up not in use, pillow to be used per wound care)
- Use of specialty bed, accumax inflator on and low air loss (if unable to locate accumax inflator use waffle mattress)
- If patient is able to sit in chair waffle cushion in use

To view Advanced Directives that have been scanned into the patient record

If the staff hover over the word "Code" on the Patient header they can view what Code status is documented for the patient. In the below screenshot this patient is a DNR.

The screenshot shows the patient header with various fields. The 'Code' field is circled in red, and a dropdown menu is open showing 'DNR' as the selected status. Other fields include CSN: 817..., DOB: 02/0..., Bed: 7..., Admit DE..., Attend Prov..., Allergies: No Kn..., Isolation: None, FYI, Prof Language, MRN: E59..., Age/Sex..., Exp. DIC..., PCP: NEAL..., Ps. Dis..., Last Wt: 59.3 kg..., Infection: None, and Prefer... The 'Index - Nurse Manager' report is selected.

Special Note: If on this current admission, Advanced Directives, Living Will, POST/POLST documents were brought to the inpatient unit, these documents will be copied and placed in the patient's hard chart. These records will not be scanned into Epic by the Medical Records Dept. until the patient is discharged. These documents would have to be viewed from the hard chart. If documents had been scanned into the Epic from a previous admission this information will be viewable electronically.

If the staff then want to check to see if there are any documents to view for this patient in Epic - Advanced Directives etc. they click on Chart Review in the patient record. The Media tab may be a choice for them to click on.

The screenshot shows the 'Chart Review' window. The 'Media' tab is selected and circled in red. A table lists documents with columns for Date/Time, Document Type, Description, Enc Date, and File Attached to. The 'Chart Review' button on the left sidebar is also circled in red.

Date/Time	Document Type	Description	Enc Date	File Attached to
12/02/2016 12:10 PM	Registration Form		11/25/2016	11/25/2016 Hospital Encounter
12/02/2016 12:10 PM	Medicare Rights A...		11/25/2016	11/25/2016 Hospital Encounter
12/02/2016 12:10 PM	Consent Acute		11/25/2016	11/25/2016 Hospital Encounter
12/02/2016 12:10 PM	EKG	Consent Acute	11/25/2016	11/25/2016 Hospital Encounter
12/02/2016 10:44 AM	EMS Run Sheet		11/25/2016	11/25/2016 Hospital Encounter

If the Media tab is not showing the staff member needs to click on the arrow and select Media from the dropdown list

The screenshot shows the 'Chart Review' window with the 'Media' dropdown menu open. The 'Media' option is circled in red. The dropdown menu includes options: Referrals, Letters, Media, and Misc Reports.

When the Media tab is open next to the word filters there are 2 choices- 1) POST/POLST and 2) Advanced Directive. If staff check the box next to one of these choices, if there are documents available to view in the patient record they will be listed.

In the below screenshot this patient has an Advanced Directive document to view.

The screenshot shows the 'Chart Review' window with the 'Advanced Directives' checkbox checked. A document titled 'Advanced Directives' is listed in the table. A red arrow points from the text above to the 'Advanced Directives' checkbox.

Date/Time	Document Type	Description	Enc Date	File Attached to
09/18/2012 8:15 PM	Advanced Directives			



If staff click on the word Advanced Directives the Media Manager will open. If they then click on the blue file hyperlink the document will open in Document Viewer and the staff can view.

Chart Review

Microbiology Imaging Procedures Cardiology ECG Other Orders Medications LDAs Episodes Referrals Letters Media

Preview Refresh (10:28 AM) Select All Deselect All Review Selected Route ViewPlay Load Remaining Side-by-Side

Filters POST/PODST Advanced Directives Clear Filters

Date/Time	Document Type	Description	Enc Date	File Attached to
09/18/2012 8:15 PM	Advanced Directives			

Media Information File: 1.2.840.113782.1.3.1006088.374926.18489.20120919.879730

File Link
[Scan on 9/18/2012 8:15 PM by Scan, Doc Image, MD](#)

Key Information Document

Document Viewer

Encounter: Facility Admitted: Discharged

File Pages Document View Help

DO-NOT-RESUSCITATE DNR DO-NOT-RESUSCITATE DNR DO-NOT-RESUSCITATE DNR

Illinois Department of Public Health (Page 1 of 2)
UNIFORM DO-NOT-RESUSCITATE (DNR) ADVANCE DIRECTIVE

Patient Directive

I, [redacted] born on [redacted] hereby direct the following in the event of:
(print full name) (birth date)

- FULL CARDIOPULMONARY ARREST (When both breathing and heartbeat stop):**
 - Do Not Attempt Cardiopulmonary Resuscitation (CPR)
(Measures to promote patient comfort and dignity will be provided.)
- PRE-ARREST EMERGENCY (When breathing is labored or stopped, and heart is still beating):**

SELECT ONE

 - Do Attempt Cardiopulmonary Resuscitation (CPR) -OR-
 - Do Not Attempt Cardiopulmonary Resuscitation (CPR)

POOR ORIGINAL



The other way for staff to view Advanced Directive Information is to click on the word "Code" in the patient ribbon

CSN: 817... DOB: 09/0... Bed: 7... Admit Dt: ... Attend Prov: ... Code: ... Allergies: No Kn... Isolation: None FYI... Pref Language
 MRN: E59... Age/Sex: ... Exp. DIC: ... PCP: NEAL... Pl... Last Wt: 59.3 kg... Infection: None Prefer...

Summary
 Index - Nurse Manager Index Comp Labs Vitals More
 Report: Index - Nurse Manager

High Fall Risk

Sticky Note Communication - NON Comment
PHYSICIAN NOTES Sticky Notes to PHYSICIANS Comment
 Nutrition Risk: moderate

The below screen will open. This opens to the Clinical Information tab. Code status is also shown.

Demographics

Contact Information Clinical Information Additional Information Advance Directives Inpatient Information

Patient Lists Primary Location: FRANCISCAN HEALTH HAMMOND

Pharmacy Preferences Provider: NEALE, PETER H [100542] PCP type: General

Lab Preferences EpicCare Patient Restricted access Chart abstracted

Code status: DNR Date updated: 12/20/2016

Comments:

[Code Status History](#)

Pref Spoken Lang: English Pref Written Lang: English
 Interpreter Needed? No Mental Status: Married
 Religion: Orthodox Ethnicity: Non-Hispanic
 Race: 1 White or Caucasian


Permanent comments:

If staff then click on the Advance Directives tab they will see any documents that have been scanned into the record. To open a document the staff click on the paperclip attachment. The document will open in the same manner as above in Document Viewer.

Contact Information Clinical Information Additional Information Advance Directives Inpatient Information

Power of attorney on file: No New View Go to Line
 Living will on file: Yes Date received: 9/7/2016 New View Go to Line

Mark as Reviewed Advance directives have never been reviewed

Type of Document	Description	Status	Date Received	Location
	Advanced Directives	Received [10]	9/7/2016	



SKILLS DAY

HDM 2017 RN Skills Days ***HDM 2017 PCA, PCT, Novice –Skills Day***

MANDATORY

New or Refresher skills

Med/Surg, Critical Care, WCS, and Emergency Room

Time: 8am-11:30a OR 12:30pm—4:00p

*Navigate your way
Through hands-on
stations*

PCT/PCA/Novice skills offered:

- Colostomy Bags
- Emptying drains
- Enema Administration
- Application of Texas Catheter

Nursing skills offered:

- Restraints
- Chest Tubes/Thoracic Vent
- Central Lines/PICC's
- Trach Care
- Bi-Pap, High O2 and masks
- Heparin Drips
- Blood Transfusion
- Code Blue/RRT
- CRRT refresher
- Pacemakers
- Hypothermia
- Swan CVP A-lines
- BIS monitor
- Pediatric topics
- Sepsis
- Fluid Warmer/Rapid Infuser
- Newborn Care/ Panda Bed
- Phototherapy
- Cord Blood Collection
- AND MORE.....

Pre-registration REQUIRED in the LMS
Lack of pre-registration may cause
participants to be turned away from
the event. There is a participant limit
to assure all staff receive superior
training on the identified skills

Name of Course in LMS:
HDM 2017 RN Skills

HDM 2017 PCA/PCN Skills Day

St. Margaret- Hammond

March 17 on 8th floor

June 23 on 8th floor

September 29 on 8th floor

December 1 on 8th floor



Have any Questions?

Contact the Education Department – ext. 32071

PACE PROGRAM



New wellness center keeps seniors healthy and at home

Franciscan
SENIOR HEALTH & WELLNESS

The Franciscan Senior Health and Wellness Center at Franciscan Health Dyer opened in December and is centered around a philosophy that the well-being of seniors who have chronic care needs, as well as their families, are better served in their own communities, when possible.

"We offer all-inclusive care for seniors living in Lake County, including nursing care at home. The goal is to keep them living independently and safely, at home," said Laurie Matthys, Wellness Center manager.

The program is designed to help people aged 55 and older, who have chronic health conditions and that qualify for nursing home care, continue to live safely in their community.

"We will provide their medications, transportation to and from the center and to doctor appointments. We have an interdisciplinary team that includes a medical director who will be their primary care physician, nurses, a physical therapist and occupational therapist, a dietitian, social worker, center manager, home care coordinators, recreational therapist, transportation manager and a personal care attendant," Matthys said.

The program likewise has an adult center where participants can socialize. "We offer an interdisciplinary approach where we coordinate all of the care needed to enable our participants to safely live at home. We believe that our team approach enables us to address the individual medical, social, emotional and practical challenges that many seniors and their families face," Matthys said.

The program also assists adult children who are helping to take care of their parents. "We help with education on the aging parent and help facilitate advanced directives. And, the clients see our physician, who is a geriatrician," she added.

PROGRAM ELIGIBILITY

- Ages 55 and older
- Reside in the service area
- Chronic health conditions that qualify for nursing home care
- Ability to live safely in the community

HEALTH CARE OFFERED

- Primary medical and nursing care
- Occupational, physical and speech therapies
- Medications and medical equipment
- Laboratory and diagnostic services
- Prescription drugs
- Skilled home care and personal care aides
- Care from medical specialists in cardiology, nephrology, ophthalmology, dermatology, surgery, podiatry
- Medical transportation

LOCATION & CENTER HOURS

Franciscan Health Dyer
South Pavilion • 2150 Gettler Street • Suite 305
Monday - Friday • 8am to 5pm

For more information or to arrange a tour,
call (219) 864-2630 or toll-free (844) 817-7223

EPIC UPDATES

ClinDoc Users		
Link	Method	Change
Cardiac Ejection Fraction	TS	This tip sheet is intended for inpatient clinicians reviewing ejection fraction data and identifies the reports and sections where Cardiac Ejection Fraction data will auto-populate.
Update to Lactic Acid for Sepsis Labs	FYI	Effective February 9, 2017, new lactic acid lab orders are available to include a STAT and the second lab collected 4 hours after the first lab is signed
ClinDoc PKT Epic Optimizations February 9 2017	Tip Sheet	This packet lists optimizations effective February 9, 2017
OT OP Neuro Eval/Treat	FYI	Effective February 9, 2017, the copy forward function is available for the goal rows in the OT OP Neuro Eval/Treat flowsheet.
Results Display in Order Composer for Sodium Phosphates Enema	FYI	Effective 02/09/2017, the sodium phosphates (FLEET) enema order displays the most recent serum creatinine and phosphate results in Order Composer.
Digoxin Default Frequency of Once	FYI	Effective 02/09/2017, the default frequency for digoxin (LANOLIN) injection 250 mcg is Once.
NICU Fentanyl Infusion Panel With Bolus Orders	FYI	Effective 02/09/2017, the Fentanyl bolus (from syringe) and infusion NICU/PEDS panel is available. This panel includes orders for loading dose and PRN boluses from a syringe.
Oral Doxycycline Order Panel	FYI	Effective 02/09/2017, the Doxycycline oral panel is available. This panel includes a 200 mg dose with a default frequency of Once, followed by scheduled doses of 100 mg.
Default Additive Amount for Heparin in D5W	FYI	Effective 02/09/2017, the heparin in D5W (IPELLA CP PUMP) order [ERX 600234] has a default additive amount of 25,000 units. Ordering providers can adjust the additive amount to 12,500 units if necessary.
Cyanocobalamin Injection Default Dose Change	FYI	Effective 02/09/2017, the cyanocobalamin (VIT B-12) injection solution order [ERX 2007] has a default dose of 1,000 mcg.





Brianne O'Rourke, RN (4C Rehab) passed and received her Certified Rehabilitation Registered Nurse certification on December 14, 2016.

Congratulations to **Natalie Pelletier MSN, RN**, Cath Lab on completion of her MSN tested for the national CNL certification from St. Xavier.

Congratulations are also in order for **Diana Giordano, MSN, RN, FNP-BC** from Educational Services, who just passed her Nurse Practitioner Boards!

Welcome to our New Nurses

Deborah Mullin	M-Med Surg
Morgan Cullings	D-4C
Keith Warren	M-ED
Nikki Ingram	D-7C
Mark Kopilash	M-MedSurg
Lauren McCracken	H-7E
Ayesha Gudmalin	H-IMCU
Sherri Hammons	D-7C



For suggestions or submissions to the Nursing Notes Newsletter, please contact Ina Hodges in Educational Services at 933-2071 or Ina.Hodges@FranciscanAlliance.org