

Nursing Notes

Nursing Shared Governance Newsletter

Franciscan Health Dyer, Hammond and Munster

Adversity draws men together and produces beauty and harmony in life's relationships, just as the cold of winter produces ice-flowers on the window-panes, which vanish with the warmth.
-Anonymous



Season's Greetings from our CNO Linda Kraiko!

Thank you to everyone at Dyer, Hammond and Munster for the outstanding job you all did on our three HFAP surveys. You have set the bar high for all FA organizations to match! The stellar survey would not have been possible without all our hard work and dedication to quality patient care.

Please accept my wishes for you and your families during the Christmas season and into 2017. I am honored to work alongside you.



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Debra (Deb) Harker rejoins Franciscan Health replacing the retiring Terri Loden as Director of Surgical Services for the Hammond, Dyer, Munster campuses. Deb began her nursing career here at the former St. Margaret's Hospital after completing her BSN at Ball State University. She has extensive clinical and management experience spanning several decades in both Indiana and Illinois hospitals. In addition to her BSN, she also holds a Master's in Administration from the University of Notre Dame as well as a Doctorate of Nursing Practice from Valparaiso University. Deb is a CNOR (Certified Operating Room Nurse) and AANC Board Certified Family Nurse Practitioner. She and physician colleagues have co-authored several safety/quality publications related to the Operating Room. She has also presented at a number of conferences including the American College of Surgeons NSQIP, Children's Hospital Association and the Association of Operating Room Nurses. Along with her husband Jay, Deb resides in Munster. They are parents to two children in their early twenties, son Kyle and daughter Kristin. Deb is thrilled and grateful to be returning to the Franciscan Health family



Alisa Murchek is also a returning employee and is now the Director of Emergency Services for D/H/M. In 1988, after working in the burn unit at University of Chicago for a year straight out of nursing school, she first came to St. Margaret Hospital through the transition to the dual campuses of St. Margaret Mercy. While with the organization for almost 11 years she worked as a staff nurse and nurse manager in the Hammond ED, a nurse educator, and a house supervisor before leaving to be the Clinical Nurse Specialist for the ED at University of Illinois Hospital. She was with the University for 18 years transitioning from Clinical Specialist to Clinical Specialist/Manager of the ED and eventually to the Director of Critical Care. Through much reorganization I was responsible for various additional areas of the organization to include Ambulatory Services, Perioperative Services, Professional Development, Dialysis and the Nursing Service Office but always maintained oversight of the ED.

She expressed a great desire, after so many years away, to work in her own community again so was very excited to see the ED Director Position posted for the Hammond hospital in early 2016. I feel very fortunate to be chosen for the position and began with Franciscan Health over the 3 EDs in August of this year. She couldn't be happier to be here and hope to have a long and productive professional association with Franciscan Health.

Alisa received her BSN from Lewis University and MSN and DNP from Governors State University. She and her husband Dan live in the Tri-town area.



Preparation of CSP

Preparation of Compounded Sterile Preparation (CSP) for Nursing

This new nursing policy is to ensure the safe preparation and administration of compounded preparations outside of the pharmacy. A CSP is an injectable medication that is delivered to the patient after being compounded with two or more products (e.g. Ceftriaxone and 0.9% Normal Saline to be delivered intravenously).

It is important for the nurse to know the Beyond Use Date (BUD) of these CSP's, which is the date and time after which the medication must NOT be used. The BUD may be reached BEFORE the expiration date, but never later. The BUD takes into account the specific conditions and potential for deterioration and microbial growth that may occur during or after the original container is opened, while preparing the medication for dispensing and administration, and/or during the compounding process.

All CSP's will be prepared by the Pharmacy with the exception of:

- Preparations urgently needed (e.g., meds needed in OR, ED, Cath Lab, etc.) that cannot wait for pharmacy preparation
- Preparations with very short stability (e.g., ampicillin)

When Medications are prepared outside of the pharmacy it is considered "IMMEDIATE USE" and the BIU will be 1 hour.

The BUD refers to the time after which the medication cannot begin.

Please refer to this policy when preparing Immediate use CSP as it requires adherence to USP 707 standards.



Workplace Violence Update

Submitted by Diana Giordano, RN, MS Critical Care/E.D. Educator

Healthcare workers are recognized as being susceptible to violence perpetuated by patients and/or visitors. Healthcare professionals are second only to law enforcement to experience violence while at work (OSHA, 2015). Franciscan Alliance acknowledges that our employees are not immune to being the recipient of patient and/or visitor initiated violence. A workplace violence (WPV) task force was pulled together to investigate the prevalence of patient and/or visitor violence within our Dyer, Hammond, and Munster facilities. An anonymous employee workplace violence survey was deployed in September through October. We received 1231 responses across the three facilities; thank you to all who responded and provided honest accounts of their violence experience! Of these responses, 375 were received from Dyer, 400 were received from Hammond, and 154 from Munster. Those that chose not to provide their facility were 302.

You spoke and we listened! Approximately 50% of those who responded have reported experiencing patient and/or visitor violence while being employed at Franciscan Alliance facilities. Patient and/or visitor violence was experienced across all facility settings, with a disproportionate amount being significantly elevated within high risk areas such as emergency and critical care.

The WPV task force's first priority was placed upon developing a strong policy to direct employee actions when faced with an aggressive or intimidating patient or visitor. Members from our task force have met with the surrounding area law enforcement agencies that may respond to our facilities. A physical hazard assessment is in process as well. We have received approval to deploy the recently developed WPV policy as well as signage indicating to the public that Franciscan Alliance promotes a zero violence environment for the safety of our employees. A comprehensive WPV prevention program is multi-factorial and does not just include patient and/or visitor aggression. Please be patient with our progress; employee safety is our concern and efforts to improve processes and initiatives that address all forms of violence that occur in the workplace will continue to be ongoing.



YOU SPOKE... WE LISTENED!



PATIENT AND/OR VISITOR WORKPLACE VIOLENCE POLICY IN-SERVICE

Register through the Learning Compass;
"HDM 2016 WPV Training for ED, CC, Security"
OR contact Education at X32071 to enroll

<u>DYER CAMPUS</u> (Classroom F, 4 th Floor)	<u>HAMMOND CAMPUS</u> (8 th Floor)
December 8 0730 – 1130 OR 1200-1600	December 7 Cancelled D/T Low Enrollment
December 12 0730 – 1130 OR 1200-1600	December 9 0730 – 1130 OR 1200 – 1600
December 15 0730 – 1130 OR 1200 – 1600	December 13 0730-1130 OR 1200 – 1600

Additional Date Added:
MUNSTER CAMPUS
(Lower Level Conference Room)
December 19th
0830 – 1230 OR 1300-1700

Respiratory Therapy Assessments



As a result of Hammond's HFAP survey an educational opportunity was discovered to enhance communication with Nursing and Respiratory. When you have a patient who is receiving respiratory therapy treatments, there is a flowsheet that can be viewed that will allow you to see the respiratory therapist's documentation of his/her assessment.

From the assessment flowsheet, click the magnifying glass in the wrench search box in the upper right corner.

When the search window opens, type "RT assessment" into the search bar and click database list.

The first option on the list will be RT assessment.


This flowsheet will allow you to see the respiratory therapists' pre and post treatment assessments of your patient.

So, for access to the RT assessments:

Assessment flowsheet → wrench box magnifying glass → type RT assessment in search window → click database → click RT assessment → click accept.

How to access RT Assessment Flowsheet

Quality Corner



Blood Transfusion QA

INDICATOR: Completion of Blood Transfusion Record

THRESHOLD: 95% OVERALL: **98.6%**

Areas to concentrate on are:

1. Patient identified and unit started by is signed, dated and times
2. Pre and 15 minutes vitals are documented

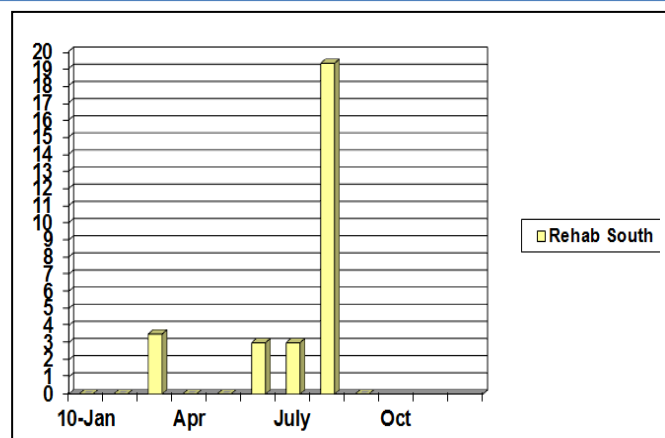
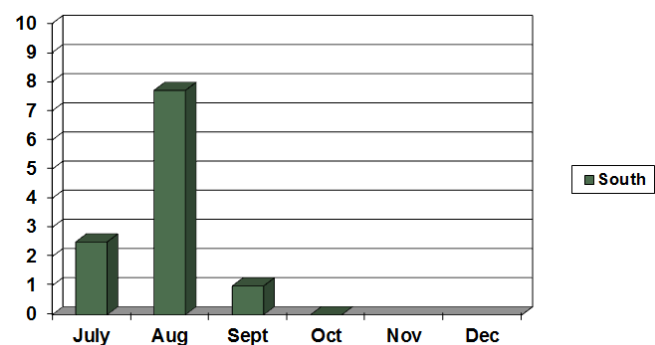
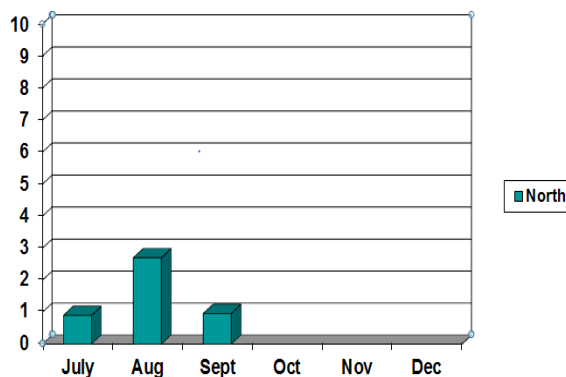
Way to go!

HAPU Incidence Monthly Reports

Data is from the IHI definition, that is,
the number of nosocomial pressure ulcers over the patient days x 1000.
HAPU ulcer is one that is not present on admission.

The pressure ulcer must be documented within the first 24 hours.

(Note that data is collected using referrals to wound care.)



FALLS

Pam Jones, RN, Chair-Falls Committee & 7 East Nurse Manager

Hourly Rounding

Bed & Tab Alarms

NDNQI (National Database of Nursing Quality Indicators) has 4 ranking from best to worst:

1. Green
2. Yellow
3. Gold
4. Red.

The goal is for units to be in the green.

Listed below are the benchmarks in each specific area to be green.

1. Med-Surg ≤ 2.92
2. ICU ≤ 1.29
3. Rehab ≤ 4.96
- House Total ≤ 2.7**

Here is where FH D/H/M ranked for the 3rd quarter and YTD at each campus.

3 rd Qtr.	Munster	YTD
Med-Surg 3.49		3.80
ICU 1.83		0.65
TOTAL 3.14		3.11
	Hammond	
Med-Surg 3.36		2.86
ICU 0.00	WAY TO GO	0.43
Rehab 6.96		5.51
TOTAL 3.41		2.90
	Dyer	
Med-Surg 2.40		3.13
ICU 0.00	WAY TO GO	0.00
Rehab 7.35		6.20
TOTAL 2.77		3.18

Practice Notes

Shayna Fross, RN, Vice Chairperson of Clinical Practice Council

Policy	Updates/Reminders
Taking Arterial Blood Pressure by Sphygmomanometer Procedure	<p>General Information:</p> <p>-Blood pressure readings are recorded in the following manner: Systolic/Diastolic, <u>extremity used and patient's position</u></p> <p>Documentation</p> <p>-Upon admission, blood pressure reading to include both right and left arm measurements.</p>
Transfer of Patient to a Skilled Nursing Home/Extended Care Facility procedure	<p>General Information:</p> <p>-At time of discharge, Make a copy of the outside of the Patient Transfer Envelope (will need to reduce size on copy machine to facilitate this/reduce to 67%). Place a patient label on the copy. Place copy with the patient's hard chart and send to Medical Records.</p> <p>Documentation:</p> <p>-RN to place discharge note in chart including documentation that all paper</p>

	work was sent with patient.
Skin Assessment & Management	<p>Scope: All inpatient units: Excludes Pediatrics/NICU (less than five years of age)</p> <p>Documentation: -Daily Care documentation will include the following: -Document hygiene and skin care after <u>EACH</u> incontinent episode (i.e. peri care, moisturizer, Incontinent cleanser, etc.)</p>
Use of Bladder Scan BVI 3000 Procedure	<ol style="list-style-type: none"> 1. Post-void residuals more than 100cc must be reported to physician 2. Post-void residuals of 450cc or greater must be removed per catheterization by a physician's order
Adding physicians to a patient's case	When ordering a consult, on 'Consulting Provider Contacted at Time of Order', if you select "No", then the order will appear on Worklist. After notifying the physician, go to Worklist and sign off order.

Professional Development Council

Ina Hodges, Chair of Professional Development Council

This is a rebirth of the former Education Council of Shared Governance.
 The Professional Development Council is responsible for:

- 1) Developing and evaluating standards for nursing orientation, competency, in-service and continuing education outcomes.
- 2) Providing guidance for orientation, competency, in-service and continuing education programs.
- 3) Promoting the development of and participation in educational programs for nurses.
- 4) Reporting to the Coordinating Council providing a summary of activities and bringing forward any recommendations pursuant to the purpose of the Shared Governance Committee.
- 5) Providing education on Shared Governance.

Members of this new council include:

Tracy Bandstra 4- H	Sherry Bugner 7C - D	Polly Wenk-Dyer ED- D
Alex Serrano 4E -H	Shawna Hairston-ICU - M	Karen Callahan –IR- H
Aimee Sheaks 3E-H	Deena Pidrak- OR H/D/M	Cynthia Wagner-OB- D
Natalie Pelletier-Cath Lab	Jane Van Gorp – Education	

The council has just started meeting this fall and is looking at several Educational ideas...more to follow in 2017!
 If you have suggestions for the council, contact any member!

*The 2017 class schedules are out on the Learning Compass. All Dyer/Hammond/Munster classes start with the header DHM 2017. The full calendar is on FRANCO under Departments/Education/Class Schedules/2017 Calendar. You can also call Educational Services at 933-2071 to e-mail **Hosp B Nursing Education** for assistance.



CLINICAL INFORMATICS/EPIC Updates

ClinDoc Users		
Link	Method	Change
Glucose Results Display in Order Composer and on MAR	FYI	Effective 12/08/2016, insulin orders display the most recent glucose reading from the past three days in Order Composer and on the MAR.
Revision to Aliquots in NEO IP NICU Transfusion Focused Orders Set	FYI	Effective December 8, 2016, the following sections on aliquots in the NEO IP NICU Transfusion Focused Orders Set (1411) has been revised for patients 0-4 months.
ClinDoc PKT Epic Release December 8 2016	Release packet	Summarizes ClinDoc optimizations and changes to Epic effective December 8, 2016.
EBOS-Biennial Review: Behavioral Health, Interventional Radiology, and Radiology	Newsletter	Biennial Review: Behavioral Health, Interventional Radiology, and Radiology
UPDATE TO ORDER SET GEN IP TRANSFUSION FOCUSED - 702	TS	This tip sheet covers the updates to Order Set GEN IP TRANSFUSION FOCUSED - 702 regarding transfusion orders, split units, preparing plasma, and IV fluids.
Lab Order Updates for December 2016	FYI	Effective December 8, 2016, as an ongoing project, new lab orders will be added and several will be updated on the Facility List. Please update saved orders on your personal preference lists due to these changes.

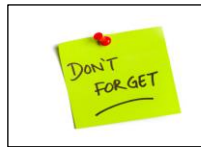
VOCERA UPDATE

The **Vocera Clinical Communications system** will be coming to the Dyer/Hammond/Munster facilities in 2017. FA facilities currently using this system are Chicago Heights, Olympia Field Michigan City and Crown Point. A general description about this system and the devices use staff is listed below. The spectralink/microcells will be replaced as part of the Vocera project. Long range pagers and current contact systems for code notification and announcing of overhead codes will remain in place. Many of our staff will attend a one hour training class to implementation. Superusers will attend a three hour class. Much more information will be shared in the future about our project schedule and timeline.

vocera  Coming Soon!
New Communication System



- Lightweight, wearable Vocera Badge allows users to work hands free while communicating with staff both inside and outside of the facility
- Hospital grade Android smartphone allows the same communication functionality of the Vocera Badge with the added benefit of secure texting and the ability to leverage other mobile applications as they are made available
- Contact Vocera Badge or smartphone user from any internal or external phone
- No need to remember phone numbers, simply call by name, role, (i.e., "Call ED Charge Nurse"), or broadcast to a group
- Integrates with nurse call systems, patient monitoring systems, and Epic



**WHEN YOU HAVE A PATIENT
WITH A LANGUAGE
BARRIER/IMPAIRMENT UTILIZE
THE TRANSLATION OPTION
THROUGH THE HOSPITAL**

Coming Soon-New Blood Consent Form

Franciscan Alliance will be adopting a new Blood-Blood Component Consent Form that was approved through the Risk Management Best Practices process.

Below is a preview of the form. Further education will be forthcoming

Inpatient consent is valid for the duration of inpatient stay. A new consent is needed for each admission.

Outpatient consent is valid for one (1) calendar month.

TRANSFUSION: I understand that the benefits of blood transfusions include better oxygen delivery to organs from red blood cells, and improved blood clotting from plasma, platelets, and cryoprecipitate. I understand that there are risks associated with transfusions. The risks may include infection, difficulty breathing, fever, chills, allergic reaction, low blood pressure, fast heart rate, kidney and liver damage and other reactions including the rare possibility of death. I understand that there are alternatives to transfusions. The risks, benefits and alternatives of transfusions were explained to me by my physician or qualified and approved advance practice provider/allied health professional. I had a chance to ask questions. All of my questions were answered to my satisfaction. I understand I have the right to accept or refuse transfusions. I may withdraw this consent at any time.

Date _____	Time _____	Authorized signature (patient or other) _____	Relationship or authority (If not signed by patient) _____
Date _____	Time _____	Witness _____	

PARTIAL TRANSFUSION: I have been advised of the risks of not accepting blood or blood products which include that I might die. I understand that I am declining all other blood and blood product transfusion(s) even though it may be medically indicated to save my life. I hereby release the hospital and all attending medical personnel of any responsibility for not giving me blood or blood products. I understand that I have the right to later change my mind and accept blood or blood products. If I change my mind and indicate to the providers that I would like to receive blood or blood products, I understand that I will be asked to sign a NEW consent form.

However, I will accept:

- ☐ Red Cells ☐ Platelets ☐ Plasma / FFP ☐ Cryoprecipitate ☐ Closed Circuit Blood Autologous - Cell Salvage
☐ Open Circuit Blood Autologous - Cell Salvage
☐ Other: please list (e.g. platelet gel, fibrin sealant) _____

Date _____	Time _____	Authorized signature (patient or other) _____	Relationship or authority (If not signed by patient) _____
Date _____	Time _____	Witness _____	

Welcome to our New Nurses!

Carolyn Kovach	H-IMCU
Mark Sawicki	H-IMCU
Linda Tornabeni	H-IMCU
Aaron Jernigan	D-Cath Lab
Theresa Bell	D-ICU
Melissa Albrecht	D-4C
Carrie Bezotte	H-ICU
David Garcia	H-ICU
Cristina Hernandez	H-3E
Ashley Jones	H-7E
Jessica Smith	H-PACU/OPS
Adam Wolfe	H-ICU
Melissa Albrecht	D-4C
Lorna Esposito	H-IMCU
Margaret Carter	H-ED
Kisela, Julie	M-Med Surg
Jennifer Hall	H-ED
Mary Paris	H-OPS
Holly Evers	M-IMCU
Gabriel Rigor	H-ED
Deborah Klaker	H-OPS/PACUX
Richard Fowler	H-IMCU
Christine Stricklin	ED- H
Alyssa Walton	H-3E
Mark Stringer	D-4A
Natanyah Horton	H-IMCU
Carrie Porte	D-ED Obs
Lisa Suroviak	H - ED
Jennifer Creighton	D-ICU
Debra Patrevito	M-CathLab
Sarah Faught	M- MedSurg
Jane Fields	M-Recovery
Basharat Inayat,	M-ICU
Debra Harker	DHM-OR
Gordana Goresski	H-1E



**Congratulations to Adam Leestma, RN
Med-Surg Clinical Resource Nurse on
completing his Family Nurse
Practitioner education**



**Congratulations to Sandy Sanchez,
Critical Care Educator and ICU staff
nurse on completing the 26 miles of the
Monumental Marathon in Indianapolis
on November 5, 2016 in 5 hours and 20
minutes!**

