Patient Care Services Division

New Medical Resident Orientation 2017

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Objectives

1. Understand preferred methods of Communication
2. Provide ways in which AU creates a Culture of Safety
3. Describe Key Quality Measures
**Mission**
Our mission is to provide leadership and excellence in teaching, discovery, clinical care, and service as a student-centered comprehensive research university and academic health center with a wide range of programs from learning assistance through postdoctoral studies.

**Vision**
Our vision is to be a top-tier university that is a destination of choice for education, health care, discovery, creativity, and innovation.

**Values**
- Collegiality
- Compassion
- Excellence
- Inclusivity
- Integrity
- Leadership

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**Objectives**

1. The most preferred place to work for PCS Professionals
2. Patients are always satisfied & Physicians desire to practice
3. Systematic & targeted community service
4. Evidence-based practice model drives care.
5. Efficient & effective resource management
6. Recognized as a national leader in Nursing

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**Goals**

- ↑ Satisfaction
- ↑ Engagement
- ↓ Vacancies
- ↑ Retention
- ↑ Patient Sat
- ↑ Physician Sat
- ↑ Community Service Hours
- ↑ Nursing sensitive & Evidence based core measures
- ↑ Staff Dev
- ↑ Partnerships
- Succession Plan
- Magnet Trans

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**System Strategic Plan**
Evaluate and Update
Communication
TeamSTEPPS

Team Structure
• **Situation:**
  State the current situation and who is involved

• **Background:**
  Any insight into what is contributing to the situation

• **Assessment:**
  Any labs, vital signs, radiological testing, etc.

• **Recommendation:**
  Transfer of care, new medication, further testing
**Check-Back**

“I understand this you said ..., correct?”

**Call Out**

“Please draw 1mg of Epinephrine.”

**Handoff**

Thorough report during any change of care

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**TeamSTEPPS**

- Communication
- Call Out
- Handoff
Teach Back

- Also known as the “Show-me” method
- Allows for validation of understanding and effective communication
- Once the patient verbalizes understanding, ask for a return demonstration.
**TeamSTEPPS**

**Leadership**

- **Brief**
  Done daily as an overview

- **Huddle**
  Ad hoc meeting for specific situation

- **Debriefing**
  Active conversation to improve performance and effectiveness after event
TeamSTEPPS
Mutual Support

Scripted phrases taught to cue active listening.
AIDET

• Practiced with every encounter
• Sit down as you talk with your patient and families
• Ask “Do you have any other questions?”
• A gentle touch on the shoulder goes a long ways.
Culture of Safety
Walking Hourly Rounding

- Rounding with a purpose
  - Repositioning, toileting, personal items in reach, pain assessment
- One hour rounds on day shift until Midnight
- Two hour rounds Midnight- beginning of day shift
No Pass Zones

- When the call bell rings that anyone near the room can respond to the call light to acknowledge the patient.

- Increases patient satisfaction related to the responsiveness of staff.
Policy 714: Escalation Chain of Authority Involving Patient Care Issues of Concern

- Chain of Command initiated:
- Conflicts
- Refusal to adhere to policies/procedures
- Delayed response
- Impairment of a coworker
- Disruptive behavior (staff member or medical provider)
- Communication issues that interfere with patient and family care

Diagram:
- Team member → Immediate supervisor → Manager/Director → Administrator on Call
Escalating the Chain of Authority

https://www.youtube.com/watch?v=UsgWu_YKeEw&feature=em-share_video_user
**MEWS**

*Modified Early Warning System*

Protocol through Guardian: Currently on 4 South, 6 North & 8 South

*Score based on vital signs*

**Score 3 or less**
- Inform nurse, verify v/s, nurse to repeat v/s, assess pt. condition

**Score of 4-6**
- Inform nurse, verify v/s, Nurse to repeat v/s, notify MD & Call RRT (rapid response team), assess pt. condition

**Score 7 or greater**
- Inform nurse, verify v/s, notify MD & call RRT, nurse to repeat v/s with MEWS Score in 30 min or sooner
**Pediatric Early Warning System (PEWS)**

Scoring based on Behavior, Cardiovascular, & Respiratory

**Score of 0-2**
- Assessment every 4 hours - Rescore pt. at next scheduled interval.

**Score of 3**
- Assessment every 2 hours - Charge Nurse/2nd RN to assess, Notify intern or resident

**Score of 4**
- Assessment every 1 hour - Charge Nurse/2nd RN to assess, Notify intern & or resident

**Score of 5 & greater**
- Emergent, PET called immediately, assessment every 30 minutes

*Parental concern should be an automatic call to the PET (Pediatric Emergency Response Team)*
Rapid Response Team (RRT)

- Designed to be a resource prior to patient deterioration.
- Anyone can activate
- **1-2222**
- Consists of:
  - Patient’s Primary RN,
  - ICU RN,
  - Patient’s Physician (On-call)
  - Respiratory Therapist
  - House Supervisor
Pediatric Evaluation Team (PET)

Who calls?
- The nurse will activate the PET for a patient requiring vital signs more frequently than every 2 hours for 6 hours.
- If a patient is unstable and requiring urgent attention the nurse must first call the responsible resident.
- If there is no answer within 10 minutes the nurse must call the attending physician and activate the PET.

Why call?
- Pediatric Early Warning Score ≥ 3
- Patient who requires more than 4 RT interventions spaced every 2 hours
- Patient showing S/Sx of cool extremities, tachycardia for age, tachypnea for age and ABG shows an Acidosis

Where to call?
- 1-2223
Key Quality Measures
Key Quality Measures

- Central Line Associated Blood Stream Infections (CLABSI)
- Catheter Associated Urinary Tract Infections (CAUTI)
- Ventilator Associated Pneumonia (VAP)
- Hospital Acquired Pressure Injury (HAPI)
- Patient Falls with Injury
- McKesson Supply Scanning
Central Line Associated Bloodstream Infections (CLABSIs)

RATIONALE: To reduce the risk of central line associated bloodstream infections (CLABSIs) and improve outcomes.

IMPORTANT POINTS TO REMEMBER

- Central Venous Access Devices only placed when medically necessary
- Policy Tech: Venous Access Device Policy Tech
- Avoid placement of femoral lines
- CUROS cap to be placed on EVERY open port
- Must keep insertion competency up to date.
- Do not access lines without training or draw labs from central venous accesses.

Indications

- Administration of caustic materials
- Administration of Total Parenteral Nutrition
- Hemodynamic monitoring
- Treatment via plasmapheresis, Aphresis, Hemodialysis and Continuous Renal Replacement Therapy
- Extended length of infusions
  - > 14 days (Adults)
  - >7 day (Pediatrics)
- Documented poor venous access in medical record

Physician must have RED badge with CVL/Asepsis training.

All lines are certified with an ICU or VAT team RN at time of insertion.

Non-certified lines will be pulled within 24 hours.

Distribution: All new Medical Residents 6-12-2017 Effective Immediately
Catheter Associated Urinary Tract Infections (CAUTIs)

**Rationale:** To reduce the risk of catheter associated urinary tract infections (CAUTIs) and improve outcomes.

**Important Points To Remember**

- Foley catheters must be removed as soon as possible.
- Order Foley under “Urinary Catheter Subphase” in PowerChart.
- Nurse Driven Indwelling Catheter removal protocol (Policy Tech).
- Purewick external female catheter or condom catheter for males in hospital.

**Indications**

- Known or suspected urinary tract obstructions.
- Neurogenic bladder/Urinary retention.
- Urological surgery or near urological tract.
- Anticipated long surgery or intraoperative urinary output monitoring.
- Anticipated large volume infusions or diuretics in surgery or post-operative day 1.
- Assisted healing of perineal Stage III/IV pressure injuries in incontinent patients.
- Bladder irrigation with gross hematuria/clots.
- Palliative Care for terminally ill.
- Prolonged immobilization from trauma/surgery.

**Urinary cultures** should only be ordered if s/s of UTIs.

If ordered, a new catheter must be placed and culture drawn from the new one.

All outside facility Foley’s must be evaluated for necessity on arrival.
- If unnecessary, it should be removed immediately.
- If necessary, must be exchanged (unless contraindicated) within 24 hours.

**Distribution:** All new Medical Residents 6-12-2017 Effective Immediately.
Ventilator Associated Pneumonia (VAP)

**RATIONALE:** To reduce the risk of ventilator associated pneumonia (VAPs) and improve outcomes.

**IMPORTANT POINTS TO REMEMBER**

- Order “Mechanical Ventilation Subphase” in PowerChart
- Daily sedation breaks to assess readiness to extubate (if not contraindicated)
- No bag/saline lavage or suction
- Head of bed should be at least 30’ if medically able
- “Pending surgery” is not a reason to keep patient intubated.

**SINGLE POINT LESSON**

- **Distribution:** All new Medical Residents 6-12-2017 Effective Immediately

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**CASS tubes should be used on all inpatients.**

**Richmond Agitation and Sedation Scale (RASS)**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+4</td>
<td>Combative</td>
</tr>
<tr>
<td>+3</td>
<td>Very Agitated</td>
</tr>
<tr>
<td>+2</td>
<td>Agitated</td>
</tr>
<tr>
<td>+1</td>
<td>Restless</td>
</tr>
<tr>
<td>0</td>
<td>Alert &amp; calm</td>
</tr>
<tr>
<td>-1</td>
<td>Drowsy</td>
</tr>
<tr>
<td>-2</td>
<td>Light sedation</td>
</tr>
<tr>
<td>-3</td>
<td>Moderate sedation</td>
</tr>
<tr>
<td>-4</td>
<td>Deep sedation</td>
</tr>
<tr>
<td>-5</td>
<td>Unarousable</td>
</tr>
</tbody>
</table>

**Sedation goal: RASS (-2)**
Hospital Acquired Pressure Injury (HAPI)

RATIONALE: To reduce the risk of hospital acquired pressure injury (HAPIs) and improve outcomes.

IMPORTANT POINTS TO REMEMBER

• Place order for Wound, Ostomy, Continence Nurse (WOCN) Consult and product/dressing recommendation
• Replace pillows or wedges post assessments
• Limit equipment to necessity
• Always visualize the wound/injury prior to each documentation
• “No turn orders” should be reassessed/placed every 4 hours

Remember:
- Good nutritional support
- Tight glucose control
- Positive perfusion

Distribution: All new Medical Residents 6-12-2017 Effective Immediately
Patient Falls with Injury

RATIONALE: To reduce the risk, incidence and injury of patient falls during care while improving outcomes.

IMPORTANT POINTS TO REMEMBER

- Make sure bed is at the lowest position with side rails up x 2
- Ensure items are placed back in reach of patient
- Ensure bed alarm in on with a high fall risk patients
- Assess for injury, mental status or LOC post fall
- Consider requesting a “Safety Attendant” for high fall risk patients

Injury Level (determined within 24 hours)

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>No signs or symptom of injury</td>
</tr>
<tr>
<td>Minor</td>
<td>Application of ice/dressing, bruise or abrasion</td>
</tr>
<tr>
<td>Moderate</td>
<td>Suturing/skin glue, splinting or strain</td>
</tr>
<tr>
<td>Major</td>
<td>Surgery, casting, fracture, Neurology consult or blood transfusion</td>
</tr>
</tbody>
</table>

Distribution: All new Medical Residents 6-12-2017 Effective Immediately
Patient and Supply Scanning

RATIONALE: To reduce the risk of medication errors, maintain readily available supplies and improve outcomes.

IMPORTANT POINTS TO REMEMBER

• If an armband must be cut off, notify the nurse of need for replacement.
• Physicians are only involved with McKesson Supply Scanning which is utilized for inventory.

Scanning Supplies:

1. Select your patient on the list.
2. Scan the barcode on the outside of the bin.
3. After scanning all supplies - hit save.

Taking supplies without scanning will result in items not being readily restocked.

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# Overall Nursing Indicators 2017 Report

## PEOPLE
- RN Turnover Rate
- RN Vacancy Rate
- RN New Hire
- RN Engagement Score

## SERVICE
- ED CAHPS Overall
- ED Press Ganey Overall Vendor Survey (CHOG)
- MOB CG CAHPS Overall

## QUALITY
- CLABSI #
- CLABSI Rate
- CAUTI #
- CAUTI Rate
- HAPU # (Per Hill Rom Quarterly Prevalence Study)*
- HAPU Prevalence Rate
- Total Hospital Falls
  - Inpatient
  - Outpatient/Other
- Total Hospital Falls Rate
  - Inpatient
  - Outpatient/Other
- Total Hospital Falls with Injury
  - Inpatient
  - Outpatient/Other
- Total Hospital Falls with Injury Rate
  - Inpatient
  - Outpatient/Other
- Medications Scanned
- Patients Scanned

## FINANCE
- Financial Variance (Expenses) (Actual to Flex)
- Action O/I 25th Percentile
- Action O/I
- Worked HPPD
- Admissions
- Emergency Department Visits
- Operating Room Cases
- Clinic Encounters

## COMMUNITY SERVICE
- RN Community Service Hours (3 hrs per RN)

## GROWTH
- LVN
- BSN
- MSN
- National Certification
- Clinical Ladder
- Graduate Nurses
- Specialty Positions

## THROUGHPUT
- Length of Stay (Hospital)
- Length of Stay - Total (Category 2)
- Adult
- ED
- OR
- NICU
- Peds NICU (New infants born to admitted inpatient)
- Level
- Average PACU Overflow Hours
- Median UIC Start (converted to UIC Complete View now)
Welcome!