

Clinical Care Connection



Parkland

Connecting Parkland's clinical staff with the latest information and patient care updates JUNE 2010

Core Privilege Plus

What is Core Privilege Plus?

Core Privilege Plus is an on-line system that provides information about procedures the providers are privileged to perform at Parkland. The providers included in the Core Privilege Plus system are attending physicians, advance practice nurses and physician assistants. All medical resident qualifications are tracked in the GME Supervision system, which will be addressed in a future article.

The nurse working with the provider should access Core Privilege Plus to verify his/her privileges prior to a procedure or surgery. The expectation is that the nurse verifies privileges for each procedure or surgery each time.

However, it is understood that it isn't practical for a nurse that works with the same provider on a daily basis to access Core Privilege Plus each time before performing the same procedure or surgery. The GI Lab would be a good example of when verifying the same attending physician's privileges before the same procedure all day long would be unnecessary. The core set of privileges do not change often, but there are some advanced privileges that might be added or removed from the provider's list intermittently. Therefore, it is a good idea for the nurse to verify privileges through Core Privilege Plus on a periodic basis, even in these repetitive circumstances.

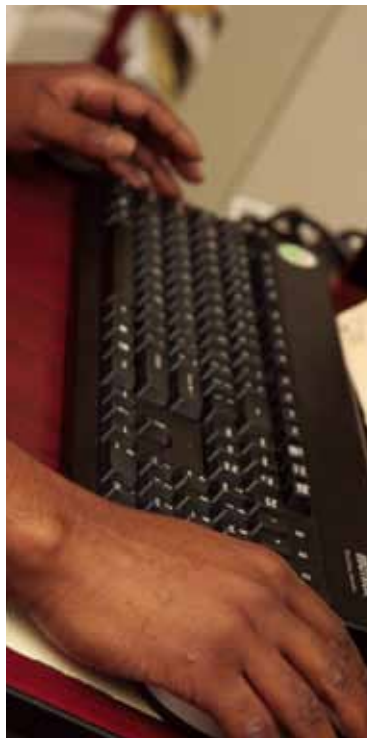
It is also important for the nurse to remember that he/she is accountable for knowing whether or not the provider is privileged to perform the procedure or surgery at Parkland. So, if it has been a while since you have worked with a particular provider, check Core Privilege Plus. If you work with the same provider doing the same procedure every day, but haven't verified credentials recently, check Core Privilege Plus. If ever in doubt, check Core Privilege Plus.

How do you know if the Provider is privileged to perform the procedure or surgery on your patient?

You have verified privileges through Core Privilege Plus.

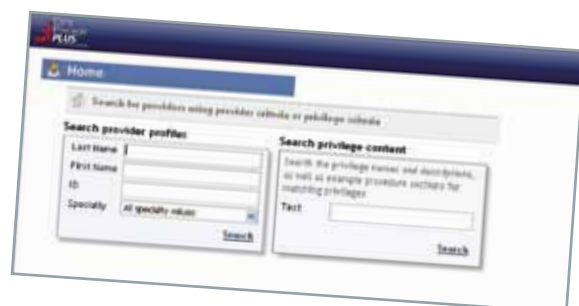
How do I access Core Privilege Plus?

- Go to the Parkland Intranet page
- Click on "Core Privilege Plus Viewer"
- Fill in the MD's name and click on "search"



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Melanoma accounts for less than 5 percent of skin cancer cases, but it causes most skin cancer deaths.



Outpatient Observations

Summer Sun Safety

Summer is around the corner and it is time for fun in the sun. Follow these steps to avoid sun damage to your skin:

- Use common sense when going outdoors to protect from sun damage
- Wear sun screen (follow directions on bottle), big hats, sunglasses and cover up with clothing
- Consider a spray tan instead of a tanning bed for a healthy glow

There are different risk factors for skin cancer, they include:

- Sunlight exposure - the more sunlight that you are exposed to the higher your risk of cancer
- Fair skin
- Old age
- Gender - men are two to three times as likely to develop skin cancer as women
- Radiation - people who have had radiation treatment can have higher risk of getting skin cancer in that area
- Weakened immune systems
- HPV infection
- Smoking
- Moles - a person who has a number of moles has an increased chance of one of them developing into melanoma
 - Skin cancer is the most common of all cancers
 - Melanoma accounts for less than 5 percent of skin cancer cases, but it causes most skin cancer deaths. The number of new cases of melanoma in the United States has been increasing for at least 30 years

Tanning beds and skin cancer

People 35 or younger who used tanning beds regularly had a melanoma risk eight times higher than people who never used the beds. Even occasional use among that age group almost tripled the chances of developing melanoma.

Reference:

American Cancer Society

Pharmacy and Therapeutics – May 2010

Target date for implementation: June 15, 2010

Butalbital-APAP-Caffeine 325/50/40 (Fioricet®)	Formulary Addition with Restriction Restricted for Post-Dural Puncture Headaches (PDPH) Limit use to two days and #12 tablets
Papillomavirus Recombinant (Types 6, 11, 16, 18) Vaccine (Gardasil®)	Restriction Change For use in females and males ages 9-18
Floxuridine (FUDR®)	Remain Nonformulary
Oxandrolone (Oxandrin®) 2.5 mg and 10mg	Formulary Addition with Restriction Restricted to physicians on the Burn Service for use in burn patients who are hemodynamically stable, are past the initial phase of injury and who meet the following criteria: Sub-acute phase (3-5 days post burn): <ul style="list-style-type: none">• Nutritional support is optimized and patient is not responding adequately• Significant catabolic phase expected to be prolonged and lean body mass losses likely to be attenuated by an anabolic agent• Percent burn is > 30 percent TBSA• Graft donor site healing time likely to be decreased Rehabilitation phase: <ul style="list-style-type: none">• Nutritional support is optimized and patient is not responding adequately• Patient at risk of losing or has lost greater than 10 percent of lean body mass• Catabolic phase of injury is prolonged• Malnutrition, physical activity and quality of life are likely to improve with an anabolic agent

Performance Improvement Qualify Fair Upcoming

The sixth annual Quality Fair will be held from 6 a.m. to 4 p.m., Wednesday, Sept. 15 in the MacGregor W. Day Auditorium. Visit the Quality Fair information site on the Parkland Intranet at <http://intranet.pmh.org/Home/fair.asp> for additional information and registration documents.

Don't Forget the HAM

High Alert Medications (HAM) are drugs that have a heightened risk of causing significant patient harm when they are used in error. These medications have a higher risk of causing injury, either as a result of a narrow therapeutic range (i.e. there is little difference between lethal and nonlethal doses) or due to a high incidence of reported serious errors.

The list for HAM medications can be found posted on your unit or on the Pharmacy Intranet page at intranet.pmh.org/Home/PP-Index/Pharmacy/D-018A.pdf. Ask your pharmacist or nurse manager if you have additional questions.





These bins will be placed in all medication rooms or medication storage areas and they will be kept at room temperature.

Pharmacy Forum

New Insulin Storage Bins

Beginning Thursday, May 13, new colored bins are being used to store Insulin R, Insulin N and Insulin 70/30 for the inpatient units, including ED services. These bins will be placed in all medication rooms or medication storage areas and they will be kept at room temperature.

All labeled patient vials of these insulins should be stored in the new bins. They should no longer be kept in other areas like the patient bins in the Pyxis or the med refrigerators.

The bins were provided by Pharmacy and were distributed in May. The labeled vials already present on the units were transferred from their current location to the new bins by Pharmacy staff.

Please contact Pharmacy Coordinator LaTaunga Nichols at ext. 25858 if you have any questions.

Patient Safety & Risk

Use the Patient Safety Net, Improve Patient Safety

- A patient received the wrong medication, suffered an adverse reaction and had to be transferred to the ICU
- A piece of equipment has failed and caused significant harm to the patient
- A patient was just admitted and has now coded and died unexpectedly

How should the frontline staff notify their superiors about these events?

- A. Enter a Patient Safety Net (PSN) through the Intranet
- B. Notify your manager or supervisor
- C. Call the Patient Safety & Risk analyst on call
- D. Any of the above

D is the correct answer. There are now several ways to notify Patient Safety & Risk of these events. There is an analyst on call 24/7. We can be paged through the on-line call schedule or through the page operator. A PSN will also provide notification of an adverse event. In addition a message can be left on our Risk Hotline at ext. 24000. A PSN will provide notification of an adverse event also (your manager or Patient Safety & Risk will enter a PSN if they receive a verbal or telephone report regarding any serious adverse event).

Patient Safety & Risk staff is available to assist with investigations after adverse events, help facilitate disclosure to the family and offer staff support. We are here to try to help you take better care of your patients by reviewing processes that contributed to the event and help make changes to prevent re-occurrence.

Thank you all for everything that is done daily to help keep our patients safe. It is impossible to prevent every adverse event, but not impossible to ensure we are doing what we can to prevent future events.

Encore Presentation

Patient Safety & Risk will be repeating the "Beyond Blame" video presentation on June 7 in the Ron J. Anderson, MD Conference Center. Times will be announced soon but one hour presentations will be offered throughout the day to allow all shifts to attend. Look for more information coming soon. This presentation shows how important it is to look at processes after an adverse event instead of placing individual blame. It provides examples of positive changes that have occurred at Parkland as a result of adverse events and PSN reporting.

Nursing Informatics

Training, Go-Lives Continue

Circle Round training was recently completed for all SuperUsers and any interested RNs. It included information on assessment types, Braden Scale intervention rows, pain, wounds/pressures ulcers, documenting Edema, common charting errors, nursing notes, ExitCare and reports. If you continue to have questions concerning any of these areas, do not hesitate to ask your SuperUser or manager.

Remember that as additional procedure areas go-live on EPIC, the nursing staff must complete a temporary transfer of the patient to the procedure area, as they do when a patient goes to the OR. A Powerpoint presentation was sent to all unit managers and AUMs.

Radiology has recently gone live, so if a patient is going for any procedure other than a plain X-ray or ultrasound, the patient must be transferred.

The Psych Clinic went live on May 24. The Chronic Kidney Disease Clinic went live on May 25.

Respiratory Tidings

Patient Education is Essential for Effective Asthma Management

Do your patients understand what asthma is? Do they know what causes their asthma?

Asthma is a disease affecting the airways that carry air to and from the lungs. As clinicians we should share with our patients the causes of their asthma. Asthma results when the inside walls of their airways are swollen or inflamed. This swelling or inflammation makes the airways extremely sensitive to irritations and increases their susceptibility to an allergic reaction. Patients should understand that the swelling, inflammation and the allergic reaction response causes a narrowing of their airways. The narrowing of the airways produces the wheezing associated with asthma. Also, severely narrowed airways increase their work of breathing and causes eventual air-trapping and shortness of breath.

Is there a cure for asthma?

Asthma is incurable. However with patient education, good treatment and management, people with asthma can live a normal and active life. Patients should see a doctor for a thorough work-up of their disease. The following is a list of things patients should know in order to better manage their asthma:

1. The things that can trigger their asthma attacks. Triggers like allergies, colds, stress, exercise and physical exertion.
2. Their average personal best peak expiratory flow rate (peak flow) and how to use peak flow meters to proactively self-treat developing airway restriction. Also, when to seek treatment from health care professionals using peak expiratory flow rates.
3. Medications used to manage their asthma: medications to treat inflammation (steroids inhaled and or IV) versus medication to treat airway swelling (bronchodilators, metered dose inhalers (MDIs) and nebulized), enhancing medication delivery with Aero-chambers or spacers when using MDIs and medications used as maintenance drugs (used whether they are with symptoms or not) versus rescue medications used for the onset of breathing compromise from asthma symptoms.

Patient education by the clinician is crucial to helping our asthmatic patients lead healthy and productive lives.

Med Surg Memos

Phases of Seizures

Patients who have seizures may go through three phases: preictal, ictal and postictal. Not all phases can be observed, and they may be so obscure that they go unnoticed.

The preictal phase is the period immediately before the seizure. This phase often includes the aura that many seizure patients experience. The aura is a type of warning that a seizure is about to occur and usually lasts for a few seconds or minutes. Auras may include symptoms such as sensations of hot or cold, a specific type of smell, an overwhelming feeling of fear, tingling in the tongue or visual hallucinations.

The ictal phase is the actual seizure activity. Depending on the location of the excessive electrical activity in the brain, the patient may exhibit signs and symptoms such as staring, loss of consciousness, altered respirations, dilated pupils, hypertension, tachycardia, incontinence, abnormal sensations, confusion and quick, symmetrical muscular jerky movement of any or all parts of the body.

The postictal phase is the period immediately following the seizure. During this phase the patient may experience a change in level of consciousness or behavior. Todd Paralysis is a phenomenon that some patients experience that is evident by a numbness or weakness in an extremity or side of the face that may last a few minutes or up to 48 hours. Severe seizure activity may result in temporary amnesia, confusion, fatigue or coma.

Patient Education Update **Help Your Patient Surf Safely**

"There's no question about it, technology is changing the way health content is being delivered," said David Milner, President of Milner-Fenwick, Inc., a producer of patient education materials. "We found that patients are increasingly using the internet as a resource by Googling, YouTubing and Twittering on their own. They're also asking providers where they can go on-line for more material."

However, there's a down side. Web content is unregulated; anyone can publish anything on the internet. This makes it difficult for even savvy web surfers to distinguish between what is medically accurate and meets practice standards, and what is anecdotal or inaccurate.

"The internet has considerably more influence over consumer health decisions and actions than traditional channels like print, TV and radio." -Manhattan Research¹

"Searching for health topics is the third most popular on-line activity, behind e-mail and shopping. More than 20,000 web sites provide health information to an estimated 93 million people who search nationally."²

Consider these criteria to evaluate the reliability of a web site for accurate and well-balanced health information:

AUTHOR

- Is it clear who writes or is responsible for the material on the site?
- Are the author's credentials provided?
- Is there a sponsoring institution and, if so, how credible and well known is it? Is a third party supporting or sponsoring the site?
- Is contact information given for the author or sponsoring institution?

PURPOSE

- Does it state the purpose or mission of the web site or sponsoring organization?
- Is the purpose to inform, persuade, sell, present a viewpoint or create or change an attitude or belief?
- Is there advertising on the site and is it clearly differentiated from the informational content?

DATE

- Is it clear when the site was last updated? Health and medical information changes rapidly and ongoing research leads to new insights. Look for the most recent information you can find.

CONTENT

- Does the site exhibit good grammar, spelling and literary composition?
- Does the information consist of documented facts or personal opinion?
- Are the sources of factual information provided so they can be verified?
- Is there comprehensive coverage of the subject matter?
- Are there external links to other sources of information?
- Does an editorial board or health care professional review the content? What criteria do they use for selecting information displayed on the site?

REASONS TO BE SKEPTICAL ABOUT HEALTH INFORMATION ON A WEB SITE:

- No author or date
- Vague or sweeping generalizations
- Overstated significance
- Extreme tone or language
- Absence of source documentation, especially for numbers or statistics
- Personal testimonials as only source of information
- Purported "miracle cure" recommended in lieu of prescribed medicine

References

1. <http://www.patienteducationupdate.com/2010-03-01/article4.asp>
2. <http://www.ohsu.edu/croetweb/eval.cfm>



Leadership Lingo

Improving Relationships with Co-workers

You work with them all day or all night long in a health care setting – a very busy and stressful atmosphere. But maintaining a positive working environment is a very important issue.

Any time a group of people is together for a long period of time, there will be members of the group who do not get along. This is normal; it happens everywhere. Most of the differences are due to a disagreement over an occurrence at work. One person may see something in a different way than the others. Now more than ever, you need to learn to collaborate in an effort to keep your working environment as healthy and positive as possible. Here are some tips you may consider to help improve your relationships with co-workers:

- Listen twice as much as you talk (that is why we have two ears and one mouth). Communication is fundamental to a solid relationship that requires dialogue and listening closely.
- Go out of your way to do something nice for the other person on a regular basis; don't wait for a special occasion to do it. Break up the routine, surprise them!
- Get to know yourself, find out what makes you really happy. You can't make others happy if you aren't happy. Smile more, laugh more.
- Recognize that everyone has hardships that they are dealing with. Ask them how their day is/was and really listen to what they say.
- Live in the moment, be aware of what is going on.
- Never ever lie. Material things can be replaced but replacing love/loyalty/trust is much harder.
- Never miss an opportunity to tell someone how important they are to you. Recognize people, celebrate and make them feel appreciated.
- Lend a hand; it helps more than a voice. Be willing to do something you don't want to do. Do what you say you are going to do.
- Find out what they expect from you. Tell them what you expect from them, and don't get upset if they are not meeting your expectations. Make sure your expectations are realistic.
- Debate is healthy, but recognize that as sure as you feel about something being right, they may be just as convinced of the opposite.
- Choose your words carefully when you are upset, you can never take them back. Consider how your actions affect others.

Communication is fundamental to a solid relationship that requires dialogue and listening closely.

Remember that relationships are like bank accounts. You're either making deposits or withdrawals. Recognize the balance in the relationship: the more you take, the less it leaves for others. A healthy relationship with your co-workers will give you a more comfortable and enjoyable work environment.

Research Matters

Clinical Research Fast Facts

- Before a research study can be approved at Parkland, it must be approved by the University of Texas Southwestern Institutional Review Board.
- Parkland Clinical Research is the department to contact for Parkland-related research.
- There are more than 200 ongoing clinical research trials involving new research treatments at Parkland. Treatments can include research drugs, biologics or devices.
- Many more active research studies here involve recruitment, surveys and record reviews.
- Check out the Clinical Research Department homepage on the Parkland Intranet: <http://intranet.pmh.org/cresearch/>.
- You can view all of the active clinical trials at the research homepage, just click on "SharePoint."

Questions? E-mail us at researchdepartmentparkland@parknet.pmh.org



Safety Stop

Access to ED to be locked down, will enhance safety

Patients, visitors and staff will soon notice a change in how they access the Emergency Department. Most notably, the multiple entrances leading to patient care areas will be reduced to one public entrance.

The change, according to Jennifer Sharpe, Director of Nursing for the ED, will improve safety for everyone in the area.

Beginning this month, public access to the ED will be through the metal detector, which will be moved to the main entrance of the ED waiting room. All patients and visitors who need to be in the ED will go through the metal detector and directed to the appropriate area. In addition, any Parkland staff who is not assigned to the area must go through the metal detector and explain why they need to go to the ED.

All other entrances will be card access only. Those employees with a reason to be in the ED, such as patient transporters, will be given card access. Medical staff will have badge access only if they are on call or respond to the ED for patient care.

“We are also locking down the entry through the ambulance dock,” Jennifer said, noting that individuals will no longer be able to open the outside doors via the keypad. “There are now cameras outside and through our central triage area we’ll be able to direct the incoming ambulances as well as those walk-in patients to the appropriate pods.”

This added security will change the way virtually everyone accesses the ED. Tours through the area must be accompanied by a member of the ED staff and be pre-approved by calling the department at ext. 28735. When an employee comes to the ED as a patient, visiting co-workers must check in to get a visitor’s pass. All of these changes are meant to increase patient safety and privacy.

“This is going to be a culture change for a lot of people,” Jennifer acknowledged. “There are people who use the ED as a pass through to Children’s, or who come through the area and are in violation of patient privacy laws. By making these access changes, we are creating a safe and secure environment for not only our patients but our staff as well.”

Performance Improvement

Submit projects for Quality Fair

The 2010 Quality Fair will be held from 6 a.m. to 4 p.m., Wednesday, Sept. 15, in the MacGregor W. Day Auditorium. The deadline for submitting performance improvement posters for the fair is Friday, June 25. All Parkland staff is encouraged to enter improvement projects for consideration. The projects should demonstrate outcomes that improve quality, care, service and safety or provide significant education about care processes and service delivery. Visit the Quality Fair Intranet site at <http://intranet.pmh.org/Home/fair.asp> for entry forms and information.

Nursing Education

Set your course for clinical education

Clinical Staff Services is offering educational classes for all nursing staff, physicians or any other clinical role. The class, titled “Destination Education,” will be offered from 3 p.m. to midnight on June 13, 7 a.m. to 10 a.m. and 3 p.m. to midnight on June 14 and 7 a.m. to 10 a.m. and 3 p.m. to midnight on June 15 in the Support Building B basement classrooms. The class will cover restraints, care planning, pain, moderate sedation, hand-off communication, time-outs, core privileges, code documentation, TB skin testing, TB mask fitting and Superuser check-off. Please contact Sarah Towery at ext. 21172 for more information.





The WISH List

Better Bonding and Breastfeeding for Babies

On May 1, Parkland's Newborn Nursery (NBN) initiated a pilot program that focuses on increasing maternal-infant bonding and breastfeeding. This program consists of four phases, which are designed to decrease the amount of time that a mother and infant are separated after birth. This is accomplished by performing many of the normal infant admission tasks in the mother's L&D room instead of Newborn Nursery.

The goal is to incorporate four healthy, full-term babies into the program each day. Infants enrolled in this pilot program will stay with their mother immediately after birth. During this time (Phase 1), the infant will be weighed, placed skin-to-skin with mom, attempt breastfeeding, receive penicillin and have their first two sets of vital signs completed while they are in their mother's arms. This will all be completed by the midwife and labor & delivery nurse within one to one-and-a-half hours.

After one hour, the infant will be transported to Newborn Nursery, where the NBN nurse will proceed with the admission process (Phase 2). In NBN, the nurse has many tasks to accomplish in a short amount of time. She will assess the infant, measure length and weight and administer Vitamin K, Hepatitis B and eye ointment. She will obtain two more sets of vital signs 30 minutes apart, bathe the infant, warm the infant and set up a hearing screening. The goal is for all of these tasks to be completed and charted within one hour.

After this hour, the NBN nurse will transport the infant back to its mother in post-partum, and begin patient teaching (Phase 3). The newborn nurse stays with mother and baby, where she facilitates and evaluates breastfeeding, teaches the mother about safe practices (how to recognize Parkland employees, bulb syringe use and positioning the infant for sleep) and how to place the infant skin-to-skin. After approximately 30 minutes, the newborn nurse hands off care of the infant to mother's post-partum nurse.

In Phase 4, the post-partum nurse will monitor the mother and infant closely. She will reinforce patient education, facilitate bonding and care for the mother and infant until discharge.

This pilot program has been developed to focus on the needs of both mother and baby. This will hopefully lead to better mother-infant bonding, increased numbers of mothers/infants who are breastfeeding at discharge and higher overall customer satisfaction.

This program consists of four phases, which are designed to decrease the amount of time that a mother and infant are separated after birth.



By following all five steps we can ensure that the specimen is labeled correctly – all the time, every time.

Laboratory Scope
Positive Patient Identification

By Linda Siddens, MT (ASCP), Manager, Phlebotomy Services

Any time blood or body fluids are collected from a patient, it is our responsibility to make sure that those specimens are identified with the correct information – lives depend on it. Phlebotomy Services has identified a “best practice” model for properly identifying a patient (see steps above). By following all five steps we can ensure that the specimen is labeled correctly – all the time, every time.

Continuing Education
Patient Care Assistant Trainee (PCAT) Program FAQs

What is the PCAT Program?

The Patient Care Assistant Trainee (PCAT) Program is a six week program designed to provide training for staff wishing to hold a PCA I role here at Parkland. It is designed for those without prior PCA experience, such as Health Unit Coordinators or dietary aides.

Who is eligible?

Any employee who has been granted approval by the hiring manager to attend the six week course is eligible.

How do I enroll?

Determine if there is a PCA I position posted that you are interested in applying for. This may be done via www.parklandcareers.com or by contacting Workforce Planning at ext. 28073. Contact the hiring manager to discuss job qualifications and for approval to attend the PCAT course.

Once approval is granted, contact Workforce Planning to initiate the application process. A recruiter will contact the PCAT Program Coordinator regarding enrollment status.

Will I be a certified PCA upon completion of the course?

No. You will receive a certificate of completion but you will not be state certified. This certificate of completion may be used to satisfy the required education/experience minimum specifications for the PCA I role at Parkland.

When is it offered?

The program is generally offered six times per year. In the event that there are less than five students enrolled, any session may be cancelled.

Who do I contact?

For general questions, please contact Clinical Staff Services at ext. 28535.

For specific questions, please contact Program Specialist Staci Nathan, RN, MSN, NNP-BC at ext. 21207.

Continual Readiness Equipment Safety

Do you know that Parkland has a department responsible for managing the equipment used in patient care? The Clinical Engineering Department is responsible for assessing and controlling the clinical and physical risks of fixed and portable equipment used in the hospital.

The process for inspecting equipment includes giving an electrical safety test to all electrical equipment entering the hospital. An inspection sticker is then placed on the equipment. Before using any equipment look for the inspection sticker. If there is no inspection sticker, please call Clinical Engineering or Facility Operations and request an inspection.

What should you do if a piece of patient care equipment breaks or doesn't work properly? Any employee should:

1. Remove the equipment
2. Label it as broken and write a description of what is wrong
3. Call Clinical Engineering at ext. 25116
4. Take the equipment to Clinical Engineering for repair

If a medical device is involved in an adverse patient event then the hospital staff is responsible for reporting the event to the FDA. Because of the Safe Medical Devices Act of 1990, Parkland staff is responsible for the following:

1. Promptly inform your supervisor of possible device-related death or injury
2. Immediately removing the device and all related accessories from service and tagging or labeling it with relevant occurrence information. Do not dispose of any part of the device or device accessories
3. Initiating an occurrence report

The supervisor should ensure the proper procedure has been initiated and notify the appropriate individuals.

Risk Management staff will report the incident to the FDA and secure the equipment for any additional follow-up.

You can find more information about Clinical Engineering Equipment Systems Management at <http://intranet.pmh.org/cengin/>.



The process for inspecting equipment includes giving an electrical safety test to all electrical equipment entering the hospital.

Remember: Medical Equipment Repair = Quality Care

Critical Care Vital Signs

Do Lactate Levels Determine Fate?

Lactate levels are performed in order to determine the amount of hypoperfusion to the tissues. Typically, compensatory mechanisms are initiated to increase cardiac output, which will increase oxygen delivery to the tissues. Occult hypoperfusion may occur as a result of a decrease in oxygen delivery or an increase in oxygen demand.

Research studies indicate that increased lactate levels are linked to mortality rates. Smith and co-workers showed that surgical patients with an increased lactate level, despite adequate hemodynamics on admission, had a 24 percent mortality rate even if the lactate level was normalized within 24 hours. When it was not normalized within 24 hours of admission the mortality rate increased to 82 percent.

In the trauma patient, resuscitation is aimed at normalizing the lactate level within 24 hours. Abramson and co-workers showed that in patients requiring 24-48 hours to normalize lactate levels the mortality rate was 25 percent. In patients requiring >48 hours the mortality was almost 100 percent.

Therefore, research indicates serum lactate levels should be monitored closely in all critically ill patients to improve outcomes from tissue hypoperfusion related to shock or occult hypoperfusion.

References:

Bakker, J & de Lima, Alex. Commentary: Increased Blood Lactate Levels: an important warning signal in surgical patients. *Critical Care*, April 2004, Vol 8, No 2



Nanci Nagel, RN, Venita Dasch, Director of Magnet Design and Shared Governance, Judy Herrington, Nursing Director of Medicine Services, Carol Pearson, Unit Manager, Amber Kozak, Unit Manager and Christina Fisher, RN celebrate Nanci and Carol's honor as Great 100 Nurses.

March to Magnet Designation
2010 DFW Great 100 Nurses

Parkland's very own Great 100 Nurses, Nanci Nagel and Carol Pearson, were honored on April 14 at the Meyerson Symphony Center. Congratulations!

The Nurse Practice Council Grows

In June 2010 the Nurse Practice Council (NPC) will welcome its newest members. Elections were held in May for seats to fill current open areas. Nurses from the Emergency Services Department, Trauma Services, WISH Outpatient, Nursing Informatics, Jail Health, Psychiatric Services, Labor & Delivery, Nursing Support (Call Center, ADT, Poison Center, Access Center), Procedural Areas/Intervention Radiology (Cath Lab, GI Lab, EEG Lab, Cardiovascular Lab, PICC services) and Quality Management (Risk, Performance Improvement, Regulatory, Infection Control) were selected. The NPC currently has 15 members. The addition of 10 new nominated and elected members as well as two APNs will round out the NPC group.

Current and upcoming NPC projects for the new council:

- Pain assessment
- Care plans
- Falls
- Restraints
- Policy and procedures
- Patient services products best practice team
- Pressure ulcers

Over the Next Few Months:

- May 2010: Elections held for new members to fill current empty seats
- June 2010: NPC orientation
- June 2010: Approval of NPC by-laws
- July 2010: NPC fully functioning as Shared Governance group
- July 2010: Provide Magnet Impact Analysis to Parkland leadership