

# Clinical Care Connection



Parkland

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

## Continuing Nursing Education

At least 1,700 of you are aware of the unlimited on-line continuing nursing education service provided by Parkland. We know because you are registered to use this service. However, we continue to hear from some who are not aware of NursingCenter.com. The site was developed by Lippincott Williams & Wilkins and offers nursing contact hours in virtually all specialties of nursing.

All nurses new to Parkland are informed about this service during General Nursing Orientation and receive instructions on how to register. But we don't automatically register all new nurses, because new graduates do not need continuing nursing education contact hours to renew their license the first time. By the time this group of nurses decides to use the service, which would likely be almost four years later, they would have to register again. So while the service is available, each nurse must take the initiative to register themselves. Whether you are new to Parkland or just new to this service, please follow these instructions to register.

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- Go to [www.nursingcenter.com](http://www.nursingcenter.com) (you can access this from Parkland or from your home computer)
- Select "Register" in the top right corner
- Complete the member registration form
  - Personal section: enter all asterisked (\*) fields, including an e-mail address (can be Parkland or home e-mail)
  - Site access information: enter your user name and password
    - User name: your full name with the first letters capitalized and no space between your first and last name (ex: StaceyRobbins)
    - Password: Parkland ID number
  - Enter professional information
  - Select "preferences"
  - Select "I agree"
  - Select "Submit"
- E-mail Stacey Robbins at [screme@parknet.pmh.org](mailto:screme@parknet.pmh.org) after you complete the registration form or if you have any questions.
- Stacey will e-mail you once your access has been activated. The process takes approximately two weeks after you have notified Stacey of your registration.

If you are not a nurse, you'll be happy to know that Clinical Staff Services is evaluating similar services available for clinical specialties other than nursing. Stay tuned for further information in the near future.

## Safety Stop

### Preventing Violence in the Health Care Setting

On June 3, the Joint Commission issued Sentinel Event Alert #45. This Sentinel Event Alert specifically addresses assault, rape or homicide of patients and visitors perpetrated by staff, visitors, other patients and intruders to the institution.

The Joint Commission has received 256 reports of assault, rape and homicide (combined) since 1995 and reports have increased significantly in the last three years – this number may actually be much higher due to under-reporting. While not an accurate measure of incidence, it is noteworthy that the assault, rape and homicide category of sentinel events is consistently among the top 10 types of sentinel events reported to the Joint Commission.

Hospital leaders, assisted by the Parkland Police Department and Environment of Care Committee, have successfully reduced Parkland workplace violence risks over the last few years:

- The Parkland Board of Managers supported an Environment of Care Committee performance improvement (PI) goal in 2008 focused on preventing workplace violence. The PI goal was completed following recommendations outlined in a comprehensive written risk assessment
- Parkland leaders continue to be committed to reducing workplace violence risks. The recent revision to the emergency department access control system is one example
- The Parkland written policy underwent major revisions in 2008 and is continually being updated to address evolving risks. See Violence In The Workplace, Parkland Policy #20-09, available on the Intranet at <http://intranet.pmh.org/Home/PP-Index/eoc/20-09.pdf>
- All Parkland employees receive initial, periodic and ongoing education concerning the Parkland "zero-tolerance" policy for workplace violence. This training begins on "day one," as the Police Department personally orient each new employee
- The Police Department and Victim Intervention Program/Rape Crisis have organized responses to anyone who might be victimized by family violence or rape or who might be at high risk. They can be contacted directly at ext. 22926 for response
- The Police Department has also created and implemented the Active Shooter (Code Silver) response program. See policy #20-13, available on the Intranet at <http://intranet.pmh.org/Home/PP-Index/eoc/20-13.pdf>
- Police officers continually patrol the Parkland campuses, ensuring a safe and secure physical environment. Environment of Care Committee members also make periodic tours of all hospital areas with a focus on safety and security

#### What Can You Do To Help?

- All employees must accept a role in the hospital security plan. Be familiar with safety and security policies and procedures. Without engaged employees, the security plan will fail. Remember, "If you permit it; you promote it"
- Always wear your hospital-issued ID badge appropriately and demand other employees do so as well. The Parkland ID badge is the cornerstone of an effective security access control program
- Report all incidents of workplace violence immediately to your manager/director, to HR or to the Police Department
- Ensure patient observation protocols, assessment tools, care planning, information management and psychiatric assessment guidelines are followed
- Ensure patients are educated about workplace violence risks



Wearing your ID badge correctly is one of the simplest ways to keep Parkland safe. It is the cornerstone of an effective security access control program.



*Laboratory Scope*  
**Front End Automation Goes Live in Lab Central**

In April 2009, Lab Central installed the COBAS automated chemistry/immunoassay system. These three consolidated testing cores perform more than 70 different assays that were previously done on nine different analyzers (five different testing platforms). On June 2, 2010, Lab Central went live on the Modular Pre-Analytics (MPA) front end automation with the COPC serum samples. With each passing day, the sample load on the MPA is enhanced with different sample types.

When the MPA is at full-bore, it can accept up to 600 specimens (120 racks) every hour. The unit consists of seven different components linked together via a track line to the COBAS analyzers. The first quality check for specimens is their barcode acceptability. Barcode errors are alarmed very early in the process. Next, any racks that must be centrifuged are sent through two self-balancing centrifuges that spin the tubes at an identical speed and time. Tubes are then decapped in the next module on the MPA's line and sent to an aliquoter, which distributes serum/plasma based on the tests ordered on the tube.

Any tests that will be run on a COBAS analyzer will be aliquoted into a "daughter" sample cup and routed directly to the instrument. Other samples will be aliquoted into a separate 13x75 polypropylene tube, barcoded and sorted for off-line testing on other instruments or reference labs. Finally, the primary collection tubes are re-capped and catalogued into various racks at the end of the MPA for either archival or distribution to other testing areas.

Introducing the MPA front-end automation into Lab Central is a very exciting step forward in meeting Pathology's strategic goals. Many different groups have put in countless hours to make this project a reality. Karen Jessen, Jayme Cox, Mishkat Mohamed and Sharon Greene oversaw exhaustive testing of the system's capabilities to ensure that our unique patient population would be well-served by this addition. Furthermore, all the Lab Central staff and numerous IT and Pathology LIS employees worked very hard to make sure that expectations for the automated system could become a reality. This project was a true team effort involving project team members, subject matter experts and all staff to accomplish tasks, provide backfill and minimize the negative impact on patient care.

With pre-analytic automation, we will be able to improve our service level to caregivers and Parkland's patients.

*Performance Improvement*  
**Quality 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.

*Introducing the MPA front-end automation into Lab Central is a step forward in meeting Pathology's strategic goals.*

ADMINISTRATIVE PROCEDURE #8-02  
Section: Equipment

Admin. #447  
REVISED  
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**Equipment and Medical Device Segregation Tag**

Identifies the system being used, identifies the location of the equipment, and provides information regarding the equipment's status. This tag is used to identify equipment that is not to be used. The tag is placed on the equipment and is visible to all personnel.

Responsible for all Other Equipment:

1. Identify and attach the segregation tag to the device in place of equipment that has malfunctioned.
2. Segregate the device from use, including removing the device from the area of use.
3. Do not dispose of any devices, accessories, attachments, supplies and/or pieces of equipment that have been involved in a patient incident.
4. Place device, accessories and/or supplies in a biohazard bag prior to disposing to the Hospital of Equipment.
5. Document the response to the incident.
6. Complete an incident report and submit to the Regulatory & Accreditation Risk Department.

Name of Reporting Personnel: \_\_\_\_\_  
 Date/Time of Occurrence: \_\_\_\_\_  
 Department of Occurrence: \_\_\_\_\_  
 Type of Equipment: \_\_\_\_\_  
 Identify Device/Equipment Problem: \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Model No.: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Equipment settings/management history available: \_\_\_\_\_  
 Equipment settings/management history available: \_\_\_\_\_

Additional Comments: Please document on back of tag.

**Steps to identifying a product or device problem:**

1. Care for the patient
2. Go to Administrative Procedure #8-02 and print a Bio-Med tag
3. Secure the equipment, product and any packaging and place the Bio-Med tag on it.
4. Report the event

*Patient Safety & Risk Management*  
**FDA Recalls and Patient Safety – A Clinician’s Perspective**

A U.S. Food and Drug Administration (FDA) recall is issued “when a product is removed from the market or a correction is made to the product because it is either defective or potentially harmful. In most cases, a recall results from an unintentional mistake by a company rather than from an intentional disregard for the law. Sometimes a company discovers a problem and recalls a product on its own. Other times a company recalls a product after the FDA raises concerns.”<sup>1</sup>

How does this impact you as a clinician? Recalls are sent by the FDA as well as the manufacturer on a weekly basis. If you receive a recall letter, please forward it to Patient Safety & Risk. We will notify Supply Chain of the recall and remove any defective devices or products from patient use.

As a clinician you have a critical role in helping identify products that are defective, have misleading packaging or instructions or malfunction. A recent example was identified in Labor and Delivery, where three patients expelled their Foley catheters with the bulb fully inflated. All three catheters had the same Lot Number. The products with that Lot Number were removed from patient use and returned to the manufacturer. This was a cooperative effort by Labor and Delivery, Patient Safety & Risk and Supply Chain. The events were reported to the FDA by Patient Safety & Risk for follow up.

What steps do you take if you identify a product or device problem? First, care for the patient, then go to Administrative Procedure #8-02 and print a Bio-Med tag. Secure the equipment, product or device and any packaging in your area and place the Bio-Med tag on it. Report the event in the Patient Safety Net and to Bio-Med if a medical device is involved and notify Patient Safety & Risk in the event of patient harm. If you have any questions, please contact Patient Safety & Risk at ext. 21780. We care about our patients, help keep them safe.

**References**  
[www.fda.gov](http://www.fda.gov)

*Continual Readiness*  
**The Joint Commission and Medication Reconciliation**

Between March and May, the Joint Commission conducted a field review of the standard for medication reconciliation (National Patient Safety Goal #8) and now has results.

While the majority of respondents agreed that a National Patient Safety Goal (NPSG) addressing medication reconciliation is important, many reported that implementation of this NPSG remains challenging. This is primarily because compliance often depends on the reliability of patient reporting, which is beyond the control of the organization.

Given this feedback, Joint Commission is currently looking into alternative solutions for addressing medication reconciliation while keeping implementation and compliance feasible for organizations. Until implementation of a revised medication reconciliation requirement, organizations will be evaluated on their individual medication reconciliation processes and survey findings from NPSG #8 will not be factored into the organization's accreditation decision.

*Care Management Corner*  
**'CD Pharmacy' Donated to Parkland**



Care Management is pleased to announce the procurement of a new CD Pharmacy program by Social Worker Jeanette Laraway, LMSW. The program brings recorded music to the bedside using CDs and portable CD players donated by Musicians On Call, a non-profit organization that brings live and recorded music to health care facilities across the country.

There is a variety of CDs of all genres available for patient enjoyment with portable CD players. There are also DVDs, books for teens and audio books available. There are no specific illnesses required to borrow from the collection. Care management should have the program catalogued and ready for patient use by Aug. 1. For general questions regarding this gift, please contact Jeanette Laraway at ext. 28149.

Department Support Search Home

**Parkland**  
INTRANET

Wednesday, June 16, 2010

Publications | Corporate Identity | Employee Communications | **Policy & Procedure Index**

**Parknet Plus**

**Parkland Integrity Hotline**  
1.800.351.0093  
Parkland Integrity Hotline

**Integrity Line**  
1-800-351-0093  
Toll A-Road

**CITI Portal**  
Click here to login to the CITI Portal.

**EMR Information**  
Click here for New EMR information.

**Directory & On Call**  
Click here to search the Parkland Directory.

**Cafeteria Menu**  
Hungry? Check out the weekly menu here.

**Patient Safety Net**  
Use PSN to report patient safety events.

**PHHS Drug Formulary**  
Click Here for Pharmacy Home Page.

**Compliance**  
Click Here for Compliance Site.

**Physician Time Log**  
Click Here to access online faculty time logs.

**Help Desk Self-Service**  
Report problem, request

**Spotlight**

- **H1N1 INFLUENZA SCREENING**
  - Downtime Labels (Access 97)
  - Downtime Labels (Access 2003)
  - Directory of Services (Purple Book)
  - MSDS - HerSoft
  - MICROMETEX®
  - Quality Fair
  - Management Training Request
  - E-Sig & Record Completion
  - Medication Guidelines
  - UpToDate Clinical Resource
  - Care Management
  - Transfusion/Blood Bank
  - Parklandlab.com
  - Patient Care Guidelines
  - GME Supervision
- **GUIDELINES-INFLUENZA**
  - Parkland Graphics Center
  - Parkland's Virtual Campus
  - PeopleSoft HR Mgt System
  - Lexion ERP System
  - GHS Catalyst
  - ICD9 Code Search
  - IT Store
  - Core Privilege Plus Viewer
  - Joint Commission
  - Advance Directive Incentive
  - Patient Safety Goals
  - Employee of Month Form
  - Mosby's Nursing Skills
  - Side Steering Forum
  - Parkland Data Request

## Critical Care Vital Signs What Are My Resources?

Are you tired of trying to search for reliable medical information on the internet? Do you have a sneaking suspicion that what a co-worker told you may not be right? Put your mind at ease, Parkland has provided many resources for you to find reliable information. Making prudent decisions as a nurse means that you are basing your practice on trusted resources and the most updated evidence. Below is a list of dependable resources Parkland has provided for you.

### Skills

- Parkland's Nursing Policies and Procedures
  - o You can search the page by using Ctrl+F. Go to the top left of the page to "Edit" then "Find on this page"
- Unit Specific Policies and Procedures
  - o Ask your manager for the location of these
- Mosby's Nursing Skills
  - o Can help you with skills by giving you step by step instructions and often a video is available as well
  - o On Parkland Intranet under "Spotlight"
  - o Does not supersede Parkland Policy
- Critical Care Skills Book (orange)

### Medications

- Parkland Drug Formulary
  - o Available on the Parkland Intranet or "Lexi-Comp" link on MAR
- Parkland Adult IV Guidelines
  - o Available on the Pharmacy page on Parkland's Intranet
  - o Contains information about which nursing units can administer various drugs as well as specific guidelines for infusion

### Labs and Blood

- Parklandlab.com
  - o Under "Specimen Collection and Transport" (on left side) choose "Quick Tube Color Reference" or "Collection Containers" for a helpful reference
  - o Has the reference ranges for testing at Parkland
- Transfusion/Blood Bank
  - o On Parkland Intranet under "Spotlight"

### Disease Processes

- UpToDate Clinical Resource
  - o On Parkland Intranet under "Spotlight"
  - o Click on "Search" in upper right hand corner, then "Accept" the license agreement
  - o This reference puts together topic summaries based on reviews of the most recent literature and research





### *The Infection Connection*

#### **Cleaning Non-critical Equipment**

We focus much of our attention and efforts on hand hygiene and room cleaning to prevent the spread of infections in the hospital, but what about the equipment and devices utilized? Equipment/devices are classified into three categories:

- **Critical:** a device that enters normally sterile areas or the vascular system
- **Semi-critical:** A device that comes into contact with mucous membranes
- **Non-critical:** A device that only comes in contact with intact skin or does not touch the patient at all

Discussion here will focus on the non-critical equipment and devices. These devices are often overlooked by health care workers. We utilize them so routinely that we forget it has been utilized on a patient that has been potentially colonized or infected with a pathogen. We also overlook that items used throughout the day that do not come in contact with the patient may still be contaminated. Everyone knows that the equipment needs to be cleaned but the assumption that somebody else has done it continues.

Stethoscopes hung around the neck or stuffed into the lab coat pocket can easily be contaminated with Staph aureus, Methicillin resistant staph aureus (MRSA), Pseudomonas, Acinetobacter species, etc. Simple cleansing of the stethoscope and the stethoscope membrane with 70 percent alcohol and allowed to air dry can prevent most organisms from being spread between patients. Otoscopes and ophthalmoscopes are often overlooked for cleaning as well. The equipment needs to be cleaned with an alcohol pad before and after each use. Do not assume that staff cleaned it after the previous use. Remember that an alcohol pad is 70 percent alcohol, so it is an approved source of cleaning the above equipment.

The blood pressure cuff wrapped around the arm of a patient may be the source of contamination. Disposable blood pressure cuffs are used for the isolation patient but what about the regular blood pressure cuff? Wiping the cuff with one of the disinfecting wipes (currently we are using Saniwipe) is indicated. Other pieces of equipment that should be cleansed between patients and staff use include stretchers, wheelchairs, exam tables, supply pyxis and computer keyboards. Computer keyboards minimally should be cleansed with the disinfecting wipes at the beginning of each shift. If it is a community keyboard more frequent cleansing is indicated.

Refer to IC 5-00 Cleaning and Disinfection Chart Medical Equipment for further specific cleaning information.

### *Outpatient Observations*

#### **Nursing Leadership**

A leader can be defined as, "someone who uses interpersonal skills to influence others to accomplish specific goals." An enthusiastic leader works to inspire others to commit to and carry out policies and procedures that, when adhered to, accomplish the goals of the organization. In nursing, there are two forms of leadership, formal and informal.

With formal leadership, a nurse has legitimate authority given by the organization and this authority is noted in the nurse's job description. Nurse Managers fall under a formal leadership role. Managers are essential, because they help with balancing the needs of the patients, the health care organization and the employees.

A staff nurse who exercises leadership qualities without a management title would fall into the informal leadership role. These nurses are also essential. These are the nurses that help guide their less experienced peers with their knowledge, experience and example. They are invaluable to the "formal leadership" they work under. They inspire their co-workers to follow the organization's principles. Parkland's "CIRCLES" are a perfect example. An informal leader exhibits these qualities daily.

Nurses who continue to strive for knowledge in leadership and management skills will demonstrate more efficiency and effectiveness. Just remember that whether you are a nurse in the role of management or you are a staff nurse, it's always possible to be a better leader.

#### **References**

Sullivan, J.E. & Decker, J.P. (2005). *Effective leadership & management in nursing (6th ed.)* Upper Saddle River, NJ: Pearson Education, Inc.

**Target date for implementation: July 13**

<p><b>Azithromycin IV</b></p>	<p><b>Formulary Addition</b>                  In addition, there will be an implementation of an IV to PO autoswitch after two days. All restrictions for azithromycin will be removed. Clarithromycin will be retained on formulary but there will no longer be an automatic conversion of PO azithromycin to clarithromycin.</p>
<p><b>Ertapenem</b></p>	<p><b>Restriction Change</b>                  Change current restriction to include a maximum of two doses of ertapenem as an inpatient prior to discharge for tolerability and teaching purposes in patients who have been approved to receive OPAT.  <b>Complete restriction will read:</b>                  1. Colorectal surgical prophylaxis as a single dose prior to surgery, not to be continued if the patient is hospitalized and requires ongoing antibiotics.                  2. Outpatient home IV antibiotic use approved by Infectious Disease Attending Faculty and Fellows and pharmacy outpatient home IV antibiotic criteria. To also include a maximum of two doses of ertapenem as an inpatient prior to discharge for tolerability and teaching purposes in patients who have been approved to receive OPAT.</p>
<p><b>Vancomycin Oral Capsules</b></p>	<p><b>Formulary Removal for Inpatient Only</b>                  Patients with C. difficile infection, prescribed oral vancomycin, will now receive IV vancomycin orally. Flavoring can be added.</p>
<p><b>Prasugrel</b></p>	<p><b>Formulary Addition with Restriction</b>                  Restricted to Cardiology faculty for:                  1. Patients that have a stent thrombosis while compliant on clopidogrel therapy, or                  2. Cardiac stent patients with a high-risk interventional cardiology procedure who have a documented resistance to clopidogrel by laboratory testing.</p>
<p><b>Flecainide</b></p>	<p><b>Restriction Change</b>                  Restricted to Cardiology attending faculty, fellows and midlevels for life-threatening arrhythmias.</p>
<p><b>Amiodarone</b></p>	<p><b>Restriction Change</b>                  Intravenous amiodarone use is restricted to patients who are on a cardiac monitor. Patients who are newly initiated on amiodarone therapy, IV or oral, should be evaluated in a cardiology clinic no longer than three weeks after initiation.</p>
<p><b>DC/LC Bead, a Drug-Eluting Bead</b></p>	<p><b>Informational</b>                  This is a drug delivery embolization system that prolongs drug delivery time and decreases systemic drug toxicity. Pharmacy will add the doxorubicin to the DC/LC Bead. Interventional Radiology will supply the pharmacy with the vial(s) needed for each patient.</p>
<p><b>Codeine IV 30mg/2ml and 60mg/2ml</b></p>	<p><b>Formulary Deletion</b>                  Discontinued by manufacturer</p>

*The online Parkland Drug Formulary can be found at [www.crlonline.com](http://www.crlonline.com).*



*Undiagnosed postpartum mood and anxiety disorders can turn a woman's first months into a time of helplessness and despair.*

#### *The WISH List*

### **Postpartum Mood and Anxiety Disorders**

During the post partum period mothers experience many hormonal changes, physical and psychological demands simultaneously. This is a high risk period for the emergence or exacerbation of pre-existing emotional illness. One in 10 women can suffer from mood/anxiety or mental disorders, which makes this a significant complication of childbirth.

It is important for health care workers to identify women who are suffering and make appropriate referrals. Undiagnosed postpartum mood and anxiety disorders can turn a woman's first months into a time of helplessness and despair.

#### **Assess:**

- Attitude and view of the infant
- Interactions with the infant and family
- Ability to provide care to self and infant
- Assess sleeping, eating, resting, coping behaviors and support systems

#### **Depressed mothers:**

- Gaze less at their infants
- Does not respond to the infant's signals promptly
- May have flat affect
- May not interact or play with their infant
- Uncomfortable with skin to skin contact
- May show lack of interest in teaching or infant activities

#### **Plan:**

- Patient education
- Increased observation of couplet (facilitate parental attachment)
- Listen to patient concerns
- Initiate psychiatric referral/consultation as needed
- Refer to support groups
- Encourage family support
- Appropriate communication to all disciplines
  - o Referral to social work
  - o Referral to community resources
- Document to reflect interventions, referrals and evaluations

#### **Expected Outcomes:**

- Patient uses appropriate coping strategies to care for self and infant
- Patient has realistic expectations for self and infant
- Patient perceives that she is receiving the support she needs
- Home is a safe environment for mother and infant

#### **References**

*Elsevier Saunders 3rd edition Core Curriculum for Maternal-Newborn Nursing*  
*AWHONN The Compendium of Postpartum Care*

## Performance Improvement

### Parkland Nurses' Bundle Reducing Catheter Associated Urinary Tract Infections

Urinary tract infections are the most common type of health care-associated infection, accounting for more than 30 percent of infections reported by acute care hospitals. Catheter-associated urinary tract infection (CAUTI) has been associated with increased morbidity, mortality, hospital cost and length of stay.

A team led by Jackie Brock RN, MSN, CCRN, Director of Clinical Education, and Julia Napper RN, MBA, CPHQ, former Director of Quality and Clinical Excellence, reviewed Parkland data and utilized quality improvement techniques such as process flow mapping and cause and effect diagrams to identify areas for improvement. The team developed an aim statement of decreasing the occurrence of urinary tract infections by 50 percent through the standardization of the processes of care and maintenance of indwelling urinary catheters by Sept. 30.

The team, which included nursing staff from 5 West, 6 South, 7 North, SICU and Clinical Staff Services, brainstormed the best approaches to removing variation in the way foley catheters are inserted and maintained. Review of the literature for evidence based practice and the brainstorming ideas resulted in the development of the Parkland Nurses' Bundle. The bundle includes indications for catheterization, standardized procedures for the insertion and maintenance of urinary catheters and a daily review of the indications for catheterization with actions if the catheter is no longer indicated. The bundle was implemented on the trial units in May.

If we see a decrease in CAUTIs on these four trial units, the process for implementing this bundle on other inpatient units will be initiated. Medical and nursing leadership will be involved before implementation on a larger scale because modifications may be necessary to make the bundle applicable to a more diverse patient population.

The team members involved in the development of the Parkland Nurses' Bundle to Reduce Catheter Associated Urinary Tract Infections are: Sosamma Mathew, RN; Michelle Burkhardt, RN; Melanie Miller, RN; Jennifer Crouch, RN; Brandy Green, PCA; Joicy Paul, PCA; Jennifer McClellan, RN, Educator; Ashley Milby, RN, Educator; Karen Hollis, RN, UM; Alice Mathew, RN, UM; Hazel Harris, RN, UM; Kim McCloud, RN, DON; Kathy Doherty, DON and Joseph P. Minei, MD.

#### Parkland Nurses' Bundle to Prevent Catheter-Associated Urinary Tract Infection in Adult Patients



## Med Surg Memos

### Stress in the Health Care Setting

Hospital work often requires coping with some of the most stressful situations found in any workplace. Hospital workers must deal with life-threatening injuries and illnesses complicated by overwork, understaffing, tight schedules, paperwork, intricate or malfunctioning equipment, complex hierarchies of authority and skills as well as demanding patients.

Stress has been associated with loss of appetite, ulcers, mental disorder, migraines, difficulty sleeping, emotional instability, disruption of social and family life and the increased use of cigarettes, alcohol and drugs. Stress can also affect worker attitudes and behavior. Some frequently reported consequences of stress among hospital workers are difficulties in maintaining pleasant relations with co-workers and judging the seriousness of a potential emergency.

Some of the methods that have successfully reduced hospital worker stress and job dissatisfaction include:

- Establish regular staff meetings and discussions to communicate feelings, gain support and share ideas
- Provide readily available counseling from a nonjudgmental source
- Recognize and take action on legitimate complaints, when necessary, with your supervisor's support
- Use individual approaches such as relaxation exercises or yoga to relieve symptoms of stress until the sources are identified and evaluated

Utilize the service of our Employee Assistance Program (EAP). They can improve the ability of workers to cope with difficult work situations. They also provide individual counseling for employees for both work and personal problems. For more information, call 214.559.2171.

*West Nile Virus is spread by the bite of a mosquito. Mosquitoes become infected when they feed on the blood from infected birds. The infected mosquitoes can then transmit West Nile Virus to humans and animals.*



### *Patient Education Update* **Seasonal Patient Education**

It's summer in Dallas, and the temperature is in the high 90s and 100s. What does that have to do with patient education? It reminds us to cover relevant seasonal teaching with our patients. Hot weather teaching should include (as appropriate to the patient) dehydration and the various degrees of hyperthermia, food poisoning, water safety, sun safety, dog bites, Lyme disease and West Nile virus (WNV), just to name a few. We should cover prevention, signs, symptoms, treatment and when to get professional help. Asthma seems more problematic for some in the summer and in the winter for others.

Perhaps you're wondering if West Nile virus is really worth teaching about. Last year, Sean Lemoine, an East Dallas resident, contracted West Nile from a mosquito bite. He gradually lost his ability to walk, talk and even breathe on his own. For six months, he fought for his life in two Dallas hospitals, all because of a little mosquito bite. He suffered not only encephalitis, or swelling of the brain, but also respiratory failure that required mechanical ventilation for five months. He also developed poliomyelitis, which attacked his nervous system and caused paralysis.

Today he is confined to a wheelchair and has a breathing tube. Here is what Sean had to say about his encounter with WNV:

"People need to spray their kids and themselves whenever they're in mosquito-infested areas," he said. "I'm from Louisiana. I've been eaten up by mosquitoes all my life. But when you get this virus, it's a long road back."

In 2009, 13 Dallas County residents were diagnosed with serious West Nile infections. One person died. The *Dallas Morning News* cites Dr. Wendy Chung, chief epidemiologist for Dallas County Health and Human Services, whose staff has tracked nearly 300 serious West Nile cases in the county since 2002, the year the virus first showed up in Texas. Since 2002, there have been 13 West Nile-related deaths in Dallas County, 131 in Texas and 1,163 in the U.S., according to government reports.<sup>1</sup>

The virus appeared to peak here in 2006 with 67 severe infections and four deaths countywide. Officials fear that a decline in recent cases might be causing people to ignore the county's warnings about preventing mosquito bites.

"We have to remind people that this is a real threat," said Blanca Cantu, the county's public information officer. "People don't realize how devastating this can be."

The Dallas County Health and Human Services website tells us, "West Nile Virus is a disease that is spread by the bite of a mosquito. Mosquitoes become infected when they feed on the blood from infected birds. The infected mosquitoes can then transmit West Nile Virus to humans and animals.

Mosquito season in Dallas County typically runs from May to October with peak activity in August. Residents should be on heightened alert during these months."<sup>2</sup>



**HERE'S WHAT DCHHS RECOMMENDS:**

**The three Ds of West Nile protection:**

- DEET
  - o Use insect repellent products that contain DEET
- DRAIN
  - o Remove all areas of standing water. Change water in wading pools, pet dishes and birdbaths several times per week
- DRESS
  - o Avoid mosquito bites by wearing long, loose and light-colored clothing outside during dawn and dusk hours

Not all mosquitoes transmit the WNV; of those that do, the mosquito most often responsible is from the genus Culex. "The incubation period for WNV in humans (the time from infection to onset of disease symptoms) is usually 3 to 14 days. Most people who are infected with WNV will not have any type of illness. An estimated 20 percent of the people who become infected will develop West Nile fever: mild symptoms, including fever, headache and body aches, occasionally with a skin rash on the trunk of the body and swollen lymph glands. Symptoms of mild disease will generally last a few days. Severe infection causes West Nile encephalitis (brain inflammation) or meningitis (inflammation of the membranes that surround the brain and spinal cord) and symptoms include headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness and paralysis. Symptoms of severe disease may last several weeks, although effects on the nervous system might be permanent. An estimated 1 in 150 persons infected with the WNV will develop a more severe form of disease."<sup>3</sup>

While victims' symptoms receive treatment, there is no treatment for WNV itself. Clearly, our patients need to be taught how to avoid WNV, and we need to follow that advice ourselves. Here's to a happy, healthy, mosquito bite-free summer.

**References**

1. [www.dallasnews.com/sharedcontent/dws/fea/healthyiving2/stories/052410dnmetwestnile.1d889565.html](http://www.dallasnews.com/sharedcontent/dws/fea/healthyiving2/stories/052410dnmetwestnile.1d889565.html)
2. [www.dallascounty.org/department/lhhservices/westnilevirus.html](http://www.dallascounty.org/department/lhhservices/westnilevirus.html)
3. [www.scdhec.gov/health/envhlth/general\\_sanitation/wnv.htm](http://www.scdhec.gov/health/envhlth/general_sanitation/wnv.htm)  
[www.cdc.gov/ncidod/dvbid/westnile/prevention\\_info.htm](http://www.cdc.gov/ncidod/dvbid/westnile/prevention_info.htm)  
[www.dshs.state.tx.us/lidculhealth/zoonosis/outdoor/zoonoses.pdf](http://www.dshs.state.tx.us/lidculhealth/zoonosis/outdoor/zoonoses.pdf)  
[www.dallascityhall.com/ehslmosquito\\_faqs3.html](http://www.dallascityhall.com/ehslmosquito_faqs3.html)

*While victims' symptoms receive treatment, there is no treatment for the West Nile Virus itself.*



### **Magnet Open Sessions with Venita Dasch**

Located in OB Gyn Classroom, 5SS

#### **Wednesday, July 14**

10, 10:30, 11 and 11:30 a.m., noon, 12:30, 2, 2:30, 4, 4:30, 5 and 5:30 p.m.

#### **Thursday, July 15**

11, 11:30 p.m. and midnight, 12:30, 1 and 1:30 a.m.

## *March to Magnet Designation* **Magnet and Shared Governance**

### **WELCOME TO OUR NEWEST NURSE PRACTICE COUNCIL MEMBERS**

**Quality Management:** Bonnie Davis

**APNs:** Jan Sumner and Kevin Johnson

**ESD:** Kelle Harrison

**TNC:** Melissa Goral-Gumm

**Nursing Informatics:** Judy Sargent

**Pending seats that will be filled for the July 8 meeting:** Labor and Delivery, Psych Services, Nursing Support, Jail Health, Procedural Areas/IR and WISH Outpatient

### **FAQs**

**Q:** Now that Parkland is trying to achieve Magnet status, will nurses be required to have a BSN?

**A:** Currently Magnet has no requirements for nurses to have a BSN to be employed. The education requirements are:

- The CNO must possess a master's degree. The CNO must possess either a baccalaureate or master's in nursing
- 75 percent of nurse managers must have at least a baccalaureate degree in nursing upon submission of application
- By Jan. 1, 2013, 100 percent of nurse managers must have a baccalaureate degree in nursing upon submission of the application. In the future the Magnet Commission will be moving toward a requirement that nurse managers be prepared at the masters level!

### **Over the Next Few Months**

- July: NPC fully functioning as Shared Governance group
- July: Issues review slots available
- July: Provide Magnet impact analysis to Parkland leadership
- August: Establish Magnet 2011 goals

### **References**

1. [www.nursecredentialing.org/Magnet/ResourceCenters.aspx](http://www.nursecredentialing.org/Magnet/ResourceCenters.aspx)

## *Pharmacy Forum*

### **HAM SALAD: Not a Healthy Choice**

Drugs like Morphine and Insulin are considered both High Alert Medications (HAM) and Sound-Alike, Look-Alike Drugs (SALAD). HAMS have a heightened risk of causing significant patient harm because there is little difference between lethal and non-lethal doses. SALADs have similar names, packaging or both and can cause confusion. Look for high alert labels and the new "salad" icon on all SALAD medications, i.e. bags, drug labels, etc. Ask your pharmacist or nurse manager if you have additional questions or know of additional medications that could be confusing.

#### **HIGH ALERT MEDICATIONS**

Anticoagulants  
Amiodarone  
Chemotherapy agents (oral and IV)  
Insulin  
Narcotic and Opiate including PCA  
Vaccines  
IV Calcium (Chloride and Gluconate salts)  
Hypertonic Saline  
IV Potassium Salts (Chloride, Phosphates and Acetates)  
IV Magnesium Sulfate  
Neuromuscular Blocking Agents  
All IV Phosphate Salts  
Amiodarone  
IV Digoxin  
IV Dilantin and Fosphenytoin  
Phenergan IV

#### **SALAD DRUGS**

Clonidine/Klonopin  
Doxorubicin liposomal/Danorubicin liposomal  
Ephedrine/Epinephrine  
Hydroxyzine/Hydralazine  
Insulin products  
Metformin/Metronidazole  
Concentrated LIQUID morphine products versus morphine solution  
Tramadol/Trazadone  
Vinblastine/Vincristine  
Zetia/Zestril