

Clinical Care Connection



Parkland

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

Performance Improvement

What is a "Bundle" and What Makes it so Special?

In 2004, the Institute for Healthcare Improvement (IHI) launched a campaign called "100,000 Lives Saved." With this initiative to promote safe, quality care, the concept of "bundles" came into being. The 2010 National Patient Safety Goals on reducing the risk of health care associated infections has also prompted the use of bundles. A care bundle is a package of evidence-based interventions which must be followed for a designated process for every patient, every single time. A care bundle must be easily measured and clear cut. A good example of a bundle is Parkland's fall protocol, which reads:



The central line insertion bundle is a prime example of the "bundle" concept currently in use at Parkland.

- Visual Reminders: Fall signs and fall arm bands to alert you that this patient is at risk for falling and to educate the patient and family on "call, don't fall." Every patient on fall protocol, every time
- Hourly rounding: Check on the patient (toileting is offered). Every patient on fall protocol, every time
- Environment checks: The bed is in low position with bed alarm on, call light within reach, pathway to bathroom is clear and not slippery. Every patient on fall protocol, every time

The theory behind care bundles is that when several evidence-based interventions are grouped together and put into practice, patient outcomes improve. All items in the bundle are evidence-based and must be completed. If you remove any one of the items, you won't get the same results. Also, there is a level of accountability tied to a bundle. An identified person or team owns it and is responsible for the bundle.

Another Parkland bundle is the central line insertion bundle, which includes: proper hygiene, maximum sterile contact barriers, properly cleaning the patient's skin (chlorhexidine), finding the best vein possible for the IV with the subclavian vein as the preferred site for nontunneled catheters and daily review of line necessity, with prompt removal of unnecessary lines.

Care bundles are not limited to just physiologic aspects of patient care. Some hospitals are responding to end-of-life issues with palliative care bundles. A bundle can be used to bring together a small number of evidence-based actions that when "tied" together, create much improved outcomes. It is not a checklist or a list of precise protocols or absolutes, but a starting point, a tool which can be further developed to improve patient outcomes.

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Continual Readiness

Standard Precautions for Infection Prevention

The Centers for Disease Control and Prevention (CDC) estimate that 1.7 million patients admitted to acute care hospitals each year acquire infections unrelated to the condition for which they were hospitalized. Hospital acquired infections (HAIs) are responsible for 100,000 deaths in the United States and cost patients from \$4.5 to \$5.7 billion each year. Although the originating source of HAIs is difficult to identify, it is estimated that a third of these could be prevented.

The Joint Commission Infection Control standard 02.01.01 states the activities of infection prevention and control should be realistic and involve collaboration between departments and hospital staff. In addition, all hospital staff should have a role in infection prevention and hold each other accountable. It is paramount that infection prevention and control information be available to staff and patients.

We are required by The Joint Commission to develop standard and transmission-based precautions. These standard practices can help mitigate the transmission risk of unidentified infections for patients and health care workers. The standard precautions apply to all patients, regardless of whether their infection status is suspected or confirmed or the setting in which health care is delivered. Some of the standard precautions are as follows:

Hand Hygiene

- Wash hands after touching blood, body fluids, secretions, excretions or contaminated items, immediately after removing gloves, between patient contact, after using the restroom and before eating
- Use soap and water when hands are visibly dirty or soiled with blood or body fluids
- If your hands are not visibly soiled, use hand sanitizer

Personal Protective Equipment (PPE)

- Wear PPE when the nature of the anticipated patient interaction indicates contact with blood or body fluids; remove and discard PPE before leaving the patient room

Gloves

- Wear gloves when you anticipate touching blood, body fluids, secretions, excretions or contaminated items or for touching mucous membrane and non-intact skin
- Remove gloves after contact with a patient or environment
- Change gloves after handling contaminated items, before contact with another patient or before moving from dirty to clean sites

Needles and Sharps

- Do not recap, bend, break or hand-manipulate used needles
- Used needles should not be recapped
- Use safety features when available
- Place used sharps in a puncture-resistant container

Blood Specimens

- Gloves should be worn during all blood drawing procedures and/or when starting an intravenous infusion
- All specimens should be placed in a biohazard labeled bag (see page 10)

Crash Carts

- Crash carts used for CPR should have a protected disposable ambu-bag and oral airways
- Use mouthpieces, resuscitation bags or ventilation devices instead of mouth-to-mouth resuscitation

Respiratory Hygiene/Cough Etiquette

- Instruct persons to cover mouth/nose when sneezing/coughing
- Use tissues and dispose in a no-touch receptacle
- Observe hand hygiene after soiling of hands with respiratory secretions
- Wear a surgical mask if tolerated or maintain a spatial separation of more than three feet if possible

Many HAIs can be reduced if we incorporate infection prevention and control behaviors and strategies into everyday practice. By fostering a culture of safety, teaching others about infection prevention and control practices and focusing on patient-centered care, we can play an instrumental role in the infection control process while delivering patient care.

Outpatient Observation Quest to Becoming a Medical Home

Did you know that Community Oriented Primary Care (COPC) is transforming primary care as we know it by becoming a patient-centered medical home? Application submission for this transformation took place in September 2010, but the transformation began in August 2009.

What is a medical home?

Medical home, also known as patient-centered medical home, is defined as "an approach to providing comprehensive primary care." It originates in a primary health care setting that is family-centered, compassionate and culturally effective. It offers comprehensive individualized health supervision that includes all components of health maintenance checkups, preventive visits, continuity of care and appropriate referrals to subspecialty services.

COPC identified nine standards of practice for operating as a medical home. These standards are:

- Access and communication
- Patient tracking and registry functions
- Care management
- Patient self-management support
- Electronic prescribing
- Test tracking
- Referral tracking
- Performance reporting and improvement
- Advanced electronic communications

How will implementation of a medical home practice impact primary care practice economics?

With today's existing fee for service payment environment, transitioning primary care practices to the medical home can be done in a financially sustainable manner by:

- Redefining reimbursement structures
- Reduced hospital admissions/readmissions
- Decreased utilization of the emergency room

How will implementation of a medical home model impact hospital admission?

Keeping patients healthier and out of the hospital is certainly an indicator of enhanced primary care. It is likely that medical home patients will eventually require fewer hospitalizations.

Clinical Staff Services

Mosby's Nursing Skills

Available to you from "Spotlight" section of the Parkland Intranet homepage, Mosby's Nursing Skills offers convenient online access to evidence-based skills and procedures. Content has been adapted from authoritative nursing resources with insight from leading nursing societies and is continuously updated to reflect the latest in evidence-based practice.

Nearly 1,000 skills are featured within specialties such as critical care nursing, emergency nursing, pediatric acute and critical care, maternal/newborn, mental health, neonatal and more.



Each skill features:

- Quick Sheet: short (1-2 page) skill summary
- List of supplies needed to perform the skill or procedure
- Test: interactive online test offering immediate feedback and reporting
- Demonstration: video or animation of the skill or procedure
- Illustration: images and graphics to further explain the skill
- Extended Text: in-depth description of the skill including rationales and important considerations

Parkland uses Mosby's Nursing skills to update policies and procedures. You are encouraged to use Mosby's as a reference, a teaching tool and a refresher. However, please remember to follow Parkland procedures for specific guidelines. E-mail PMHNursingProcedureCommittee@phhs.org for more information.



Irving Health Center

Laboratory Scope

Out with the Old, In with the New

In late July, a long-awaited dream finally became a reality. After years of planning and several months of destruction and re-construction, the new consolidated laboratory space in the Amelia Court building opened for business.

Previously, Pathology had three separate lab areas in that building: two on opposite ends of the building and one on a different floor. These three laboratories separately served Anti-Coagulation Management, HIV/Specialty Services and Geriatrics. There were only three full time lab staff, so their days were often spent running back and forth and up and down stairs.

The consolidation project allowed Pathology to renovate enough space to bring all three laboratory areas into one main laboratory that is utilized for the entire building, regardless of patient service line. They are now able to accommodate the same number of patients with decreased wait time and increased patient satisfaction. Employee satisfaction and morale seems to have increased as well.

The old laboratories were outdated and lacked sufficient space. These labs were in direct patient care areas which allowed for "off line" patient conversations and interactions that often resulted in increased wait times as patients stopped to talk to their doctors or nurses.

Now the laboratory is in a central location and is not in any one patient care area. The phlebotomy area has three separate "draw stations" that can be closed if needed for patient privacy. The testing and processing area is also separated so that patients do not have to travel through a biohazard area in order to reach their provider. There are also separate storage and office areas where employees can eat their lunch and store their belongings.

If you are ever at Amelia Court, stop by and check out the new lab. The staff are proud of their new home.



Pathology staff are proud to work in the new Laboratory at Ameila Court.



Always do a bedside safety check, including checking patient identification and medications.

Med Surg Memos

Bedside Safety Check: Can Your Patient Afford for You Not to do it?

Task	How	Why
Patient identification	Three identifiers: name, date of birth, MR#	Correct identification should be done each time you're at the bedside
IV access	Visually inspect the insertion site. Check blood return and flush. If there is no blood return and it doesn't flush well or is painful with flushing, you should stop and start a new one. If redness, swelling or drainage is noted, remove and start a new IV	This is paramount in ensuring your patient will receive necessary emergency medications in the event of a code
Oxygen	Check flow meter and assure that it works. If there is no flow meter in the room, make sure you know where to locate one quickly	In an acute situation such as respiratory decompensation or a code, oxygen will be one of the most important interventions
Suction	Is there a working suction regulator and a suction set-up with Yankauer readily available? If not in the room, it should be in the clear plastic bag on the side of your crash cart	An acute compromised airway needs suction immediately
IV fluids/medications	Verify the five rights: correct patient, medication/fluid, rate, route and dose	Giving the wrong medication to the patient could cause them harm or even death

These are the key components to the med-surg safety check. They should be done immediately following report at the beginning of every shift for each patient. Are you incorporating this best practice routine into your daily practice? For the safety of your patient, you should be.

Moderate Sedation/ Analgesia	IV Administration Guideline Changes: Allow Midazolam (Versed®) administration (inpatient and outpatient) by nurses with conscious/moderate sedation training. Moderate sedation will be performed in the following designated procedure areas: <ul style="list-style-type: none"> • Critical care areas (Ambulatory Surgery Center Ortho and Pain clinics, Intensive Care units, Cardiac Lab, Emergency department) • Noninvasive Cardiology • GI Lab • Oral Surgery Clinic • Radiology department • Inpatient units that meet the following conditions: <ul style="list-style-type: none"> o Attending physician or provider with competency requirements o Appropriate equipment
Diabetes Strips – Limitations	For non-insulin-dependent patients Limit: <ul style="list-style-type: none"> • 50 count box per 60 day supply; or • Two 50 count boxes per 90 day supply • Exception: pregnant patients
Hypertonic Saline (23.4% NaCl)	Tabled
RiaSTAP	Tabled
Iron FA	No longer manufactured (OB will assist in determining alternatives)

Medical Assistant Jackie Menjivar checks a patient record.



Patient Safety & Risk

Critical Results Reporting and Documentation

Improving patient safety is the objective for The Joint Commission National Patient Safety Goal (NPSG) 02.03.01. This goal requires reporting of critical results to a provider that can act on the result in a timely manner. Parkland’s Admin Procedure 6-28 addresses this goal. In April 2010, a new critical result flowsheet was implemented to replace the “pink sheet.” The requirements for nursing documentation include:

- The critical result
- The date and time the results were communicated
- The name and role/credentials of the person receiving the critical result
- What intervention/action was taken

Drop down boxes are available to make documenting these elements easier. It is important that providers are aware of critical results and that we are able to show compliance with this goal 90 percent of the time.

Example of a non-compliant documentation due to no intervention documented:

Date/Time Range:	09/03 0300 - 09/03 1859					Today
Date:	09/02 0700 - 09/03 0659		09/03 0700 - 09/04 0			
2 hrs:	03-05	05-07	07-09	09-11	11-13	13
<input checked="" type="checkbox"/> Critical Value						
Time Lab Notified Nurse			0640			
Critical Test Result			Yes			
Provider Called/Paged			Yes			
Time Provider Called/Paged			0645			
Provider Name			Martin			
<input checked="" type="checkbox"/> Lab Critical Value						
WBC, Neutrophil Absolut...			0.45			

Thank you to everyone who keeps patients safe with this NPSG goal. Call Patient Safety & Risk with any questions related to this Patient Safety Goal or others, or call ext. 21780 for more information.



The Infection Connection **Infection Prevention in Schools**

School is an essential part of every child's life. But along with homework, tests and recess comes exposure to germs shared among classmates. With that in mind, we have collected these helpful tips to prevent children from becoming ill and bringing loads of germs home with their book bags and lunch boxes. Practicing a few simple routines can make a difference and keep children well and in class.

Infection prevention in schools involves several key components. Chief among the preventive steps are appropriate vaccinations for children, personal activities to reduce the risk of exposure and environmental sanitation. Vaccinations can be addressed by your local primary care physician, pediatrician or health department.

Personal health activities include:

- **Hand hygiene:** Clean hands with soap and water for at least 15 seconds, being sure to scrub all surfaces and under the fingernails. A more convenient option that can be tossed in every book bag is waterless hand sanitizer. Use a small handful, cover all surfaces and rub hands until dry. Children should clean hands frequently throughout the day, but most importantly after using the bathroom, before eating and after school
- **Respiratory etiquette:** Respiratory etiquette simply means containing coughs and sneezes. Cover coughs and sneezes with tissues if available, or cough/sneeze into the elbow. This prevents hands from becoming heavily contaminated. Instruct children to clean their hands after coughing and sneezing and to throw used tissues in the trash
- **Keep hands away from face:** Because hands come into contact with germs throughout the day, keeping hands away from the face decreases the risk of transferring germs to the eyes, nose or mouth. Hand hygiene is the best way to prevent infections, but limiting hand-to-face contact also improves the chance of staying well
- **Don't share personal items:** Although we encourage our kids to share, it's not a good idea to share personal items like combs, brushes, hats, razors and towels, as germs can spread that way. Teach children that these items are for their use only
- **Environmental sanitation:** Every school must have cleaning policies appropriate to the different areas. Disinfectants must be used according to the manufacturer's directions and attention must be paid to frequently touched surfaces

Teaching kids these helpful prevention tools may help them stay well, learn more and stay in class.


References:

APIC: PreventInfection.org
StopGerms.org

Nursing Informatics **The '09 Upgrade Begins**

The '09 EPIC upgrade began Dec. 4 with Documentation Completion Report, Blood Administration Flowsheet, CRRT Flowsheet for ICUs, the Worklist for pain reassessment and some other enhancements.

The e-learning's are available for review in LMS if you have any questions and you can continue to practice in the "playground." For the first two weeks of go-live, you will see staff with red shirts roaming the hospital. Please ask them for help at any time. You can also call the help desk at ext. 25999. They will either answer your question or send someone to help you.



Listening is one of the most effective ways to diffuse a patient's anger.

UAP Exclusive

Communicating with an Angry Patient

Approximately 2 million American workers are victims of workplace violence each year. Workplace violence can strike anywhere and no one is immune. Some workers run an increased risk, including health care and social service workers. Being able to communicate effectively with an angry patient is the first and most important step to a peaceful and safe outcome.

Upon encountering an angry patient, we must remain calm, aware and respectful. It is important that we not react to the patient's comments and behaviors by becoming angry ourselves. If we become angry, there will be no one there to help. Practice active listening by hearing what the patient is saying, feeling the emotion behind the words and seeing the message being sent in the patient's body language. Remember, we have all fallen prey to our own anger and said and done things we later regretted. Remain respectful by looking past the patient's comments and behaviors and seeing the person of worth and in need of help.

Simple listening, acknowledgement, agreeing and apologizing are effective de-escalation techniques.

Simple Listening

- Sometimes all that is needed is to allow the angry person to vent all their anger and frustration to someone who is actually attentive to what they are saying. Do not attempt to say anything. Just listen attentively, nod your head and give encouragers such as "yes," "I see," or "go on." When a person is attempting to get attention with their anger, often all you need to do is listen until their anger is spent. At that point you may ask a simple question such as, "how can I help you?"

Acknowledgement

- Acknowledgement occurs when you can legitimately understand the person's angry emotion. You can then honestly respond with, "I can see how something like that could cause you some anger." The tone of your voice is critical in this circumstance. Use a calming and respectful tone of voice designed to help the person let go of their angry emotion. Acknowledgement confirms the legitimacy of the emotion, but not the behavior. You want the person to realize that being angry is not the problem. The problem is the way he or she is choosing to act out those angry feelings

Apologizing

- I am not talking about apologizing for an imaginary wrong. I am talking about apologizing for anything in the situation that you believe was unjust. It's simply a statement acknowledging that something occurred that wasn't right. This is not taking responsibility for something that wasn't your fault, but rather, "that is not something we want to have happen here at Parkland and I apologize on behalf of the hospital"

Agreeing

- There is always some degree of truth in every patient complaint. When attempting to diffuse someone's anger, it is important to identify that element of truth and agree with it. When you agree with the element of truth in the angry person's tirade, you take away the resistance and consequently eliminate the fuel for the fire

For training information available on this subject, contact Gary Quinten at ext. 20859 or by e-mailing gary.quinten@phhs.org.

Safety Stop

BioHazard Symbol – Don't Get Complacent

In accordance with Parkland Infection Prevention Policy IC 2-20, OSHA 29 CFR 1910.145(e)(1) and 1910.1030(g)(i)(A), the biological hazard warning should be used to signify the actual or potential presence of a biohazard and to identify equipment, containers, rooms, materials, experimental animals or combinations thereof, which contain or are contaminated with viable hazardous agents. For the purpose of this paragraph the term "biological hazard" or "biohazard" includes only those infectious agents presenting a risk or potential risk to the well-being of man.

The symbol design should be a fluorescent orange or orange-red color. Background color is optional as long as there is sufficient contrast for the symbol to be clearly defined. Appropriate wording may be used in association with the symbol to indicate the nature or identity of the hazard, name of individual responsible for its control, precautionary information, etc., but never should this information be superimposed on the symbol.

Red bags or red containers may be substituted for labels. Red bags are to alert staff of the biohazard. Do not use biohazard bags for regular trash or storage and under no circumstances should this bag be used for materials other than biohazardous items. The bags should be used for:

- Blood/body fluids that are pooled, puddled, caked or flaked or ooze under pressure
- Infectious tissues/cultures

Protect Yourself – Personal protective equipment requirements can be found at OSHA 1910.1030(d)(3) (i). Parkland's employee training program for working with biohazards can be found at Parkland Infection Prevention Policy IC 2-20. For more information, visit <http://www.osha.gov>, standard 1910.1030 or <http://intranet.pmh.org/home/PP-index/Infection/lc220.pdf>.

March to Magnet Status

Magnet Status: What's It All About?

By Janet Sumner, senior pediatric nurse practitioner

As a nurse at Parkland for many years, I have heard a lot of the "buzz" about magnet status. As the new chair of the Nurse Practice Council (NPC) for this year, I decided I needed to know a little more about the designation. Magnet designation is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the quality of their nursing. According to the Center for Nursing Advocacy, a magnet hospital is one where nursing delivers excellent patient outcomes, has a high level of job satisfaction and a low staff nurse turnover rate. Nurses are involved in decision making related to patient care delivery. Nursing managers value staff nurses, encouraging and supporting their involvement with the advancement of nursing practice through both evidence-based practice and nursing research.

Where does Parkland stand in the March to Magnet?

The Magnet & Shared Governance department, headed by Venita Dasch, continues to develop tools that reflect our performance on nursing sensitive indicators. Nursing sensitive indicators are "measures and indicators that reflect the impact of nursing actions on outcomes" (American Nurses Association, 2004). These include items such as nosocomial infection rates, pressure ulcers and falls.

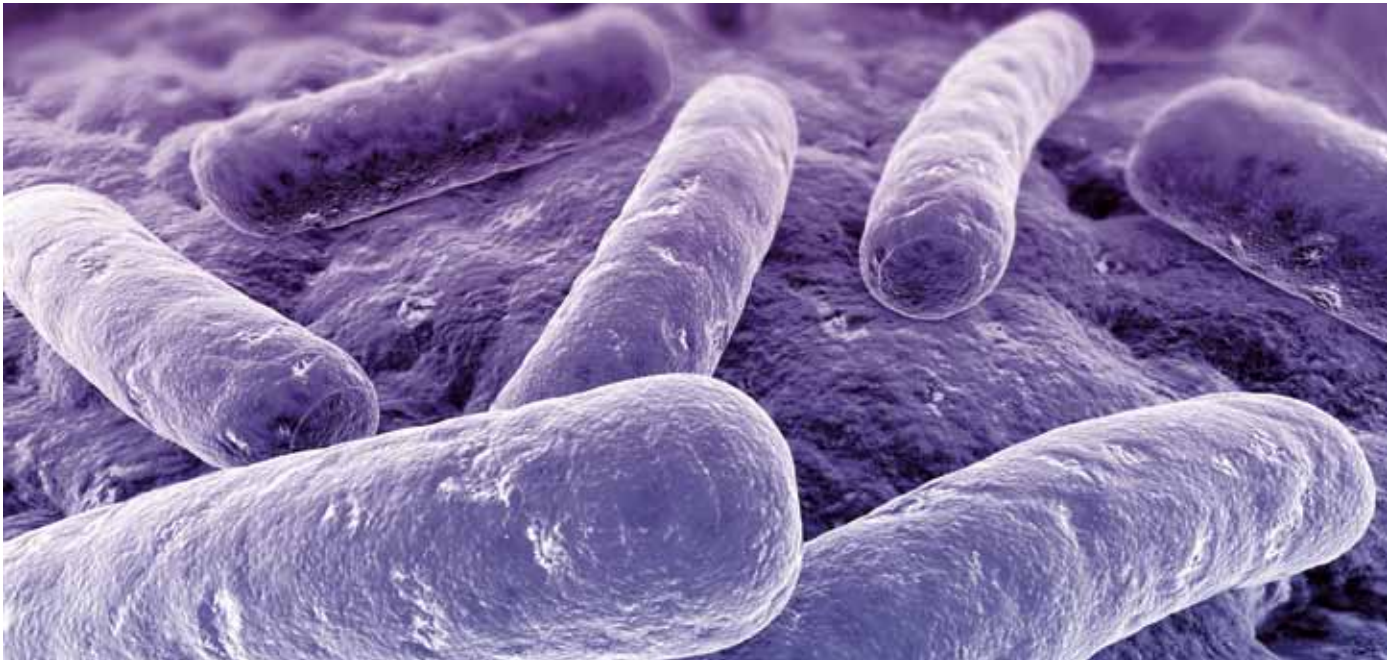
The Nurse Practice Council continues to identify global hospital issues related to nursing practice at Parkland. Front line nurses, nursing managers and other departments may send an item for NPC review. After review of the issue and discussion of its impact on nursing, recommendations for change are made to the appropriate department/personnel. One of our goals for this year is to improve communication between the council and nurses at Parkland. Soon, you will begin to see the "Nurse Practice Points," a short review of items from the Nurse Practice Council. The name of your area representative will be on the bottom of the sheet. Nurses can contact their representative or send an e-mail to NursePracticeCouncil@phhs.org when they identify a nursing issue for consideration by the council.

Topics discussed this month at NPC include: communication and information dissemination, pain assessment/reassessment; staffing effectiveness, hand off procedure and the Parkland documentation policy. The fall committee, restraint committee and best products committees met. A subgroup of the council met to discuss development of outpatient councils.

As chair of the Nurse Practice Council, I can be reached in the Nurse Practice Council office every Thursday and Friday at ext. 29005 or via e-mail at NursePracticeCouncil@phhs.org.



Do not use biohazard bags for regular trash or storage



Critical Care Vital Signs **Surviving Sepsis**

Sepsis is seen often during hospitalization and severe sepsis is the number one cause of death in the non-coronary intensive care unit. The mortality rate from sepsis is 30-60 percent.

The terminology related to the various components of sepsis may be confusing at times. The initial presentation of the patient begins with a systemic inflammatory response syndrome (SIRS). Two or more of the SIRS criteria must be present:

- Heart rate > 90 beats per minute
- Temperature < 36°C or > 38.3°C
- Respiratory rate > 20 breaths per minute or PaCO₂ < 32 mmHg
- WBC count ≥ 12,000/mm³ or ≤ 4,000 mm³ or a left shift in the immaturation of granulocytes (bands) > 10 percent

Sepsis is defined as SIRS plus a documented or suspected infection. Severe sepsis is defined as sepsis plus one indicator of tissue hypoperfusion. The indicators of tissue hypoperfusion are:

- Acute altered mental status
- Systolic BP < 90 mmHg or MAP < 70 mmHg or a SBP decrease of 40 mmHg
- Blood glucose > 140 mg/dL in patients without diabetes
- Arterial hypoxemia (PaO₂/FiO₂ <300)
- Acute oliguria (<0.5 ml/kg per hour for at least two hours)
- Creatinine increase > 0.5 mg/dL above baseline
- Coagulation abnormalities (INR > 1.5 or a PTT of > 60 secs)
- Ileus
- Thrombocytopenia (platelet count < 100,000 μL-1)
- Hyperbilirubinemia (plasma total bilirubin > 2mg/dL)
- Lactate > 2 mmol/L

So, how do we treat severe sepsis? Early recognition is key. Obtain serum lactate levels. Obtain blood cultures prior to the initiation of antibiotics, obtain cultures from "source" sites as well. Remove potential sources of infection. Maintain hemodynamics – MAP > 65 mmHg, CVP 8-12 mmHg; administer fluids, vasopressors may be added if no response to fluids. Maintain blood glucose levels at <150 mg/dL. Consider administration of human recombinant activated protein C (drotrecogin alfa activated).

The progression of sepsis from SIRS to severe sepsis and septic shock may occur very rapidly. Treatment should be initiated immediately in order to stop the progression and maximize the patient outcome. It is anticipated that the incidence of severe sepsis will double over the next 25-30 years. You play a crucial role in the early recognition of sepsis.

Reference:

AACN Practice Alert. Severe Sepsis: Initial Recognition and Resuscitation. 4.2010

Clinical Staff Services

CPR: Is it time to renew?

There are often questions when it is time to renew your CPR certification. The most common questions are answered here to help you through the renewal process.

Which CPR class is required for my job role?

The easiest way to learn this information is to go to Parkland Intranet>Departments>Compensation>Job Codes & Titles (you will need to find your job code)>Job Descriptions. This gives a list of requirements for each job code, including which type of CPR is required.

How do I register for a CPR class?

In order to register for a class, go to Parkland Intranet>Parkland's Virtual Campus (under Spotlight)>Log-in>Learning Activities>Events Calendar and type "CPR" in "Title Contains" box. Select the CPR class that is right for you and click "Register," then click "Submit."

Which class is right for you?

There are three different CPR classes that you can register for through Parkland's Virtual Campus. Here is a brief synopsis of each:

HeartSaver CPR: (Listed as CSS Program: HeartSaver CPR)

This course offers basic training in CPR and AED use. It is required for most Parkland employees that are not directly responsible for bedside care of hospitalized patients, but have frequent contact with patients and families. For example, some job roles that require HeartSaver certification are:

- Patient Care Assistants
- Aides
- Police Department
- Medical Assistants
- Phlebotomists
- Pharmacists
- Health Unit Coordinators
- Most Technicians

Healthcare Provider Basic Life Support (BLS) – original, renewal or online:

These are listed on Parkland's Virtual Campus as "CSS Program: CPR Healthcare Provider Original," "CSS Program: BLS Basic CPR Renewal-Classroom & Skills Lab," and "CSS Program: BLS Basic CPR Renewal-Skills Check-off for people who have passed online testing."

Healthcare Provider BLS is for employees who are involved in direct patient bedside care. This course includes information that is pertinent to bedside care, such as bag/mask ventilation and advanced airways.

Healthcare Provider BLS is required for the following:

- Providers (MD and NP)
- Nurses
- Sonographers
- Physician Assistants
- Paramedics
- Nursing students
- Respiratory Therapists
- Program and Educational Coordinators

Online Healthcare Provider BLS (Original or Renewal):

This course is for health care providers seeking an initial or renewal BLS for Healthcare Provider Course Certification. This online program teaches the cognitive portion (Part 1) of BLS for Healthcare Providers through a series of self-paced online modules. This can be completed in one to two hours. After course completion, you will need to print out your completion certificate and have your skills validated separately by a certified American Heart Association (AHA) instructor. Skill check-offs are offered three times each month through Parkland and are listed on Parkland's Virtual Campus as: "CSS Program: BLS Basic CPR Renewal-Skills Check-off for people who have passed on-line testing." If you are interested in utilizing the online course, please see the information below concerning access and pricing.

Parkland is an AHA Training Center, and we only accept online course certificates from AHA. There is a charge of \$17.50 for the online HCP (Part 1) course through the AHA website. This is available to anyone who would like to complete the online course (original or renewal). The AHA website is: www.onlineaha.org. Parkland Clinical Staff Services (CSS) has purchased a limited number of key codes for Parkland employees. These key codes allow the user to access the AHA online CPR course without payment. Any Parkland employee may purchase a key code from CSS for a discounted price of \$15.50.

You may receive a free key code from CSS if you meet certain requirements. Faculty that is employed through UTSW must pay for a key code or complete the class at UTSW. You must be a Parkland Employee who has taken CPR through Parkland previously, and is one of the following:

- Nurse who has one of the following advanced certifications:
 - ACLS/PALS/NRP
- Advanced Practice Nurse (NP)
- Parkland Physician (MD)
- Resident/House staff (MD)
- Physician Assistant (PA)

Faculty that is employed through UTSW must pay for a key code or complete the class at UTSW.

In order to purchase or register for an online CPR key code, please call Clinical Staff Services at ext. 28535. If you have any questions concerning CPR, please e-mail Valerie Barkhouse at Valerie.Barkhouse@phhs.org.





“An ounce of prevention is worth a pound of cure.”

–Benjamin Franklin

The WISH List **Preventing Infant Abduction**

All Parkland employees need to be aware of the Code Pink emergency response in the Emergency Management Manual and be prepared to respond to an infant abduction. Quick, coordinated action is necessary when an infant or child is reported missing. In many circumstances where infant abduction is attempted, the abductor impersonates hospital personnel and states they are taking the baby for a test or takes the baby while the mother is in the shower or asleep. Experts have identified three key steps in the prevention of infant abduction:

- Educating staff
- Educating mothers
- Access control

At Parkland, newborns and mothers have identically numbered wristbands. Doors to the stairwells on the third and fourth floors will sound an alarm if opened without an access card issued to the appropriate Parkland staff. Employees who are allowed to transport newborns wear easily visible pink and blue badges.

Staff is encouraged to refer to procedure 40-02RP.11 in the Emergency Management Manual on the Parkland Intranet to keep updated on what to do in case a Code Pink occurs. Employees should be aware and assertive when conspicuous behavior is observed, and stop anyone transporting a newborn without the proper identification. It is also important for WISH staff to teach mothers-to-be on admission and reinforce teaching of new moms throughout their stay not to release their babies to anyone without a pink and blue badge.

Be prepared and help prevent infant abduction in our facility.