

Clinical Care Connection



Parkland

Connecting Parkland's clinical staff with the latest information and patient care updates SEPTEMBER 2009

Skill Re-credentialing is here again

Parkland is obligated to ensure that the nursing staff, licensed and unlicensed, is competent to provide care to our patients. However, it is the responsibility of each staff member to participate in the process to ensure that his/her competency is documented. The process that we have historically called "skill re-credentialing" is referred to in the literature as competency validation, so you will hear the terms used interchangeably. We are continually trying to improve the process of skill re-credentialing for nurses, PCAs, MAs, some specialty techs and paramedics at Parkland. Each year a set of skills is identified that will be "checked-off" during this process.

How is the skill set identified? Some of the criteria used is defined by professional organizations and regulatory agencies and include: high risk/low volume; time sensitive, meaning you don't have time to look it up; problematic as indicated by patient safety reports, internal and external; quality indicators and ongoing skill assessment. Nurse Educators monitor for problems related to specific skills throughout the year, communicate with risk and quality staff and seek input from management to compile a list. We have recently been able to tailor this list somewhat to individual areas, keeping in mind that it is often necessary to have a group of core skills for like units.

Once the skills are identified, the nurse educators develop checklists for each skill so that the competency validation is consistent for each person being evaluated. Several years ago, skill re-credentialing was only done in the skills lab over a structured nine-day time frame. The nurse educators checked off each person in a simulated situation. Over the past few years, we have tried to bring this back to the clinical environment more and more so that you assess competency in the environment where the staff usually performs that skill.

We recognize that this isn't always possible, so we will combine simulation in the clinical units when necessary to make it practical to observe everyone performing the designated skills. We have also lengthened the time frame from just a few days to several weeks in order to provide an opportunity for as many staff as possible to perform the skill in a live situation. Nursing Education will also still have a skills lab session in November to complete the competency validation process for those who were unable to participate on the units. We expect to have very few staff left at this time though, because we should be able to validate competency on the vast majority of skills in the clinical environment.



It will be your individual responsibility to seek opportunities to get each skill checked-off.

In this issue

- 2 Assessment and Documentation in the Labor & Delivery Setting
The Benefits of Turning Patients
- 3 Parkland Skin Regimens
Continual Readiness
- 4 Don't get stuck
- 5 Care Management Corner

Patient education materials through EPIC
- 6 Skin Care
Sadness vs. Depression
- 7 Care Pathways
Catch of the Quarter
- 8 Improving the Community HUC hub
- 9 Performance Improvement
Quality Fair
Environment of Care
- 10 Transfusion Services
- 11 P&T Committee Meeting
- 12 Pathology-COPC locations

(continue to page 2)

(continued from page 1)

Another change that we hope will make this easier is that select staff will also be able to validate competencies on the units, not just the nurse educators. The managers are designating staff to participate as "competency validators" so that once they are checked-off, they can check-off other nurses, PCAs, MAs, techs and paramedics in the clinical environment. The nurse educators will start this process by validating competency on each other, then checking off the unit selected "competency validators." The names of these unit competency validators will be posted on your units along with names and pager numbers of nurse educators who will continue to participate in the competency validation until it is complete.

Each nurse/PCA/MA/tech/paramedic who needs to check off on a set of skills will receive a packet with the checklists attached. It is your responsibility to seek opportunities to get each skill checked-off by a nurse educator or a unit "competency validator." When finished, turn the completed packet in to your nurse educator. Nursing Education staff will enter the completion in to the Learning Management System (LMS) so managers can track completion of their staff. One hundred percent compliance is required. Failure to complete this process no later than the skills lab sessions in November will result in disciplinary action as outlined in HR procedure 6000-700. Instructions will be included in the packet to help you complete this process in a timely manner. Please call your nurse educator if you have questions.

The WISH List

Assessment and Documentation in the Labor & Delivery Setting

omit [oh-mit]

1. To fail to include or mention; leave out: omit a word.
2. a. To pass over; neglect. b. To desist or fail in doing; forbear.

Patient assessments are ongoing and typically performed more frequently than documented. Nursing documentation establishes the patient's condition and reflects awareness and attention to findings that are or have the potential to become significant.

While assessments such as the fetal heart rate interpretation are documented frequently, other assessments may not be as dynamic and therefore may be documented "by exception" (once per shift and then only if changes occur).

THE FOLLOWING ARE EXAMPLES:

- Status of the IV site(s)
- Amniotic fluid (if ruptured)
- Foley catheter: urine appearance
- Mode for FHR, contractions and BP assessment

These examples are frequently omitted in Labor & Delivery nursing documentation after shift changes. Omissions presume a lack of care - that the oncoming nurse either did not do the assessment or did not think the assessment was significant or potentially significant.

Important Point: Remember to document a comprehensive assessment that includes all relevant data at the beginning of each shift.

Notes from Nursing Administration

Turn, Turn, Turn: The Many Benefits of Turning our Patients

Focus: Patients with Respiratory Compromise

In "A Holistic Approach to Turning Patients" Susan Hawkins recounts the story of a patient with a recent cerebral vascular event left lying on her back for 72 hours. When the physiotherapist approached the nursing staff about the reason, the nursing staff said that the patient didn't need turning because she was on an airflow mattress. In essence, the nursing staff anticipated the potential risk of pressure ulcer development and took steps to protect the patient, but had not anticipated other possible complications. This conversation sparked significant debate on the nursing unit about the value of turning patients.

Last month we reviewed the value of turning neurological patients and this month we're going to review the value to the patient with respiratory compromise. Pulmonary infection is a major cause of sepsis specific to pressure ulcer development. The resulting increase in systemic oxygen requirements make the skin more susceptible to pressure ulcer development. Regular turning also improves pulmonary function and patient outcomes as follows:

- Reduces pulmonary infection and sepsis
- Enhances oxygen transport due to improved ventilation and perfusion
- Redistributes and mobilizes mucus and interstitial fluid from dependent lung areas which decreases atelectasis
- Decreases adult respiratory distress syndrome (ARDS) following trauma
- For patients with ARDS, placing the patient in a prone position improves aeration of affected lung tissue and hypoxia

The reliance on pressure-relieving mattresses is an excellent addition to pressure ulcer management, but as we're seeing from this series of articles, there are many reasons to turn patients. Next month we'll review the benefits to the musculoskeletal and vascular systems.

Reference:

Hawkins, Susan. An Holistic Approach to Turning Patients. Nursing Standard, October 6, volume 14, number 3, 1999, pp. 51-56. Gentilello, L et al (1988). Effect of a Rotating Bed on the Incidence of Pulmonary Complications in Critically Ill Patients. 16, 783. Dean, E, Ross, J (1992). Oxygen Transport: The Basis for Contemporary Cardiopulmonary Physical Therapy. Physical Therapy Practice 1, 4, 34-44. Collin, D et al (1996). Comparison of 90 degree and 30 degree Laterally Inclined Positions. Advances in Wound Care 9, 3, 35-38. Pape HC et al (1998). Is early Kinetic Positioning Beneficial for Pulmonary Function in Multiple Trauma Patients. Injury 29, 3, 219-225. Gattinoni, L et al (1991). Body Position Changes Redistribute Lung Computed Tomographic Density in Patients with ARDS. Anesthesiology 74, 15-23

Parkland Skin Regimens: Cleanse, Moisturize and Protect

The Institute of Healthcare Improvement has identified the management of moisture as one of the important elements in pressure ulcer prevention. For patients on medical-surgical units, the adult ICUs and 4W Gynecology Oncology the skin care products should be in your pyxis and ready to use. To select the correct skin care regimen, follow these simple guidelines.

REGIMEN 1: ROUTINE	REGIMEN 2: DRY SKIN	REGIMEN 3: INCREASED MOISTURE OR INCONTINENT	REGIMEN 4: WEEPY, DENUDED SKIN
For routine baths and shampoo for mobile patients Aloe Vesta Body Wash and Shampoo	For routine baths and shampoo for patients with dry, flaky skin Aloe Vesta Body Wash and Shampoo + Aloe Vesta Skin Conditioner	Bath, shampoo and cleansing of perineum for patients with or without redness or rash Aloe Vesta Body Wash and Shampoo + Aloe Vesta Protective Ointment	Baths, shampoos and cleansing of perineum for patients with weepy, denuded skin Aloe Vesta Cleansing Foam + Dry Wipes + Sensicare Protective Barrier Apply thick paste to provide a barrier. Remove paste by gently patting dry.

Regulatory Round Up **Continual Readiness**

What is Continual Readiness? It's a philosophy. It's a requirement. It's the new name for the Regulatory & Accreditation department at Parkland. This department is now a part of the Quality Management Division which also includes Performance Improvement, Patient Safety, Risk Management and Infection Control.

The core regulatory and accreditation functions of this group will continue, maintaining licensures, certifications and the like, and we will continue to provide clarifications on regulatory standards and will be ready to respond to the variety of inquiries about regulations and standards.

The approach to continual readiness for accreditation will change a bit as teams are formed to review the standards, make rounds on the units across the system and get a look, from the patient's experience, at how well we deliver health care services. You should be ready too. As a member of the Parkland team, you may be asked to participate in any one of these activities and we hope that the experience will be informative and fun.

We are excited about the changes and look forward to partnering with staff in all areas and roles to ensure that we have a hospital system that continues to provide quality care. Look for more information in coming days.

In the meantime, if you want to stop by and visit, the department has moved to the Performance Improvement offices in Building A. If you want to call, the Continual Readiness staff can be reached at these numbers:

STAFF MEMBER	OFFICE	PAGER:
Kristin Bilkey	214.590.1184	214.786.0410
Lisa Betterson	214.590.6776	214.786.0826
Vince Bader	214.590.0032	214.786.3741
Sonia Remonte	214.590.6899	214.786.1751

The Infection Connection

Don't get stuck

The most frequent type of injury among Parkland employees? You might answer falls, or perhaps back injuries. No. It's needlesticks.

Like most accidental injuries the circumstances are all over the map. However, there are definitely some recurring themes. Here are some examples of how the folks who got stuck described it in Occupational Health Services (OHS) follow-ups.



Needlesticks and other sharps-related injuries which expose workers to bloodborne pathogens continue to be a significant hazard for employees.

- "IV needle left by another nurse, safety mechanism appeared fully engaged, but was not"
- "Safety cap not over needle completely"
- "Patient became agitated"
- "Attempting to activate safety device, finger slipped"
- "An (unactivated) sharps had not cleared the sharps container"
- "Started PIV; thought needle was secure in safety device"

Besides being a scary and nasty injury, needlesticks can have serious consequences. Of the 81 needlesticks reported to OHS through June 30, 28 have resulted in exposure to Hepatitis C (17), HIV (7) and other bloodborne pathogens. Fortunately, none of these employees have developed an infection...so far. This is not always the case. Three Parkland employees have acquired Hepatitis C and one became HIV positive as a result of needlestick injuries. Many others have and will experience interrupted peace of mind, professional and personal lives as they await test results and endure the prophylaxis regimen.

Some of the more common circumstances involve lack of preparation, planning and focus during activities involving needles. Responsibility for yourself and others, or rather, the lack of it, is another frequent factor in injuries.

PREPARATION/PLANNING

- Assess the patient's ability to participate/cooperate. If it changes, change your plan and get help.
- Use only familiar safety devices for access and be as needleless as possible.
- Think about proper, safe disposal ahead of time. Where is the nearest disposal and is it safe or does it need changing?

FOCUS

- Many accidents can be avoided by not multi-tasking physically or mentally. Concentrate on what you're doing. Get help if needed or delay the procedure until you can do it safely.
- Be deliberate when activating the safety mechanism. Listen for the audible click of an IV catheter. Use a table or counter to engage the needle cover of a safety syringe.
- Always plan and have a designated area to temporarily place sharps before and after use (not on the patient's bed). It is best to dispose of sharps immediately.

RESPONSIBILITY

- Make yourself familiar with and use the safety devices available to you.
- Dispose of sharps immediately. Don't create a risk for others.
- Do not attempt to pass any sharp, before or after use, directly to the hands of another. Lay it down and allow the other person to pick it up for use or disposal.
- Observe sharps containers in your area and others. If a sharps container is $\frac{3}{4}$ full, get it replaced and engage the access door so it's locked. Sharps containers are considered unsafe when more than $\frac{3}{4}$ full. They are well marked to indicate this level.

Please practice needle safety and join with the Infection Control Department, Hospital Safety and OHS as we pursue the Environment of Care Committee's goal of reducing employee injuries. For more information see Parkland Infection Control Program Policies, especially IC 2-20, Exposure Control Plan.

All employee needlesticks (clean or dirty) must be reported as an injury. See the PSN on Employee Injuries: http://intranet.pmh.org/humanresources/Benefits/workers_comp.asp.

Care Management Corner

Please join us in congratulating Chris Camperson, Ph.D., LCSW. Dr. Camperson recently completed her doctorate degree in Social Work at the University of Texas at Arlington. The Ph.D. program in Social Work emphasizes the application of research methods and procedures to issues of importance to social work. The primary goal of the program is to provide students with an opportunity to contribute to the advancement of knowledge in the field and the profession in order to provide more effective and efficient services in social welfare.

Care Management is in the process of making improvements in the management of our patients including the use of the Milliman Care Guidelines to assist in the appropriate admission and placement of our patients. Simultaneously we will begin the Admit to Case Management Protocol to assist the admitting physicians with placing the patients in the appropriate level of care status.

Sherry Petrillo began her role as Parkland's new Director of Care Management on Monday, Aug. 31. She came to Parkland from the Methodist Health System where she was Medical Management Director for two hospitals, Methodist Dallas and Methodist Mansfield.

Patient Education Update

Patient education materials by ExitCare accessed through EPIC

Many units and clinics have gone live with EPIC and are able to access the ExitCare materials as described in the past two newsletters. If you have questions about your area, contact your area's Nursing Informatics Department representative.

THE IMPORTANCE OF TEACHING YOUR PATIENTS:

This period of change in obtaining patient education materials is prime time for a reminder about the importance of patient education. Let's take a look at what happens when patient education is done well:

- **Clinical outcomes improve:**
 - o Better adherence to the treatment plan, including medication regimen, results in fewer exacerbations and complications.
 - o More timely reporting of symptoms of illness, resulting in quicker treatment
 - o Better self-management of chronic illnesses
 - o Better self-care in preventive measures reduces risk for many diseases.
- **Quality of life improves:**
 - o Patients who perceive they are well taught to care for themselves feel empowered and this translates into better adherence to the treatment plan, and improved self-management. This is particularly true of patients with chronic illnesses.
- **Patient satisfaction improves:**
 - o Patients' satisfaction with their care largely depends on their relationship with the person providing their health care. When they believe the person has done a good job of teaching them what they need to know, their satisfaction levels are higher.
- **Health care costs go down**
 - o It follows that improved patient health reduces demands on the health care system. Fewer hospitalizations, fewer ER visits, fewer health care provider and clinic visits result in fewer health care dollars spent.
 - o Prevention and early intervention keep patients healthier, and stop minor health issues from requiring more major treatment.
 - o Patients with chronic illnesses, who are empowered and self-managing their conditions successfully as the result of being taught well, require less intervention from the health care system.

With such important benefits to be had, doing a good job of teaching your patients is clearly a priority. Research shows that not only does patient satisfaction improve when patient education is well done, but health care provider satisfaction also rises. This may reflect an innate understanding that patient education is patient advocacy at its finest. So make your patients and yourself happier – teach well so your patients can live as healthily as possible.

Patients who feel they are well taught to care for themselves feel empowered and tend to better adhere to their treatment plan.

UAP Exclusive Skin Care

Pressure ulcers should never develop on a patient if they are given a thorough assessment and diligent nursing care. The six components are performing a head-to-toe skin assessment, inspecting the patient on a daily basis for skin breakdown, managing moisture or wetness, optimizing nutrition and hydration, minimizing pressure and repositioning the patient frequently.

Pressure ulcers are commonly caused by pressure, friction and shearing of areas of the skin. Areas of the body that are more prone to pressure ulcers are the heels, hips, elbows and back. A four-step staging system is used to grade the severity of the ulcer. Stage one pressure ulcers usually exhibit redness without blanching in the area. The area needs to either be elevated with a pillow or pressure removed so that normal circulation may resume in that area. Stage two ulcers result in the first layer of skin being broken or blisters. Stage three ulcers have proceeded through the first layer of skin and stage four results in tissue loss with tendons, muscle or bone exposure.



Prevention is the key. Skin care products should be used for all patients.* The green-labeled bottles Parkland stocks are used to cleanse, moisturize and protect the skin. Remember – Green is routine. If the bottle has a blue label then it should be used for a stage two or higher pressure ulcer – Blue – ooh bad bottom. Other items that may be ordered are specialty beds and mattresses such as the first step mattress.

Don't forget to turn your patient every two hours and use pillows for elevation to alleviate pressure on vulnerable sites.

*Refer to skin regimens on p. 3 for more information.

A pressure ulcer is an area of skin that breaks down when you stay in one position for too long without shifting your weight.

Med Surg Memos

Sadness vs. Depression – When to Treat?

Most people experience episodes of sadness for short periods of time. There may even be days of hopelessness. When is it time to seek professional help?

Sadness is fleeting; it goes away. Depression lasts. It's more than a feeling – it's a chronic state.

SYMPTOMS OF DEPRESSION INCLUDE:

- Trouble sleeping or excessive sleeping
- A dramatic change in appetite, often with weight gain or loss
- Fatigue and lack of energy
- Feelings of worthlessness, self-hate and inappropriate guilt
- Extreme difficulty concentrating
- Agitation, restlessness and irritability
- Inactivity and withdrawal from usual activities
- Feelings of hopelessness and helplessness
- Recurring thoughts of death or suicide

If you are depressed for two weeks or longer, you should contact your doctor, who can offer treatment options. The following self-care steps might also help:

- Get enough sleep.
- Follow a healthy, nutritious diet.
- Exercise regularly.
- Avoid alcohol, marijuana and other recreational drugs.
- Get involved in activities that make you happy, even if you don't feel like it.
- Spend time with family and friends.
- Try talking to clergy or spiritual advisors who may help give meaning to painful experiences.

If your depression occurs in the fall or winter months, try light therapy using a special lamp that mimics the sun.

Counseling may help you through times of grief, stress or low mood. If you feel socially isolated or lonely, try volunteering or getting involved in group activities.

If thoughts of suicide occur, call your doctor/911/suicide hotline immediately. Tell a friend, a family member, co-worker or member of your clergy. Get immediate help. Suicide is a permanent solution to a temporary problem.

Outpatient Observations Care Pathways

Continuity of care can be grouped in four categories: time flow, coordination flow, caring relationship flow and information flow. Researchers in Finland reported a study of continuity of care for the ambulatory surgical critical pathway, with the goal of improving nursing care, by describing patient perceptions of important steps in the process.

Time Flow: patients expressed dissatisfaction with delays and scheduling. They wanted a clear outline of progress through stages of their preparation, treatment and follow-up. They wanted someone to contact after the treatment.

Coordination Flow: ability to influence the flow of the pathway, especially after surgery, and to know the steps which were important. One patient described the continuity thus: "If I hadn't been active myself, I guess I wouldn't have had the treatment at all." They felt safer when treated in the same environment, with fewer staff members. The continuity of care was not affected if information flowed smoothly between several locations.

Caring Relationship Flow: patients wanted to feel safe and have individual attention. "There were far too many health professionals. I had to tell my story over and over again."

Information Flow: Patients wanted information about the procedure, some self-initiated and some from the professionals, also about how long it would take to recover. Day surgery did not mean they would recover completely that day, or that they would be able to return home that day. Patients wanted to meet the surgeon before and after the operation and have more information about suture removal and healing.

This study indicates that we should think of the patient's autonomy in planning their care pathways with careful, accurate instructions given at every stage and timely communication between the staff. Delays increase anxiety and frustration with the system and will allow the disease and complications to progress. We need to remember their need for contact with care providers after treatment.

Reference: Renholm et al. Continuity of Care in Ambulatory Surgery Critical Pathways: The Patients' Perceptions MEDSURG Nursing-May/June 2009 Vol. 18/No.3



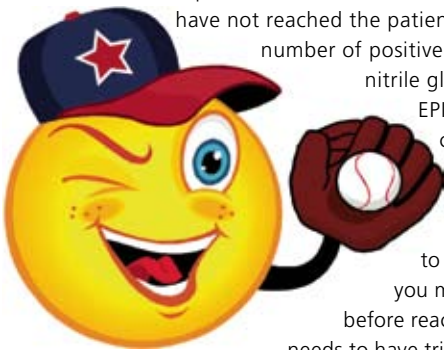
Patient perception of care flow can allow a patient's disease and complications to progress.

Good Catch Update Catch of the Quarter

Have you heard about the Good Catch Program? Several units have been participating in this friendly competition with a baseball theme by identifying and reporting patient safety issues that have not reached the patient (caught before they did). This program has resulted in a number of positive changes such as: CPICU's automatic front doors, change of nitrile glove brand, modification of ultrasound orders available in EPIC and soon emergency responders and those transporting critical patients will have the ability to call for an elevator without waiting.

Have you felt left out of the action? No longer. Patient Safety & Risk is giving all Parkland employees the opportunity to be recognized for the Catch of the Quarter. To be eligible you must enter a PSN about a patient safety issue that you found before reaching the patient and then do something about it. This catch needs to have triggered a significant process improvement. It can be a high risk process in your area or a lower risk process that applies hospital-wide. Recognition will be awarded for the Summer, Fall, Winter and Spring quarters.

We know you find unsafe situations and prevent patient harm every day in order to maintain a safe environment for our patients. Start telling us about them. Let's share our success stories.





Irving Health Center

Improving the Community One Patient at a Time

The staff of Community Oriented Primary Care (COPC) is committed to improving the well-being of individuals, families and communities by implementing best practices for health prevention and screenings. By focusing on prevention, we can have a major impact in the overall health of the community by improving the health of each individual patient we treat on a daily basis. Our quality goals for the clinical teams include assessment for cancer screenings, immunizations, tobacco use and depression. In addition, nurses and providers educate patients during every clinical visit in order to encourage better health outcomes.

Preventive screenings are an important part of health promotion efforts. Often, the earlier a disease is diagnosed, the more likely it is that it can be cured or successfully managed.

With the electronic medical record, the clinical team is able to review health maintenance snapshots for every patient during their visit. Also, alerts prompt providers to educate and perform preventive screenings and tests. If additional resources are needed, COPC offers supportive classes such as diabetes management and smoking cessation.

Ongoing preventive health maintenance is a primary focus for COPC providers and nurses. Keeping patients and families healthy will decrease chronic disease, ER visits, hospitalizations and ultimately dollars spent on health care resources. Our efforts to involve our patients in their health care needs are imperative. Therefore, COPC continues to keep our community healthy one patient at a time.



The Health Unit Coordinators attended a conference to improve work flow, leadership and unit coordination.

HUC Hub

Last month, Nurse Educators for the Health Unit Coordinators at Parkland, Lisa Payne, Tanoa Ribecky and Paula Culberson attended the National Association of Health Unit Coordinators conference in Memphis, Tennessee. The educators met the president and regional representatives of NAHUC and spoke with HUCs and other educators from across the country. Sessions offered at this year's conference included "Attributes of a Servant Leader," "Professional Excellence," "Process Improvement," "Optimizing Coordination of Unit Operations," "Utilizing e-learning" and "Work and Life Resiliency."

According to their website, "NAHUC is dedicated to promoting health unit coordinating as a profession through education and certification." The NAHUC website address is www.nahuc.org. The website contains downloadable membership applications and information regarding contact hour opportunities for HUCs. NAHUC is also posted on Facebook which may be accessed from home.

"It was a wonderful opportunity. We met HUCs from several other states and listened to the struggles they face as their role transitions due to rapidly evolving computer technologies along with the challenges of continual professional development." Paula Culberson said.

"The pride these men and women feel about their profession was consistently communicated throughout the week," Lisa Payne added.

"Attending the conference has inspired me to encourage NAHUC membership among HUCs at this hospital which will hopefully lead to the attendance of Parkland HUCs at next year's conference," said Tanoa Ribecky.

Next year's conference will be held in Denver.

The Performance Improvement Quality Fair Is Coming

Over the past few years, departments across Parkland have made unprecedented commitments to quality and safety, with many demonstrating award-winning improvement projects.

- The Neonatal ICU increased Influenza vaccination compliance amongst patients, families and employees.
- 5 North improved pain management for post-operative patients.
- Parkland Police decreased the risks associated with workplace violence in our health care setting.

Join us for the Fifth annual Performance Improvement Quality Fair to showcase your outstanding achievement from 6 a.m. to 4 p.m., Wednesday, Sept. 16 in the MacGregor W. Day Auditorium

Visit the Performance Improvement Quality Fair information site located on the Parkland intranet for additional information and registration documents.

The Safety Stop

What Exactly Is The Environment of Care Anyway?

Many of us hear the term “environment of care” used frequently at Parkland, but do you really know what it is?

The Joint Commission Comprehensive Accreditation Manual for Healthcare (CAMH) describes the goal of the environment of care chapter as promoting a safe, functional and supportive environment within the hospital so that quality and safety are preserved. The environment of care is made up of three basic elements:

1. **Building** or space, including how it is arranged and special features that protect patients, visitors and staff
2. **Equipment** used to support patient care or to safely operate the building or space
3. **People**, including those who work within the hospital, patients and anyone else who enters the environment, all of whom have a role in minimizing risks.

Parkland stresses the importance of managing risks in the environment of care, which are different from the risks associated with the provision of care, treatment and services. Any hospital, regardless of its size or location, faces risks in the environment, including those associated with:

1. **Safety** - Risks in the physical environment, product recalls and smoking
2. **Security** - Risks in the physical environment, access to security sensitive areas, workplace violence, etc.
3. **Fire** - Risks from fire, smoke and other products of combustion; fire response plans; fire drills; management of fire detection, alarm and suppression equipment and systems; and measures to implement during construction or when the Life Safety Code® cannot be met
4. **Hazardous materials and waste** - Risks associated with hazardous chemicals, radioactive materials, hazardous energy sources, hazardous medications and hazardous gases and vapors
5. **Medical equipment** - Selection, testing and maintenance of medical equipment and contingencies when equipment fails
6. **Utility systems** - Inspection and testing of operating components, control of airborne contaminants and management of disruptions

The environment of care standards address the need to identify someone to manage environmental risks as well as to intervene when situations threaten people or property. At Parkland, Dr. Ron Anderson, president and chief executive officer, has assigned both responsibilities to the hospital Safety Officer, Dodd Day.

Parkland also has an Environment of Care Committee that meets periodically to help ensure a safe environment. Dr. Anderson has appointed Walter Jones, Senior Vice President of Facilities, as the Environment of Care Committee Chairman. The committee is comprised of a multidisciplinary group that includes both clinical and non-clinical leaders and experts.

All employees have a role in preserving the environment of care. When staff are educated about the elements of a safe environment, they are more likely to follow processes for identifying, reporting and taking action on environmental risks. Employees should be intimately familiar with all environment of care plans and policies. These documents are available via the Parkland intranet at <http://intranet.pmh.org/Home/PP-Index/eoc.asp>. The Parkland Environment of Care – our patients and employees are counting on you to protect it.

References:

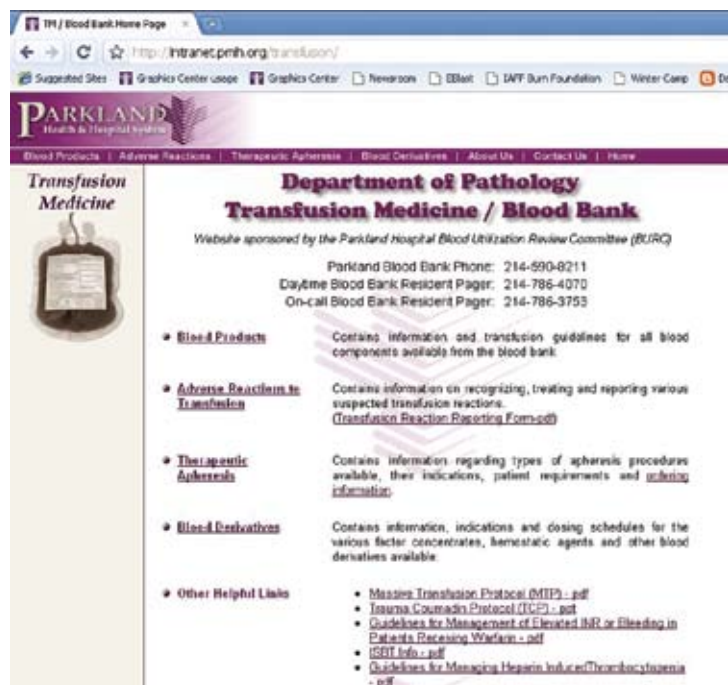
Spath, P.L. Brown-Spath & Associates. Evaluating the long-term impact of patient education. http://www.brownspace.com/original_articles/patienteducation.htm#send

All employees have a role in preserving the environment of care. When staff are educated about the elements of a safe environment, they are more likely to follow processes for identifying, reporting and taking action on environmental risks.

Critical Care Vital Signs Did you know?

Transfusion services has its own website which contains information and guidelines for all blood components available from the Blood Bank.

1. Transfusion Services has its own web site. Open Parkland's Intranet, click Department (top right), scroll to Transfusion Services. This site contains information and guidelines for all blood components available from the Blood Bank. Additionally, the site provides information on suspected reactions and reporting forms. The site also has helpful links, e.g. Massive Transfusion Protocol and Guidelines for Management of Elevated INR.
2. Pre-transfusion: always confirm that your patient has a patent 18g.IV catheter and a signed/witnessed Consent for Transfusion. Skipping these two steps has resulted in product wastage.
3. Whole Blood, Packed RBCs, Thawed Plasma and Thawed Cryoprecipitate should be started within 30 minutes of leaving the Blood Bank, or, once out of the cooler. These products cannot be at room temperature for more than four hours. Platelets, once thawed have a total shelf life of four hours. The Blood Bank does not store multiple units of pooled platelets. Thawed Plasma clotting factors begin deteriorating as soon as it is thawed. Reduce wastage by returning products once it is determined that they will not be used or unable to be given within four hours.
4. When checking blood/blood products use Closed Loop Communication: each person states the patient and the blood/blood product information out loud, back and forth to each other.
5. You will soon see a new Suspected Transfusion Reaction form. For any reaction: stop transfusion, flush IV with NS (to preserve IV) and contact the Blood Bank.
6. Do not forget to notify the Blood Bank when Massive Transfusion Protocol is stopped. Shipments continue to be made until MTP is canceled.



PARKLAND
Health & Hospital Systems

Department of Pathology
Transfusion Medicine / Blood Bank

Website sponsored by the Parkland Hospital Blood Utilization Review Committee (BURC)

Parkland Blood Bank Phone: 214-590-6211
Daytime Blood Bank Resident Pager: 214-786-4070
On-call Blood Bank Resident Pager: 214-786-3753

- **Blood Products** - Contains information and transfusion guidelines for all blood components available from the blood bank.
- **Adverse Reactions to Transfusion** - Contains information on recognizing, treating and reporting various suspected transfusion reactions. ([Transfusion Reaction Reporting Form.pdf](#))
- **Therapeutic Apheresis** - Contains information regarding types of apheresis procedures available, their indications, patient requirements and [ordering information](#).
- **Blood Derivatives** - Contains information, indications and dosing schedules for the various factor concentrates, hemostatic agents and other blood derivatives available.
- **Other Helpful Links**
 - [Massive Transfusion Protocol \(MTP\) - .pdf](#)
 - [Trauma Coagulation Protocol \(TCP\) - .pdf](#)
 - [Guidelines for Management of Elevated INR or Bleeding in Patients Receiving Warfarin - .pdf](#)
 - [ICST Info - .pdf](#)
 - [Guidelines for Managing Heparin Induced Thrombocytopenia - .pdf](#)



Pharmacy Forum
August P&T Committee Meeting

The P&T Committee has recently made the following decisions regarding the Formulary. The target date for implementation is Sept. 11.

Formulary changes are targeted for Sept. 11.

VISTARIL	Autoexchange Autoexchange to Hydroxyzine from Vistaril
CARDIO-THORACIC MEDICATION BOX	Cardio-thoracic Medication Box content changes Removal of 30 ml (30mg) vials of epinephrine and replacing with six vials of 1mg/ml epinephrine
MANNITOL 25%	Available in the OR pharmacy. Remind attending staff that all mannitol infusions should have an in line filter in place
ZOSTAVAX	Formulary Deletion
LEVETIRACETAM IMMEDIATE RELEASE ORAL	Removal of Formulary Restriction
MYCOPHENOLATE MOFETIL (CELLCEPT®)	Formulary Addition and Autoexchange *except liver transplant patients (do not autoexchange) Convert from Myfortic 180 mg Myfortic 360 mg Convert to Cellcept 250 mg Cellcept 500 mg
PIPERACILLIN/TAZOBACTAM (ZOSYN) EXTENDED INFUSION DOSING STRATEGY	Change in Dosing Change 3.375 – 4.5 grams every 4 to 6 hours over 30 minutes to 3.375 grams every 8 hours over 4 hours *educational information will be provided prior to implementation *date of implementation will be provided

Pathology has about 50 employees spread throughout Dallas County at 12 different sites and 19 different laboratories.

Laboratory Scope

Pathology-COPC – “Out and About”

Jennifer DeLong, MT(ASCP) - Assistant Lab Manager, Pathology-COPC

Not all of Pathology is located at 5201 Harry Hines. We have about 50 employees spread throughout Dallas County at 12 different sites and 19 different laboratories. We also provide support to the Youth & Family clinics, Jail Health and the HOMES program.

Pathology-COPC laboratory personnel collect patient specimens and perform various on-site rapid laboratory tests that help physicians and providers make timely treatment decisions.

Off-site clinics provide care from pediatrics to geriatrics. Many of the clinics also include specialties like obstetrics, family planning, gynecology, dysplasia and HIV. The laboratory staff at these sites is responsible for the correct collection of specimens in each of these unique populations as well as processing the specimens appropriately for the different tests that providers may order.

Each satellite laboratory is supervised by a Medical Technologist III that ensures proper protocols are followed in the laboratory as well as in the nursing units that perform point-of-care testing (fingerstick glucose, hemoglobin, etc.). Pathology employees provide training and competency assessment, act as liaisons for clinic staff at the main campus laboratory and ensure that they are ready for mandatory inspections that occur at least every two years. Some clinics also offer training for residency and student programs such as phlebotomy certification programs.

From Southeast Dallas to Vickery, Garland and Irving, Pathology-COPC employees contribute to Parkland’s range of patient care, providing support and Pathology information to providers and team members at off-site locations.

