Phelps Hospital Nursing News December 2018

Celebrations:

Kelly Roush, RN PACU, graduated from Excelsior College with her Bachelor of Science in Nursing -Magna Cum Laude!

Eden Simms, RN, CPAN (PACU) passed her Peri-Anesthesia Nursing Certification exam.

Christine Brody, RN, CPAN (PACU) passed her Peri-Anesthesia Nursing Certification exam.

Lisa Vaccaro, RN of the ICU passed her FNP certification. She graduated from The College of New Rochelle.

Educational Opportunities:

Evidence Based Practice Workshop: December 21st, 9a-1p in the Boardroom. **This is a requirement to move up to Level IV on the Clinical Ladder.** To register call: ext. 3696.

Everyday Bias for the Health Professions: December 20th, 10am-12n in the C-Level Classroom. To register: Search for Everyday Bias for the Health Professions in the HealthStream Catalog. 2 contact hours.

2019 Donor Nurse Champion Course: January 29th, 8am-4p.in NYC. 6.25 contact hours. To register: iLearn-search Organ donor Nurse Champion Course to self enroll.

Cardiac Nursing Conference: save the date. March 27, 2019 at North Hills Country Club.

CCRN Exam Review: January 29th and 30th at NYP. $425, to register: www.nyp.org/nursing/news/cme.

Medical-Surgical Exam Review: January 14th and 15th at NYP. $425, to register:www.nyp.org/nursing/news/cme.

Falls Statistics: Congratulations to the staff of the following units:
5 South had 59 days without a fall.
4 South had 100 days without a fall.

Preceptors:

Thank you very much to the following nurses who served as preceptors for local college nursing students during the Fall 2018 semester. The students were with the preceptors for an average of 100-150 hours.

Lisette Cervantes, ICU
Ailyn Evans, ICU
Candice Johnson, 5 North
Caryn LaMattina, MCH
Eileen Maher, 5 North
Roxanna McKenna, 5 North
Kristin Santoro, 2 Center
Jisha Thomas, 5 North
Lisa Vaccaro, ICU
Samantha Weldon, 5 North
Gail Wilson, 5 South

Magnet Moments:

Katherine Urgiles, a 2N/3N staff nurse and Co-chair for the units Shared Governance council attended the Denver Magnet conference in October 2018 with several other nurses.
Katherine is writing to share her experience and information learned. Several lectures attended illustrated programs similar to Phelps that exist or are in the development stages which will improve patient outcomes and satisfaction!!!

Meeting 1: Reducing unrecognized clinical deterioration: a watcher program

Situation/ Problem- Many patients in "Arkansas children hospital "were dying of sepsis. The organization began to revise their sepsis protocol for pediatric patients

PLAN:

•A watcher program was implemented for pediatric patients who were believed to be deteriorating. Pt would be placed on the program if VS were not WNL, labs not WNL and/or a change in LOC. RN's could also place patients in " the watcher program" if they just had that "feeling" fro experience that patient VS and labs were "WNL" but the patient's mental status was not at baseline …any of these leading to possible deterioration.
•Each pediatric unit was encourage to promote morning and afternoon rounds to the Hospitalist. Afternoon rounds was mainly for patients who were on the "watcher program" with the goal of reviewing who "could" deteriorate or who were septic but improving.
•Watcher patient charts were flagged. Outside the door patient had a "watcher flyer"
•The rapid response team aside from the hospitalist MD was mandated to round on patient daily.
•The watcher program helped MD's prioritize who required to be assessed first as a priority. Assisted all to focus and prioritize.
•Both MD and nurse computer systems would state "watcher" in red (similar to when a patient is on contact precautions and Medi-tech notifies us).

Outcome

•This intervention of the watcher program helped prevent patient deterioration

•There was a 75% reduction of emergency transfers (Rapid Response)

•75% less patients were transferred to ICU. These pediatric patients stayed on their unit and were discharged.

•Program assisted nurses feeling supported by MD's. MD's were able to focus/ prioritize on their rounds. Possible septic or actual septic patients were examined quickly by both hospitalist and rapid response team members.

•If RN had a "gut feeling "their patient had the beginning of deterioration they had the authority to place a patient on watcher program.

Here at Phelps

• There is a very successful Rapid response team in place with approximately 20 patients/month calls. 50-60% of the patients remain on their units. 85% are discharged.

• Our sepsis protocol which was recently revised is often a reason for an RRT call (low blood pressure, elevated HR, elevated RR, SOB).

For over 10 years staff have successfully assessed identified parameters of patient deterioration and call the Rapid Response Team.

Meeting 2: improve pain management with intra-professional collaboration

El Camino hospital (NICHE hospital)

Situation/ Problem- Staff focused their attention on their pain assessment tools. Their units were "lacking control "of pain assessment and reassessment process.

PLAN

•RN's were educated by pharmacist on pain medication options to request for their patients.

•Pharmacist would also come to the units and educate patients on specific pain medications and side effects.

•Certain medications would be highlighted within 60-90 min if given po and 45 mins if given IV to request the nurse to reassess the patient pain (we already do this in our meditech system for our patients)

*** reassessment is part of our meditech system… however this hospital did not have this feature in their computer system)

•The hospital also began to incorporate music therapy for pain management, pet therapy and massage therapy - these were complimentary treatments.

•RN's all received an info session on the complimentary TX offered and were given a small badge card with phone #'s to call if they wanted to use any for their patients.

Outcomes

•Patients pain was more controlled

•More RN's were reassessing patients pain medication response due to their computer system mandating them to re- assess the patients pain after specific minutes- hours.

•Patients requested more complimentary services and less pain medications

•With pharmacy being more involved in patient teaching patient press ganey scores relating to medications increased for the organization

•Patient's reported feeling more informed of their medications during their stay and their pains being well managed

Here at Phelps:

• Pain assessment/ reassessment process will be revised. Pain Committee reviewing comfort goals being replaced by functional goals such as "being able to perform ADL's with minimal pain" and RASS Tool to replace POSS scoring for opioid pain assessment as per the joint commission standards.

• Offer more alternatives to pain… in place of medication when possible.

Meeting #3: Aromatherapy for postoperative nausea and vomiting

Houston Methodist Hospital

Situation/ Problem- *The* PACU department and med surg department had a majority of patients report nausea and vomiting post op

•PACU RN's wanted to help decrease the use of medications used for n/v due to their side effects

•The medications identified were: metoclopramide, promethazine, prochlorperazine , ondansetron, dexamethasone, dimenhydrinate, scopolamine, aprepitant

PLAN:

•In order to reduce side effects from some of these medications RN's worked to implement specific aromas in the unit to help decrease post-surgery nausea and vomiting.

•The essential oils used were: peppermint, ginger, lavender, spearmint. They implemented the use of "Quease ease" (a soothing scent which contains all 4)

•Quease ease would be placed in an accessible area for the patient ex: hand pockets and encouraged to use when needed.

•These scents would be used upon the patient reporting nausea or vomiting. If ineffective a rescue medication would be used.

Outcome

•Out of 27 patient with mild nausea 15 reported total relief after aromatherapy and didn't require any rescue medications such as zofran, reglan ect.

•Only 12 received a rescue medication

•Over time fewer patients required rescue medications and patients who returned for another surgery were now requesting aromatherapy post-surgery

•Cost also became a factor: a pack of quease ease costs $5.51 per pod however zofran costs $16.70 and promethazine $30.14 and these medications all have side effects

The increased use of aromatherapy caused less patient to require more rescue medications increasing satisfaction and saving money overtime as well.

Here at Phelps:

• Phelps will soon be implementing aromatherapy on all units

•Dec 6, 2018 8 nurses attended a Northwell conference outlining aroma therapy and beginning a program. At Phelps aroma therapy will be used to help decrease pain, anxiety, and nausea.

• More information to come regarding this new service for our patients to be administered by our competent clinical nurses.

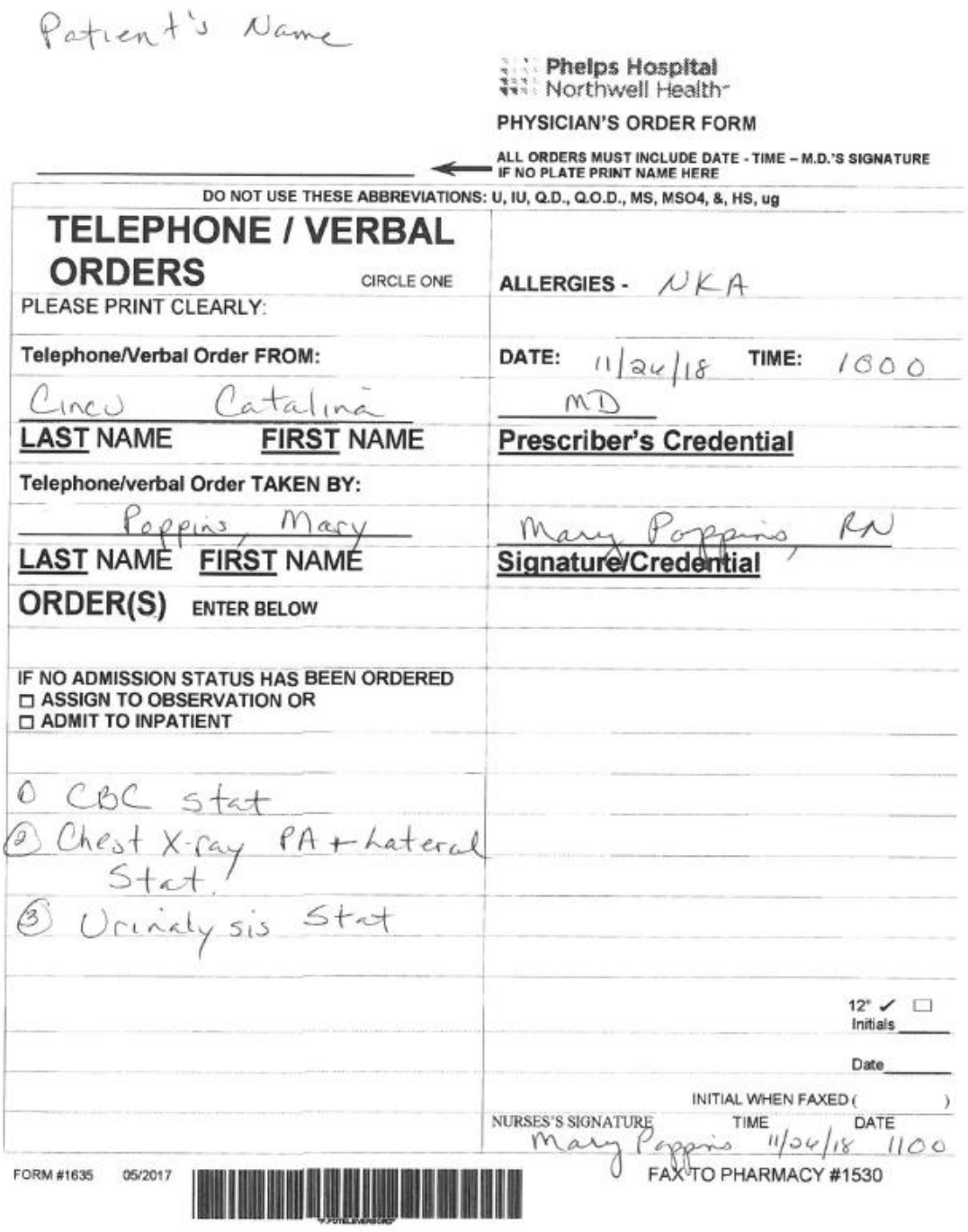
Reminder from Admitting:

When the Decision to Admit from the ED physician is different from the Hospitalist's Admission order we have to go by the hospitalist's order for Bed Reservation and Request.

Discrepancies in bed assignment and admission orders are causing additional work to correct the information and issues with insurance reimbursement. Please always check the hospitalist's admission order when assigning patient bed.

Medication Safety Issues:

Telephone Orders: Telephone Orders Must be recorded on the Telephone Orders order form that is obtained through NEPS. (Physician's Order-Telephone/Verbal Orders-1635). No unapproved abbreviations may be used when recording the telephone orders. The telephone orders must be faxed to the Pharmacy for medication orders or entered into Meditech for other types of orders such as lab, radiology, order to nursing, etc., using Telephone Order as the source. This is the only way that the providers are notified that there are orders that need their co-signature. (see example)



Patient's Name

Phelps Hospital
Northwell Health

PHYSICIAN'S ORDER FORM

ALL ORDERS MUST INCLUDE DATE - TIME – M.D.'S SIGNATURE
IF NO PLATE PRINT NAME HERE

DO NOT USE THESE ABBREVIATIONS: U, IU, Q.D., Q.O.D., MS, MSO4, &, HS, ug

TELEPHONE / VERBAL ORDERS CIRCLE ONE

PLEASE PRINT CLEARLY:

ALLERGIES - NKA

Telephone/Verbal Order FROM:

DATE: 11/24/18 TIME: 1000

Cinco Catalina — MD

LAST NAME FIRST NAME — Prescriber's Credential

Telephone/verbal Order TAKEN BY:

Poppins, Mary — Mary Poppins, RN

LAST NAME FIRST NAME — Signature/Credential

ORDER(S) ENTER BELOW

IF NO ADMISSION STATUS HAS BEEN ORDERED
☐ ASSIGN TO OBSERVATION OR
☐ ADMIT TO INPATIENT

1. CBC stat
2. Chest X-ray PA + lateral Stat.
3. Urinaly sis Stat

12* ✓ ☐
Initials
Date

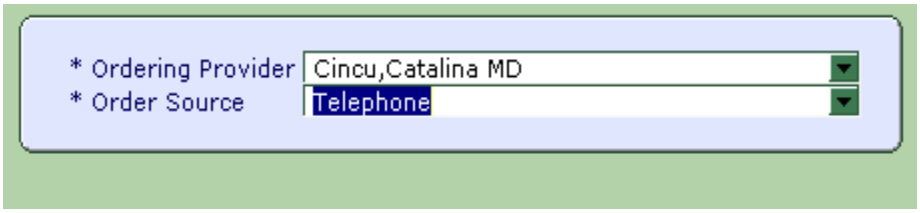
INITIAL WHEN FAXED ( )

NURSES'S SIGNATURE TIME DATE
Mary Poppins 11/24/18 1100

FORM #1635 05/2017

FAX TO PHARMACY #1530

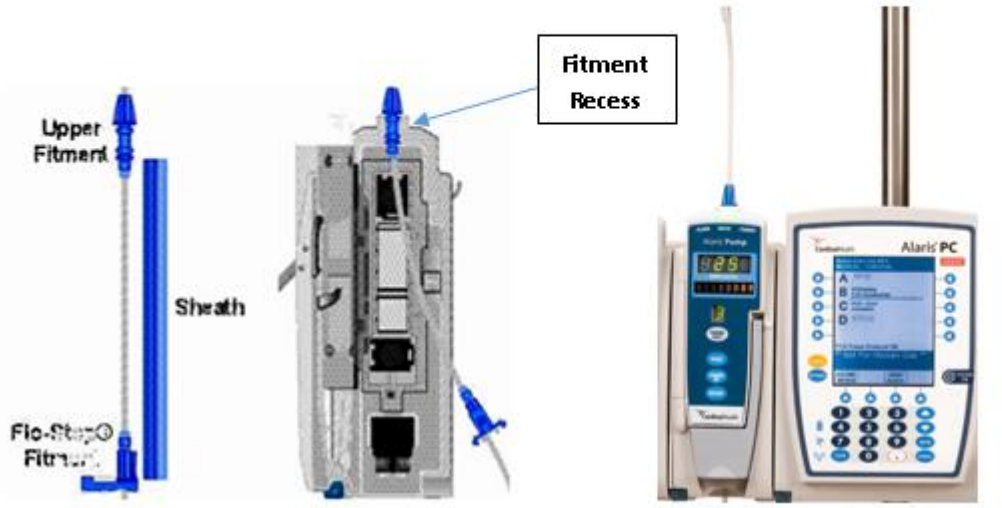
This is how the telephone orders would be entered into Meditech so that the provider would be notified to provide a co-signature.



9	CBC (LAB)	S	11/26/18	1111	New		*	
10	CXR (XR CHEST PA LAT 2 VIEWS (C)) ...	S	11/26/18	1111	New		*	
11	URINALYSIS WITH MICROSCOPIC (LAB)	S	11/26/18	1111	New		*	

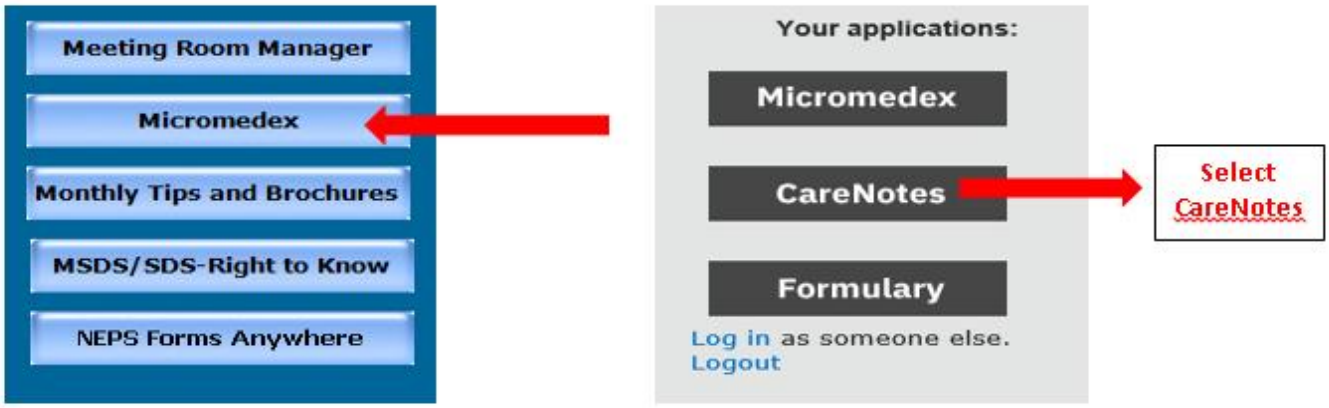
Reminder from Med Safety Committee:

When setting up IV transfusion **ensure proper placement of the fitment** into the fitment recess. When the upper fitment is not placed directly on the fitment recess, the sheath on the tubing gets stretched and **may result in infusion rate being inaccurate**.



Patient Education News:

The updated version of CareNotes is available at Phelps. It can be accessed on the Phelps Intranet under the **Microdemex Tab**. The latest version is available in several languages depending on the topic. It also provides **Med Essential Fact Sheet** which is a Medication Education sheet with brief information about the drug, indication, and the common side effects.



Below is an example of a Patient Education-Med Essential Fact Sheet

Nursing News is compiled, edited, and distributed by: Alicia Mulvena (Organizational Development). If you would like to submit information for publication please contact: Alicia Mulvena, amulvena@northwell.edu, or ext. 3165.