



# Phelps Hospital Nursing News February 2019



## **Celebrations:**

Catherine McCarthy, RN of the OR received her CNOR certification.

Crystal Moschiano, RN of 1 South was promoted to Level IV RN.

Gift Napa, RN of 5 South received her PCCN certification.

Aimee Smith, RN of ICU received her CCRN.

Tammy Wilson, RN of 5 South received her Med/Surg certification.

**CNOR Strong Designation:** Phelps Hospital earned the 2019 CNOR Strong Designation. This designation represents a facility-wide commitment to nursing excellence and outstanding patient care. The CNOR Strong Designation is conferred for a period of one year. **Congratulations to the entire OR Team.**

## **Educational Opportunities:**

**Cardiac Nursing Conference:** March 27, 2019, 8A-4P at North Hills Country Club. Cost is \$125 for 5.16 contact hours. To register: [Northwell.edu/CardiacConference](http://Northwell.edu/CardiacConference).

**Research Forum on Symptom Science:** May 14<sup>th</sup>, 8a-4p at New York Presbyterian. 7 contact hrs., \$225. To register: [www.nyp.org/nursing/news/cme](http://www.nyp.org/nursing/news/cme).

**Trends in Orthopedic Care:** March 6<sup>th</sup> at New York Presbyterian. 6.5 contact hours, \$225. To register: [www.nyp.org/nursing/news/cme](http://www.nyp.org/nursing/news/cme).

**Evidence-Based Practice & Research Deep Dive:** March 5<sup>th</sup>, 9a-5p at NYP- Hudson Valley. 7 contact hours, \$225. To register: [www.nyp.org/nursing/news/cme](http://www.nyp.org/nursing/news/cme).

**Managing Oncologic Emergencies:** March 8<sup>th</sup>, July 11<sup>th</sup>, or November 8<sup>th</sup>. 8am-4:30pm at New York Presbyterian. 7.5 contact hrs., \$225. To register: [www.nyp.org/nursing/news/cme](http://www.nyp.org/nursing/news/cme).

## **Organizational Development Department Classes:**

**Abstract Writing** with Peggy Tallier: 3/22/19, 12-2pm in the C level Classroom To register: [amulvena@northwell.edu](mailto:amulvena@northwell.edu).

**EBP Workshop:** 3/13/19, 9am-1pm in the C Level Classroom. Register in Healthstream

**Conflict & Delegation Workshop:** 3/18/19, 9am-1pm in the C Level Classroom. Register in Healthstream.

**What You See, What You Say...**: 3/28/19, 9a-1p in the C level Classroom. Register in Healthstream.

**Don't forget to register for a TeamSTEPPS Training Class: register in HealthStream.**

**CE Direct Super Users:** the following employees were the 5 Super Learners for CE Direct during the 4<sup>th</sup> quarter of 2018.

| Phelps Memorial Hospital Center |                             |       |
|---------------------------------|-----------------------------|-------|
| Name                            | Department Name             | Total |
| Deb Lushine                     | NRSG - Medicine             | 34.8  |
| Juan Rosa                       | NRSG - 4N Behavioral Rehab  | 32.6  |
| Amanda Dayton                   | NRSG - Medicine             | 29    |
| Danielle Medina                 | NRSG - Surgery              | 27.5  |
| Margaret Robison                | POS - Pre-Admission Testing | 26    |

**New Patient Visitation Policy:** We are transitioning to Northwell's Visitation policy. The main change is that there will no longer be structured visiting hours. Patients will have the right to have visitors at any time during their care.

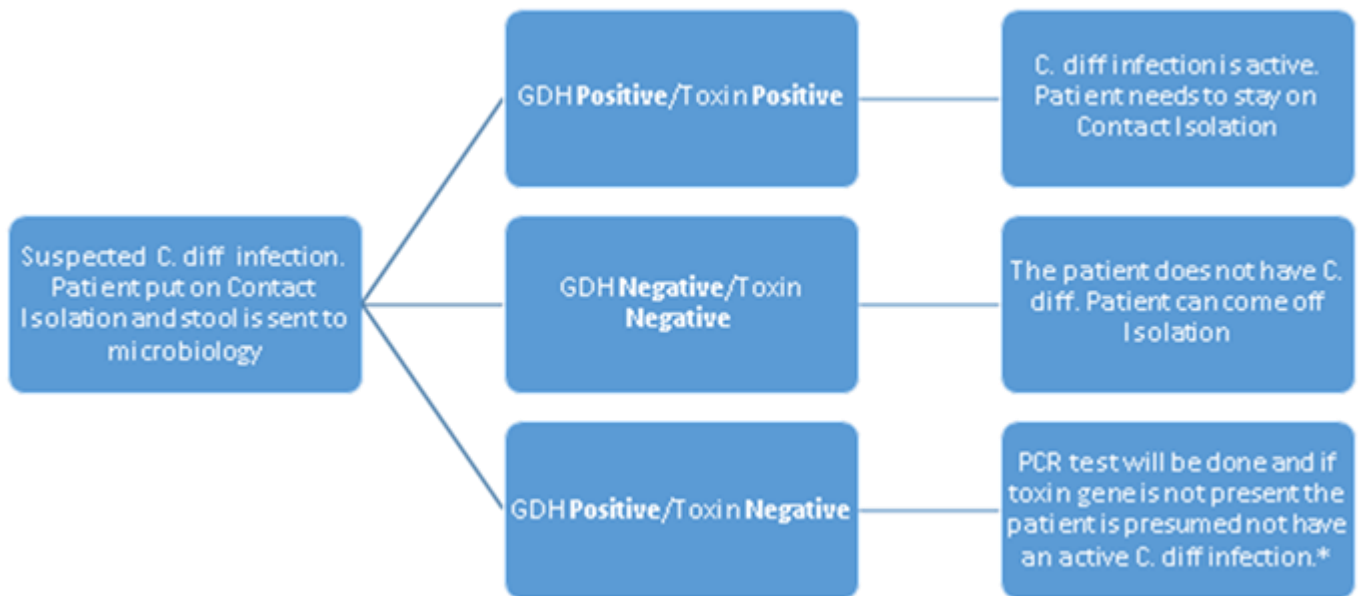
The purpose of this policy is to provide a patient care environment that is supportive of a patient's relationship with family and friends and that recognizes a patient's right to select a support person for emotional support during the episode of care.

Limitations on visitation may be imposed based on clinical or operational grounds and such justification shall be explicitly disclosed to the patient. The policy will be posted on the Intranet.

## Keeping It Clean With The Infection Prevention Team:

Hey did you know Phelps has changed it's C. Difficile testing practice to a two- step algorithm?

The C. Difficile Quick check is a rapid test which detects the C. Difficile antigen, Glutamine dehydrogenase (GDH), as a screen for the presence of C. Difficile and confirms the presence of toxigenic C. Difficile by detecting toxins A and B in fecal specimens. The algorithm below is a good tool for guidance on how to interpret the test results. If you have any questions or concerns you can always reach your Infection Prevention team at x3786 or via Vocera (Infection Control)



\*This patient is considered likely colonized and should remain on isolation for 48 hours without symptoms before removing Contact Isolation. See diarrhea decision tree for further clarification.

# Diarrhea Decision Tree

The Diarrhea Decision Tree is not a substitute for assessment and clinical judgment

Diarrhea =  $\geq 3$  loose stools in  $\leq 24$  hours OR at admission if active diarrhea with **concern for infectious diarrhea**

(Fever, elevated WBC count, abdominal pain, recent antibiotics)

\*Hospital-acquired C.diff is any positive after day 3 of hospital stay through 2 days post discharge

STOP



NO

YES

Has the patient received laxatives, Stool Softeners, bowel prep, tube feeds in the last 48 hours?

NO

Discontinue laxatives/stool softeners  
Wait 24 hours &  
Assess for resolution

\*If there is a high clinical suspicion isolate and order C.diff Toxin Assay sooner

Continued Diarrhea?

YES

NO

STOP



Order C.diff Toxin Assay &  
Initiate Contact Precautions

- \* **DO NOT** test patients who-
  - Were CDT positive within three weeks
  - Are known positive (DO NOT TEST FOR CURE)

C.diff Antigen  
Positive?

C.diff Antigen  
Negative?

**INFECTED (Toxin Positive)**

Treat with Antibiotics & Continue Precautions

**COLONIZED (Toxin Negative)**

(No systemic signs and symptoms)  
Treatment not indicated continue  
CONTACT precautions

Diarrhea absent for 48 hours?

YES

NO

Remove patient from room, wash patient and change gown  
EVS Terminally Clean room with Bleach  
EVS Room is to be ATP tested  
EVS Xenex UV Disinfection of room  
Then remove from CONTACT precautions,

Continue CONTACT  
Precautions

Consider Testing  
for other  
infectious cause

## Accessing Vital Documents:

The Vital Documents Platform offers many of the health system's consent forms/vital documents in our top languages and braille. This can be found on the Intranet under Policies and Procedures.

- To access, first choose the appropriate facility, followed by the patient's preferred language contained in the drop box. To review the document click PDF . To print the document, select the document by checking the box to its left and then click print. An English version will also be provided upon printing as a reference. The patient and physician must sign the document printed in the patient's preferred language. Both the English and alternative language version must be placed in the medical record.
- If you are encountering any problems on this site please contact the Centralized Policies, Procedures and Forms Department (516) 719-3754 (between 7am - 7pm) or email: [VDOCSUPPORT@CEXPFORMS.COM](mailto:VDOCSUPPORT@CEXPFORMS.COM)

## **Accessing Vital Documents from the Employee Intranet**

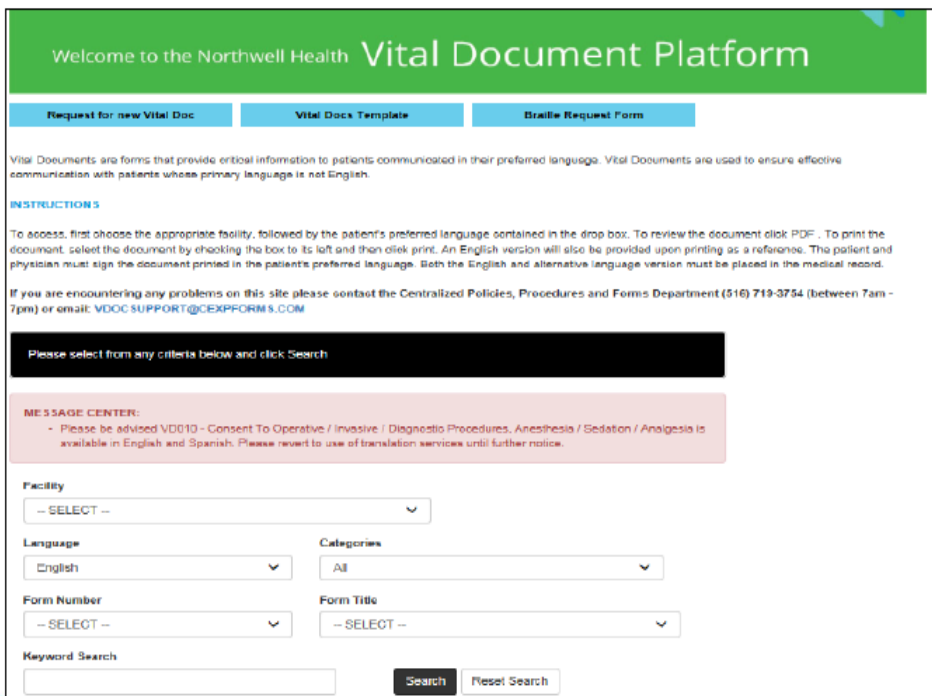
1. Intranet → Useful Links → Policies and Procedures



2. Select Vital Docs Website



### 3. Select documents needed|



The screenshot shows the Northwell Health Vital Document Platform interface. At the top, a green banner reads "Welcome to the Northwell Health Vital Document Platform". Below this are three buttons: "Request for new Vital Doc", "Vital Docs Template", and "Braille Request Form". A paragraph explains that Vital Documents are forms for patients with primary languages other than English. An "INSTRUCTIONS" section follows, detailing how to use the platform. Below the instructions is a black box with the text "Please select from any criteria below and click Search". A "MESSAGE CENTER" section contains a notice about V0010 forms. The main search area includes dropdown menus for "Facility", "Language" (set to "English"), "Categories" (set to "All"), "Form Number", and "Form Title". There is also a "Keyword Search" input field and "Search" and "Reset Search" buttons.



### **Magnet Moments:**

In December 2018 Jacqueline Pisano, Jenee Richardson, and Karen Dondero (nurses from Endoscopy) attended the New York Society for Gastrointestinal Endoscopy 42<sup>nd</sup> Annual New York Course. The 2 day annual course offered a variety of great information from innovations in endoscopic procedures to pediatric anesthesia during endoscopy procedures and even had live videos of endoscopic procedures (yes, it is as cool as it sounds). However, one lecture stood out to us more than others. This lecture was titled “Colorectal Cancer: On the Rise for Millennials and Others Under 50” by Dr. Robin B. Mendelsohn.

Colorectal cancer in young adults sound familiar? You may have heard about it in the news recently, but this is not a new concept. Here are some things you need to know:

- Colorectal cancer rates are decreasing in the 50+ population largely due to screening colonoscopy.
- There has been a 3.8% annual increase in colorectal cancer since 1987 for 20-29 year olds; 2.2% annual increase since 1988 for 30-39 year olds; and 1.9% annual increase since 1995 for 40-49 year olds.
- It is estimated that by 2030 the incidence of colorectal cancer in young adults will nearly double; 1 in 10 colon and nearly 1 in 4 rectal cancers will be diagnosed in those younger than age 50.
- Younger patients are presenting at later stages.
- Why are young adults getting colorectal cancer? Family history? Genetic? Diet? Environmental? Gut microbiome? Great questions! The answer...More research needs to be done!
- Research does show that a majority do not have a genetic mutation; and higher current BMI and BMI at age 18 and weight gain since early adulthood are associated with young onset colorectal cancer.

- Be aware of the symptoms of colorectal cancer include rectal bleeding, abdominal pain, bloating, change in bowel habits, anemia, weight loss, fatigue. If you have these symptoms or concerns contact your doctor for prompt evaluation.

Reminder: March is Colorectal Cancer Awareness Month! Join us in the main lobby on March 14<sup>th</sup> for our Colorectal Cancer Awareness event! See you then!

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