

**Recommendation # 1 resubmitted by PPPSC on December 8, 2011 to Sue Eckert, Chief Nurse Executive**

**Situation:** We share the goal of the Hospital to decrease falls and pressure sores but there is redundancy. Double documentation takes us away from our patients. MedConnect will not allow a Nurse to sign their assessment if the Hendrick and Braden assessments have not been completely documented. End of the shift check list is double charting. Every Nurse should be held accountable for their own documentation and assessments.

**Recommendation:** End of the shift check lists should be eliminated.

<b>Item to be eliminated</b>	<b>Reason for item to be eliminated</b>
Fall risk assessment completed during my shift and documented. LIST ACTUAL FALL RISK NUMBER	Documented as a part of your assessment in MedConnect, Centricity and on flowsheets used in critical care areas.
Fall interventions appropriate to each patient are implemented and documented	Automatic task generated in MedConnect if patients fall risk score is 5 or more.
Skin assessment (Braden Scale) completed during my shift and documented. LIST ACTUAL BRADEN SCORE	Documented as a part of your assessment in MedConnect, Centricity and on flowsheets used in critical care areas.
Skin care protocol appropriate for Braden Scale is implemented and documented	Automatic task generated in MedConnect if patients fall risk score is 18 or less.
Vaccination screening tool completed, vaccine administered as appropriate and documented in MedConnect	Documented in MedConnect.
Plan of care on admission is appropriate, POC is reviewed daily and updated with a change in patient condition	Hospital wide policy and each Nurse should be held accountable for the required documentation.
PGIE note for all active problems is written every shift	Hospital wide policy and each Nurse should be held accountable for the required documentation.
Patients pain was assessed at the beginning of the shift, reassessed 1 hour after intervention and documented	Documented on assessment and MedConnect generates a follow up task.
White board is updated with current patient information/desires	Every Nurse should be held accountable to do.
Service excellence rounds completed by the RN or PCT every hour (using the 4 P question format) and documented on rounding sheet	Documented on rounding sheet.
Anticoagulation patient education is conducted and documented	Documented on IPER, MedConnect, and Nurses note.
Central line dressing dated, timed, initialed, and intact	Documented on MedConnect or flowsheets
High risk medication sticker is initialed by off-going and on-coming RN	Documented on sticker placed on bag. Each Nurse should be held accountable to do.

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 Dru Gist, 3G, Minnie Johnson, 3E, Judy Alba, 3<sup>rd</sup> Floor Recovery Room, Mary Smith, NICU,  
 Bridgette Barnes, ED (Temporary interim replacement for Jean Keppler)



**Recommendation # 2 resubmitted by PPPSC on December 8, 2011 to Sue Eckert, Chief Nurse Executive**

**Situation:** Nurses are unsure which department to order items from

**Recommendation:** To have a list, similar to the one below of most commonly ordered items, on each unit to assist Nurses in ordering supplies from the appropriate unit.

<b>Orthopedics</b>	<b>Medical Materials</b>
Suction regulator	IV fluids
Suction canister	Saline flushes
Suction tubing	Trach care kits
Heating pads	Urinals, bedpans, hats
Venodynes	Cups
Venodynes machine	Blood tubes
Bedside commodes	Syringes
Infusion pumps	Foleys
PCA pumps	Yankauer
Trapeze	Alcohol pads
Bair huggers	Heelz up pillows
Hypo/hyperthermia blankets	Medicine cups
Bed alarm	IV tubing
Walkers	Microclaves
	PCA tubing
	Gloves
	Sterile gloves
	Morgue packs
	Diapers
	Disposable pads
	Panties
	Sanitary napkins
	Chest tubes
	Suction kits
	Kerlex
	Wash basins, soap, toothpaste, razors, mouthwash
	24 hour urine containers
	Condom caths
	Colostomy supplies
	Foley leg bags
	4 X 4's

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**Recommendation # 3 resubmitted by PPPSC on December 8, 2011 to Sue Eckert, Chief Nurse Executive**

**Situation:** Patients are transferred during change of shift is unsafe. Nurses are not able to assess the patient in a timely manner. At change of shift, Nurses are passing medications, charting, and giving report.

**Recommendation:** Patients will not be transferred **from** Emergency Department, Critical Care units, MedStar, or unit to units between the hours of 6:30 and 7:30 am/pm.

**\*\*\*Please note that this does not include transfers from lower level of care units to higher level of care unit.\*\*\***

**Recommendation # 4 submitted by PPPSC on December 8, 2011 to Sue Eckert, Chief Nurse Executive**

**Situation:** Patients should practice good hand hygiene prior to eating meals and after the process of elimination (voiding in the urinal or using a bedpan).

**Recommendation:** Stock the units with anti-bacterial wipes and/or small bottles of hand sanitizer for use at the bedside and provide patients with anti-bacterial hand wipes on meal trays.

**Recommendation # 5 submitted by PPPSC on December 8, 2011 to Sue Eckert, Chief Nurse Executive**

**Situation:** Units do not have batteries readily available for patients PCA and telemetry monitors.

**Recommendation:** Batteries (9 Volt and AA) will be stored in Omnicell.

**Recommendation # 6 resubmitted by PPPSC on December 8, 2011 to Sue Eckert, Chief Nurse Executive**

**Situation:** Hazard Alerting Loop System (HAL) has been an effective mechanism for reporting patient care issues.

**Recommendation:** HAL is implemented hospital-wide on all patient care units



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Recommendation # 7 submitted by PPPSC on December 8, 2011 to Sue Eckert, Chief Nurse Executive

**Situation:** Discrepancies exist in Policy # 506.203 (Telemetry Monitoring of Patients – Nursing Policy) and clarification is needed.

**Recommendations:** Please see below.

**\*\*\*Please note that feedback of recommendations have been bolded and are written below.\*\*\***

1. **The “RESEARCH BASED GRADING SYSTEM, DISTRIBUTION LIST, REFERENCES, REVIEWED BY and APPROVED BY” should all be moved to the last page of the policy.**
2. **There will be Staff Nurse input on all policies that are related to Nursing Practice.**
3. Change the Purpose to include the following: To establish a **safe** and standard method of surveillance, communication and documentation for all telemetry monitored patients **in Non-ICU Inpatient Units at Washington Hospital Center.**
4. Under Policy Statements:
  - a. All patients on telemetry must have a patent intravenous access. If the patient does not have intravenous access, **an order must be obtained stating patient may be on telemetry without intravenous access.**
  - b. Who is a **Telemetry Validated Nurse?**
5. Under Initiation of Telemetry:
  - a. Information must include patient’s name, room number, pertinent arrhythmia history, device **(such as a pacemaker or AICD)** and Telemetry Transceiver (TTX) number **if initiated in Emergency Services.**
  - b. Circle and initial the TTX box number **after** verifying that the number on the telemetry strip is on the correct patient and ensure the Name on the patient’s ID band matches the strip.
  - c. Document TTX **box number** in Med Connect under “Focus Cardiac Assessment” or in nursing notes in non Med Connect units. **Which non Med Connect units would document the TTX box number in the nursing notes?**
  - d. Assess alarm limits and based upon the current patients telemetry rhythm notify CTS to make necessary alarm parameter changes. **This topic should be d. instead of c.**
  - e. The nurse will notify the CTS of orders to discontinue telemetry and remove the TTX. Telemetry is to be removed when the **discontinue** order is written.
  - f. Patient history will be deleted at time of **discontinuation** unless requested to hold by nursing unit/LIP. Request a hold on discontinuation immediately from CTS if a review is required. (Maximum storage is 72 hours from time of event)
6. Communication
  - a. Notify CTS: b. Prior to patient **being** transferred to another room or unit
7. Alarm Settings
  - a. **Add 1. c. PVCs >12 BPM**
8. Patient transported off of the nursing unit:
  - a. **Please define “clinically significant dysrhythmia”.**
  - b. **Please define “low expectation”.**

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- c. **Stat line in ancillary departments to aid in early identification of patients in need of treatment/RRT/code blue.**
  - d. For areas not covered by telemetry network, where patients cannot be monitored through CTS, appropriate levels of monitoring care during transportation and in non-transmission areas will be assessed and determined by the **MD/NP/LIP**.
9. Discontinuation or Renewal of Telemetry Monitoring
- a. d. **Remove Resource Nurse or** CCF will ensure that all patients on the list are evaluated for their continued telemetry need before the end of the day based on the clinical priorities on the nursing unit.

*Improved patient safety and enhanced patient care result from evidence based conclusion that enhance communications, provide more frequent nurse education, reduce patient care related errors with a clear and adequate system for review and, including but not limited to proper orientation to the methods used in that system.*