Clinical Education Update, August 2015

Nursing, Our Ever-Evolving Profession.

The most frequently downloaded document regarding nursing is the Institute of Medicine 2011 report, “The Future of Nursing.” The report discusses multiple initiatives related to nursing, one that has been highly cited is the need to have a highly educated workforce, one that is bachelor’s prepared and the goal set forth was 80% by 2020. Why this change? We thought it might be interesting to share a segment of this section of the report, “The Future of Nursing: Focus on Education”

“The ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century. As patient needs and care environments have become more complex, nurses need to attain requisite competencies to deliver high-quality care. These competencies include leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas such as community and public health and geriatrics. Nurses also are being called upon to fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals. To respond to these increasing demands, the IOM committee calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better prepare them to meet the needs of the population.”([http://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-Education.aspx, 2011](http://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-Education.aspx, 2011))

Nursing has been tasked with providing the best care to our patients, the many competencies needed to do so have been outlined in the report. For this newsletter we have chosen to focus on evidence-based practice. For some nurses evidence-based practice (EBP) was one of the basic tenets of their initial nursing education. Others have been exposed to and learned it by returning to school or encountering it in the workplace. Basing nursing practice on the best available evidence appears intuitive, but it is often challenging to identify what needs to be changed, determining how to change it, and implementing and evaluating the change process.

Like so many things in life evidence is continually evolving. In addition to the initial skills to identify best practice, the nurse at the bedside needs skills to continually reevaluate the evidence and update his/her practice. Burlew’s Clues in this issue provides strategies for managing this process. “Fact or Fiction” scattered throughout the newsletter highlight common nursing procedures that may or may not require a new, evidence-based evaluation. Aileen Ingles, CN IV’s narrative this month demonstrates the use of the best evidence to provide care to a patient on the Medical Telemetry unit. As you read this newsletter, ask yourself are you continually evolving as a nursing professional?

Cyndi and Beth
Celebrating the Success of our Staff

**Congratulations to the following staff who graduated with nursing degrees or passed specialty certification exams**

- Julie Ruhlen, RN, Emergency Care Center graduated with a BSN from Univ Texas, Arlington
- Scott Conner, RN, Emergency Care Center graduated with a BSN from Univ Texas, Arlington
- Jay Swanson, RN, Behavioral Health Services, graduated with a BSN from Walden University
- Belinda Leos RN, Emergency Care Center graduated with a MSN from Western University
- Sherry Endo, RN, Emergency Care Center graduated with a MSN from Western University
- Alain Broulard, RN, Emergency Care Center graduated with a MSN from Western University
- Jackie Austin, RN, Main Pre-op, graduated with a BSN from Grand Canyon University
- Theresa Green, Main Pre-op, graduated with a BSN from University of Phoenix.
- Karen Cyrano, RN, Definitive Step-down Unit, graduated with a BSN from Grand Canyon University
- Adriana Velez, RN, Medical Telemetry graduated with a MSN from California State University Fullerton.
- Patricia Rodarte, Center for Maternal Fetal Health, graduated with a ADN from Santa Ana College
- Jane Brugman, CNIV from the Admit Discharge Team graduated with her MSN from Azusa Pacific University
- Jannett Torres ORT, Main OR, is now a Certified Surgical Technician (CST) as she passed the National Surgical Technician Certification Exam
- Martin Espinosa, Anesthesia Tech., Main OR, is now a Certified Anesthesia Technician (Cer.A.T) as he passed the National Anesthesia Technician Certification Exam
- Congratulations to Mary Gonzales, MSN, RN and Dana Rutledge, PhD, RN on the publication of their research article, Pain and Anxiety During Less Invasive Interventional Radiology Procedures. The article was published in the June issue of the Journal of Radiology Nursing (34) 2 88-93.

Save the Date: **September 29, 2015**

**OB/CCU Collaborative Education**, Designed for Obstetric and Critical Care nurses who regularly (or rarely) care for high risk/critical obstetric patients. If you work in L&D, MBU, CMFH, MICU, DSU SDU, Med-Tele, PACU, OR, ECC this class is for you!

🌟

Registration available soon on HealthStream
Congratulations to the 2015 St. Joseph Hospital Foundation Scholarships recipients!

Three individuals received Sister Frances Dunn Scholarships this year. Sr. Frances Dunn entered the community of the Sisters of St. Joseph in 1931. She served as Chief Administrator of four hospitals, held leadership roles in healthcare organizations, and served a four-year term as General Superior of the Sisters of St. Joseph. Sister Frances Dunn is often remembered for her humanity and kindness.

- Megan Crum, RN has been a registered nurse for five years and has been a DSU clinical nurse for the past three years. She is currently enrolled in a Master’s program for a Family Nurse Practitioner.

- Diana Sanches, RN works in DSU. She is pursuing her Bachelor’s degree in Nursing.

- Esther Teng Chen Tee, RN began working at St. Joseph Hospital in 2010. She currently works in the Cardiac Vascular Operating Room, and is pursuing a Bachelor’s degree in Nursing.

There are four recipients of the Alice Paone, RN Nursing Scholarship. Mrs. Alice Paone, RN, dedicated 23 years of her life to the service of the patients and the medical staff of St. Joseph Hospital. Mrs. Paone made many contributions to the growth and development of new hospital services, and to the improvement of the quality of those services.

- Kristina Gadacz, RN has worked at St. Joseph hospital for the past 16 years where she has served in the role of a clinical nurse as well as a relief charge nurse. She is studying for her Bachelor’s degree in Nursing.

- Quynh Nguyen, RN started at St. Joseph Hospital in the phlebotomy program, and eventually transferred as registered nurse in General Surgery. He is working on his Bachelor’s degree in Nursing.

- Maria Ransil, RN is currently the Clinical Coordinator on the Mother Baby Unit. Maria is in a Master’s of Nursing program.

- Kim Tran, RN works in the operating room, and is studying for her Nurse Practitioner credential.

Rebecca Visca, RN, BSN, received the Madeline Colette Seeds, RN Advance Practice Nurse Scholarship. In her eight years of working on 3 South Oncology she has advanced to a Clinical Nurse III, and has one year left before graduating with her Master’s Degree as a Family Nurse Practitioner. Madeline Colette Seeds, RN, was a much beloved nurse in St. Joseph Hospital’s Blood Donor Center for many years, and this scholarship was established in her memory by her family and friends.

This year there are three recipients of the Dominick Gentile, M.D. Renal Center Scholarship. This scholarship was begun in memory of Dr. Dominick Gentile, who established St. Joseph Hospital’s first chronic dialysis program in 1972 and served as an inspiring leader for many years.
• **Carol De Mendoza** is the Unit Secretary at the Renal Center at Santa Ana, and is studying to become a Registered Nurse.

• **Cintia Perez, MSN, CNN** is the Clinical Educator for Renal Services, and she is working towards her certification as a Family Nurse Practitioner.

• **Maria Solis** currently works at the Kidney Transplant Center, and is studying to be a Licensed Vocational Nurse.

**Elizabeth Miller** received the **Larry K. Ainsworth Leadership Scholarship**. Beth is a Medical Staff Coordinator II, and is working on a Bachelor’s degree in Health Management. The St. Joseph Hospital Medical Staff established this scholarship in honor of Larry K. Ainsworth for his 16 years of leadership of St. Joseph Hospital of Orange, his work with Medical Staff, and his work extending health and wellness to the underserved within the community.

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**Larry K. Ainsworth Leadership Scholarship**

Beth Miller, Medical Staff Coordinator II with Dr Larry Ehrlich

**Congratulations to the 2015 St. Joseph Hospital Foundation Scholarships recipients who received their awards at a ceremony on July 27, 2015!**

**Madeline Colette Seeds, RN Advance Practice Scholarship**

Rebecca Visca RN, BSN Oncology With Chanda Parrett

**Alice Paone, RN Nursing Scholarship**

Jeremy Zoch presented awards to:
- Quynh Nguyen, RN Gen Surg
- Kristina Gadacz RN, MBU
- Maria Ransil, RN, MBU

**Dominick Gentile, MD, Renal Center Scholarship**

Dr Jabara presented awards to:
- Maria Solis Kidney Transplant Center
- Carol De Mendoza, US, SA Renal Center
- Cintia Perez, MSN, CNN Renal Clinical Educator

**Sister Frances Dunn Scholarship**

Tom Hill presented awards to:
- Megan Crum, RN DSU
- Esther Teng Chen Tee, RN, CVOR
- Diana Sanches, RN, DSU
2015 Clinical Advancement Workshop

Application Development Workshop:
This one hour workshop will provide the staff Registered Nurse with the information needed and the process to follow for advancement to a Clinical Nurse III or a Clinical Nurse IV position.

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
</tr>
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<tbody>
<tr>
<td>August 13th – CR 1</td>
<td>September 1st – CR 1</td>
</tr>
<tr>
<td>August 18th – CR 1</td>
<td>September 3rd – CR 3</td>
</tr>
<tr>
<td>August 21th – CR 1</td>
<td>September 8th – CR 1</td>
</tr>
</tbody>
</table>

All Workshops are held at 08:00 and 11:00 for 1-hr.

2015 Initial Application & Re-Application Submission Dates

<table>
<thead>
<tr>
<th>Initial Application October</th>
<th>Initial Application November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Intent Due October 1, 2015</td>
<td>Notice of Intent Due October 26, 2015</td>
</tr>
<tr>
<td>Application Submission October 12, 2015</td>
<td>Application Submission November 2, 2015</td>
</tr>
<tr>
<td>Attend Clinical Development Council October 15 or October 29, 2015</td>
<td>Attend Clinical Development Council November 5 or November 17, 2015</td>
</tr>
<tr>
<td>Notification November</td>
<td>Notification December</td>
</tr>
</tbody>
</table>

SAVE THE DATE
Evidence Based Approaches in Caring for a Global Population.
I transferred from Pulmonary Renal to Medical Telemetry department about 6 months ago. About 3 weeks ago I became Relief Charge nurse for my new department, which has a similar level of care except that my new department specializes in surgical cardiac and neurological patients.

About 8 hours into my shift, one of the CN II nurses asked me what she should do about an order she received from the nephrologist. The order states, “To elevate both patients’ arms in stockinettes and suspend the arms on IV poles.” In my 12 years as an RN in St. Jo’s, I never received an order like this one. For background, this 80-year-old patient just had open-heart valve surgery and pacemaker placement 1 month ago with history of systolic heart failure (EF in the 30’s- normal is 50 to 70%) and advanced chronic kidney disease stage 3. He was admitted back to the hospital because of increased bilateral arm swelling to rule out clotting in the Superior Vena Cava (SVC) - the upper body large vein that drains into right chamber of the heart. It was found on imaging studies that he was negative for clots in the SVC. The doctors diagnosed him with Superior Vena Cava Syndrome due to recent pacemaker leads and prior cardiac surgery causing incomplete obstruction of the large vein due to severe edema from the new device and his recent cardiac surgery resulting in poor drainage of circulation of the upper body into the heart.

To familiarize myself with the diagnosis, I looked up this rare diagnosis on Pub Med and Up-to-Date databases on our Burlew library site. I printed up an article summarizing its definition and pathophysiology and shared it with the nurse assigned to this patient. This nurse approached for me advice because she wasn’t familiar with this procedure of suspending the arms of the patients and she didn’t feel comfortable to implement this order without further information.

To start with, I paged our clinical educator Vivian Norman to give us recommendations. She said that she would contact the Lymphedema clinic for St. Jo’s and ask what their treatment protocol is for SVC syndrome edema. I also contacted the ET RN Jane to give us suggestions on this new order. Per her experience, she has not encountered this order either and would recommend waiting for the lymphedema clinic to give a response. I also contacted the MET RN to check if they have implemented this in ICU. She said that they have a patient with their 1 arm also suspended per MD due to edema. I contacted my manager Kim and updated her with the leads we have so far. She suggested that I contact Risk management for safety recommendations. The risk manager called back and said that the Orthopedic department is proficient at carrying out these types of orders. She said to contact the Orthopedic charge nurse because she can help set up the suspension - since it’s similar to traction set ups for fractures. I told her that when I helped reposition the patient earlier on the shift, he was very sensitive to touch and repositioning of his upper limbs. Risk manager said to pre-medicate the patient with pain medicine to help him tolerate the procedure and after elevating the arms; hopefully the edema decreases later causing less discomfort. She and my manager also suggested making it more tolerable for the patient, to try to suspend 1 extremity at a time and to check for circulation, sensation and movement of that extremity frequently on the 1st hour and every hour thereafter upon implementing order. The attending hospitalist showed up and we updated him with the current treatment plan and he said that he has not seen that type of order before that we need to talk to the ordering physician if we had further questions about it. The Lymphedema clinic replied and said that they don’t have a treatment protocol similar to our current order because they have not seen a patient with SVC syndrome in the past. So by the end of the shift, we have gathered the best
information to carry out the order. When I returned the next day I found out that the night shift charge nurse with the help of the Orthopedic charge nurse were able to set up the patient’s arms to elevate one extremity above the level of the heart, one at a time with pre-medication as suggested. Unfortunately, the patient was not able to tolerate the suspended arms for too long so he eventually refused the procedure. The RN just elevated the arms on 4 pillows and was able to tolerate the procedure better. The patient was also given more diuretics and encouraged to move out of bed and sit up, walk; since movement helps drain the fluid easier from the upper extremities. The ordering nephrologist was notified that patient could not tolerate the procedure and that an alternate procedure was implemented by nursing to help drain the edema. In 24 hours, the patient’s weight decreased from the diuretics and 4 days later he was discharged back to the skilled nursing facility for more rehab.

I heard a TED talk from March 2012, by Dr. Atul Gawande of Harvard University, on “How do we heal medicine?” He said that today, because of the “thousands types of medical procedures and drugs, our health system has become so complex resulting in fragmented care.... Meaning, as doctors, we can’t know it all. We can’t do it all ourselves...It was found that more than 15 clinicians are needed to take care of the 1 patient.” His suggestion for healing our system is “#1: the ability to recognize success and the ability to recognize failure (by evidence based practice) and #2: is to device solutions such as pre-procedural checklists before touching the patient.” To summarize, Dr. Gawande stated, “We’re all specialists now, even the primary care physicians. Everyone just has a piece of the care. But holding onto that structure we built around the daring, independence, self-sufficiency of each of those people has become a disaster. We have trained, hired and rewarded people to be cowboys. But its pit crews that we need, pit crews for patients.”

As nurses, we need to recognize that if we encounter a dilemma in practice that we should not be anxious that we are alone in figuring out solutions to deliver better care. We have different brilliant minds from multiple disciplines that can help us discover an answer together somehow. We (all St. Joseph’s disciplines) are all on the same team, and each being uniquely gifted with talent, can no longer succeed as a “lone ranger”; but instead we need to think and function like a “pit crew”- all with one end goal- to deliver the best compassionate and high quality care to our patients.

Caritas Process Six: Creatively Problem-Solving – “Solution Seeking” through Caring Process; Full Use of Self & Artistry of Caring Healing Practices via Use of All Ways of Knowing, Being, Doing, & Becoming: In this narrative Aileen describes a situation which required her to use “all ways of knowing, being, doing” to deliver evidence-based care. She accessed PubMed and Up-to-Date to confirm what was known about the diagnosis was correct. Expert people resources including the educator, specialty nurses, administration, and physicians were consulted. After gathering data Aileen assisted in implementing the procedure, modifying the method to reaching the goal to one the patient could tolerate. This resulted in the desired fluid drainage decreasing the edema and discomfort. Aileen’s view of herself as a member of the “pit crew” helped to value the input of the whole and to adapt as necessary to reach the goal.
Did You Know???

5 Wishes

5 Wishes is now the Advanced Health Care Directive format used at St. Joseph Hospital (as of July 1, 2015). 5 Wishes is legally recognized in California and 41 other states. Why the change? Good question!
The first two wishes cover the content that has always been in the other Advanced Healthcare Directives
  • Wish 1: The person I want to make health care decisions for me when I can’t make them for myself
  • Wish 2: The kind of medical treatment I want or don’t want

Wishes 3-4-5 make 5 Wishes different from the rest and allow individual wishes to be known. It offers a more spiritual, holistic approach, which is more than just the medical treatment plan at the end of life.
  • Wish 3: How comfortable I want to be (pain relief versus being alert)
  • Wish 4: How I want people to treat me (play jazz music not classical, a special blanket or pillow)
  • Wish 5: What I want my loved ones to know (I forgive you, I love you)
All of these have been shown to ease the stress and anxiety of both the patient and their loved ones at the end of life.
Nurses can help by directing the patient and family/friends to the video on the Interactive TV (under the Wellness tab) and giving the patient the document if they request it. It is available in English and Spanish on the units and others languages can be accessed by Spiritual Care. If the patient requires further assistance completing the document Spiritual Care can be called to assist.
For more information visit www.agingwithdignity.org

Risk & Regulatory Update Healthcare Providers Course
October 15, 2015 0800-1200
Zoul Auditorium
Instructors: Marty Jones RN and Julie Hernandez

Description: This class will provide and update for emerging Risk and Regulatory concerns related to the Healthcare Provider. Included will be the new California Privacy Laws, SB-541, effective communication, consent requirements and the understanding of the use of social media related to healthcare use. Case studies will be presented using a multidisciplinary approach.

Course Objectives: Upon successful completion of the course, the participants should be able to:
1) State key concepts of risk reduction strategies.
2) Identify the key concepts of risk strategies used in documentation.
3) Apply learned concepts to actual case studies.

Register on HealthStream
QUESTION

I’ve heard that inductions increase the C/S rate. An article from AWHONN email this week reports research showing that inductions decrease the C/S rate. Which is true? And how can we decrease our C/S rate? Best evidence.

ANSWER

A review of the literature proves to be quite controversial. There were no randomized control trials found in the literature most likely due to the fact that pregnant women are a vulnerable population because of the risks to mother/infant. The majority of studies are retrospective and findings conflict. Two studies, one a systematic review and a large retrospective study found a decrease in C-section (C/S) rate when induction was used compared to usual care (spontaneous labor, induced at a later time, etc.) (Caughey et al., 2009; Wilson et al., 2010).

Other studies (Ehrenthal, Jiang & Strobino, 2010; Glantz, 2010) discussed that problems exist in how researchers define the study population. These authors highlight that multiple factors, including increasing gestational age, alter the results mentioned above. Therefore after including these additional variables, they report that induction increases the C/S rate.

Two other articles (Klein, 2010; Nicholson et al., 2009) mention the AMOR–IPAT scoring system. AMOR–IPAT stands for Active Management of Risk in Pregnancy at Term- Upper limit of Optimal Delivery. In their studies utilizing this scoring system (algorithm) assists with finding the ideal gestation for each woman and determines her best delivery date. This scoring system in two studies states that when this scoring system is utilized for induction it reduces the C-Section rate.

Final answer is the evidence is conflicting and there are many factors that influence the C-section rate. Maternal obesity for instance was not taken into consideration. Awareness and informed consent is imperative when deciding whether or not to induce. Ultimately this is something that should not be taken lightly and should be discussed thoroughly by the patient and her provider.

(see page 10 for references)
References


The **Fact or Fiction** questions in this newsletter were paraphrased from an article in the April 2013 edition of Critical Care Nurse titled *Putting evidence into Nursing Practice; Four Traditional Practices Not Supported by the Evidence*. You can access the article via the Burlew Library under Clinical Apps.

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**Fact or Fiction?**

The oscillometric method is the best method for measuring a patient's blood pressure.

See page 16 for answer
Register Now!  
for Discounted Rate

*Special Rate for  
St. Joseph Hoag Health System Staff

Healing Touch  
Level 1 Workshop  
2 Day Workshop

Improve your health while supporting your patients!

Founded by a Nurse over 25 years ago and endorsed by Dr. Jean Watson, Healing Touch is an evidence-based, holistic approach to health and healing. Learn Healing Touch to reduce stress, relieve pain and support the overall well-being of you and your patients.

Space Limited. Register now!

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**DATE:** August 10, 2015 (Mon)  
August 11, 2015 (Tues)

**TIME:** 8am - 5pm (both days)

**LOCATION:** Sister Elizabeth Bldg, Classroom 4

**INSTRUCTOR:** Rumi Hashimoto, MSN, RN, HTCP/I

**CEUs:** 16 contact hours  
(Healing Touch Program, ANCC provider)

**TUITION:** $250* (if registered by June 30, 2015)  
$300* (after July 1, 2015)  
$365 (non-Health System registrants)

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Registration and More Information:  

www.begenki.org/healing-touch  

Email: info@begenki.org

Co-sponsored by Be GenKi International
Burlew’s Clues

Keep up with the latest evidence

We realize how difficult it can be for RNs to keep up with the professional literature, but with the push toward Evidence Based Practice keeping up with the evidence is more important than ever. Let the folks at Burlew Medical Library help keep you up to date on new articles published in your fields of interest. We subscribe to 100’s of nursing journals in electronic format and can set you up to receive automatic Table of Content (TOC) notification emails when new journal issues are released. For instance, if you work in the Cancer Center, we can set you up to receive a monthly email with the list of new articles published in the latest issue of Cancer Nursing. You will have the ability to access any of the articles online through the Burlew Medical Library – or you can request the articles directly from us. The following is an abbreviated list of journals that we can set you up to receive TOC emails for – the full list of journals is available on our A-Z Online Journal List at www.BurlewMedicalLibrary.org:

<table>
<thead>
<tr>
<th>AORN Journal</th>
<th>Journal of Patient Safety</th>
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<tbody>
<tr>
<td>AJN, American Journal of Nursing</td>
<td>Journal of Emergency Nursing</td>
</tr>
<tr>
<td>Advances in Skin &amp; Wound Care</td>
<td>Journal of Cardiovascular Nursing</td>
</tr>
<tr>
<td>Advanced assessment: interpreting findings and formulating differential diagnoses</td>
<td>Perianesthesia nursing core curriculum: preoperative, phase I and phase II PACU</td>
</tr>
<tr>
<td>Client education: theory and practice</td>
<td>Advanced pediatric assessment</td>
</tr>
<tr>
<td>Dimensions of Critical Care Nursing</td>
<td>AND MORE!!!</td>
</tr>
<tr>
<td>Leadership in nursing practice: changing the landscape of health care</td>
<td>Legal aspects of health care administration</td>
</tr>
<tr>
<td>Hemodynamic monitoring: evolving technologies and clinical practice</td>
<td>Health care USA: understanding its organization and delivery</td>
</tr>
<tr>
<td>The health professional’s guide to gastrointestinal nutrition</td>
<td>Fundamentals in pain medicine: how to diagnose and treat your patients</td>
</tr>
<tr>
<td>Lippincott’s Q &amp; A certification review: emergency nursing</td>
<td>Text and atlas of wound care therapy</td>
</tr>
<tr>
<td>The doctor of nursing practice: a guidebook for role development</td>
<td>Neonatal and infant dermatology</td>
</tr>
<tr>
<td>Transforming interprofessional partnerships: a new framework</td>
<td>Merenstein and Gardner’s handbook of neonatal intensive care</td>
</tr>
<tr>
<td>A comprehensive guide to geriatric rehabilitation</td>
<td></td>
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</tbody>
</table>

Contact Danielle Linden at ext 17759 or danielle.linden@stjoe.org for more information

New Book List:
Below are a list of policies that have been posted to Staffhub. Please use this tool to educate your staff on the following updates. Staff affected by New and Updated Policies should be inserviced with documentation maintained on a training record.

<table>
<thead>
<tr>
<th>REF #</th>
<th>TITLE</th>
<th>UPDATE</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOV-041</td>
<td>NON-RETAIATION - CORPORATE RESPONSIBILITY</td>
<td>R</td>
<td>Reviewed with no recommended changes.</td>
</tr>
<tr>
<td>GOV-032</td>
<td>CHAIN OF COMMAND: MEDICAL / PHYSICIAN MANAGEMENT</td>
<td>R</td>
<td>Reviewed with no recommended changes.</td>
</tr>
<tr>
<td>GOV-033</td>
<td>CHAIN OF COMMAND IN CONFLICT RESOLUTION</td>
<td>R</td>
<td>Reviewed with no recommended changes.</td>
</tr>
<tr>
<td>GOV-066</td>
<td>CODE OF CONDUCT (ACCEPTABLE PROFESSIONAL BEHAVIOR)</td>
<td>R</td>
<td>Reviewed with no recommended changes.</td>
</tr>
<tr>
<td>HR-648</td>
<td>CERTIFICATION BONUS</td>
<td>R</td>
<td>Reviewed with no recommended changes.</td>
</tr>
<tr>
<td>HR-655</td>
<td>EMPLOYEE ASSISTANCE PROGRAM (EAP)</td>
<td>U</td>
<td><strong>Revised</strong> Scope: The EAP is available to all employees of St. Joseph Hospital (SJH) and their dependents.**&lt;br&gt;<strong>Revised</strong> Appointments will be scheduled within 36 hours for EAP services.</td>
</tr>
<tr>
<td>HR-672</td>
<td>DRUG FREE WORKPLACE</td>
<td>R</td>
<td>Reviewed with no recommended changes.</td>
</tr>
<tr>
<td>HR-674</td>
<td>CRITICAL INCIDENT STRESS MANAGEMENT</td>
<td>U</td>
<td><strong>Revised</strong> Director of Employee Assistance Program (EAP) to SJH Employee Assistance Professional.</td>
</tr>
</tbody>
</table>
Below are a list of policies that have been posted to Staffhub. Please use this tool to educate your staff on the following updates. Staff affected by New and Updated Policies should be inserviced with documentation maintained on a training record.

### CLINICAL

<table>
<thead>
<tr>
<th>REF #</th>
<th>TITLE</th>
<th>UPDATE</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATD-901</td>
<td>SCOPE OF SERVICES / ATD DEFINITIVE STEP-DOWN UNIT (DSU)</td>
<td>U</td>
<td>Deleted Norepinephrine and Vasopressin per MD request.</td>
</tr>
<tr>
<td>IV-368</td>
<td>MIDLINE CATHETER, INSERTION AND MANAGEMENT</td>
<td>U</td>
<td>Updated Policy instructing RN to notify provider if midline catheter becomes occluded and has to be discontinued per pharmacy recommendation.</td>
</tr>
<tr>
<td>PC-223</td>
<td>READ-BACK: TELEPHONE / VERBAL / ORDERS AND RESULTS / VALUES</td>
<td>U</td>
<td>Revised All orders dictated over the telephone shall be dated, timed, signed and flagged by the person receiving the order, with the name of the practitioner (last name and first name) noted.</td>
</tr>
<tr>
<td>PC-304</td>
<td>COLOR CODED WRISTBANDS</td>
<td>U</td>
<td>Added Policy #G: White wristbands with black lines running through it, embossed with &quot;Isolation Precautions&quot; will be used to identify patients with isolation precautions.</td>
</tr>
<tr>
<td>RI-045</td>
<td>SURROGATE DECISION-MAKER</td>
<td>U</td>
<td>Added Definition for unbefriended.</td>
</tr>
<tr>
<td>RI-061</td>
<td>NOTICE OF PRIVACY PRACTICES</td>
<td>U</td>
<td>Revised Procedure #D: When patient is unable or refuses to receive the Notice of Privacy Practices, document the reason.</td>
</tr>
<tr>
<td>RX-436</td>
<td>INSPECTION OF DRUG STORAGE AREAS</td>
<td>U</td>
<td>Revised Procedure #A.14: All opened multidose vials are initialed and dated appropriately and not stored in the direct patient care area.</td>
</tr>
<tr>
<td>RX-448</td>
<td>MEDICATION ERROR REPORTING</td>
<td>U</td>
<td>Revised Purpose: All medication errors/events whether they reach the patient or not should be reported through the Incident Reporting System (IRS) in order to document a real or potential concern to patient safety and to prompt action to reduce the possibility of error and subsequent harm to the patient.</td>
</tr>
<tr>
<td>RX-489</td>
<td>ALLERGIES, ADVERSE DRUG REACTIONS AND OTHER PATIENT SPECIFIC INFORMATION</td>
<td>U</td>
<td>Updated Policy to the electronic medical record with input from Nursing, Clinical Information Systems (CIS) and Pharmacists.</td>
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</table>
Fact or Fiction?

The use of oxygen at levels that potentially may eliminate “hypoxic drive” should be avoided in patients with COPD.

See page 16 for answer
What is a Pivot Table Report?

A **pivot table report** allows you to analyze and summarize a million rows of data in Excel without entering a single formula. Pivot Tables let you select data fields to compare, or “pivot”, your information in ways that pare down large data tables into specific, useful summaries using filtering and sorting options. Pivot tables are incredibly flexible, and there are hundreds of different styles of reports you can create. Pivot Tables have **Report Zones** that control the page layout for the report.

**Pivot Charts** are a visual representation of Pivot Table results, displaying summaries in a variety of chart and graph formats. Pivot Charts make it easy to identify important trends and present this data to others. Like PivotTables, PivotCharts are much easier to create in the new user interface. All of the filtering improvements are also available for PivotCharts. When you create a PivotChart, specific PivotChart tools and context menus are available so that you can analyze the data in the chart. You can also change the layout, style, and format of the chart or its elements the same way that you can for a regular chart. In newer versions of Office Excel 2010, the chart formatting that you apply is preserved when you make changes to the PivotChart, which is an improvement over the way it worked in earlier versions of Excel.

With all of the data collected in our ministries, Pivot Tables can quickly allow you to see trends that allow you to make meaningful decisions. Please refer to the Aug and Sept schedule of classes and note that Excel Pivot Tables is offered on August 27.

<table>
<thead>
<tr>
<th>August, 2015</th>
<th>September, 2015</th>
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<tbody>
<tr>
<td>Excel: Pivot Tables: Aug 27 9-12</td>
<td>Microsoft Office OneNote: Sept 30 9-12</td>
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</tbody>
</table>

**Answers to Fact or Fiction:**

**#1 Fiction**

The reference standard for non-invasive blood pressure (NIBP) monitoring is the auscultatory method in adults in children. Oscillometric should be compared to the auscultatory method for a baseline (should be within 5mm Hg) and then may be used for trending. Critical variants in results include: incorrect cuff size, extremity used to take the measurement, and patient position.

**#2 Fiction**

Providing oxygen to patients with COPD may result in an elevated CO₂ level, apnea and other related adverse outcomes but the CO₂ level is not elevated solely because of hypoxic drive. It is also related to hypoxic vaso-constriction, a decrease in minute ventilation and the Haldane effect (the physiological mechanism associated with the ability of hemoglobin to carry oxygen and CO₂.