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Clinical Education Update
December 2018

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

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Message from the Editors

We would like to take this opportunity to give each of you a holiday gift from the Clinical Education Department.

Every other year, an educational needs survey is offered with the ACE self-learn module through HealthStream. The Clinical Education Department would like to assure you that this feedback is taken very seriously and new classes are built to accommodate your educational needs. This year several new classes have been added based on your recommendations.

New classes for 2019 include:

- Caritas Class
- Stroke Class
- Caring for Behavioral Health Emergencies in the Acute Care Setting
- Heart Failure
- Challenging Rhythms (formerly known as intermediate EKG)

The Clinical Education Department also continues to schedule professional certification classes, simulation and skills sessions, residency programs, and AHA certification courses to enhance your workplace (and back-to-school) skills. Nursing Certification Review e-books are now accessible through library services. See page 15 for more information.

New this year is the Clinical Education Resource Site which can be accessed on Sway or by a "QR" app on your smart device. Simply scan the QR code allowing access to a dynamic link for an up-to-date 2019 Education Calendar, scholarship information, class schedules, tuition reimbursement, outside training, certification program, and so much more. Give it a try by hovering over the QR code on page 13 of the newsletter and your app will direct you to sway.

More importantly, our wish and hope is that you are taking some well-deserved time to gather with friends and family while enjoying many enriching sacred encounters during this magical holiday season. *-Kathy, Sharon, and Amy*

NAME CHANGE

The POSTPARTUM ANTEPARTUM RESPONSE TEAM (PART)

is now the

OB RESPONSE TEAM

EFFECTIVE DECEMBER 1,2018

Call if you need OB specific help for a pregnant, newly delivered or lactating mom!

Emergency: Dial 66, ask for OB Response Team

Non-emergent: Call L&D ext. 14004

Policy Reference PC-302 OB Response Team in Clinical Manual

BREAKING NEWS

Zoll Defibrillators and Transport Monitors Arrive Feb 2019

Training Classes Jan 28 to Feb 15

Register on Healthstream

BLS providers: 30 minute class

ACLS providers: 90 minute class

SuperUsers: 120 minute class

Zoll Transport Monitor

NEW!

Defibrillator

- **Hands Free Pads for defibrillation, cardioversion and transcutaneous pacing**
- **Sternum placed feedback device monitors CPR quality and provides verbal critique**
- **See-thru CPR**
- **Small, lightweight, portable**

NURSING RESEARCH AND EBP PROJECTS

Nurses are you interested in starting an EBP Project or Nursing Research, join Beth Winokur PhD, RN, CEN at one of the workshops in January and February.

- Lunch and Learn: EBP on Jan 24, 2019 1200-1300
- Breakfast and Learn: EBP on Feb 6, 2019 0800-0900

Register on Healthstream and remember prior to engaging in any research activity at St Joseph Hospital, IRB approval is most likely necessary. This includes doing surveys, collecting data, or using already collected data from the hospital for school assignments or other purposes.

Please contact Beth in the Nursing Research Office at x 18250 for further consultation.

Congratulations *to the following caregivers who graduated with nursing degrees and passed specialty certification exams*

NURSING DEGREES

Robert (Jose) Meza RN, CNII from the ECC graduated with a BSN from Pacific College

Mariko Ishimaru RN, CNII from the Main OR graduated with a BSN from University of Texas at Arlington

Kathleen Majeski, RN, MSN, OCN from Radiation Oncology graduated with a MSN in Nursing Leadership and Education from Concordia University

Richard Ngheim RN, MSN, FNP, CNIII from Endoscopy earned his FNP from Azusa Pacific University

SPECIALTY CERTIFICATIONS

The following nurses from the Emergency Care Center received their certification in emergency nursing

April Brewster MSN, RN, CNII, CEN

Michael Cadaret MSN, RN, CNII, CEN

Kimberly Clinton BSN, RN, CNII, CEN

Janna Meiring BSN, RN, CNII, CEN

Jaclyn Hilts Moreno BSN, RN, CNII, CEN

Rebeca Obregon BSN, RN, CNII, CEN

CJ Pfeiffer MSN, RN, CNII, CEN

Makenna Tsao BSN, RN, CNII CEN

The following nurses from Behavioral Health received their certification in Psychiatric Mental Health

Nicole Bleile RN-BC, CNII,PMH, inpatient BHS

Dinah Casino RN-BC, CNII, PMH, inpatient BHS

Kat De La Rosa RN-BC, CNII, PMH, inpatient BHS

Diane Hawit RN-BC, CNII, PMH, outpatient BHS

2019 Clinical Advancement Workshops

To learn more about clinical advancement to a CN III or IV, please attend a one-hour workshop that provides the Clinical Nurse II with the information needed and the process to follow for advancement to a Clinical Nurse III or a Clinical Nurse IV position.

January	February
January 9th - SFD CR-3	February 4th - SFD CR-3
January 11th - SFD CR-3	February 7th - SFD CR-3
January 15th - SFD CR-3	February 12th - SFD CR-3

1-hour workshops are held from 8-9am and repeated from 11-12noon

Clinical Narrative

By: Julie Ta

L.C. was a 83 y/o male patient who was brought into the emergency room complaining of chest pain which was unrelieved by three doses of sublingual nitroglycerin. Months prior to arriving at the hospital, the patient needed a transcatheter aortic valve replacement (TAVR) because he was not a candidate for a coronary artery bypass graft. The patient and his family postponed the TAVR because his wife was ill which resulted in her passing. L.C. had the TAVR a couple of days prior to being transferred to Medical Telemetry. I received L.C. from CVICU during the change of shift. I came into the room to introduce myself to the patient and his daughter J.C.. The patient appeared to be quiet and tired. Three of his children took turns staying with him for morale support every day. His daughter and I had some time to speak about the patient's health condition and the recent lost of her mother.

I noticed L.C. was tired, irritable, and had a delay in response. He answered questions appropriately and wanted to go to sleep. J.C. stated her father had not been sleeping well in the hospital and was tired, and had been "off" since he had the TAVR two days ago. I gave him a urinal and placed it on his left side. I instructed him to use the urinal when he needed to void. L.C. was on Lasix 60 mg three times a day via IV push. He denied shortness of breath and was not in any distress. His oxygen saturation read 96% on room air. I informed him the importance of staff monitoring his intake and output. On the telemetry monitor it showed he had atrial fibrillation with a controlled heart rate of 70-80 beats per minute. After he thanked me, I excused myself from his room. My plan was to return with his medications and to complete my physical assessment.

When I came into the room, J.C. was upset her father was unable to find the urinal. She explained he couldn't see the urinal on his left side, but when she placed the urinal on his right side he was able to see and use the urinal. Normally L.C. wears reading glasses and he had no other vision impairment. I decided to include the NIH Stroke Scale while I performed my physical assessment. L.C. intermittently slept during the assessment, and did not want to participate during the assessment. I informed him that it was imperative for him to participate because I was assessing him for any signs and symptoms of having a stroke. L.C. could not see on the left side. Reading material was provided to him. As he was forming words, the left side of his mouth was slightly drooped down despite having a symmetrical smile. His NIHSS was a 5. I scored him on his drowsiness, mild facial droop, left leg drift, and complete hemianopsia to the left eye. In CVICU J.C. informed the attending physician L.C. could not see his left side since the TAVR. The physician assured the patient and his family the symptom was from the anesthesia. My abnormal assessment findings were concerning. I did not agree with the explanation he and his family received from the physician, so I called the MET nurse to inform her L.C. showed signs of a stroke. She assessed the patient and agreed this could be a true stroke.

The intensivist was called and saw the patient at the bedside. As the intensivist did his assessment I saw how L.C. performed during the assessment. He was not able to see the correct amount of fingers and intermittently identified objects presented to him on his left side. He needed to turn his head to the left side to see the left side.

Clinical Narrative, cont'd

The intensivist extended his hand out to shake L.C.'s hand, and L.C. was not able to see the doctor's hand so he was moving his right hand around to find the doctor's hand to shake. I asked the intensivist if the patient could get a CT scan of the head that night. The intensivist said yes, however, if the patient was currently having a stroke, it would not show a positive result in the CT scan of the head until later, which meant the patient would need two CT scans of the head if he continued to have symptoms. I wanted the patient to have a CT scan of the head to rule out any bleed. A couple of days ago if the patient did have signs and symptoms of a stroke, I believed the result of the CT scan would have shown a positive stroke that night. L.C. and J.C. both decided to not have a CT scan that night unless the symptoms worsened.

J.C. hugged the MET nurse and I after the Intensivist left the room. J.C. was overjoyed that her concerns were addressed. She thanked both of us for calling the doctor and listening to her concerns. I notified his physician and he decided to call a neurologist for a consult in the morning. Overnight I monitored L.C. His symptoms did not worsen, nor did it get any better. I took L.C. to get a CT scan in the morning. As L.C. was lying on the table getting his head scanned, his head CT looked abnormal on the monitor. My heart sank, I knew he had a stroke, but I didn't know if it was new or old. As I took L.C. back to his room, I wished the patient and his daughter would have agreed to get a CT scan of the head that night. I went home anxious anticipating the final result of the head CT.

I came back to work that night, and L.C. was assigned to me again. I was anxious to see the results of the CT scan of his head. The CT scan stated the patient had multiple hypo density potentially acute infarcts given the patient's symptoms and an MRI of the brain was recommended for further evaluation. The neurologist saw the patient and ordered an MRI of the brain. The MRI confirmed multifocal acute bilateral embolic ischemic infarcts most predominantly involving the right temporal lobe, parietal lobes, and the left cerebellar hemisphere. The neurologist stated the patient was not a candidate for any interventions for the stroke due to the symptoms initially occurred after patient came back from the TAVR more than a couple of days ago. The patient was restarted on Eliquis.

J.C. was waiting for me in L.C.'s room. She was upset and in tears that the physician had missed signs of a stroke. She still needed time to process her father's new diagnosis of stroke. Quietly L.C. sat listening to J.C. He felt hopeless. She had a lot of guilt that her father had the stroke because she gave consent for the TAVR, and she felt she did not do enough for her father. After listening to her, and giving her time to cry, I gave her encouragement and reassurance. I let her know she was the best advocate for her father. She spoke to anyone who was willing to listen to her concerns, and they reassured her that the stroke was not her fault. I educated her about condition H and the importance of condition H. I spoke to L.C., and he was upset he had a stroke and was crying that he lost his wife two months ago. Since J.C. had a desire to take her father home, she asked about the discharge plans. I informed J.C. before her father returned home that most likely L.C. would be transferred to an acute rehab facility to get better and stronger.

Clinical Narrative, cont'd

What I learned from this experience was to never disregard a family member or patient's concern. Every concern is valid and needs to be addressed with diligence and a thorough physical assessment. As nurses we are detectives. It's imperative we perform a process of elimination to arise at conclusions of why a patient's assessment is abnormal. Our conclusions sometimes get challenged and sometimes it's welcomed and appreciated with a different perspective. Advocating for patients is crucial because when it is delayed or is not done, it can result in patient harm. This experience confirmed the importance of condition H and why St. Joseph Hospital has condition H. From the beginning of each patient's hospital stay, it is important to educate the patients and their family about condition H. Interventions could have been accomplished sooner when L.C. had the first sign of a stroke, and it saddens me that L.C.'s outcome could have been different.

Caritas in Action

Julie's narrative exemplifies Caritas Process 2: Being Authentically Present, Honoring Subjective Inner, Life-World of Self/Other and Caritas Process 5: Allowing for Expression of Positive and Negative Feelings-Authentically Listening to Another Person's Story.

Julie was attentive and authentically present. She listened carefully to the daughter's concerns that her father was not able to see from his left eye and took action. After thoroughly assessing the patient, she determined that he was showing signs and symptoms of a stroke. Julie collaborated with the MET RN and confirmed her findings. The patient received a head CT followed by a MRI with both concluded that he had a stroke. Had Julie not been truly present in the moment with the patient and daughter, the patient's condition may have gone undetected or worsened.

Julie also provided support for the daughter as she shared her feelings of guilt over consenting to the TAVR and her father having a stroke. Julie allowed her to express her negative emotions, realizing that she needed to confide in someone. She shared that she felt as if she did not do enough for her father and began to cry. Julie supported her through this and gave her reassurance that she was a great advocate for her father. Being authentically present and listening to another person's story can truly make the difference for our patients and families.

LIGA International Mission Trip with SJO Nurse Residents

On October 5th a small group of nurses braved the flight to Sinaloa Mexico as part of the LIGA International "Flying Doctors of Mercy" monthly Medical Mission to the small towns of EL Fuerte and San Blas in Sinaloa, Mexico.

LIGA international, a philanthropic volunteer organization, has been providing medical, dental and eye care to impoverished people in rural Mexico since 1934. The word, LIGA, means "league" in Spanish and was founded by Dr. Iner Sheld Ritchie of Loma Linda who noted an urgent need for medical care in the 1930s.

New Grad nurses, Chrisley Maglanoc, BSN, RN from Float Pool and Sydney Daebritz, BSN, RN from Observations along with Sandra Orellana, MSN, RN from Clinical Education, helped physicians and other nurses in providing basic care to many patients visiting the clinic. Over 75 eye glasses, gauzes, tooth brushes and other supplies were collected by St Joseph Hospital staff and donated to the clinics. The supplies were greatly welcomed by the staff and many patients left either with new glasses or dental supplies for their use. Thank you to all St. Joseph staff for their donations!

We are grateful to the St Joseph's Scholarship Committee for sponsoring the medical mission by awarding the Steve Moreau Medical Mission Scholarship, a new scholarship established in honor of Steve Moreau.

(Story continued on next page.)

Chrisley Maglanoc from Float Pool, described her LIGA Mission experience this way:

"I was so blessed with the opportunity to volunteer at the San Blas LIGA clinic in Sinaloa, Mexico the first weekend of October. The first Friday of each month (October-June), 12-15 privately owned American airplanes carrying 4-6 passengers consisting of doctors, nurses, translators, students, and much needed supplies are delivered to remote LIGA clinics. Here, hundreds of people in need (children and adults) are given medical, dental, and eye care that they otherwise had no access to.

Through this experience, I was able to give back to the many deserving yet underserved people of San Blas, Sinaloa. Despite my inability to speak and understand Spanish, there are some things that just transcend language. Holding an old woman's hand while we are extensively debriding an upper arm wound that revealed flesh up from her wrist to her elbows. Making a young girl laugh and giggle while we do cares on her infected ostomy. Even just sharing a hug or smile after a treatment or assessment was done. It is these human moments and experiences that made the opportunity to volunteer through LIGA so amazing.

I am grateful to the St. Joseph's Scholarship Committee for sponsoring the medical mission, for my selfless and kind nurse educator Sandra Orellana for organizing the trip, and for my generous, loving coworker and friend Sydney Daebritz for whom I was assigned in San Blas with. I will continue to pray and hope for the best for the people of Sinaloa, and will continue to do my best to help those who are in the most need. I definitely plan on doing this medical mission again in the near future, and I would highly encourage my peers to consider to as well, as there is always a need for people of our skills and expertise."

Sandra, Chrisley and Sydney hope that many more RNs and physicians are able to join them for the next scheduled trip in November, 2019

"The best way to find yourself is to lose yourself in the service of others"-

Mahatma Ghandi

Clinical Education Simulation Lab

The Clinical Education Department educators continue to utilize simulation to enhance caregiver learning, both in the Simulation Lab and in various departments. While Jack, the high-fidelity manikin, lives in the Simulation Lab; Frances, the moderate-fidelity manikin, has made rounds this past year to PACU, OR, Radiology and CVIL. Caregivers provided feedback about the simulation experience. During a de-briefing after a *Malignant Hyperthermia Crisis* simulation, one PACU RN said, "This simulation helped a lot. I learned that chilled IV saline and saline irrigation are kept in the fridge of the MH cart. I don't have to go running for them." Another stated, "I can use the resource binder on top of the MH cart to help calculate the amount of Dantrolene needed in an MH crisis. This makes it a lot easier to calculate and administer more rapidly."

OR nurses also shared their comments, "This was very helpful! I loved it! When can we do this again?"

While Jack remains in the Simulation Lab, Med/Surg and Telemetry residents gather around him to participate in scenarios such as *Pain Management, Code Blue, Blood Transfusion Reaction, Sepsis and Differential Diagnosis.* Float pool residents shared, "This simulation helped prepare us for real life situations. It showed us the importance of collaboration and communication to ensure patient safety. Thank you for providing us with this great learning opportunity."

Other simulations of 2018 included *Blood Administration* with staff from Oncology, *Code Blue* with DSU Residents and Fellows and scenarios involving *Hemodynamics, Code Blue*, and *Sepsis* involving MICU Residents and Fellows.

Simulation involves three phases: Pre-Brief, Scenario, and De-Brief; each phase is a vital part. These simulations allow our caregivers to develop, refine, and apply knowledge and skills in a realistic clinical situation. Through simulation, caregivers are able to participate in an interactive learning experience designed to meet educational needs and also to re-inforce emergency interventions of high-risk situations in a safe and interactive learning environment.

Our Simulation Lab now provides an even more realistic environment! We have added monitors, vital sign machines, computer workstations and all the supplies a nurse would need when caring for patients. The use of our Simulation Lab with our simulation manikins, Frances and Jack, is allowing caregivers to gain experience, develop critical thinking and decision making skills, and emphasize the concept of multidisciplinary teamwork.

We are very excited to bring this new learning experience to the caregivers at St Joseph Hospital!

Simulation in Action

Experiential Learning

Assessment
Implementation
Outcomes

Team-Based Communication

Preparation for Critical Situations

Starting January 2019

New Online Tuition Reimbursement Process and Policy

PSJH is proud to offer financial assistance to benefits-eligible caregivers taking classes to develop their skills and achieve their career goals—and applying for tuition reimbursement and accessing educational resources is about to get more convenient. PSJH has partnered with Bright Horizons EdAssist Solutions™ to administer our tuition reimbursement program.

What's changing On Jan. 2, 2019, the HR portal will be updated to provide benefits-eligible caregivers with access to EdAssist's web-based system to efficiently process tuition benefit requests and make it easier for caregivers to seek approvals and receive reimbursements.

Benefits of the new system include:

- Expert one-on-one educational counseling to help evaluate schools and courses of study
- Expert one-on-one financial counseling to identify financial aid opportunities
- Discounted tuition and fees at more than 220 accredited schools

Important: Since we are launching a new tool in January, no new applications for the 2019 calendar year will be accepted from Nov. 21 until Jan. 1, 2019.

New policy for caregivers

A new tuition/education reimbursement policy is being implemented. Highlights of the new policy include:

- Increase in tuition reimbursement for all caregivers:
  - Full-time benefited caregiver $4,000/fiscal year
  - Part-time benefited caregiver $2,000/fiscal year
- The $10,000 cap per degree has been removed
- Benefits-eligible caregivers can apply for reimbursement following 90 days of employment
- Degree-related courses (i.e. G.E.D., bachelor's, master's, doctorate) will be eligible for reimbursement
- Professional or technical certifications/re-certifications will be eligible for reimbursement (with some exceptions)

Questions?

For general questions about the new tuition/education reimbursement policy and the EdAssist site, please contact the **HR Service Center at 855-200-6947, or submit an AskHR ticket to ASKHR@stjoe.org.**

Have a Specialty Certification???

Submit a copy of your new or renewed certification to HR prior to February 1st to receive the bonus in March

St. Joseph Hospital Clinical Education Resources Site

St. Joseph Hospital's Clinical Education Department is pleased that you have chosen to become a part of one of the finest healthcare provider teams. We are dedicated to the Core Values of Dignity, Excellence, Compassion, Integrity, and Justice, and to extending the Mission and Vision of the Sisters of St. Joseph. Our goal is to help you to become the very best person….and healthcare provider…. that you are able to be by offering you every opportunity to continue your education and helping you to reach your professional goals.

Go to this Sway

The resource site includes quick access to the following information

- Tuition reimbursement
- Scholarship programs
- Class schedules
- Clinical Education Resources

*****You can click on the "Go to this Sway" link above to access the site on-line or scan the QR code below.**

St Joseph Clinical

Education Resource Site

Quick Change Male Incontinence Wraps

- For your male patients
- A “quick” use and change
- Less use of cloths
- Help reduce use of cumbersome condom catheters and indwelling catheters
- Easy to apply

QuickChange Absorbent Male Incontinence Wraps by UI Medical

- Intended to handle male urinary incontinence in sleeping and nonambulatory patients
- Innovative design allows a single caregiver to change a patient in about a minute with no lifting involved
- The one-size-fits-all wrap collects urine before skin contact can be made, significantly reducing the risk of incontinence acquired dermatitis, which can occur with the use of incontinence briefs
- Superabsorbent core draws moisture in away from skin to help prevent liquid from pooling onto skin
- Open top allows air circulation to skin, providing a healthy microclimate that fights skin breakdown

For additional information regarding the use of this new product please contact
Darcie Peterson (Darcie.Peterson@stjoe.org) and/or
Gemma Seidl - Executive Director of Critical Care, Telemetry & Medical Surgical Services
(gemma.seidl@stjoe.org)

Burlew's Clues

SYSTEM LIBRARY SERVICES

http://www.psjhealth.org/library

Services for all caregivers

- Literature search
- Article access
- Tables of content
- Journal club support
- Instruction and training
- Copyright help

See website for local ministry contacts or email

burlewmedicallibrary@stjoe.org

Nursing certification review books

now accessible in our eBooks!

Adult CCRN Certification Review	Certification & Core Review for Neonatal Intensive Care Nursing
Certified Nurse Educator Review Manual	NRP - Neonatal Resuscitation Textbook
Clinical Nurse Leader Certification Review	Family Nurse Practitioner Certification
Lactation Consultant Exam Review	Adult-Gerontology Nurse Practitioner
Gerontological Nurse Certification Review	Pediatric Acute Care Nurse Practitioner
Advanced Oncology Nursing	Women's Health Nurse Practitioner
PCCN Certification Review	BMTCN Certification Review
Psychiatric Nursing Certification Review	

Visit System Library Services: http://www.psjhealth.org/library

to access the Certification Reviews click on 'Nursing Resources' on the right of the library's homepage, then scroll down & click the 'Certification Reviews' link

There are more than 3,500 other full-text electronic journals and 1,100 e-books such as the *APIC text, AAMI Resources* and *AACN Procedure Manual for High Acuity, Progressive and Critical Care*.

Providence St.Joseph Health

Get access to resources, including:

- ClinicalKey
- PubMed
- CINAHL
- New England Journal of Medicine
- The Lancet
- JAMA
- Red Book
- DSM-5
- AORN Guidelines
- Ovid MEDLINE
- Cochrane Library
- UpToDate
- Sanford Guide
- Nutrition Care Manuals

... and much more

EBP Conference

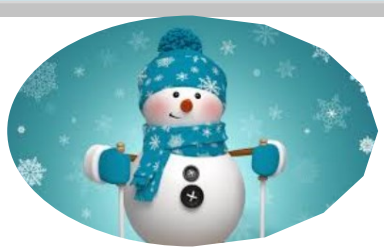
New date and location!

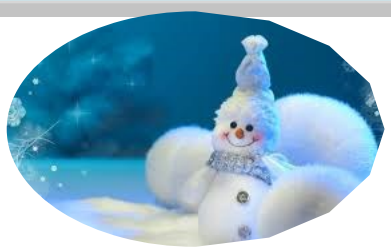
14th Annual Evidence Based Practice Conference

"Hot Topics in Our Community: Current Social and Ethical Issues"

Friday, March 22, 2019 0800-1630

Mother Louis Room, Motherhouse





Fiscal and Environmental Responsibility

- The Medline ReNewal program diverts approximately 3 million pounds of medical waste from landfills every year while saving the hospital waste removal costs.

Do your part to help!!!!

- Reprocess SCD sleeves, Pulse OX Sensors, HoverMats and many other products.

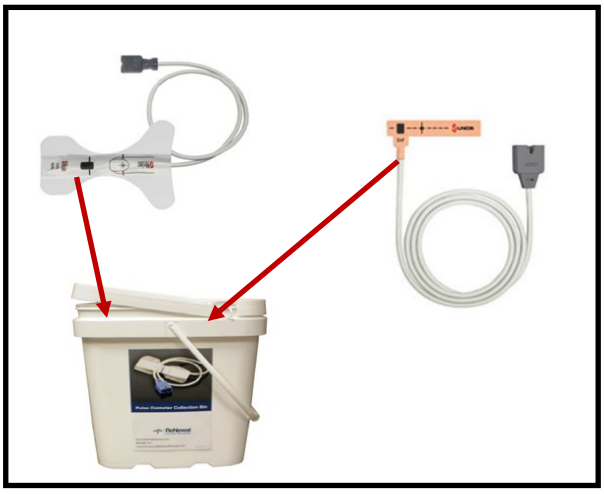
Compression Sleeve Collections

EASY AS 1...2...3

1. Roll the mattress from end to end lengthwise.
2. Fold the mattress in half ONE time.
3. Place in collection hamper

A SAMPLING OF THE SINGLE-USE DEVICES PROCESSED

- Cervical Collars
- EKG leads
- Anesthesia Masks
- Pressure Infusers
- Bed & Chair Fall Alarms
- Ultrasound Catheters
- EP Catheters
- Surgical shavers, blades, bits, and burrs
- Open/Unused/Expired items
- Laparoscopic Trocars/ Sheaths



MEDLINE ReNewal Full Circle Reprocessing

St. Joseph Health
St. Joseph Hospital
A member of the St. Joseph Hoag Health alliance

POLICIES AND PROCEDURES

Administrative / Human Resources / Clinical

SUMMARY UPDATE - October 2018

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.***

LEGEND	
N	NEW POLICY
U	UPDATED POLICY
R	REVIEWED POLICY
D	DELETED POLICY

CLINICAL

REF #	TITLE	UPDATE	SUMMARY
RI-003	Advanced Directives	U	Deleted: "5 Wishes…" Patient Handbook – Any reference of this was deleted from policy; No longer use
RI-033	Organ/Tissue Donation	U	Added that "All deaths are to be called into One Legacy…within one hour." Deleted: Progress/progress notes from Declaration of Death
RI-067	Medicare Discharge Appeal Rights	U	Reviewed/revised - Deleted content that was no longer applicable to policy - (Chartmaxx…)
STP-912	Anesthesia Preop Orders	U	Reviewed and revised policy to add the following: " This standardized procedure does not apply to the Pavilion Endoscopy department." (pg.1)
STP-915	Emergency Guidelines	U	Reviewed and revised policy to add the following: " This standardized procedure does not apply to the Pavilion Endoscopy department." (pg.2)
STP-941	Endoscopy Preop Orders	U	Reviewed and revised policy to add the following: " This standardized procedure does not apply to the Pavilion Endoscopy department." (pg.1) Deleted the following from procedure: "For diabetic patients, perform capillary blood glucose. Notify physician if blood glucose less than 80mg/dL or more than 200mg/dL."(pg.2)
PC-278	Restraint and/or Seclusion Debriefing	R	Reviewed/Revised with no recommended changes

CCRN/PCCN Review Class
March 5 and 6, 2019
Innovation Lab in Newport Beach

Provided by St. Joseph Hospital in partnership with
Greater Long Beach Orange County Chapter (GLBOC) of AACN

***Registration information to come

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St. Joseph Hospital
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POLICIES AND PROCEDURES

Administrative/Clinical/Human Resources

SUMMARY UPDATE – November 2018

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LEGEND	
N	New Policy
U	Updated Policy
R	Reviewed Policy
D	Deleted Policy

CLINICAL

REF #	TITLE	UPDATE	SUMMARY
AN-547	Malignant Hyperthermia	U	Practice did not change. Mini Spikes – are now to be used instead of 16 gauge needle: "Use a 60 mL syringe with a mini spike to dilute each 20 mg…" pg.3. Revised instructions for Dantrolene (Dantrium) Preparation. Removed mention of Pavilion Center Deleted Related Form - Cart Supply List - Surgery Center OR Revised Related Policies Related forms changed to reflect recent changes in cart locations
PC-103	Abuse and Mistreatment: Elder and Dependent Adult Abuse Reporting Requirement	U	Added definition of Sexual Abuse (pg.2) Revised Adult/Elder Abuse Registry (pg.7)
PC-168	Fall Risk Assessments and Interventions	U	Changes were made to reassure Meditech charting coincided with verbiage found in the policy Policy now includes a statement - Accompany all high fall risk patients to the bathroom, do not leave unattended. "…for at-risk (moderate/high) patients." : If the patient is at-risk (moderate/high) for falls, use of the yellow armband and yellow falling star to alert staff of patients at-risk. Outpatient ambulatory departments are exclusionary of this requirement. The exception of Home Dialysis Services is exclusionary to The Joint Commission (TJC) excludes Home Dialysis Services from the Home Health Standard. Education to follow shortly.
PC-186	Preoperative Hair Removal and Skin Preparation	U	Revised policy to support the addition of a new device (ClipVac) Updates made to practice to include implementation of CHG Wipes.
PC-206	Latex Allergy, Care of the Patient With	U	Deleted"…Utilize a latex-free cart for patient care… (pg.3).Removed Cart; no longer in practice. Removed reference to Meditech on policy (pg.3) to EMR.

CLINICAL POLICIES

PC-220	Oral Care Oncology High-Risk Patients	**U**	Minor updates to the procedure for basic oral care based on updated reference Removal of outdated interventions (i.e., Gelclair, Saliva Substitute) based on current hospital practice updated references.
PC-229	Care of the Neutropenic Patient	**U**	Reviewed/Revised: ▪ Added to the new standard under "Standard precautions are in effect." ▪ Included the elimination of nuts under dietary precautions ▪ Added a new step under dietary precautions Added a new step to prevention of neutropenia and associated infection
PC-270	Psychiatric Emergency in an Outpatient Center (On Campus)	**U**	Slight revision to the policy statement Revision made to the procedure ▪ "…transferring the patient to a higher level of care ~~Behavioral Health Services (BHS)~~…" ▪ Transfer to the Emergency Dept. ~~for definitive disposition, or~~ evaluation and possible admission to Inpatient BHS ▪ Direct admission to Inpatient B.H.S. Call 911 or SJO Security for assistance.
PC-277	Restraints and Seclusion	**U**	Revised definition of "seclusion" and deleted the correction piece/handcuffs
PC-302	OB Response Team	**U**	Title Change - OB Response Team. Previously known as Postpartum / Antepartum Resource Team (PART) ▪ Revised Purpose, Definitions, Documentation, Related Policies, and References ▪ The policy will now include OB Hospitalists Revised Emergent Requests: ▪ Deleted: A hypertensive crisis leading to eclampsia Added: Severe range blood pressures greater than or equal to 160 systolic 110
PC-319	Non-Obstetric Surgery During Pregnancy	**U**	Title Change: Non-Obstetric Surgery During Pregnancy. Previously known as Non-Obstetrical Surgery and the Pregnant Patient Revised Purpose, and references Added two Definition of Terms: Viable: is 24 weeks or greater, and Pre-Viable: is less than 24 weeks
PC-332	Code White Response: Pediatric	**U**	Changes made to Purpose "To define a standardized response for pediatric or neonatal medical emergency or suspected cardiopulmonary arrest. This policy does not apply to neonatal resuscitation at the time of delivery."
RX-432	Herbal Food-Drug Interactions	**U**	Added Isoniazid as a drug on the list due to INH and Histamine containing foods interaction Dietary supplement now considered as a medication.

CLINICAL POLICIES			
PL-712	Morgue Use and Responsibilities	U	Policy revisions to match current practice and to add clarification. ▪ Added the following information to policy - *"The Pathology Department is responsible for monitoring the length of time bodies have been in the Morgue and to identify improperly logged bodies."* ▪ Added - Complete an entry in the Incident Reporting System. Notify Bed Reservations and/or Pathology Manager, and/or SJH Risk Mgmt. If informed by Bed Reservations that a permit is in place for the deceased, make a notation on the Morgue Check Sheet of the date the permit will expire.
RI-004	Access / Restriction to Communication and Information	U	Added new reference from the United States Department of Justice, Civil Rights Division, Disability Rights Section (pg.4) Policy revisions reflect last updates of the Interpreters Policy RI-030.

REMINDER!

Red "Meds Only"

Carriers are used to transport medications or Pharmacy paperwork ONLY to/from the Pharmacy using the Translogic Tube System

"Clear" carriers

Used to transport all other supplies, specimens, paperwork, etc. using the Translogic Tube System