

Nursing News

SISTERS OF CHARITY PROVIDENCE HOSPITALS

Notes from Joan

Greetings!

Kathy Miller, RN, recently introduced a new concept called *Red Rules* to our clinical employees. Red Rules is a group of rigid regulations put forth to save lives, promote safety, and protect our patients and staff. These rules will help create solid habits around actions that pose the highest level of consequence and risk to safety, so that they are performed consistently and accurately each and every time.



Joan Ross, BSN, MSM

Kathy has done a fantastic job educating staff within the organization about Red Rules. Mandatory hand washing is an example of a Red Rule. In accordance with Red Rule standards, if a team member does not wash his or her hands when appropriate, the team

“stops” until the employee complies.

These rules originally began in the nuclear power industry and enabled workers to temporarily cease any process if there was a Red Rule violation. Toyota has also adopted the Red Rule concept and uses it in manufacturing plants to keep workers safe.

The implementation of Red Rules will ensure we maintain a “safety first” culture as we practice our professional responsibilities at Sisters of Charity Providence Hospitals.

— Joan Ross, BSN, MSM
Senior Vice President / Chief Nursing Officer

Supplies: The Foundation of Our Physical Care

As you know, supplies are essential to patient care. Nursing administration and the Materials Management department have been working on a Six Sigma team to enhance our processes and ensure you have all the supplies needed for our patients.

Some of the bulk items will no longer need to be scanned. Instead, a new process will be put in place to help you identify which bar codes to scan. Bar coded items that will not scan will be identified with a purple dot. Please continue to scan items to ensure they are replaced and let your nurse managers know if you are running short.

We are constantly reviewing ways in which we can improve or meet your needs and pinpoint areas in need of supplies. Let us know if you have any ideas on how to improve our processes.

— Sue Howell
Assistant Vice President of Nursing Services

The Nursing Newsletter is a quarterly publication produced by Nursing Administration in conjunction with the Public Relations & Marketing department. Please send submissions to Tamala Johnson at tamala.johnson@providencehospitals.com.

Sound-Alike Medications

by Forrest Fortier, Director of Organizational Development

Did you know more errors occur with medications that sound and look alike than with any other medications?¹ If a medication is written illegibly or mispronounced over the phone, a nurse or employee can inadvertently give the wrong medication. Medication errors can have a devastating effect on the patient.

Consider two medications: Omacor and Amicar. Omacor is a medication used for hypertriglyceridemia. It is also used as an adjuvant therapy post-myocardial infarction. The dose of Omacor is 1 gram po qid, 2 grams po bid, or 1 gram daily. Amicar is used for the treatment of acute bleeding and can be given intravenously or orally. The oral dose is also prescribed in grams.

If Amicar is given to a patient instead of Omicar in the absence of a bleeding disorder, the patient can develop a thrombosis. If Omicar is given inadvertently to a patient instead of

Amicar in an acute bleed, the outcome would be a fatal bleed.

The possible misinterpretations of sound-alike medications can result in serious medication errors. Remember to always clarify illegible orders, read back telephone orders, and use the “five rights” when administering medications. Stay abreast of the newest medications by using the available resources like LexiComp and Micromedex.

¹Wybenga, A. (2006). *Medication errors Omacor/Amicar. odm.*

Nursing Informatics:

Using Science to Interpret Data

According to the American Nurses Association (ANA), Nursing informatics (NI) is a specialty that integrates nursing science, computer science and information science to manage and communicate data, information and knowledge in nursing practice.¹ Data within a computerized record system is translated into information that can be used for clinical decisions. The ANA has recognized NI as a specialty since 1992.

An NI nurse assists in the management of patient care information for the bedside nurse, teaches other nurses about available resources and tools, and designs and tests information systems.

These nurses are important team members in managing clinical information systems. They are knowledgeable about patient care and technology and can serve in various roles. NI nurses can be educators, project managers, system implementers and researchers.

The NI nurses at Providence are Meditech Administrator Wendy Elmore, RN, and Research Coordinator Pam Williams, RN. Both have received certification in the specialty area of Nursing Informatics.

Implementation: The number 120 is simply a piece of data. However, when you add context to it, such as “Systolic blood pressure is 120,” it becomes information that can be used for a clinical decision.²

¹American Nurses’ Association: *The Scope of Practice for Nursing Informatics*. Washington, D.C., ANA Publishing, 1994.

²Newbold, S. (2002). FAQs about nursing informatics. *Nursing 2002*, 32(3), 20. (part of 2). Retrieved June 13, 2006 from *ProQuest Nursing Journals* database.



Earn a Little Extra...

Sisters of Charity Providence Hospitals offers a certification bonus to full-time and part-time registered nurses who have held a nationally recognized certification for approximately two years. However, less than five percent of our nurses take advantage of this bonus.

Put in a little extra work this summer; put some money in your pocket; and gain the respect of your fellow professionals by taking the time to become certified in your specific area. The bonus is paid quarterly, and is based on agreed hours.

The Area Health Education Consortium (AHEC) offers a variety of free review classes to Providence employees. The certification exam can also be paid for through tuition reimbursement. Recertification is not covered.

Acquiring national certification will allow you to automatically renew your nursing license. With changes in the licensing process in 2004, many nurses were scrambling to receive their continuing education units before the deadline passed. By becoming certified now, you can avoid the last minute scramble.

A description of the certification policy is available on the Human Resources section of the Info Web, which includes a listing of several organizations through which certifications can be acquired.

Visit the Education Department's site on the Info Web for additional information on this program.

Policies and Procedures Are Proprietary Property

All Sisters of Charity Providence Hospitals' policies and procedures are proprietary property. We do not provide this information to persons outside the hospital, except to regulating or accrediting agencies such as DHEC and JCAHO. If you receive a request for a copy of a policy or procedure from anyone outside the hospital, including outside attorneys, please tell the person to contact Chief Compliance Officer Chris Goforth at 256-5498.

Antibiotic Resistant Organism Transmission

Did You Know?

- 30 to 40 percent of resistant infections result from contact transfer via the hands of health care workers.
- 70 percent of rooms had environmental contamination (bed rails, bed tables, linen, patient gowns, thermometers, pulse oximeters, doorknobs, wheelchairs, charts, etc.) when the patient was colonized or infected.
- VRE can persist on dry environmental surfaces anywhere from seven days to four months.
- MRSA can survive on external surfaces of sterile packages for more than 38 weeks.
- 42 percent of nurses' gloves were contaminated with MRSA after touching environmental surfaces, even if they never touched the MRSA-infected patient.
- 40 percent of health care workers' gowns were contaminated with VRE after care of a colonized or infected patient.
- 65 percent of health care workers' gowns were contaminated with MRSA after routine morning care for patients with MRSA in their wounds or in their urine.
- Four out of five studies reported lower rates of patients becoming VRE positive when health care workers used gowns and gloves, as compared to gloves alone.
- A significantly lower rate of colonization was found among health care workers caring for MRSA patients when wearing gloves, a gown and a mask, instead of just gloves and a gown.

Reference: SHEA Guideline for Preventing Nosocomial Transmission of Multidrug-Resistant Strains of Staphylococcus aureus and Enterococcus, May 2003

South Carolina Hospitals Support New Law Requiring Reporting of Infectious Disease

About 2 million Americans get sick each year from infections they acquire while in the hospital, according to estimates by the federal Centers for Disease Control and Prevention. In an effort to reduce infection rates in Palmetto State hospitals, Governor Sanford has signed into law the *Hospital Infections Disclosure Act*, making South Carolina one of only eight states in the country to require hospitals to publicly report infection rates.

Under the new law, hospitals will submit semi-annual reports on infection rates for surgical sites, ventilator-associated pneumonia and central-line (IV)-related bloodstream infections. The South Carolina Department of Health and Environmental Control (DHEC) will first have to establish the methodology for collection and publication of the data. The first required semi-annual report is due February, 2008, with the first annual report published by DHEC due by February, 2009.

South Carolina Hospital Association President Thornton Kirby says South Carolina's hospitals have already taken steps to reduce hospital-acquired infections and improve the overall clinical effectiveness of their organizations. More than 90 percent of the association's member hospitals participate in the 100,000 Lives Campaign, a national movement of more than 3,000 hospitals that seeks to prevent avoidable deaths by implementing new patient care protocols. Three of the campaign's six protocols target preventable infections, the very contaminations South Carolina's hospitals will now report by law.

Education Department Changes Name and Focus

The new organizational structure at Providence created a significant shift in the Education department's responsibilities. In order to reflect its expanding focus, the Education department changed its name to Organizational Development. The most significant shift in its organizational development focus involves what department employees will be doing for Providence employees and the organization as a whole. The mission of Organizational Development will be to support Providence Hospitals' mission, vision and values through:

- ▶ Consultation, collaboration, performance analysis, instructional design and evaluation of education solutions.
- ▶ Development and provision of innovative, accessible, effective and efficient learning opportunities.
- ▶ Our highly trained and competent instructors by enhancing and developing professional and personal knowledge, skills and abilities.

What can you look forward to? You will see more opportunities for professional and personal skill building, development and growth, not just for clinical personnel, but for everyone in the organization. Visit the InfoWeb Organizational Development page for more contacts and more information.

If you have ideas or suggestions for developing Providence's personnel, contact Director Forrest Fortier at extension 5832.

Meet your Learning Professionals in Organizational Development

Forrest Fortier
Director

Corey Floyd
Training Services Coordinator

Karen Buchanan
Nursing Orientation and Annual Training Coordinator

Sheila Gatch
Specialty Orientation and Preceptor Development

Barbara Prettyman
Employee Development

Tabitha Soderstrom
New Grad Intern/Extern Development

Trina Vecchiolla
Clinical Development

Gary Semones
AHA Training Center Coordinator



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