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All Hands On Deck!
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New Isolation Signs

As of May 1, 2009, new isolation signs will be used throughout John Dempsey Hospital. The development of the new isolation signs was a collaborative effort among the Infection Prevention groups from all of the Consortium Hospitals. Computer-based education on the use of the new signs will be assigned to all patient-care staff. Diseases requiring isolation precautions are listed in the Transmission-Based Precautions Policy, which can be found in the Infection Control Manual on the Nursing Website Manual (http://nursing.uchc.edu). If you have any questions about the new signs, please contact Nancy Dupont, JDH’s Infection Prevention Specialist. The new signs are as follows:

**Airborne Precautions**

- PAPR (positive air purified respirator) required.
- Formerly Respiratory “STOP” Sign

**Contact Precautions**

- Isolation gowns and gloves required.

**Enteric Contact Precautions**

- Isolation gowns and gloves required.

**Droplet Precautions**

- Standard surgical mask within 3 feet of the patient required.
- However, it is prudent to wear a mask upon entering the room of a patient on Droplet Precautions to avoid any inadvertent exposure.

**Protective Environment Precautions**

Masks should be worn by all who enter the room who have a respiratory symptoms/infection.

Protective isolation does not appear to decrease the risk of infection any more than a strong emphasis on appropriate hand washing and routine good patient care techniques during patient care, therefore, no extraordinary measures shall be taken.

John Dempsey Clinical Operations Administration
Mike Summerer, MD, FACPE—Hospital Director
Best Practice Models on Medicine 4
Two exciting initiatives are taking place on Medicine 4 that are leading the way toward a cultural transformation at John Dempsey Hospital.

Care Optimization Rounds (“COR”)
Care Optimization Rounds were recently initiated on Med. 4 to improve communication and patient care. Monthly meetings include the Medical Director, Hospitalists, Nurse Manager, Asst. Nurse Managers, CNSs, Social Services, Case Management, House Staff, Medical Chiefs, Patient Relations, and staff nurses. The group discusses new employees, staffing and PSN reports, along with ideas to improve communication among caregivers. A weekly newsletter is shared with staff to communicate key issues discussed in the “COR” meetings. Staff have an opportunity to contribute ideas to help improve the patient experience, patient safety, or quality of care on their unit. The “COR” initiative is a “best practice” model that will be introduced on other units throughout John Dempsey Hospital.

Interdisciplinary Rounds
The second model of patient care practiced on Medicine 4 is Interdisciplinary Rounds, which take every Monday, Wednesday and Friday. These 30- to 45-minute meetings take an interdisciplinary approach to patient discharge. The discharge plan is discussed by Social Services, Case Management, Nursing, House Staff, and Chief Medical Residents. The group reviews the discharge date, patient’s plan of care and discharge needs, Core Measures, and any case management issues. The meetings provide excellent education for House Staff, who have an opportunity to form a relationship with Case Management and Social Services staff.

Since the Joint Commission surveyors will be reviewing patient charts for records of multidisciplinary team communication, this is an excellent opportunity to capture that evidence of compliance in the chart.

Infection Control
Unit liaisons are still needed in some areas for the Infection Prevention Program. If you have an interest in Infection Control and would like to help increase awareness and enhance communication regarding infection control issues on your unit, please speak to your Manager.

Patient Relations
Los pacientes de habla hispana (Spanish speaking patients). Patient Relations would like you to know that all of the critical documents in the patient admission packets (white folder) have been translated into Spanish. If you need one of these for a patient, please call Patient Relations during weekdays at x 3176. On nights, weekends and holidays, you may contact the Nursing Supervisors, who will keep a supply in Nursing Staffing Payroll. The Nursing office is Ext. 1031, or the Nursing Supervisor can be paged.

Patient Satisfaction Improvement Tips
One of the ways we can improve patient satisfaction is to focus on our communication with the patient. Ask yourself: “Did we make an effort to include the patient in decisions about their treatment?”
• Was the patient told that a decision needed to be made?
• Were possible treatment options explained?
• Were the pros and cons of each treatment option explained, including ALL possible negative side effects?
• Was the patient told what the expected outcomes of each option were?
• Was the patient told of the pros and cons of each outcome?
• Was the patient given the rationale for why one option might be better than the other?
• If only one option was clinically appropriate, was the reason explained, and did the patient have an opportunity to express consent?
• If two options were clinically possible, but one was more desirable, did the patient have enough information to feel that they understood the better choice? Was the patient given the ability to consent/dissent with that choice?

“Shout Out” Corner
This week’s “shout out” goes to Alexis Guarino and Rosie Wyatt from Nursing Administration, who provide administrative support to all of the nurse managers and the entire Department of Nursing—about 600 people! Alexis works on the Nursing website and recently helped update the Infection Control Manual. Thank you both for your efforts!