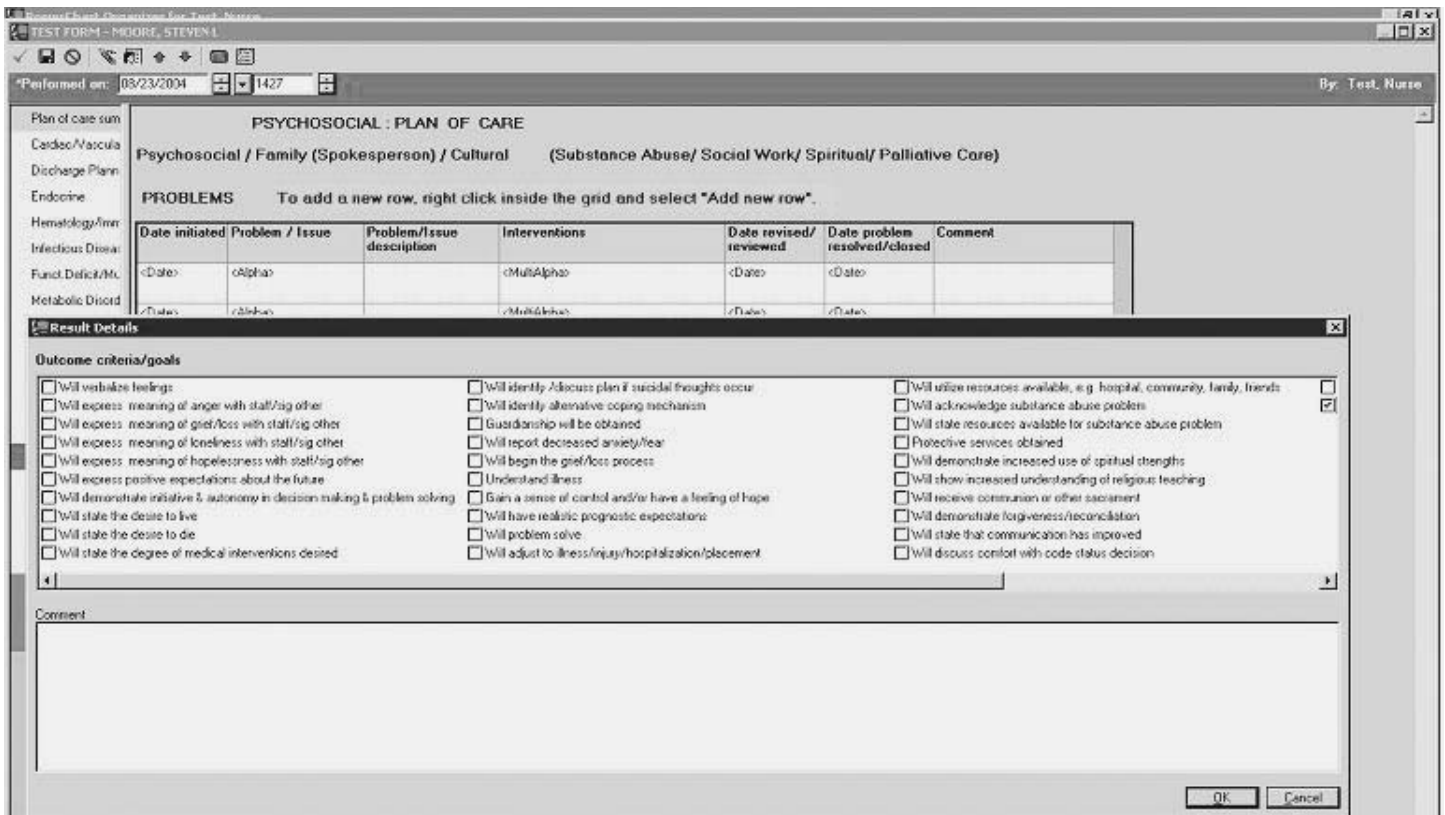




Plan of Care Going Electronic



This illustration shows the opening screen of electronic plan of care to be available in mid-October, 2004.

The purpose of an interdisciplinary Plan of Care (POC) is to communicate and coordinate care among disciplines. The foundation of this plan will meet regulatory requirements and allow both a quick picture of the patient's problems, goals, and interventions based on each disciplines' focus as well as a daily /ongoing view of the plan over time. This integrated process allows for each person involved in care to understand all the problems /goals / interventions for the patient. Having an integrated interdisciplinary plan of care has been an organization goal and it is required by JCAHO. Mock JCAHO surveys to date have shown our plan of care is an area that needs

major improvement. The electronic POC should help staff improve there interdisciplinary communication.

Where Is the Process?

The Plan of Care planning group has met for over a year and continues working to combine the plan of care elements from various disciplines. The electronic POC will have the following:

- A **list of systems** / categories for elements of the plan, such as Neurological, Discharge Planning, Functional Deficits;
- **Problem / Issue** (not diagnosis) related to that system/area;

(Continued on Page 2)

Plan of Care *(continued from pg.1)*

- **Description** – Ability to free text specifics of the problem or individual;
- **Interventions** – These are not a repeat of flow sheets or basic care standards e.g. turn q 2 hours, or mouth care etc.;
- **Outcome / Goal;** and
- **Time Frame.**

What Are the Benefits?

Improved continuity of care:

- As staff with first time exposure to patients won't need to search through charts to figure out what's going on and clinic staff could gain a better understanding of the outcomes of previous hospitalizations;
- A Plan of Care "**Summary Form**" will be available so that all patient care can be viewed in a real time format;
- Improved patient, family, and staff satisfaction
- Complete problem identification;
- Improved communication among patient care providers and recipients;
- Integration of individual multidisciplinary plans;
- Consistent method of care planning;
- Improved patient outcomes (decreased length of stay, earlier time of day discharge, unplanned re-admissions, reduced complications):
 - POC could be populated with standards of care/best practice guidelines/protocols, therefore, standardizing practice and improving outcomes.
 - POC could be customized to meet individual patient also improving outcomes.

- Improved patient safety:
 - Could mitigate risks by improving communication during care transitions.
- Improved efficiency by;
 - Reduced redundancy, rewriting care plan elements that have already been documented in other locations in the chart, e.g. Intake Triage/database, assessments etc.

In Summary

The baseline intake information and assessment are the beginning of the POC as the POC begins on admission. Daily assessments, key interventions and outcomes serve as the "data set" from all disciplines. Daily documentation of outcomes feed into and populate outcomes in the POC. Similarly, key information will populate the daily POC "report"; thus providing the patient with continuity of care and creating efficiency for the care provider. The POC is no longer a separate process, it is a dynamic process that becomes part of the care providers routine.

Who is on the team?

Judy Seltzer and Angie Amig- team leaders, Gena Stanek, Mary Jane Thommen, Ellen Loreck, Kerry Sobol, Caryn Zolotorow, Anne Naunton, Darlene Shutt, Susan Dayhoff, Rehka Mathews, Heather Ravilin, Heather Morraye.

More to come...for more information contact Angie Amig at extension 8-5993.



Case Management Week Is October 10-16

We celebrate Case Management Week to acknowledge the contribution case management has made to the quality of healthcare. Case managers provide services to the patient, healthcare provider, and payers by assuring patients receive the appropriate services with positive patient outcomes being the ultimate goal. Good outcomes are important for the patient, as well as for the healthcare provider and payers.

Although discharge planning is a team effort, it is the primary responsibility of the case manager to assure care in the hospital is at an acute level. A timely discharge to the appropriate level of care will afford the patient the best opportunity to return to his/her optimal level of functioning. In addition, the hospital can avoid denied days and lost revenue. Another factor that impacts the patient's level of

recovery and wellness is devising a plan best suited for that patient's needs.

In order to meet the needs of patients, payers, and providers, the role of case management is continually evolving resulting in the development and implementation of case management practice models. Also, changes in the delivery of care have increased case management's credibility. In addition, more case managers are becoming certified through the Commission for Case Management Certification.

Please join me in celebrating case management week 2004!



Trans Fat 101

By Cynthia Payne, MS, RD



“Partially hydrogenated” oils are trans fats which pose a higher risk of heart disease than saturated fats.

The U.S. Food and Drug Administration shed light on a potentially serious health threat recently when it announced that products containing trans fatty acids require specific nutritional labeling starting in 2006.

What Are Trans Fatty Acids

Trans fats are man-made or processed fats produced when hydrogen gas reacts with oil. They can be found in cookies, crackers, icing, potato chips, margarine and microwave popcorn.

Specifically, trans fats are made by adding hydrogen to liquid vegetable oil, and then adding pressure, which results in a stiffer fat, like the fat found in a can of Crisco. Trans fats are also called hydrogenated fats.

Why are They Bad for You?

Trans fats pose a higher risk of heart disease than saturated fats, which were once believed to be the worst kind of fats. While it is true that saturated fats -- found in butter, cheese, beef, coconut and palm oil -- raise total and LDL cholesterol levels, trans fats go a step further. Trans fats not only raise total cholesterol levels, they also reduce good cholesterol (HDL), which helps protect against heart disease.

What Harm do They do to the Body?

The stiffer and harder fats are, the more they clog your arteries. Trans fats do the same thing in our bodies that bacon grease does to kitchen sinks. Over time, they contribute to "clogging the pipes" that feed the heart and brain, which can lead to heart attack or stroke risk.

According to the comprehensive Nurses' Health Study - the largest investigation of women and chronic disease -- eating a small amount of trans fats **doubles** the risk of heart disease in women. The Institute of Medicine recently issued their guidelines on trans fats and noted that there is "no safe level"

Why Have Trans Fatty Acids been Put in So Many Food Products?

No human body has any need for these man-made fats. Food manufacturers started putting them in products over 50 years ago because they allow for a longer shelf life. Crackers, for example, can stay on the shelf and stay crispy for years in part because of the hydrogenated fats in them.

Are Trans Fats Bad for Kids?

Trans fats increase the risk for heart disease. So, children who start at age three or four eating a steady diet of fast food, pop tarts, commercially prepared fish sticks, stick margarine, cake, candy, cookies and microwave popcorn can be expected to get heart disease earlier than kids who are eating foods without trans fats.

While a person may not get heart disease until they are in their 40s, some of our research here at the University of Maryland Medical Center has shown that kids as young as eight, nine and 10 already have a higher than normal cholesterol and blood fats, the type that clog arteries. By starting healthy eating habits early, parents can help their children avoid heart attacks and stroke.

What Steps can You Take?

Learn how to identify high fat and trans fat foods.

When foods have a label, review the ingredient listing. The current *Nutritional Facts* does not help identify trans fats specifically, but you can find them. Look for ingredients labeled "hydrogenated or partially hydrogenated canola, soybean, or cottonseed, or other oils." See the example from the back of Lorna Doone cookie package at the top of this page. Slim-Fast chocolate brownie bar with 2 net carbs has a similar listing.

The listing order for hydrogenated fats is also important; if it is listed first, second, or third, there is a lot of it in the food. Avoid these foods.

Foods that come from nature won't have trans or hydrogenated fats. Naturally low fat foods are generally the best: fruits of all types, vegetables, chicken, turkey, fish, beans, whole grains, breads and some cereals.

One current "trick" food manufacturers use is to break up the components of the food (such as coating and the filling). They can take up half of the ingredient listing with a full description of the first component and its ingredients, such as the inside filling of the food item, thus "hiding" the second ingredient, often hydrogenated fat, which appears later into the product listing, as shown in the example above.

(Continued on Page 4)

Trans Fat *(continued from pg.3)*

Learn the categories of foods that are likely to have trans fats:

- Fast foods - fried chicken, biscuits, fried fish sandwiches, French fries, fried apple or other pie deserts
- Donuts, muffins
- Crackers
- Most cookies
- Cake, cake icing, & pie
- Pop tarts
- Microwave popped corn
- Canned biscuits
- International and instant latte coffee beverages



Over 70 Unit Secretaries Complete Competency Training



Unit Secretary **Fran Outlaw** works in the Surgical Step-Down Unit on Gudelsky 7, and she was among the 77 unit secretaries who completed the Unit Secretary Competency training Program. Fran has worked at this Medical Center for 28 years.

Seventy-seven unit secretaries attended an all day competency training class that was offered over the course of several days in late June and early July. This training was provided to train and assess all unit secretaries on their newly revised unit secretary competencies. Participants indicated on the course evaluations that they enjoyed the daylong training and that it helped validate current skills and provided new training they had not had before.

How Did They Do?

The previous unit secretary competency training program was five years ago so new unit secretaries hired since 1999 had only on-the-job training. So this competency training was the first time many unit secretaries had any classroom instruction on competencies for their role. Here's how they did:

- **54 or 70%** of these unit secretaries passed the two required tests - a multiple choice written test and a First Net/Power Chart viewlet test – that qualified them for a 9% salary adjustment;
- **19 or 25%** of them did not receive a passing grade on one of the two tests and were required to retake it and pass before the end of August to make them eligible for the salary increase.

To date, all of these 19 unit secretaries have fulfilled that requirement.

A make-up competency training session has been scheduled for **Thursday, September 30th** for those unit secretaries who did not pass both of the required tests, and for those unable to make the original classes. For further information, please contact **Susan Carey** in the Office of Clinical Practice and Professional Development on **8-2730**.



School of Nursing Establishes New Honors Program

The University of Maryland School of Nursing launched a new **Honors Program** this fall to recruit outstanding students and prepare them for leadership roles in clinical, research and academic settings. The program is designed to produce highly educated professional nurses to help alleviate the national nurse and nurse faculty shortages, and to meet the needs of the health care system of the 21st century.

Sponsored by the Aaron Straus and Lillie Straus Foundation, Inc., in partnership with the University of Maryland, Baltimore and the Central Scholarship Fund, the program will provide special clinical and research opportunities for exceptional students seeking a challenging educational experience where they will learn and practice collaboratively in an interdisciplinary health care environment. Excellence in scholarship, clinical skills and research will be promoted through enriched coursework, involvement in research and intensive mentoring relationships with School of Nursing faculty. Students will be selected on the basis of their (outstanding) achievements in previous college coursework, cur-

riculum, honors essay, school and community service, and school evaluation.

“The Honors Program is attractive to me because of the opportunity to have a mentor,” says Katharine Giancola, one of the first 11 students chosen for the program. “Also, it is a ‘program within a program,’ which I believe will be an asset for learning.”

“As a national leader in nursing education, research and clinical practice, the School of Nursing recognizes the need for highly skilled nursing leaders,” says **Janet D. Allan, PhD, RN, CS, FAAN**, dean of the School of Nursing. “We have initiated this program to attract the best and brightest students who will be educated to meet the health care challenges of the future.”

For more information about the School of Nursing’s honors program, call the Office of Admissions and Student Affairs, **410-706-0501**.



University of Maryland
School of Nursing

School of Nursing Launches Institute For Nurse Educators

The University of Maryland School of Nursing is launching an **Institute for Nurse Educators** this fall to address the critical and growing shortage of nursing faculty in Maryland and across the nation. A recent survey conducted by the School of Nursing revealed that Maryland’s nursing schools turned away nearly 2,000 qualified Associate in Arts and Bachelor of Science in Nursing applicants last year, due mostly to the lack of faculty. This does not bode well for Maryland hospitals, who continue to experience a shortage of nurses (10.8 percent in 2003, as reported by the Maryland Hospital Association), and who rely on area nursing schools to help fill those positions.

To work as a faculty member, nurses must have a master’s degree in nursing or a related field or a doctoral degree. To this end, the Institute will centralize nurse education resources to prepare nurses with the essential knowledge and skills they need to assume educator roles in both academic and clinical settings. The Institute will provide class-

room and Web-based courses for an education minor as part of a master’s degree, a doctoral degree, or a post-master’s certificate for nurses or other health care professionals. A variety of ongoing professional development courses for current faculty and clinical nurse educators will also be offered.

“There is no quick solution to the nurse faculty shortage,” says Janet D. Allan, PhD, RN, CS, FAAN, dean of the School of Nursing. “However, the Institute for Nurse Educators will help us make major strides towards alleviating the problem by focusing our attention on the recruitment and preparation of nurses for faculty roles.” The interim co-directors for this new program are **Louise Jenkins, PhD, RN**, associate professor at 410-706-4296 or jenkins@son.umaryland.edu, and **Carol O’Neil, PhD, RN**, assistant professor, at 410-706-8706 or oneil@son.umaryland.edu.



IV Push Manual

University Of Maryland Medical Center Intravenous Push Drug Guidelines in Adults

Abbreviation Key:

I = ICU BED, M = Monitored BED, Onc = Oncology Unit / certified nurse, P = Peripheral line access, C = Central line access

Generic Name (Brand Name)	Restricted Area (s)	Typical Adult Dose	Maximum Adult Dose	Maximum Concentration	Maximum Rate of Administration	Administration Considerations
Adenosine (Adenocard,, Adenoscan,)	I, M, Code	6 mg rapid IV push over 1-2 seconds; may repeat with 12 mg dose if not effective in 1-2 minutes	12 mg for a single dose	3 mg/ml	1-2 seconds IVP	Administer line as pro to trunk (n hand, leg o Follow each normal sal Lower dos administer preliminar

The IV Push Manual has been revised to provide registered nurses with the most up-to-date written guidelines on the administration of drugs by IV push in adults. The goal is to optimize the quality and safety of IV push medication delivery.

Inclusion of a drug in this manual does **not** imply that nursing staff has the authority to give the drug by IV push in all settings. Each patient care unit determines which drugs it will administer by IV push and develops educational programs or competencies for their staff. Similarly, exclusion of a drug from this manual does not imply that it cannot be given IV push. Information regarding the IV push administration of drugs not included in this manual can be obtained directly from a pharmacist or the drug information center (at ext. **6-7568**).

The information listed in the chart are **guidelines** for drug administration, and **not practice standards**. If you have any questions regarding the application of these guidelines, please contact the prescribing physician or your pharmacist. One row of the chart is shown above to illustrate how the information is displayed.

The Coordinator of Formulary Management, Clinical Systems, and Drug Use Policy will manage all additions and deletions to this document. To request an addition or deletion to the document, please call ext. **8-3720**. **Always refer to the Intranet for the most updated version of the**

IV Push guidelines in Adults. The site is <http://intra/ummc/clinical/pharmacy/formulary/guidelines/index.htm#guide>, which can be accessed from the Pharmacy Services link under *Clinical Resources* on the Intranet Home page.

NOTE: Wide inter-patient variability exists in the efficacy, onset of action, time to peak, and duration of action of medications requiring individualization, titration and evaluation of response. Therefore, the dosages and schedules in this guideline may not be appropriate or indicated for all patients. This variability in drug appropriateness and indications is especially true in the debilitated, elderly, hepatic, or renal impaired patients who may require lower doses at less frequent intervals.

Relative to the opioids mentioned in this document, also consider the following:

Analgesia efficacy may be maximized and toxicity minimized with smaller, more frequently administered doses and patients who are tolerant to opioids (i.e., have a history of cancer or chronic pain treatment with opioids or have history of substance abuse) may require higher and / or more frequent doses.

Components of the Table

Generic name: The name assigned to each medication after approval by the US adopted name council.

ual (Revised)

Access, Code= crash cart drug administration	
Administration	Monitoring Parameters/Comments
<p>via a peripheral maximal as possible not in lower arm, or foot).</p> <p>Each bolus with saline flush.</p> <p>3mg) may be administered via central line—</p> <p>ly results</p>	<p>ECG, HR, BP</p>

Typical adult dose: The dose normally recommended in the average adult patient. Does not reflect dosage adjustments for compromised organ function. Check with the pharmacist for recommendations in these patients.

Maximum adult dose: The highest dose generally recommended in a typical adult patient. May be listed over a select time period.

Maximum concentration: The highest concentration of a drug that can be given IV push.

Maximum rate of administration: The maximum rate of which the drug can be safely administered by IV push.

Administration consideration: General information on dilutions, select side effects, compatibility at Y-sites and special instructions.

Monitoring parameters / Comments: Clinical signs and symptoms, lab values, hemodynamic parameters, etc, which the health care practitioner should evaluate before (baseline), during and after administration of the agent. Parameters for both therapeutic and toxic effects are included where appropriate. Additional comments relative to safe, effective administration may be included. Sedation monitoring includes pre, during, and post sedation scores. Pain assessment includes pre and post pain scores.

Brand name: The name selected by the manufacturer of the drug. Medications may have more than one brand or trade name.

Restricted area: Indicates patient care areas where drug may be administered safely by IV Push.

M = monitored setting (i.e., patient is monitored with any of a variety of vital sign monitors such as an ICU monitor, pulse-ox, EKG) and assessed frequently by a licensed health care provider.



 **JOSLIN DIABETES CENTER**
UNIVERSITY OF MARYLAND MEDICINE

Walk for Diabetes on October 23rd

Every 3 minutes, an adult or child in America dies from diabetes. More than 210,000 Americans die from the disease each year. The University of Maryland Joslin Diabetes Center is proud to sponsor and participate in changing this statistic by joining American Diabetes Association's America's Walk for Diabetes.

We ask you to consider becoming a team captain, a walker or to support our efforts and make a contribution to the American Diabetes Association (ADA). The funds raised

through America's *Walk for Diabetes* support the critical efforts of the ADA to help find a cure for this deadly disease, and support diabetes treatment, education and advocacy for both adults and children. To join the Joslin Team, call Sonia Garcia at 410-328-1751 or e-mail her at sgarcia@umm.edu.

The American Diabetes Association's America's *Walk for Diabetes* takes place on **October 23, 2004** at the **M&T Bank Stadium**.



Pain Conference Offered on September 28, 2004

The Medical Center is re-offering the **Pain: The Fifth Vital Sign** program since many staff who attended it in the past recommended we repeat it. It will be held in the Learning Center so space is limited.

Staff can register by:

1. Completing a registration form available from the Office of Professional Development at extension 8-6257, or
2. This office can fax you a brochure with a registration form, which you can complete and fax back to fax# 8-8258.

PAIN: The Fifth Vital Sign

September 28, 2004

- 7:30 – 8:00 Registration and Continental Breakfast
- 8:00 – 8:10 Welcome and Introductions
- 8:10 – 9:10 **How to Effectively Manage Pain**
Anne Savarese, MD, Director, Acute Pediatric Pain Management Service,
Assistant Professor, and Director of Pediatric Anesthesiology
- 9:10 – 10:10 **Analgesic Pharmacology**
Mary Lynn Mcpherson, Pharm.D., BCPS,
Associate Professor, School of Pharmacy, University of Maryland
- 10:10 – 10:25 Coffee Break
- 10:25 – 11:25 **Using the Analgesic Pyramid to Manage Pain**
Joel Kent, MD, Director of the Maryland Pain Center,
Assistant Professor of Anesthesiology
- 11:25 – 12:30 Lunch – on your own
- 12:30 – 1:30 **Assessing Patients with Pain**
Karen Kaiser, RN, PhD, AOCN, Clinical Practice Coordinator
- 1:30 – 1:45 Soda Break
- 1:45 – 3:00 **Treating Pain in Patients Who Abuse Drugs**
David P. Tarantino, MD, Shock Trauma Center
- 3:00 – 4:00 **Pain from the Patient's Perspective**
David P. Tarantino, MD, Shock Trauma Center
- 4:00 – 4:15 Evaluation and Distribution of CE Certificates



Only Three OTC Drugs Approved

Based on Medical Center staff requests, the Pharmacy and Therapeutics Committee has approved three over-the-counter (OTC) medications to be dispensed from the Employee Satellite Pharmacy. Only these three OTC drugs are approved:

- Ibuprofen 200mg 1-2 tablets
- Acetaminophen 325mg 1-2 tablets
- Antacid (Maalox®, Mylanta® equivalent) 30 ml or one unit

Note: It is illegal for the pharmacy to dispense a prescription (Rx-only) medication without a prescription.

Employees are encouraged to bring personal supplies of medication to work.

OTC medications are available in the hospital gift shop and outpatient pharmacy.

In case of an emergency, employees are urged to visit the Emergency Department.



New Medical Visual Translator Slated for Key Clinical Areas

It's the middle of the night and you're triaging a new patient coming into the ER and you realize that your patient or family does not speak English. What do you do?

First, you should contact the page operator at x 8-6110, so that an interpreter can be contacted. In the meantime or if an interpreter cannot be reached, key clinical areas will have a supply of new **Medical Visual Translator Cards** which can be used to help communicate important information. These were made available through a grant from Aetna. These cards, as seen in the picture, can easily be used by pointing to colorful pictures and graphics. While the cards cannot be used for long-term communication, brief shorter-term communication can be improved with these translators. These cards will be distributed to the Emergency Rooms, Labor and Delivery, Express Care, TRU, Patient Resource Center, and the Nurse Coordinator office. Any questions can be directed to **Anne Williams** in the Patient Resource Center at extension **8-9355**.



JOSLIN DIABETES CENTER UNIVERSITY OF MARYLAND MEDICINE

Conference

The Joslin Diabetes Center is presenting a half-day diabetes educational conference on November 19, 2004 at the Weinberg Building Learning Center. The conference, designed for medical assistants, nursing assistants, nurse extenders, and nurses needing review of basic diabetes patient care content, is approved for 3.5 nursing contact hours. For more information, call the Office of Professional Development at 410-328-6257 or Tracy Stark at 410-328-0388.



CaviWipes Alert

These wipes **are not** to be used for patient hygiene.

The use is solely intended for cleaning of equipment and other hard surfaces.

The product labels, for future shipments of the CaviWipes, will have a warning indicator that the

wipes **are not** to be used for patient hygiene.



CCRN Exam Review Course Offered in October

The University of Maryland Medical Center and Baltimore VA Medical Center are co-sponsoring a two-day **Adult CCRN Exam Review** course. The course dates are: **Wednesday, October 6** and **Tuesday, October 26, 2004** from 8:00 am to 4:30 PM, and it will be held in the **Learning Center** at the Weinberg Building. Staff register for this course using the registration form on the course brochure which is available in Room S10B02, or the registration form can be faxed to you by calling 410-328-6257

The course is designed for critical care nurses who need an intensive review of critical care nursing content covered on the Adult CCRN Exam. This course uses a new delivery format of both lectures and instructor-led discussion of the AACN approved videotapes. These videotapes show national CCRN lecturers presenting the CCRN Exam Review Course at the American Association of Critical Care Nurses (AACN) 2003 National Teaching Institute (NTI).

This two-day course is designed to:

- Assist the prospective Adult CCRN Exam candidate in preparing for the examination based on AACN's newly revised CCRN exam blueprint.
- Provide beginning practitioners in critical care nursing with an advanced review, by major body organ systems, of essential knowledge for clinical practice.
- Discuss the assessment, work-up and management of commonly encountered critical illnesses in adults.
- Examine test-taking strategies for successful completion of the CCRN Exam.

This course is **free for all UMMC and Baltimore VA Nurses**, and costs \$200 for registrants from other medical centers, which includes lunch on the 2nd day.

ADULT CCRN EXAMINATION REVIEW COURSE SCHEDULE

DAY 1

Wednesday – October 6, 2004

- 7:30 – 8:00 **Registration**
- 8:00 – 8:15 **Welcome and Course Overview** –
Robert Welton, RN, MSN
- 8:15 – 10:15 **Neurology** -
Karen McQuillan, RN, MS, CCRN, CRNN
- 10:15 – 10:30 **Coffee Break**
- 10:30 – 12:30 **Pulmonary**, -
P. Milo Frawley, RN, MS, ACNP, CCNS
- 12:30 – 1:15 Lunch – on your own
- 1:15 – 2:45 **Cardiovascular** -
April Bahruth, RN, MS, CNS, C, CCRN & Terry Tucker, RN, MS, CCRN, CEN
- 2:45 - 3:00 Break
- 3:00 – 4:30 **Cardiovascular** -
April Bahruth, RN, MS, CNS, C, CCRN & Terry Tucker, RN, MS, CCRN, CEN

DAY 2

Tuesday, October 26, 2004

- 7:30 – 8:00 **Registration**
- 8:00 – 8:15 **Questions & Answers from Content Presented On the Previous Course Day**
- 8:15 – 9:15 **Gastrointestinal** –
Allison Steele, RN, CRNP
- 9:15 – 10:15 **Endocrine** -
Kristi Silver, MD
- 10:15 – 10:30 Break
- 10:30 – 12:00 **Hematology and Immunology** –
Katrice Royster, RN, BSN, MS
- 12:00 – 12:45 Box Lunch (catered) with optional Test-Taking Strategies Discussion –
Regina Twigg, RN, MS
- 12:45 – 2:45 **Renal**
Tammy McCourt, RN, BSN, CCRN
- 2:45 – 3:00 Break
- 3:00 – 4:30 **Multisystem** –
Karen Johnson, RN, PhD
- 4:30 – 4:45 Evaluation and Distribution of Continuing Education Certificates



William Johnson, Registered Respiratory Therapist



Francine Jones, Registered Respiratory Therapist

National Respiratory Care Week Is October 24-30, 2004

The Respiratory Care Department is a clinical service department who's licensed practitioners provide care to patients 24/7 throughout every aspect of the Medical Center and at University Specialty Hospital. If you ever have trouble breathing "a highly skilled Respiratory Care Practitioner" is the care provider you would want at your side. So if you may have already used the skills of a respiratory therapist or think that you might some day, please take this opportunity to say a special "Thank You" to your therapist. During this time of celebration please help us to honor these professionals for the valuable resources they bring to the patient care team every hour of every day.

**"Thank You" to all of our Respiratory Therapists.
We appreciate all the care that you provide to our patients.**



Ryan Martin, Registered Respiratory Therapist



Two New Staff Training Videos Available on New JCAHO Survey Method

The Medical Center has two videotapes designed to educate front-line staff on how the new JCAHO *Tracer Method* works and what types of questions staff could expect from JCAHO surveyors this coming June or July. One tape is called **The Tracer Methodology** and the other is called **Shared Visions**, but both describe, in slightly different ways, the tracer method approach and how it will involve front-line clinical staff. These videotapes are available for loan out of the Office of Clinical Practice and Professional Development by calling extension 8-6257 to reserve them.

The *Tracer Methodology* is the Joint Commission's name for their new process their surveyors use during their on-site surveys. Essentially it involves the JCAHO surveyors tracing or following a number of active patients through our health care delivery systems in the actual sequence experienced by the patients. During this tracing process, the surveyors pay particular attention to our systems' details, processes, and practices that are most relevant to patient safety and quality of care, and most at risk for negative outcomes should these systems or processes fail. These two videos show how this patient tracing and questioning of staff will most likely occur.

The recommended viewing sequence of these two videos is to watch the **Shared Vision** video first as it provides a bigger picture of the survey process. Then, follow it by watching the **Tracer Methodology** video, which shows examples of how staff will be interviewed and the kinds of questions they could be asked. Each video lasts about 30 minutes. We have only one copy of each video, which cost about \$500 each. Copyright restrictions prevent us from making additional copies, and the video costs prohibits buying multiple copies.

Viewing one video at one staff meeting and then viewing the other video at another staff meeting could be an effective approach to exposing staff to the content on both videos. These videos ask the viewer a variety of concrete questions about their practice, which are likely to be the same questions the JCAHO surveyors will ask during our site survey. To be the most effective, both of these videos should be viewed in a group setting as these questions are best discussed in groups of staff as opposed to individuals watching the video alone.

Carla Middleton at extension 8-0909 and Bob Welton at extension 8-0908 are available to attend viewing sessions to answer questions and help facilitate discussions if desired.



News & Views is published bimonthly by and for the staff
Department of Patient Care Services

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