

Medical Staff NEWS

REDUCING CATHETER RELATED BLOODSTREAM INFECTIONS

Marilyn Kole MD, ICU Utilization Management

One of LMHS patient safety goals is the reduction of catheter-related blood stream infections. LMHS is one of 24 hospitals that have joined a National Collaborative focused upon preventing complications from catheter related infections. National statistics show that 400,000 catheter related bloodstream infections occur annually with mortality rates between 10 and 20%.

We are implementing the CDC guidelines for insertion and care of catheters initially at Cape Coral Hospital but will eventually extend this safety practice to all campuses. The CDC guidelines are not new and have been recommended as best practice for several years. Research has shown significant reduction in infection rates and mortality with use of the guidelines. Some of the collaborative hospitals have gone many months without a central line infection by adhering to the guidelines.

The CDC guidelines call for the use of full gown and barrier precautions, and chlorhexidine skin disinfectant. We will be collecting concurrent central line infection data to measure improvement. Although the major focus will be in the ICU, the OR and ER departments are collaboratively working on this safety goal with us.

Infection control recently sent out a memo identifying the specific CDC criteria for insertion of lines and the CDC definition for line infections.

Please join us in reducing these life-threatening infections by adhering to the CDC guidelines. We will be sharing our data with the Medical Staff as the project progresses.

If you have other questions please call and we would be happy to provide more information.

COMMUNICATION AMONG CAREGIVERS

Improving the effectiveness of communication among caregivers is one of the 2005 JCAHO National Patient Safety Goals.

- For verbal or telephone orders or for telephone reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- All values defined as critical by the laboratory are reported directly to a responsible licensed caregiver within timeframes established by the laboratory. When the patient's responsible licensed caregiver is not available within the timeframes, there is a mechanism to report the critical information to an alternate responsible caregiver.

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BEHAVIORAL MANAGEMENT RESTRAINT UPDATE

Definition:

A restraint used for an unanticipated outburst of severely aggressive or destructive behavior that poses an imminent danger to the patient or others.

Key Points:

- Pre-Printed Restraint Orders (FM # 3108-C) must be used
- RN may initiate
- **Face-to-Face** by LIP (licensed independent practitioner) must occur within 1 hour of initiation of the restraint. (Required by CMS as of 8/1/99)
- Verbal and written orders must be time-limited
 - 4 hours for all individuals age 18 and older
 - 2 hours for children and adolescents 9-17
 - 1 hour for children under the age of 9
- Re-evaluation for need of restraint use:
 - Qualified RN to re-evaluate the patient Q1H for continued use of restraint.
 - In-person re-evaluation by licensed independent practitioner (LIP) will be:
 - Q8H for adults 18 years and older
 - Q4H for ages 17 years and younger
- Trained Personnel must check Q15 minutes for:
 - Signs of injury associated with the application of the restraint
 - Nutrition/Hydration
 - Circulation and extremity range of motion
 - Vital Signs
 - Physical and psychological status and comfort
 - Readiness for discontinuation of use of restraint
- Discontinuance and Removal of Restraint occurs when:
 - The patient's behavior no longer meets the criteria
- Debriefing post use will be conducted with the patient, family and staff to:
 - Identify what led to the incident and how it could have been handled differently.
 - Ascertain that the patient's physical well being, psychological comfort and the right to privacy were addressed.
 - Discuss incident with patient/family and provide treatment for any trauma that may have resulted from the incident.
 - Revise the Plan for Care (treatment plan) to meet the patient's needs.

IN THE SPIRIT OF GIVING AND SHARING...

Once again this year Lee Memorial Home Health initiated a Thanksgiving food drive for needy families by distributing large baskets to many physicians' offices as well as several departments within LMHS and asking staff to contribute to filling these. Thanks to the generosity of all who participated, enough food was collected to distribute to 30 needy families! Staff from Lee Memorial Home Health worked diligently to get the food distributed before the holiday.

BASEBALL EVENTS TO BENEFIT LMHS

- Minnesota Twins/Lee Cancer Care Celebrity Golf Tournament **February 24, 2005** at Pelican Preserve in Fort Myers. Join the Minnesota Twins players, major league greats and other sports celebrities in this golf tournament to benefit Lee Cancer Care. Call the Foundation Office at 985-3550 for more information.
- Boston Red Sox/Children's Hospital of Southwest Florida Celebrity Classic **February 25, 2005** at the Forest Country Club. Call 985-3550 for more information.

LEE CENTER FOR WEIGHT MANAGEMENT: SURGICAL AND NON-SURGICAL OPTIONS FOR YOUR PATIENTS

The Lee Health Solutions department of Lee Memorial Health System is committed to helping people address chronic conditions. Their Lee Center for Weight Management offers both non-surgical and surgical programs to address your patients' needs.

Non-Surgical

For the patient who is overweight and has tried a variety of diets and programs to help lose that excess weight, only to gain it back – the Lee Center for Weight Management's Registered Dietitian and trained staff can help to make that weight loss permanent. In addition to individual consultations with the Registered Dietitian, patients receive frequent follow-up attention and much more from this new, affordable approach to weight loss.

Surgical

For clinically overweight patients whose weight is endangering their health, the Center's Bariatric Surgery program may be the answer. This gastric-bypass procedure is offered in conjunction with Paul B. Wizman, M.D., an experienced Bariatric Surgeon in Margate. Dr. Wizman has performed over 600 Bariatric Surgeries and trained over 40 Bariatric Surgeons. The surgery is performed on the East Coast; however, the Lee Center for Weight Management provides most of the pre and post-operative care locally.

For more information about these programs, please call the Lee Center for Weight Management at 573-5720.

NET ACCESS

Net Access is the browser-based application that allows Physicians, Physician Extenders and Physician Office Staff secure access to patient Lab, Rad, Micro Results, Dictated Reports, and Demographic information over the Internet. If you haven't logged on, or have any questions, please contact Karen Mueller, IS Physician Liaison at 335-7753 or karen.mueller@leememorial.org or you may page Karen at 930-6635.

MANDATORY CME & RELICENSURE

If you still need to do the mandatory CMEs for the relicensure period ending January 31, 2005, the LMHS libraries will offer videos of HIV/AIDS, Domestic Violence and Prevention of Medical Errors in January.

Watch the video and fax the quiz and evaluation to 772-6564, the Medical Staff Office at CCH. Upon receipt of the above, a CME certificate will be sent to you.

MEDICAL STAFF HOTLINE

For Medical staff issues or concerns, call the Medical Staff Hotline @ 334-5700

CONTINUING MEDICAL EDUCATION – JANUARY CME

“LAWS REGULATING USE & ABUSE OF CONTROLLED SUBSTANCES”

Walter Flesner III, DO
Assistant Professor, Family Medicine
Nova Southeastern University

Thursday, January 6, 2005

6:30 – 7:30 PM
Lee Memorial Hospital Auditorium
RSVP for Dinner by January 4th – 573-5680
The new DO mandatory requirement for the relicensure period beginning April 1, 2004 through March 31, 2006.

“EPILEPSY UPDATE”

Selim Benbadis, M.D.
Associate Professor, Dept. of Neurology & Neurosurgery
Director, Comprehensive Epilepsy Program
University of South Florida College of Medicine

Wednesday, January 12, 2005

6:30 – 7:30 PM
Lee Memorial Hospital Auditorium
**RSVP for Dinner by January 10th
573-5680**

“INFLUENZA UPDATE”

Marshall D’Souza, MD

Wednesday, January 19, 2005

Lee Memorial Hospital Auditorium
6:30 – 7:30 PM
**RSVP for Dinner by January 17th
573-5680**

“BREAST CANCER TUMOR BOARD”

Led by Thomas Carrasquillo, MD

Wednesday, January 19, 2005

Cape Coral Hospital 5th Floor Conference Room
12:00 – 1:00 PM

“ACUTE CORONARY SYNDROME”

Vladimir Ilic, MD

Tuesday, January 25, 2005

Lexington Country Club
6:30 – 7:30 PM
**RSVP by January 21st
574-0397
For LMHS Physicians only**

If you have questions or would like to submit an article to Medical Staff News, please contact

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