

Our legacy is yours.



WELCOME to LEGACY HEALTH



EMANUEL Medical Center

GOOD SAMARITAN Medical Center

MERIDIAN PARK Medical Center

MOUNT HOOD Medical Center

SALMON CREEK Medical Center

THE CHILDREN'S HOSPITAL Legacy Emanuel

LEGACY MEDICAL GROUP

LEGACY LABORATORY

LEGACY RESEARCH

LEGACY HOSPICE

Welcome

- Our staff is excited to help you develop your clinical skills, knowledge base, and professional experience. All to better deliver quality patient care.
- We will partner with you and your faculty advisor to develop a positive clinical experience for you.
- We do need you to actively participate in this process and our unique culture.

Student Expectations

- Be open to learning
- Participate
- Ask questions
- Look for opportunities to learn, help, & grow
- Be prepared
- Work as a member of the team- this means answering call lights, assisting visitors at the desk
- Use the resources available to you

Our Staff Expectations

- Be open to teaching and participate
- Have open dialog to determine level of comfort, level of skill, and knowledge base
- Look for opportunities to assist in learning, helping, and growing
- Be prepared
- Use the resources available

How We Work to Provide Quality Care To Every Patient - LEADING INDICATORS

Focus on preventative measures vs reacting to an outcome:

White Boards



Bedside Report



Purposeful Rounding



Handoffs & Transitions



White Boards...

improve the patient's perception of communication

Purposeful Rounding...

helps Prevent Falls and HAPUs

Bedside Report...

reduces chances that important information is lost during Shift Change

Standardized Handoffs and Transitions...

reduce the problems that can occur in the exchange of info across hospital units

LEADING INDICATORS

White Boards



WHITE BOARDS (*Expectations*)

1	Date
2	Nurse
3	Tech
4	Doctor
5	Family Contact
6	Plan
7	Diet
8	Activity
9	Daily Goals
10	Pain Goal
11	Code Status

Patient & Family Careboard

Care Information

Today's Date: ★ / /

SUN	MON	TUE	WED	THU	FRI	SAT
Nurse:	★					
Tech:	★					
Doctor:	★					

Other Team Members:

Your Room Was Cleaned By:

Family Contact: ★

Plan: ★ | Diet: ★

Activity: Independent 1 person 2 person Lift ★

Room Number: Phone Number:

Patient's Communication

Patient's Preferred Name:

Questions For My Care Team:

Daily Goals

★

Managing Pain Your Pain Goal: ★ / 10

Last Pain Med Given: Next Available:

Code Status: ★

careboards keycare.com

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LEADING INDICATORS

Bedside Report



BEDSIDE REPORT (*Expectations*)

STEPS

1	Focus
2	Pull up Epic
3	SBARQ

4	Safety Check
5	Include the Patient (When Possible)

EPIC

S	Why are they being admitted
B	Pertinent Medical History Precautions, Code Status Abnormal Labs, Diagnostics
A	Abnormals
R	Harm Prevention Measures Pending Clinical Interventions / Medications Plan of Care Special Equipment (Glasses, CPAP, Walker)
Q	What questions do you have for me? What questions do you have about your care?

SAFETY CHECK

S	Skin Integrity
L	Lines / Drains / Tubes
I	ID Band
P	Pumps / IVs
E	Environment

Items Attached to Patient

Bedside Report Description

- Verbal concise report at the bedside
 - > 3-5 minutes/patient
 - > Use SBARQ
- Introduction of new care giver – Manage Up!
- Check patient identifiers – ID band check
- Oncoming RN - log on in Epic
- Off-going RN - update white board (if not done yet)
- **Both** RNs to perform Safety Check of the environment:
 - > Don't SLIP: Skin integrity, Lines/drains, IVs/tubing, Pumps
 - > Call light within reach, bed/chair alarms ON
- Encourage patient involvement
 - > Ask patient about concerns, questions, further comments



Incorporating SBARQ



- **Situation:** Identify self and patient-check identifiers
- **Background:** Diagnosis, pertinent history
- **Assessment:** What is happening with patient
- **Recommendation:** What needs to be done and when
- **Questions:** What questions do you have?



Finding Errors

Professional communication is necessary when discrepancies arise. We need to address them in a positive way. Remember we all want the best for the patient.

Address errors with questions, not statements

- “Do we need to restart the Protonix drip?”
- “Should we restart the SCD machine?”
- “Should I get a new order for the patient’s restraints?”

Professional Communication

- Non-judgmental
- Kind
- Supportive

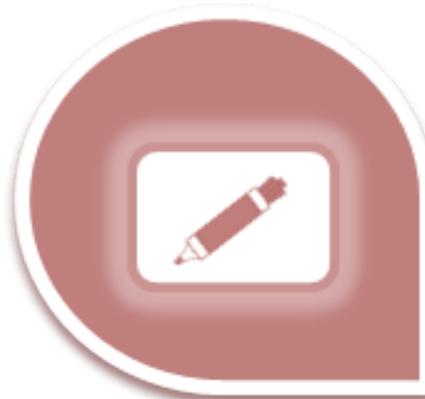
Major or Complicated Errors

- May investigate outside of room

**** HAVING A CODE WORD – safe communication**



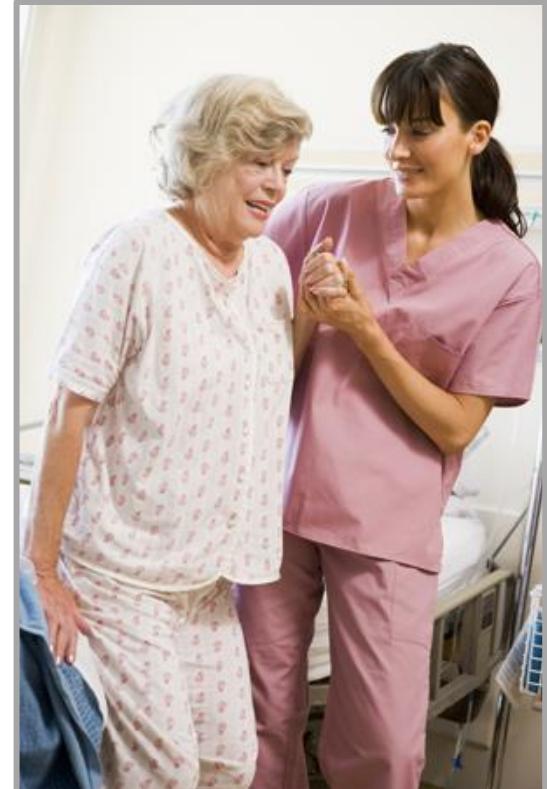
LEADING INDICATORS



Purposeful Rounding

What is Purposeful Rounding?

**A structured workflow
for CHTs/CNAs and RNs
to meet the specific
needs of every patient.**



Teamwork

- **Workload needs to be balanced**
- **Good Communication**
- **Jump in and help when people fall behind**
- **Look for opportunities to provide assistance**
- **Keep a good attitude and have fun!**

All patients are OUR patients

PURPOSEFUL ROUNDING (*Expectations*)

- Develop a *practical* patient-specific plan
- Ensure that the plan is communicated with appropriate team members
- ACTIVELY address the 5 P's EVERY time (based on the patient's needs)

POTTY

Transfer to bedside commode or ambulate to restroom
(provide assistance if appropriate)

PAIN

Pain assessment and discuss
pain management plan and effectiveness

POSITION

Reposition to offload any pressure points

POSSESSIONS

Make sure all items are within reach

PLAN

Tell patient when you will be back

Key Points

- *CHT or CNA/RN Touch Base at the Start of Shift*
- Bed in lowest position
- Brakes on
- Call light within reach
- Appropriate alarm set
- Free of clutter (ready for next activity)

LEADING INDICATORS



Handoffs & Transitions

HANDOFFS & TRANSITIONS (*Expectations*)

HANDOFFS

1	Focus
2	Pull up TTR / Kardex
3	SBARQ

4	Agree on Departure / Arrival Time
5	Safety Check
6	Include the Patient (When Possible)

FOCUS

- Patients are at highest risk during a handoff or transition
- Some of our lowest AHRQ Scores are related to handoffs and transitions

Take a pause and be present

HANDOFFS & TRANSITIONS (*Expectations*)

HANDOFFS

1	Focus
2	Pull up TTR / Kardex
3	SBARQ

4	Agree on Departure / Arrival Time
5	Safety Check
6	Include the Patient (When Possible)

STEP	WHAT	WHO
1	Focus	Patients are at highest risk during handoffs (<i>take a pause and be present</i>)
2	Pull up TTR / Kardex	Receiving unit makes phone call and documents on TTR Both units are responsible for pulling up the Kardex
3	SBARQ	Sending unit provides the verbal SBARQ
4	Agree on Departure / Arrival Time	Both agree on an departure/arrival time <ul style="list-style-type: none"><i>• Sending Unit:</i> Ensure that the patient is prepared to transfer<i>• Receiving Unit:</i> Ensure that you/team member are available to receive the patient
5	Safety Check	Receiving department completes Safety Check <ul style="list-style-type: none"><i>• SLIP (E) – Skin, Lines, ID, Pumps, Environment</i>
6	Include the Patient (When Possible)	Both parties are responsible for engaging the patient/family

QUESTIONS

