A Message from Gaylene Molnar, Director of Nursing Professional Practice and Education

I am excited to start my new role as Director Nursing Professional Practice and Education!

I have worked in the Saskatoon Health Region for the last 20 years in various capacities; RN, Clinical Nurse Educator, Clinical Instructor, Clinical Nurse Specialist and most recently Program Manager for Geriatric Evaluation & Management (GEM) Services and Rehabilitation Outpatients. I have enjoyed each of these roles for the relationships built and the variety of experiences gained.

Many years of working with clients with complex needs and their families has given me a passion for client and family centered care. As health care providers we are here to serve their needs and make a very stressful time in their life less stressful. This means including them in the decisions that are made and communicating critical information along the way.

I have also had the great privilege of working in an environment that practices collaborative team work. I am passionate about working collaboratively with our interprofessional team members.

I truly believe every member of the health care team has a vital role, no one is more important than the other, just different in responsibility and effect of their actions.

As our health region embarks on a new journey I am honoured to be your nursing representative. With a regional focus for nursing practice, there is much work to be done to create a clear structure to support nursing practice across the region, to fully utilize our scope of practice and continue to develop advance practice nursing, and to provide valuable continuous learning and development opportunities.

This Director role will bring focussed nursing leadership in the areas of client and family centered care, cultural competence, patient safety, clinical best practices and innovation, education, research utilization and continuous quality improvement.
The SHR Nursing Practice Committee met in September & November of 2011 and January of 2012. Future meetings will be held in March & May of 2012. Several policies were revised and a number were deleted. These policies can be found in the SHR Nursing Policy & Procedure Manual and on the SHR webpage under Policies & Procedures/Nursing Manual. For more information regarding the SHR Nursing Practice Committee please contact the outgoing Chair: Margot Hawke at 655-1940 or the new Chair: Gaylene Molnar at 655-2174.

New Policies

- Standards of Care – Post Anesthesia Care Unit (forthcoming)
- Discharge from Post Anesthesia Care Unit (forthcoming)

Revised policies

- Bladder Irrigation #1119
- Latex Allergy #1011
- Bladder Irrigation – Continuous #1022
- Parenteral Nutrition (PN) – Adult Units, Administration & Maintenance #1078
- Stump Bandaging – Positioning #1116 (forthcoming)
- Chest Tubes: Assisting with Insertion/Removal (Underwater Seal/Heimlich Valve) #1113 (forthcoming)

Deleted Policies

- Emergency Equipment Cart #2248 (SCH)
- Emergency Equipment Crash Cart #2394 (SCH)
- Valuables/Cash Disbursal #2335 (SCH)
- Drain – T-Tube – Clamping #2491 (SPH)

The committee has also been discussing standards for care planning and discharge information. For more detail, the minutes are available on the Nursing Affairs infonet page, under “Committees”.

**SHR Nursing Practice Committee Members:**

- Gaylene Molnar, Director of Nursing Professional Practice and Education
- Margot Hawke, Manager, Nursing Affairs
- Susan Brucks, RN, ACAL/ACAS, RUH
- Lilah Weinberger, MON, Emergency, RUH
- Patty Hoffart, LPN, Pediatrics, RUH
- Bernie McDonald, CNE, Pediatricics, RUH
- Teresa Pidduck, Core CNE, Nursing Affairs
- Anne Saulnier, CNE, 6300, RUH
- TBA, Rural Nursing Affairs
- Ramona Bennetto, RN, 3100, SCH
- Leanne Busby, CNE Orthopedics 3200/3300, SCH
- Gwen Cerkowniak, Infection Prevention & Control
- Kim Greene, LPN, Amb. Care/OR
- Dean Nahachewsky, 7E Rehab, SCH
- Micheline Thibault, Continuing Care & Senior’s Health, SCH
- Jackie Longworth, RN, Amb. Care, SCH
- Kathy Perrin, CNE, Medicine, SPH
- Cheryl Cummings, MON, 6th Med/
- Lisa Williams, MON, 7th Med, SPH
- Lisa Zunti, LPN, 5A Surgery, SPH
- Sandra Hohn, RN, ICU, SPH
- Peggy MacLeod, College of Nursing
- Myra Parcher, Manager, Home Care
- Lucia New, SIAST Nursing
- Sheri Townsend, Manager Staff Development/
- Joan Pottinger, Quality & Community Educator, PRC
Voluntary Medication Incident Reporting...Where do those reports go?
Submitted by Angela Butuk, RN, Medication Safety Officer

Voluntary medication incident reporting is utilized in the Saskatoon Health Region as a way to drive quality improvement. It is important to know that voluntarily reported medication incidents cannot be used to measure an area’s medication safety. More reports do not mean that an area has more medication incidents than a unit which reports fewer events. It might be an indicator of the reporting culture on the unit.

Currently the medication incident reports (form # 101305) in acute care are paper based because SHR participates in the National System for Incident Reporting (NSIR), Canadian Institute for Health Information (CIHI). AEMS is not to be used for medication incident reports in acute care as information that is submitted this way is not captured in the NSIR data base.

In SHR’s acute care sites medication incident reports are submitted to the MON. Once reviewed, the reports are sent to the senior pharmacist at the local site. All reports are entered into NSIR by a pharmacy technician trained in this process. This information is compiled into a quarterly report that is returned to the originating unit/area. It is expected individual units will use the information to develop medication safety initiatives specific to their area. This information is used by the Medication Use Quality Committee to work on system improvement and is also reported to regional quality and safety committees. The de-identified data is also used at the national and international level as NSIR partners with the Institute for Medication Safety (ISMP, Canada) to identify trends and steer improvement.

For more information on medication safety please visit www.ismp.ca or www.cihi.ca or contact Angela Butuk at 655-2263

A Message from Gaylene Molnar continued From Front Page

The position will also have a close connection and alignment with other health professional leaders, academic and provincial partners to promote evidence informed professional practice.

I look forward to meeting many nurses from all areas of the health region in the months ahead. To be your representative, I need your help to understand the work you do – the successes and the challenges you face. As we work together to create a vision for nursing I would love to hear your thoughts and ideas on what direction we should take and how we should get there. Please feel free to contact me at any time to continue the conversation and be a part of shaping our future!

Gaylene Molnar gaylene.molnar@saskatoonhealthregion.ca 655-2174
Medication Reconciliation
Med Rec Update for Admission, Transfer and Discharge
Submitted by Janice Walker, RN, Consultant, Quality Services

One of our stories:
My 80 year old sister moved to Saskatoon, and that day she ended up in the Emergency Department. We communicated to everyone we spoke to that she was to NOT have morphine because she had been on morphine long term for chronic pain and we had just recently been able to stop the morphine. We did not want my sister to have to go through that again. This information was on her admission med rec form. One week later she was started on Dilaudid (hydromorphone). We were so disappointed at discharge when we received a prescription for Dilaudid. We would like to believe that med rec on discharge would have prevented this from occurring and it would have saved lots of our time (and nursing and physician time).

Story told to Janice Walker by a community pharmacist.

Why med rec?
- Adverse drug events occur with disturbing frequency.
- Communication problems between settings of care are a significant factor in their occurrence.
- Medication reconciliation on admission, transfer and discharge is an important patient safety initiative, SHR and SK Health priority, and an Accreditation Canada ROP (Required Organizational Practices).
- Staff in acute care, home care and continuing care, physicians (acute care and community), and community pharmacists do not consistently receive timely, comprehensive medication information critical to the reconciliation process.
- System-wide process issues and communication gaps (written and verbal) result in frustration, rework, and workarounds to ensure the right medication is available to patients on admission, transfer and discharge.

What is SHR doing about med rec right now?
In 2012-2013, we will:
- introduce med rec upon transfer from Saskatoon acute care to Long term care.
- introduce med rec when discharging patients from Dube Center to community
- ensure that 80% of patients in acute care are seen by a pharmacist or pharmacy technician within 48 hours.
  - There are areas of exception whereby patients who begin their acute care visit through PAC, rural hospitals or Palliative Care or through Emergency Department Psychiatric Nursing, will have nurses that have been trained in obtaining a best possible medication history completing the history section and signed by a physician. If a patient arrives for care through the Fetal Assessment Unit or Delivery Unit, either a physician/resident/JURSI will complete the med rec form and / or the nursing staff on these units may complete the medication history portion.
  - This data is collected monthly and results are the base of continuous quality improvement initiatives. For example, the purchase of a fax machine to assist nurses on the delivery unit to fax med rec forms to Pharmacy in a timely fashion.
  - Ensure that whoever obtains the medication history documents their name and designation on the med rec form (this is coded in the pharmacy computer)
  - Ensuring PAC nurses indicate on the bottom of the med rec form that this was a PAC visit.
  - When a pharmacist or pharmacy technician interviews the patient they complete “List of Medications Prior to Admission”. This is the record of truth as it is a best possible medication history (BPMH). It will be stapled to the med rec form and kept in the physician order section. This form should be reviewed with the patient and family as part of the discharge and transfer process.

Continued on page 5
How is SHR going to get there?

Include staff in the planning process:
- Key stakeholders have been interviewed to identify the current state of transfer and discharge processes within SHR and the community
- An interdisciplinary team has been created to work on form and process
- The form and process will be trialed and then refined

Use evidence based practice and lean methodology:
- Develop and implement a standardized form and process to reconcile a client’s medication at transition points in care. Essential steps:
  - Compare the admission “List of Medications Prior to Admission” form completed by Pharmacists or Pharmacy Technicians] with the transfer orders and the transferring unit’s MAR to ensure all medications have been assessed.
  - Compare the admission “List of Medications Prior to Admission” with the 24 hour MAR and write a best possible medication discharge plan that communicates clearly which medications were continued from admission, which medications were changed (and why), which medications were discontinued (and why) and which medications are new, including a rationale for use. Ensure the patient and/or family has clear instructions on how and why to take their medications prior to discharge.
  - Identify and resolve all discrepancies with the prescriber which involves documentation and communication of any resulting changes to the medication orders.
- Explore best practices for transfer and discharge medication reconciliation in Canada
- Creation of a current and future state value stream map
- Complete fishbone diagram of root cause analysis for issues
- Develop and begin implementation plan
- Develop and implement communication plan
- Develop and implement evaluation/measurement plan that involves looking at the quality of the med rec process for admission, transfer and discharge (for example, are there any real or potential medication errors from transcribing and handwriting the order) as well as process measures that identify how we are improving with patient and staff satisfaction, and are we making the process more efficient.

If you have any ideas or previous experience with med rec please call or send an email to Janice Walker at janice.seeley@saskatoonhealthregion.ca or 655-0155

Did You Know?

New Documentation Guidelines have been published by the SRNA. You can view these guidelines on the SRNA website www.srna.org. Click on the tab “Nursing Practice”, and then choose “resources”. Click on “documentation” and then chose “documentation guidelines 2011”

Taking the Mystery out of Documentation
March 1 & 29, 2012, 1100-1200hrs
SRNA – Telehealth Session (various sites/locations)
Check for posters
Norovirus and Rotavirus infections generally make themselves known in the winter months in our part of the world. Each of these viruses cause short-lived enteric disease that includes vomiting, diarrhea, abdominal pain and sometimes fever.

Although these viruses do tend to run their course relatively quickly, in a healthcare setting, these infections can result in severe dehydration and electrolyte imbalance that can result in death.

Outbreak control of Norovirus and Rotavirus infections is fully dependant on good hygiene practices, including strict cleaning and hand hygiene, and prompt initiation of appropriate additional precautions. Place patients on Contact Precautions until 48 hours after symptoms have resolved. The exclusion of sick employees for 48 hours after their symptoms have resolved is important in limiting the spread of nosocomial outbreaks.

Prevention and Treatment:
1. Clean your hands frequently.
   a. Studies done with 70-90% alcohol hand gels have shown good efficacy against viruses similar to Norovirus.
   b. It is very important to wash hands with soap and water if any visible soiling present.
   c. Hand washing prior to eating or preparing food is critical as those lone virus particles remaining on your hands can result in infection!
2. Do not eat or drink in patient care areas, including nursing stations.
   a. We see more and more sharing of open food in patient care areas. This is a well-documented method of outbreak stimulation, as contaminated food becomes a common vehicle for transporting Norovirus to a large group of people.
   b. Avoid open containers of food anywhere when multiple hands are in contact (bowls of chips, bowls of nuts, sandwich trays etcetera).
3. Report clusters of illness (respiratory illness or gastroenteritis) to your Infection Control staff and/or local Public Health Unit. The Infection Control or Public Health staff can help to advise on appropriate measures and determine when it is necessary to escalate to outbreak measures.
4. Patient Care Areas during an Outbreak:
   a. Any patient who develops Norovirus-like symptoms (nausea, vomiting, and diarrhea) should be placed on Contact Precautions. If there is profuse vomiting, droplet precautions are also required. Send stool specimens for viral studies, Clostridium difficile and C&S (as per Infection Control Policy 55-40 GI Illness Outbreak).
   b. Staff who experience Norovirus-like symptoms should notify Occupational Health

Keep healthy and enjoy this winter season!
Infection Prevention & Control

Contact Us IPC@saskatoonhealthregion.ca
Heel Ulcer Prevention Program -  
Submitted by MariAn Roach, Equipment & Product Standardization Nurse, Materials Management

Starting March 2012, Saskatoon Health Region will be implementing a heel ulcer prevention program using the Sage Prevalon™ Heel Boot. Heel ulcers are a preventable injury by simply relieving unwanted heel pressure. The anatomy of the heel makes it the second highest site of pressure ulcers (first is the sacrum) because of the thin subcutaneous tissue between the skin and bone. A recent prevalence study completed on a medical unit in Saskatoon Health Region indicated a prevalence of heel pressure ulcers between 0 - 22.7%, averaging 8.74% over a 10 week time period. Heel protection should be used on patients with decreased lower extremity mobility, existing heel pressure ulceration or at risk for developing heel, achilles, malleoli and/or foot ulcers, or possibly plantar flexion of the foot.

**HOW HEEL ULCERS ARE FORMED:** The heel is an area that is easily injured by pressure, shear and friction because it has very little fat padding to protect it. There are significant risk factors for heel ulcer development including immobility, age, mental status, nutrition, chronic illness and orthopaedic surgeries, especially hip pinning and hip replacement surgeries. Many pressure ulcers are caused by a single episode of sustained pressure. However, repeated episodes of low pressure can also cause pressure ulcers. Shear injuries occur when the patient’s body is moved while the heel surface sticks to the sheets causing parallel movement of tissues. Friction is the rubbing away of the protective layers of the skin. Pressure, shear and friction can happen concurrently; therefore we need to protect the heels from injury.

**SIGNS & SYMPTOMS:** The heels should be assessed for redness daily on every patient and twice a day on patients at risk for heel breakdown. The first indication of a heel pressure ulcer is redness (erythema), which is caused by the blood vessels vasodilating when the pressure is removed to increase blood to supply to the affected area. Heel ulcers can be prevented by using heel boots.

**PREVENTION:** Speciality beds and mattress overlays are not enough protection for preventing heel ulcers. Heels need to be elevated off the bed. Although no single heel protection product is applicable in all situations, the bedside nurses should be aware of all available options. A standard bed pillow can be used to suspend the heels off the bed surface but care needs to be taken that the pillow is not placed or moved under the knees. The Prevalon™ Heel Boot will be in stock for placement on any patient at risk.

**GUIDELINES FOR PLACEMENT:** A heel boot is indicated if the patient has any one of the following: Braden Scale less than 13, decreased lower extremity movement (can’t lift limb) or existing heel ulcer. A doctor’s order is not needed; just order a heel boot from SPD/stores.

**PREVALON HEEL BOOT:** The Prevalon™ Heel Boot is easy to place on the patient. There will be two sizes in stock: Standard for calf circumference of 25 – 46 cm (SKU # 211573), and XL for calf circumference of 46 – 61 cm (SKU # 211572). Follow the easy to read printed instructions on every package. The Prevalon™ Heel Boot is compatible with intermittent compression devices to maintain DVT prevention.

You can read more about the prevalon heel boot by visiting the Sage website [http://www.sageproducts.com/products/heel-protection/](http://www.sageproducts.com/products/heel-protection/)

Links to resources for the Heel Boot will be posted on the SHR infonet, under Skin & Wound, by the end of February.
The Patient Order Set Collaborative and a New Look to Order Sets Coming Soon!
Submitted by Lori Markham, RN, Manager, Clinical Transformation & eHealth (SCM)

Saskatoon Health Region has joined the Patient Order Set (POS), a leading web-based, provider of evidence-based order set content. An order set (previously referred to as ‘pre-printed order form’) is a ‘decision support’ tool that provides practitioners with pre-defined checklists that specify the up-to-date treatment options. Order sets make computerized order entry easier and are essential to the roll-out of Computerized Practitioner Order Entry (CPOE). They also assist practitioners to manage common healthcare issues and interventions by organizing medical information in a format that facilitates the application of evidence-based best practice to individual patients.

There are more than 160 hospitals and healthcare organizations that comprise the collaborative network. The POS maintains a reference library of over 450 of their own evidence-based order sets and a network reference library which contains order sets from other Canadian centers. Access to these libraries provides the Region with access to hundreds of order sets to assist in developing our own order sets.

The use of order sets has demonstrated the ability to:
- Improve patient safety and quality care;
- Save clinician time and optimize workflow; and
- Reduce healthcare costs

What is Saskatoon Health Region doing with order sets?
The Region’s Patient Order Set Working Group has completed the Standard Reference Order Set, which is the format that all of our order sets will take. For example, consults will always appear at the beginning of the order set and will be followed by diet orders; lab investigations will always come before diagnostics which are then followed by medications. Additionally, Directors and Department Heads are also reviewing their current order sets to ensure content is up-date and evidence-based.

Beginning in January 2012, up-to-date order sets will be converted to the new format. During the conversion process, POS may make some recommendations to revise SHR orders sets. Departments that developed the order set will need to make a decision on whether to accept or reject the recommendations. Once the converted order sets have gone through SHR quality check, they will be posted on SHR infonet and the POS network library. If the “new” order sets arrive on your unit before you have received any communication, be assured that although the order sets will look different, the content of the order set is the same.

Why order set development is so important now
As mentioned, order sets make computerized entry easier and with CPOE soon to be implemented, order sets need to be reviewed, improved and expanded. Without an electronic order set for CPOE established, a clinician will have to search for each individual order, rather than selecting a ready-made order set and choosing what they want from the order set.

You can get involved
The Working Group will be looking to increase its membership in the next few months. If you are interested in becoming involved in this initiative, please email lori.markham@saskatoonhealthregion.ca

More information on Patient Order Sets can be found at: http://www.patientordersets.com/

In order to gain access to the POS and network libraries, you will need a username and password. If you wish to have access, please make the request to Lori Markham at lori.markham@saskatoonhealthregion.ca or Kathy Bue at kathy.bue@saskatoonhealthregion.ca

Continued on Page 9
The Patient Order Set Collaborative and a New Look to Order Sets
Coming Soon!  ..continued from page 8

For more information:
If you have any questions about the work that is happening with order sets, please email or call one of the working group members:
• Dr. Keith Clark, Chief Medical Information Officer, keith.clark@saskatoonhealthregion.ca
• Leah Heilman, Pharmacy, leah.heilman@saskatoonhealthregion.ca
• Christine Hanna, Nursing Affairs, christine.hanna@saskatoonhealthregion.ca
• Kathy Bue, Sunrise Clinical Manager (SCM), kathy.bue@saskatoonhealthregion.ca
• Lori Markham, Manager, Clinical Transformation & eHeath (SCM)

Allergy Update, January 2012
Submitted by Janice Walker, RN, Consultant, Quality Services

A new process for collecting and documenting allergies and intolerances is under development with plans for regional acute care and long term care implementation in spring of 2012, followed by home care and then ambulatory care. The goal is to have one place to document allergies/intolerances, reactions and severity on the patients/clients/residents chart throughout SHR. It is expected that the allergy status will be on the MAR either through auto-population (from Pharmacies) and/or manually. There will be a visual cue of an allergy band within acute care and an allergy sticker for the MAR in LTC.

This process is expected to improve the ability to articulate if a patient has an allergy or intolerance. The new form will follow the patient through their SHR journey (for example from acute care to long term care) and be the one place where allergies are referenced. There will be a regional policy in order to ensure clearly defined roles and responsibilities.

There is an interdisciplinary committee working on this safety initiative. If you have further questions please contact Janice Walker @ 655-0155 or Janice.seeley@saskatoonhealthregion.ca

Have you checked out the SHR E-Learning page?
Submitted by Chrystal Grant, RN, Core CNE, Nursing Affairs

You can access E-Learning at work or home (if you wish) through the SHR E-Learning platform. You will need network log on codes to register on to the E-Learning site.
• From a work computer go to the Infonet page then click on E-Learning (under Featured Links on the left).
• From an outside computer you can type in http://learning.saskatoonhealthregion.ca to get to the E-Learning site.

Nursing courses that are presently available include:
• Administration of Intravenous Push/Direct medication
• Central Venous Catheter Care
• Unit specific orientation for ER
• Unit specific learning modules for 5000, 5300, 6000CCU (RUH), 5A Surg (SPH)
• Nursing Updates – Preventing Central line infections

Other learning topics available on the E-Learning include:

For tracking purposes, be sure to chose “yes” to enrol in the course.
E-Learning is also offered as a condition of pre-employment with guest login.
Many of the E-Learning modules offer completion certificates which can be used for Continuing Competency or Continuing Education points.
Regional Nursing News

Diabetes Foot Care — WHAT'S NEW?
Submitted by Jennifer Larson, RN, Clinical Nurse Educator, Renal Services, SPH

In 2008 the Saskatchewan Ministry of Health published the Clinical Practice Guidelines (CPG’s) for the Prevention and Management of Diabetes Foot Complications. The CPG’s were developed by a provincial multi-disciplinary group of professionals.

Following the release of the CPG’s was a directive to facilitate the implementation of the guidelines through collaboration with key contacts in Health Regions across the province and organizations interested in the prevention and management of diabetes foot complications.

In late 2010 a group was formed to support the Saskatoon Health Region and Community Diabetes Programs and Services to incorporate the CPG’s into their programs and services. The main focus of the group is on the education and prevention components of the CPG’s. The group includes a Podiatrist, Renal Services representation, and a large group of CDM (Chronic Disease Management) Clinicians, Rural, Home Care and Canadian Diabetes Association members. The start of this initiative was to develop an e-learning professional education package to educate health professionals in the prevention of diabetes foot complications by teaching how to perform a foot screen and assessment. The goal was to pilot the program in Renal Services, starting with hemodialysis patients.

The committee will be opening up the program for implementation in other units once the evaluation of the learning package in Renal is complete. If you are interested in rolling this out in your area, please contact Karie Witte at 1-306-682-8142 or Marlene Matiko 655-4269 in CDM for more information.

The pilot was recently initiated in the Hemodialysis unit at St. Paul’s Hospital and began by rolling out the e-learning package to all the RN’s on the unit, with a printable certificate as proof of completion. Following completion of the e-learning package, the RNs are asked to fill out a very brief evaluation form rating the e-learning component. Hemodialysis is currently at this stage. Renal is really looking forward to completing this section and moving on to the implementation stage so they can improve patient care and hopefully prevent amputations in the high risk, diabetes renal patients.

Welcome Back!
Submitted by Chrystal Grant, RN, Core CNE, Nursing Affairs

Have you or one of your colleagues been away from work for awhile? Would you like to know what happened in Saskatoon Health Region while you were away? Things seem to change rapidly in our work environment, so if you have been away from work there is probably some (nursing specific) information that you would like to catch up on. The “Welcome Back” publication is a collection of information compiled in one place. You can find the document on the main page of the Nursing Affairs web page on the SHR Infonet under What’s New. Welcome Back is updated every two months and covers about a year and a half back in time.
West Winds Primary Health Centre Achieves Baby Friendly Status
Submitted by Jana Stockham, RN, Healthy & Home

Saskatoon Health Region is pleased to announce that West Winds Primary Health Centre (WWPHC) has been officially designated as a Baby Friendly facility. The Baby Friendly Initiative™ (BFI), is a global campaign of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to improve infant feeding practices. This prestigious designation recognizes the effort and dedication of staff along with countless others to protect, promote and support breastfeeding.

“Being a Baby Friendly facility means that we are able to assist families in providing the best care for their newborns,” says Julie Smith-Fehr, Manager of Maternal and Newborn Care Unit. “Regardless of their decision to either breastfeed or formula feed, families can take comfort knowing that they are receiving high quality care and education for their newborns that is based on the latest research.”

In 2009, WWPHC partnered with Saskatoon Breastfeeding Matters and was awarded a Saskatoon Health Region (SHR) Community Health Grant of $20,000 to pursue BFI accreditation. Becoming a BFI facility is the result of a strong collaboration among the staff at WWPHC. During the process, WWPHC has created further partnerships with other SHR departments and community members.

In order to achieve the designation, staff had to fulfill requirements such as the development of a region wide breastfeeding policy, development of breastfeeding classes for parents, and ongoing education and training for frontline staff. The BFI designation was awarded after a rigorous, two day on-site assessment. Interviews with 60 families, 40 physicians, residents and staff at WWPHC were conducted to ensure that WWPHC had adopted practices and policies that lead to improved health outcomes for newborns.

This designation will allow WWPHC staff to apply for research grants that were previously unavailable without the designation. WWPHC will also become a resource for other organizations in the province looking for assistance with baby friendly support and education.

“West Winds Primary Health Centre is a joint initiative between Saskatoon Health Region and the College of Medicine’s Department of Academic Family Medicine which opened in April 2006.

Maura Davies, Bette Boechler, Jana Stockham and Wendy Stefiuk
Regional Nursing News

Changes in Transparent Dressings

Tegaderm Products replace Smith & Nephew

Arterial Lines and Central Venous Lines will be dressed with Tegaderm I.V.

- This dressing has securement capacity similar to a stat lock.
- Important that the chlorhexidine is dry before application—3 minutes from time the site was cleaned to dressing application.

Peripheral IV sites will be dressed with the Tegaderm Film 6cm x 7cm

- It comes with a sterile strip to indicate date applied.

Skin & Wound Product Resources

Check out the resources on the Infonet > Skin & Wound Care
There you can find updated information and pictures on:
  skin cleansers & protectants
  advanced wound care products
  ostomy products
  beds utilized in SHR

For more information or questions, please contact MariAn Roach, Equipment and Product Standardization Nurse, Skin & Wound @ 655-1656 or marian.roach@saskatoonhealthregion.ca
HYDROMorphone: Discovering What We Don’t Know

Relative Potency

- Fentanyl
- Hydromorphone (Dilaudid)
- Morphine

TIPS
- Hydromorphone is 5 times stronger than morphine.
- Injectable narcotics are 2-3 times MORE potent than the same narcotic given orally.
- A 25mcg fentanyl patch ≈ 90mg oral morphine per day.

HYDROMorphone is one of the top three drugs involved in medication incidents associated with harm, voluntarily reported to ISMP Canada. To the end of June 2011, 160 incident reports involving HYDROMorphone with an associated outcome of harm or death had been received. The most common errors reported were:

- Mix up of HYDROMorphone and morphine
- Mix up of controlled release and immediate release formulations
- Incorrect dose
- Incorrect route of administration

ISMP invites you to complete an on-line anonymous survey prior to March 2, 2012. Access to the survey can be found at https://www.surveymonkey.com/s/HYDROMorphone

Based on the results of the survey and in consultation with a panel of experts, ISMP Canada will then provide recommendations and possible interventions to address knowledge deficit issues related to the safe use of HYDROMorphone. Results of this project will be shared by ISMP Canada upon its completion.

Log in today to complete the knowledge assessment survey!
Regional Nursing News

Ethics Week: Ethics at the Front Line
April 30th to May 4th 2012

Key Note Presenter:
Dr. Timothy Christie, Regional Director of Ethics Services for Horizon Health Network in New Brunswick

Unit/Topic Specific Ethical Discussion:
Opportunity for discussion between your team and clinical ethicist on specific ethical issue or theme pertinent to your unit/area. To arrange date/time for specific discussion please contact Joy Mendel – contact information below.

Tues. May 1st RUH East Lecture Theatre
1030-1200 & 1300-1430

Wed. May 2nd, SCH Rependa
1030-1200 & 1300-1430

Thurs. May 3rd, SPH Cafeteria Meeting Room Not with Dr. Christie
1030-1200

Watch for information on SHR ENews/posters and Email

*2 presentations for May 1st & 2nd

Upcoming Learning Events

Prevalon Heel Boot Inservices
Feb 28 @ RUH, RM: 4002-4006, 1300-1530
Feb 29 @ SCH, RM: Cafe Side RM, 1300-1530
Mar 1 @ SPH, RM: SPH Cafe 1/2/3, 1300-1530

VAC® Academy
Feb 21, 2012 1300-1600
RUH Rm 4002-06
RSVP by Feb 17,2012
655-1656 or marian.roach@saskatoonhealthregion.ca

Helping RNs Work SMART
Mar 7-8, 2012
West Harvest Inn, Regina, SK
Contact: Wendy Turner-Larsen w.tl@sasktel.net www.srna.org

Foot Care Modalities for the Elderly Person
Mar 9-10, 2012
U of S, Education Building
Saskatoon, SK
www.usask.ca/nursing/cne

Women’s and Children’s Health (POGO)
Mar 15-17, 2012
Travelodge, Regina, SK
For more information call : (306) 966-7790
perinatal.education@usask.ca

CAMS Biennial Workshop
Medical-Surgical Nurses: Shaping the environment of practice
Jun 17, 2012
http://www.medsurgnurse.ca/

CNA Biennial Convention
Nurses: Movers and Shapers
Jun 18-20, 2012
Vancouver, BC

If you have comments or suggestions or would like to make a submission to the next edition of the Regional Nursing News, contact: chrystal.grant@saskatoonhealthregion.ca

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