Care Delivery Review & Design Update

Submitted by: the CDRD team

Do our current inter-professional care models meet the needs of our patients and families in Saskatoon Health Region?

As healthcare providers we recognize the increasing difficulty in meeting the evolving needs of our complex and growing patient population. We know that all SHR staff come to work to do their very best, use their skills and provide exceptional service, but sometimes our existing systems, processes and our busy care environments make it challenging to focus on what is at the heart of our work – our patients.

The overarching goal of Care Delivery Review and Design (CDRD) is to achieve care delivery that is responsive to the care needs and experiences of patients and families, embodies inter-professional practice, utilizing all unregulated and professional roles to their full capacity and is based on data and best practice. As every member of the Saskatoon Health Region plays an important role in ensuring the best possible experience and outcome for our patients, it is anticipated that this work will in some way impact all direct and indirect providers. We expect this process to bring significant changes to our care delivery, to patient and family experience and to provider satisfaction.

The way forward: A 3P (Production, Preparation, Planning) event is scheduled to take place June 16th – 20th, 2014 in which key individuals including patients, families, SHR staff and physicians will participate in the redesign of key processes and roles that impact the patient care and experience.

Two pilot units have been selected as model units for the 3P event, RUH Medicine 6200 and RUH Acute Care Pediatrics. Plans for 2014/15 will spread the process to other clinical programs moving into the new Children’s Hospital of Saskatchewan.

(Continued on page 5)
Did you know?
Kadian® and MS Contin are both MORPhine formulations but they have different uses and should never be substituted for each other. This would be an example of a wrong formulation error.
During Patient Safety Week OCT 2013 the Medication Use Quality Committee conducted a Medication Administration Survey of Nurses. This survey was a repeat of a survey conducted in 2009.

**Results:**
There have been improvements in the number of times the Medication Administration Record is taken to the patient’s bedside. This demonstrates increased compliance with SHR Medication Administration policy (1170). This is a proven strategy for improving patient safety by ensuring that verification of patients ID and medication occurs immediately before administration while facilitating immediate documentation. Small improvements noted in the double checking practices of insulin, a high alert medication. The practices of preparing and carrying more than one patient’s medication at a time, appropriately labeling syringes and IV bags and obtaining Independent Double Checks for Heparin remain unchanged. The practice of verifying the patient’s identification by checking their ID band has declined. This needs to be targeted for improvement.
We are very pleased to announce that Nursing Practice & Education (previously known as Nursing Affairs or Nursing Development) has moved to 4th Floor Ellis Hall at the RUH site. Formal programming and education is a key component of the Clinical Nurse Educators (CNEs) responsibilities. CNEs have been struggling for a long time to deliver education that was conducive for learners without available rooms, having to haul equipment, moving heavy, unmanageable tables, all without additional support close at hand. This was the “rock in the shoe” for many educators. The CNEs had become experts of “work-arounds”......orientating in the halls, cramming into offices which meant sometimes having to deliver education in a less than effective manner.

The move of the College of Nursing from Ellis Hall to the new Health Science Building provided the spark that ignited a vision. The vision was a centralized area, with dedicated teaching space suited to the needs of learners and teachers, with all the equipment, tools and support in close proximity. This would provide all the components to deliver our services in a manner that utilizes the principles of LEAN.

The vision has become reality! The positive impact of this centralized space has already become apparent after only 3 weeks!

Even though our dedicated CNEs always “made do” with what they had, this will improve the process for this key work of educating our workforce.

This will result in our staff being even more prepared to care for our clients, with a positive impact on safety and better care. CNEs already have reported the reduction in waste (time). Feedback from learners has been positive. Our move to Ellis Hall has been an exciting endeavor that is a great example of team work, not only within our own department, but with many other departments as well.

I would like to thank all the individuals in Facilities Management and IT Services for their hard work that greatly contributed to the success of our move.

We look forward to the opportunity to provide improved service through quality education and training for SHR nursing staff utilizing the principles of LEAN!

Nursing Practice & Education main phone number is now 655-2837.
Our e-mail is unchanged: SHRnursing.office@saskatoonhealthregion.ca
The CDRD team is collaborating with Kaizen Operational Teams, to ensure coordination with service line and unit Kaizen plans and associated RPIWs. The CDRD team has started by working with the pilot unit staff and patients to understand the current state of care delivery.

**We are collecting data** on patient and staff demographics, patient care needs, and patient experience. We are also shadowing staff as they work, looking at job descriptions and practice roles. Finally we are focusing on current care processes such as admission, care planning, rounds, daily care and discharge.

Our sponsors in this exciting journey are Vice Presidents Petrina McGrath and Jackie Mann.

**The CDRD Team** is co-led by Gaylene Molnar, RN and Heather Ward, MD with members: Suzanne Sheppard, PT, Laurie Gander, RN, Melanie Grace, RSW, Bryan Jorgensen, RN, Margot Hawke, RN and Shari Cherepacha, OT.

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**Ethics Committee Opportunity for Nurses**

Dr. Qaiser Fahim, Bioethicist for Saskatoon Health Region & Saskatchewan Cancer Agency

The SHR/SCA Joint Ethics Committee is looking for nurses who:

- work for the Saskatoon Health Region, but are not in leadership administrative positions.
- are from varying ethnic and religious backgrounds
- have a keen interest in ethics and with some training in ethics (not required).

⇒ Please see the following link for membership requirements, accountabilities and application. [http://infonet.sktnhr.ca/bioethics/Pages/Membership_Application.aspx](http://infonet.sktnhr.ca/bioethics/Pages/Membership_Application.aspx)

Those interested may contact Dr. Qaiser Fahim (Chair of the SHR/SCA Joint Ethics Committee). Tel: (306) 655 2068, Email: Qaiser.Fahim@saskatoonhealthregion.ca

For further information see the recent Region Reporter Article: [http://regionreporter.wordpress.com/2014/01/14/patients-people-and-passion-drive-ethics-committee/](http://regionreporter.wordpress.com/2014/01/14/patients-people-and-passion-drive-ethics-committee/)
Information Sharing between Acute and Long Term Care Settings
Alicia Tiedjens, RN, Seniors Health & Continuing Care

Just a reminder that when discharging/transferring a patient into a Long Term Care Home, please complete the Transfer to Long Term Care Home Document Checklist (#103125) in addition to the Intra/Interagency referral form (#100635).

Thank-you for your continued dedication towards enhanced communication and achieving seamless transfers of care!

SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

☐ RUH ☐ SCH ☐ SFH Other ______________

TRANSFER TO LONG TERM CARE HOME DOCUMENT CHECKLIST

DATE: ________________________________

This completed checklist is to accompany each resident who is being transferred to a Long Term Care Home.

<table>
<thead>
<tr>
<th>Document</th>
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<tbody>
<tr>
<td>1. Intra/Inter-Agency Referral (ensure precautions are noted)</td>
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<td>2. Advance Health Care Directive</td>
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<td>3. Allergy/Intolerance Record</td>
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<td>4. Discharge/Transfer Medication Reconciliation Order Form (if applicable)</td>
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<td>5. Prescriber’s Orders and Progress Notes</td>
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<td>6. Medication Administration Record (MAR) – last 24 hours</td>
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<td>7. Documentation of Hazardous/Cytotoxic Medications and Protocols</td>
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<td>8. Physicians Discharge Summary</td>
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<td>9. Surgical Summary</td>
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<td>10. Wound Care Record (protocol used)</td>
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<td>11. Documentation of Specialized Surfaces used (e.g., Rohe mattress)</td>
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<td>12. Documentation of Specialized Equipment used (e.g., heel boot)</td>
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<td>13. Braden Scale Assessment</td>
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<td>14. Diabetic Record</td>
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<td>15. Consult Reports (e.g., Dietitian, OT, PT, SLP, Social/Work)</td>
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<td>16. Diagnostic Reports (e.g., CT Scan, MRI, ECG, Echo, X-Ray Reports)</td>
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<td>17. Cumulative laboratory reports and/or documentation including infections (e.g., MRSA)</td>
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<td>18. Most recent Care Plan (including myPLAN 1.0 if applicable)</td>
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<td>19. Certificate of Incompetence and/or Power of Attorney</td>
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<td>20. Organ or Tissue Donation</td>
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<td>21. Fall Risk Assessment and/or History of Fall(s)</td>
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<td>22. Mobility Record</td>
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<td>23. Recent Progress Notes (any discipline)</td>
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REMEMBER: Identifying a resident on the outside of an envelope is a breach of confidentiality. Label the envelope “Attention Charge Nurse” only.

Word Form #103125 08/13 Category: Flow Sheet
When a client is suspected or known to have Clostridium difficile, post the **REMINDER – WASH YOUR HANDS WITH SOAP AND WATER** sign (SHR Form # 102144).

There are several important messages with this sign: This is a **REMINDER** for healthcare workers, clients, family and visitors and volunteers, that the physical action of washing hands with soap and rinsing hands with water removes the spores.

Alcohol-based hand rub is not recommended. This is a **VITAL** visual cue for Housekeeping staff that identifies specific cleaning and disinfection procedures to remove the spores.

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**Isolation, Specimen Collection and Documentation** – J. Selkirk, IP&C

Don’t Wait – Isolate
stinky, mucous, yellow poop.
C. diff, is this you?
Always isolate liquid poo!

C. diff is here to stay,
unless we wash right away.
C. diff is not your friend,
hand hygiene with soap & water will help it end.

C. diff, write it down.
Document what you found.
Date, time, consistency too!
Frequency and color will give you a clue.

A liquid sample needs to be sent.
Toxic megacolon or patient death to prevent.
Treatment may then start,
if charting and lab show their part.

Fecal transplants – this is new.
(we know what you’re thinking – eww!)
Strainer, spoon and dedicated blender,
C. diff must surrender.

We all play a role with these vital pieces,
to keep patients safe from infectious diseases
and prevent outbreaks with liquid feces.
**REGISTERED NURSES**

The SRNA has revised the

"Standards and Foundation Competencies for the practice of Registered Nurses",

effective December 1, 2013.

These changes **will** affect how you
complete your Continuing Competence Program in 2014.

Want to know more?
Contact your SRNA
Workplace Representative Educators to
arrange a short presentation

Jennifer Guzakjaedee@sasktel.net

Patsy Maclean patricia.maclean@saskatoonhealthregion.ca

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**High Acuity Online Program Update**
Kathy Perrin, Clinical Nurse Educator, St. Paul’s Hospital

High acuity skills improve our ability to prevent or reduce complications for all our patients!

The High Acuity Course has expanded to include LPNs. LPNs may enroll in the program starting February 2014.

Instructions are now posted on the Nursing Practice and Education Infonet site.

The High Acuity Program will be updated to correspond with the new edition of the textbook and will be available to students on June 2014.

NurseOne has posted the new 6th edition of the textbook. The completion certificate for each module can be used for SRNA continuing competency or for preparation for writing CAN Medical Surgical Certification Exam. LPNs can use this course for Continuing Education Portfolio Points as professional growth. This is a great opportunity for all nursing staff.

If you have questions, talk to your Clinical Nurse Educator.

Further information will be posted on the Nursing Practice and Education Infonet page.
Maintaining Skin Integrity
Patsy MacLean RN, Equipment and Product Standardisation Nurse (Skin and Wound)

Question: What do a patient in acute care; a senior living in long term care and a client with a chronic illness being cared for in their own home have in common?
Answer: They are all at risk for skin breakdown.

The skin is the largest organ in the body, important for the maintenance of temperature, sensation and fluid balance. In the same way that other body systems weaken, when health is compromised the skin becomes more vulnerable to injury. Oxygen may be reduced, fluid intake decreased, nutritional status can be impacted and the patient’s level of activity declines. Skin becomes more fragile and is more likely to be damaged. The risk of developing a pressure ulcer increases, while the healing of existing wounds can be delayed.

Protecting skin integrity is everyone’s responsibility. Make sure patients, caregivers and staff understand the importance of checking skin daily for signs of breakdown; have access to the appropriate products to cleanse, protect and moisturize the skin and know how to use them.

A variety of specialized surfaces are available to manage pressure related skin issues. A referral to another member of the interdisciplinary team such as OT or PT may be necessary.

Always look at the whole patient and not just the “hole” in the patient. Before selecting a wound care product, assess the wound thoroughly and consider what the goal is for the wound. Do you and your client have the same goal? What are the resident’s needs and who will be applying the dressing? For complex wounds consult with the regional Wound Resource Team. Consider referring to a Dietitian in order to optimize nutrition as part of wound healing.

For further details of skin and wound products available in SHR: how to access a specialized surface and who to contact for wound and ostomy referrals check the InfoNet under Skin and Wound.

For more information contact Patsy MacLean at 655-1656.

Advanced Wound Care Education Day”

Wednesday, FEBRUARY 26, 2014
0830-1600
(Doors open at 8am)

Best Western Royal Hotel, SASKATOON, Sk.
Sedona Room, 2nd Floor; 1715 Idylwyld Drive North
Registration Fee: $45; Lunch will be provided

Limited Space Available
Please register and pre pay on-line at:
www.convatecrsvp.com
### Upcoming Learning Events

**Advanced Wound Care Education Day**  
Feb. 26, 2014  
Best Western Hotel, Saskatoon  
Registration: convatecrsvp.com

**Breast Cancer Rehabilitation Symposium** - hosted by Continuing Physical Therapy Education  
February 27 - 28, 2014 - Travelodge Hotel - Saskatoon, SK  
More information

**Peter & Anna Zbeetnoff Memorial Drug Therapy - Decision making Conference**  
March 7-8, 2014  
Saskatoon, SK  
www.usask.ca/cme  
Ph:306-966-7787

**Learning How to use the Continuing Competence Program**  
Mar. 14, 2014 : Room TBA  
Pre-register: Telehealth: 306-655-1573

**Advanced Pediatric Emergency Assembly**  
March 18-20 2014  
New York, NY, USA  
http://www.acep.org/PEM/

**SK HIV Conference - Intergenerational Healing** - presented by All Nations Hope  
March 25 - 26, 2014 - Prince Albert Exhibition, Prince Albert, SK  
http://www.allnationshope.ca/Conference.htm

**Optimizing Health for Older Adults**  
April 11-12, 2014  
Saskatoon Inn, Saskatoon, SK  
www.usask.ca/cme  
Ph:306-966-7787

**SALPN Conference & AGM**  
April 29-30, 2014  
Saskatoon Inn, Saskatoon, SK  
306-525-1436

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

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