Saskatoon Health Region has recently had a number of critical incidents, and several minor or moderate incidents related to the mix up of oxygen and medical air gases for delivering nebulized treatments. In 2008, there was also a similar event.

There are several factors that have contributed to these incidents:
- Within acute care, medical air flow meters look very similar in appearance to oxygen flow meters. Oxygen tubing could be inadvertently connected to medical air flow meters instead of oxygen flow meters.
- There is no standard of practice across SHR on the administration of nebulized treatment for patients - some units utilize medical air, whereas on other units oxygen is used.
- Medical air flow meters are unavailable at times.

A mistake proofing project on 6200 Medicine at RUH was initiated. The goal was to eliminate defects in the delivery of medical air and oxygen for patients. Review of the literature and discussions with the department of Respirology indicated that best practice for patients with COPD, is to have either metered dose inhalers (MDI) or medical air administered nebulizers, not delivered with high flow oxygen. Giving too much oxygen to certain types of patients can be harmful.
Medical Air—Mistake Proofing

The mistake proofing team then began brainstorming—trying multiple ideas for viability. The team decided to trial a device that attaches to the medical air flow meter. The Airguard device was chosen and labels were attached to clearly distinguish the two types of flow meters. Staff will have to take a number of steps to attach tubing to medical air. The device created both a visual and manual mistake proofing cue to verify the right gas is being used. Staff feedback has been positive. Thank you to all of the 6200 Acute Medicine staff that were involved in this mistake proofing process.

Work is still underway to standardize the labelling and storage of airflow meters in SHR acute care facilities. Policy will be updated to reflect best practice. For now, please continue to store any unlabelled airflow meters in a secure location in your area or return any unwanted airflow meters to Clinical Engineering.

Skin & Wound Care Resources
Submitted by Patsy Maclean, Equipment & Product Standardization Nurse, Skin & Wound, SHR

SAVE THE DATE!!

SHR Skin & Wound Education Workshop
May 23, 2013
Sherbrooke Community Center Education Center
Details to come out soon!

Be sure to check out the skin & wound resources on the SHR infonet page.

Posters are available for:

• Skin care products
• Wound products
• Ostomy products
• Guidelines for use of products
• Beds & Pressure redistribution surfaces
Check out the SHR E-learning platform!
Submitted by Chrystal Grant, Clinical Nurse Educator, Nursing Affairs

- From any SHR computer - go to the SHR home page and click on “E-learning” under the featured links. You will need a network log on code to register in the e-learning site. Talk to your manager if you do not have a network log on.

- From an outside computer go to https://learning.saskatoonhealthregion.ca

Nursing courses that are presently available include:
- *NEW* Chemotherapy Drugs: Oral & Injectable
- Administration of Intravenous Push/Direct Medications
- Central Venous Catheter Care
- Glucose Meter Certification
- Nursing Updates (Pump reviews, allergy documentation)
- Unit Specific information for various nursing units/sites

Other learning courses available include:
- Hand Hygiene
- Emergency Preparedness & Fire Safety
- TLR – Parts A, B, C
- Safety for Supervisors
- Communications – Social Media Training
- Healthy & Respectful Workplace

Many of the e-learning modules offer completion certificates which can be used for Continuing competency or Continuing education points. If you have any questions about e-learning, please talk to your CNE or MON.
There has been a lot of important work and improvements in the process of safe medication use in patients transferring from the Acute Care (AC) setting to Long Term Care (LTC) in the past year.

One of our stories:
“On May 8, 2012, Mrs. MB was to be transferred from the Transitional Care Unit at Saskatoon City Hospital to a LTC home. Medication reconciliation (Med Rec) prior to transfer to her LTC home compared her admitting orders to her orders at the time of transfer. During this process it was noted that 4 eye drops for glaucoma were missing from the patient’s 24 hour Medication Administration Record (MAR). Further searching found these eye drops to had been placed on hold at the time of her original admission to St. Paul’s Hospital 3 weeks earlier. When transferred to Saskatoon City Hospital in early May, these medications were not on the transfer orders and without the medication reconciliation on transfer to LTC; the medications would have continued to have been missed. The pharmacy and the physician were notified as to the discrepancy which was then rectified.”

Why Med Rec on Transfer is important for patient transitioning to LTC?
- Improve collaboration between healthcare team members
- Provide safer consistent approach to medication management on transfer
- Ensure timely delivery of the right medications to our residents in LTC

Changes to the process:
On November 1, 2012 the Saskatoon Health Region began the next phase of Med Rec for patients transferred from AC to LTC. Starting on this date any patients discharged from Saskatoon City Hospital (SCH) to any urban LTC home (including Langham, Dalmeny and Warman) will have medication reconciliation on discharge completed by a SCH pharmacist via the Discharge/Transfer Medications form. 

In the Rural AC Facilities this task will be completed by an AC nurse. Completion of this form takes into account the patient’s MAR, their admission med rec form and/or their list of medications prior to admission and their allergy/intolerance record.

The actual Discharge/Transfer Medications form will be faxed to the discharging physician for review and signing.

Once signed, the Discharge/Transfer Medications form will become the patient’s admitting orders at the LTC home for up to 1 month.

This process will mean the LTC physician will no longer need to write the admitting orders for these patients and will have some time to assess the patient prior to making any medication changes.

Use of this new transfer process in Rural Acute Care facilities (Rosthern, Lanigan, Humboldt, Wadena, Watrous, and Wynyard) has already been piloted and will spread to all rural facilities and rural LTC homes in January 2013. Transfers from RUH and SPH will start using this process in February 2013.
Medication Reconciliation Update
Transfer From Acute Care to Long Term Care Medication Reconciliation

Continued from page 4

Improvements Thus Far Identified Using The New Process:
  o The number of PRN medications patients are being transferred on has been decreased by 40%.
    This means: decreased medication costs to the patient and patients are being prescribed
    fewer, inappropriate medications thus potentially decreasing risk for adverse medication
    events.
  o There has also been a decrease in errors in transfer medication prescribing. Baseline data showed
    that patients were experiencing 2.25 unintentional discrepancies. An unintentional discrepancy is
    defined as an unintentional change, addition or omission of a medication to a patient's medication
    list. This has been decreased in the last trials to 0 discrepancies.
  o Lastly, patients are receiving medications in a more timely manner at the LTC home - therefore
    there have been less medication doses being missed - which means safer care for our patients!!

Nursing education on the new process has been occurring over the past few months to urban and
rural AC nurses and LTC nurses. It is important to be aware of this new process as well as review the
new Discharge/Transfer Medications form which you may come across in the next few months.

To learn more about the process please see the PowerPoint on the InfoNet under Seniors’ Health and
Continuing Care Education entitled Transfer to LTC Medication Reconciliation – Education Module.
http://infonet.sktnhr.ca/seniorshealthandcontinuingcare/Pages/Education.aspx

If you have any questions or comments, please contact Crystal Richter by email at
crystal.richter@saskatoonhealthregion.ca.

Dip Before You Dig

Prior to specimen collection, moisten the swab with the
culture media in the tube. Collect the specimen and replace
the swab back into the culture media.

This is the one time it’s okay to double dip!

Submitted by SHR Infection Control Practitioners
Reducing Falls in 2013
Submitted by Daphne Kemp, Regional Falls Prevention Coordinator, SHR

Over the holidays I heard many conversations about people being sick with symptoms like nausea, dizziness, weakness, diarrhea, and dehydration. I also heard about people falling as a result of these symptoms - people who would not normally be considered to be at risk of falling. It was even reported in the media that Hillary Clinton was among those that experienced a fall.

With the outbreaks on units in Saskatoon Health Region over the holiday season and as the influenza season continues, it is a good time for a reminder that falls prevention needs to be integrated into everything that we do. All patients, clients and residents have the potential to fall so we need to assess their fall risk and have plans in place to reduce their individual risk factors as well as to keep our working environments safe.

Implementation of the Regional Falls Prevention Strategy continues to gain momentum in 2013. More staff are identifying that they are aware of the falls prevention strategies. The number of community partners is growing and the sharing of information and engagement is evident in our data.

Saskatoon Health Region embarked on the “roll out” of the regional falls prevention strategy last fall which was built upon the earlier work done on falls prevention in Long Term Care and Home Care through Safer Health Care Now! in 2011. The “rollout” included the definition of a fall, the implementation of universal precautions, and the “three questions” in patient and resident rooms. These resources and others are available on the InfoNet under Seniors' Health and Continuing Care/Falls Prevention.

The Regional Falls Prevention Committee as well as the Long Term Falls Prevention Committee meets monthly to work on its continued efforts to standardize the falls prevention work across the Region. They support research and pilot best practice initiatives that can be spread across the Region. Most recently we have piloted the form previously known as the “fall record” with a goal to finalize it in the next few months. We have also introduced a pilot project in the use of non-skid footwear for patients, residents and clients who may benefit from their use. Work continues on developing a pathway for post falls, and policies including restraint and entrapment. We have used using regional falls data from 2012 to help plan for 2013. The committee welcomes questions from staff in relation to difficult cases and we will problem solve and offer suggestions.

Regional data on falls in long term care will be available to nursing staff February 2013 from RAI-MDS 2.0 including the number of residents that have fallen and the number of residents restrained without relevant diagnosis.

Saskatoon Health Region is committed to reducing falls and injuries from falls. This can only be accomplished by working together in a standardized and collaborative way. Please refer to the InfoNet or call Daphne Kemp, Regional Falls Prevention Coordinator at 655-8664 if you require resources or have any questions about preventing falls.
Perceptions of Restraint Use Survey  
Submitted by the SHR Least Restraint Working Group

Saskatoon Health Region is in the process of updating the Health Region’s Least Restraint Policy. Restraints include physical, mechanical, chemical and environmental restraints used when caring for patients, clients or residents.

The first phase is to gather data on restraint use in the health region.

In February, an audit will be completed on the number and type of restraints used throughout the region.

We are also conducting a survey on staff perspectives and attitudes on restraint use. This will help us identify resources and education needed in regards to restraint use. The survey should take approximately 10 minutes to complete.

Please complete this survey by **February 8, 2013** by:

- Clicking on the following link to complete the online survey.  
- Scan the QR code with your smart phone.
- Paper copies will also be available on your unit/area.

Thank-you for your time and assistance. This feedback is critical in ensuring we are targeting the proper resources and in the end, creating a safe and positive environment for our patients, families, staff and physicians.

Accu-Chek Inform II Glucose Meter  
Submitted by Carey Redekopp-Kroeger, Core CNE, Nursing Affairs

The new Glucose meters were implemented at the 3 acute care sites and rural throughout October 2012.

If you have not been certified to use the new meters, additional information on the meters and their use can be found on the Nursing Affairs Infonet page and E-learning. Once you have completed the online training, contact your CNE or glucose meter super user to complete the hands-on training. All questions or concerns, including issues with user ID log in, can be emailed to [pointofcare@saskatoonhealthregion.ca](mailto:pointofcare@saskatoonhealthregion.ca) or phone #2166.
The new Basal Bolus Insulin order sets and Bedside Glucose Monitoring records were implemented at SPH, Humbolt, Rosthern, Wadena, and Wynyard on November 20, 2012. These order sets were designed to provide information on optimal insulin dosing for in-patient management of diabetes and meet current standards.

Transition on the nursing units went very well with the collaboration between pharmacy, nursing staff, unit clerks, and physicians.

Healthcare providers who have been using the new documents have provided positive feedback on the use of the forms for new insulin starts and changes to insulin regimens. The Insulin Task Force has received consistent feedback that the forms are busy with limited space for recording.

Based on this feedback, the Insulin Task Force is working on revisions to the insulin order sets and bedside glucose monitoring records prior to implementing them region wide. The revised Bedside Glucose Monitoring records are being trialed on 5A and 5th Medicine at SPH from Jan 7-16, 2012. Dr Tessa Laubscher is working closely with the physician groups to improve the Basal Bolus insulin order sets, with a pilot of the revised forms at SPH planned for mid January - February. In the interim, SPH will continue to use the order sets and Bedside Glucose Monitoring records released mid November.

The decision to revise these forms will cause a slight delay to the education and implementation at RUH, SCH and remaining rural SHR sites. A region wide implementation is anticipated for May 2013.

From a pharmacy perspective, the insulin order sets were highly anticipated with great hope of improving patient care and outcomes. A project examining these outcomes will be undertaken later this year.

With the implementation completed, it was interesting to look at the impact that the order sets had on pharmacy inventory management and workload. The use of dextrose tablets, instead of sugar packets, has increased indicating that the hypoglycemia protocol has been implemented by all units.

There has been an increase in the number of rapid acting insulin analogs (RAIA) being ordered. Since it has been shown that RAIAs are associated with decreased incidences of hypoglycemia, this is very good to see.

Workload has unfortunately increased due to the number of calls required for order clarification primarily missing information (drug, dose, patient weight and addressograph), but this was expected as with any new order set implementation. Pharmacy has offered feedback to assist with the revisions to the order set in hopes of assisting with this one issue.

There is optimism in the department for positive patient outcomes which should be demonstrated when the aforementioned residency project begins later in 2013. The department looks forward to the revised order sets to help with some of the issues that have arisen since implementation.
**TALL man lettering**

Submitted by Angela Butuk, Medication Safety Officer, Saskatoon Health Region

Have you ever wondered why medication names are sometimes written using a combination of upper and lower case letters?

This is a medication safety strategy referred to as “**TALL man lettering**”. Tall man (mixed case) lettering improves medication safety by making look-a-like/sound-a-like drug pairs appear less similar. Take a look at the two examples below and consider which is easier to differentiate:

- diphenhydramine or dimenhydrinate

  **OR**

- diphenhydRAMINE or dimenhyDRINATE

“ISMP, FDA, The Joint Commission, and other safety-conscious organizations have promoted the use of tall man letters as one means of reducing confusion between similar drug names.” (ISMP, 2011)

For the complete list please see: FDA and ISMP Lists of Look-Alike Drug Names with Recommended Tall Man Letters [visit ismp.org](http://www.ismp.org).
**MicroClave is now Clear**

To be used on EVERY:
1. Central venous catheter (CVC) that is locked i.e.. Short term CVC, PICC
2. CVC port for intermittent use (including stopcocks)
3. Peripheral Saline lock

**Change the needleless adapter**
with tubing changes, or q7days

**Remember to Scrub the Hub**

**Turbulent Flushing**
*The Start-Stop method of flushing*
Cleans the catheter lumen of blood or fibrin build–up and works to keep the catheters patent.

*Clamp*
Clamping is done after the line is locked, just for safety.

Conversion to Microclave clear is Feb 4/13 (Or as old stock is used up)
Optimizing the Scope of the Registered Nurse Project
Sponsored by SRNA

Presenter: Suzanne Downie, Project Manager
Feb. 1 9:30-11:00 RUH Rm. 6625
Feb. 8 2:00-3:30 SPH Café Mezzanine
Feb. 26 5:00-6:30 RUH Rm. 1602
Feb. 28 9:00-10:30 SCH Rm. 1931

To Register for one of these telehealth sessions call 655-1573

Word Search
Search for words—fowards, backwards, up, down and diagonally

Collection
Glucose
Insulin
Meter
Reconciliation
Sets
Survey
Elearning
Hand
Medical Air
MicroClave
Reducing
Skin
TALLman
Falls
Hygiene
Medication
Order
Restraint
Specimen
Wound
Upcoming Learning Events

**SIAST Critical Care Course**
January, 2013, and March, 2013
Please refer to the poster: siast-critical-care-course sep 2012-mar 2013.pdf

**Saskatoon Health Region**
**4th Annual Mentorship Symposium**
**Going For Gold!**
February 6, 2013 0800-1630
Western Development Museum
Saskatoon, SK
Please register through SHR Training Registration system (TRS)
Or contact Colleen Stewart
collen.stewart@saskatoonhealthregion.ca or 655-3981

**POGO: Women's & Children's Health Conference**
February 7 & 8, 2013
Saskatoon Inn, Saskatoon, SK
Register online at: www.usask.ca/cme
Or call 966-7790 or 7795

**Courage to Lead**
**Nursing: A leading force for change**
March 7-8, 2013
Radisson Hotel, Saskatoon, SK
Registration $100
Register online at www.usask.ca/nursing/cedn

**Geriatric Gems: Beyond the Basics**
March 25, 2013 0830-1600
Saskatoon Inn, Saskatoon, SK
Registration online at: www.nursinglinks.ca

**Diagnosis & Management of Epilepsy**
March 23, 2013 0830-1630
Sasktel Theatre, RUH
Cost $25 for nurses
Contact Lisbeth liztellez3@yahoo.com

**Oncology Conference 2013**
April 12 & 13, 2013
Travelodge, Saskatoon, SK
www.usask.ca/nursing/cedn

**2013 Tuberculosis Symposium**
June 13 & 14, 2013
Saskatoon Inn, Saskatoon, SK
http://www.usask.ca/nursing/cedn

**Custody & Caring**
13th Biennial International Conference
October 2-4, 2013
Saskatoon, SK
www.usask.ca/nursing/custodycaring/