



# Housestaff NEWSLETTER

## KEY TOPICS THIS MONTH:

- Accolades for U of U Housestaff
  - Quick Reminders from GME
  - Quality & Patient Safety Department
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## ACCOLADES FOR U OF U HOUSESTAFF

We all know that the housestaff here at the University of Utah are the best of the best! While the remarkable achievements of our residents and fellows are too numerous to list, we'd like to recognize some that have recently been brought to our attention:

### Jeremy Kendrick, MD



Dr. Kendrick, Child Psychiatry, is the recipient of the prestigious George Ginsberg Award. This award is given by the American Association of Directors of Psychiatry Residency Training (AADPRT). It recognizes the "excellence and accomplishments of outstanding residents / fellows interested in psychiatric education and teaching."

Dr. Kendrick will travel with the U's psychiatry administration to the AADPRT annual meeting in Tucson, Arizona, this March.

### Angie Valdez, MD

Dr. Angelika Valdez, Pediatric Chief Resident, is the recipient of Resident Research Award given by the Academic Pediatrics Association (APA). This is the second consecutive year that she has received this award.

Dr. Valdez was granted this recognition for her work on *Proteja La Cabeza: Bicycle Helmet Use in a Low-Income Latino Population*. This was co-authored by Mandy Allison, MD, MSPH, Carole Stipelman, MD, MSPH, Benjamin Hammond, Karen Buchi, MD, and Wendy Hobson-Rohrer, MD, MSPH (all from the University of Utah). The project provides low cost bicycle helmets at the South Main Clinic.

### Radiation / Oncology Program

The International Journal of Radiation Oncology, Biology and Physics (The Red Journal) posted an article in press which ranked the University of Utah's Radiation / Oncology Fellowship Program highest in the nation for producing First Author Publications. This was based on an average of over 3 publications per member of the program.

*Congratulations to these housestaff members for their outstanding accomplishments!*





FYI

## QUICK REMINDERS FROM GME

### Licenses to GME:

If you have applied for a Utah Medical License, DEA license and/or an NPI number, please be sure to get copies to the GME office (1C412) when you receive them.

### New uCard:

Please note that if you replace your uCard for any reason, meal money balances and door access are not automatically transferred. Please notify the GME office (581-2401) if you obtain a new uCard.

### USMLE Step 3:

PGY1 residents must have a passing score on USMLE Step 3 by June 30, 2009. To allow sufficient time for results, we strongly recommend you schedule your test prior to April, 2009.

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## QUALITY & PATIENT SAFETY DEPARTMENT

### Anticoagulation Safety:

Anticoagulation safety is a Joint Commission National Patient Safety Goal and a priority for 2009 at University Health Care. Actions to assure our health system is in compliance with these goals were implemented in January 2009.

Anticoagulation related order sets, guidelines, forms, policies and patient / staff education materials have been created to aid you in providing excellent care to your patients.

All materials are available on the Thrombosis Service website:

<http://healthcare.utah.edu/thrombosis>

Education materials and paper versions of several forms are also available on the units.

The Thrombosis Service is a resource for questions about these anticoagulation management tools and for assistance with patient consultation and management.

Thrombosis Service contact numbers are on the website or access the service via pager at 1-800-783-3735.





## QUALITY & PATIENT SAFETY DEPARTMENT (CONTINUED)

Two policies and one guideline have been updated for implementation in February: Patient Restraints, Patient Identification Change, and Patient Fall Prevention, respectively. Aspects of each will impact Housestaff / LIP practices.

The key points for each are listed below.

### Patient Restraints Policy:

The term "Behavioral Restraint" should only be used for patients at UNI, ED, or 5W and refer to psychiatric treatment. All other restraints are "To Promote Medical / Surgical Healing" and should be documented as such.

### Restraints for Medical / Surgical Healing Guidelines

Order for restraint needs to be specific for:

- Type of restraint
- Clinical justification
- Time-limitation (no more than one calendar day)
- May NOT be ordered by a PRN
- Requires NEW order each day based upon LIP examination
- RN may initiate order, but must have an LIP written or verbal order within one hour of initiation.
- Verbal orders must be signed within 24 hours.
- Attending physician will be notified of initiation of restraint if they did not place the order the restraint

### Behavioral Restraints Guidelines

- Order must include restraint type and clinical justification
- LIP assists in identifying ways to help patient regain control so restraint / seclusion can be discontinued.
- Attending must be notified if:
  - They were not the ordering LIP
  - The patient remains in restraint / seclusion for more than 12 hours
  - The patient experiences two or more episodes of restraint / seclusion of any duration within 12 hours
- CPI-trained staff member must remain with patient continuously for the duration of behavioral restraint



Presidential Trivia: *Jimmy Carter was the first US President that was born in a hospital*



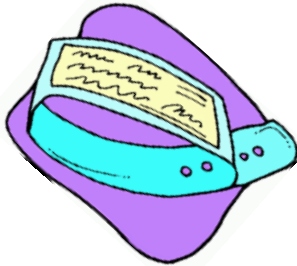


**QUALITY & PATIENT SAFETY DEPARTMENT (CONTINUED)**

**Patient ID Change Policy:**

In order to make a change to an in-patient name, date of birth, or MRN, a written physician / LIP order is required after first checking that:

1. The patient is medically stable
  - If not stable, educate the patient as to why he or she is not yet ready for the patient identifier change to occur
2. There are no pending transfusions for the patient within 4 hours
3. The primary physician's service is responsible for writing the order
4. The accurate spelling of the patient's legal name and DOB is documented in the provider's order sheet
5. A new clot tube is ordered to be drawn under the patient's legal name / corrected identifiers, or document if this is unnecessary



Note that the nursing staff will have a checklist for use in this process. Ask for this checklist when in need of making any patient ID changes.

**Patient Fall Prevention:**

All in-patients are assessed for fall risk using the Conley assessment tool. If any patient scores greater than two (2), they are considered to be a fall risk and non-optional interventions will be implemented. As a result, you may see the following:

- Yellow fall risk sticker on patient's chart
- Yellow fall risk wrist band on patient
- Yellow fall risk magnet on patient list board
- Sign-in at patient's bathroom and at head of bed
- "Patient & Family fall Risk Education" flyer posted in conspicuous place in patient's room.
- Bed alarms activated with bed in low position.
- Comfort rounds every two hours while patient is awake

Note that the outpatient falls policy is not affected by this change



*Have a great February!*

*"Love cures people – both the ones who give it and the ones who receive it." – Dr. Karl Menninger*

*"Love is like a virus. It can happen to anybody at any time." – Maya Angelou*



Keep your winter coats at hand for another 6 weeks of winter!  
Groundhog Punxsutawney Phil did see his shadow on February 2<sup>nd</sup>.