

IV Infusion Improvement Work

8/28/18: Sign-In – First Name, Last Initial

Today we go live with the Sign In changes where the system has been reset to display first name, last initial. **We want all RN / PCA / PCT staff to use the Sign In function only.** This is completed through the pop-up window when logging in or through the top of the patient list.

- **Do NOT use the “assign me” function,** as this will not automatically end the nurse’s assignment, and multiple names will appear in the assigned RN column.

Additional information:

- One issue with this change is that all nurses signed in to the patient as a registered nurse will display in the header, patient list and greaseboard. This will be problematic for areas that are not using the correct workflow and using the Assign Me vs. the Sign-In activity.
- At shift change you will likely see dual nurses until a half hour after shift end (when the automatic Sign Out at end of shift activates), unless the nurse manually un-assigns themselves.
- **To correct dual nurses displaying,** anyone can open the TT (Treatment Team) link in the patient header and “End” the registered nurse that is not the primary nurse caring for the patient. This will also be the same for the PCA/PCT’s. See below:

The screenshot displays the Epic EMR interface for patient 'Lobe, Frontal'. The patient header includes demographic information (Female, 33 yrs, 11/14/1984), MRN (5330922), CSN (100000022082), and admission details (05/18/2018, 02:52 PM). The care team list below shows several providers, including Registered Nurses and MDs. A red arrow points to the 'End' button next to the first Registered Nurse entry in the list.

Provider	Relationship	Team	Specialty	Start	End	Actions
Registered Nurse Uva Ip, RN	Registered Nurse			8/29/2018 7:32 AM	X End	Reassign Take Over
Taco Diddits, RN	Registered Nurse			8/29/2018 7:30 AM	X End	Reassign
Sula Mazimba, MD	Attending	Acute Cards/A		5/19/2018 3:45 PM	X End	Reassign Take Over
Victor Soukoulis, MD	Attending	Acute Cards/A		5/19/2018 3:45 PM	X End	Reassign Take Over
William Eschenbacher, MD	Resident	Acute Cards/A		5/19/2018 3:45 PM	X End	Reassign Take Over
Ryan Connolly, MD	Fellow	Acute Cards/A		5/19/2018 3:45 PM	X End	Reassign Take Over
Rashitha Bollam, MD	Resident	Acute Cards/A		5/19/2018 3:45 PM	X End	Reassign Take Over

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8/27/18: Two Changes Go-Live! Dual Signoff/Chain of Custody and Sign-In

Infusion Safety Work Changes, Live Today: Changes which have been shared for the last two weeks at Bed Briefing and in unit huddles are live TODAY in Epic:

- Dual Sign off for high risk infusions (revised list of high risk medications)
- Chain of Custody for Controlled Substances rows for handover documentation

Sign In / Sign Out: Update, Live Today: Responding to frontline nursing concerns, the name display coming from the Epic Sign In activity will display full first name / last name initial only. This will be effective TODAY.

- If staff use their regular name, **NO ACTION IS NEEDED**, Epic will pull their name and last initial to the header / display board (for units which have Epic Grease Boards).
- If staff go by a nickname, or use their middle name, they will need to type in the symbol # as the first character in the Contact # line, and then will be able to type in their nickname/middle name in free text, as well as their pager or phone numbers. (Screen shot below.) This will change the name displayed in Epic as their preferred name and last initial.

The screenshot shows the Epic Sign In interface. At the top, there are fields for Shift (0737 to 1937) and dates (8/24/2018). Below that, the Contact # field is highlighted and contains the text "#Bobbi, 333-3333". There are buttons for "Phone" and "Pager". A dropdown menu is open below the Contact # field, showing a list of "Assigned RN" with "Uva Ip, RN (Tel. Bobbi, 333-3333)" selected. An arrow points from the selected name in the dropdown to the Contact # field.

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RESOURCES: Chain of Custody, Dual Signoff, IV Tubing Labeling, Port-less Tubing
(older tip sheets below have been updated as noted) – orig. 8/16-8/17; rev. 8/24/18

- Review the **Chain of Custody Standard Work** and **Tip Sheet** below (tip sheet contains large screen shots of the step-by-step). Updates will go into effect on August 27th.
 - Standard Work (found on the Standard Work Repository in Knowledge Link):
<http://www.healthsystem.virginia.edu/docs/standard-work/clinical/med-admin-pain/cs-chain-of-custody/>
 - Chain of Custody Tip Sheet (*begins on the next page below*):
<http://www.healthsystem.virginia.edu/docs/manuals/guidelines/pcs/nursing-policies/nursing-policy-infusion-pump/>
 - This information will also be reinforced in the September EPIC Bundle Message and PNSO Practice News.
 - Want to provide demonstrations to your team members next week?
Use **Epic Playground (PRA)**! Username: **iprn** Password: **train**
- **Shared Manual 5 Rights with Read-back Process for Dual Signoff:** Review the video and new standard work. Updates will go into effect on August 27th.
 - Video: https://www.youtube.com/watch?v=QcP2_M4v2dk
 - Standard Work: <http://www.healthsystem.virginia.edu/docs/standard-work/clinical/med-admin-iv/iv-dual-signoff-timeout/>
- (Summary of 8/16/18 Huddle Points)
Standardized **IV tubing labeling** practices and recommendations for **use of port-less tubing** have been developed. See the [August Practice News](#) for detailed information.
 - Standard Work: <http://www.healthsystem.virginia.edu/docs/standard-work/clinical/med-admin-iv/labeling-iv-tubing>
 - HUCs should currently be working to set-up an IV Label Notebook System for your unit to be ready for use next week.

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Documenting Infusion Chain of Custody Tip Sheet - 8/22/2018

1. Surrendering clinician logs into Epic, opens I&O flowsheet, and adds a current time column.

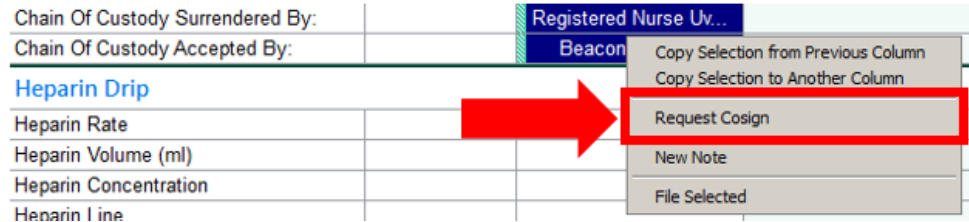
The screenshot shows the Epic Flowsheets interface. The 'Add Col' button is highlighted with a red arrow and a red box. The interface displays a table with columns for '0935' and '8/17/18 0937'. The table contains data for 'Fentanyl Drip' including Fentanyl Dose (mcg/hr) of 25, Fentanyl Rate of 0.5, and Fentanyl Concentration of 50 mcg/mL. The 'Chain Of Custody Surrendered By' and 'Chain Of Custody Accepted By' fields are also visible.

2. Verify the order matches pump settings.
3. Document the volume remaining (both clinicians also visualize the amount remaining) and enter surrendering and accepting clinician names.

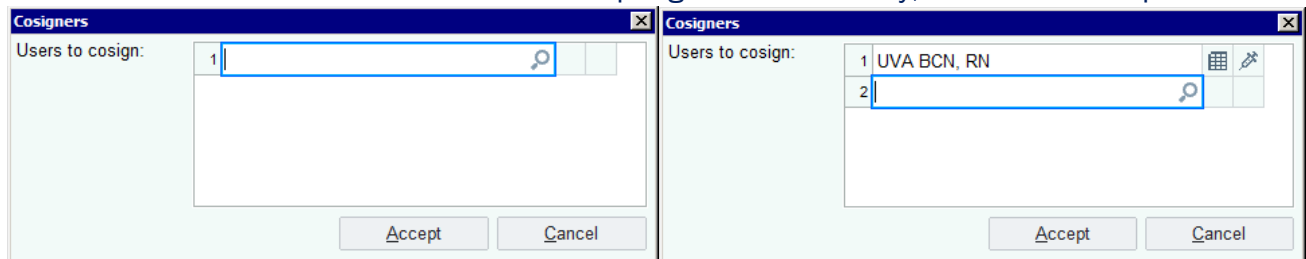
The screenshot shows the Epic Flowsheets interface with the 'Remaining Fentanyl Volume (ml)' field highlighted with a red box and a red arrow. The 'Chain Of Custody Surrendered By' and 'Chain Of Custody Accepted By' fields are also highlighted with red boxes and arrows. The 'Chain Of Custody Accepted By' field contains the name 'Beacon Nurse UVA'.

(continued on next page)

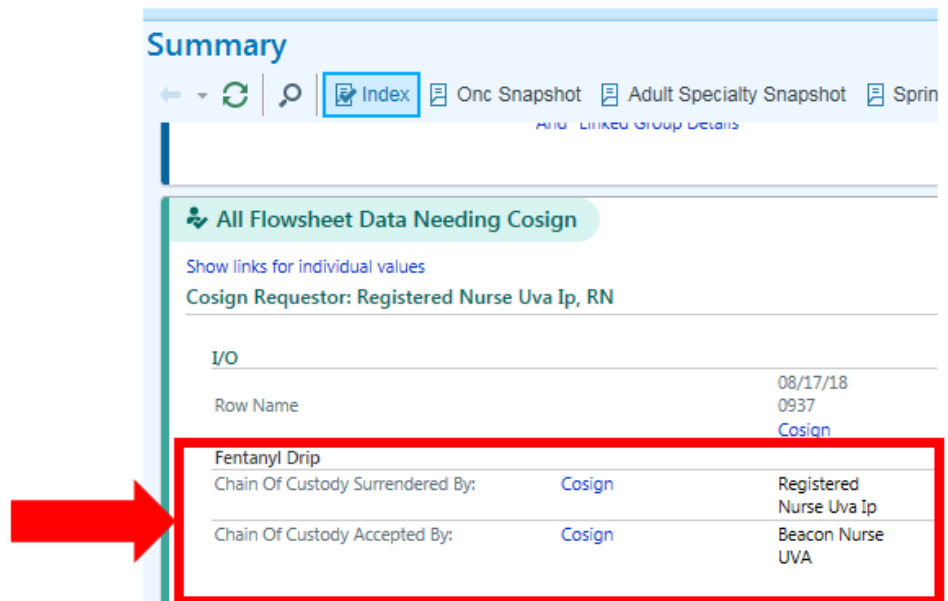
- Select both chain of custody boxes (left click on one, then hold down CTRL and left click the other). Right click on either of the boxes and then select “Request Cosign.”



- Enter the name of the clinician who will be accepting chain of custody, then click “Accept”.



- Clinician who is accepting chain of custody logs into Epic and navigates to the patient’s chart. On the patient’s chart, Cosign for the Chain of Custody flowsheet rows.



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Chain of Custody Documentation on I/O Flowsheet – orig. 8/21, rev. 8/24/2018

Chain of Custody documentation is a regulatory requirement that tracks responsibility for correct handling of controlled substances in patient care.

Chain of Custody Documentation and Dual Signoff changes will go live Monday 8/27.

Changes will be live for new orders placed that afternoon. Please be aware that the new changes may not appear on orders in place prior to the migration of changes. We are planning Gemba visits to units next week, starting on Monday.

This may be a big change in workflow for some practice areas, so it will be important to discuss with team members.

Where to document Chain of Custody?

Chain of Custody documentation will occur on the I/O Flowsheet, where all validations occur. The following rows will appear for this documentation:

Fentanyl Drip	
Fentanyl Dose (mcg/hr)	25
Fentanyl Rate	0.5
Fentanyl Volume (ml)	
Remaining Fentanyl Volume (ml)	
Fentanyl Concentration	50 mcg/mL
Fentanyl Line	
Chain Of Custody Surrendered By:	
Chain Of Custody Accepted By:	



How will you know if Chain of Custody documentation is required?

Chain of Custody rows on the I/O Flowsheet will only appear for controlled substance infusions.

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Background, EMR Changes, and Chain of Custody – orig. 8/20, rev. 8/24/2018

Background: IV Infusion Improvement Work

A frontline nursing workgroup recommended four main EMR changes to reduce variation & improve safety at the point of care:

- **MAR Action Consolidation:** occurred in April
- **PRN Carrier Fluid Orders on Admission:** occurred in June
- **Dual Signoff,** process and med changes: updates introduced 8/13-8/17
- **Chain of Custody Documentation:** updates introduced 8/19-8/24

These EMR changes address multiple root causes & help to remove barriers, leading to safer patient care.

With the Dual Signoff requirements, there will no longer be a forced ability to document Chain of Custody for controlled substances in the MAR.

About Chain of Custody Documentation:

Chain of Custody Documentation is a regulatory requirement and it is how we track who is responsible for the correct handling of controlled substances when being administered to patients. Chain of Custody elements include:

- Documentation of the name of the drug
- Checking to verify that pump settings match the order
- Documentation of the volume remaining
- Documentation of the surrendering and accepting clinician

Chain of Custody documentation occurs any time we transfer the care of a patient, i.e. transfer the patient to another unit or when shift change occurs. Chain of custody documentation serves a different purpose than dual signoff. Chain of Custody is a process for documenting responsibility for controlled substances, whereas dual signoff has a purpose of serving as an additional safety check.

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Dual Signoff, Port-less Tubing, & IV Tubing Labeling – orig. 8/16-17; rev. 8/24/2018

- We are transitioning from an independent double check to a shared dual signoff process for high risk infusions to apply deliberate focus and attention to the 5 Rights without variation in practice to minimize risk for error.*

*Blood Products and Chemotherapy were out of scope for this work, they have their own well-established processes for administration

- When administering infusions through interoperability, you will notice that EPIC will prompt a dual signoff before starting the infusion.

The list of High Risk Infusions requiring Dual Signoff has been revised:

- **Insulin** will *have* a forced EPIC dual signature for all actions:
 - **WHY?** We've learned through data that insulin infusions remain a widespread significant risk point in practice. In the past 1 ½ years there have been 3 events where entire bags of insulin have been infused over a short period of time (1-2 hours)
 - **Exception: no change will occur for Glucommander protocol orders.**
 - There have been no insulin infusion errors for patients on the Glucommander protocol in the past 1 ½ years.
 - There are fundamental differences in the Glucommander protocol that distinguishes it from all other insulin infusion orders, and this will be explored in the upcoming months.
- Forced EPIC dual signature will be *removed* from **sedation, opioid** and **narcotic** infusions
 - **Exception: Children's Hospital**
 - Children's Hospital is working toward the goal of aligning with adults to a single policy, but have unique challenges and risk points at the point of ordering and with order build.
 - Countermeasures are in place to fix these risk points, but may take several months.
 - Until these countermeasures are in place for Children's Hospital, **dual signoff will remain on electrolytes and high concentration opioids** currently requiring dual signoff.