ADDENDUM

ISSUES AT THE HARRY S. TRUMAN VA MEDICAL CENTER IN COLUMBIA, MO

HEARING

BEFORE THE

SUBCOMMITTEE ON
HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTH CONGRESS

FIRST SESSION

OCTOBER 25, 1995

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POST-HEARING QUESTIONS
CONCERNING THE OCTOBER 25, 1995
HEARING ON ISSUES AT THE HARRY S. TRUMAN VA MEDICAL CENTER
COLUMBIA, MISSOURI

FOR THE DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION

SUBMITTED BY REPRESENTATIVE TIM HUTCHINSON
CHAIRMAN OF THE SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
HOUSE VETERANS' AFFAIRS COMMITTEE

Question 1: The VA Office of Inspector General's Special Inquiry, *Alleged Cover-Up of an Unexplained Increase in Deaths, Harry S. Truman VA Medical Center, Columbia, Missouri, September 28, 1995, (OIG Report)* states:

> [I]f Nurse H was employed by a private hospital in the State [of Missouri] and was statistically associated with an unexplained increase in deaths and codes, then that private hospital would have been required by State regulation to report the nurse's resignation to the [State] Board [of Nursing]. (OIG Report, p. 36)

Should there be a mandatory requirement to file with the state licensing board a report stating that such employee's duties had been restricted or revoked?

Response: Current VHA policy requires the initiation of the State Licensing Board (SLB) reporting process when an employee leaves VA employment after their clinical duties have been restricted or revoked because of reasonable concern regarding the safety of patients. VHA policy does not address reporting to SLBs of statistical associations per se. VHA is drafting a policy that would require a report to appropriate SLBs in cases of statistical association.

Question 2: Regarding the preceptor agreement in the surgical intensive care unit (SICU):

a. Please provide a copy of, or if unavailable, describe any standard or usual preceptor agreement used in the Columbia VAMC SICU with regard to registered nurses (RN).

b. Please provide a copy of, or if unavailable, describe the preceptor agreement used with Nurse H on the SICU.

Response: RNs who provide direct patient care in the SICU and have not had previous critical care experience are scheduled with a preceptor for thirty (30) clinical days. This is in addition to the time spent in the Basic Arrhythmia Interpretation and Critical Care Classes. During this time, the preceptor demonstrates and teaches skills necessary to function in this area and then directly observes a return demonstration on this technique by the orientee. A skills and inventory checklist is completed on each orientee and maintained in their record.

The agreement is the same as described above. Attached is a copy of the checklist used during the time Nurse H was in the SICU.

Question 3: This question was answered by the General Counsel in correspondence sent to the Committee dated March 22, 1996.

Question 4: Did serious problems exist with the former Medical Center Director's management style dating as far back as 1980? Please respond in detail.

Response: There is no documentation of such a history regarding the former Medical Center Director's management style.

a. Did the former Medical Center Director have a history of dysfunctional relationships with the deans of the affiliated medical school and other senior Medical Center staff?

Response: The former Medical Center Director did not have a history of dysfunctional relationships with the deans of the affiliated medical school or other senior Medical Center staff.

b. Is it correct that in 1985, the affiliated medical school seriously considered breaking the affiliation? Please respond in detail.

Response: The current Medical Center management team has no information to suggest the affiliated medical school considered breaking the affiliation in 1985.

c. Did many of the chiefs of staff who worked with the former Medical Center Director have short tenures at the Medical Center? Please provide the Subcommittee with a list of chiefs of staffs under the former Medical Center Director and their respective tenures.

Response: The former Chiefs of Staff under the former Medical Center Director are:

NAME	TENURE
Thomas Culley, MD	11/70 - 8/79
Jack Mobley, MD	6/80 - 9/81
Daniel Winship, MD	2/82 - 7/84
Terry Hoyt, MD	12/84 - 8/87
Earl Dick, MD	1/89 - 8/94

Question 5: Dr. Christensen testified that his position as Associate Chief of Staff for Research was called for review after he made his allegations public. Please explain in detail the reason for Dr. Christensen to be subjected to a performance review. Furthermore, please describe the current status of that review and any results.

Response: The then Medical Center Director, John T. Carson, and Acting Chief of Staff, Dr. John Bauer decided to develop clinical/administrative expectations for clinical leadership as one of several issues. It was also decided that it was appropriate to begin with all Associate Chiefs of Staff positions by: establishing a baseline of current performance, developing objective expectations for future performance, measuring performance and providing objective review, feedback and guidance. It was realized this would be a significant improvement on the existing proficiency system. At the same time, it allowed management to review the current organizational structure and begin to plan for the future of the hospital. In addition, as review of Research activities progressed, a review by VACO Research officials was requested to establish the present baseline

position, allow for interchange and dialogue with the reviewers on how the facility's research program can be more competitive with research proposals and provide for an interchange with Medical School Department Chairs on how they can assist in furthering the facility's research activities.

This initiative, begun in 1993, is important and was in no way linked with the events of 1992. The establishing of objective, measurable and agreed-upon performance contracts are a necessary step in helping to change the organization to meet present and future needs. It is a wise business decision to establish these contracts and should not be clouded by other issues. As of this date, the review by VACO Research officials has not been pursued.

Question 6: Since the October 25, 1995, Subcommittee hearing, please provide a record of, and describe in detail, any personnel actions that have been taken or performance evaluations made regarding Dr. Christensen or Dr. Earl Dick.

Response: Since October 25, 1995, no personnel actions have been taken regarding Dr. Christensen or Dr. Dick. An annual proficiency report has been completed for Dr. Christensen. He received an overall evaluation of "Highly Satisfactory" in November 1995 and accepted this rating. No proficiency report for Dr. Dick has been completed since October 25, 1995.

Question 7: Please submit the performance evaluations and records of bonus awards for the former Medical Center Director's last 2 years at the Columbia VAMC.

Response: The last rating on file for the former Medical Center Director was done in 1993 when he received an Outstanding rating and a bonus award of $8,000. In the prior year, 1992, he received a rating of Excellent with no bonus award.

ATTACHMENT TO QUESTION(S) 2a. & 2b.

ME: UNIT: In place @ time Nurse "H" assigned KNOWLEDGE AND SKILLS INVENTORY – ICU

PHASE I	Discussed/Referred	Initial
BEDSIDE		
. bedside table/drawers	✓	
. monitor	✓	
. code blue button	✓	
. suction set-up	✓	
. oxygen	✓	
. heat light N/A		
. call light	✓	
. overbed lights	✓	
. tangent lighting	✓	
. patient chart/ lab board	✓	
LIES		
. in SICU		
. clean dispatch	✓	
. conveyer system/tube system	✓	
. refrigerators	✓	
. narcotic cabinet	✓	
. stock meds.	✓	
. fire extinguisher/alarm	✓	
. oxygen shut-off valve	✓	
TY DISPATCH		
. Hopper	✓	
ine/hemacult testing equipment	✓	
per disposal of items	✓	
a. routine dirty supplies	✓	
b. linens	✓	
c. isolation	✓	
d. glass containers	✓	
e. needles	✓	
. cleaning agents	✓	
DENT LABORATORY		
. refrigerators	✓	
a. blood	✓	
b. specimen	✓	
. blood drawing supplies	✓	
SH CART/OPEN HEART CART		
. checklist	✓	
. locate supplies	✓	
. recording on code sheet	✓	
. Lifepak	✓	
. defibrillators:	✓	
a. internal	✓	
b. external	✓	
OURCES		
. SPD 452 (6234)	✓	
. rmacy 6553-IV 6557 lab	✓	
ray 2-117 - 6573	✓	
. 280	✓	
. respiratory therapy 152	✓	
. lab 6412-BB 6415	✓	
a. weekdays	✓	
b. evenings/nights/weekends	✓	

	Discussed/Referred	Initial
7. escort/volunteers 6910	✓	
8. chaplain # 154	✓	
9. VA police	✓	
10. social worker	✓	
11. chief resident	✓	
12. clinical specialists	✓	
a. General Surgery		
b. Cardiothoracic		
c. Infection Control		
d. Geriatric		
e. Oncology	✓	
13. nursing education resource	✓	
14. nursing coordinator-nonsurgery	✓	
NURSING OFFICE		
1. schedules	✓	
2. time cards	✓	
3. assignment sheets	✓	
4. procedural manual	✓	
5. ~~request book~~/communication book	✓	
6. disaster, fire, storm procedure	✓	
7. tape recorder	✓	
8. resource books/ articles	✓	
EQUIPMENT		
1. bed (non-electric/ electric)	✓	
a. HOB adjustment	✓	
b. FOB adjustment	✓	
c. Trendelenburg	✓	
d. grounding	✓	
e. zeroing "weigh" beds	✓	
2. hyper/hypothermia units	✓	
3. blood drawing supplies	✓	
4. IV tray	✓	
5. Doppler	✓	
6. metabolic bedscales	✓	
7. Davis roller		
8. air mattress	✓	
9. water mattress	✓	
10. Softcare mattress	✓	
11. EKG machine	✓	
MEDICATIONS		
1. delivery and return bins	✓	
2. unit dose drawers	✓	
3. narcotics	✓	
a. ordering	✓	
b. counting at shift change	✓	
c. signing for last dose	✓	
d. wasting a dose	✓	
e. recieving an order	✓	
4. stock medications	✓	
a. replacement order form	✓	
MORE EQUIPMENT		
1. ventilator	✓	

	Dates Reform	Initial
a. Bennet 7200	✓	
b. MA-1	✓	
. Bear	✓	
multipurpose cutdown tray and introducer	✓	
3. LP tray pak	✓	
4. thoracentesis tray	✓	
5. tracheostomy tray	✓	
6. rib spreader	✓	
7. suture and needle holders	✓	
8. Swan Ganz tray	✓	
9. arterial line tray	✓	
10. intubation tray	✓	
11. Cook needles	✓	
12. CVP catheters	✓	
13. Sorenson Catheters	✓	
14. Introducers	✓	
15. pacemakers	✓	
16. Travenol pumps	✓	

SE II

C PROCEDURES

1. daily care	✓	
2. pulmonary care	✓	
a. T. C. & DB	✓	
b. incentive spirometry	✓	
c. PD & C by R.T.		
3. nasogastric tube	✓	
a. insertion	✓	
b. placement check	✓	
c. tube feeding	✓	
4. enteral tube	✓	
a. insertion	✓	
b. general care	✓	
5. Foley catheter	✓	
a. insertion/removal	✓	
b. irrigations	✓	
c. care	✓	
6. Mallencott/Weber tube	✓	
7. Tests		
a. specific gravity	✓	
b. urine C&A	✓	
c. dipsticks	✓	
d. pH	✓	
e. hemocult	✓	
f. chemstick	✓	
8. obtaining cultires	✓	
a. urine	✓	
b. sputum	✓	
c. wound	✓	
d. chest tube drainage	✓	
e. blood	✓	
9. Care of body and personal effects	✓	

	Dates Reform	Initial
DRAWING LABWORK		
1. venous stick	✓	
2. arterial line	✓	
3. mixed venous	✓	
IV THERAPY	✓	
1. starting an IV	✓	
2. maintaining an IV	✓	
3. calculating drips	✓	
a. minidrip	✓	
b. mg/min.	✓	
c. mcg/kg/min	✓	
4. TPN and lipids	✓	
5. blood product trasfusion	✓	
DRESSING CHANGE		
1. central line QOD	✓	
2. arterial line QOD	✓	
3. dry dressing	✓	
4. wet to dry dressing	✓	
5. IV dressing 73°	✓	
OXYGEN SET-UP		
1. mask	✓	
2. Venturi	✓	
3. nasal cannula	✓	
SUCTION SET-UP	✓	
RESPIRATORY MONITOR/SWITCH	✓	
LAB BOARD	✓	
AIRWAY MAINTENANCE	✓	
1. endotracheal tube	✓	
a. general care	✓	
b. suctioning	✓	
2. nasotracheal suction	✓	
3. tracheostomy care	✓	
4. oral airway	✓	
a. placement	✓	
b. general care	✓	
5. hand resusitator bag	✓	
CARDIAC MONITOR LEADS	✓	
1. Lead I	✓	
2. Lead II	✓	
3. Lead III	✓	
4. Modified chest leads	✓	
MINNESOTA TUBE	✓	
VENTRICULOSTOMY TUBE	✓	
DIALYSIS	✓	
1. peritoneal	✓	
2. hemodialysis	✓	
ENDOSCOPY	✓	
THORACENTESIS	✓	
LUMBAR PUNCTURE	✓	

PHASE III	Discussed Perform	Initials
...R REPORT	✓	[illegible]
...L POLICY	✓	[illegible]
...S REPORT	✓	[illegible]
...RETARY'S DESK		
...general supplies	✓	[illegible]
... lab forms/ requisitions	✓	[illegible]
... chart forms	✓	[illegible]
... stamper	✓	[illegible]
... Altec system	✓	[illegible]
... Facsimile transmitting system	✓	[illegible]
... call numbers/phone numbers	✓	[illegible]
a. phone book	✓	[illegible]
b. typed list	✓	[illegible]
c. Code Blue 6333	✓	✓
d. call schedule	✓	[illegible]
...ING CABINET		
... soft charts	✓	[illegible]
... VA forms	✓	[illegible]
a. incident report	✓	[illegible]
b. leave requisitions 5371	✓	[illegible]
c. memos	✓	[illegible]
... lab slips	✓	[illegible]
... employee file	✓	[illegible]
... emergency record removal bags	✓	[illegible]
... PAGE		
... VA pagers (2)	✓	[illegible]
... UMHCC pagers 7-5-1#	✓	[illegible]
...TORS ORDERS	✓	[illegible]
...RTING	✓	
...ISSION ASSESMENT	✓	
...E PLAN	✓	
...W SHEET	✓	
...NATURE VERIFICATION SHEET	✓	
.../PRN SHEETS Blue	✓	
...ENTERAL FLUID SHEETS	✓	
...ATMENT SHEET Blue [illegible]	✓	
...DEX	✓	
...IT TO UNIT	✓	
...CHARGE FROM UNIT	✓	
...-OP TEACHING	✓	

I HAVE RECIEVED INSTRUCTION AND FEEL ...MPETENT IN THE PERFORMANCE OF ALL CHECKED

[redacted] 5-20-92

Signature Date

PHASE IV	Discussed Perform	Initials
PRESSURE MODULES/CABLES	✓	[illegible]
TRANSDUCERS	✓	
1. set-up	✓	
2. calibration	✓	
3. cleaning	✓	
4. returning to SPD	✓	
CARDIAC OUTPUTS	✓	
1. set-up/procedure	✓	
2. calculations	✓	
CVP	✓	
ARTERIAL LINE	✓	
1. set-up/ insertion	✓	
2. general care	✓	
3. discontinuing	✓	
CHEST TUBES	✓	
1. set-up	✓	
2. insertion	✓	
3. general care	✓	
4. removal	✓	
5. autotransfusion set-up	✓	
6. autotransfusion removal	✓	
BALLOON PUMP	✓	
1. general care	✓	
2. leg splint	✓	
3. discontinuing	✓	
CARDIOVERSION	✓	
1. set-up	✓	
2. pre and post care	✓	
PULMONARY ARTERY LINE	✓	
(SWAN GANZ)		
1. set-up/insertion	✓	
2. calculations	✓	
3. general care	✓	
4. wave form writeout	✓	
5. discontinuing	✓	
LEFT ARTERIAL LINE	✓	
1. general care	✓	
2. precautions	✓	
MEDICATIONS		
1. lidocaine	✓	
2. dopamine	✓	
3. procainamide	✓	
4. epinephrine	✓	
5. levophed	✓	
6. isoproterenol	✓	
7. nitroprusside	✓	
8. nitroglycerin	✓	
9. dobutamine	✓	
10. morphine	✓	
11. propanolol	✓	
COMPUTOR MONITOR		
1. admit/discharge	✓	
2. place on trend	✓	
3. selective alarms	✓	
4. changing paper	✓	

PERFORMANCE CRITERIA

Defibrillation

MOCK

	Satisfactory	Non-Satisfactory
1. Validates patient status - e.g. checks pulse, checks for consciousness.		
2. Performs CPR until defibrillator arrives.		
3. Sets joules at 200,300,360		
4. Applies conducting gel correctly.		
5. Places paddles on chest correctly.		
6. Charges paddles (may be done before 5).		
7. "Clears" bed area.		
8. Discharges paddles while maintaining pressure with position.		
9. Assesses for response.		
10. Repeats according to unit policy.		

MOCK

SIGNATURE/DATE

PERFORMANCE CHECKLIST

External Pacer Wires

	Pass	Re-peat	Comments
1. Identifies wires as A-V sequential or ventricular.	✓		
2. Describes electrical safety precautions necessary when external wires are in place. a. Insulation of wires b. Microshock prevention c. Gloves when handling wire	✓		
3. Demonstrates technique to shield the ends of the pacer wires with a nonconducting material (e.g. Latex) in a manner which is safe but allows easy access.	✓		
4. Describes and demonstrates pacer exit site care and dressing technique. a. Preparation of site b. Positioning of wire, if appropriate c. Dressing occlusive d. Dressing dated and initialled	✓		
5. Describes or demonstrates the insulation of bare wire when wires are attached to a pacing unit.	✓		

[redacted] DATE 5/19/92

STAFF NURSE

[redacted]

EVALUATOR

PERFORMANCE CHECKLIST

Airway Maintenance

	Laboratory		Clinical	
	Pass	Re-peat	Pass	Re-peat
Insertion of oral-pharyngeal airway:				
1. Identify appropriate size			✓	
2. Demonstrate technique for opening mouth using scissor maneuver, jaw lift or tongue blade			✓	
3. Insert airway without allowing tongue to fall back into posterior pharynx			✓	
4. State potential hazards of using airway, and equipment needed to intervene with possible complications			✓	
Insertion of nasal airway:				
1. Identify appropriate size			✓	
2. State parameters of the nose to assess prior to insertion			✓	
3. Demonstrate technique of insertion			✓	
4. Demonstrate evaluation for correct placement			✓	
5. State potential hazards of using nasal airway			✓	
Use of anesthesia bag and mask:				
1. Demonstrate proper placement of hands and positioning of the patient			✓	
2. Demonstrate proper seal with a face mask			✓	
3. Describe modification of procedure for oxygen administration			✓	
4. State the importance of the reservoir tubing			✓	

[redacted] RN

STAFF NURSE

DATE 2/9/88

EVALUATOR (Laboratory)

[redacted] RN

EVALUATOR (Clinical)

PERFORMANCE CHECKLIST

Drawing Blood from an Arterial Line

	Pass	Re-peat	Comments
1. Identifies samples to be drawn from arterial line	✓		
2. Aseptically removes and stores stopcock port cover	✓		
3. Attaches appropriate size syringe	✓		
4. Turns stopcock off to transducer and on to patient	✓		
5. Withdraws 1.5 cc of blood	✓		
6. Turns stopcock to mid-position	✓		
7. Removes syringe and discards appropriately	✓		
8. Attaches appropriate size syringe for specimens	✓		
9. Turns stopcock on to patient	✓		
10. Withdraws necessary amount	✓		
11. Turns stopcock to mid-position	✓		
12. Removes syringe and places blood in appropriate tubes	✓		
13. Places sterile gauze under withdrawal port	✓		
14. Turns stopcock on to transducer	✓		
15. Flushes port from intraflow until clear and port is clean	✓		
16. Replaces cap aseptically	✓		
17. Turns stopcock on to patient	✓		
18. Flushes line from intraflow until clear followed by a flush for 3 count	✓		
19. Label specimens and place with correct requisitions	✓		
20. States that 10cc must be drawn before blood for clotting studies is withdrawn	✓		

STAFF NURSE [redacted] RN

DATE 5/19/92

EVALUATOR [redacted]

PERFORMANCE CHECKLIST

Electrical Calibration of Hewlett-Packard Pressure Module

		Pass	Re-peat	Comments
1.	Identify that module must "warm" a minimum of 20 minutes before calibration.	✓		
2.	Identify the correct pressure range required. 300 for arterial; 60 for venous and PA; 30 for ICP.	✓		
3.	Place the switch in the appropriate pressure range.	✓		
4.	Identify the phlebostatic level.	✓		
5.	Level the stockcock port to be opened to air to the phlebostatic level with a leveling device.	✓		
6.	State the rationale for leveling.	✓		
7.	Turn the stockcock off next to intraflow to patient	✓		
8.	Open transducer to air by removing the stopcock cap from the level port and turning the stopcock on to the transducer. Store cap aseptically.	✓		
9.	Place the function switch to systolic. NA	✓		
10.	Push the zero button and release. The digital should read 0 or -0.	✓		
11.	Push the calibration button and hold until the digital reads 2/3 of the pressure range e.g. 200 for 300; 40 for 60. Wait until the number stabilizes before releasing. NA			
12.	If the correct number does not appear, while holding the button in, turn it clockwise to increase and counterclockwise to decrease. Wait until the number stabilizes before releasing. NA			
13.	Upon release it should return to zero. If it does not, repeat the process. NA			
14.	When zeroed and calibrated, turn stopcock on patient. Cap the open stopcock port.	✓		
15.	Flush the line.	✓		

[redacted] RN

STAFF NURSE

[redacted] RN

EVALUATOR

DATE: 5/19/92

DEPARTMENT OF VETERANS AFFAIRS

Memorandum

Revised - Currently in place!

Date:

From: Rita Thurman, Nurse Manager, SICU

Subj: Orientation

To: New SICU Member

Welcome to SICU!!

We are glad to have you as part of our SICU team!! Enclosed in this orientation packet is a cover page which lists the different aspects of your orientation. Please fill in the dates as each item is completed. New graduates, or RN's with general experience, will receive approximately 30 clinical days of orientation, and critical care experienced nurses will receive 15 clinical days of orientation. Your official written time schedule will have the actual NUMBER of the DAY of orientation you are on working. Copies are available in the breakroom. This schedule will be coordinated with your Preceptor(s) and any classes you need to attend.

The competency check list is for YOU to review and provide feedback to your preceptor on you previous level of experience. This will help in setting guidelines and a time-frame for your orientation experiences.

The remainder of the knowledge and skills inventory are divided into Phases I-IV to help organize some procedures. It is the ORIENTEES responsibility to look ahead and REVIEW the policies and procedures prior to the demonstration. This will familiarize you with or reference manuals as well as inform you of our VA standards.

As each phase of orientation is completed, you may turn this in to the Head Nurse. During the mid-point and at the end of orientation, you are asked to complete an evaluation of your preceptor and your preceptor will complete one of your progress. Your feedback is important. These will be discussed in conjunction with the orientee, preceptor, and Nurse Manager.

You are always encouraged to ask questions. Again, Welcome!!

Charge nurse Duties

Give overview
count narcotics or assign and make sure is correct before leaving
order narcs and green sheets MWF

AMIS

Assignments

check emergency equipment

evaluate staffing for next shift

keep in contact with coordinator re emergent or potential admissions

Do 24 hour report

monitor for potential emergencies

monitor for equitable assignments

On NOcs, obtain OR schedule for incoming, make sure WT/Ht/ Allergies available

Telemetry- respond to changes + emergencies

Collaborate with General Surgery Chief resident/ # of beds and staffing

Update coordinator on off tours when they round

Unofficial policies
floating-1) no time span to determine pull always someone's turn no matter what part of shift or turn for CABG
Hearts-goes by list, but may refuse
Assessments- may only go over 4 hours.

Recoveries- after hours
Accepting at change of shift (if 8 hour shifts involved, don't have to take patients from PAR from 3:15 to 3:45. This way you are not taking report on someone you will barely have roll in the door.

L ENVIRONMENTAL ORIENTATION

Revised and currently in place

PHASE I

A. PATIENT BEDSIDE	Discussed/ Demonstrated	Preceptor
1. Bedside table/drawers		
2. Code blue button		
3. Suction set-up		
4. Oxygen - Ambu		
5. Call light		
6. Overbed lights		
7. Tangent lighting		
8. Patient chart/lab board		
9. "C" lockers		
10. IV tray		
11. Metabolic bedscales		
12. Davis roller - smooth mover		
13. Softcare mattress inflator		
14. Gait belts		
B. BED OPERATION		
1. Bed (non-electric/electric)		
a. HOB adjustment		
b. FOB adjustment		
c. Trendelenburg		
d. Grounding		
e. zeroing "weigh" beds		
f. Bed weights		
C. SUPPLIES		
1. Clean Dispatch/carts		
2. Conveyer system/tube system		
3. Refrigerators		
4. Narcotic cabinet		
5. Stock meds.		
6. Fire extinguisher/alarm		
7. Oxygen shut-off valve		
8. Blood drawing supplies		
D. DIRTY DISPATCH		
1. Hopper		
2. Routine dirty supplies		
a. Linens		
b. Isolation		
c. Glass containers		
d. Needles		
3. Cleaning agents		
a. Material Safety Data Sheets		

	Discussed/ Demonstrated	Preceptor	PHASE II
I. BASIC PROCEDURES			
A. Daily care of patient			
B. Pulmonary care			
1. T, C, & DB			
2. Incentive spirometry (Procedure Manual)			
3. PD & C			
4. Nasotracheal suction			
C. Nasogastric tube			
1. Insertion			
2. Placement check			
3. Tube feeding (Procedure Manual)			
D. Enteral tube/Duo Tube/NG NJ			
1. Insertion			
2. General care			
E. Foley catheter			
1. Insertion/removal			
2. Irrigations			
3. Care			
F. Mallencott/Weber tube			
G. Tests			
1. pH			
2. Chemstick			
H. Obtaining cultures (Lab Manual)			
1. Urine			
2. Sputum			
3. Wound			
4. Chest tube drainage			
5. Blood			
I. Patient death			
1. Care of body			
2. Personal effects			
II. MEDICATIONS			
A. Delivery and return bins			
B. Unit dose drawers			
1. Missing Meds			
2. Dock Meds			
C. Narcotics (Procedure Manual)			
1. Ordering			
2. Counting at shift change			
3. Signing for last dose			
4. Wasting a dose			
5. Receiving an order			
D. 24 hour chart check/med verification			
E. Stock medications			
1. Replacement order form			
2. C-LOCKER			

	Discussed/ Performed	Initial
24 HOUR REPORT		
VISITOR POLICY		
ING REPORT		
RETARY'S DESK		
1. General supplies		
2. Lab forms/requisitions		
3. Chart forms		
4. Stamper		
5. Facsimile transmitting system/Emergency phone		
6. Call numbers/phone numbers		
a. phone book		
b. typed list		
c. Code Blue		
d. Call schedule		
FILING CABINET		
1. Soft charts		
2. VA forms		
a. Incident report		
b. Leave requisitions		
c. Memos		
3. Lab slips		
• Employee file		
Emergency record removal bags		
HOW TO PAGE		
1. VA Pagers		
2. UMHCC pagers		
DOCTORS' ORDERS (Procedure Manual)		
MONITORING TELEMETRY PATIENTS		
1. Standards		
2. Documentation		
CHARGE NURSE ROLE/RESPONSIBILITIES (See attachment)		
1. GNT Role (See attachment)		
2. SNT Role/LPN (See attachment)		
3. SICU Policy - Manual Review		
PATIENT CLASSIFICATION/MANHOURS		
SELF-SCHEDULING (See attachment)		

	Discussed/ Performed	Initial
PRESSURE MODULES/CABLES		
TRANSDUCERS (Procedure Manual, ICU)		
Set-up		
Calibration		
3. Cleaning		
4. Returning to SPD (Reusable)		
CARDIAC OUTPUTS (Procedure Manual, ICU)		
1. Set-up/procedure		
2. Calculations		
CVP		
ARTERIAL LINE (Procedure Manual)		
1. Set-up/insertion		
2. General care		
3. Discontinuing		
CHEST TUBES (Procedure Manual)		
1. Set-up		
2. Insertion		
3. General care		
4. Removal		
5. Autotransfusion set-up		
6. Autotransfusion removal		
EPIDURAL CATHETERS-ORDERS (See Copy)		
1. Orders (Procedure Manual)		
2. Care (Procedure Manual)		
BALLOON PUMP		
1. General care		
Leg splint		
Discontinuing		
Module/Competency		
CARDIOVERSION		
1. Set-up		
2. Pre and post care		
PULMONARY ARTERY LINE (SWAN GANZ)		
1. Set-up/insertion		
2. Calculations		
3. General care		
4. Wave form writeout		
5. Discontinuing		
LEFT ATRIAL LINE		
1. General care		
2. Precautions		
RECEIVING		
Open Heart Patient		
1. Calculation Board		
2. Set-up Cart		
3. Check list		
4. Room preparation		
5. Set-up drips		

IV. DRAWING LABWORK	Discussed/ Demonstrated	Preceptor	
A. Venous stick			
B. Arterial line (Procedure Manual)			
C. Mixed venous (Procedure Manual)			
V. IV THERAPY (Procedure Manual)			
A. Starting an IV			
B. Maintaining an IV			
C. Multi-lumen catheter (Procedure Manual)			
D. Calculating drips (See attachment)			
1. Minidrip			
2. Mg/min.			
3. Mcg/kg/min			
E. TPN and lipids (Procedure Manual)			
F. Blood product transfusion (Procedure Manual)			
G. Documentation of IVs			
VI. DRESSING CHANGES			
A. Policy			
B. Central line (Procedure Manual)			
C. Pressure line			
D. Dry dressing			
E. Wet to dry dressing			
F. IV dressing			
DOCUMENTATION			
A. 24 Hour ASSESSMENT			
B. CHARTING/Summary Note			
C. CARE PLAN/STANDARDS OF CARE			
D. FLOW SHEET			
E. LAB BOARD			
F. SIGNATURE VERIFICATION SHEET			
G. CMT/PRN SHEETS			
H. PARENTERAL FLUID SHEET			
I. TREATMENT SHEET			
J. KARDEX			
K. ADMISSION ASSESSMENT			
L. DISCHARGE/TRANSFER FROM UNIT			
M. PRE-OP TEACHING			
N. STEP-DOWN PATIENT			

II. MEDICATIONS: Cont'd	Discussed/Demonstrated	Preceptor
1. Lidocaine		
2. Dopamine		
Procainamide		
Epinephrine		
5. Levophed		
6. Isoproterenol		
7. Nitroprusside		
8. Nitroglycerin		
9. Dobutamine		
10. Morphine		
11. Propanol		

III. AIRWAY MAINTENANCE	Discussed/ Demonstrated	Preceptor
A. Endotracheal tube (Procedure Manual)		
1. General care		
2. Suctioning		
B. Nasotrachaeal suction (Procedure Manual)		
C. Tracheostomy care		
D. Oral airway		
1. Placement		
2. General care		
E. Hand resuscitator bag		

II. EMERGENCY EQUIPMENT

A. Crash Cart	Discussed/ Demonstrated	Preceptor
1. Check list		
2. Locate items		
3. Recording sheet		
4. H/P Defibrillators		
a. Paddles		
b. Pads/External Pacer		
c. Internal		
d. Testing		
B. Open Heart Cart		
1. Check list		
2. Locate Supplies		

III. OTHER EQUIPMENT

A. Frequently Used	Discussed/ Demonstrated	Preceptor
1. EKG machine -- placement and operation		
2. Hyper/Hypothermia Unit (Procedure Manual)		
3. SCDs		
4. Ventilator		
5. Pacemakers		
6. Intubation tray		
7. SVO2 monitors		
8. Pressure lines/cables		
B. Infrequently Used Equipment		
1. Multi-purpose cut-down tray		
2. LP tray		
3. Thoracentesis tray		
4. Tracheostomy tray		
5. Rib spreaders		
6. Minnesota Tube		
7. Ventriculostomy tray - Intracranial Pressure Monitoring (Procedure Manual, ICU)		
8. Dialysis		

III. Resources

A. SPD -- Supplies, Conveyor

B. Pharmacy -- Medications & delivery; stock meds; albumin; narcotics

C. EKG

D. Respiratory Therapy

E. Lab -- Tube System; Acu-check controls; hemocult; student labs

F. Escort/Volunteers

G. Chaplain

H. VA Police

I. Social Worker

J. Chief Resident

K. Clinical Specialists

L. Nursing Education Resource

M. Nursing Coordinator

N. Charge Nurse

PHASE I Checklist

ıinistrative Orientation

I. Schedules

A. Schedules

B. Time Cards

C. Assignment Sheets

D. Self-Scheduling

1. Article on Self-Scheduling
2. Planning Schedule for Self-Scheduling
3. Posted Deadline for time
4. Guidelines for Self-Scheduling
5. Self-Scheduling Committee

E. Request/Communication Book

F. Unit Based Committees

II. Unit Manuals

A. SICU Policy

1. SICU Policy Manual- (find Nursing Responsibilities and ~tanding Orders)
2. SICU Procedures

B. Nursing Service Policy Manual

C. Nursing Service Procedure Manual

D. Professional Issues Manual

E. General Administration Manual

F. Disaster, Fire, and Storm Procedure

G. Infectious Disease Manual

H. Documentation Manual

I. Resource Books/Articles

ORIENTATION

Competencies

	Orientee to Complete				Preceptor to Complete		
	Have Not Done	Have Experi-enced	Need Review Only		Reviewed	Need to Demon-strate	Passed
Medication Administration							
Specimens through Pneumatic Tube (PROF. ISSUES #113)							
EKGs							
HP - Central Monitor							
- Bedside Monitor							
- Pressure Modules							
- Alarms							
Suction Set-up							
Pressure Line Set-up							
Bed Weights (See Attachment)							
Hypothermia Unit							
ntilator							
Pacemakers							
SVO2 Monitors							
Tube Feeding Pump							
Pac 5 Tray							
Calculation Boards							
Chest Tube-Set-up & Monitoring							
VAD Module							
IAPB							

											SSN Name
											Start Date
											Hospital Orientation
											Day 2
											Day 3
											Day 4
											Day 5
											Day 6
											Day 8
											SICU Scavenger Hunts
											QI Orientation
											Unit Secretary
											Unit Dose Module
											Calculation Test
											CPR - Day 7
											Emergency order
											Basic Arrhythmia
											Critical Care I
											Critical Care II
											Phase I Checklist
											Phase II Checklist
											Phase III Checklist
											Phase IV Checklist
											Phase V OR
											RR
											Cl. Spec.
											Phase VI-orien to open heart
											Evaluation 6-8w 3 months
											Charge nurse

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