Holy Family Memorial

by Joy Singer, BSN, OCN

Holy Family Memorial is a comprehensive healthcare network located in Manitowoc, Wisconsin, a city of 34,000 residents. The Cancer Care Center is part of the Holy Family Memorial Hospital and houses the oncology practice and treatment services in medical oncology and hematology, radiation oncology, and infusion therapy. Non-cancer infusion treatment is also offered in the Cancer Care Center.

Holy Family Memorial employs one medical oncologist and a physician assistant. For radiation oncology services, Holy Family Memorial contracts with an independent physician group practice that employs six radiation oncologists; two of these physicians regularly provide outpatient care at the hospital. Another independent physician group practice has medical oncologists and hematologists and provides coverage for Holy Family Memorial's oncologist's days off and vacation days.

On the outpatient side, the Cancer Care Center employs an RN who works in radiation oncology once a week. Additional outpatient RN coverage is supplied by medical oncology nurses who regularly work in the outpatient unit.

The cancer program at Holy Family Memorial sees about 130 newly diagnosed cancer cases each year.

Medication Reconciliation Requirements

Holy Family Memorial's medication reconciliation process has been a focus for quality improvement for the last six years, and has seen much improvement in the past three years since implementation of a system-wide electronic health record (EHR). A medication quality team that includes nursing, as well as pharmacy personnel, has actively focused on this area to ensure that The Joint Commission requirements for medication safety are addressed hospital-wide.

Holy Family Memorial and its network hospitals and physician practices use MEDITECH or a compatible product called LSS, so physician notes, dictation, and medication lists can all be viewed across the network.

Rather than asking patients to bring a list of medications—which may or may not be up to date—admissions staff ask patients to bring their medications to the hospital and to their first appointments at the Cancer Care Center. An RN or LPN enters data for each medication into the medication list that is part of the patient's EHR. Because Holy Family Memorial is part of a health network that owns a number of physician practices that share a common EHR with the hospital, this process is often a simple comparison between information already in the patient's medical record and current medications.

The medication checklist (see Figure 1, at right) includes columns for medication name and dosage, how the medication is taken, and frequency. To enhance safety, Holy Family Memorial recently added a category to indicate when the last dose of a medication was taken. This information can be particularly helpful for patients taking pain medications, so that staff can assess if patients are pain free because they took a medication before they came for their appointment or if they are truly pain free. If there is a conflict or question about medications that the patient has brought and what is in the record, the RN interviewing the patient calls the pharmacy to ask for clarification.

MEDITECH's medication list does not include chemotherapy drugs, but a pharmacy module in the EHR does. Physicians in the Holy Family Memorial network can

Cancer care team at the cancer program at Holy Family Memorial.

PHOTOS COURTESY OF HOLY FAMILY MEMORIAL

Critical Steps in Transition

- ✔ Consistency of the process is critical. At Holy Family Memorial the expectation is that medication reconciliation will be done every time the patient comes to the door.
- ✔ An EHR that prompts medication reconciliation and is common across the Holy Family Memorial network of physicians and hospital is also key.
- ✔ The process for monitoring transitions that is carried out by Holy Family Memorial's Quality Department is also important.

view this module whether they are in the hospital or at their practice site.

Medication lists are shared at every handoff within Holy Family Memorial, whether it's between floors or when patients are moving between treatment sites (such as from the floor to the Cancer Care Center for infusion services, and vice versa). The transferring nurse verbally reports on the patient to the receiving nurse, providing a summary of care, any pertinent lab results and testing information, as well as a problem list, and medication list.

Handoffs and Discharges are Key

Holy Family Memorial emphasizes the value of face-to-face reporting at handoffs between treatment area nurses to enhance patient safety, rather than a just a call and verbal report. This process ensures that the nurse who will be receiving the patient gets the report during the handoff procedure. The transfer policy (see page 34) is in keeping with The Joint Commission's patient safety goal to implement a standardized approach to handoff communications.

In addition to handoff and medication checklists, Holy Family Memorial uses a discharge form that is completed by the discharge team and printed automatically when a patient leaves inpatient care. The completed discharge form is given to the patient and also sent to the community physician who will next see the patient. The form includes a nursing staff checklist for discharge to ensure that the patient has a follow-up appointment scheduled before leaving the hospital.

Discharge planning coordinators meet with the patient to smooth the care transition. Before the patient leaves inpatient care, discharge instructions and the medication list are printed out and given to the patient by the nursing staff. On the outpatient side, discharge notices are electronically sent from the hospital to the referred physician practice. When the outpatient practice receives the discharge notice, physician can go into the EHR system and look up the discharge information.

Joy Singer, BSN, OCN, is director of cancer services and dialysis at Holy Family Memorial in Wisconsin.

Figure 1. Holy Family Memorial Patient Medication List

Run Date: _____
Run Time: _____
Run User: _____

Patient Name: _____ DOB: _____ Unit #: _____

Pharmacy: _____

Allergies: _____

Medication Name	Dose	Route	Frequency	Last Taken (Date/Time)

DO NOT DISCARD PRINTOUTS FROM ADMISSION OR DISCHARGE
PERMANENT MEDICAL RECORD

Holy Family Memorial Patient Transfer Policy

CATEGORY: Admission/Transfer/Discharge
DEPARTMENT: Nursing
SUBJECT: Transfer of Patients to Another Unit/Department
SUPERSEDES: 611-203E of 11/07/08
Effective Date: 02/24/10

POLICY

The interdepartmental transfer of patient care will be completed in a smooth, timely, professional manner.

PROCEDURE

1. The transfer process, from initial phone contact through final reporting, should include a spirit of cooperation and support to enable a smooth transition for patient and staff.
2. Time of transfer should be negotiated between the charge nurses of each unit or their designee.
3. With initial notification of intended transfer, the following information will be offered:
   a. Patient name, age, and diagnosis
   b. Room preference
   c. Special considerations (isolation, need for proximity to nurse's station, etc.)
   d. Equipment needed to be set up for use (oxygen, suction, telemetry, IVAC, footboards, bedscale, etc.)
   e. Mode of transfer (bed, cart, wheelchair, lift devices).
4. Transferring RN will notify patient's family of any unanticipated transfer due to change in patient status.
5. Transferring unit will enter TDX (transfer/discharge) in computer, indicating room and unit being transferred from and to.
6. The transferring nurse will report on the patient to the receiving nurse and will include a summary of care to this point. This report should also include any pertinent abnormal lab results. If patient is receiving anticoagulant therapy, monitoring information including last known value, as well as next scheduled testing, should be included in the hand-off.
7. Upon notice of transfer at negotiated time, receiving RN or delegated alternate should make self available to appropriately greet the patient, assist with transfer of patient to bed or chair, assist with relocation of patient's personal items and supplies, and receive report.
8. The transfer report shall be face-to-face and include all pertinent information so as to assure uninterrupted safe and thorough patient care. Report should be given utilizing SBAR (Situation, Background, Assessment, Recommendations) format and the Kardex. Active medications are listed on the Kardex.
9. All medications should be reconciled prior to transferring the patient. Special attention should be paid to any anticoagulation therapy. Patient's personal belongings, entire chart, old records, and medications should accompany the patient.
10. The unit accepting the patient will give an empty chart to the transferring personnel.

SPECIAL CONSIDERATIONS

1. For patients transferred from Short Stay Surgery to another nursing unit for overnight, the unit receiving the transfer must complete the addendum to the short stay admission. If the patient does not stay overnight, the receiving unit can continue to use the Short Stay Surgery charting forms.
2. Discharge from Critical Care Unit (CCU) will occur as soon as medically feasible by the order of the attending MD.
   a. Transfer will be at the earliest possible time.
   b. When CCU is full, patients will be prioritized by the attending physician. If priority cannot be determined, the Medical Director will be consulted.
   c. If the patient transferred out of CCU is a priority bump, CCU staff will complete a variance report concerning the transfer.
   d. If an appropriate room is not available, the patient may be kept in CCU with an adjustment of room rate by the Business Office until a room is available.
   e. CCU will ensure placement of telemetry and reception of same.
   f. CCU RN will accompany the patient to the receiving department unless:
      1) It is an urgent priority transfer, when ancillary help may move the patient, or
      2) Patient is moved to a diagnostic area (Radiology, Cardiodiagnostics, etc.) who will then take the patient to the receiving area.
   g. If the CCU Nurse accompanies the patient to the floor, the transfer report shall be face-to-face in the patient room.

3. Appropriate female patients may be admitted to OB with the following criteria:
   a. Should not be confused or disoriented
   b. Should not be infectious or suspected of infection
   c. Should be ambulatory with minimal assist.

4. When patients are admitted from the Emergency Department, report to the receiving unit should include any medications that were administered in the Emergency Department and a list of home medications. If the Emergency Department staff has not been able to compile or confirm the home medication list, this should be communicated to the receiving RN.

5. Hand-offs occurring following surgery or a procedure need to include patient's current vital signs; what procedure was performed; any medications that were administered, visual inspection of incision, dressings, drainage tubes and IVs; and report of expected blood loss, urinary output, and intake and IV intake.

6. Transfer of patients to another department: (Hand-Off Communication)
   a. The department picking up the patient will call the nurse's station to notify them of the time they will pick up the patient. When they enter the patient's room they will press the call light and notify the department that they are here to take the patient. The Unit Clerk will notify the assigned staff or designee and they will go to the patient's room for a hand-off report.
   b. Nursing departments will discuss pertinent information: i.e., isolation, telemetry, O_2, transport/activity information, and level of consciousness. Staff will document date/time patient leaves a department and when they return, IV reconciliation, and destination, followed by staff initials.
   c. If patient is on telemetry, CCU needs to be notified that patient is being taken off the unit.
   d. The Hand-Off Communication Sheet will be kept on the clipboard in the patient room and is a part of the patient record.

REFERENCES

JCAHO National Patient Safety Goal 2E – Implement a standardized approach to Hand-Off Communications, including an opportunity to ask and respond to questions.