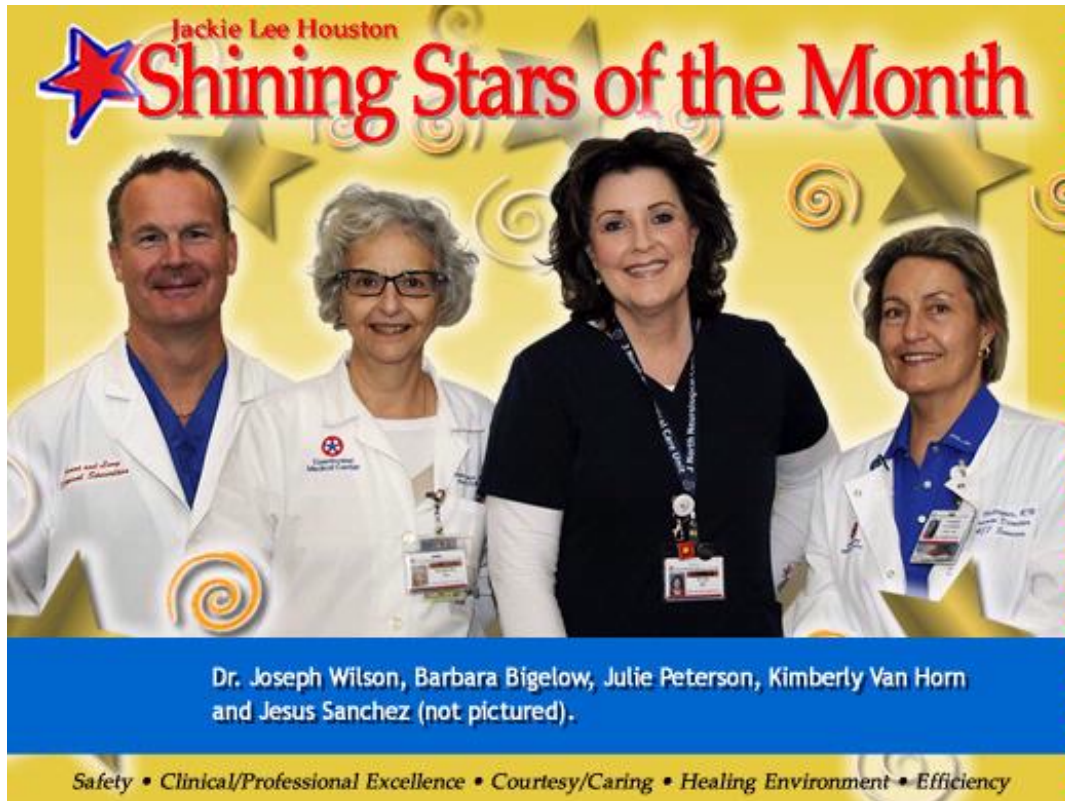


Jackie Lee Houston Shining Stars March 2013



This program rewards individuals that go above and beyond their job responsibilities in exemplifying one of the five supporting commitments. These commitments are Safety, Clinical Excellence, Courtesy & Caring, Healing Environment and Efficiency.

SAFETY

AWARDED TO: Jesus Sanchez
RECOGNIZED BY: Felicia McCaughey

SITUATION/TASK: It was early Friday morning, March 29 about 4:15 AM and Jesse was on his way back to the Pharmacy after delivering the Cart Fill with the patient's daily medications. As he neared the Pharmacy, he noticed an older women wandering the halls in the basement in a hospital gown, with IV tubing in her arm and carrying a lab specimen. She looked confused and was having difficulty breathing.

ACTION: Jesse asked her if she needed help and she asked him to tell her where the ER was. He said, "Let me take you there". As they started to walk down the hallway, he noticed she was having trouble breathing and was afraid she was going to collapse. He raced to the old cafeteria, grabbed a wheelchair, raced back to where he had left the patient and whisked her off to the ER. Once he got to the ER, no one was sure who she was and could not find her room because the computers were down, so Jesse proceeded to push her in the wheelchair until they were able to find her nurse and her husband.

RESULT: If Jesse had not come upon this woman in the early morning hours, she may have collapsed. Because of his quick thinking, Jesse was able to help her get back to the ER without anything happening to her. To me, his response was exactly the response EMC has established and expects from all of their employees in providing 5 Star Service.

CLINICAL & PROFESSIONAL EXCELLENCE

AWARDED TO: Joseph Wilson, MD
RECOGNIZED BY: Chris Shippling, RN

SITUATION/TASK: Critically ill post-op patient requiring two nurses to manage rapidly changing status.

ACTION: Dr Wilson endured numerous phone calls and came in to stay the night at ICU in our sleeping room to be available to manage the patient's rapidly changing condition. He was very patient, helpful and supportive.

RESULT: We were better able to manage the patient, have important discussions with family members regarding the patients care and code status and trouble shoot problems without any delay in patient treatment. Not to mention that a

great deal of staff anxiety was relieved by Dr Wilson's presence close by for emergencies.

COURTESY/CARING

AWARDED TO: Kimberly Van Horn
RECOGNIZED BY: Mary Ann McLaughlin

SITUATION/TASK: I was injured in a fall. This occurred here in the parking lot, therefore I was taken by a co worker to the Emergency Department. I was fairly shaken up and anxious.

ACTION: Kimberly arrived on the scene and assisted me in many ways in a very calm yet expert manner. After the E.D. visit I was most concerned about my lack of adequate eye glasses. (They had been badly damaged in the fall.) She contacted lens crafters, got the prescription from my Ophthalmologist faxed to them. She wanted to be sure that on a Friday afternoon I was able to obtain glasses prior to a weekend.

RESULT: I was able to get a great pair of glasses. They had my prescription there and already knew that it was possible to have them in an hour! Though I had some scrapes and bruises to contend with, my biggest concern was no glasses for the weekend. Kimberly helped me with that and I remain most grateful. Thanks

EFFICIENCY

AWARDED TO: Julie Peterson
RECOGNIZED BY: Christie Chapman

SITUATION/TASK: Regular insulin is a widely used drug which is dispensed from a multi-dose vial. This presents several potential challenges and there are very clear regulatory guidelines on how medications from multi-dose vials should be administered. EMCs scanning/documentation process demands that the multi-dose insulin vial barcode be scanned at the same time as the patient armband. This process leaves the RNs open to having to remove the vial from the medication room, the vial has to travel to various patient rooms creating cross-contamination issues, could possibly get put in a pocket, forgotten and not returned to the medication room creating "lost vials". When RNs were surveyed about this process, it was found that this is truly happening at EMC. This practice promotes exposure of patients to cross contamination of infection, exposure of EMC to regulatory citations and has lead to lost inventory which is an inefficient use of EMC resources.

ACTION: Julie Peterson, a new-to-EMC RN, brought this gap in practice to my attention when I was rounding recently on Annenberg 3 North. Julie suggested that the Pharmacy print multiple sticky barcode labels and attach them to the multi-dose insulin vial. The process suggested was that when the RN gets the order for regular insulin, they will pull up in the medication in the medication room, verify the dose with another RN, pull one of the sticky barcodes off of the multi-dose insulin vial and attach it to the syringe of insulin. This way only the barcode-labeled-dose-ready syringe goes to the patient bedside to be scanned. I took this challenge/idea to Lyle Matthews who presented it to his Pharmacy Committee who agreed this was very doable and agreed to implement.

RESULT: This will go into effect in a few weeks but the potential for increased patient safety is huge. Multi-dose vials will no longer be taken to multiple patient rooms thus decreasing the chance for cross contamination of virulent organisms. The efficiency potential is great as well. This saves time for the RN who no longer has to go back to the med room after administering regular insulin. It also will very likely decrease our insulin expenditures due to many less "lost" vials of insulin. And lastly, this change helps EMC elegantly meet requirements of regulatory bodies pertaining to administration of medication from multi-dose vials. I think Julie is quite the Shining Superstar!

HEALING ENVIRONMENT

AWARDED TO: Barbara Bigelow
RECOGNIZED BY: Kelly Preston

SITUATION/TASK: I had a patient who had recently been made a DNR after severe respiratory failure/distress. The family needed a lot of support and the patient required a lot of intervention with symptom management.

ACTION: Barb spent a lot of time speaking with the family and providing intervention and in addition helped with the physical care (suctioning, turning, etc.) as well as coordination of resources.

RESULT: I felt supported, as the bedside nurse. The family was better able to cope with their loved one dying because of Barb's help and intervention.

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