



Clinical Updates

Time Out Verification Documentation Updates: Go-Live 6/3/25

- 4 new fields have been added to the iView documentation to future capture specifics regarding the time out verification.
 - Briefing/Anesthesia Timeout Completed
 - Procedure Timeout Complete at
 - Site Blocked
 - Debriefing Completed

**Site Blocked is not a required field. This field contains 200 options for site selection. If NO block is used, clinicians should choose the “other” option and input “None”

View of changes in I-View

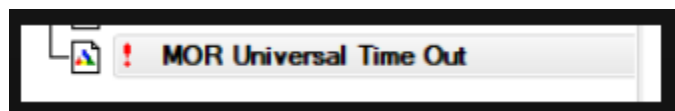
Time Out Verification <input checked="" type="checkbox"/>	
Procedure Performed	Test
*Correct Patient Verified By Name/DOB/MRN	
*Correct Procedure	
*Accurate and Complete Consent Form	
*Briefing/Anesthesia Timeout Completed	
*Procedure Timeout Complete at	
*Confirm Correct Side/Site & Site Marked	
Site Blocked	
*Correct Patient Position	
*Mark Remains Visible	
*Availability of Special Equip/Supplies	
*Preop Antibiotic Given	
Time Antibiotic Started	
*Is this a Central Line Insertion?	
*Personnel Present and In Agreement	
Personnel #2 Present and In Agreement	
Personnel #3 Present and In Agreement	
Personnel #4 Present and In Agreement	
Other Personnel Present and In Agreement	
*Debriefing Completed	
Additional Comments	

View of changes in Power Form

Time Out Verification		
<p>If there are any discrepancies during the final verification process, STOP and RESOLVE. DO NOT START THE PROCEDURE UNTIL THE TIME OUT PROCESS IS COMPLETED.</p>		
Procedure Performed <input type="text"/>	Correct Patient Verified By Name/DOB/ MRN <input type="radio"/> Yes	Correct Procedure <input type="radio"/> Yes <input type="radio"/> N/A
Accurate and Complete Consent Form <input type="radio"/> Yes <input type="radio"/> N/A	Briefing/Anesthesia Timeout Completed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Procedure Timeout Completed at <input type="text"/> : <input type="text"/> : <input type="text"/>
Site Blocked		
<input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen Left Lower Quad <input type="checkbox"/> Abdomen Left Upper Quad <input type="checkbox"/> Abdomen Right Lower Quad <input type="checkbox"/> Abdomen Right Upper Quad <input type="checkbox"/> Achilles Bilateral <input type="checkbox"/> Achilles right <input type="checkbox"/> Achilles Left <input type="checkbox"/> Ankle Left <input type="checkbox"/> Ankle Right <input type="checkbox"/> Ankles Bilateral <input type="checkbox"/> Anus <input type="checkbox"/> Arm Left	<input type="checkbox"/> Arm Left Lower <input type="checkbox"/> Arm Left Upper <input type="checkbox"/> Arm Right <input type="checkbox"/> Arm Right Lower <input type="checkbox"/> Arm Right Upper <input type="checkbox"/> Arms Bilateral <input type="checkbox"/> Axilla Bilateral <input type="checkbox"/> Axilla Left <input type="checkbox"/> Axilla Right <input type="checkbox"/> Back <input type="checkbox"/> Back Left Lower <input type="checkbox"/> Back Left Middle <input type="checkbox"/> Back Left Upper	<input type="checkbox"/> Back Lower <input type="checkbox"/> Back Middle <input type="checkbox"/> Back Right Lower <input type="checkbox"/> Back Right Upper <input type="checkbox"/> Back Upper <input type="checkbox"/> Breast Left <input type="checkbox"/> Breast Right <input type="checkbox"/> Breasts Bilateral <input type="checkbox"/> Buttock Bilateral <input type="checkbox"/> Buttock Left <input type="checkbox"/> Buttock Right <input type="checkbox"/> Calf Left <input type="checkbox"/> Calf Right
<input type="checkbox"/> Calves Bilateral <input type="checkbox"/> Cervix <input type="checkbox"/> Cheek Left <input type="checkbox"/> Cheek Right <input type="checkbox"/> Cheeks Bilateral <input type="checkbox"/> Chest <input type="checkbox"/> Chest Left <input type="checkbox"/> Chest Midline <input type="checkbox"/> Chest Right <input type="checkbox"/> Chin <input type="checkbox"/> Clavicle Bilateral <input type="checkbox"/> Clavicle Left <input type="checkbox"/> Clavicle Right	<input type="checkbox"/> Coccyx <input type="checkbox"/> Ear Left <input type="checkbox"/> Ear Right <input type="checkbox"/> Ears Bilateral <input type="checkbox"/> Elbow Left <input type="checkbox"/> Elbow Right <input type="checkbox"/> Elbows Bilateral <input type="checkbox"/> Eye Left <input type="checkbox"/> Eye Right <input type="checkbox"/> Eyelid Left <input type="checkbox"/> Eyelid Left Lower <input type="checkbox"/> Eyelid Left Upper <input type="checkbox"/> Eyelid Right	<input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing <input type="checkbox"/> Fing

Confirm Correct Side/ Site & Site Marked <input type="radio"/> Yes <input type="radio"/> Alternate <input type="radio"/> N/A	Correct Patient Position <input type="radio"/> Yes <input type="radio"/> N/A	Mark Remains Visible <input type="radio"/> Yes <input type="radio"/> N/A
Availability of Special Equip/Supplies <input type="radio"/> Yes <input type="radio"/> N/A <input type="radio"/> Yes, Speech Probes/Scopes	Preop Antibiotic Given <input type="radio"/> Yes <input type="radio"/> N/A	Time Antibiotic Started <input type="text"/> : <input type="text"/> : <input type="text"/>
Is this a Central Line Insertion? <input type="radio"/> Yes, elective <input type="radio"/> No <input type="radio"/> Yes, emergent		
Personnel present during Time Out and in agreement on the procedure to be done:		
1 <input type="text"/>	2 <input type="text"/>	ENTER LAST AND FIRST NAME(S)
3 <input type="text"/>	4 <input type="text"/>	
Other Personnel present during Time Out and in agreement on the procedure to be done		ENTER FIRST AND LAST NAME(S)
Debriefing Completed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
Additional Comments <input type="text"/>		

View of changes in Surginet: Timeout Verification will be updated to align to only 5 core fields



The screenshot shows the "Timeout Verification" form in Surginet. The form has tabs for "Timeout Completed", "Time Out Called", "Procedure", "Procedure Details", "Site Blocked", and "Other Site Blocked". The "Procedure" tab is active. It contains fields for "Briefing/Anesthesia Timeout Completed" (Yes/No/N/A), "Procedure Time Out Completed at:" (date/time), "Procedure:" (dropdown), "Procedure(s) Being Performed:" (text area), "Site Blocked:" (dropdown with expand/collapse buttons), and "Other Site Blocked:" (text area). At the bottom, there are "Add", "Modify", "Remove", and "Clear" buttons, and "Prev" and "Next" navigation buttons. Below the form is a "Comments" section with a rich text editor toolbar and a list of comment types: Segment Text, Pre Care Activity, Post Care Activity, Case Documentation Comment, and Preference Card Comments.

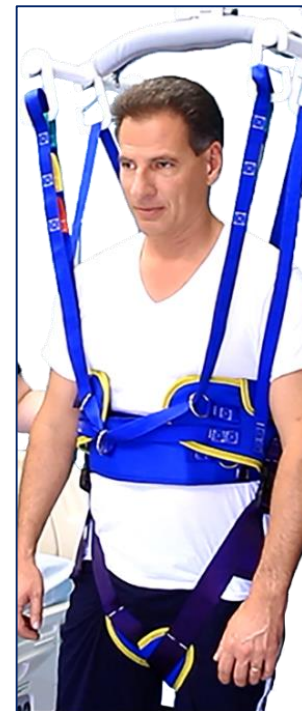
Removal of "Wound Care Provided By" under Tubes and Wounds: Go-live 6/9/25

- Wound care provided by is currently listed with specific providers, but it does not accurately reflect who provides the care. Additionally, this information is documented elsewhere.

The screenshot shows the "Tubes and Wounds" form. The left sidebar lists various categories, with "Incision/Wound" selected. The main form area shows details for an "Incision/Wound", including "Wound Type", "Description", "Wound Grid Location", "Wound Closure", "Length", "Width", "Depth", "Surrounding Tissue", "Drainage", "Wound Drainage Volume", "Cleansing/Irrigation", "Wound Dressing Activity", "Dressing", "Wound Regimen", "Suture/Staple Removal", "Wound Care Provided By", "Wound Care Time", "Wound Comment", and "Complex Wound". The "Wound Care Provided By" field is highlighted with a red box, and a tooltip shows the current value "Unit RN" and the option to change it to "Unit Non-RN".

Mission Hospital: New Rehab Product- Walking Harness

- ❑ The acute rehab department at Mission Hospital now has access to walking harnesses.
- ❑ Physical and occupational therapy will determine patient appropriateness for use of this product.
- ❑ Nursing staff should **NOT** attempt to use this product with patients.
- ❑ Walking harnesses are **NOT** an appropriate substitute for a transfer sling.
- ❑ Walking harnesses are reusable and need to be laundered between patients. If a walking harness is found, please contact the rehab department at 828-213-8660.



Post Fall Debrief Form - VSS

Post Fall Debrief Form: Why?

We have incorporated post fall debrief questions in VigiLanz Safety Surveillance (VSS) to help gather contributing factors and better understand reasons behind patient falls. This will allow our facility or center leaders to more easily detect trends and patterns with falls and improve fall prevention strategies.

Post Fall Debrief Form: When to Use?

After a fall has occurred (witnessed or unwitnessed):

- Conduct the post fall debrief on the unit
- Enter a Fall Event in VSS and complete the **post fall debrief fields**

This standardized process should be followed for all patient falls in hospitals, FSEDs, and ambulatory surgery centers.

- The post fall debrief fields are protected and should not be duplicated nor referenced in the medical record.
- Facilities and centers should transition to using only the Post Fall Debrief in VSS; this will replace all other methods including paper and electronic formats.

Post Fall Debrief Form: How to Complete?

1. Under the 'Report' tab, click 'Patient Event' then 'Fall'

The screenshot displays the VigiLanz VSS interface. On the left is a navigation menu with categories: Behavior, Close Call/Near Miss, Environmental/Facilities, Non-Patient, Patient Event, Security, SVG External Reporting, and Workplace Violence. The 'Patient Event' category is expanded, showing sub-options: AMA/LWBS/LWOT/LBTC, Blood Products, Code BERT, Equipment/Supplies/Medical Device, Fall, and Infection. The 'Fall' option is selected. The main content area shows the 'Fall' report form. It includes a header with 'Fall', a 'Patient Search' section with a search bar and a 'Search for a Patient' button, and a 'Submit' button. Below the search bar, there are checkboxes for 'Submit Anonymously' and 'Submit as Reporter'. A note states 'Please save form to add attachments.' At the bottom, there is a dropdown menu for 'Facility' and a text field for 'Facility COID'.

2. Select the correct facility or center where the event occurred.

A close-up of the 'Facility' selection dropdown menu. It features a red asterisk icon followed by the text '* Facility' and a downward-pointing arrow.

- To populate the Post Fall Debrief fields, the Reporter must answer 'Yes' to the question "Was a post fall debrief form completed?":

* Was a post fall debrief form completed? (Answer 'Yes' to populate post fall debrief questions)

Yes ▼

- Complete all the new fields that display when the above question is answered "Yes":

* Was a post fall debrief form completed? (Answer 'Yes' to populate post fall debrief questions)

Yes ▼

* What was the number of staff required to assist patient? (baseline)

* Was patient being assisted at the time of fall?

▼

* Did the patient use call light prior to fall? * Time of last safety round?

▼

Post Fall Debrief Form: What Types of Questions?

Example Questions on the Fall Debrief Form

Reporter Section	Investigator Section
Was patient being assisted at time of fall?	What was the fall risk level?
Did the patient use call light prior to fall?	Was the bed alarm on at the time of the fall?
Time of last safety round?	Were there any unusual circumstances on the unit/in the department around the time of the fall?
What care was provided at last safety round?	Was the fall preventable?
Did the patient have a Patient Safety Attendant?	Was the fall intentional?
Was a discharge order in place prior to the fall?	What was the cause of the fall?

Transporting Patients on Telemetry

When a patient is being transported off the unit, it is essential to notify the CMU of the patient's destination.

- ❑ **Always contact the CMU before the patient leaves the floor for any reason.**
Notify them of the patient's destination and call again when the patient returns to the unit.
- ❑ **Responsibilities of the Primary Nurse for Telemetry-Monitored Patients Being Transported Off-Unit:**
 1. **Know the patient's destination.**
 2. **Notify the CMU** of where the patient is going. Use closed-loop communication by having the CMU technician repeat the location to confirm understanding.
 3. **CMU will notify primary nurse if an event occurs. Primary nurse will notify the department where the patient is located** that the patient is having an event and to check the patient, and then primary nurse should respond to off unit location to assess the patient.
 - a. For example, patient has an event in MRI. CMU calls primary nurse. Primary nurse notifies MRI via iMobile to check the patient and activate rapid response/code blue as needed. Then primary nurse goes to MRI to assess the patient.
 4. **Notify the CMU** when the patient returns to the unit.

Physiologic Monitoring: Cardiac Telemetry Monitoring, Continuous Pulse Oximetry Monitoring, Non-Invasive Blood Pressure Monitoring (1PC.NRS.001)