Automatically Generated iReferral Consults for LifeShare Carolinas

Go-Live: 10/28/2025

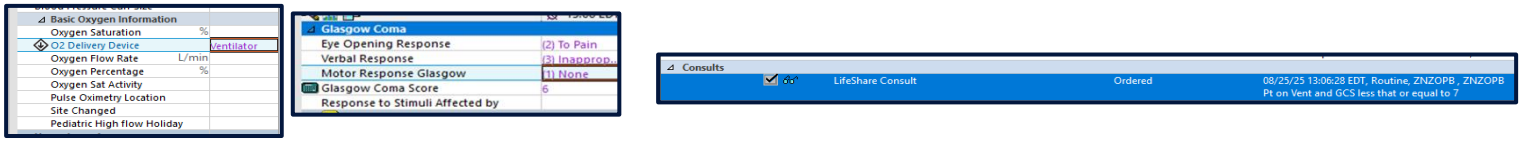
To streamline patient care, consults will now be auto-generated based on nursing documentation. This change eliminates the need for manual ordering, allowing our clinical staff to focus more on patient care.Staff will still have the ability to manually order a consult for patients who do not meet the automatic generation criteria.

This change will impact: **Mission Hospital, Angel Medical Center, Highlands-Cashiers Hospital, Transylvania Regional Hospital**.

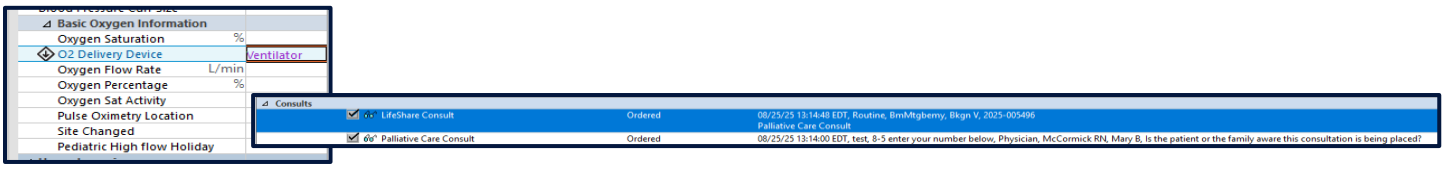
Documentation that Triggers Alerts

The following documentation within a patient's chart will automatically generate an alert.

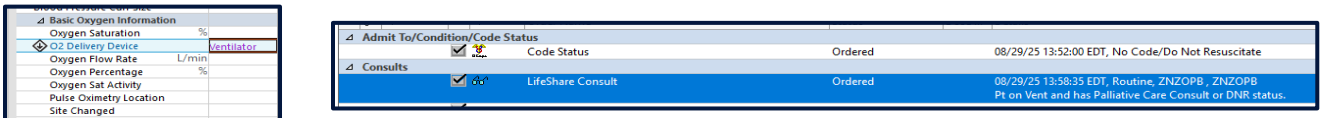
1. On Ventilator with a Glasgow Coma Scale (GCS) score of less than or equal to 7



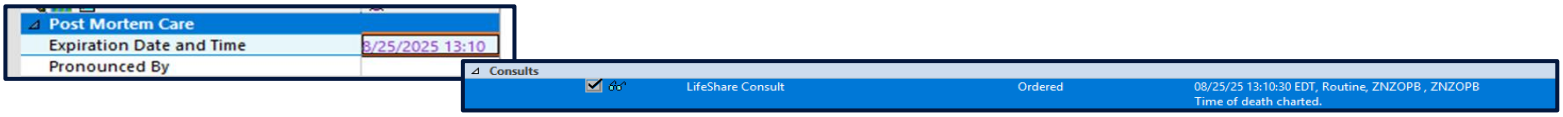
2. On Ventilator with an active Palliative Care consult



3. On Ventilator with a documented plan to withdraw care or a Do-Not-Resuscitate (DNR) order



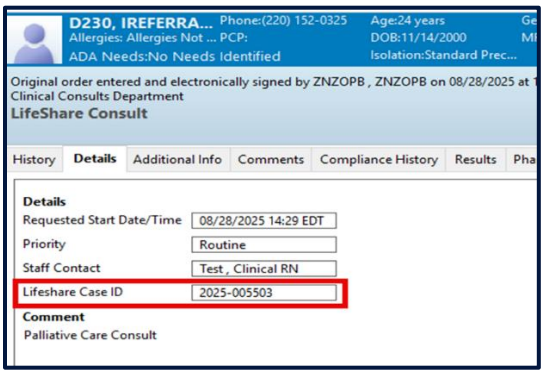
4. Not on a ventilator with a documented time of death



*If the automated system does not trigger an alert for a patient meeting the specified criteria, please manually order a consult.

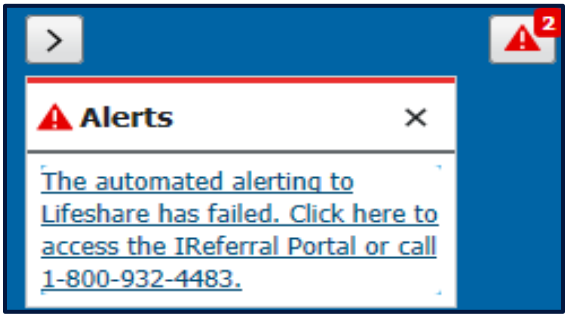
See back for additional guidance

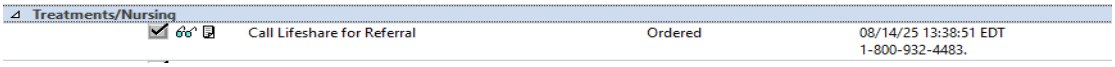
Automated LifeShare Case ID Generation



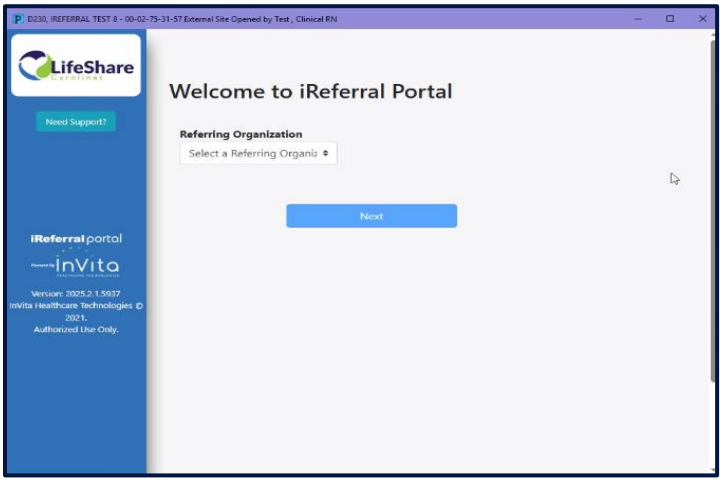
System Safeguards and Manual iReferral Process

In the event of an automated system failure, a **smart alert** will be generated with a hyperlink to the iReferral Portal. Concurrently, a nursing order will automatically populate to notify staff to manually complete the referral process. This built-in safegaurd ensures that patient care and referrals are never delayed.





OR



HUDDLE CARD

Following Isolation Precautions

- **Mandate Adherence:** Strict adherence to **Isolation Precautions** is required to prevent the transmission of infectious pathogens.
- **Signage Protocol:** Ensure isolation signage is accurately posted and remains in place while the order is active. **Do not remove signage** unless:
  - The order is discontinued **or**
  - The patient has discharged **AND** EVS has cleaned the room
- **Visitor Education:** Clinical staff must **educate visitors** on the required Isolation Precautions before they enter the room.
- **Visitor PPE:** Visitors must be informed of the risks, but they **retain the right to decline** the use of personal protective equipment (PPE).
- **Reference Policy:** The **Isolation Precautions Reference Table** is accessible in **PolicyStat** for quick review.
- **Infection Prevention Contact:**
  - Main Line: 828-213-5460 (Contact for any questions regarding Isolation Precautions)

Please see policy Isolation: Transmission-Based Precautions, 1IC.IP.0011 for more information.

MISSION HEALTH

Updated: 9.26.25

HCA Healthcare®
Center for Clinical Advancement
NC Division

HUDDLE CARD

Positive Patient Identification

Patient Identification, 1NPSG.ADM.0003

All patients of Mission Health should be positively identified using two patient specific identifiers at every encounter.

- **Name and date of birth** are the two preferred identifiers for Mission Health except in the instance of the exceptions clearly noted in policy (patient is unable to respond, etc..)
- Whenever possible, the patient should be asked to state name and date of birth. The patient may also be asked to spell the first and last name.
- Using technology, such as scanners, supports patient identification, but does not replace the use of two patient-specific identifiers.
- The patient is positively identified at every encounter including, but no limited to:
  - **Check in for appointments**
  - **Registration**
  - **Prior to transport**
  - **Prior to testing**
  - **Prior to procedures**
  - **Prior to specimen collection**
  - **Prior to medication administration**
  - **Prior to blood product administration,**
  - **When electronic or paper documentation materials/systems are accessed or used.**

In the event of a patient registration error and the EMR can not be combined or overlayed, all staff will stop documenting on incorrect chart and go to downtime procedures until a new EMR admission encounter can be created.

Catheter Associated Urinary Tract Infections (CAUTI) Prevention

The best way to prevent CAUTI is to not have an indwelling urinary catheter!

CAUTI Prevention: Key Practices

Here are the essential tips for preventing catheter-associated urinary tract infections (CAUTIs):

During Insertion and Daily Care

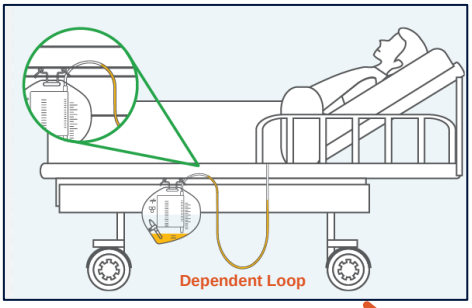
- **Practice rigorous hand hygiene** before and after all patient contact.
- **Maintain strict sterile technique** during catheter insertion. Consider a **second person** for assistance to ensure sterility.
- **Secure the catheter with a securement device** to prevent migration and urethral trauma.
- **Use the green clip** to secure tubing to the bedsheet, preventing kinks and dependent loops.
- **Perform catheter care** with castile soap wipes every shift and as needed (PRN).

Drainage Bag Management

- **Ensure the drainage bag is labeled** with the orange sticker from the insertion kit.
- **Keep the drainage bag below the level of the bladder** and off the floor at all times.
- **Avoid letting the drainage spout touch any surface** when emptying the bag.
- **Empty the bag before it is 2/3 full** and always before ambulating or transporting the patient.

Why label the drainage bag?

- **Patient Safety:** Tracking the insertion date is crucial for preventing infection by ensuring timely removal.
- **Accountability:** This identifies who performed the insertion, supporting proper documentation and care.
- **Correct Management:** The label confirms the patient has a catheter, preventing errors in care and treatment.



Dependent Loop Defined:

- A **dependent loop** is a segment of urinary catheter tubing that hangs below the level of the bladder or drainage bag. This creates a low point where urine can collect and stagnate, preventing proper gravity-assisted drainage.
- This blockage increases the risk of urine backing up into the bladder, which is a significant factor in the development of catheter-associated urinary tract infections (CAUTIs).

See back for additional guidance

Timely Catheter Removal

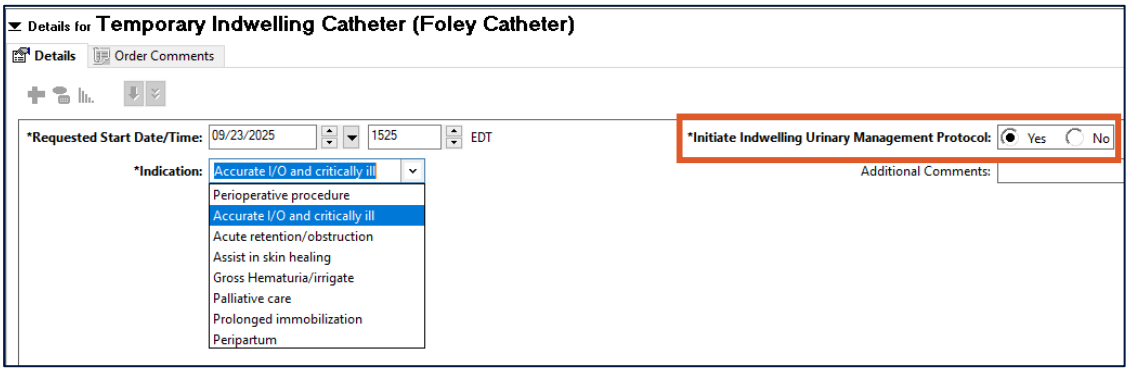
Remove the catheter as soon as possible. The nurse's role in this process is critical.

If the **Urinary Management Protocol** is ordered, the nurse can remove the catheter based on the protocol criteria.

If a protocol is not in place, advocate with the provider for a discontinuation order**.**

Urinary Management Protocol:

Foley is removed within **one day** unless criteria is met. The criteria can be found in the reference text under Tubes and Wounds → Urinary Catheter → Urinary Catheter Status.



Urinary Management Protocol Criteria:

1. D/C Urinary catheter within one day following insertion unless patient meets one of the following criteria:
   - Acute urinary retention or bladder outlet obstruction
   - Assist in Skin Healing: open sacral or perineal wounds
   - Chronic: Must have order for chronic indwelling foley catheter
   - Prolonged immobilization: Examples include unstable spine injuries, neck injury, multiple traumatic injuries such as pelvic/abdominal injuries , chemical paralysis/sedation
   - Palliative Care: Improve comfort for end of life care
   - Gross hematuria/irrigate
   - Accurate I/O and critically ill. Intervention examples driving care based on patient's hourly urine output
     1. Bolus Fluid resuscitation
     2. Vasopressors
     3. Inotropes
     4. IV Diuretic therapy with increased oxygen requirements
     5. Hourly urine studies to measure life threatening laboratory abnormalities
   - Perioperative Procedure
   - Peripartum
   - Meets removal protocol
2. Perform on-going assessment to determine appropriate Foley indication

Post Urinary Catheter Removal Care:

- **Document** time of **removal** and urine volume
- Encourage **PO intake** unless contradicted
- Encourage **Activity**
- Schedule **Voiding Trials** 2-3 hours after the indwelling catheter is removed

Introcan Safety® 2 IV Catheter with Multi-Access Blood Control

INSERTION GUIDE:

1 | Preparation

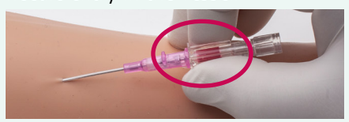
- Select and prepare site according to institutional protocol.
- Completely remove the paper from the packaging.

- Remove protective cover by holding at each end, then pull straight apart.

- DO NOT ROTATE CATHETER PRIOR TO INSERTION
- Verify push-off plate and needle bevel are in the "up" position.
- Confirm catheter hub is seated tightly against flashback chamber.

2 | Perform insertion

- Hold skin taut, insert catheter at optimal insertion angle.
- Visualize first flashback in flashback chamber to confirm needle entry in the vessel.



- Upon first flashback visualization, LOWER and advance the needle and catheter together approx 3mm or 1/8in.

3 | Thread catheter

- Holding needle still, advance the catheter off needle and visualize second flash within the catheter to confirm catheter entry in the vessel.

- After confirmation, continue advancing catheter off the needle into the vessel.
- Release tourniquet.

4 | Stabilize catheter hub and remove needle

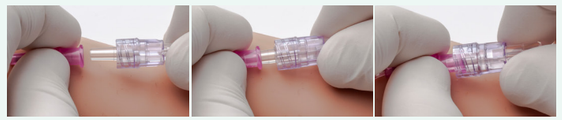
- With catheter hub stabilized, withdraw the needle straight out with a controlled and continuous motion (minimize rotation or bending of the needle).

- The metal passive safety shield will automatically attach to and cover needle tip as needle tip exits catheter hub.

- Properly discard needle into sharps container.

5 | Connect and secure catheter

- Immediately CONNECT and TIGHTEN the accessory device to the catheter hub.



- Stabilize and dress the site per institutional protocol.

PRIOR TO USE AND FOR COMPLETE PRODUCT INFORMATION, INCLUDING WARNINGS AND PRECAUTIONS, REFER TO "INSTRUCTIONS FOR USE" AT www.bbraunusa.com.

Scan for eIFU and more information

ALWAYS REMEMBER

Never reinsert needle into catheter; catheter shearing may occur and may cause embolism.

In the case of an unsuccessful IV start, remove the needle first to activate safety mechanism, then remove catheter from patient and discard both.

If clinical support is needed, please contact Medical Affairs at 800-854-6851 or visit www.introcansafety.bbraunusa.com for more information.

B|BRAUN
SHARING EXPERTISE

PRACTICE SUGGESTIONS:

1 | Needle feels dull

a. Catheter tip advanced over needle bevel, preventing exposure of full cutting surface of bevel.
- Completely remove the paper from the package and then remove catheter.
- Grasp product by flashback chamber in a manner to be able to visualize blood flash.

- Confirm catheter hub is seated tightly against flashback chamber.

b. Catheter or needle bevel design may be different from your previous IV catheter.
- Hold skin taut, insert catheter at optimal insertion angle.

2 | Blowing vessels

a. Not seeing initial flash.
- Upon insertion hold the clear flashback chamber so that you can easily visualize first flash in clear flashback chamber.

b. Insertion angle too high.
- Lower angle of insertion.

c. Catheter not in vessel.
- Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in. prior to threading catheter.

d. Insertion speed too fast; needle and catheter exited vessel.
- Reduce speed of insertion to allow flash visualization.

3 | Flashback of blood too slow

a. May be due to patient condition (eg. hypovolemia; hypotension).
- Ensure tourniquet is properly applied.
- Observe first flash in clear flashback chamber.
- Loosen vented flash plug.

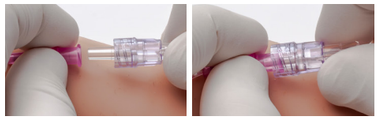
4 | Difficult to thread catheter

a. Catheter not in vessel (only needle bevel has entered vessel).
- Visualize first flash; lower catheter and advance catheter and needle together approximately 3mm or 1/8 in.; thread catheter and visualize second flash in catheter.

b. Pulling back on needle before catheter is fully threaded.
- Hold needle still and thread catheter off the needle into the vessel. Do not simultaneously withdraw needle when threading catheter.

5 | Flow restriction

a. Improper opening of blood control septum.
- Ensure all luer connections are fully engaged and completely tightened to catheter hub.



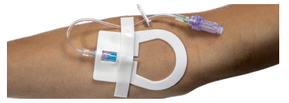
b. Catheter kinking at insertion site.
- Dress and secure the catheter to maintain proper hub angle.

c. Ensure site patency.

6 | Catheter dislodged during needle removal

a. Catheter hub not properly stabilized.
- Stabilize catheter hub while pulling the needle straight out.

Dressing and securement tip



Dress and secure catheter to maintain proper angle to avoid kinking.

HUDDLE CARD

Insulin Answers! Rapid Facts

Why it matters

- Delayed or missed insulin = ↑ risk of hypo/hyperglycemia, complications, longer LOS.
- Goal: Insulin given **within 30 minutes of meal tray arrival**.

Safety Pearls

- Do not give MEAL insulin if tray is delayed or patient not eating.
- Give CORRECTION insulin regardless of NPO.
- Reassess CBG if meal delayed >30 minutes.
- "HOVER" over MAR orders for rapid-acting insulin dose accuracy.

Our Unit Goal

- 90%+ compliance with timely insulin administration.
- Improve patient safety, reduce glycemic derangements
- Enhance workflow efficiency.

Watch for Education Infographics on your unit!

Contact / Resource

For questions or concerns, reach out to: Diabetes educators (iMobile/WebEx), Nursing Unit educators

MISSION HEALTH

Updated: 9/30/2025

Clinical Updates

Purge of Oracle/Cerner "Sticky Notes" older than 365 days: Go-Live 9/30/25

- Effective September 30, 2025, "Sticky Notes" in Cerner PowerChart will be purged beyond 365 days of age to improve system performance an reduce required disk space.


-Sticky Note icon

- The Sticky Notes feature allows you to attach a brief electronic note to a patient's record to convey helpful info to other caregivers. Sticky Notes are like the yellow post-it notes that adorn the cover of the patient chart folder. They're useful for reminders or for any typical FYI messages.
- Sticky Notes are not the same as required patient documentation or clinical documents which are permanent parts of the patient record. Sticky Notes can be discarded when no longer timely.

Current State:

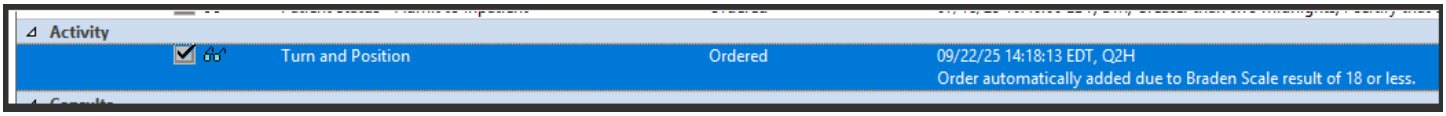
Future State:

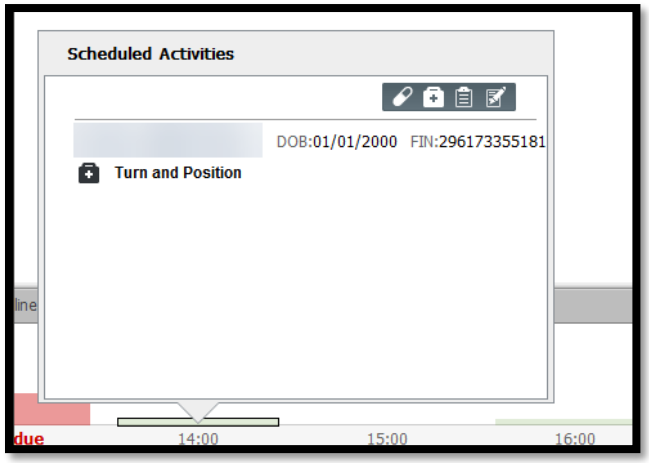
Sticky Notes older than 365 days will be deleted from PowerChart.

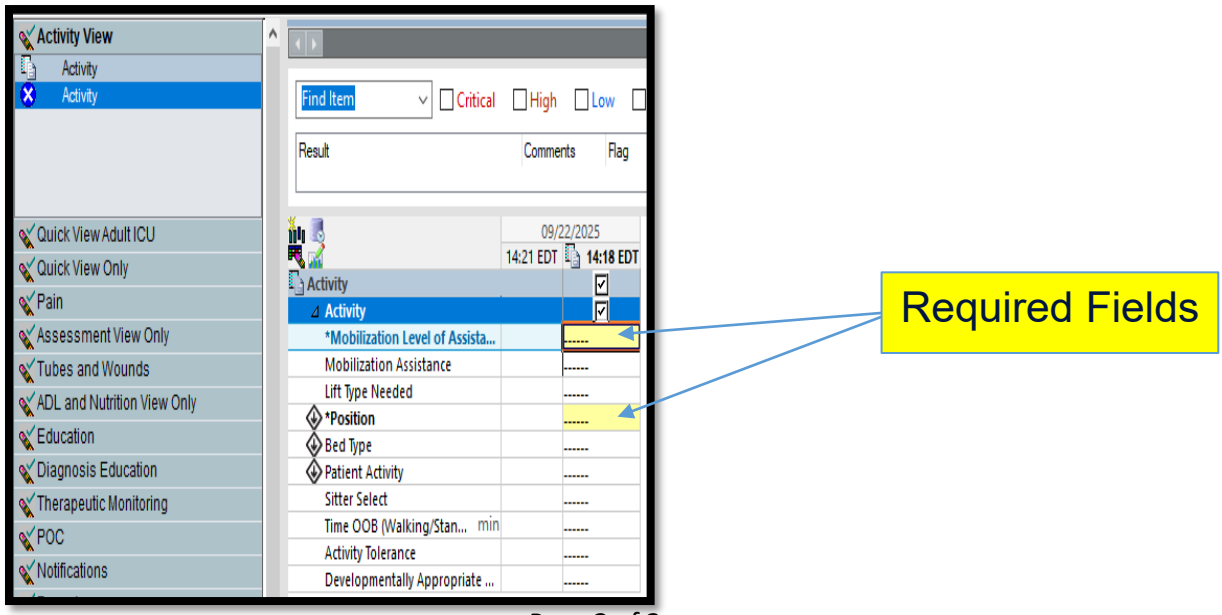
New at-Risk Patient Activity Task-Turn and Position: Go-Live 9/30/25

A new task will fire to help caregivers remember to document turning and positioning for those patients that are high risk for skin breakdown.

- New Turn and Position Task will fire for any adult patient with a **Braden Scale score of </= 18**
  - Task to "Turn and Position" will fire every 2 hours
  - Task will link to Activity band in Iview for documentation
- Task will not fire if Braden Scale score is >/= 19







HCA Healthcare®
Center for Clinical Advancement

MISSION HEALTH

Update: COVID19 Testing Ordering

- The Novel Coronavirus 2019 (COVID19) order has been retired and replaced with two new orders:
  - Novel Coronavirus 2019 nCov A
  - Novel Coronavirus 2019 nCoV CO