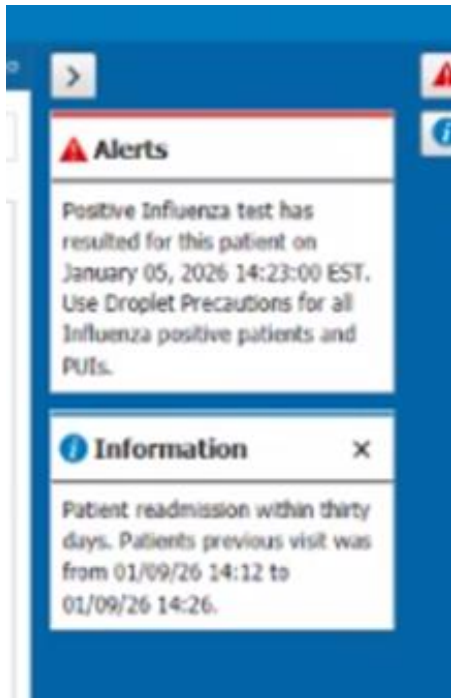




Clinical Updates

New Smart Zone Alerts for Positive Flu and Measles

- To promote patient and caregiver safety, a new Smart Zone alert will fire when a patient has a positive Flu or a Positive Measles result.



Critical Tests & Critical Value Reporting, 1LAB.AD.0511.00 Policy Update: Go-Live 2/2/26

- Effective **February 2**, the critical low threshold for Hemoglobin is changing to 7.0 g/dl from 6.0 g/dl.
- The new critical low threshold for Hemoglobin will be 7.0 g/dl.

Reminder- Plastic Bedside Commode Buckets

- Please remember that the plastic commode buckets are single patient use, even when a liner is used.
- Do not reuse these buckets between patients. All body fluids should be removed, and these should be disposed of in the regular trash.

Pharmacy Update: Medication Product Changes

Go-Live 2/3/26

- The following medications will have product presentation changes.
 - Argatroban: Vial-2-Bag Adapter
 - Ketamine: Vial-2-Bag Adapter
 - Cefazolin: Mini-Bag Plus
 - Diltiazem: Mini-Bag Plus
 - Tranexamic acid: Premixed Bag

Mission Hospital: Regional Transport Services (RTS) Pick-Up Times for Discharged Patients

- **Scheduling:** Case Management schedules all RTS pickup times for home or outside facility discharges.
- **Communication:** Nursing is responsible for notifying the patient and family of the scheduled pickup time.
- **Patient Prep:** * Begin packing the patient 2 hours prior to pickup.
- Ensure the patient is fully ready to depart by the scheduled time.
- **Meds to Beds:** Requests must be completed and delivered before the RTS pickup.
 - Allow a 2-hour window for pharmacy delivery.
- **Facility Transfers:** Always include all physical prescriptions in the discharge packet for skilled nursing facilities.

Controlled Substance Policy Reminders

- ❑ ONLY pull medications for one patient at a time
- ❑ Medication must be administered, returned, or wasted immediately (within 30 minutes of removal from Pyxis).
- ❑ Any controlled substance packaged in a larger amount than the dose being administered should be wasted and documented immediately (within 30 minutes from time of removal).
 - ❑ Waste is physically witnessed and documented by 2 authorized individuals
 - ❑ Both individuals must witness the waste. NEVER document a waste that you did not witness!
- ❑ Book bags, briefcases, duffel bags, purses or any other type of personal bag are to be left in lockers and not brought into a patient care area. If essential personal items are brought into a patient care area they must be always kept in a clear bag in plain view.

Refer to policy: COG.MM.001 Controlled Substance Monitoring



Updated: 1.16.26

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Not intended for external distribution.

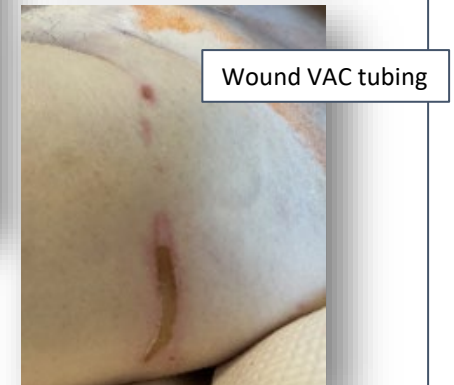
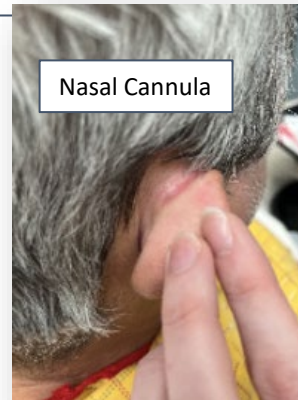
HCA  **Healthcare®**
**Center for Clinical
Advancement
NC Division**

PIP Tip of the Week: Tubes & Wires & Cannulas! Oh My!

Hard to believe: **111** HAPI caused by devices in 2025

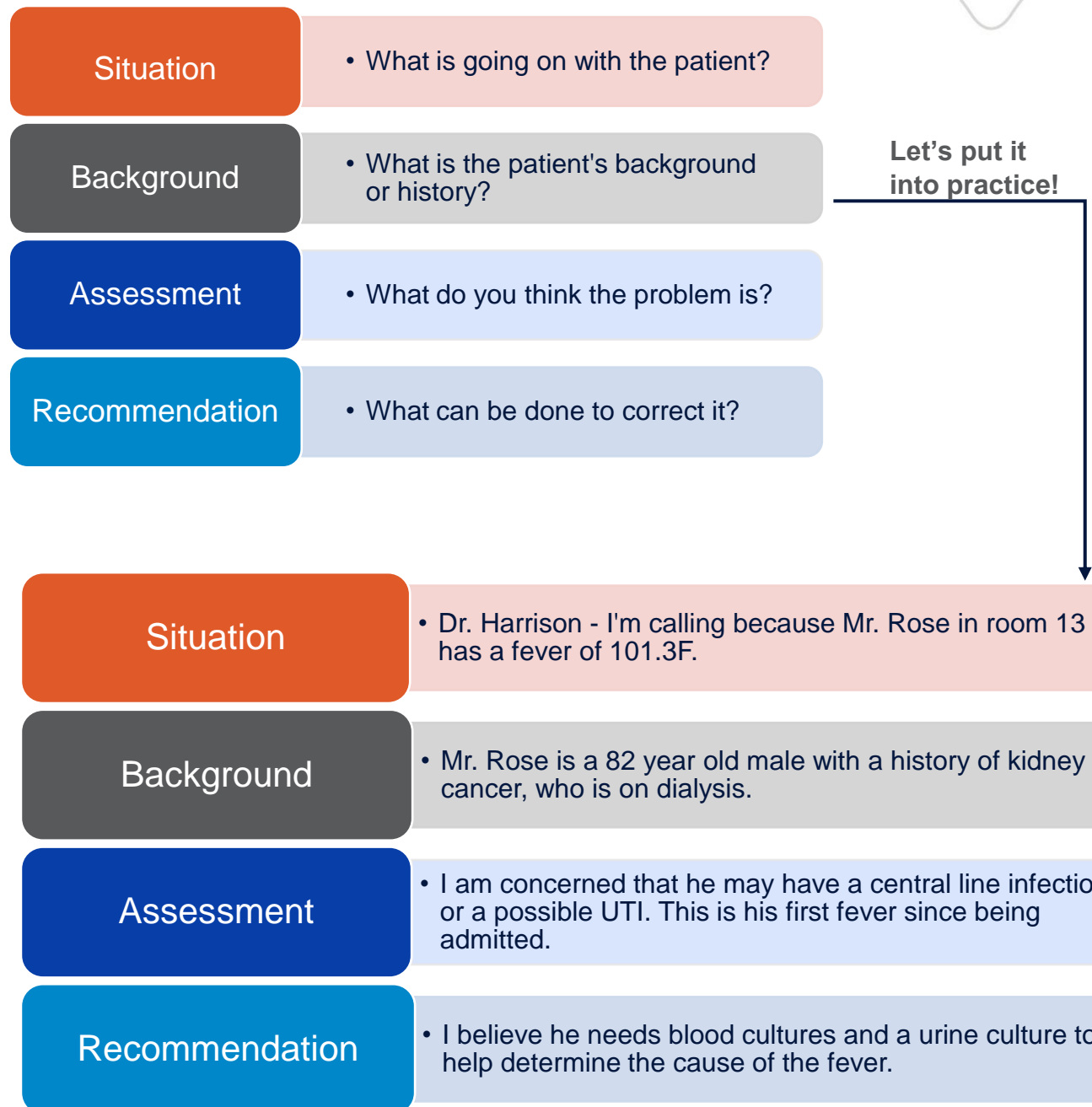
Top 10 Tricks for Preventing MDRPI*

1. **Check** under devices every shift
2. **Pad** with silicone foams
3. **Remove** when not in use
4. Check **under** the patient after repositioning
5. **Discontinue** devices as soon as possible
6. **Reposition** the device every 4 hours
7. Make sure the device is the **right size** for the patient
8. Make sure you can **get 2 fingers** under the device (wrist restraint, Hollister strap, brace, etc)
9. **Reposition** the device when you reposition the patient
10. **ASK** the patient if the device is causing any discomfort



SBAR Communication




SBAR is a method of communicating to give a concise report relaying critical information. SBAR consists of the situation presently occurring, any pertinent background information, what assessment details you recognized, and what the possible recommendations include. This is a framework that can be used in a multitude of ways, including patient hand-off, patient care tech to nurse, or nurse to doctor.



Mission Hospital-Decedent Care Form Completion

The Decedent Care Form must be completed entirely as part of the Death Packet Completion.

- ☐ The Death Packet Consists of two forms: Decedent Care Form-3 pages (Mission Hospital) and the Handling and Transportation of Bodies Form.
- ☐ Follow instructions for each section carefully and fill out the forms completely.
- ☐ Decedent Care Form: **All sections** except "Authorization for Release of Body" **must be completed by patient's nurse at time of death.**

DECEDENT CARE FORM PRINT LEGIBLY		DECEDENT CARE FORM PRINT LEGIBLY		DECEDENT CARE FORM PRINT LEGIBLY											
All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death. See phone notification list on page 3 for contacting Decedent Care, Lifeshare, Mission Dispatch & Medical Examiner.		All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.		All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.											
DECEDENT INFORMATION Decedent Name: <u>Mr. John Doe</u> Date: <u>06-25-2025</u> Time of Death: <u>1200</u> MREN: <u>01-03-01-04</u> Residing Unit: <u>A-1 West</u> Room: <u>2-114</u> Provider caring for patient at time of death: <u>John Smith, MD</u>		DECEDENT INFORMATION Decedent Name: <u>Mr. John Doe</u> Date: <u>06-25-2025</u> MREN: <u>01-03-01-04</u>		DECEDENT INFORMATION Decedent Name: <u>Mr. John Doe</u> Date: <u>06-25-2025</u> MREN: <u>01-03-01-04</u>											
ORGAN DONATION & PROCUREMENT Lifeshare Carolina (Lifeshare) must be notified within 1-hour for: any ventilated patient with a life-threatening injury or illness, a GCS of 5 or less (regardless of sedation or paralysis), if death is imminent, if Brain Death testing is being considered/limited, OR withdrawal of ventilator support is being considered.		MEDICAL EXAMINER (ME) (continued) If you are uncertain the death meets criteria, contact the ME for guidance. Meets criteria for ME case? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, nurse must notify ME: Time notified: <u>1200</u> ME name: <u>Sam Smith</u> If yes, did ME release body? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Autopsy requested by relative? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, is consent form signed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DISPOSITION OF DECEDENT BELONGINGS (continued) <table border="1"> <thead> <tr> <th>ITEM</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>Transferred with body:</td> <td></td> </tr> <tr> <td>Dumpan</td> <td>Upper & lower</td> </tr> <tr> <td>Missing Ash</td> <td>Right ear</td> </tr> </tbody> </table>		ITEM	DESCRIPTION	Transferred with body:		Dumpan	Upper & lower	Missing Ash	Right ear		
ITEM	DESCRIPTION														
Transferred with body:															
Dumpan	Upper & lower														
Missing Ash	Right ear														
VENTILATED PATIENT Date Notified: _____ Time Notified: _____ Representative's Name: _____ Case ID #: _____ Organ donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: _____ Lifeshare must be notified within 1-hour post-mortem.		FUNERAL HOME ***MOMR, MPAU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent** All other sites: Attempt to obtain information below, but DO NOT notify funeral home for transport. Funeral Home chosen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Funeral Home contact: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Name of Funeral Home: <u>Green Funeral Home</u> Family member contact information: <input type="checkbox"/> UNKNOWN Name: <u>Linda D. Doe</u> Relationship: <u>S/O</u> Phone: <u>828-333-4444</u> Address: <u>55 Wood Drive, Asheville, NC 28804</u>		VERIFICATION SIGNATURES By signing below, I verify that post-mortem process documentation has been reviewed. Signature of RN completing this document: <u>Required</u> Date: <u>06/25/2025</u> Time: <u>1200</u> Independent Verification signature: <u>Required</u> Date: <u>06/25/25</u> Time: <u>1400</u> *Signing Unit Supervisor or House supervisor											
POST-MORTEM Date Notified: <u>06/25/2025</u> Time Notified: <u>1400</u> Representative's Name: <u>Sam Smith</u> Case ID #: <u>0-2-2-1-1334-44</u> Tissue donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: <u>List Reason if Answer is No</u> Eye donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: <u>List Reason if Answer is No</u> Organ donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: <u>List Reason if Answer is No</u> If YES, select donation pathway: <input type="checkbox"/> After Brain Death <input type="checkbox"/> After Circulatory/Cardiac Death Body released by Lifeshare for transfer to Funeral Home? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DISPOSITION OF DECEDENT BELONGINGS List all patient belongings at time of death and their disposition (Use separate sheet if necessary). Examples include: clothing, shoes, pants, wallet, glasses, hearing aids, and all other valuables. Note: Some belongings may be released to family members, while others remain with the body. Give to Family: (List all belongings in detail) <table border="1"> <thead> <tr> <th>ITEM</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>Wallet</td> <td>Brown Leather</td> </tr> <tr> <td>Ring</td> <td>Gold band with blue stone</td> </tr> <tr> <td>Phone</td> <td>Blue Case</td> </tr> <tr> <td>Watch</td> <td>Gold with black band</td> </tr> </tbody> </table>		ITEM	DESCRIPTION	Wallet	Brown Leather	Ring	Gold band with blue stone	Phone	Blue Case	Watch	Gold with black band	NOTIFICATION LIST Decedent Care Line: 828-213-0976 Mission Dispatch: 828-213-4133 Option 5 Lifeshare of the Carolinas: 800-932-4443 Medical Examiner On-Call: See "AMON/Physician Call Schedules" for on-call ME number Documentation ROUTING Patient's Nurse/Decedent Care Representative will provide a copy of "Handling and Transportation of Bodies" & this "Decedent Care Form" to Lifeshare, Medical Examiner or Funeral Home as required for ongoing disposition of body. Completed signed originals of these documents must be forwarded to Health Information Management (HIM) to be added to decedent's medical record.	
ITEM	DESCRIPTION														
Wallet	Brown Leather														
Ring	Gold band with blue stone														
Phone	Blue Case														
Watch	Gold with black band														
MEDICAL EXAMINER (ME) If death meets any of the following criteria: Medical Examiner must be notified PRIOR to releasing the body from the unit. Medical Examiner must be notified of death due to the following causes and conditions, even though the patient may have survived for weeks, months or longer following injury. Medical Examiner Case Criteria: • Violence or trauma, including burns or drowning • Poisoning or overdose • Injuries and accidents, including slip, trip or fall • Suicide or homicide • Occurring suddenly when the deceased had been in apparent good health or • When unattended by a physician • Occurring in a jail, prison, correctional institution or in police custody • Occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 13 of the General Statutes • Occurring under any suspicious, unusual or unusual circumstance		Authorization for Release of Body To be completed by Decedent Care Representative. ***MOMR, MPAU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent** Body of decedent, decedent's belongings (if any), a copy of "Handling and Transportation of Bodies", & this "Decedent Care Form" are released to funeral home listed on page 5. Funeral Home representative (or parent) signature: Completed by Funeral Home Date: <u>06/25/2025</u> Time: <u>1300</u> Decedent Care** representative signature: Completed by Decedent Care Staff Date: <u>06/25/2025</u> Time: <u>1300</u>		Authorization for Release of Body To be completed by Decedent Care Representative. ***MOMR, MPAU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent** Body of decedent, decedent's belongings (if any), a copy of "Handling and Transportation of Bodies", & this "Decedent Care Form" are released to funeral home listed on page 5. Funeral Home representative (or parent) signature: Completed by Funeral Home Date: <u>06/25/2025</u> Time: <u>1300</u> Decedent Care** representative signature: Completed by Decedent Care Staff Date: <u>06/25/2025</u> Time: <u>1300</u>											
MSF-00001-231-1122  N0000-108 MISSION HOSPITAL MH Mission Hospital, LLLP Asheville, NC 28801 Decedent Care Form PATIENT CHART LABEL REQUIRED		MSF-00001-231-1122  N0000-108 MISSION HOSPITAL MH Mission Hospital, LLLP Asheville, NC 28801 Decedent Care Form PATIENT CHART LABEL REQUIRED		MSF-00001-231-1122  N0000-108 MISSION HOSPITAL MH Mission Hospital, LLLP Asheville, NC 28801 Decedent Care Form PATIENT CHART LABEL REQUIRED											

Mission Hospital-Decedent Care Form Completion

Common Form Errors

- ❑ Provider Caring for the Patient at the Time of Death:

This section should list *the provider* that received notification of patient's death. The patient's nurse should not be listed in this section.

Provider caring for patient at time of death: John Smith, MD

- ❑ LifeShare Case ID and Reasons given if not a donation candidate.

- These sections are often left blank.

POST-MORTEM			
Date Notified: 06/25/2025	Time Notified: 1605	Representative's Name: Susan	Case ID #: 2025-123456
Tissue donation candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reason if no:	List Reason If Answer Is No
Eye donation candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reason if no:	List Reason If Answer Is No
Organ donation candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reason if no:	List Reason If Answer Is No
If YES, select donation pathway: <input type="checkbox"/> After Brain Death <input type="checkbox"/> After Circulatory/Cardiac Death			
Body released by LifeShare for transfer to Funeral Home? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

- ❑ "Disposition of Decedent Belongings" is a common section that is forgotten.

- List ALL patient belongings at the time of death and their disposition in detail (Examples: clothing, shoes, purse, wallet, glasses, hearing aids and all other valuables)

Given to Family: (List all belongings in detail)	
ITEM	DESCRIPTION
Wallet	Brown Leather
Ring	Gold band with blue stone
Phone	Blue Case
Watch	Gold with black band
Received by (print): Linda Doe	
Received by (signature): Signature - required	
Witnessed by (print): RN's Name	
Witnessed by (signature): Signature - required	

- ❑ Use the Decedent Care Form Completion **Example** to ensure the form is accurately completed in it's entirety

DECEDENT CARE FORM

PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.
See phone notification list on page 3 for contacting Decedent Care, LifeShare, Mission Dispatch & Medical Examiner

DECEDENT INFORMATION

Decedent Name: Doe, John Date: 06-25-2025 Time of Death: 1600 MRN# 01-02-03-04
Nursing Unit: A 3 West Room# A 3 3 8 Provider caring for patient at time of death: John Smith, MD

ORGAN DONATION & PROCUREMENT

LifeShare Carolinas (LifeShare) must be notified within 1-hour for: any ventilated patient with a life-threatening injury or illness, a GCS of 5 or less (regardless of sedation or paralytics), if death is imminent, if Brain Death testing is being considered/initiated, **OR** withdrawal of ventilator support is being considered.

VENTILATED PATIENT

Date Notified: _____ Time Notified: _____ Representative's Name: _____ Case ID # _____
Organ donation candidate? ☐ YES ☐ NO Reason if no: _____

LifeShare must be notified within 1-hour post-mortem.

POST-MORTEM

Date Notified: 0 6 / 2 5 / 2 0 2 5 Time Notified: 1 6 0 5 Representative's Name: S u s a n Case ID # 2 0 2 5 - 1 2 3 4 5 6

Tissue donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No

Eye donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No

Organ donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No

If YES, select donation pathway: ☐ After Brain Death ☐ After Circulatory/Cardiac Death

Body released by LifeShare for transfer to Funeral Home? ☐ YES ☐ NO

MEDICAL EXAMINER (ME)

If death meets any of the following criteria: Medical Examiner must be notified PRIOR to releasing the body from the unit.
Medical Examiner must be notified of deaths due to the following causes and conditions, even though the patient may have survived for weeks, months or longer following injury.

Medical Examiner Case Criteria:

- Violence or trauma; including burns or drowning
- Poisoning or overdose
- Injuries and accidents; including slip, trip or fall
- Suicide or homicide
- Occurring suddenly when the deceased had been in apparent good health or
- When unattended by a physician
- Occurring in a jail, prison, correctional institution or in police custody
- Occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 15 of the General Statutes
- Occurring under any suspicious, unusual or unnatural circumstance

DO NOT WRITE IN MARGIN

MSJ-00001-231-1122



N0000-108

 **MISSION**
HOSPITAL
MH Mission Hospital, LLLP
Asheville, NC 28801

**Decedent Care
Form**

Page 1 of 3

**PATIENT CHART
LABEL REQUIRED**

DECEDENT CARE FORM

PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.

Decedent Name: Doe, John

Date: 06/25/2025

MRN: 01-02-03-04

MEDICAL EXAMINER (ME) (continued)

If you are uncertain the death meets criteria, contact the ME for guidance.

Meets criteria for ME case? ☐ YES ☐ NO

If yes, nurse must notify ME. Time notified: 1600

ME name: Sue Smith

If yes, did ME release body? ☐ YES ☐ NO

Autopsy requested by relative? ☐ YES ☐ NO

If yes, is consent form signed? ☐ YES ☐ NO

FUNERAL HOME

****MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent****
All other units: Attempt to obtain information below, but DO NOT notify funeral home for transport.

Funeral Home chosen? ☐ YES ☐ NO

**Funeral Home notified? ☐ YES ☐ NO

Name of Funeral Home: Groce Funeral Home

Family member contact information: ☐ UNKNOWN

Name: Linda Doe Relationship: Wife

Phone: 828-123-4567 Address: 82 Wood Drive, Asheville, NC 28888

DISPOSITION OF DECEDENT BELONGINGS

List all patient belongings at time of death and their disposition (Use separate sheet if necessary).
Examples include: clothing, shoes, purse, wallet, glasses, hearing aids, and all other valuables.
Note: Some belongings may be released to family members, while others remain with the body.

Given to Family: (List all belongings in detail)

ITEM	DESCRIPTION
Wallet	Brown Leather
Ring	Gold band with blue stone
Phone	Blue Case
Watch	Gold with black band

Received by (print): Linda Doe

Received by (signature): Signature - required

Witnessed by (print): RN's Name

Witnessed by (signature): Signature - required

MSJ-00001-231-1122



N0000-108



**Decedent Care
Form**

Page 2 of 3

**PATIENT CHART
LABEL REQUIRED**

DECEDENT CARE FORM

PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.

Decedent Name: Doe, John

Date: 06-25-2025

MRN: 01-02-03-04

DISPOSITION OF DECEDENT BELONGINGS (continued)

Transferred with body:

ITEM	DESCRIPTION
Dentures	Upper & lowers
Hearing Aids	Right Ear

Received by (print): FH Rep's name

Received by (signature): Signature of Rep.

Witnessed by (print): DCStaff Member

Witnessed by (signature): Signature of Rep.

VERIFICATION SIGNATURES

By signing below, I verify that post-mortem process documentation has been reviewed.

Signature of RN completing this document: Required

Date: 06/25/2025

Time: 1609

*Independent Verification signature: Required

Date: 06/25/25

Time: 1610

*Nursing Unit Supervisor or House supervisor

NOTIFICATION LIST

Decedent Care Line: 828-213-0976

(Notify for all in hospital deaths, 24 hours per day)

Mission Dispatch: 828-213-4133 Option 5

(Notify for transport of body to Morgue)

LifeShare of the Carolinas: 800-932-4483

(Notify for all in hospital deaths within 1-hour post-mortem)

Medical Examiner On-Call:

(Notify for deaths meeting ME case criteria)

See "AMION/Physician Call Schedules" for on-call ME number

DOCUMENTATION ROUTING

Patient's Nurse/Decedent Care Representative will provide a copy of "Handling and Transportation of Bodies" & this "Decedent Care Form" to LifeShare, Medical Examiner or Funeral Home as required for ongoing disposition of body.

Completed signed originals of these documents must be forwarded to Health Information Management (HIM) to be added to decedent's medical record.

AUTHORIZATION FOR RELEASE OF BODY

To be completed by Decedent Care Representative.

MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent

Body of decedent, decedent belongings (if any), a copy of "Handling and Transportation of Bodies", & this "Decedent Care Form" are released to funeral home listed on page 2.

Funeral Home representative (or parent) signature: Completed by Funeral Home

Date: 06/25/2025

Time: 1700

Decedent Care** representative signature: Completed by Decedent Care Staff

Date: 06/25/2025

Time: 1700

MSJ-00001-231-1122



N0000-108



**Decedent Care
Form**

Page 3 of 3

**PATIENT CHART
LABEL REQUIRED**