

## NK6 – EVIDENCE-BASED PRACTICE

*Provide one example, with supporting evidence, of how clinical nurse(s) implemented a professional organization's specialty standards or guidelines in the organization.*

### **Choosing Wisely® Guideline 1 – Implementation to Reduce Central Venous Catheter Procedures**

Therapeutic plasma exchange (TPE) is an adjunctive treatment involving the removal of plasma from the patient in exchange for replacement fluid. To perform TPE, nurses ensure that patients have an efficient vascular access that will allow high pressure and volume flow rates. Traditionally, nurses use two needles, also known as double needle-TPE (DN-TPE). One needle serves as an inlet/access line for pulling blood from the patient with a large bore needle (17 gauge or larger). Once the plasma has been removed via centrifugation, the components are returned to the patient via the return access line using an additional large bore needle or angiocath.

Kyle Daniel Gault, BSN, RN, CNN, QIA (ASCP), clinical nurse, PlasmaPheresis Unit (606118) [Apheresis Unit], NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia), noted that standard practice for nurses was to automatically refer patients for central venous catheter (CVC) placement when patients experienced complications with DN-TPE procedures. Mr. Gault identified that this nursing practice did not align with *Choosing Wisely®* Guideline 1 of the American Board of Internal Medicine (ABIM) and the American Society for Apheresis (ASFA), as follows:

*Choosing Wisely* Guideline 1: Do not place a central venous catheter if peripheral vein access is a safe and effective option.

Mr. Gault further recognized that current nursing practices for less invasive peripheral access options did not exist. If DN-TPE failed due to complications, the clinical nurses executed a referral for CVC placement, a practice that was not consistent with *Choosing Wisely* Guideline 1. [NK6.1—ASFA and ABIM Choosing Wisely Guidelines](#)

Mr. Gault leveraged his experience with apheresis and affiliation with ASFA to explore safe and effective options for peripheral vein access for apheresis. He discovered that

the *Choosing Wisely* guidelines were developed to provide specific, evidence-informed recommendations to avoid harm from CVCs. The recommendations were intended to guide decision-making about the most appropriate, safe, and cost-effective care based on best practices and individual situations. ASFA and ABIM promoted these guidelines to advance dialogue to avoid unnecessary medical tests, treatments, and procedures, such as CVC placement. He located scholarly resources that promoted implementation of the *Choosing Wisely* guidelines to address variabilities in practices and promote standardization across apheresis treatment centers. He also noted that the *Choosing Wisely* guidelines, endorsed by the ASFA, represented a list of overused apheresis practices to avoid, such as placing CVC when less invasive peripheral access options existed.

During 2021, Mr. Gault advocated for adoption of *Choosing Wisely* Guideline 1 for apheresis patients. He gained consensus among his nurse peers and interprofessional colleagues as he delivered compelling evidence of the value of adoption. The team, including Mr. Gault and Sarah Vossoughi, MD, Medical Director of Therapeutic Apheresis, NYP/Columbia, in collaboration with nursing leadership, acknowledged that the *Choosing Wisely* Guideline 1 should be implemented, changing nursing practices when caring for apheresis patients. The team agreed that to avoid risks associated with CVC placement and maintenance, nursing practice would mandate implementation of safe and effective peripheral vein access options prior to consideration of CVC placement.

Although the nurses were most familiar with DN-TPE, nurses and providers shared that a single-needle option for TPE (SN-TPE) existed. Mr. Gault promoted evidence associated with the use of Terumo's Spectra Optia® SN-TPE, which entailed one viable peripheral access in lieu of two peripheral access sites, thereby making the procedure less invasive. Studies suggested that following implementation of *Choosing Wisely* Guideline 1 and the introduction of SN-TPE, apheresis peripheral access procedures increased and CVC procedures decreased. Research reports noted that patient satisfaction with the SN-TPE option was extremely high, further backing the congruence of these practices with the *Choosing Wisely* guidelines.

Mr. Gault's nursing and medicine colleagues agreed that the evidence-based *Choosing Wisely* Guideline 1, "Do not place a central venous catheter if peripheral vein access is a safe and effective option," needed to be integrated into clinical decision-making as part of daily practices. Following review, the interprofessional team agreed that in order to implement the *Choose Wisely* guidelines, they needed to integrate the SN-TPE option into patient care. SN-TPE would be incorporated into nursing practices and decision-making as:

- a transition following a failed DN-TPE

- an initial placement of SN-TPE
- an alternative to be implemented prior to CVC placement

These changes would align nursing practices to ensure that the standard of TPE nursing care encompassed the guideline that no central venous catheter would be placed if SN-TPE for peripheral vein access was a safe and effective option.

Mr. Gault reached out to Terumo, vendor for the single needle, to expand his knowledge about the use of SN-TPE. He carefully reviewed Terumo’s published studies relating to SN-TPE implementation and exchanged emails with the vendor’s experts. The details addressed several key points, including mechanism of the procedure, vascular access considerations, ease of use, possible issues, and other considerations. Moreover, Mr. Gault consulted several institutions already using SN-TPE, such as the University of Texas Southwestern Medical Center, to collaborate on tactics when implementing the *Choosing Wisely* guidelines.

Mr. Gault drafted a new policy, AP 012, *Performing Apheresis Using Single-Needle Option* and presented the use of the SN-TPE procedure during the April 13, 2022, cross campus Nursing Practice Council (NPC) to a large audience of clinical nurses, nurse leaders, and program directors. Chaired by Haofei (Faye) Wang, DNP, RN, NEA-BC, Senior Director, Professional Nursing Practice, NewYork-Presbyterian, NPC ensures evidence-based nursing practice, policies, and clinical standards support professional nursing practice. The policy was approved in April 2022. [NK6.2—Clinical Nurse Drafts New Policy](#); [NK6.3—Policy Approval](#)

Once approved, all providers and clinical nurses were educated regarding the *Choosing Wisely* guidelines and rollout of the SN-TPE procedures. The vendor’s specialists conducted in-service education on site for the Apheresis Unit nurses. A hands-on simulation included procedures for SN-TPE using bovine blood as part of the TPE curriculum. The training mainly emphasized the importance of “thinking peripheral first.” The integration of the SN-TPE option paved the way to the avoidance of central line insertion and salvaging procedures, thereby precluding unnecessary treatment discontinuation and automatic consideration of CVCs. Documentation of training, which was accomplished using a sign-in sheet with the names of the nurses who attended the in-service, showed an 83 percent completion rate. The professional development and leadership teams plan future SN-TPE training and to expand its use with red blood cell exchange using a newer version of the Optia apheresis machine software. [NK6.4—Training](#)

By April 2022, the Apheresis Unit clinical nurses fully incorporated the *Choosing Wisely* Guideline 1 into daily care and practices when making decisions about venous access

for apheresis patients, focusing on peripheral alternatives to CVC placement. The team exchanged communication about best available options for peripheral access and no longer considered CVC placement as an automatic referral. Through the implementation of SN-TPE, in addition to DN-TPE, the nurses demonstrated their adoption and alignment with the *Choosing Wisely* guidelines and promoted standardization in nursing practices. Following implementation of the *Choosing Wisely* guidelines and integration of the SN-TPE, clinical nurses and patients experienced minimal failed and aborted procedures with SN-TPE and a reduction in CVC placement for TPE. During October 2022, Mr. Gault was invited as a speaker on this topic by the American Society of Apheresis as part of its webinar series.

During plasmapheresis care on July 7, 2023, at 10:00 am, Mr. Gault documented a venous site infiltration using a double needle procedure for a patient. At 10:15 am, he documented a successful conversion to the single needle option for salvaging purposes that bypassed the need for CVC placement. [NK6.5—Documentation of Implemented Guidelines in Practice](#)

## **References**

Connelly-Smith, L., Tanhehco, Y. C., Chhibber, V., Delaney, M., Eichbaum, Q., Fernandez, C., ... & Linenberger, M. (2018). Choosing Wisely for apheresis. *Journal of Clinical Apheresis*, 33(5), 576-579.

Doggett, B. M., Session-Augustine, N., Roig, J., Strunk, M., Valiyaparambil, S., Sarode, R., & De Simone, N. (2019). Single-needle: An effective alternative to dual-needle peripheral access in therapeutic plasma exchange. *Journal of Clinical Apheresis*, 34(1), 21-25.

Tufan Pekkucuksen, N., Sigler, K. E., Akcan Arikan, A., & Srivaths, P. (2021). Tandem plasmapheresis and continuous kidney replacement treatment in pediatric patients. *Pediatric Nephrology*, 36(5), 1273-1278.



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## Five Things Patients and Providers Should Question

1

### **Do not place a central venous catheter if peripheral vein access is a safe and effective option.**

For most adult patients and donors, peripheral venous access is the safest, quickest and most easily achievable route for performing a limited number of apheresis procedures. Avoiding a central venous catheter reduces the risk of harm.

2

### **Do not routinely use plasma as replacement fluid for therapeutic plasma exchange unless there is a clear indication to replete a plasma component.**

Plasma is a limited resource with added concern for potential transmission of infectious agents and transfusion reactions. Albumin is an effective replacement fluid for therapeutic plasma exchange and is a safe alternative to plasma when a pathogenic protein or solute is removed without the need to replete any plasma component.

3

### **Do not continue simple transfusions in patients with stroke from sickle cell disease who have iron overload, if red blood cell exchange is available.**

Stroke is a common cause of serious morbidity in children and mortality in adults with sickle cell disease. Exchange transfusion is a more effective method than simple transfusions to prevent both recurrent strokes and the complications of iron overload.

4

### **Do not routinely monitor coagulation tests during a course of therapeutic plasma exchange, unless the procedure is performed daily.**

For most indications, therapeutic plasma exchange can be performed on an intermittent schedule using clotting factor deficient replacement fluid without the need for routine monitoring of the patient's hemostasis status. Daily treatments significantly reduce clotting factors; therefore, coagulation testing may be appropriate.

5

### **Do not routinely continue a series of apheresis procedures without a predefined objective goal, and stop the series if it is apparent that the goal cannot be reached or adverse effects outweigh potential benefits.**

Apheresis procedures are performed sequentially until a predefined objective goal is reached. When the goal is either achieved or is determined to be unreachable the burden and potential adverse effects of performing additional procedures outweighs the potential benefits.

**TITLE: PERFORMING APHERESIS USING SINGLE-NEEDLE OPTION**

**POLICY STATEMENTS:**

1. The RN will verify expiration date of single needle connector for apheresis using Spectra Optia.
2. The RN will choose the single-needle option at the start of or at any time during the procedure. **This option is an acceptable alternative for the following situations:**
  - a. **Prevention of central line insertions and hospital admissions for patients otherwise eligible for outpatient procedures.**
  - b. Patients with one peripheral vein suitable for use as a draw line per the determination of the Apheresis team performing the vein check.
  - c. Salvage of a double needle procedure when 1 of 2 veins or catheter ports fails and the remaining access is deemed appropriate to continue as a draw line.
3. The RN will discontinue any IV calcium infusion on the return line and establish a return line from another peripheral vein in the event the RN converts from double-needle to single needle apheresis.
4. The RN will optimize the procedure using inlet pump flow rate.

**PURPOSE:**

1. To outline the procedure in safely switching to single-needle access at any time during apheresis using the Spectra Optia System.
2. To provide a cognitive understanding of the principles and clinical application of apheresis with single-needle access.

**APPLICABILITY:**

**Population Served:**

- Adult**
- Psychiatry
- Obstetrics
- Pediatrics**

**Care Setting**

- Ambulatory Care (clinic based)
- Critical Care**
- Emergency Department
- Inpatient Non-Critical Care**
- Procedure/Diagnostic Area – Apheresis unit at NYP-CU & NYP-WC**
- Periop
- Step-down**

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Policy Dates:

New: AP 012  
Supersedes Policy Number: N/A  
Revised: N/A  
Reviewed: N/A  
Date Approved: 4/2022

Last approved date: N/A

## **PERFORMING APHERESIS USING SINGLE-NEEDLE OPTION, CONT'D**

### **EVIDENCE BASED SUPPORTIVE DATA:**

1. Single needle option for Plasmapheresis and Red Blood Cell Exchange is available on the Optia Spectra versions 11.2 and later.
2. Single-needle option uses an intermittent (discontinuous) cycle. Therefore, the procedure requires longer treatment time and symptoms of citrate reaction are more likely to occur due to the recirculation and inability to give IV Calcium to the return line which will mix with citrated plasma.
3. Single-needle access delivers plasma removal efficiency equivalent to dual-needle access procedures. It utilizes the same platelet sparing technology as with dual-needle access.
4. The discontinuous nature of the procedure results in a slightly higher extracorporeal volume (141mL in a typical Dual-needle access vs 185 mL in a typical Single-needle access).

### **EQUIPMENT:**

- Single-needle "Y" connector

### **PROCEDURE:**

#### **1. CONVERTING TO SINGLE NEEDLE**

**A.** To convert to a single needle procedure before you start the run or during the run, you will:

- 1) Navigate to the Options tab.
- 2) Touch the Single-Needle Option button to change from "No" to "Yes."
- 3) Touch **Convert Access to Single-Needle**.
- 4) Touch **Confirm** (which will become active after touching **Convert Access to Single-Needle**) to confirm the option to convert to single-needle access and proceed with the procedure, or touch the go back button to return to the options screen without converting to single-needle access.

**Note:** If you have not started the run, once you touch **Confirm**, you cannot convert back to dual-needle access without resetting the system. If you have started the run, once you touch **Confirm**, you cannot convert back to dual-needle access. You must complete the procedure using single-needle access.

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#### Policy Dates:

New: AP 012

Supersedes Policy Number: N/A

Revised: N/A

Reviewed: N/A

Date Approved: 4/2022

Last approved date: N/A

## **PERFORMING APHERESIS USING SINGLE-NEEDLE OPTION, CONT'D**

- 5) Connect inlet and return lines to "Y" connector. (The system will display the steps to attach the single-needle connector when converting the access to a single needle)

**Note:** When using a blood warmer on the return line, you will connect the blood warmer tubing directly to the single-needle connector. Connecting the blood warmer to the end of the single-needle connector will result in an ineffective procedure because the system is using the same line for the inlet and return.

- a) Male luer – connection to patient
  - b) Female luer – connection to the inlet line
  - c) Female luer – connection to the return line
- 6) Open inlet and return saline lines.
  - 7) Unclamp inlet and return lines, and prime blood warmer tubing and "Y" connector.
  - 8) Clamp inlet and return lines.
  - 9) Close inlet and return saline lines.

**B.** If the procedure is converted to single-needle during the run:

- 1) Ensure the line that will be used to access the patient's blood is kept patent while following directions to convert the access to a single needle.
- 2) After completing all of the required steps to convert the access to single-needle, you will need to confirm the run values before continuing the procedure.

**C.** Check the inlet line, return line, and single-needle connector for air prior to connecting to the patient.

**D.** Connect patient lines.

**E.** Unclamp inlet and return lines.

**F.** The single-needle icon appears on the main run screen (This image indicates you have confirmed the single-needle option).

**Note:** The AC infusion rate displayed during a procedure using a single needle is an average value. This is because the system is only delivering AC to the patient during the procedure's return cycles.

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New: AP 012

Supersedes Policy Number: N/A

Revised: N/A

Reviewed: N/A

Date Approved: 4/2022

Last approved date: N/A

## **PERFORMING APHERESIS USING SINGLE-NEEDLE OPTION, CONT'D**

### **2. OPTIMIZATION**

#### **A. Inlet pump flow rate set by the system:**

- 1) Initially, using dual-needle access for the procedure, the system sets the inlet pump flow rate.
- 2) After converting the access to a single needle, the system increases the inlet pump flow rate.
- 3) Run time increases.

#### **B. Inlet pump flow rate set by the operator:**

- 1) Initially, using dual-needle access for the procedure, the operator sets the inlet pump flow rate.
- 2) After converting the access to a single needle, the inlet pump flow rate remains at that speed. (This is because the inlet pump flow rate was restricted by the operator prior to converting the access to a single needle. The procedure will continue at the same inlet pump flow rate after converting the access to a single needle.)
- 3) The run time increases.

#### **C. If the time for the procedure is a concern when performing the procedure using a single needle, consider increasing the inlet pump flow rate.**

- 1) The access must tolerate the higher flow rates.
- 2) AC infusion rate displayed is an average.
- 3) Inlet: AC Ratio at 10:1 will only allow a maximum inlet pump flow rate of 120 mL/min. This is because the maximum AC pump flow rate is 12 mL/min. If this limitation is an issue, increase the inlet: AC ratio to allow for a faster inlet pump flow rate.

### **DOCUMENTATION:**

1. Therapeutic Apheresis Flowsheet
  - a. Treatment Mode
2. Nursing Notes
  - a. Timeout
  - b. Post Notes

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#### Policy Dates:

New: AP 012

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Revised: N/A

Reviewed: N/A

Date Approved: 4/2022

Last approved date: N/A

**PERFORMING APHERESIS USING SINGLE-NEEDLE OPTION, CONT'D**

**RESPONSIBILITY:** APHERESIS NURSING

**REFERENCES:**

Terumo BCT. (2019). Spectra Optia Apheresis System Operator's Manual. Lakewood, Colorado: Terumo BCT, Inc.

Terumo BCT. (2013). Spectra Optia Apheresis System TPE With Single-Needle Option Handbook. Lakewood, Colorado: Terumo BCT, Inc.

Terumo BCT. (2013). Spectra Optia TPE Procedure Training (Including Single-Needle Option). Lakewood, Colorado: Terumo BCT, Inc.

Terumo BCT. (2013). Spectra Optia Apheresis System TPE With Single-Needle Access Insert. Lakewood, Colorado: Terumo BCT, Inc.

**KEY WORDS:** Therapeutic Plasma Exchange (TPE), Plasmapheresis, Red Blood Cell Exchange (RBCX), Erythrocytapheresis, Single-Needle

**APPROVALS:**

Department	Approver's Name	Title	Date
Nursing	Wilhelmina Manzano, MA, RN, NEA-BC, FAAN	Group Senior Vice President, Chief Nursing Executive & Chief Operating Officer, Perioperative Services	4/2022

Committee	Date Approved
Cross-Campus Nursing Practice Council	4/2022

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Policy Dates:

New: AP 012

Supersedes Policy Number: N/A

Revised: N/A

Reviewed: N/A

Date Approved: 4/2022

Last approved date: N/A

**NewYork-Presbyterian Hospital  
Department of Nursing  
Cross-Campus Nursing Practice Council  
April 13, 2022  
11:00 am – 12:30 pm  
Zoom Video Conference**

**Chair: Haofei (Faye) Wang, DNP, RN, NEA-BC, Director of Professional Nursing Practice**

TOPIC/ACTION ITEM		DECISION	FOLLOW-UP DATE & RESPONSIBLE PERSON
<b>Quorum* Minutes</b>	<p>The meeting was called to order at 11:00 AM by Faye Wang, DNP, RN, NEA-BC</p> <p>A quorum was present. Minutes of March 9,2022 approved as submitted.</p>	Noted	None
<b>ANNOUNCEMENTS</b>	<p>1) Survey Monkey for attendance – Please complete Survey Monkey sent via email. Full credentials including the highest educational degrees and certifications added to the attendance are important for the Journey of Nursing Excellence at each campus. When reviewing the minutes, check the attendance sheet for accuracy.</p> <p><b>Faye Wang, DNP, RN, NEA-BC:</b> March Minutes Review: Next Steps</p> <p>1) The first phase Adult Block Charting Go Live has been delayed to early June for additional time completion of education modules for ICU, ED, &amp; PACU nurses.</p> <p>2) The second phase of block charting will be conducted for Pediatric ICU &amp; PCICU at NYP-WC, NYP-MSCH and will occur sometime in July .</p>	Informational	None
<b>NPC POLICY PROGRESS FOR 2022</b>	<p><b>Risa Matzner, DNP, RNC-OB, C-EFM presented</b></p> <p>1) To date the committee has reviewed 130 policies, 7 Interim Reviews, 3 new nursing clinical standards created and 6 deletions.</p>	Informational	N/A
<b>NPC SUBCOMMITTEE REPORTS:</b>	<p><b>Mary Joy Dia, DNP, RN, FAAN presented</b></p> <p>Nursing Informatics -Epic Update <b>please refer to page 17</b></p> <p>1) All campuses are now standardized and are using one EMR system: Epic. The Nursing Informatics Council Committee is established and includes NIC leads, NI champions, Epic members that are assigned to each campus. There is a revision for a new standardized service request for optimization please refer to <b>Appendix D on page 17</b></p> <p>Project Update – refer to <b>Appendix D on page 18</b></p>	Informational	N/A

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<b>EVIDENCE BASED PRACTICE</b>	None	None	N/A
<b>NURSING ADMINISTRATIVE POLICY</b>	None	None	N/A
<b>MEDICATION USE MANUAL</b>	<p><b>Jennifer (Hannah) Lee presented - refer to Appendix A on page 13</b> Medication Use Manual Standard of Transplant Policies(SOT)</p> <ol style="list-style-type: none"> <li>1) Immune Globulin Intravenous (IVIG): Adult Administration Policy</li> <li>2) Belatacept (Nulojix) Guideline for use in Adult Transplant Patients</li> <li>3) Rituximab: Guideline for use in Adult Patients</li> <li>4) Rituximab: Guideline for use in Pediatric Patients</li> <li>5) Tacrolimus and Cyclosporine Medication use Guideline, Pediatrics</li> <li>6) Antithymocyte Globulin, Rabbit (Thymoglobulin): Guideline for use in Adult Solid Organ Transplant Recipients</li> </ol> <p><b>Audrey Littlefield presented- refer to Appendix B on page 14</b> Medication Use Manual Pharmacy Policies: Preliminary Go Live date for this policy is September.</p> <ol style="list-style-type: none"> <li>1) Unfractionated Heparin Intravenous (IV) Dosing and Monitoring Policy for Adults Inpatients</li> </ol>	<b>Approved</b>	None
<b>HOSPITAL POLICIES</b>	None	None	N/A
<b>PERINATAL PRACTICE COUNCIL POLICIES</b>	<p><b>Farah Khan BSN, RNC-OB, C-EFM presented- refer to Appendix C on page 15</b> Perinatal Practice Council Policies</p> <ol style="list-style-type: none"> <li>1) Electronic Fetal Monitoring</li> <li>2) Intrapartum Patient Protocol</li> <li>3) Management of Cat II Fetal Heart Rate Trachings</li> <li>4) Oxytocin</li> <li>5) CS levels (new guideline)</li> <li>6) Management of OB Hemorrhage</li> </ol>	<b>Approved</b>	N/A
<b>BROOKLYN METHODIST HOSPITAL POLICY INTEGRATION</b>	<p><b>Faye Wang, DNP, RN, NEA-BC presented –</b> There are 56 policies that were aligned in the month of April; some are adopt as is with no changes and some are adopt with noted changes. For the upcoming months looking to push forward more policies to be up to date and in prepration for the summer merger in July.</p>	Informational	None

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TOPIC/ACTION ITEM		DECISION	FOLLOW-UP DATE & RESPONSIBLE PERSON
<b>NEW BUSINESS</b>	<p><b>Svetlana Streltsova - Verma, DNP, RN, CCRN, NE-BC presented -</b></p> <p>1) Chlorhexidine Gluconate (CHG) Skin Treatment Policy was originally owned by nursing (CC1317 ) however, after this month it will become a hospital policy and procedural manual. Infection prevention and control will be co-owner of the policy. .</p> <p>– The name of the policy will be changed to Chlorhexidine Gluconate (CHG) Skin Treatment (Preoperative, Daily, and Decolonization) and will be documented in the EMR system as a CHG skin treatment. The purpose of the policy is redefined to focus on CLABSI MRSA decolonization and Multi Drug Resistant Infection prevention. CHG treatment can be provided to all patient populations that were outlined in the policy . Also, highlighted from the Agency of HealthCare Research and Quality is that CHG skin treatment replaces soap and water baths unless it is contraindicated. Only the use of CHG compatible skin products should be used from within the organization. Ensure that the skin has been rinsed of soap and dried prior to providing the CHG treatment as it has been reported that some soaps can deactivate the quality of antimicrobial properties of CHG. If a patient chooses to decline CHG treatment, it should be reported to the charge nurse, PCD or provider even though education has been provided. The process of skin treatment for surgical site infections has been removed from this policy and assigned to a different workgroup. There are updates for CHG wipe sequence guidelines for both adults and pediatrics within the appendix.</p>	Approved	Cami Addison will f/u for corrected age for NICU population.
<b>Nursing Matters</b>	<p><b>Kelly Sessler, MPH, RN, CCRN-K, CLNC</b></p> <ul style="list-style-type: none"> <li>• There will be a separate policy created for CHG treatments for surgical procedures.</li> </ul> <p><b>Faye Wang, DNP, RN, NEA-BC presented</b></p> <p>1) Safe Practice Alert – Medication Administration Safety Performing the 5 Rights: check right patient, drug, dose, route and time. It is critical in reducing the risk of medication error and potential harm to patients. Make sure 5 characters are typed in Omnicell when searching for a medication. Nursing scanning rate is low for those using Rover..</p>	Informational	<b>Post meeting addendum –</b> NICU patients 2 months corrected age was added to the inclusion.

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	<p>Here are some feedback from practice members related to barriers on BCMA:</p> <ul style="list-style-type: none"> <li>- Phone – battery power issues, phone updates</li> <li>- Wifi issues</li> <li>- Workflow issues – too many checks/pop-ups that interrupts the MA, Rover time-out (if a patient gets 15 meds at the same time, it takes the nurse more than 5 minutes to give all 15 meds to the patient, however, Rover time-outs the MA process, and the nurse has to re-start from login screen)</li> <li>- Non-formulary meds are not scannable</li> <li>- New nurse on the unit does not have a device until 6-7 weeks of the orientation, during that time, the new nurse has to borrow a device from another nurse, which can cause interruptions to others.</li> </ul>		<p>Feedback was sent to Mary Joy Dia, NI, after the meeting.</p>
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<b>POL #</b>	<b>Name</b>	<b>Dept.</b>	<b>Revision Made</b>	<b>Reason for Revision</b>	<b>Action</b>
CC 070	ACN: GYN Cytology Test Results, Reporting in the Ambulatory Care Setting	Ambulatory	Biennial Review	Biennial Review. No practice change.	Approved
MMTP-025	Loss of Medication	Methadone - (ACN)	Annual Review	Item 5 was changed to say the RN scans the Change of phase form into EMR	Approved
MMTP-035	Mental Health Care	Methadone - (ACN)	Annual Review	Annual review. No practice change.	Approved
MMTP 059	Urine Toxicology Screening	Methadone - (ACN)	Interim Review	Interim review. No practice change. These edits were made to address the need to clarify the workflow after receiving toxicology results. - item 3 was edited to add that the MD, RN or SW can discuss the results. and that "persistently" positive patients will be discussed in case conference meetings -item 7 was edited to clarify that the SW provides education, explanation of consequences and the rules of the program with the patient. -item 8 clarifies the next steps for patient who repeatedly refuse to provide urine. -item 9, 10 & 11 clarifies the next steps for patients who submit adulterated urine. -items 12 & 13 clarify the the "supervised urine" process. -item 14 added that urine toxicology is reviewed by Social Work, Nursing, and Physicians.	Approved

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<b>POL #</b>	<b>Name</b>	<b>Dept.</b>	<b>Revision Made</b>	<b>Reason for Revision</b>	<b>Action</b>
MMTP-067	Methadone Treatment-Concurrent Medical and Psychotropic Medications	Methadone - (ACN)	Annual Review	Annual review. No practice change.	Approved
AP 011	Apheresis: Performing Custom Prime using the Spectra Optia	Apheresis	New	New policy. Outlines procedure in performing apheresis on adult & pediatric patients with low total blood volume or low total RBC volume using the custom prime feature	Approved
AP 012	Apheresis: Performing Custom Prime using Single Needle Option	Apheresis	New	New policy. Outlines procedure in performing plasmapheresis and red cell exchange when there is only one viable vascular access.	Approved
BURN 1910	Burn: Silver Release Delivery System (Acticoat) as a burn care therapy	Burn	Annual Review	Annual review. No practice change.	Approved
PROT 1933	Burn: Silver Release Delivery System (Mepitel Ag Dressing) as a Burn Care Therapy	Burn	Annual Review	Annual review. No practice change.	Approved
PROT 1934	Burn: Implementing Post Traumatic Stress Disorder (PTSD) Screening in a Burn Center	Burn	Annual Review	Annual review. No practice change.	Approved

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<b>POL #</b>	<b>Name</b>	<b>Dept.</b>	<b>Revision Made</b>	<b>Reason for Revision</b>	<b>Action</b>
CC 1229	Left Atrial Appendage Closure Device (Watchman®)	Critical Care	Annual Review	Annual review. No practice change.	Approved
CC 1318	Thoraco Abdominal Aortic Aneurysm Repair	Critical Care	Annual Review	Annual review. No practice change. Updated language to notify Physician/NP/PA for any neurological changes. Updated references.	Approved
CC 1319	VAD - Centrimag Ventricular Assist System	Critical Care	Annual Review	Annual review. No practice change. Updated language to document line chattering, available 2 clamps, any bends in tubing, alarm limits every shift instead of hourly.	Approved
CC 1538	Targeted Temperature Management for Post Cardiac Arrest Patient	Critical Care	Annual Review	Annual review. No practice change. Updated documentation section to align with EPIC.	Approved
CC 1602	Esophagogastric Balloon Therapy	Critical Care	Annual Review	Annual review. No practice change.	Approved
CC 1704	Fluid Warmers	Critical Care	Annual Review	Annual review. No practice change.	Approved

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CC 1840	VAD - Heartware Ventricular Assist System Device	Critical Care	Annual Review	Annual review. No practice change.	Approved
PROT 1815	Chest Pain Protocol	Critical Care	Annual Review	Annual review. No practice change. Updated education to include first dose medication , if applicable.	Approved
PROT 1832	Delirium Assessment and Management using Confusion Assessment Method (CAM-ICU) Protocol	Critical Care	Annual Review	Annual review. No practice change.	Approved
CC 1223	VAD- Impella Percutaneous Ventricular Assist Device	Critical Care	Interim Review	Interim review. Revised language to match the EPIC order set and align with practice.	Approved
CC 1322	Temporary Cardiac Pacing, Adult	Critical Care	Interim Review	Interim review. Added language to state, "A patient with a transvenous pacemaker is not admitted to a non-ICU or procedural area except Cardiac Stepdown unit with patient undergoing transcatheter aortic valve replacement procedure (TAVR)".	Approved awaiting education
HD 001	Hemodialysis: Intermittent Hemodialysis for Adults and Pediatrics	Hemodialysis	Annual Review	Annual review. No practice change. Updated references.	Approved
HD 005	Hemodialysis: Vascular Access for Intermittent Hemodialysis	Hemodialysis	Annual Review	Annual review. No practice change. Updated references.	Approved

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IC-8A	IC: 8A - Endomyocardial Biopsy Adult	Interventional Cardiology	Annual Review	Annual review. No practice change. Updated language on specimen collection and labeling of surgical pathology.	Approved
IC-8P	IC: 8P - Endomyocardial Biopsy Pediatrics	Interventional Cardiology	Annual Review	Annual review. No practice change. Updated language on specimen collection and labeling of surgical pathology.	Approved
IC-9	IC: 9 - Alcohol Septal Ablation	Interventional Cardiology	Annual Review	Annual review. No practice change.	Approved
PROC 0458	BIPAP Ventilatory Support System	Med-Surg	Biennial Review	Biennial Review; No changes; references updated	Approved
PROC 0428	Eye dressings	Med-Surg	Biennial Review	Biennial Review; No changes; references updated	Approved
PROC 0466	Pulse Oximetry	Med-Surg	Biennial Review	Biennial Review; No changes; references updated. Change "Brand" name of pulse ox.	Approved

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PROC 0690	Medication Administration Procedure (by Routes other than Intravenous)	Med-Surg	Biennial Review	Biennial Review. Several changes to verbiage; please check Intradermal application; question about MAD devices; references have been updated.	Approved
PROC 0716S	CADD-Solis Pump for Patient Controlled Intravenous, Epidural Analgesia	Med-Surg	Biennial Review	Biennial Review No longer used in adult inpatient; Adults use "Sapphire EPCA/PCA pumps"; Pediatrics only uses CADD - Solis Pump; recommend transfer to Pediatric control. Not used at NYP-CU	Approved
PROT 1814	Mucositis Prevention and Treatment Guidelines for Adult Oncology Patients	Med-Surg	Biennial Review	Biennial Review; No changes; references updated	Approved
SOC 1755	Alcohol Withdrawal	Med-Surg	Biennial Review	Biennial Review; No changes; references updated	Approved
OB 1721	Regional Analgesia for the Obstetric Patient	OB	Interim Review	Modified language regarding oxygen. <b>Per Physician order.</b>	Approved
PACU 6002	PACU: Care of the Post Anesthesia Care Unit (PACU) Patient, Procedure	PACU	Annual Review	Annual review. No practice change. Updated language to apply to the post-procedure patient in the PACU and ICU areas.  <b>Post meeting addendum:</b> Title change to, Care of the Post Procedure Anesthesia Patient.	Approved

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PACU 6031	PACU: Patient Discharge and Transfer from the PACU	PACU	Annual Review	Annual review. No practice change.	Approved
PEDS 0015	PEDS - Adolescent	PEDS	Biennial Review	Biennial Review. No practice change.	Approved
PEDS 0102	PEDS - Baptism	PEDS	Biennial Review	Biennial Review. No practice change.	Approved
PEDS 1103	PEDS - Tracheostomy Care	PEDS	Annual Review	Annual review. No practice change.	Approved
PEDS 1123	PEDS - Endotracheal Intubation, Pediatrics (annual)	PEDS	Annual Review	Annual review. No practice change.	Approved
PEDS 1219	PEDS - Safe Sleep Policy	PEDS	Biennial Review	Biennial Review. No practice change.	Approved
NEW POLICY	Non-Invasive Mechanical Ventilation -Cuirass	PEDS	NEW	New product to use in PEDS ICU at MSCH. Education pending.	Approved for Education

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PSYCH 0108	Psychiatry: Therapeutic Relationships	Psychiatry	Biennial Review	Biennial Review. No practice change.	Approved
PSYCH 0129	Psychiatry: Medical Emergency Management (WBHC Only)	Psychiatry	Biennial Review	Biennial Review. Updated procedure for calling a medical emergency and use of Personal Emergency Response System (PERS). PERS is not used for medical emergency notification. Updated communication and role of NA and charge nurse. Updated references.	Approved
SOC 0195	Transplant: Lung Transplant, Single or Double (General Patient Care Unit)	Transplant	Annual Review	Annual review. No practice change. Added increase in oxygen requirement as one of symptoms indicative of transplant rejection.	Approved

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**APPENDIX A: Medication Use Manual Polices**

<b>Number/Title</b>	<b>Location</b>	<b>Revision Made</b>	<b>Reason for Revision</b>
Immune globulin intravenous (IVIG): adult administration policy	Medication Use Manual	<ul style="list-style-type: none"> <li>▪ Changed from policy to guideline</li> <li>▪ Removed that IVIG needs to be ordered via CPOE system</li> <li>▪ Removed specific product labeling</li> <li>▪ Changed acetaminophen to every 6 hours prn</li> <li>▪ Modified baseline labs (BUN, SCr) to only be required for initial infusion with subsequent infusions at the discretion of providing team</li> <li>▪ Removed the Pharmacotherapy subcommittee responsibility for this guideline and Solid Organ Transplant subcommittee will be responsible moving forward</li> </ul>	To reflect current practices and align with pediatric guideline
Belatacept (Nulojix): guideline for use in adult transplant patients	Medication Use Manual	<ul style="list-style-type: none"> <li>▪ Annual review</li> <li>▪ No revisions</li> </ul>	
Rituximab: guideline for use in adult patients	Medication Use Manual	<ul style="list-style-type: none"> <li>▪ Added rituximab-arrx (Riabni™) to guideline</li> <li>▪ Streamlined the background information to information not available in package insert</li> <li>▪ Removed that rituximab will be prepared by the chemotherapy pharmacy satellite</li> <li>▪ Added verbiage pertaining to the rituximab decision tree for rapid and subcutaneous protocols in oncology patients</li> </ul>	To reflect current practices
Rituximab: guideline for use in pediatric patients	Medication Use Manual	<ul style="list-style-type: none"> <li>▪ Added rituximab-arrx (Riabni™) to guideline</li> <li>▪ Streamlined the background information to information not available in package insert</li> <li>▪ Added maximum dose of famotidine</li> </ul>	To reflect change in practice

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**APPENDIX A: Medication Use Manual Polices cont.**

Number/Title	Location	Revision Made	Reason for Revision
Tacrolimus and cyclosporine medication use guideline, pediatrics	Medication Use Manual	<ul style="list-style-type: none"> <li>▪ Expanded restrictions to approve IV calcineurin inhibitors (CNI) to all clinical pharmacy managers, emergency department attendings, rheumatology attendings, dermatology attendings, and gastroenterology attendings</li> <li>▪ Removed need for IV tacrolimus approval for peripheral stem/bone marrow transplant patients</li> <li>▪ Modified upper trough level goal range to 450 ng/mL from 500 ng/mL</li> <li>▪ Removed statement that CNI levels will not be run at the Weill Cornell campus on Sundays</li> </ul>	To include disciplines that use IV calcineurin inhibitors for treatment of various disorders
Antithymocyte globulin, rabbit (Thymoglobulin): guideline for use in adult solid organ transplant recipients	Medication Use Manual	<ul style="list-style-type: none"> <li>▪ Revised that corticosteroids are only required as pre-medication if corticosteroids are ordered as per protocol</li> </ul>	To clarify protocol pre-medications versus as needed medication for infusion related reactions

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**APPENDIX B: Medication Use Manual Polices**

Number/Title	Location	Revision Made	Reason for Revision
Unfractionated Heparin Intravenous(IV) Dosing and Monitoring Policy for Adult Inpatients	Medication use manual	<ul style="list-style-type: none"> <li>• Added low, moderate, and high intensity heparin nomograms to the policy and included clinical examples for each nomogram</li> </ul>	To outline appropriate dosing in different patient populations
Rituximab (Rituxan): Guideline for Use in Adult Patients	Hospital Policy & Procedure Manual	<ul style="list-style-type: none"> <li>• Addition of rituximab-arrx (Riabni) throughout the document</li> <li>• Removed extraneous background information</li> <li>• Removed that preparation of rituximab would be in the chemo satellite</li> <li>• Updated the verbiage of 'decision' tree for oncology rapid and SQ infusion</li> </ul>	Annual Review – updated policy to reflect current practices with EPIC along with the addition of a new rituximab biosimilar (Riabni)

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**APPENDIX C: Perinatal Practice Council Polices**

<b>Title</b>	<ul style="list-style-type: none"> <li>▪ <b>Electronic Fetal Monitoring</b></li> <li>▪ <b>Management of Category II Fetal Heart Rate Tracings</b></li> <li>▪ <b>Oxytocin for Induction or Augmentation of Labor</b></li> <li>▪ <b>Intrapartum Patient Protocol</b></li> </ul>
<b>Reviewers</b>	Szilvia Nagy; Stacey Richards
<b>Key Revisions</b>	Guidelines revised to incorporate new ACOG recommendations related to supplemental O2 for fetal intrauterine resuscitation
<b>Key Dates</b>	04/01/22: Recommendations submitted by PPC 04/13/22: For NPC Approval

<b>Title</b>	<b>Cesarean Birth Level of Urgency (New Guideline)</b>
<b>Authors</b>	Dena Goffman; Anna Burgansky; Kelly Fitzgerald
<b>Key Content</b>	New guideline outlining levels of urgency related to cesarean deliveries
<b>Key Dates</b>	PPC review due – 4/8 Nursing Practice Council to review/approve – 4/13

<b>Title</b>	<b>Management of Obstetrical Hemorrhage</b>
<b>Reviewers</b>	Dena Goffman; Corrina Oxford
<b>Key Revisions</b>	Active management of the third stage of labor Uterotonic prioritization Real time QBL
<b>Key Dates</b>	PPC review due – 4/8 Nursing Practice Council to review/approve – 4/13

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**APPENDIX D: Cross Campus Practice Council Presentation**

**AMAZING  
THINGS  
ARE  
HAPPENING  
HERE**

**Nursing Informatics  
Cross Campus Nursing Practice Council  
April 13, 2022**

Mary Joy Dia, DNP, RN, FAAN

**Agenda**

- Epic Update
- Project Update



**Epic Update – Local NIC**

Office of Nursng Informatics - Center for Professional Nursing Practice										
	CORP NIC/NOW	LMH	WC	BH Westchester/ GS/WC	NYP-BMH	CU/Allen	MSCH/Allen	Lawrence	NYP Queens	NYP-HVH
	Biweekly every 1st and 3rd Tues	2nd Tues 9:30- 10:30am	2nd Wed 9- 10am *Prep. 1st Wed	3rd Wed 12-1pm	4th Wed 12-1pm	4th Wed 3-4pm *Prep. 3rd Wed 3-3:30pm	1st Wed 8-9am *Prep. 1st Wed 10:30-11am	2nd Thurs 12- 1pm	Biweekly to start 2/3 11-2N	2nd Thurs 3-4pm
NI Champion	Geeta Nastasi Mary Quinn Faye Wang	Esteen Ladson Barnes	Christa Kleinschmidt	Janet Ferguson	Lorelle Wuertz- Interim Aisha Miller - LOA	Lucille Austria	Kenya Robinson	Dani LeStrange	Suzanne Pugh	Leon George
NIC Lead	Mary Joy Dia	Joanna Villamayor Brendan Lam	Adam Gomez - Lead Allison Kehoe Dominique Flores	Rebecca Emmanueli	Imani Manley - LOA Pater Gikas - Interim	Lindsay Klein - Lead Michael Cooke Rockson Bonsu	Gloria Lush - Lead Megan Ross Raji Kaur	Jasmin Prasad Marieness Legaspi	Rosalie Lindo Kristine Lubrano	Nisreen Abi- Shaquir
Epic	Bindhiya Jose	Olga Klass	Bindhiya Jose	Nana Derek	Jags Sekhon	Christian Aguilar	Jo Ann Las	Maria Squillante	Yelena simkhayeva	Demariya Dogbey
NI Representative 2022 *Start April 2022	ALL	Ellen/Jared	Ellen/Jared	Mary Joy	Kenn/Trish	Elaine/ Elaine/	Elaine/ Elaine/	Trish/Kenn	Zakiya	Trish/Kenn



**Service Request for Optimization**



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**APPENDIX D: Cross Campus Practice Council Presentation**

## Optimization Process



Items for 4/26/22  
INTERNAL APPROVAL:  
RITM0646763: Addition of VS check row to the Restraint Flowsheet – GS (INTERNAL APPROVAL), for workflow review and build  
PRJ025922: Admission Navigator > Home Med Review changes – (Med Rec Workgroup Approved/Clg)  
Update to NDP BPA – Update to NDP Workflow  
RITM0623044: Update to LONY BPA – New Acknowledge Reasons  
RITM0644774: PreOp Checklist Optimization (T&S) – for WC NIC Approval on 4/13  
RITM0627899: PreOp Checklist Optimization (addition of Laterality) – for WC NIC Approval on 4/13  
RITM0641215: Rearrange rows in the VS flowsheet (Optima)  
RITM0627300: Providers are able to view MD-Cert portion of transfer tab as seen in attached pictures however nursing staff is not able to view.  
RITM0646100: Mifepristone REMS Documentation – Ruby Lin 4.12 for OB CLG Approval on 4/19  
RITM0645141: Pediatric DKA Bolus and Maintenance Fluid Panel

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## Optimization: Rounding Tool

- **WHAT:** Nursing feedback on 'Pain Points' or challenges when using Epic and Epic training gaps (areas where you would like more training).
- **WHY:** Nursing Informatics in collaboration with the CNOs would like to do targeted Epic optimization and re-training to improve the usability and efficiency of Epic. Please talk to your teams and document any burdensome or critical pain points as well as what focused training you require to perform optimally. Once all feedback is gathered, the information will be reviewed with enterprise CNOs and CPNP leaders to prioritize and develop an action plan.
- **\*NOTE:** This feedback tool does not replace your local Nursing Informatics Council (NIC) Optimization review process or the need to contact the Service Desk for urgent technical issues. This is a **ONE-TIME** tool to identify themes around Epic optimization and training that need to be addressed across the enterprise.
- **HOW:** Scan the QR code below or use the Link to access the form: [Nursing Epic Feedback & Rounding Tool \(smartsheet.com\)](#)

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## Project Updates

**Project**

- Dictation
- BCMA
- Lab Specimen Collection
- pCare and Connect
- Informaticist
- Virtual Nursing
- FYI
  - IV Pumps
  - Simulation

**Lead**

- Elaine Hui-Martinez
- Kenn Kongyingyong
- Kenn/Elaine
- Geeta Nastasi/Ellen Arigator
- Zakiya Miller
- Geeta/Mary Joy Dia
- Geeta Nastasi
- Pharmacy/IT
- Nursing Professional Development

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**Quorum\* – a majority of all members**

**Reference: DeVries, M. A. 1998. The New Robert's Rules of Order. Second Edition, New York: Signet Publications**

**ATTENDANCE/MEMBERSHIP (1/2022-6/2022)**

**LEGEND: P – PRESENT/E- EXCUSED/A – Absent**

Name/Credentials	Title	Campus	1/12/2022	2/9/2022	3/8/2022	4/13/2022		
Wang, Faye, DNP, RN, NEA-BC	Director of Professional Nursing Practice	Corp Nursing	P	P	P	P		
Addison, Cami, DNP, RN, C-EFM	Program Director, Patient Education & Nursing Practice	Corp Nursing	P	P	P	E		
Matzner, Risa, DNP, RNC-OB, C-EFM	Program Director, Nursing Practice	Corp Nursing	P	P	P	P		
<b>AMBULATORY CARE</b>								
Krugman, Mark, MPA, BSN, RN, NEA-BC	Director of Nursing	CU/WC	E	E	E	E		
Torres, Miriam, MS, BSN, RN	Patient Care Director	CU/WC	P	P	P	P		
<b>APHERESIS</b>								
Enriquez, Uvannie, MPA, BSN, RN, NEA-BC	Patient Care Director	WC	E	E	P	P		
Lawson, Molly, MSN, RN, BMTCN	Patient Care Director	CU	E	E	P	E		
<b>BURN</b>								
Dao, Sylvia, MS, MPA, RN, NE-BC	Patient Care Director	WC	P	E	P	P		
<b>CRITICAL CARE</b>								
Brinkerhoff, Cliff, MSN, RN, CCRN, NEA-BC	Patient Care Director	AH	P	E	P	P		
Vassallo, Michelle BS, BSN, RN, CCRN	Clinical Program Coordinator	WC	P	P	P	P		
Torrance, Natalie, BSN, RN, CCRN-K	Patient Care Director	BMH	P	P	P	E		
Wansley, Josh, MSN, RN, CCRN, NEA-BC	Patient Care Director	CU	P	P	P	P		
Rufo, Francis MA, RN, CCRN-CSC-CMC	Clinical Nurse Manager	CU				P		
Blumenthal, Yoneet, MSN, RN, RN-BC	Clinical Nurse Manager	WC	P	E	E	E		

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Name/Credentials	Title	Campus	1/12/2022	2/9/2022	3/8/2022	4/13/2022		
<b>EMERGENCY DEPT.</b>								
Scott, Sidia, MHA, BSN, RN	Patient Care Director	AH	E	E	P	P		
Gordon, Melaney, MSN, RN	Director of Nursing	WC	E	E	E	E		
O’Grady, Laura, MSN, RN, NE-BC	Patient Care Director	HVH	E	E	E	P		
Matos, Christine, BSN, RN	Clinical Nurse Manager	Q	E	E	E	E		
Duzla, Claudia, MSN, RN-BC	Patient Care Director	LMH	E	E	E	E		
Obusan, Farley, MSN RN CEN	Patient Care Director	WC	E	E	E	E		
Ayala, Minelly, MSN,RN, NE-BC	Patient Care Director	LH	E	E	E	E		
Antequera, Karen, MSN, RN-BC	Clinical Program Director	LMH	P	P	P	P		
<b>HEMODIALYSIS</b>								
Enriquez, Uvannie, MPA, BSN, RN, NEA-BC	Patient Care Director	WC	E	E	P	P		
Akomeah, Jane, BSN, RN	Patient Care Director	CU	E	P	E	E		
Dotoratos, Christopher, MSN, RN-BC, NEA-BC	Patient Care Director	LH	E	E	E	E		
<b>INTERVENTIONAL CARDIOLOGY</b>								
Chua, Mely, MPA, RN, BSN	Patient Care Director/PEDS	MSCH	P	E	P	E		
Wiley, Rebekah, MBA, MSN, RN, CEN	Patient Care Director	CU	P	P	P	P		

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<b>MEDICAL SURGICAL</b>								
Biviano, Catherine, DNP, RN, NPJ-BC, ONC, NEA-BC	Program Director, Nursing Professional Development, Quality & Safety	LH	P	P	P	E		
O'Brien, Jessica, MS, RN, AGCNS-BC, PCCN	Clinical Nurse Specialist	LMH	E	E	P	E		
Jones, Paul, MSN, RN-BC, AGPCNP-BC	Patient Care Director	WC	P	P	E	E		
Campbell, Anyely, MA, BSN, CMSRN	Clinical Nurse Manager	LMH	E	E	E	E		
Mohammed, Natalie MA, RNC	Patient Care Director	WC	E	E	E	E		
Guerrero, Nikki, MSN, RN, PCCN, NEA-BC	Patient Care Director	WC	E	P	P	P		
Joseph, Marcelenor, RN, MSN, CMSRN	Clinical Nurse Manager	AH	E	E	E	E		
<b>OB</b>								
Richards, Stacey, MA, RN, C-ONQS, C-EFM, CPPS	OB Patient Safety Coordinator	MSCH	P	E	E	E		
Osagie, Lyubov, BSN, RNC-OB, c-EFM	OB Patient Safety Coordinator	WC	E	E	P	P		
Kamara, Neneh, MSN, RNC-OB, C-EFM	Patient Care Director	WC	P	P	E	P		
Pankauski, Laura, BSN, RNC-OB, C-EFM	Clinical Nurse Manager	WC	P	P	E	P		
Lamour, Jessica, MSN, RNC-OB, C-EFM, CCE	Patient Care Director	AH	E	E	E	E		
Hirsh, Susan, MSN, RNC-OB, C-EFM	Patient Care Director	LH	E	P	P	P		
Khan, Farah, BSN, RNC-OB, C-EFM	OB Patient Safety Coordinator	AH	E	P	E	P		

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**Chair: Haofei (Faye) Wang, DNP, RN, NEA-BC, Director of Professional Nursing Practice**

Curtis, Alexis, MSN, RN, Perinatal CNS	Patient Care Director	LH	P	E				
Name/Credentials	Title	Campus	1/12/2022	2/9/2022	3/8/2022	4/13/2022		
<b>PEDS</b>								
Alleyne, Felicia, MSN, RN, CNML	Patient Care Director	WC	E	E	P	E		
Rudd, Ariel, BS, BSN, RN, CM	Clinical Nurse Manager	WC	E	E	E	E		
Tippett, Erin, BSN, RN, CCRN	Clinical Nurse Manager	WC	E	P	E	P		
Vasquez, Christel, MPA, BSN, RN	Patient Care Director	WC	P	P	P	P		
Theuriere, Claudette, BSN, RN, CBC	Clinical Manager	WC	P	E	E	E		
Boyce, Andis, RN, MSN, CPN	Clinical Manager					P		
<b>PERIOP/PACU/ENDO</b>								
Wang, Amy (Wen Wu), MSN, RN, CNOR	Clinical Nurse Manager	LMH	E	E	E	E		
Ream, Holly, BSN, RN, CNOR	Perioperative Quality Specialist	MSCH	P	E	E	E		
Ference, Steven, MSN, RN, CNOR	Perioperative Safety Specialist	WC	P	P	P	P		
Sessler, Kelly, MPH, RN, CCRN-K, CLNC	Director Nursing Quality for Perioperative Services	NYPH	P	E	E	P		
San Pedro, Marie, MSN, RN, CSSM, CNOR, CNL	Perioperative Safety Specialist	AH	P	E	E	E		
<b>PSYCHIATRY</b>								
Brous, Mary Ellen, MS, RN-BC, PMH-RN	Director of Nursing	WBHC	P	P	P	P		
<b>REHAB</b>								

**NewYork-Presbyterian Hospital  
Department of Nursing  
Cross-Campus Nursing Practice Council  
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Chrzanowski, Denise, MSN, RN, CRRN	Patient Care Director	CU	E	P	E	E		
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Name/Credentials	Title	Campus	1/12/2022	2/9/2022	3/8/2022	4/13/2022
<b>SKIN CARE</b>						
Lanza-Bisciello, Ann Marie, MSN, APRN AGPCNP-BC, CWOCN	WO Clinical Nurse	LMH	E	P	P	P
<b>TRANSPLANT</b>						
Cole, Matthew BSN, RN, CCRN	Patient Care Director	CU	E	E	P	P
Nicholas, Devon, BSN, RN, CCRN	Patient Care Director	CU	E	E	E	E
<b>VASCULAR ACCESS</b>						
Sociedade, Anthony, MSN/MBA, RN, CCRN-K, NEA-BC	Patient Care Director	CU	E	E	E	E
Dziedzic, Michele, MSN, NE-BC, RN	Patient Care Director	WC	P	P	P	P

<b>REGIONAL HOSPITAL</b>						
Name/Credentials	Title	Campus	1/12/2022	2/9/2022	3/8/2022	4/13/2022
Tutone, Jennifer, MPH, RN, BSN, NEA-BC	Director Nursing Administration	BMH	E	E	E	E
Wuerz, Lorelle, PhD, MSN, RN, VA-BC, NEA-BC	Director of Professional Nursing Practice, Quality & Professional Development	BMH	P	P	P	P
Baron, Nicole, BSN, RN, NCC	Nursing Care Coordinator	BMH	E	E	E	E
Dumorne Chan, Stephanie, BSN, RN, CPAN	Clinical Nurse Manager	BMH	E	P	P	P
Rozentul, Svetlana, MSN, RN	Patient Care Director	BMH	E	P	E	P

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Stewart, Tonia, BSN, RNC,	Clinical Nurse Manager	BMH	E	E	E	E
Bennett, Brittany, MPA, BSN, RN, CPN	Patient Care Director	BMH	E	E	E	E
Gajiv, Agu, BSN, RN, CCRN, CEN, CNOR	Clinical Nurse Manager	BMH	P	P	E	E
<b>REGIONAL HOSPITAL</b>						
<b>Name/Credentials</b>	<b>Title</b>	<b>Campus</b>	<b>1/12/2022</b>	<b>2/9/2022</b>	<b>3/8/2022</b>	<b>4/13/2022</b>
Schwartz, Tzipora, MSN, RN, CPHQ	Quality Improvement Manager	BMH	E	E	E	E
Mohin, Kaitlin, MS, BSN, RNC-OB	Patient Care Director	BMH	E	E	E	E
Paris-Wilson, Marie, BSN, RNC-MNN, CLC	Clinical Nurse Manager	BMH	E	E	E	E
St. Jean, Patricia, BSN, RN, NIC	Patient Care Director	BMH	E	E	E	E
Adler, Margaret, MSN, RN-BC, NEA-BC	Program Coordinator-Magnet/Quality	HVH	P	P	E	P
Asadoorian, Kathryn, MSN, RN, CNOR	Staff Development Instructor	HVH	P	E	E	P
Purvis, Heather, BSN, RN, OCN	Clinical Nurse Manager	HVH	E	P	E	E
Carroll, Karen, MA, RN	Patient Care Director	HVH	E	E	E	E
Foley, Kathleen, MSN, RN	Specialist Nursing Quality Data Analyst	HVH	P	E	E	E
Skariah, Marin, MSN, FNP-BC, RNC-MNN, C-EFM, IBCLC	Program Director, Nursing Education	HVH	P	P	E	E
Gorman, Julia, BSN, RN, CAPA	Clinical Nurse Manager	HVH	E	P	E	E
Tischler, Patricia, MBA, BSN, RN, NEA-BC	Director of Nursing	Q	E	P	P	P
Asanjarani, Sandra, RNC, MS, NP	OB Safety Coordinator	Q	E	E	E	P
Kurian, Seema, MS, RN	Director of Nursing	Q	P	E	E	E
Boissonniere-Charles, Maggy, BSN, RN, CCN	Patient Care Director	Q	E	E	P	E

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Burns, Janice, MSN, RN, CIC	Director of Infection Control and Nursing Quality	Q	P	E	P	P
Bailey, Althea, MSN, RN, CCRN-K, NEA-BC	Director of Nursing	Q	E	E	P	E
<b>REGIONAL HOSPITAL</b>						
<b>Name/Credentials</b>	<b>Title</b>	<b>Campus</b>	<b>1/12/2022</b>	<b>2/9/2022</b>	<b>3/8/2022</b>	<b>4/13/2022</b>
Cartmell, Margaret, MSN, RN, CNE	Director of Nursing	Q	P	P	P	E
Levine, Marcela, MPA, RN, CNOR	Director of Nursing	Q	P	P	P	P
Cameron, Donna, BSN, RN, NEA-BC, MS	Patient Care Director	Q	E	P	P	P
Herrera, Arlita, RN, MAN, CCRN	Patient Care Director, PACU	Q	E	E	P	P
Zullo, Cristina MSN, RN, CCRN	DON Surgical & Procedural Services	Q	P	P	P	P
Pyram-Milfort, Vanessa, MSN, BSN, RN	Patient Care Director	BMH	P	P	P	P
Tsepukh, Mike, MBA, RN	Clinical Manager	BMH	E	P	P	P
Pepe, Dominick, BSN, RN-BC	Clinical Manager	BMH	E	E	E	E
Erdman, Karvina, BSN, RN	Clinical Manager, Cath Lab	BMH	P	E	E	E
Chen, Sean Shauj, BSN, RN	Clinical Manager	BMH	E	E	E	E
Grandstaff, Katie, MSN, RN, CCRN-K	Program Director, Nursing Professional Development & School Affiliation	BMH	P	E	P	P

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<b>GUEST</b>			
<b>Name/Credentials – (Example: BSN, MSN, DNP, RN, Certification)</b>	<b>Title</b>	<b>Campus</b>	<b>4/13/2022</b>
Lipowicz, Lynsey, MBA, BSN	Director of Nursing	CU	P
Hemway, Rae-Jean, MPA, BSN, RNC-NIC	Director of Nursing	WC	P
Mary Joy Dia, DNP, RN, FAAN	Program Director	CPNP	P
Gora, Anna MSN, MPA, RN, BC, CCRN	Clinical Nurse Manager	BMH	P
Svetlana Streltsova - Verma, DNP, RN, CCRN, NE-BC	Patient Care Director, 9N Infant Cardiac Unit, 9T PCICU	CU	P
Shanna Sapienza, MSN, RNC-OB, C-EFM, SAFE	OB Patient Safety Coordinator	WC	P
Mahon, Annalisse, DNP, RN, CNOR	Patient Care Director	WC	P
Lee, Jennifer PharmD	Clinical Pharmacy Manager, Solid Organ Transplant	WC	P
Littlefield, Audrey PharmD	Pharmacy Manager, Perioperative Services and Controlled Substances	<b>WC</b>	P
Jasmin Robinson, BSN, RN, CCRN	<b>9 Tower Pediatric Cardiac Intensive Care Unit Clinical Nurse Manager</b>	MSCH	P

**RECORDER: Yaneika Williams, Program Assistant**

<b>MINUTES REVIEWED/APPROVED BY:</b>	<b>DATE:</b>
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**Meeting Adjourned: 12:24PM**

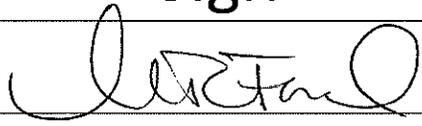
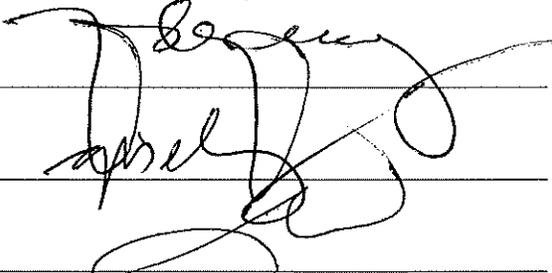
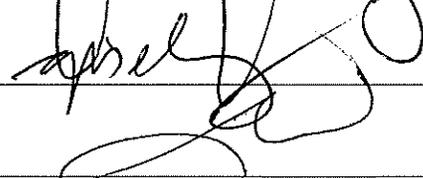
**Next Meeting: May 11<sup>th</sup>, 2022 at 11:00 AM**

# Single Needle Adapter

Instructor: Cathi Christino

August 21/28, 2023

This training is intended to provide the RN with the education to complete a Single Needle Adapter for both TPE and RBX procedures that need to be rescued

Name	Title	CWID	Sign
Michelle Ford	RN	mef9051	
ELSBETH TEOFILO	RN	elt9038	
KYLE GAULT	CN3	kdg9005	
GISELLE PAREDES-IV	CN1	paredes	
NILDA NOLASCO	CN F	nin9008	

### Flowsheets

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data Last Filed Reg Doc Graph Go to Date More

IV Assessment Vital Signs **Therapeutic Apheresis** Apheresis Photopheresis Peripheral Stem Cell ... Therapeutic Phlebotomy Therapeutic Apher...

Accordian Expanded View All 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Interval Start: 0700 Reset Now

PLASMAPHERESIS from 7/7/2023 in HRK 4 TRANSFUSION MED								INFUS...
7/7/2023								
Search (Alt+Comma)	0930	1000	1015	1045	1115	1145	1300	

#### Procedure Information

Inpatient/Outpatient	Outpatient						
Patient Condition	AAOx3						
Treatment Mode	Double Needle	Single Needle					
Hematocrit	42						
Total Blood Volume	3932						
Disposables: Lot #	2305083141						
Disposables: MFG	terumobct						
Disposables: Exp. Date	5/1/2025						
ACD-A: Lot #	23044013						
ACD-A: MFG	terumobct						
ACD-A: Exp. Date	1/1/2025						
Normal Saline 0.9%: Lot #	y422246						
Normal Saline 0.9%: MFG	baxter						

Language: ENGLISH  
 Code: Full  
 (Advance Directives on File)  
 Pharmacy: Cys/Pharmacy  
 1827 Main  
 St Peekskill, Ny 10566 | 914-737-3728

Search (Ctrl+Space)

VI: None

**Nadia N Amin, MD**  
 PCP - General  
 Primary Cvg: Aetna Medicar...

Allergies:  
 Amlodipine, Fluorescein, hydralazine,  
 8 more

Active Therapy Plans

Start Review

### Flowsheets

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data Last Filed Reg Doc Graph Go to Date More

IV Assessment Vital Signs **Therapeutic Apheresis** Apheresis Photopheresis Peripheral Stem Cell ... Therapeutic Phlebotomy

Accordion Expanded View All 1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Interval Start: 0700 Reset Now

PLASMAPHERESIS from 7/7/2023 in HRK 4 TRANSFUSION MED  
7/7/2023

Search (Alt+Comma) 0930 1000 1015 1045

#### Replacement Fluid Information

Replacement Fluid(s)		ALB
Replacement Product Verification		
Start Time		
End Time		
Type		
Lot #		

**Nursing Comments**  
Venous site infiltrated, Arterial site flushed with NS.  
Seen by NP H. Pantanosas, Procedure paused.  
Taken  
Kyle Daniel, RN 7/7/23 1000  
Attributes  
Edited

#### Adverse Reactions

Citrate related symptoms	
Hypovolemic/vasovagal reactions	
Complications of circulatory access	
Nursing Comments	Venous site infiltrated, Arterial site flushed with... Converted to SNO for salvaging purposes.

Start Review + ADD ORDER 14 0 UNSIGNED ORDERS