

ITEM #1

Because LTACH uses paper MARs which are printed daily and hand-written orders, new orders aren't immediately on the radars of the nursing staff. For most of us this is a major change in mindset and process. To get everyone on the same page, here are the steps to follow for new LTACH orders processed at Pineville.

Once the order has been faxed into the RightFax queue by the nurse/secretary, you can discard the original written order. If the order is not faxed into the RightFax queue within a reasonable timeframe, call the floor and again ask the nurse/secretary to fax the order. If medication needs to be sent, there is no need to wait for the order to show up in the RightFax queue before contacting MedSpeed or releasing the medication to someone who comes over and picks it up.

I re-reviewed the module. My biggest question is capture in point 2b below. How is the pharmacy notified to look for a PowerNote? It looks like that is still up in the air. I sat down with Conrad, Steve, and Jing to get a feel for what communication about chemo orders looks like now. Their response was that it varies. Sometimes we have plenty of notification. Other times the orders just show up. Who do we need to engage from Heme/Onc to address the communication piece?

Conrad is still skeptical about the legality aspect. His fear is that a) PowerNotes are just text documents that aren't signed. I talked about e-prescribing and outpatient and how all of that is 100% electronic. He's also afraid that any provider can just type "ORDER" at the top of a note and call it an order. I reiterated Dragos's point that this is confined to a limited number of Chemotherapy specific notes. We will not accept any other progress notes as orders under any circumstances unless we hear otherwise from clinical leadership.

When I made this change, I kept your request of every other weekend in mind. You hadn't requested a specific weekend, at least not that I can find. The only thing altered was the rotation. With you and Ashlie unavailable on back-to-back weekends, we needed to adjust the rotation to meet the needs of the department. If there is a specific set of weekends you are unable to work, I need that information before I make the schedule. I did not have any specific requests aside from the weekend you are off.

I'm sorry if I made you feel devalued or unimportant. That was never my intention. I also didn't mean to imply that any of this was your fault. You are correct that I was wrong to not address this change with you sooner. That was unfair to you. I appreciate your feedback and will remember that going forward. I am more than willing to collaborate with you to find a path through this. I'm not trying to push anyone out of the department. However, if you feel like this situation is irreconcilable, I respect your decision to resign.

Ashleigh was working every other weekend. I published the 9/27/20-11/7/20 schedule on 9/13/20. She was unhappy with a scheduling change I made in October to accommodate her request for time off. I scheduled her and another technician (that works the opposite weekend) to swap their rotations. She was upset when I told her she could ask teammates if they would trade weekends with her if she was unable to work them herself. This was not an acceptable situation for her. After multiple emails, Ashleigh resigned on 9/15/20 with her last day being 9/29/20.

Second (and the real purpose of this email)- the attached report is from OR2 at Huntersville on Friday, September 18th. All the patients used to pull medications were done on an incorrect encounter. None of

the patients were added at temporary patients. All the charges from Friday bounced back in EPIC and are now hand keyed, both the credit on the incorrect encounter and the charge on the correct one. I understand that adding the patients is a pain. I understand that this has been a lengthy process to get it corrected. Pulling medications on the wrong encounter, however, shouldn't be a work around, should it?

Unfortunately, that will not work. The casters are not a workable idea and would need to come off. At that point, the cart is too short, the shelves are too close together, and it isn't deep enough. The hood needs to rest somewhere between 34"-36" off the ground. We are losing 6"-8" when the casters come off, putting it about a foot short. Could we get a support that has shelves at least 8" apart? The bins that we will use are 7" tall. Removing the casters would also put the bottom shelf on the ground. I'd need that to be ~10" above the ground for ergonomic reasons. The hood is at least 3' deep. We may not need a support with full depth, but at least 12" short feels like too much.

This past week I had an Anti-Xa level drawn. The lengthy delays associated with them made me wonder if it was due to the blood sitting downstairs for an extended amount of time. Steve called the lab and got the list below. Each timespan listed is the roughly when the run is supposed to leave. There are numerous scheduled courier runs taking samples to Core Lab/CMC/wherever else they go. M-F has very consistent pick-ups around the clock. There is, however, a wide gap from 1730 to 0415 on the weekend.

If Atrium is buying and distributing, is it worth thinking about a process where we can donate our free sets to someone else in the division, if we choose to do so? I'll probably have mine bought before Atrium gets around to doing whatever is decided and pushed out. I'd also rather someone who needs the scrubs get them than they sit in a drawer unused. If it is a reimbursement model, this goes out the window.

We will soon be providing methohexital 100mg syringes for Huntersville surgery center to use during their ECT cases. They are designed to be refrigerated to achieve the BUD labeled on the syringe. Stocking them only in the fridge in PACU/PreOp isn't a good option for their workflow. I had to find an alternative.

Thankfully, CMC Mercy already did the heavy lifting. Per the attached document from QuVa, we can assign a 15-day BUD for room temperature storage. This allows us to stock a supply of them in the anesthesia work stations. As a backup, 1) we will continue to stock the 500mg methohexital bottles in the Omnicell and 2) will we keep a small stock the either the PreOp or PACU fridge. To reduce waste, my intention is for them to *almost* stock out and use the backup supply *before* we refill the AWSs.

This will not begin until either Thursday (11/19) or Friday (11/20), depending upon when I can get out there to set the AWSs to receive the restocks. I tagged everyone in this email in case you get questions.

I have a question about the pick-up window. Does that mean we have that entire window to be ready, your team has that entire window to arrive, or some combination of both? We had a situation this morning where a driver was unwilling to wait for us to finish packing a tote, and we ultimately had to call for an additional courier. I need to know if we need to adjust our workflow to meet the commitments of this schedule or if the drivers need to have more flexibility while we get things ready. Any guidance is greatly appreciated.

ITEM #2

Editor

Editor Score

100%

Professional writing

Corrections

Spelling

Grammar

Refinements

Clarity

Conciseness

Formality

Inclusiveness

Punctuation Conventions

Resume

Vocabulary

Similarity

ITEM #3

Editor

Editor Score

100%

Professional writing

Corrections

Spelling

✓

Grammar

✓

Refinements

Clarity

✓

Conciseness

✓

Formality

✓

Inclusiveness

✓

Punctuation Conventions

✓

Resume

✓

Vocabulary

✓

Similarity

ITEM #4



Set goals

Get tailored writing suggestions based on your goals and audience.

Audience

General Knowledgeable Expert

Knowledgeable (default): Requires focus to read and understand.

Formality

Informal Neutral Formal

Neutral (default): Restricts slang but allows standard casual expressions.

Domain

Academic Business General Email Casual Creative

 [Go Premium](#)

Get customized suggestions for business writing, academic assignments, and more.

Intent

Inform Describe Convince Tell A Story

Experimental. What are you trying to do? This helps us build new suggestions and won't affect your feedback today.

☒ Show Set Goals when I start a new document

[Reset to defaults](#)

[Done](#)

ITEM #5

HIDE ASSISTANT >>

83

Overall score

See performance >

Goals

4 of 4 set



>

All suggestions

Correctness

15 alerts



Clarity

A bit unclear



Engagement

A bit bland



Delivery

Slightly off



Premium

43

Advanced suggestions

ITEM #6

Generally, I'm comfortable with my writing. I do a lot of it every day. I would guess that I send about 30 and 50 emails a day. These go out to all levels of the organization from my direct reports to the C-Suite. I'm not oblivious to my shortcomings and have goals or aspirations for improvement. I just had a conversation the other day with a colleague about wanting to improve the amount of detail I put in my work without adding unnecessary bloat. I'm hopeful I can learn to do that in this course.

I was happy to see that my writing scored better than I expected. I never felt terrible about my writing but didn't expect Word's approval to be so high. I am aware that my writing needs to be more active. This is something I'm working to improve. I think it's easy to fall into passive voice when pushing out tons of small, polite emails. I would very much like to fix that bit. That said, I'm certain these habits will be tenacious enemies requiring diligent and thoughtful work.

Another area that my writing needs work on is sentence length. Or maybe it's the structure of my sentences that needs improvement. I tend to link sentences with many "and", "but", and "or" statements. In my mind, this adds clarity. After reading about the Seven C's, I realize simplicity is probably the better choice.

One thing I found interesting in the Courteous section was the idea of you rather than we. I will gamble a little and say this is because I lead a team, and most of my emails are to that team, but I try to use "we" more often than "you". I try to include myself as part of the team, especially if we fall short on something. I want my team to know I own the situation as much as anyone else. We are in this together. I will back off and use "you" more often if the team is doing great to give them their victories independent from leadership. This may be two sides of the same coin, but I found it interesting.