

THE lamp LIGHTER

Methodist Hospitals Nurse Newsletter • Feb. 2024

Methodist Hospitals' Comprehensive Approach to Respiratory Services



*Robbie Kwiecinski,
BSHCA, RRT,
Respiratory Mgr.*

The therapists who comprise the Methodist Hospitals Respiratory Services team take pride in their comprehensive approach to patient care, which is much more far-reaching than most other area institutions.

"We wear many different hats," said respiratory manager Robbie Kwiecinski, BSHCA, RRT. "Not only do we do the nebulizers as most would expect, but

Methodist respiratory therapists are responsible for our entire patient population – from neonatal patients as young as 23 weeks old, all the way up to our geriatric patients. Respiratory is present during those critical deliveries of newborns, as well as when patients take their last breaths."

At any given time, there are three to five respiratory therapists at each campus covering the entire Methodist health system, including inpatient care, outpatient care, surgical areas, both Emergency Departments, labor and delivery, nursery, neonatal and adult ICUs, and discharge services. Everywhere at Methodist.

Respiratory Services is now running intubations on all patient floors. That includes managing the airways, performing CPR and inserting the ET tube into the airway. They initiate high-flow oxygen therapy, invasive and noninvasive ventilatory support, and assess the need for breathing treatments.

Methodist respiratory therapists are also qualified to perform blood draws to measure arterial blood gases (ABGs) and perform EKGs to assist our EDX department. Respiratory Services also performs several outpatient services, including pulmonary function tests, ABGs, home



oxygen evaluations, home sleep tests and pulmonary rehab. They will soon perform asthma diagnostics to pediatric patients.

"Respiratory Services is responsible for not just following the physician orders, but we have the ability to order the protocol to discharge and to make changes to patients' overall care while they're in the hospital," Robbie said.

Methodist's approach to Respiratory Services is essentially designed to promote a smoother continuum of care.

"We know Methodist patients prefer this approach to respiratory care because it enables us to care for our patients quicker and more aggressively," Robbie said.

Respiratory Services also depends on its positive, collaborative relationship with the Methodist Hospitals nursing staff to successfully deliver the broad range of services it provides throughout the health system.

"All of our respiratory therapists are proud of the strong, productive working relationship we have with our Methodist nurses," Robbie said. "We know that our patients recognize that we're all part of the same care team."

Methodist nurses seeking to better understand the scope of services offered by Respiratory Services are invited to ask any respiratory therapist assigned to their unit.

"Every single therapist under our roof is responsible for delivering all of the services we provide and will welcome any questions," Robbie said.

Physician Notification Policy Update



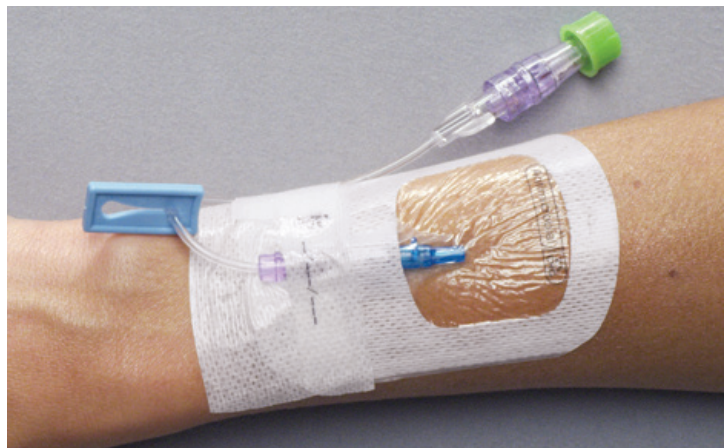
Methodist Hospitals' Physician Notification Policy has been updated to provide clear direction concerning routine, non-emergent communication with our physicians. The updated policy is effective immediately:

NON-EMERGENT/DAYSHIFT NOTIFICATION - 7:00 am - 7:00 pm, DAILY

1. Notification to physicians for routine, non-emergent patient care situations is to be made by Secure Chat.
Every effort should be made to ensure the correct physician is notified per the published call schedule found on the physician directory provided by Physician Services.
2. If a physician does not acknowledge a Secure Chat communication within two to three hours, the RN will call or page that physician according to that physician's published preference.
3. Physicians will be notified per their published preferences after hours and on weekends.
4. Physician notification via Secure Chat must be documented in the Epic flowsheets under Physician Notification.

Please note that these are professional communications between colleagues, not texting. Consequently, non-medical, social abbreviations, such as LOL, etc., are inappropriate and should not be used.

Another Weapon in the Fight Against CLABSI



This month, Methodist Hospitals will begin education and roll-out for a new 3M antimicrobial IV securement dressing with 2% chlorhexidine gluconate (CHG) formulated into the dressing adhesive. Its integrated design combines antimicrobial protection with site visibility and catheter securement.

We will be getting three different dressings: central venous catheter (CVC), portacath and peripheral IV. 3M antimicrobial IV securement dressings are proven to suppress regrowth of skin flora for up to 7 days for sustained antimicrobial protection.

We currently have IV kits that must be updated as we move forward. However, this will take some time. So, when we start, you will have the new dressing and the old kits.



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