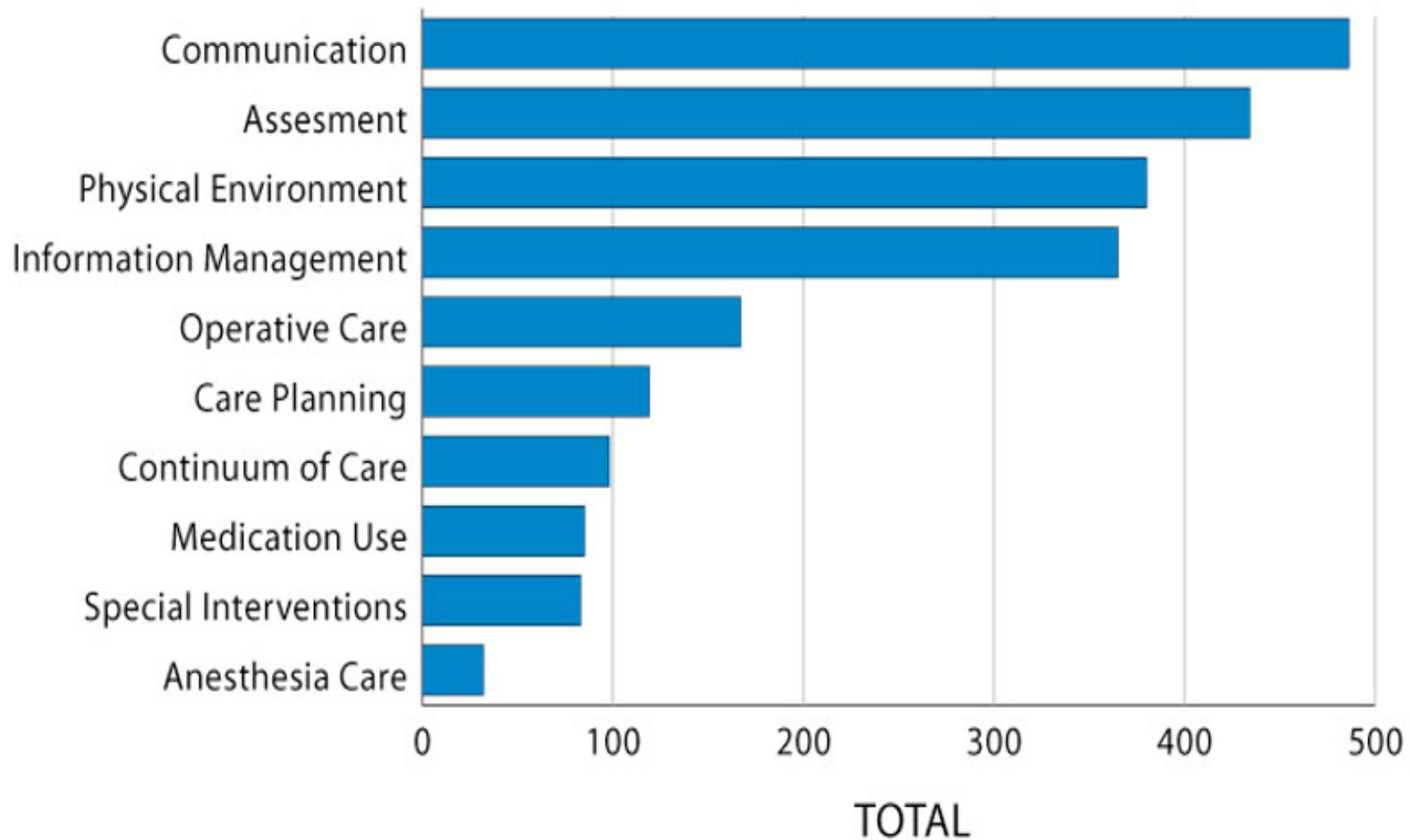


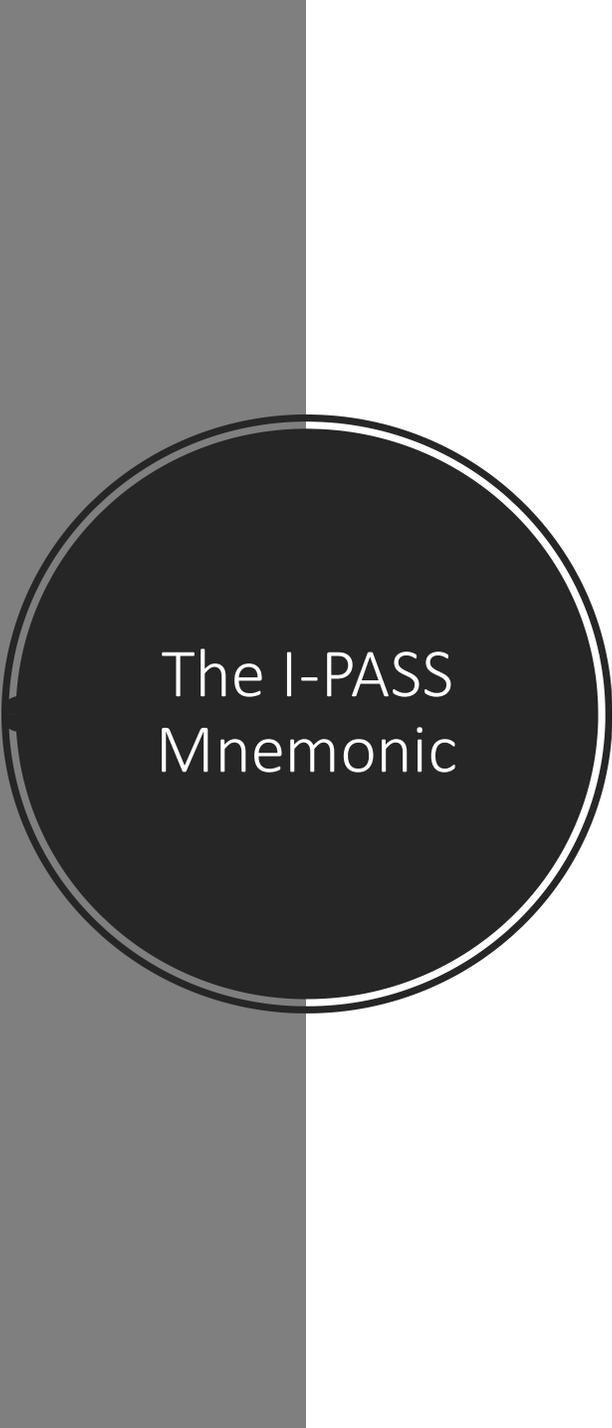


Transitions of Care

Clinical Learning Environment Review

Root Causes of Sentinel Events





The I-PASS
Mnemonic

I Illness Severity

Stable, “Watcher,” Unstable

P Patient Summary

Summary statement; events leading up to admission; hospital course; plan

A Action List

To do list; timeline and ownership

S Situation Awareness & Contingency Planning

Know what’s going on; plan for what might happen

S Synthesis by Receiver

Receiver summarizes what was heard, asks questions; restates key action/to do items

I = Illness
Severity

- Why is it important to classify?
 - Focus attention appropriately
 - Use standard language
- A continuum





A = Action
List

- To do list
- Includes specific elements
 - Timeline
 - Level of priority
 - Clearly-assigned responsibility
 - Indication of completion
- Needs to be up-to-date
- If no action items anticipated, clearly specify “nothing to do”



P = Patient
Summary

- **Describes succinctly**
 - Reason for admission (summary statement)
 - Events leading up to admission
 - Hospital course
 - Ongoing Assessment
 - Plan for hospitalization
- **Is concise, utilizes semantic qualifiers, focuses on active issues**

S = Situational
Awareness
and
Contingency
Planning

- Draws receiver's attention to
 - Worrisome patients
 - Potential problems
- Ensures accepting team is prepared to anticipate and respond to changes in patient status
- Promotes a shared mental model



S = Situation
Awareness
and
Contingency
Planning

- Identify concerns
- Articulate what might go wrong
- Define the plan
 - List interventions that have/have not worked
 - Identify resources for assistance
- For stable patients: “I don’t anticipate anything will go wrong.”



S = Synthesis
by Receiver

- **Brief re-statement of essential information in a cogent summary**
 - Demonstrates information is received and understood
- **Opportunity for receiver to**
 - Clarify elements of handoff
 - Have an active role in handoff process

- File
- Edit
- View
- Favorites
- Tools
- Help
- Add to favorites...
- Add to Favorites bar
- Add current tabs to favorites...
- Organize favorites...
- Favorites Bar
- Microsoft Websites
- MSN Websites
- Windows Live
- Nutrition Care Manual
- Anywhere RN
- OSUMC Spam settings
- ADP Portal
- Cardiology Schedule
- CCI Admin
- OSU External
- Hand Offs**
- Healthstream Portal
- Kronos Prod
- OSU Professional Billing
- Ozone - Training Calendar
- Ozone
- Reporting
- Rounding App
- Triton
- Risk Management Incident Reporting
- Citrix
- Interqual
- OSU Medicine
- Policy Stat

OSU OKLAHOMA STATE UNIVERSITY **OZONE**

10:07am Monday FEB4
Overcast
Wind Speed: 0 from the West
Last Updated on February 4, 10:04 AM CST
53°

- Home
- Departments
- Employee Resources
- EMR
- Request Assistance
- Clinical Resources

Home: default

News You Can Use

JOIN TODAY!!!
Be a part of Shared Governance at OSU Medical Center and join a Unit Based Council (UBC).

UNIT BASED COUNCIL
Shared Governance
[- Read More](#)

Step 1: Let your manager know you want to join.
Step 2: Meetings will start in March, get ready to attend monthly meetings, date and time will be set by each UBC.
Step 3: Be a voice in your unit to promote positive change, improve quality and safety, empower nurses to be part of decision making, increase teamwork and uphold a positive work environment.

Hospital Census

Mon, Feb 04, 2019

LAST UPDATED AT 10:00 AM	OBS	TOTAL
5 EAST	2	31
5 WEST	0	0
6 EAST	0	25
6 WEST	0	0
7 EAST	11	27
INTENSIVE CARE UNIT	0	12
INTENSIVE CARE UNIT SOUTH	0	0
LDRP	0	4
NURSERY	0	0
TOTAL: 99		

Current Outpatients in beds: 2

Employee Of The Month

January Employee of the Month - Mike Nelson
Sr. Engineer - Facility Services
[- Read More](#)

January Employee of the Month - Judy Williams
RN - Interventional Radiology
[- Read More](#)

HOSPITAL CALENDAR

February, 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Welcome, jchronister



Search by date (optional): From... To... Search...

DAMON L. BAKER, DO Select

Patient List for DAMON L. BAKER, DO

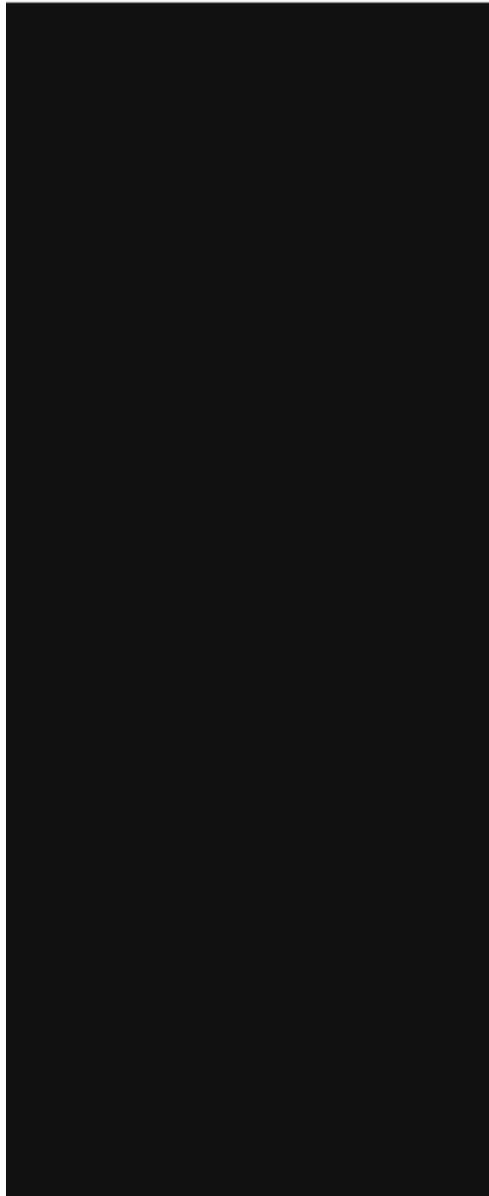
Results ordered by ROOMID, Ascending

EDIT/VIEW SELECTED

<input type="checkbox"/>	MRN	PatientName	Birthdate	Attending	AdmitDate	RoomID	Group
<input type="checkbox"/>	H000488652		02-27-1951	DAMON L. BAKER, DO	01-31-2019	416	
<input type="checkbox"/>	H000568879		06-20-1942	DAMON L. BAKER, DO	01-31-2019	530	
<input type="checkbox"/>	H000568549		01-01-1964	DAMON L. BAKER, DO	01-21-2019	530	
<input type="checkbox"/>	H000568893		04-01-1927	DAMON L. BAKER, DO	01-31-2019	532	
<input type="checkbox"/>	H000557887		03-02-1946	DAMON L. BAKER, DO	02-02-2019	534	
<input type="checkbox"/>	H000557942		08-18-1975	DAMON L. BAKER, DO	01-25-2019	537	
<input type="checkbox"/>	H000568979		09-02-1947	DAMON L. BAKER, DO	02-04-2019	537	
<input type="checkbox"/>	H000568266		10-22-1960	DAMON L. BAKER, DO	01-31-2019	539	
<input type="checkbox"/>	H000343522		08-22-1954	DAMON L. BAKER, DO	01-31-2019	540	
<input type="checkbox"/>	H000568845		07-31-1944	DAMON L. BAKER, DO	01-30-2019	544	
<input type="checkbox"/>	H000568966		08-17-1943	DAMON L. BAKER, DO	02-03-2019	549	
<input type="checkbox"/>	H000568781		05-02-1935	DAMON L. BAKER, DO	01-29-2019	630	
<input type="checkbox"/>	H000029407		05-04-1982	DAMON L. BAKER, DO	02-02-2019	631	
<input type="checkbox"/>	H000568829		08-23-1932	DAMON L. BAKER, DO	01-30-2019	634	
<input type="checkbox"/>	H000568941		07-14-1962	DAMON L. BAKER, DO	02-02-2019	635	
<input type="checkbox"/>	H000218828		09-30-1933	DAMON L. BAKER, DO	02-02-2019	636	
<input type="checkbox"/>	H000568887		08-20-1942	DAMON L. BAKER, DO	01-31-2019	641	
<input type="checkbox"/>	H000274874		06-08-1964	DAMON L. BAKER, DO	02-02-2019	643	
<input type="checkbox"/>	H000483286		12-03-1976	DAMON L. BAKER, DO	01-29-2019	649	
<input type="checkbox"/>	H000545081		09-21-1983	DAMON L. BAKER, DO	02-01-2019	730	
<input type="checkbox"/>	H000434666		02-20-1955	DAMON L. BAKER, DO	02-03-2019	731	
<input type="checkbox"/>	H000568965		12-04-1954	DAMON L. BAKER, DO	02-03-2019	735	
<input type="checkbox"/>	H000568822		08-11-1997	DAMON L. BAKER, DO	01-30-2019	744	
<input type="checkbox"/>	H000366314		04-15-1958	DAMON L. BAKER, DO	02-03-2019	745	
<input type="checkbox"/>	H000307276		07-05-1950	DAMON L. BAKER, DO	01-31-2019	747	
<input type="checkbox"/>	H000568101		11-13-1950	DAMON L. BAKER, DO	02-01-2019	749	

View All

EDIT/VIEW SELECTED



Search by date (optional): From... To... Search...

SENNETT, EL JR

Add to group ▾

Patient Name:	Birthdate:	Weight (in kg):
[REDACTED]	06/20/1942	88.9
Medical Record Number (MRN):	Visit:	Adm Date:
H000568879	V00075035295	2019-01-31
Attending:	Physician Team:	Patient Status:
DAMON L. BAKER, DO		IN
Access:	Code Status:	Medications:
	Full Code	
Location:	Room:	
5E	530	

Action List:	Situation Awareness & Contingency Planning:
▶ Show completed items Update...	Update...

Add multiple items, separate by semicolon (;) or simply press "Enter"

Synthesis By Reciever:	Illness Severity:
Add more...	Select...

Add multiple items, separate by semicolon (;)

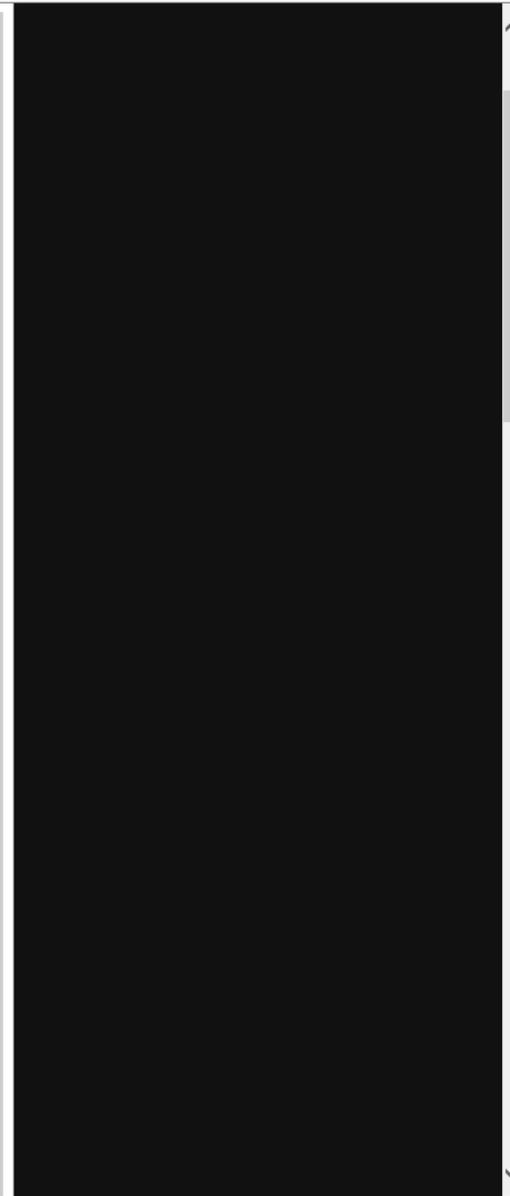
Patient Summary:

No summary available. [Edit](#)

CHEWEY, MICHAEL

Add to group ▾

Patient Name:	Birthdate:	Weight (in kg):
CHEWEY, MICHAEL	01/01/1964	66.2
Medical Record Number (MRN):	Visit:	Adm Date:
H000568549	V00075017939	2019-01-21



I	P	A	S	S
<p>Patient Name: SENNETT, EL JR</p> <p>Attending: DAMON L. BAKER, DO</p> <p>Patient Status: IN</p> <p>Code Status: Full</p> <p>Location: 5E</p> <p>Room: 530</p>	<p>Illness Severity: Stable</p> <p><small>Updated 02/04/2019 10:16AM by jchronister</small></p>	<p>Patient Summary: The patient is a 76 year old man with a history of CAD s/p RCA stent, presenting to the hospital for aspiration pneumonia and subsequent acute hypoxic respiratory failure. The patient was intubated at outlying facility and was able to be weaned and extubated within 48 hours. Due to resuscitative efforts, the patient is now volume overloaded and requiring active parenteral diuresis.</p> <p><small>Updated 02/04/2019 10:16AM by jchronister</small></p>	<p>Action List:</p> <ul style="list-style-type: none"> -Follow up nuclear medicine lexi scan today -Order am chest x-ray for tomorrow -Follow up sputum culture and narrow antibiotics as able 	<p>Situation Awareness & Contingency Planning: -The patient has a tendency to desaturate when sleeping. If this occurs, place the patient on Bipap at 10/5, 40% for the remainder of the night.</p> <p><small>Updated 02/04/2019 10:16AM by jchronister</small></p> <p>Synthesis By Reciever:</p>

Questions about Ozone? [Submit a Help Desk ticket.](#) OSU Medical Center