

DNM Survival Guide

**HINTS AND TIPS
FOR NEW AND EXPERIENCED DNMS**



Creating a State of Health

DNM Survival Guide Table of Contents

Introduction	1
A Message From the Chief	1
Administrators	3
Audits	3
Archiving	4
C-1 Supervision	4
Calendar (monthly)	4
Caseload Reports	4
Cell Phones	5
Client Complaints	5
Consultant Roles	5
CPR Training	6
Disposition Schedule	6
Email	6
Education	6
Employee Assistance Program	7
Employee Medical Record	7
Exit Interviews	7
Friday Mail outs	7
Grievances	7
Hiring Process	8
Incident Reports & Occupational Exposures	8
IUDs	8
Manuals, Books and Other Resources	8
Medical Director and Board of Health	9
Mask Fitting	9
Meetings	10
Mentoring	11
New Orders / Local Orders	11
Nurse Roster	11
Nursing Service Fund	12
Nursing School Contracts	12
Orientation of New Nursing Service Employees	12
OSHA Training	13
Overwhelmed?	13
PMPs	13
Progressive Discipline	13
Public Folders	14
Quality Improvement Activities	14
Supervisory Visits for C-1	14
Supervisory Hours	14
T & E Sheets	14
TB Sheets	15
Travel Claims	15

Volunteers..... 15
Violence in the Workplace 15
APPENDIX
 Monthly Reminders 17
 Monthly Quality Improvement Checklist..... 19
 OSDH Alphabetical Listing..... 21
 Emergency Tray Contents 23

Introduction

A committee of District Nurse Managers and the Chief of Nursing Service prepared the 2004 edition of the District Nurse Manager Survival Guide.

This guide is meant to serve as a tool and resource for the newly appointed District Nurse Manager. It is not all encompassing, but merely a supplement to the orientation and mentoring process that is provided to the new District Nurse Manager. It is to be used in conjunction with the Community Health Nursing Manual.

A Message From the Chief

To the newly employed District Nurse Manager ----- welcome! The entire staff of the Nursing Service division is committed to help you to adjust and become successful in your new role. Please do not hesitate to contact Nursing Service or your mentor DNM with any questions or concerns.

To those DNMs who are already "seasoned," it is our hope that this guide will serve as an additional resource and a compliment to the skills and knowledge that you already possess.

DNM Survival Guide

(Hints and Tips)

Administrators

Your administrator is your day-to-day operations supervisor. Nursing Service is your clinical/technical supervisor. Meet with your administrator frequently. Most DNMs try to connect weekly. This can be an informal meeting. It is a good idea to keep a running list of FYI-type information to go over with the Administrator. Good Administrators will seek you out if a nursing issue is taking place.

Audits

Lab: The CLIA manual is your best source for lab information. Also, contact the laboratory field staff to set up an in-service. Audits for lab quality assurance come at least once a year. It is a good idea to involve the Patient Care Assistants. All audits will list recommendations for improvement. It is the DNM's responsibility to see that a response is written. This is usually listed as a corrective action plan. Be sure to keep copies of all written responses. Refrigerator temperature logs are a part of this audit. You might want to keep these filed in the back of the Good Lab Practice Manual.

Charts: Chart audits come from various places: Nursing Service QI Committee, Program areas, or locally generated. For any audit, involve the Coordinating Nurse, Lead Nurse and any other staff as appropriate. Be sure and keep a copy, either in a notebook or file.

Medications: OSDH issued a detailed Pharmacy Policy on June 23, 2005. It is suggested that this policy be reviewed in its entirety. A perpetual inventory of medications is to be reconciled at least monthly. With larger clinics this reconciliation may need to be more often. The following is an excerpt from that policy. "If the inventory count shows a discrepancy, notify the Coordinating Nurse and DNM. The DNM will investigate and if needed, designs a corrective action plan to be shared with staff, and will also inform the Administrator. Corrective action should be noted on the next line of the medication log or on the separate sheet if very detailed. If a separate sheet is required, attach the sheet to the medication log. Initials of the coordinating Nurse or DNM must be entered in the "Provider's initials" column and noted at the bottom of the page. Examples of the corrective action: 1) Review of inventory processes with responsible staff 2) counseled staff to enter names of all clients receiving medications 3) medications cabinets will be locked at all times when staff not in attendance 4) medications have been moved out the examination room cabinets due to inability to supervise clients at all times. Whichever corrective taken must be documented in the inventory log." See appendices for DNM Monthly QI Checklist and Instructions

Archiving

After the new “orders” are signed in January of each year, Nursing Service will request the previous year’s original medical director signature pages for review and archiving. These are kept at OSDH, in case of any future litigation. The new original, medical director-signed signature pages must be kept in a secure place. A copy of that signature page can be placed in the Guidelines and Orders. Signed memos that revise or add to our Guidelines and Orders must be treated like orders and also archived.

C-1 Supervision

Children First nurses are considered Public Health Nurses, first and foremost. They have specialized training for their program area. They should attend your regularly scheduled quarterly district meetings. The program manual for C-1 specifically outlines the guidelines for “reflective consultation”, supervised home visits and local client staffings. See “ DNM Monthly QI Checklist.”

All new DNMs are required to attend prenatal, infancy and toddler C-1 training the first year, unless, the DNM was a C-1 nurse prior to their new position. Reflective supervision training is also required if supervising a Lead Nurse. The training calendar is in Public Folders in the Children First folder.

Calendar (monthly)

Your monthly schedule, which includes clinic locations, meetings, leave, etc., is to be kept updated in the Microsoft Outlook Calendar. Please update frequently to show any change in plans. Contact the Nursing Service office when you are ill or scheduling vacation. If you have late changes in your schedule, be sure to change it on your Microsoft calendar, contact your headquarter county and Nursing Service. Notification can be done by phone or e-mail.

Caseload Reports

The DNM can request caseload reports from the program or you can run it yourself. If you chose to locate the report numbers yourself, follow these instructions: On the main page of PHOCIS, go to PHOCIS Reports. On the category box, click on the pull-down menu and select the desired program. On the sub-category box, click on the pull-down menu and select the specific program report. Click the “get list” box. Find the caseload report and highlight.

Go to the right side of the screen and chose a start date and an end date. Click on preview and print.

The DNM can also use the “Attended Appointment Summary” to get a break down of the types of clients that are actually being seen by a particular clinic for a specified time frame. In order to access this report log go to PHOCIS and choose the “Clinic Appointment Roster” tab on the left side of the screen. Choose the desired parameters in the “Custom Appointment Search Criteria” area. If no appointment type is specified then you will get all appointments for the time period selected. For long lengths of time, it will take a few minutes to sort the requests. Click “Preview” at the upper left of the screen and choose “Attended Appointment Summary”.

Cell Phones

You must carry your cell phone/blackberry 24/7, unless you are on annual leave or sick leave. Every month you will receive a cell phone bill. You are expected to review the bill and identify personal calls. You are responsible to reimburse OSDH for all personal calls. To calculate the amount you owe, use the worksheet provided on Public Folders/Financial Management/Forms/Cell Phone Calculations memo. Accounting Services has requested for each employee to accumulate at least \$10.00 worth of charges before sending in their reimbursement. Do not return your cell phone bill or reimbursement to Nursing Service. Mail your personal call reimbursement to OSDH, Box 268826, Oklahoma City 73126.

Client Complaints

View client complaints as an opportunity to improve service. Utilize your “listening techniques” and document what you hear. Sometimes the client just needs to be heard. If nursing personnel are involved, get the facts from your staff also. After processing all information, decide on a plan of action, which will vary depending on the nature of the complaint. It may be helpful for the DNM to discuss the situation with their Mentor DNM, supervisory peers (when appropriate) and/or your Administrator/Nursing Service. Always keep your Administrator informed of client complaints and how the complaints were handled. You are encouraged to keep a file for “Client Complaints.”

Consultant Roles

Program Consultants serve in an advisory role. They interpret policy and procedure for their program. They are not in a technical supervisory role.

CPR Training

It is the joint responsibility of the DNM and staff to maintain current CPR certification. The DNM may schedule CPR training to meet the needs of the staff.

Disposition Schedule

A critical part of the DNM role is to assure compliance with state and federal regulations. One way this is accomplished is by maintenance of appropriate records. Refer to Administrative Procedures Manual/Chapter 1, PHL Resource Manual and CLIA Manual for detailed information. You may also contact your Record Consultant and Laboratory Field Consultant if you need clarification or assistance.

Email

Please check your emails 2x daily, if possible. This is the most frequent form of communication, especially for things that need immediate attention or are time-sensitive. It is recommended that you make an email distribution list of your regional DNM committee members, coordinating nurses, Advanced Practice Nurses and lead nurses.

Education

DNMs need to attend trainings with their staff. DNMs should take notes and present the information to staff that are unable to attend. You will want to keep a notebook or file of the sign-in sheets and objectives; this will be needed for Federal and State program reviews. Frequently you will represent Nursing Service at programmatic trainings especially those offered regionally. It is important that Nursing Service be informed of issues that relate to nursing practice that are discussed during those trainings. If blatant disregard for agency policy occurs related to established nursing practice, it is important that the correct information be disseminated at the educational offering and it may need to be clarified during the meeting; the DNM must assure this occurs. This should be accomplished as tactfully as possible. The goal would be to maintain established policy and procedure until a written change is communicated through official channels to all affected parties.

Employee Assistance Program

Administrative policy is available on Public Folders to advise on EAP and EAP associated leave. EAP is the employee's responsibility to access and we are responsible for telling them how to access it. (EAP hotline 800-677-2729.)

Employee Medical Record

The DNM is ultimately responsible for assuring the employee medical records are complete and up-to-date. The DNM may designate the duties of day-to-day management of the record to one other nurse in each of the clinic sites. For more in-depth information access Public Folders/Administrative Procedures Manual/Chapter 6 Human Resources Management/Subject: 6-32.

Exit Interviews

The exit interview form must be completed prior to any nursing staff leaving the Health Department. These can be found in the Community Health Nursing Manual in the Legal section. After they are completed, they are forwarded to Nursing Service in the Central Office. This is in addition to the administrative exit process. It is suggested that you issue the form with a Nursing Service envelope so that the ex-employee will be more likely to complete the information requested.

Friday Mail outs

The Central Office will mail each DNM a packet of FYI information and other important documents each Friday. You may elect to receive your packet at the CHD or at your home address. Review the contents as soon as you receive it, as there may be something that needs immediate attention. Some of this information, such as memos, educational activities, etc., may need to be discussed at your staff meetings.

Grievances

Grievances can be filed by anyone. Do not let the threat of a grievance stop you from doing your job. The grievance process can be found in the Administrative Procedure Manual and on Public Folders.

Hiring Process

Your duties in this process will vary from county to county. Nursing Service recommends that the DNM be involved in the hiring process of any clinical personnel. However, that decision rests solely with the Administrator for that county. If you are involved in the process, Nursing Service has sample questions for you to use during the interview. Nurses can be hired by “direct hire” which does not require the administrator to pull the register. All other clinic positions require you to review the register.

Incident Reports & Occupational Exposures

Incident reports (OSDH Form #33) can be found in Public Folders (Administrative Policies and Procedures, Chapter 6, Section 6-24.) They are to be completed for any incident that did, or may, result in an injury to a visitor, client, or employee. This includes medication errors. They are sent to the Safety Officer in the Central Office and County Health Department. Any Incident Report involving nursing staff should be reviewed by the DNM.

CHD employees who sustain an occupational exposure should immediately report it to the DNM, Lead Nurse or Coordinating Nurse. The source client should be asked to remain in the clinic until an assessment is done to determine if blood samples are needed. Refer to the Infection Control Manual for instructions on how to handle this incident. Complete OSDH Form #33 (Incident Report) and OSDH Form 811 (Occupational Exposure of an Employee). Call the Occupational Health Nurse immediately at (405) 271-5180.

IUDs

All IUDs must be accounted for, in case of a recall. You may devise your own system to track IUD insertions for each of your counties. There are several ways you can do this – talk with your mentor DNM. Also, your system should include a way to check for an expiration date. An IUD inventory log template may be obtained from the Nursing Service Clinic Director.

Manuals, Books and Other Resources

You should keep your own set of program and agency manuals. It is your responsibility to assure that the nursing staff of each CHD has current Community Health and program manuals. Forms are available, from Nursing Service, to help you know what has been added or deleted from the manuals. The current manual, book and resource list is as follows:

BOOKS

Epidemiology and Prevention of Vaccine-Preventable Diseases “Pink Book”
Contraceptive Technology
Control of Communicable Diseases Manual

MANUALS/GUIDELINES

Bright Futures
Child Abuse and Neglect Reporting Procedures
Children First Guidelines
Children First Lead Nurse
Children First Manual
Community Health Nursing Manual
Epi Manual
Family Planning Manual
G/Os
Good Lab Practice
HIV/STD
Infection Control Manual
Oklahoma School Health Protocol Vision Screening
PHL Resource Manual
QI Manual
TB Manual (Directly Observed Therapy Guidelines-included)

RESOURCES

Child Abuse and Neglect Resource Information
Oklahoma Pandemic Influenza Management Plan
Standard of Care Handbook for Family Planning Clinic Managers and Staff
DNM Survival Guide
Supervisors Guide to Documentation and File Building for Employee Discipline
Effective Management in Nursing Text, and Workbook (Old resource, may not be available)
CD for current Guidelines and Orders
CD for most recent Communicable Disease Conference
CD for current Public Health Orientation

Medical Director and Board of Health

Introduce yourself and visit at least annually.

Mask Fitting

All staff, including the DOT provider, having possible contact with active TB clients must be fitted with an appropriate mask. This must be reviewed annually. Contact the Nursing Service Education Director if you or your staff needs training on fit testing. Contact the TB Division for the test kits and supplies. Forms and detailed information can be found in the Infection Control Manual.

Meetings

DNM Quarterly Meetings and DNM Committee meetings are mandatory. Special permission from the Chief of Nursing Service is required to be excused from these meetings.

Meeting for the sake of meeting is a waste of time. Scheduled meetings should have a purpose and intent to accomplish something. Always provide a sign-in sheet or list attendees/absentees in minutes of meeting.

Meetings should serve the following functions:

- Transfer communication from OSDH Nursing Service to the local level
- Send communication from the local level back to OSDH
- Provide a forum to review and interpret new policies and procedures, and discuss issues and concerns
- Facilitate learning through program in-services and updates
- Provide a feeling of being part of a team for nurses, especially those isolated in small county health departments
- Allow the nursing team to provide input into future planning and feedback as to problems encountered in the provision of nursing services

District Nurse Managers can develop their plans for group meetings in a variety of ways, depending on administrative approval, geographical limitations, and nursing needs. Generally, two types of nursing meetings are held. They are as follows:

District Nurse Meetings:

Scheduled at least biannually (one must be to review annually released Nursing G/Os). Staff invited may include RNs, ARNPs, LPNs and Patient Care Assistants within the DNM district. Depending on the agenda nutritionists, social workers, and other disciplines may also be included.

These meetings may include, but are not limited to, guest speakers on topics of interest, program updates, training on OSHA, blood borne pathogens, etc. Time allotment is usually one day.

Committees:

Attendance at DNM Committee Meetings and the quarterly meetings is mandatory! Currently, each DNM is assigned to one of the four regional committees: Northwestern, Southwestern, Northeastern and Southeastern. Within the committee, each DNM will be rotated as chairperson, every 6 months. The DNM that will be succeeding the current chairperson will act as recorder. The regional committees are to meet at least monthly during the months when there is no quarterly DNM meeting. Minutes of the committee meetings are to be sent to Nursing

Service after each meeting and an overview is shared with all DNMs at their quarterly meeting.

Coordinating / Lead Nurse Meetings:

Regularly scheduled meetings, where each Coordinating Nurse and Children First Lead Nurse is to meet with the DNM at an appointed site. Problem solving, planning, communication and organizing nursing services are the focus of these meetings. Time allotment is usually two to four hours.

*Send your tentative meeting dates to the Director of Nursing Education by January 15. You should have a written agenda and sign-in sheet for each meeting.

Mentoring

New DNMs will be assigned a mentor DNM. This is a peer you can call for advice on day-to-day operations. Please feel free to contact this person for any questions you may have. The mentor will contact the new DNM to set up a time for him/her to shadow them in their district, or the mentor may spend time with the new DNM in his/her own district.

New Orders / Local Orders

The DNM or designee is responsible for having current signed Nursing Guidelines and Orders. One **original** copy of a signed order or memo should be kept in a secure location within each county until ready for archiving. Locally generated orders should be typed on CHD letterhead, signed and dated by the Medical Director or the physician who generated the order. **All** additional orders and memos requiring a signature are to be secured and archived in the same manner as the Guidelines and Orders. A copy of any local amendment or addition to a PHN or ARNP order must be sent to Nursing Service within seven days of amendment or addition.

Nurse Roster

Nursing Service must receive an updated copy of the Nursing Roster every month and/or as hiring or vacancies occur. Name changes, license renewal, new employees or resignations must be highlighted when sent to Nursing Service.

The DNM is responsible for tracking current licensure on all RNs, LPNs, and ARNPs. These updates should be recorded on your Nursing Roster. Please highlight the changes and forward to Nursing Service. You may check the OBN website to verify current licensure (www.youroklahoma.com/nursing). If a licensed nurse has not renewed their license, they cannot work. They must be sent home on leave and the administrator and Nursing Service must be notified.

Nursing Service Fund

Each member of the DNM group and state Nursing Service employees are encouraged to contribute to this fund. The nominal contributions allow for cash to be available when necessary rather than asking for contributions when an event such as birth, death, etc., occurs.

Nursing School Contracts

Nursing Service is responsible for maintaining the state contracts with the colleges, universities and schools of nursing. Before a student is allowed to observe in the CHD, you must verify that a state contract is in place. The contracts are available for viewing in Public Folders/Nursing/School Contracts. The local CHD is responsible for having the County Administrator Authorization form completed and signed. This original form is kept at the local CHD. You can find the authorization form in the Community Health Nursing Manual and Public Folders.

Orientation of New Nursing Service Employees

The nursing orientation modules can be found in Public Folders/Nursing. The orientation is designed as a self-study module with observation as a key component. During the first ten days of employment the Introduction and Occupational Health modules **MUST** be completed. It is recommended that the Legal, Documentation and Child Abuse modules be completed within the same timeframe. The remaining modules should be completed within the first six months of employment. The modules can be arranged as needed and/or possibly omitted if they do not apply to a specific orientee. As with many things in the DNM role the orientation program is ever evolving and changing. As you go through the process with different nurses, make note of what works and what does not work or things that could be done differently; forward those comments to the Education Director in Nursing Service.

Schedule the new employee for OSDH New Employee orientation, through the Administrator as soon as possible.

OSHA Training

This is a yearly requirement for all nursing staff. This includes an annual TB Mask fit-test update. The employee training record, Appendix 1-D in the Infection Control Manual, must be completed and filed as directed.

Overwhelmed?

Isolate yourself in your office and take a deep breath! Call your mentor DNM, another DNM or call Nursing Service to; they are always willing to help you. Remember – never hesitate to call someone and ask for help. We're all in this together.

PMPs

Open a PMP on all new employees. Often the initial PMP and Quarterly Probationary Reviews are sent to the administrator via e-mail and will be forwarded to you. If the PMPs and reviews do not arrive in a timely manner, request assistance from the Administrator or his/her designee to obtain these documents. A blank form can be found in Public Folders. When a person changes jobs, i.e., from C-1 to clinic nurse or is promoted/demoted, the old PMP must be closed out and a new one reflecting the new job duties is to be opened. All new hires must complete the 12-month probationary period. In reference to promotions or lateral transfers, probationary periods are at the discretion of the administrator. Use the PMP to document exactly what you expect from your staff. You should also complete the quarterly progress reviews on all probationary employees. It is very easy to forget these documents, especially if you have several individuals to orient. List the due dates in your calendar and encourage the employee to keep track of the dates as well. Bring out the PMP anytime you have a discipline problem. Do a mid-year review on **all** Nursing staff. PMP reviews are not a time to surprise the employee about a problem. Whatever you discuss with them should come as no surprise.

Progressive Discipline

This policy only applies to permanent classified employees. It is a tool to be used to improve performance or behavior on the job. It can also be used to correct off-duty conduct that is unbecoming or unprofessional. The policy is located in Public Folders in the Administrative Procedure Manual, Chapter 6-16, and Human Resources. If you believe you need to start this procedure, you must read the policy, consult with Nursing Service and your county Administrator.

Public Folders

Familiarize yourself with Public Folders, it is a valuable resource for policy, procedure, programs, manuals, memos, forms, etc.

Periodically review the Nursing Service section of Public Folders for calendar, Guidelines & Orders, orientation modules and forms, etc. updates and information.

Quality Improvement Activities

The Nursing QI Committee will send out specific QI audit tools to be completed for each clinic. You will receive instructions on how/what to audit. It is required that you keep copies of all audits that you perform at each site. This can be extremely helpful when the Program Consultants or Grant Auditors visit your clinic.

Supervisory Visits for C-1

The DNM should complete the Supervision Progress MIS, OSDH Form #443, for the C-1 Lead Nurse three months after becoming a Lead Nurse, and every six months thereafter. Provide feedback on issues and praise their work. Discuss what needs improving among the program nurses and how that can be accomplished.

The DNM should complete the Visit Implementation Scale, OSDH Form 442, after going on a home visit with the Lead Nurse during a prenatal visit and every four months thereafter.

Supervisory Hours

All first year supervisors must accumulate 24 supervisory hours in their first year. Thereafter, you will need to accumulate 12 supervisory hours annually.

T & E Sheets

Keep them current. Keep notes in your calendar so you can generate your T&Es accurately. If you work more than eight hours in a day, be sure and code it. Code to the county in which you worked. If you have questions, call your mentor DNM or Nursing Service.

TB Sheets

Use the yellow sheets mailed from the TB Division through Nursing Service as a QI tool to prevent TB clients from “falling through the cracks.” Mistakes do happen! Review each yellow sheet, as it comes in, with your Coordinating Nurse or TB Nurse. This will make sure they know about the client and helps you keep up with the TB activity in your area. The yellow sheets can be destroyed after reviewing them.

Travel Claims

Traveling is a large portion of the DNM position. The maximum number of days on a travel claim is 30. Don't forget to send a copy to Nursing Service, if they are not receiving and signing the original claim. Since June is the end of the fiscal year, all June travel must be completed at the end of that month, and cannot carry over into July.

Volunteers

CHDs can and do use volunteers, especially during flu immunization season. Many of our volunteers are retired nurses. There is an OSDH policy on volunteers – take a few minutes to read it. Don't forget to check their nursing license to assure that it is current and always orient them to their expected duties. You need to document the volunteer orientation and have them sign the appropriate forms. Forms are located in Public Folders/Human Resources/ Office of Integrity/Volunteerism/Forms.

Violence in the Workplace

Violent behavior will not be tolerated. Speak with your Administrator immediately. Familiarize yourself with this policy, which can be found in Public Folders – Administrative Procedures.

APPENDIX

Appendix 1

Monthly Reminders

January

- Check licensure expirations for RNs and LPNs
- Complete mid-year PMP reviews
- Check for CPR training expiration dates
- Plan for yearly OSHA training
- Start planning for “Kindergarten Roundup”
- “Needs Assessment Survey” due back into Nursing Service office
- Attend DNM Committee meeting
- Update staff on G&Os

February

- Check licensure expirations for RNs and LPNs
- Update Nurse Roster and send to Nursing Service
- Submit agenda topics to Nursing Service for March DNM meeting
- Attend DNM Committee meeting

March

- Check licensure expirations for RNs and LPNs
- Start reviewing and updating DNM Worksheet Employee Requirements (Public Folders/Nursing/Forms)
- Attend DNM Quarterly meeting

April

- Check licensure expirations for RNs and LPNs
- Make sure “Kindergarten Roundup” is progressing
- Attend DNM Committee meeting
- Update staff on G&Os

May

- Check licensure expirations for RNs and LPNs
- Check for CPR card expirations
- Encourage staff to schedule vacations
- Attend DNM Committee meeting

June

- Check licensure expirations for RNs and LPNs
- Physician Manpower Training (PMTTC) Applications Due

- Plan special immunization clinics for back-to-school
- Begin closing out PMPs
- Attend Quarterly DNM meeting

July

- Check licensure expirations for RNs and LPNs
- Refine plans for back-to-school immunization clinics
- Approve & submit educational leave requests
- Close out PMPs
- Attend DNM Committee meeting

August

- Check licensure expirations for RNs and LPNs
- Check to see if staff survived back-to-school shots!
- Attend DNM quarterly meeting
- Make sure staff has registered for conference.

September

- Check licensure expirations for RNs and LPNs
- Plan for flu-clinic sites
- Attend DNM Committee meeting

October

- Check licensure expirations for RNs and LPNs
- Attend PHN Conference

November

- Check licensure expirations for RNs and LPNs
- Coordinate and monitor flu clinics
- Plan staff meetings for next year
- Attend DNM Committee meeting

December

- Check licensure expirations for RNs and LPNs
- Begin "Needs Assessments"
- Update and review PMPs
- Attend DNM Christmas Party and quarterly meeting
- Update staff on G&Os – encourage staff to participate in presentations

Appendix 2

Monthly Quality Improvement Checklist

County:	Year:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Refrigerator/Freezer (daily)													
Circular Graph (weekly)													
Hemocue Controls (daily as used)													
Laboratory Supplies													
	Received Date												
	Open Date												
	Expiration Date												
	Supply Amount												
	Rotate Stock												
Medications													
	Received Date												
	Open Date												
	Expiration Date												
	Supply Amount												
	Rotate Stock												
Immunizations													
	Received Date												
	Open Date												
	Expiration Date												
	Supply Amount												
	Rotate Stock												
Emergency Tray													
	Received Date												
	Open Date												
	Supply Amount												
	Monthly Check												
Lab Equipment Cleaning													
Sharps Containers (emptied at 2/3 full)													
Emergency Box/Oxygen Location Posted													
"Do Not Disconnect" Sign on Refrigerator													
Medications Locked Away at All Times													
Clinic Doors Closed with Client													
Logs Locked Away													
PPE Being Used Per OSHA													
Corrective Action Reports (prn)													

NOTES:

INSTRUCTIONS

DNM QI CHECKLIST

This form is designed to provide documentation for monthly assessments of county QI activities. This form may be used in addition to required program forms. The checklist is to assist the DNM and should be filed in his/her QI files.

Refrigerator/Freezer (daily): To assure daily am and pm temperatures are documented.

Circular Graph (weekly): Assure graph is changed weekly and dated.

Hemocue Controls (daily when used): Review QI sheets to assess daily checks have occurred and that multiple staff are listed for having performed QI checks.

Laboratory Supplies, Medications, Immunizations, and Emergency tray:

- **Received Date:** Received date is documented on product
- **Opened Date:** Date opened is written on product container
- **Expiration Date:** Check to see if product is being used past manufacturer expiration date.
- **Supply amount:** Assess if there is adequate supply to meet clinic needs, and assure there is not an excess of supplies for clinic needs.
- **Stock Rotated:** Assure stock in use is labeled with the earliest received date.

Emergency tray: Assure monthly checks are done AND documented on the emergency tray for medication expiration, including O₂ tank inspection, expiration date of O₂ etc.

Lab equipment cleaning: Visual checks are performed on Accudata, Hemocue; Otolaryngology tips (if applicable) Tympanometer Tips, Centrifuge, etc. to check for residual body substances and/or blood products.

Sharps containers replaced at 2/3 full: Visual inspections of sharps containers throughout clinics or in Biohazard storage area to assure sharps containers are replaced appropriately.

Emergency box location: Location clearly marked on room entry and site location (ex. cabinet door).

“Do Not Disconnect” label on refrigerator: Assure labels are clearly visible on refrigerators where vaccines are stored.

Medications are locked up at all times: Ensure medications are locked up..

Clinic doors: Assure clinic doors are closed during client interviews.

Med/Hcg/Spec referral logs locked up: These logs must be stored in a locked cabinet when not in use and not accessible to non-clinic employees during clinic hours.

Oxygen tank location labeled: Assure the door where the O₂ tank is stored is clearly labeled.

Personal Protective Equipment: Is PPE being used according to agency safety manual requirements?

C-1: Refer to C-1 Manual.

ROUTING AND FILING:

This form is to assist the DNM and/or Coordinating Nurse and should be filed in her QA files.

APPENDIX 3
OSDH ALPHABETICAL LISTING
-BY DEPARTMENT-

<u>DEPARTMENT</u>	<u>LOCATION</u>	<u>PHONE#</u>
Acute Disease	Rm.605	271-4060
Admin. Rules & Hearings	Rm.336	271-1269
Assets Inventory	Warehouse	271-7581
Board of Health	Varies	271-8097
Building Management	Rm.B25	271-1777
Child & Adolescent Health	Rm.703	271-4471
Child Guidance	Rm.706	271-4471
Children First	Rm.703	271-7612
Chronic Disease	Rm.1204	271-4072
Civil Rights	Rm.119	271-5155
Commissioner's Office	Rm.305	271-4200
Communications	Rm.406	271-5601
Community Development	Rm.509	271-6127
Community Health Services	Rm.509	271-5585
Construction Industries Board	Shepard Mall	271-5217
Consumer Protection	Rm.1214	271-5243
Dental Health Services	Rm.712	271-5502
EAP	909 S. Meridian, Ste525	947-7591
Emergency Medical Services	Rm.1104	271-4027
Employee Recognition	Rm.503	271-4171
Federal Funds Development	Rm.310.3	371-9663
Financial Management	Rm.312	271-4042
Health Promotion	Rm.508	271-6127
Health Resources Development	Rm.1010	271-6868
Healthcare Information	Rm.807	271-6225
HIV/STD	Rm.603	271-4636
Home Care Administrator Registry	Rm.1111	271-2194
Human Resources	Rm.115	271-4171
Immunization	Rm.911	271-4073
Information Desk	1 st Floor	271-5600
Information Technology	Rm.128	271-4542
Injury Prevention	Rm.408	271-3430
Insurance	Rm.116.5	271-4479
Integrity	Rm.118	271-6076
Internal Auditing	Rm.512	271-5765
Internal Services	Rm.B19	271-4331
Jails	Rm.1218	271-3912
Legal	Rm.209	271-6017
Licensed Marital & Family Therapist	Rm.154	271-6030
Licensed Professional Counselors	Rm.154	271-6030
Long Term Care	Rm.1003	271-6868
Mailroom	Rm.B27	271-5436
Medical Facilities & Services	Rm.1113, 1116	271-6576
Minority Health	Rm.211	271-1337
Nurse Aide Registry & Abuse	Rm.1111	271-4085
Nursing Services	Rm.506	271-5183
OCC. Health & Safety	Rm.116.1	271-4171
Occupational Licensing	Rm.1203	271-5217
Office of Child Abuse Prevention	Rm.707	271-7611
Office of the Faith-Based Liaison	Rm.211	271-1742

<u>DEPARTMENT</u>	<u>LOCATION</u>	<u>PHONE#</u>
Personnel	Rm.115	271-4171
Pharmacy	Rm.B14	271-1958
Primary Care	Rm.509	271-8428
Professional Boxing Commission	Rm.1213	271-5288
Public Health Lab	Rm.324	271-5070
Public Health Statistics	Rm.B10	271-3952
Records Management	Rm.509	271-5585
Rural Health	Rm.516	271-8750
Screening and Special Services	Rm.709	271-6617
Shipping & Receiving	Rm.B37	271-4330
Sooner Start/ Early Intervention	Rm.803	271-8333
Staff Development	Rm.503	271-4171
Staff Support Service	Rm.1207	271-5288
Terrorism Preparedness and Response	Rm.414	271-0900
Tobacco Prevention	Rm.403	271-3619
Turning Point	Rm.509	271-6127
Vital Records	Rm.111	271-4040
WIC Services	Shepard Mall	271-4676
Women's Health	Rm.904	271-4476

APPENDIX 4

Emergency Tray Contents

DATES

DRUGS											
Aqueous Epinephrine 1:1000 EXP DATE:											
Benadryl (Diphenhydramine) EXP DATE: Injectable 50 mg/ml											
EQUIPMENT											
Airways - Adult - Child - Infant											
Sterile Syringes: TB 3 cc 5 cc Needles: 5/8" 1" 1 1/2"											
Alcohol											
Aspirator or Suction Bulb											
Oxygen Supply Oxygen Mask											
Adult Ventilator Bag Pediatric Ventilator Bag											
Pocket Resuscitation Masks											
Tourniquet (optional)											
O ₂ Tank											
INITIALS											