



DVT | *What's Your Risk?*

In honor of DVT Awareness Month in March, the PPMC Patient and Family Education Committee hosted an event to raise awareness about the risks of deep vein thrombosis (DVT), which occurs when a blood clot forms in one of the large veins, usually in the lower limbs, leading to either partially or completely blocked circulation.

Approximately 600,000 people are hospitalized in the United States each year for DVT and its primary complication, pulmonary embolism (PE). A pulmonary embolism happens when a DVT moves into the lungs and blocks circulation, creating a life-threatening condition requiring immediate medical attention. In the elderly, DVT is associated with a 21 percent one-year mortality rate, and PE is associated with a 39 percent one-year mortality rate. DVT-related PE is the most common cause of preventable hospital death.

PPMC visitors were able to have their risk assessed; the nursing staff referred anyone with a high risk to their primary care physician for follow-up care. In addition, nurses and doctors from across the hospital participated in an anti-embolism stocking decorating competition. The socks will be on display in the cafeteria all month as a reminder of DVT prevention. The winner will receive a nursing/medical book for their specialty areas. Staff can vote for their favorite stocking throughout March.

Martin Manno, Director of Nursing Education, enters his decorated anti-embolism stocking into the contest. Photo by Ted Pettinicchi.



(L to R) Anna Beth Williams (Cupp 5E), Michelle Valesey (Cupp 5S), Suzette Strine (ED) decorate anti-embolism stockings. Photo by Ted Pettinicchi.

Check your risk!

Certain individuals may be at increased risk for developing DVT; however, DVT can occur in almost anyone. Risk factors or triggering events include, but are not limited to:

- Congestive heart failure or respiratory failure
- Restricted mobility
- Cancer
- Infection
- Obesity
- Age > 40 years
- Surgery
- Varicose veins
- Prior history of VTE (e.g. DVT or PE)
- Chronic lung disease
- Inflammatory bowel disease
- Smoking



Remembering Reggie

Reginald Sapp, an EEG technician in the Neuro-Diagnostic lab, passed away Wednesday, February 25th. He started at Penn Presbyterian in 1989 and will be remembered by friends and coworkers as a friendly, kind and caring colleague. He will be missed.

Rad/Onc Consults Now Available in the Abramson Cancer Center at PPMC

John Plastaras, MD, PhD, is now seeing patients for radiation/oncology consults at the Abramson Cancer Center at Penn Presbyterian. He will be seeing patients on Tuesdays from 8am to 12 noon at the ACC PPMC office in the Medical Arts Building, in addition to seeing patients in the Perelman Center. Please contact 215-662-9801 to request a consult for all types of cancer, including breast, lung, brain, colon, prostate, sarcoma, lymphomas, gastrointestinal, and liver.

The UPHS 403(b) Retirement Savings Plan: Key to a Successful Retirement

Whether you're close to retirement or many years away, planning ahead is important. Why? Because none of the three major sources of retirement income -- Social Security, pensions, and personal savings -- will completely replace your pre-retirement income. Participating in the UPHS 403(b) plan will provide an additional source of income that can help secure your financial future. Anyone can participate -- whether you're full-time, part-time or per diem -- and you can start contributing at any time.

Our vendors, Vanguard and TIAA-CREF, offer a variety of funds that range from conservative to moderate to aggressive, and include funds that had positive returns in 2008. You can also speak with a Vanguard or TIAA-CREF representative at one-on-one at one of the monthly investment counseling sessions held at HUP, Presbyterian and Pennsylvania Hospitals. To set up a meeting, go to www.meetvanguard.com or www.tiaa-cref.org/moc.

Check the March 13 Presby Bulletin email edition for tips on getting started, or contact Emily Letzkus in the Retirement Department at 215-615-2624 or Emily.Letzkus@uphs.upenn.edu for more information. Begin saving and investing today to take control of your financial future. It's never too late to start!

PPMC National Patient Safety Goals Campaign Underway!

PPMC has started a standing campaign focusing on the National Patient Safety Goals, to raise awareness of patient safety, ensure that all staff can explain each goal and promote these safety behaviors at Penn Presbyterian. Approximately every two weeks, we'll highlight a new goal or two. This week, we're starting with **PATIENT IDENTIFICATION** and **SPECIMEN LABELING**.

Patient Safety Starts with PATIENT IDENTIFICATION

- Use **INTERACTIVE** communication with the patient and/or family with **TWO** identifiers: **Name and Date of Birth/ MRN**
 - **ASK, DON'T TELL:** "Can you please tell me your name and date of birth?"
 - Using the **TWO** identifiers, compare and verify that the patient's armband is accurate.
- Remember the patient's room number is **NOT** an appropriate identifier

WHEN:

- During patient registration
- Before administering medications or blood products
- Before collecting any specimen (remember to label all specimens in the presence of the patient)
- Before any treatment or procedure
- Before transporting patient

SAFE LABELING OF MEDICATIONS AND SOLUTIONS

Safety Issue: In the operating room and other procedure areas (including bedside procedures), drugs or solutions are often transferred from original containers to syringes, medicine cups or basins.

Safety Risk: If these syringes, medicine cups, or basins remain unlabeled, the drugs or solutions are unidentifiable and an error could happen.

Safety Strategies:

To prevent any mistakes, we **MUST**

- Label **ALL** drugs or solutions transferred from original packaging to another container
- Save all original containers for reference until the end of the procedure
- **NOT USE** and immediately discard unlabeled medications or solutions
- Have **TWO** qualified individuals verify the label information both visually and verbally whenever the person preparing the medication will not be the person administering
- At shift change/ break relief, have entering **AND** exiting personnel review all medications on and off sterile field
- Discard all labeled containers at end of the procedure

In Friday's *Presby Bulletin* email edition, we'll focus on NPS Goal #2 (Critical Tests/ Critical Values) and NPSG Universal Protocol (Right Patient, Right Site, Right Procedure). If you haven't already signed up to receive the *Presby Bulletin* email edition, look under Health System News on the UPHS intranet home page and click on *Presby Bulletin*.