

**VALIDATION SIGNATURE PAGE**

\*Validation signatures must be someone in leadership role or in attendance at the activity/event to verify your involvement in the stated hours on the Supporting Documentation Log

Activity / Event Name: Unit Based Care Delivery	Validation Signature: <i>R. Anderson, RN</i>
Date: 7/22/21	Date: 7/22/21
Activity / Event Name: Unit Based Education	Validation Signature: <i>R. Anderson, RN</i>
Date: 7/22/21	Date: 7/22/21
Activity / Event Name: Ongoing Audits	Validation Signature: <i>R. Anderson, RN</i>
Date: 7/22/21	Date: 7/22/21
Activity / Event Name: Hand Hygiene Observer	Validation Signature: <i>R. Anderson, RN</i>
Date: 7/22/21	Date: 7/22/21
Activity / Event Name:	Validation Signature:
Date:	Date:
Activity / Event Name:	Validation Signature:
Date:	Date:
Activity / Event Name:	Validation Signature:
Date:	Date:
Activity / Event Name:	Validation Signature:
Date:	Date:
Activity / Event Name:	Validation Signature:
Date:	Date:

\*Each activity from log on pg. 1 should have a corresponding signature for validation

**Augusta Health  
Registered Nurse  
Professional Development Program  
Roadmap Supporting  
Documentation Template**

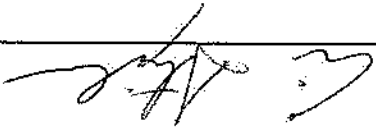
**\*\*One Category per Sheet\*\***

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Description/Details of Activity:

As a unit based project I created an emergency response kit for the cath lab for our responsibility of responding to code blue calls in the Heart and Vascular building to expedite patient care upon arrival. I received approval from my supervisor and presented education on the kit to the staff.

Dates of Meetings/Involvement:  
4/30/21

Clinician Signature:  Date: 7-22-21	Supporting Signature: <u>Attendants M, RN</u> Date: 7/22/21
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(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)



**NPPD Project Submission Form**

- Quality or Performance Improvement (PI)
- Evidence Based Practice (EBP)
- Care Delivery Innovation

NPPD projects requires initial meeting with Unit Director to discuss project that adds value to the unit or hospital.  
 Unit based projects are approved by Director, Hospital based projects are approved by the CNO.  
 Project must be completed and presented to staff in person before NPPD submission date.

Title:	Emergency Response Kit	
Submitted By/Clinician Level:	Eric Stajdhar clia III	
Team Members:	Eric Stajdhar	
Purpose and Rationale:	Expedite patient care upon arrival to code blues called in HV center by Cark staff.	
Practice Change Anticipated:	Responder brings kit to code blue location with essentials readily available.	
Implementation Strategies:	Create kit and list of supplies, present to staff with education.	
Evaluation:	After creation of kit, it was brought to codes by responders every time, but was not frequently needed.	
If you've already done a literature review please attach this information. Include project timeline.		

Clinician Signature \_\_\_\_\_ Date 7-22-21

Director Approval/Signature \_\_\_\_\_ Date 7-22-21

CNO Approval/Signature (Hospital wide project only) \_\_\_\_\_ Date \_\_\_\_\_



Stajduhar, Eric

**From:** Stajduhar, Eric  
**Sent:** Friday, April 30, 2021 3:36 PM  
**To:** Cardiac Cath & EP Lab  
**Subject:** Code blue response kit  
**Attachments:** jump bag 1.jpg; jump bag 2.jpg; jump bag 3.jpg; Code Blue Response Kit.doc

Hey everyone,  
As all of us know, we as a unit are supposed to respond to the Code Blue calls in the H&V building if anyone is available. Up to this point on the calls I've responded to, I've ended up showing empty handed and relying on the unit who called the code's supplies. Some units are not as aptly prepared to respond to emergency situations as we are and this at times has been time consuming.

So I've put together a Code Blue Response Kit that is now located in the control room between A&B labs at the center of table next to the intubation box. I've attached a list of the supplies that are included in the bag and a couple pictures of the bag itself so everyone knows what it looks like.

Please take a look and see if there is anything you would like to see included that may be helpful in those situations. Thanks and have a great weekend.



Code Blue Response Kit

- 1- 0.9% NaCl 1 liter bag
- 1- IV tubing set
- 1- Telemetry lead pack
- 1- Defibrillator pad pack
- 1- 12 lead ekg sticker pack
- 2- Sterile 4x4 packs
- 2- 2 inch silk tape
- 1- Non-rebreather O2 mask
- 1- Oral airway (each size)
- 1- Manual blood pressure cuff
- 1- Disposable stethoscope
- 1- Set of trauma shears
- 1- Disposable NIBP cuff (each size)
- 2- Peripheral IV (18g, 20g, 22g)
- IV insertion supplies: chloraprep, alcohol swabs, tourniquets, IV dressing, 2x2's
- Blood sample collection supplies
- 3ml and 10ml syringes

NPDP Project Submission Form

- Quality or Performance Improvement (PI)
- Evidence Based Practice (EBP)
- Care Delivery Innovation

NPDP projects requires initial meeting with Unit Director to discuss project that adds value to the unit or hospital.  
 Unit based projects are approved by Director, Hospital based projects are approved by the CNO.  
 Project must be completed and presented to staff in person before NPDP submission date.

Title:	Chart Audit Missing Elements Education.
Submitted By/Clinician Level:	Eric Stajdhar, Clin III
Team Members:	Eric Stajdhar, CnH Staff
Purpose and Rationale:	To educate staff on frequently missed key elements in documentation, including physicians
Practice Change Anticipated:	Once aware of mistakes, staff will correct actions moving forward.
Implementation Strategies:	During chart audits, once omission of documentation is found, email the staff member responsible with reminder to fill this out with screen shot of missing information highlighted and corrective action. A collection of these mistakes and summation of frequently missed items was presented. This process has been very successful as staff are very responsive and number of missed items has trended down.
Evaluation:	If you've already done a literature review please attach this information. Include project timeline.

Clinician Signature *[Signature]* Date 7-22-21

Director Approval/Signature *[Signature]* Date 7-22-21

CNO Approval/Signature (Hospital wide project only) \_\_\_\_\_ Date \_\_\_\_\_



**Stajduhar, Eric**

**From:** Stajduhar, Eric  
**Sent:** Friday, June 11, 2021 8:45 AM  
**To:** Banas, Andrew  
**Subject:** Mallampati

Hey Andy,  
Just doing my monthly chart audits and came across a mallampati you filled out. Just a reminder to designate Pt identifiers used at the top of the form. Thank you sir,  
Eric



This message was secured by ZixCorp. To reach ZixCorp, go to: <http://www.zixcorp.com/info/zixmail>

Patient Information		Surgeon Information	
Name	DOB	Name	ID
[Redacted]	01/18/1942	[Redacted]	[Redacted]
CL Pro-Sedation Assessment Checklist			
<p>Augusta Health                      7th Medical Center Drive                      Charlottesville, VA 22902                      840-932-4000 or 840-332-4000</p>			
<p>Form ID: 1001                      Version: 1.0                      Date: 11/11/2009</p>			
<p>History of Anesthesia: [Redacted]</p>		<p>Current Medications: [Redacted]</p>	
<p>Physical Exam: [Redacted]</p>		<p>Assessment: [Redacted]</p>	
<p>Signature: [Redacted]      Date: 1/2/12</p>			
<p>IV Sites: [Redacted]</p>		<p>Other: [Redacted]</p>	
<p>Comments: [Redacted]</p>			

Form ID: 1001      Version: 1.0      Date: 11/11/2009

**Augusta Health  
Registered Nurse  
Professional Development Program  
Roadmap Supporting  
Documentation Template**

**\*\*One Category per Sheet\*\***

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Description/Details of Activity:

I perform chart audits and sterile hallway/instrument handling audits for the cardiac cath lab in a performance improvement capacity and present a report to my manager and director every month of any deficiencies found and corrective actions taken.

Dates of Meetings/Involvement:

10/20-10/21

Clinician Signature:

*[Handwritten Signature]*

Date

7-22-21

Supporting Signature:

*[Handwritten Signature]*

Date

7/22/21

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)



		H&P	CONSENT	LEGIBLE	ASA/MALLAMPATI	EBL	ETC02
10/1/2020	M00088390778	Y-INPT	Y	Y	Y-RN PORTION MISSION	Y	Y
10/2/2020	M00087697264	Y	Y	Y		Y	Y
10/2/2020	M00088356787	Y-INPT	Y	Y		N/A	Y
10/5/2020	M00088428750	Y	Y	Y	Y	Y	Y
10/5/2020	M00088396841	Y	Y	Y	N-MISSING	Y	Y
11/2/2020	M00088846134	Y	Y	Y	Y-IDENTIFIERS MISSING	Y	Y
11/2/2020	M00088553870	Y	Y	Y	Y-IDENTIFIERS MISSING	Y	Y
11/2/2020	M00088784913	Y	Y	Y	Y	Y	Y
11/2/2020	M00088901889	Y-INPT	Y	Y	Y	Y	Y
11/3/2020	M00088921796	Y-INPT	Y	Y	Y	Y	Y
12/1/2020	M00089097281	Y	Y	Y	Y-GA	Y	Y-GA
12/1/2020	M00089326904	Y	Y	Y	Y-IDENTIFIERS MISSING	Y	Y
12/2/2020	M00089286793	Y	Y	Y	Y	Y	Y
12/2/2020	M00089229512	Y	Y	Y	Y	Y	Y
12/3/2020	M00089368716	Y	Y	Y	Y-IDENTIFIERS MISSING	N	Y
1/1/2021	M00089769954	Y-INPT	Y	Y	Y-IDENTIFIERS MISSING	Y	N
1/4/2021	M00089640767	Y	Y	Y	Y	Y	Y
1/4/2021	M00089460430	Y	Y	Y	Y	Y	Y
1/5/2021	M00089720072	Y	Y	Y	Y-IDENTIFIERS MISSING	Y	Y
1/6/2021	M00089830145	Y-INPT	Y	Y	Y	Y	Y
2/1/2021	M00090102716	Y	Y	Y	Y	Y	Y
2/1/2021	M00089979595	Y	Y	Y	Y	Y	Y
2/2/2021	M00090068198	Y	Y	Y	Y	Y	Y
2/3/2021	M00090146440	Y	Y	Y	Y	Y	Y
2/4/2021	M00090277732	Y-INPT	Y	Y	Y	Y	Y
3/1/2021	M00090530593	Y	Y	Y	Y	Y	Y
3/2/2021	M00090514324	Y	Y	Y	Y	Y	Y

			HP	CONSENT	LEGIBLE	ASA/MALLAMPATTI	EBL	ETC02
3/2/2021	M00090413238	Y		Y	Y	Y	Y	N/A-GA
3/3/2021	M00090544784	Y		Y	Y	Y	Y	Y
3/3/2021	M00090633165	Y		Y	Y	Y	Y	Y
4/1/2021	M00090987355	Y		Y	Y	Y	Y	Y
4/1/2021	M00090870478	Y		Y	Y	Y	N	Y
4/1/2021	M00091076828	Y		Y	Y	Y	Y	N
4/2/2021	M00091010496	Y		Y	Y	Y	Y	Y
4/2/2021	M00091127928	Y-INPT		Y	Y	Y	Y	Y
5/3/2021	M00091545731	Y		Y	Y	Y	Y	Y
5/4/2021	M00091490292	Y		Y	Y	Y	Y	Y
5/6/2021	M00091529560	Y		Y	Y	Y-GA	Y	N/A-GA
5/4/2021	M00091590315	Y		Y	Y	Y	Y	Y
5/3/2021	M00091532846	Y		Y	Y	Y	Y	Y
5/7/2021	M00091609362	Y		Y	Y	Y	N	Y
5/10/2021	M00091279299	Y		Y	Y	Y	Y	Y
5/10/2021	M00091667022	Y-INPT		Y	Y	Y	Y	Y
5/10/2021	M00091683144	Y-INPT		Y	Y	Y	Y	Y
5/11/2021	M00091548131	Y		Y	Y	Y	Y	Y
6/1/2021	M00091906594	Y		Y	Y	Y-GA	Y	N/A-GA
6/1/2021	M00091677252	Y		Y	Y	Y	Y	Y
6/1/2021	M00091999664	Y		Y	Y	Y	Y	Y
6/1/2021	M00092010677	Y-INPT		Y	Y	Y	Y	Y
6/2/2021	M00092011345	Y-INPT		Y	Y	Y-PT IDENTIFIERS MISSING	Y	Y
6/3/2021	M00091952523	Y		Y	Y	Y	Y	Y
6/3/2021	M00091915793	Y		Y	Y	Y-GA	Y	N/A-GA
6/3/2021	M00091840991	Y		Y	Y	Y	Y	Y
6/4/2021	M00092040054	Y		Y	Y	Y	Y	Y
6/4/2021	M00092038173	Y-INPT		Y	Y	Y	Y	Y
7/1/2021	M00092125483	Y		Y	Y	Y	Y	N/A-GA
7/1/2021	M00092390293	Y		Y	Y	Y	Y	Y



SEDATION D/C	STAFF	MD	MANAGER	
N/A - INPT	LS/DM	AK	AL	RN NOTIFIED
Y	WH	KS	AL	
N/A-INPT	DM	DV	AL	
N/A - ADMITTED	WH	GB	AL	
N/A-ADMITTED	MD/LS	SD	AL	ALL NOTIFIED
Y	AH	AK	AL	RN notified
N/A-ADMITTED	AB	LS	AL	RN notified
Y	ES/MD	GB	AL	
N/A-INPT	WG	RG	AL	
N/A - INPT	WG/HS	SD	AL	
Y	AB/MR	GB	AL	
N/A - INPT	LS	KS	AL	RN notified
Y	WG	CB	AL	
Y	DM/MR	AK	AL	
N/A - INPT	DM/ AB	SD	AL	RN and MD
N/A - INPT	JC/MP	CB	AL	RN NOTIFIED
Y	WG/MR	SD	AL	
Y	ES	GB	AL	
Y	MR/AH	KS	AL	RN NOTIFIED
N/A-INPT	DM	AK	AL	
N/A - ADMITTED	DM/MD	SD	AL	
Y	DM/WG	GB	AL	
Y	WG	CB	AL	
N/A - ADMITTED	AH/DM	AK	AL	
N/A-INPT	AH/PS	KS	AL	
Y	WH/ES	GB	AL	
Y	WH/AB	KS	AL	

Y		WH/MR	GB	AL	
Y		MR/HS	AK	AL	
Y		DM	CB	AL	
SEDATION		STAFF	MD	DIRECTOR	
Y		AH/MID	KS	AL	
Y		WG	DV	AL	MD NOTIFIE
N		SK/AB	RG	AL	RNS NOTIFIE
Y		WH/AH	SD	AL	
N/A-INPT		LS/ES	GB	AL	
Y		MR/LS	SD	AL	
Y		MR/LS	GB	AL	
Y		AI/JC	GB	AL	
Y		AH/DM	SD	AL	
N/A - INPT		TS	DV	AL	
Y		AH/DM	SB	AL	
Y		LS/WH	GB	AL	
N/A - INPT		AH/AB	SD	AL	
N/A - INPT		MD	RG	AL	
Y		TS/JC	KS	AL	
N/A-ADMITTED		WH/ES	GB	AL	
Y		MR/WH	GB	AL	
Y		AH	CB	AL	
N/A-INPT		DM	RG	AL	
N/A-INPT		AB	CB	AL	RN notified
N/A-ADMITTED		AH/WH	NA	AL	
N/A - ADMITTED		ES/MP	GB	AL	
N/A-ADMITTED		AJ/MR	GB	AL	
Y		AH/ES	NA	AL	
N/A-INPT		LS/AB	NA	AL	
N/A - ADMITTED		MP/WH	GB	AL	
Y		MR	DV	AL	





DATE	ACCOUNT #	PRECLEENER	APPROPRIATE LABELED (CLEAN/BIOHAZARD) CONTAINER	CPD NOTIFICATION
10/1/2020		YES	YES	YES
10/2/2020		N/A	YES	YES
10/6/2020		YES	YES	YES
10/9/2020		YES	YES	YES
10/14/2020		N/A	YES	YES
11/2/2020		YES	YES	YES
11/4/2020		N/A	YES	YES
11/5/2020		YES	YES	YES
11/9/2020		N/A	YES	YES
11/11/2020		YES	YES	YES
12/2/2020		yes	yes	yes
12/4/2020		n/a	yes	yes
12/7/2020		YES	YES	YES
12/9/2020		N/A	YES	YES
12/11/2020		YES	YES	YES
1/4/2021		YES	YES	YES
1/5/2021		YES	YES	YES
1/6/2021		N/A	YES	YES
1/11/2021		YES	YES	YES
1/14/2021		YES	YES	YES
2/3/2021		N/A	YES	YES
2/4/2021		YES	YES	YES
2/5/2021		YES	YES	YES
2/8/2021		YES	YES	YES
2/9/2021		YES	YES	YES
3/1/2021		YES	YES	YES
3/3/2021		N/A	YES	YES

DATE	ACCOUNT #	PREKLEENER	APPROPRIATE LABELED (CLEAN/BIOHAZARD) CONTAINER	CPD NOTIFICATION
3/5/2021		YES	YES	YES
3/8/2021		YES	YES	YES
3/10/2021		YES	YES	YES
4/1/2021		YES	YES	YES
4/5/2021		YES	YES	YES
4/6/2021		N/A	YES	YES
4/8/2021		YES	YES	YES
4/14/2021		YES	YES	YES
5/3/2021		N/A	YES	YES
5/4/2021		YES	YES	YES
5/5/2021		YES	YES	YES
5/6/2021		YES	YES	YES
5/11/2021		N/A	YES	YES
5/13/2021		yes	yes	yes
5/14/2021		N/A	YES	YES
5/17/2021		YES	YES	YES
19-May		YES	YES	YES
21-May		N/A	YES	YES
6/1/2021		YES	YES	YES
6/2/2021		N/A	YES	YES
6/3/2021		YES	YES	YES
6/4/2021		YES	YES	YES
6/5/2021		N/A	YES	YES
6/6/2021		YES	YES	YES
6/7/2021		YES	YES	YES
6/9/2021		N/A	YES	YES
6/10/2021		YES	YES	YES
6/11/2021		YES	YES	YES

7/5/2021	YES	YES	YES	YES
7/6/2021	YES	YES	YES	YES
7/8/2021	N/A	YES	YES	YES
7/9/2021	YES	YES	YES	YES
7/10/2021	N/A	YES	YES	N/A
7/11/2021	YES	YES	YES	YES
7/12/2021	YES	YES	YES	YES
7/13/2021	YES	YES	YES	YES
7/14/2021	N/A	YES	YES	YES
7/15/2021	YES	YES	YES	YES







**Augusta Health  
Registered Nurse  
Professional Development Program  
Roadmap Supporting  
Documentation Template**

**\*\*One Category per Sheet\*\***

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation, & Improvements

Description/Details of Activity:

I perform the duty of Hand Hygiene observer for the cardiac cath lab, completing at least 50 observations a month. I observe hand hygiene for room entry/exit and pre/post-surgical procedure.

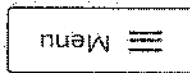
Dates of Meetings/Involvement:  
10/20-10/21

Clinician Signature: \_\_\_\_\_ Date: 7-22-21

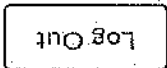
Supporting Signature: Anderson, RN Date: 7/22/21

(Must be someone in leadership role or in attendance at the activity/event to verify your involvement)





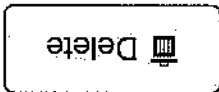
Augusta Researching Eric Stajdhar (CARDIAC CA



### View Round

Go Back

Edit



### Hand Hygiene

Rounder  
Eric Stajdhar  
(CARDIAC  
CATH)

### Answers

1 Role of Healthcare Professional Observed  
RN

Date Round  
Completed

2 Entry or Exit?

07/12/2021  
07:14:26

Time Spent

Exit

19 seconds

3 Is observed location a C-Diff room?

Roundee Details

No

Location

4 Did person wash?

Yes

Group  
Augusta Health

5 Method of Washing Observed

Facility  
Augusta Health

Alcohol Foam

Department  
Cath Lab

6 Was Technique Correct?

Yes

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### Issues

None

Notes