

**GENESIS BEHAVIORAL HOSPITAL**  
**MONTHLY NURSING STAFF MEETING AGENDA**  
**March 20, 2019**

Birthdays!: Christy LPN, Neil, MHT

Anniversary!:

Rechelle M, LPN—4 years

Faye, RN—4 years

Teresa, LPN—1 year

Shamika, MHT—1 year

Staff is responsible for reviewing the staff meeting agenda and information included with it.

- Upon completion of reviewing the staff meeting agenda, go to the employee portal to answer the questions to acknowledge your review of the agenda. This must be done within 5 days of the agenda being posted.

Employee Portal: Go to [genesishb.com](http://genesishb.com). Click on “employee login”. The password is genesis. See attached handout for instructions on why and how to use the employee portal.

Call Ins:

- When you call in, you must speak to the Charge Nurse and provide a reason for your absence.
- Charge Nurses need to document the call in electronically. Instructions for the electronic submission are attached.
- It is then the Charge Nurse’s responsibility to look for a replacement to ensure appropriate coverage for the following shift. The Administrator on-call will be contacted at 5am if attempts to find coverage are unsuccessful.

Employee Contact List:

- A complete list of employees contact numbers are sent via e-mail to the nurses’ station every Monday. It can also be accessed on the charge nurse call in system. Instructions on how to access the list electronically is attached. Please notify DON and HR of any contact information changes.

Vacation/Time Off Requests:

- Time off is subject to supervisory approval, department staffing needs and established departmental procedures. Time off is not guaranteed.
- You should also attempt to find your own replacement.

Breaks/Lunch: always notify the Charge RN when you leave the unit for any reason.

**Documentation:** Please **describe** the patient's symptoms in detail!!! A/VH—what are they seeing and/or hearing?? Responding to internal stimuli?? Any passive death wishes?? Agitated?? Requiring redirection?? PRN's?? Document and describe why they remain on precautions. All of this information must be included in the documentation. Paint the Picture!!!

**RNP Medical Rounds:** when the RNP makes rounds for medical coverage, please ensure they review and sign the medical board.

**24 hour chart checks must include:**

1. thorough assessment of new orders to ensure correct transcription onto the MAR.
2. labs verified for receipt of results and pending results.
3. documentation of First Dose Review and First Dose Response on the physician orders and indicated on the MAR per policy.
4. treatment plans must be updated.

**Pts refusing to bathe:** MHTs must notify Charge Nurse of any patient who is refusing to bathe.

**Now Doses:** when a “now dose” is ordered, the medication must be administered within one hour. The RN Charge Nurse is to be notified immediately upon receipt of the order.

**Intake Assessment:** the RN will now be responsible for completing the 2 page Intake Assessment upon admission. The only exception is when Racheal or Rachel are present and available to do them.

**Patient Fall:** if a pt falls, document your complete findings from your assessment—any bruises? redness? abrasions? bleeding? pain? Don't just document that the pt denies injury--this does not even show that you performed an assessment . Please be thorough in your documentation!!

**Reminders:**

- we don't order Keppra levels or Clozaril levels. If on Clozaril—order CBC weekly.
- keep the med room clean
- keep board updated
- keep papers/forms stocked and neat
- check opened med vials for expiration dates

**EMPLOYEE OF THE MONTH: Tamiko Bodin, RN!! We are so glad to have you on our team!!! Thanks for all you do!!**

**Infection Control**—Education and Handout provided on “Handwashing”

**Education and Handout provided on:**

HR Policy and Procedure--Attendance and Punctuality

Charge Nurse Manager User Instructions: How to submit a call in and access employee phone numbers

Memo from 12.26.18 on Staff Lunch Breaks

What to Remember About Lithium

What is Akathisia

# Employee Portal

The employee portal allows employees:

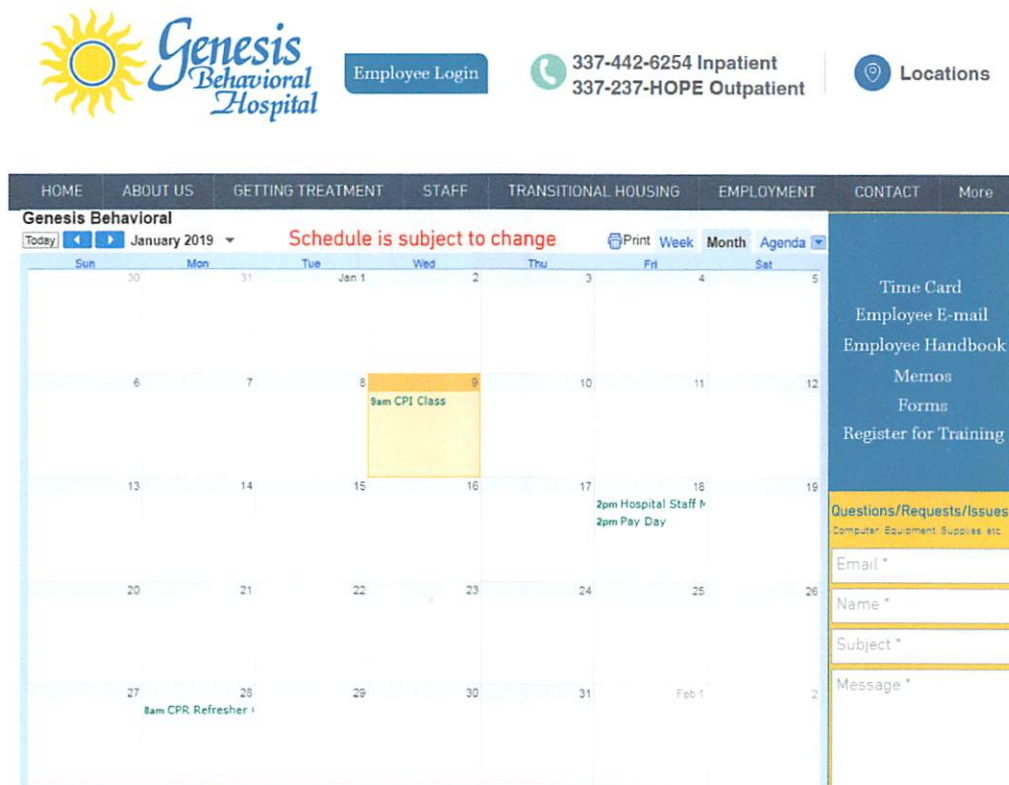
- To view upcoming trainings
- Register for upcoming trainings
- Access time clock.
- View memos
- View/print HR forms
- View/print employee handbook
- Access employee e-mail website
- Submit requests/questions to HR regarding computer/equipment/supplies.



To access the portal, go to [genesisbh.com](https://www.genesisbh.com)

Click on “employee login”

Enter the password “genesis” and the screen below will appear.



# HANDWASHING

is the best way to prevent the spread of infection.

You're at work—You're busy.

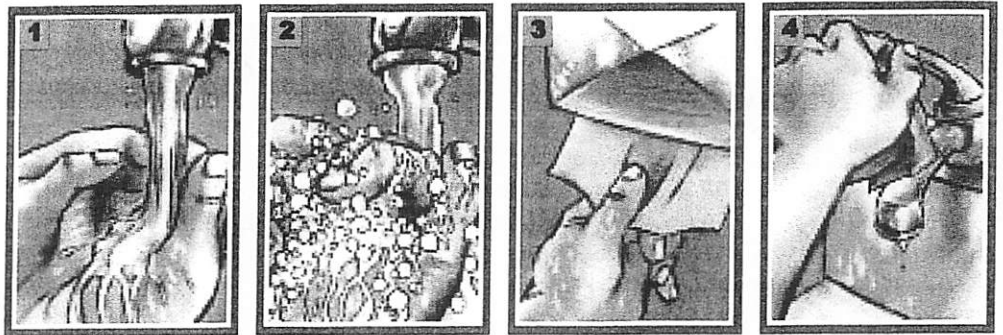
Your hands look clean—But, they're not.

**Your hands have germs on them that could make someone sick.**

You could get sick—Your family could get sick—Your customers could get sick.

**If you handle food, you must wash your hands often.**

## WHEN should you wash your HANDS?



- ◆ When arriving at work
- ◆ After using the bathroom
- ◆ After smoking
- ◆ After sneezing
- ◆ After touching your hair, face, clothing
- ◆ After eating or drinking
- ◆ After taking off or before putting on a new pair of gloves
- ◆ Before handling food, especially ready-to-eat foods like salads and sandwiches
- ◆ After handling garbage
- ◆ After handling dirty equipment, dishes, or utensils
- ◆ After touching raw meats, poultry and fish
- ◆ Anytime you change tasks – go from one thing to another

## HOW should you wash your HANDS?


- ◆ Wet your hands with warm running water.
- ◆ Lather with soap and scrub between fingers, on the backs of your hands, and under nails. Wash for at least 20 seconds, or as long as it takes to sing 'Happy Birthday' to yourself twice.
- ◆ Dry hands. Use single-use paper towels or electric hand dryers.
- ◆ Use a paper towel when you turn off the tap.



## GLOVES should be changed:

- ◆ Anytime you would need to wash your hands (see left)
- ◆ When they are torn or soiled



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	Revision Date: 01/2018, 08/2018, 12/2018	
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## **I. POLICY**

Employees are required to maintain regular attendance and are expected to be at their work site at their scheduled work time. Each department/facility determines the work schedule for staff as necessary for its operation.


Employees are expected to report to work unless a request for time off has been submitted and approved. Employees are considered absent when not at work or unavailable for the assigned work schedule regardless of their reason. GBH maintains records of staff attendance and absenteeism. Excessive absenteeism, reporting late, or leaving early, failure to submit requests for time off, and excessive missed punches may result in disciplinary action up to and including termination.

## **II. PURPOSE**


To delineate methods of reporting and recording absenteeism and of providing alternative coverage if indicated.

## **III. PROCEDURE**

- A. Attendance records of an employee must reflect all instances of:
  1. Documentation of an approved request for time off and/or call in.
  2. Exact time worked
  3. Lunch period (see “Meal Periods”, HR-22)
- B. Employees are required to utilize the electronic time clock system to record the time of arrival and time of departure from the work site.
- C. Employees who fail to clock in/out must get the immediate supervisor who can validate their arrival and/or departure time to document such on a time adjustment form.
- D. Time off must be scheduled by submitting an electronic request in the time clock system. Time off requested at least two (2) weeks in advanced is considered scheduled. Time off requests of three (3) or more consecutive days must be scheduled at least (4) weeks in advance to be considered scheduled.

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- E. Time off is subject to supervisory approval, department staffing needs and established departmental procedures. Supervisors should give approval or disapproval to the employee as soon as possible.
- F. Employees are considered tardy when they fail to report to the assigned work site at the scheduled time. This includes returning late from breaks and lunch periods. Employees who expect to be late are to notify their supervisor. A late arrival of 30 minutes or more should be documented as a call-in.
- G. Employees who are absent even after finding their own replacement for their scheduled shift without their supervisor's acknowledgement will be subject to disciplinary action.
- H. Employees who are unable to report to work for their scheduled shift will need to contact their supervisor as soon as possible. Time requirements will be as follows:
  - 1. Inpatient unit employees must give four hours notice (as a minimum) prior to scheduled start of work.
  - 2. All other departments, the employee must give a minimum of two hours notice prior to scheduled start of work.
- I. A Call In is submitted electronically by the immediate supervisor who took the call. The documentation of the call in should include date and time of and reason for call in.
- J. The immediate supervisor will review schedules and attempt to find coverage for that employee. Administrator on-call will be contacted if attempts to find coverage are unsuccessful.
- K. Employees who call in for a scheduled shift before and/or after a holiday or vacation must submit proof of illness, Physician's statement, or proof of emergency. Failure to submit documentation may result in disciplinary action.
- L. If the employee requires more than three days off for illness/injury, the employee will not be able to return to work until a physicians' note is received stating that employee can return to full duty without limitations.
- M. Absences of three days consecutive days or more with or without anticipation of continued sporadic periods of time out due to medical reasons or to care for a

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dependant who is ill or injured may be documented as medical leave. Requests for medical leave must be submitted at least 30 days in advance.

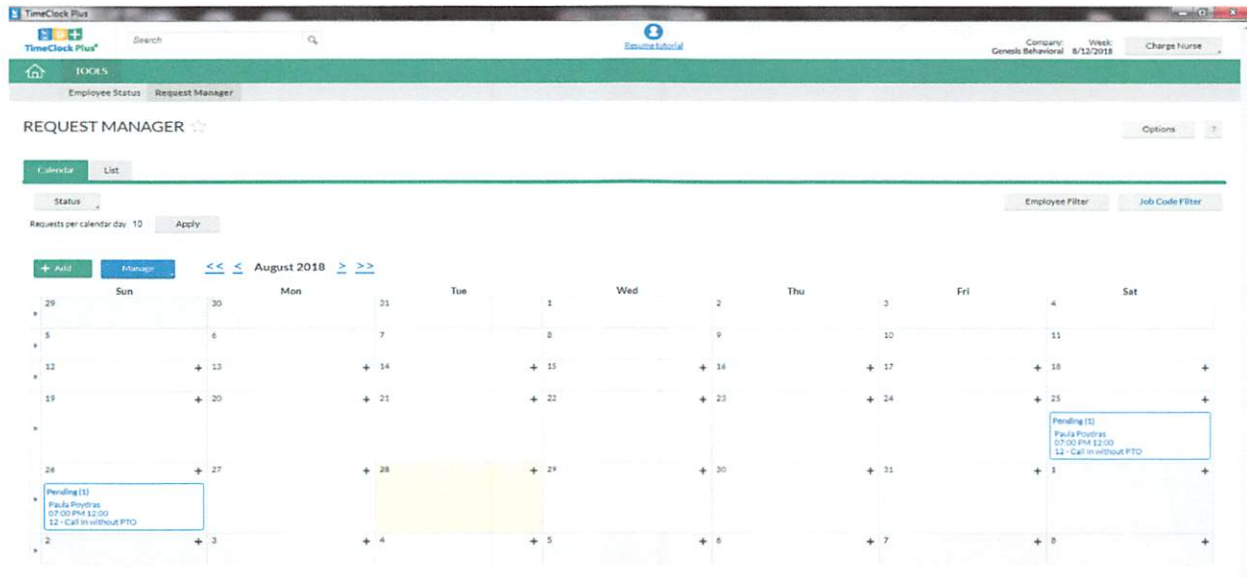
- N. Supervisors should notify HR of any notifications of possible medical leave needed. HR has the responsibility of determining whether the leave will be designated as Family and Medical Leave. HR will inform the employee their eligibility within five (5) days of being notified of the needed leave.
- O. A “rolling” 12-month period of time is used to determine the amount of leave designated as FML.
- P. Unscheduled absences will be monitored. An employee will be counseled when the frequency of unscheduled absences adversely affects the operations of the department. The supervisor may request that the employee provide a statement from a health care provider concerning the justification for an unscheduled absence.
- Q. Upon return from military leave, if within 5 years of departure, employees will be granted the same seniority, pay, and benefits as if they had worked continuously. Failure to report for work within the prescribed time after completion of military service will be considered a voluntary termination.
- R. Unreported absences of two (2) or more consecutive workdays are considered to be an employee’s voluntary resignation and will be ineligibility of rehire.



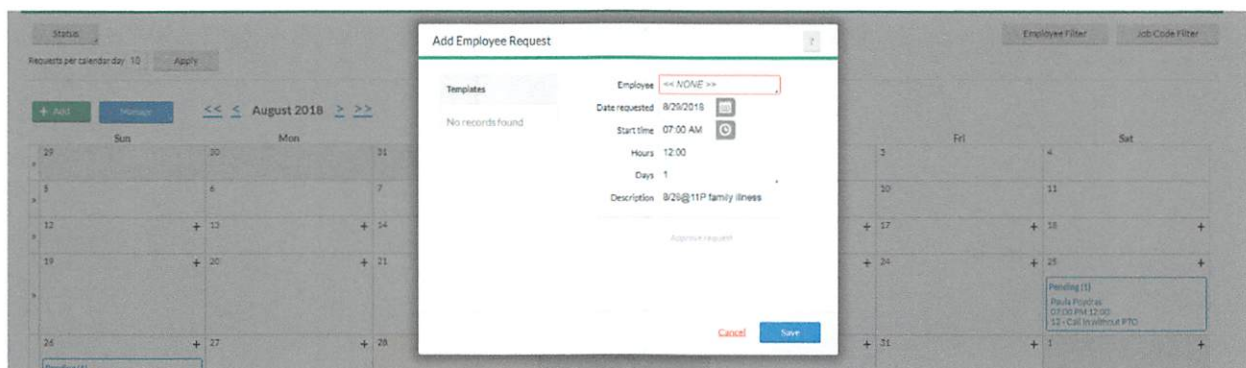
Select Company: Genesis Behavioral 1  
 User ID: CHARGENURSE  
 Password:

## Charge Nurse: How to submit a call in.

1. Use the ipad or desktop computer. There is an icon labeled "Call In"
2. User ID is chargenurse, password is 606Latiolais!
3. Upon logging in, the screen below will appear.



4. Add a call in by click on the "+" of the date which is the shift called in for. Ex. Jane called in at 11P on 8/28 for the shift at 7A on 8/29. 8/29 is the date which the call in should be added to.
5. Upon clicking the "+", the box below will appear. Click on the drop down box next to "employee" and search for the employee by typing their name. Once their name appears, click on it so that it is added as the employee.
6. Enter the details of the shift (date, start time and total hours of the shift) as well as the reason for the



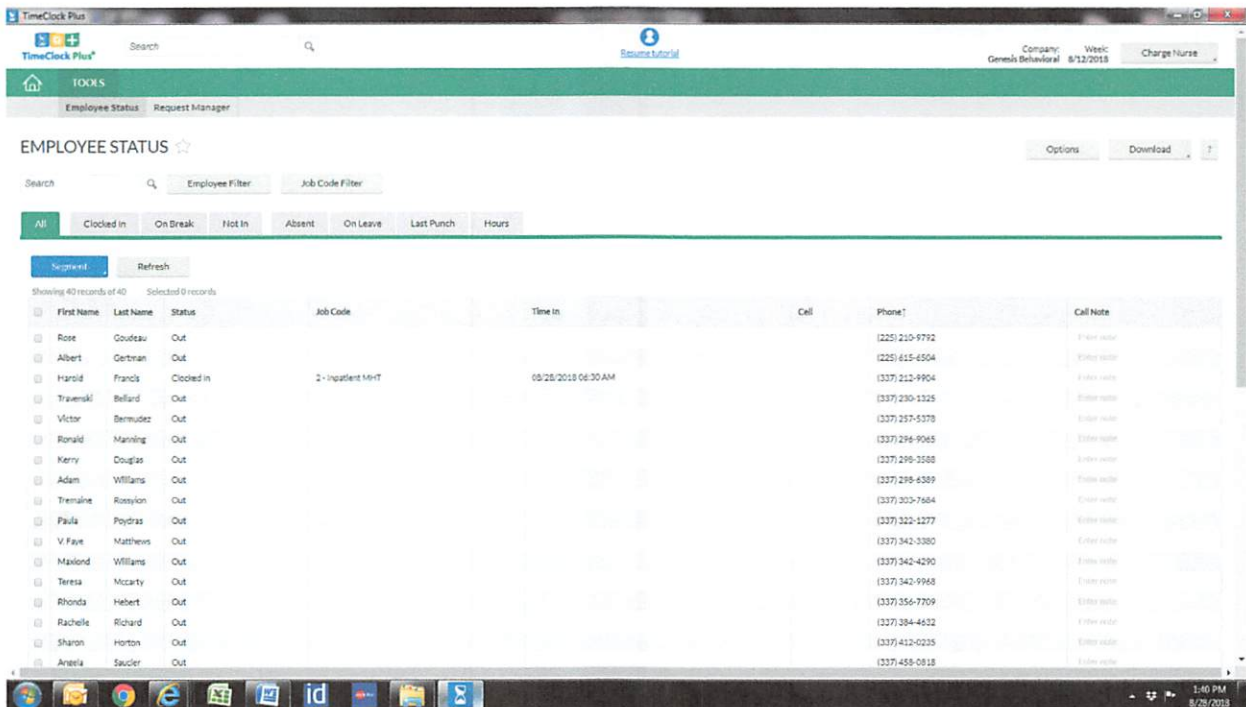
call in. See picture for an example.

7. Click Save.

### How to access employee contact numbers:

1. Log in as instructed above.

2. Click on "tools" and then "Employee Status" tab at the top of the screen and a list will appear as seen below.



TimeClock Plus

Tools

Employee Status

EMPLOYEE STATUS

Options Download

Search Employee Filter Job Code Filter

All Clock In On Break Not In Absent On Leave Last Punch Hours

Showing 40 records of 40 Selected 0 records

First Name	Last Name	Status	Job Code	Time In	Call	Phone	Call Note
Rose	Goudreau	Out				(225) 210-9792	Enter note
Albert	Gertman	Out				(225) 615-6504	Enter note
Harold	Francis	Clocked in	2 - Inpatient MFT	08/26/2018 06:30 AM		(337) 212-9904	Enter note
Traverski	Bellard	Out				(337) 230-1325	Enter note
Victor	Bernandez	Out				(337) 257-5378	Enter note
Ronald	Manning	Out				(337) 294-9945	Enter note
Kerry	Douglas	Out				(337) 296-3088	Enter note
Adam	Williams	Out				(337) 298-6389	Enter note
Tremaine	Rossion	Out				(337) 303-7684	Enter note
Paula	Poydras	Out				(337) 322-1277	Enter note
V. Faye	Matthews	Out				(337) 342-3380	Enter note
Maxlond	Williams	Out				(337) 342-4290	Enter note
Teresa	Mccarty	Out				(337) 342-9948	Enter note
Rhonda	Hebert	Out				(337) 356-7709	Enter note
Rachelle	Richard	Out				(337) 384-4632	Enter note
Sharon	Horton	Out				(337) 412-0235	Enter note
Anetia	Saucier	Out				(337) 459-0818	Enter note

1:40 PM 8/26/2018



# MEMO

**TO:** All Staff

**CC:** Jessica Broussard, COO, Kali Babineaux, HR

**FROM:** Connie Amy, RN, DON

**DATE:** 12.26.18

**RE:** Staff Lunch Breaks

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In order to ensure all staff receives a lunch break, we will begin the following:

1. Lunch break must be taken before 3:00.
2. Coordinate with each other at beginning of shift for a time preference.
3. Understand that times may need to vary somewhat due to situations on the unit. Try to schedule your break prior to admissions if possible.
4. If time is nearing 3:00, and you have not taken your lunch break, please inform the RN of the reason, and coordinate a specific time with them.

Let's all work together to ensure lunch breaks are taken.

Thank you,

# What to Remember About Lithium

By The Carlat Psychiatry Report

~ 1 min read

When it comes to Lithium, you can (thankfully) forget all about the P450 enzymes, because they don't touch this salt. Lithium enters the bloodstream, accomplishes its mysterious mood-stabilizing duties, and then is simply whisked out of the body intact by the kidneys via urine. So with Lithium, it's all about kidneys.

There's only one common way for Lithium levels to be decreased, and that's through caffeine intake. Caffeine increases the glomerular filtration rate, causing us to urinate more, leading to indiscriminate losses of solutes, including Lithium.

More to the point though, there are several ways for the kidney to get fooled into retaining too much Lithium.

These three drug interactions should be committed to memory:

**1. NSAIDs.** This includes every drug in the non-steroidal anti-inflammatory drug category except Aspirin and Clinoril (sulindac). If you have a patient on Lithium who is taking significant ongoing doses of ibuprofen (Motrin, Advil), indomethacin (Indocin), naproxen (Naprosyn, Alleve), or even the new Cox-2 inhibitors such as Vioxx or Celebrex, you'd better be more aggressive about monitoring Lithium levels, which can double. The mechanism is not entirely clear, but may relate to the inhibition of prostaglandins leading to interference with Lithium excretion.

**2. Hydrochlorothiazide.** This common diuretic treats hypertension by increasing Na (sodium) excretion in the distal tubule of the kidney, leading to increased urination, decreased total body water, and therefore decreased blood pressure. The kidney doesn't particularly like to see such havoc being played with its fine-tuned homeostatic mechanism, and actively tries to compensate for the loss of Na by retaining it elsewhere. But Na is very similar to Lithium (Li), and in snatching back up as much Na as it can, the kidney indiscriminately snatches up a lot of Li, causing an increase of up to 40% in Li levels.

**3. ACE inhibitors** (eg, lisinopril, enalapril, and captopril). These blood pressure medications work by inhibiting ACE (Angiotensin Converting Enzyme), which normally converts Angiotensin I to Angiotensin II.

Angiotensin II (A-II) is a great molecule if you like vasoconstriction, but if your blood pressure is high, you prefer ACE inhibition, which prevents too much A-II from being created. So how is all this related to Lithium? A-II also promotes the release of aldosterone, which causes the kidney to retain Na. If you lower A-II, you lower aldosterone, and limit the kidney's ability to retain Na. And, just as in hydrochlorothiazide (above), the kidney compensates by conserving Na in other ways, confuses Li for Na, and you get high levels of Li.

As an aside, both dehydration and low sodium diets can increase Lithium levels, by mechanisms similar to those discussed above: in both cases, the kidney's trying to hold onto sodium. So advise your sun-loving and diet-following patients accordingly.

Bottom line: With your Lithium-treated patients, remember the big three of Lithium toxicity: NSAIDs, ACE-inhibitors, and Hydrochlorothiazide. The TCR mnemonic is: "With Lithium, No ACE in the Hole." Monitor Li levels carefully when any of these are present.



# Akathisia

## What Is Akathisia?

Akathisia is a movement disorder that makes it hard for you to stay still. It causes an urge to move that you can't control. You might need to fidget all the time, walk in place, or cross and uncross your legs. Usually, akathisia is a side effect of antipsychotic drugs. You take these medicines to treat schizophrenia, bipolar disorder, and other brain conditions. That means your doctor can change your medicine or dose to relieve your symptoms of akathisia.

## What Causes Akathisia?

Not everyone taking an antipsychotic drug gets the disorder. Symptoms usually appear within a few days. Older, first-generation versions of these drugs are more likely to cause akathisia than newer ones. You're also more likely to get it if you start with a high dose, suddenly increase the dose, or stop a medicine suddenly.

Older antipsychotic drugs that may cause akathisia include:

- Chlorpromazine
- Droperidol
- Fluphenazine
- Haloperidol
- Loxapine
- Perphenazine
- Pimozide
- Prochlorperazine
- Thioridazine
- Thiothixene
- Trifluoperazine

Doctors aren't sure exactly why these drugs have this side effect. They may block chemicals like dopamine that help your brain cells talk to each other. In parts of your brain that control movement, dopamine plays an important role in muscle control.

Other medications can also bring on akathisia. They include:

- Drugs used to prevent vomiting and nausea
- Antidepressants like tricyclics and selective serotonin reuptake inhibitors (SSRIs)
- Calcium-channel blockers

So can health conditions like:

- Parkinson's disease
- Traumatic brain injury
- Encephalitis, a type of brain inflammation

## What Are the Symptoms?

The main sign of akathisia is a sense of restlessness and intense need to move. To relieve this feeling, you need to stay in motion. It usually affects your legs, usually while you're sitting. People with akathisia are likely to:

- Rock back and forth
- Pace or march in place
- Shift their weight from foot to foot
- Cross and uncross their legs
- Squirm or fidget
- Grunt or moan

Other symptoms include feeling irritable, stressed, impatient, or panicked. You may feel like jumping out of your skin.

## What Are the Types of Akathisia?

What kind you have depends on when you get the condition.

- **Acute akathisia** shows up soon after you start a medication. It lasts for less than 6 months.
- **Chronic akathisia** lasts for 6 months or more.
- **Tardive akathisia** may not show up until months or years after you take a medicine.
- **Withdrawal akathisia** usually sets in within 6 weeks after you switch or stop an antipsychotic drug.

## How Is Akathisia Diagnosed?

It's important to see your doctor if you have symptoms of akathisia. If left untreated, it can lead to distress, disruptive behaviors, or sometimes even suicidal thoughts. Don't stop taking medications unless your doctor says it's OK.

- **Physical exam** : Your doctor will check your body. You'll also sit and stand for a few minutes. They'll watch for symptoms like rocking or shuffling. They may fill out a rating scale like the Barnes Akathisia Rating Scale to judge how severe your symptoms are and track your progress as you're treated.
- **Medical history**: The doctor will ask about your medical history, what medications you're taking, and other conditions you have. This will help rule out other conditions that can cause similar symptoms:
  - **Restless legs syndrome** also causes an uncontrollable urge to move your legs, but mostly at night. You could also have leg pain.
  - **Tardive dyskinesia** is a side effect of antipsychotic drugs. It causes movements you do over and over, like blinking and grimacing. But you don't have control over them. With akathisia, you make the choice to move to relieve an urge.
  - **Anxiety or insomnia**. Because akathisia makes you feel restless and uneasy, it's easy to mistake it for these conditions.
  - **ADHD, agitated depression, mania, or psychosis**, which all have similar symptoms.

## How Is Akathisia Treated?

In most cases, your doctor will change your medicine. They may lower your dose or switch to a drug that's less likely to cause akathisia. They may also prescribe a medicine to treat your symptoms. Medications used to treat akathisia include:

- **Beta-blockers like propranolol:** These blood pressure medicines are usually the first treatment that doctors prescribe for akathisia.
- **Benzodiazepines :** These anti-anxiety medications are recommended only for short-term use.
- **Anticholinergics:** Doctors use these drugs less for akathisia and more for movement symptoms caused by antipsychotic medicines, like muscle stiffness or certain kinds of tremor.
- **Certain antidepressants , like mirtazapine or trazodone :** At low doses, these drugs relieve akathisia symptoms.
- **Drugs for Parkinson's disease, like amantadine :** These medicines may boost your dopamine levels in parts of your brain that control movement. This can ease akathisia and other muscle symptoms of antipsychotic drugs.
- **Vitamin B6 :** High doses could ease akathisia symptoms.

## Outlook for Akathisia

Once your doctor lowers your medication dose or finds the proper treatment, akathisia will usually go away. For a small group of people, it might last for 6 months or more. Or it could turn into tardive akathisia.

## Can Akathisia Be Prevented?

To prevent akathisia, your doctor should start you with a low dose of antipsychotic medication and gradually increase the amount over time.

WebMD Medical Reference | Reviewed by Joseph Goldberg, MD on December 19, 2018

### SOURCES:

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