

SkillsHub Learn-Track-Quiz

PRESENTED BY:

Karin J. Sherrill, MSN, RN, CNE, CHSE, ANEF



Our Speaker



Karin J. Sherrill, MSN, RN, CNE, CHSE, ANEF

Faculty Mentor/Consultant Maricopa Community Colleges

Agenda

- SkillsHub app Overview
- Content development
- SkillsHub for
 - Learning
 - Tracking
 - Assessing
- Control
- Skills Editing / Authoring



SkillsHub Overview

READY, SET, SUCCEED

Content Development

EVIDENCE-BASED

Skills Content Development

- Exploration of current practice from evidence-based resources.
 - Clinical Focused Journals
 - Professional Organizations
 - White Papers of Best Practices

Skills Content Development

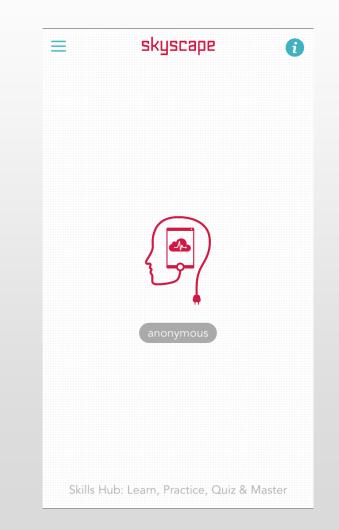
- Linked skills to national and internationally know resources for health care delivery (Center for Disease Control, National Institutes of Health, Infusion Nurses Society, etc.)
- Built skills based on critical elements of competency.
- Skill steps structured around QSEN competencies

SkillsHub

- Learn
- Track
- Quiz (Assess)



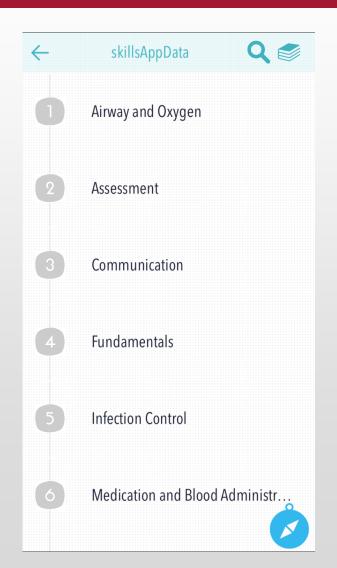




Learn, Track, Assess



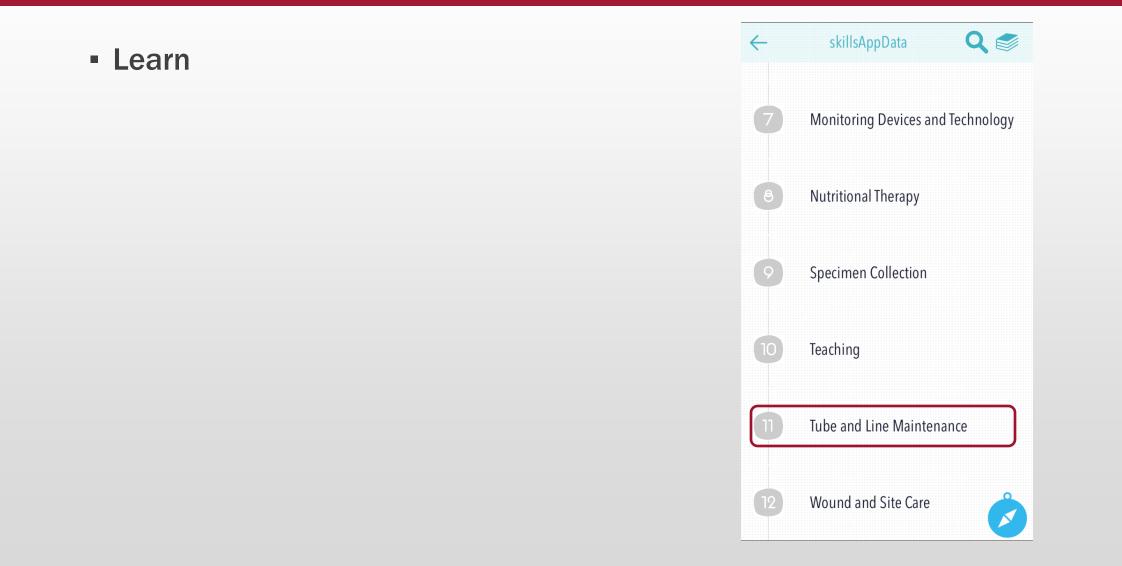
Sections view



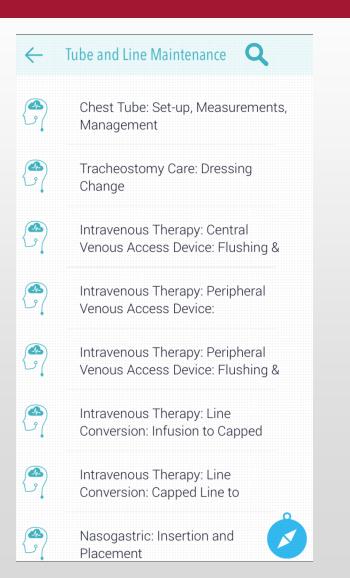
Search by Key Word

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Q Uri	nary Cancel			
Tube and Line Maintenance				
P	Urinary Care: Condom Catheter			
	Urinary Care: Indwelling (Foley) Catheter: Insertion: Female & Male			
	Urinary Care: Indwelling (Foley) Catheter: Irrigation & Removal			
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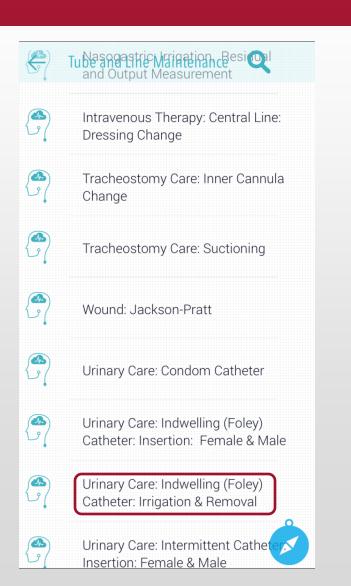




Learn



Learn



Learn

← Tube and	Line Maintenance
URINARY CARE: INDWELLING (FOLEY) CATHETER: INSERTI	ION: FEMALE & MALE
CRITICAL ELEMENTS • Supplies for sterile procedure should be si • Maintain aseptic technique throughout • Perform hand hygiene before and after pro • Wear clean or sterile gloves • Verbalized to patient before steps that man	ocedure
PROCEDURE FOR FEMALES	PROCEDURE FOR MALES
Prior to Treatment: (Critical Thinking) Access patients need for treatment Confirm order Gather equipment: Foley catheter kit, extra pair of sterile gloves	 Prior to Treatment: (Critical Thinking) Assess patients need for treatment Confirm order Gather equipment: Foley catheter kit, extra pair of sterile gloves
Patient Interaction: (Safety) Provide for privacy Explain procedure Confirm allergies Wash hands	Patient Interaction: (Safety) Patient identifiers Provide for privacy Explain procedure Confirm allergies Wash hands
 Steps of the Procedure (Patient Centered Care; Infection Control) 1. Assist the patient to the proper positioning for convenience and privacy. 2. Apply clean gloves and wash the perineum with soap and water. 3. Remove gloves and wash hands. 4. Organize work area including proper 	 Steps of the Procedure (Patient Centered Care; Infection Control) 1. Assist the patient to the proper positioning for convenience and privacy. 2. Apply clean gloves and wash the perineum with soap and water. 3. Remove gloves and wash hands. 4. Organize work area including proper lighting, trash can accessibility and overbact

Learn

room.	room.	
Documentation	Documentatio	
(Informatics,	(Informatics,	
Communication)	Communicatio	
• Size and type, of	• Size and t	
catheter.	catheter.	
• Patient's	 Patient's 	
response to	response	
procedure	procedure	
including urinary	including	
output.	output.	

Resources









Learn

	r Disease Control and	d Prevention	ich.	SEARCH	
	-	QRSIUYWXYZ#			
Healthcare Infect	tion Control Practic	es Advisory Committee (HICPA	C)		
НІСРАС	HICPAC > Publications > 2009 C	AUTT Guidaline		Print page	
About HICPAC	HICPAC - Publications - 2009 CAUTI Guideline			Download page:	
fember Roster	f 😏 🕂				
Charter	Guideline for Pr				
Event Calendar	Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009				
ethodology Guideline				Centers for Disease Control and Prevention	
ublications	2009 CAUTI Guidelines 2(4 available for download in PDI	07 KB / 67 pages) and Appendices 📆 (4.41 MB / 2	268 pages) are	Control and Prevention 1600 Clifton Rd Atlanta, GA 30333 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 Contact CDC-INFO	
2011 Guidelines for the Prevention of	II. Summary of Reco				
Intravascular Catheter- Related Infections	Table 1. N	fodified HICPAC Categorization Scheme* for Recommendations			
2011 Norovirus Guidelines	Category IA	A strong recommendation supported by high to			
2008 Disinfection & Sterilization Guideline	Category IB	moderate quality ⁺ evidence suggesting net clinic benefits or harms A strong recommendation supported by low qua			
Guideline for Isolation Precautions 2007	Category IB	evidence suggesting net clinical benefits or harm or an accepted practice (e.g., aseptic technique)	ns		
2009 CAUTI Guideline	Category IC	supported by low to very low quality evidence A strong recommendation required by state or	-		
Table of Contents	Category IC	federal regulation.			
Abbreviations	Category II	A weak recommendation supported by any quali evidence suggesting a trade off between clinical			
I. Executive Summary		benefits and harms			
II. Summary of Recommendations		Unresolved issue for which there is low to very l v/ quality evidence with uncertain trade offs betwee benefits and harms			
III. Implementation and Audit	*Please refer to Methods (p.	2) for implications of Category designations 29-30) for process used to grade quality of eviden	ce		
IV. Recommendations for Further Research			Top of Page		
V. Background	I. Appropriate Urinary	/ Catheter Use			
VI. Scope and Purpose VII. Methods	A. Insert catheters only for appropriate indications (see <u>Table 2</u> for guidance), and leave in place only as long as needed. (Category IB) (Key Questions 1B and 2C)				
VIII. Evidence Review		ry catheter use and duration of use in all patients, risk for CAUTI or mortality from catheterization su			
References	the elderly, an	ch as women, (Key Questions)			
Figures	1B and 1C)				
CAUTI Guideline Fast Facts	 Avoid use of ur management of 				
Podcast: Dr. Sanjay Saint discusses CAUTIs	a. Further research is needed on periodic (e.g., nighttime) use of external catheters (e.g., condom catheters) in incontinent patients or residents and the use of catheters to prevent skin breakdown. (No				
Management of MDRO's in Healthcare Settings	recommendation/unresolved issue) (Key Question 1A)				
Guidance on Public Reporting of HAIs 2003	 Use urinary catheters in operative patients only as necessary, rather than routinely. (Category IB) (Key Question 1A) 				
Guideline for Prevention of Surgical Site Infection, 1999	 For operative patients who have an indication for an indiveiling catheter, remove the catheter as soon as possible postoperatively, preferably within 24 hours, unless there are appropriate indications for continued use, (Category IB) (Key Questions 2A and 2C) 				
Proceedings & Presentations			100		
Contact HICPAC	Table 2. A. Examples of Use ¹⁻⁴	f Appropriate Indications for Indwelling Ureth	ral Catheter		

skyscape

Learn



Home → Medical Encyclopedia → Indwelling catheter care

Indwelling catheter care

You have an indwelling catheter (tube) in your bladder. "Indwelling" means inside your body. This catheter drains urine from your bladder into a bag outside your body. Common reasons to have an indwelling catheter are urinary incontinence (leakage), urinary retention (not being able to urinate), surgery that made this catheter necessary, or another health problem.

What to Expect at Home

You will need to make sure your indwelling catheter is working properly. You will also need to know how to clean the tube and the area where it attaches to your body so that you do not get an infection or skin irritation. Make catheter and skin care part of your daily routine.

Avoid physical activity for a week or two after your catheter is placed in your bladder.

Cleaning Your Skin

You will need these supplies for cleaning your skin around your catheter and for cleaning your catheter:

- 2 clean washcloths
- · 2 clean hand towels
- Mild soap
- Warm water
- A clean container or sink

Follow these skin care guidelines once a day, every day, or more often if needed:

Related MedlinePlus Health Topics

After Surgery Bladder Diseases

Spinal Cord Injuries

Urethral Disorders

Urinary Incontinence Urine and Urination

Read More

Radical prostatectomy

Stress incontinence

Transurethral resection of the prostate

Urge incontinence

Urinary incontinence

Patient Instructions

Prostate resection - minimally invasive - discharge Sterile technique

prostate - discharge

Transurethral resection of the

Learn

Skill Video Link

Tube and Line Maintenance
 INARY CARE: INDWELLING (FOLEY) CATHETER:
 SERTION: FEMALE & MALE

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RITICAL ELEMENTS

Supplies for sterile procedure should be single-use Maintain aseptic technique throughout Perform hand hygiene before and after procedure Wear clean or sterile gloves Verbalized to patient before steps that may cause discomfort PROCEDURE FOR FEMALES

Learn



More Options

Tube and Line Maintenance

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EXP

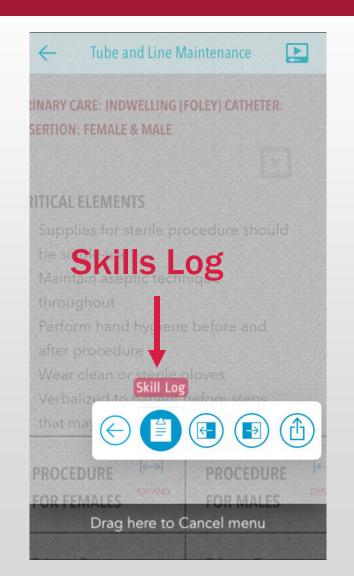
NARY CARE: INDWELLING (FOLEY) CATHETER: SERTION: FEMALE & MALE

RITICAL ELEMENTS

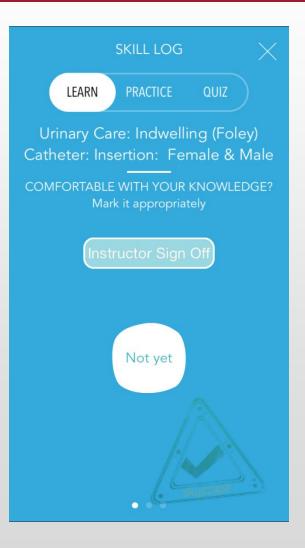
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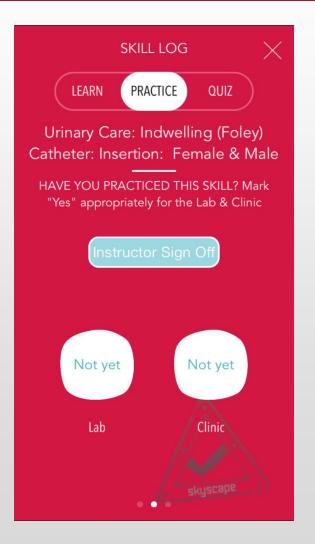
Supplies for sterile procedure should be single-use Maintain aseptic technique through**WORE** Perform hand hygiene before and after procedure Mear clean or sterile goves Verbalized to patient before steps that may cause discomfort PROCEDURE FOR FEMALES

Track



Tracking/Logging







Report

Track

- Learning
- Practice
- Quiz

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	Learn	Practice	Assess
Airway and Oxygen			
Chest Physiotherapy	*		
Incentive Spirometry			
Oxygen Delivery: Mask & Nasal Prongs	*		
Suctioning: Oral & Nasal			
Suctioning: Endotracheal			
Assessment			
Developmental	×	**	
Mental Health: Abuse & Withdrawal	*		
Pain	*		
Physical: Abdominal			
Physical: Cardiac & Peripheral Vascular			
Physical: Musculoskeletal			
Physical: Neurological			
Physical: Pulmonary			

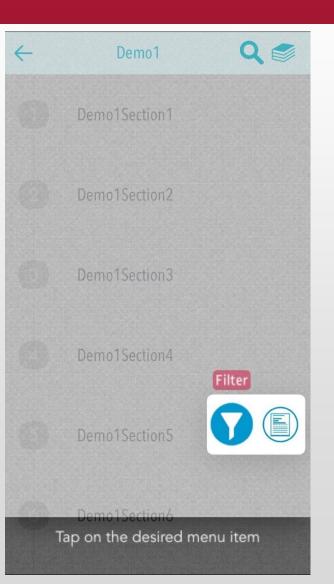
Assess - Skills

- Faculty can sign-off
- Enter pre assigned code
- Select proficiency from dropdown
- Add comments

LEARN PRACTICE QUIZ
Urinary Care: Indwelling (Foley)
H Select Proficiency
Done
Excellent
Good
Satisfactory Poor

Filters and Reports

Filters and Reports



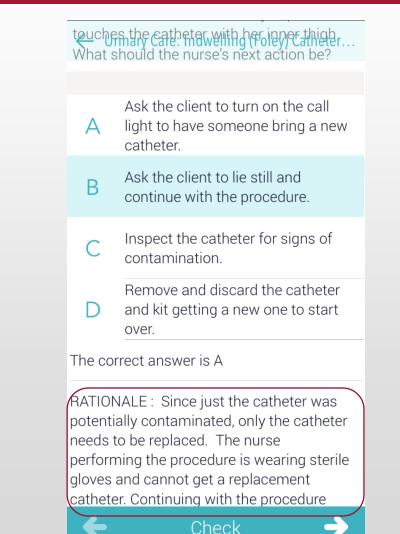
Assess - Quiz

Quiz/Assess



Assess - Quiz

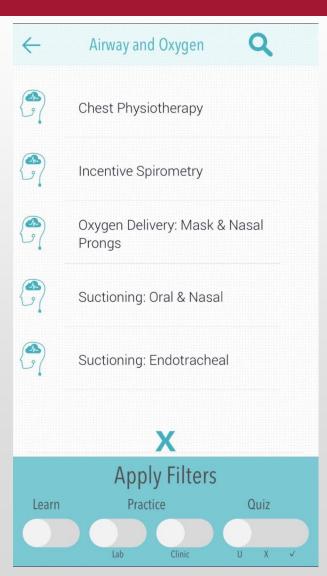
- Tracks if the student selects the correct answer on first attempt
- All questions include rationale for the correct answer





Control

Apply filters and control student access



Your Content in SkillsHub

BUILD IT THE WAY YOU LIKE

Skills Content Development by You

Complete the standardized template

Prerequisite Skills: Critical Element Criteria: Critical Elements Procedure Prior to Treatment: (Critical Thinking) Patient Interaction: (Safety) Steps of the Procedure: (Safety) After Procedure (Patient Centered Care) Documentation (Informatics, Communication) Video:

Resources:

Skills Content Development by You

Prerequisite Skills: Pulmonary Assessment

Critical Element Criteria:

Students must meet criteria of Critical Elements to safely perform the skill based on evidence-based-practice. Score can be pass/fail, letter grade or point assignment. Only acceptable score for Critical Elements is 100%

Critical Elements

- Safe positioning of patient
- CPT completed over ribs only, not below the ribs or over the stomach
- Percussion follows order for location and length of time

Procedure

Prior to Treatment: (Critical Thinking)

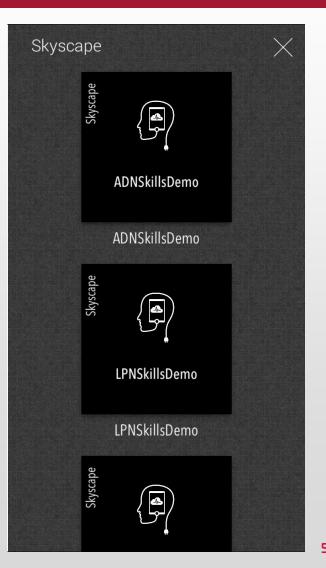
- Assess patients need for treatment
- Confirm order
- Consider completing procedure before meals or at least 1-2 hours after a meal; consider best results in early morning
 and at bedtime
- · Consider administration of Small Volume Nebulizer or Metered Dose Inhaler prior to procedure
- Administer pain medication if needed
- Gather appropriate equipment: Pillows, table or bed for proper and comfortable positioning, hand or percussor, clock
 or timer, tissues or sputum cup

Patient Interaction: (Safety)

- Patient identifiers
- Provide for privacy
- Wash hands
- Explain procedure
- · Educate patient about reporting discomfort

Modules

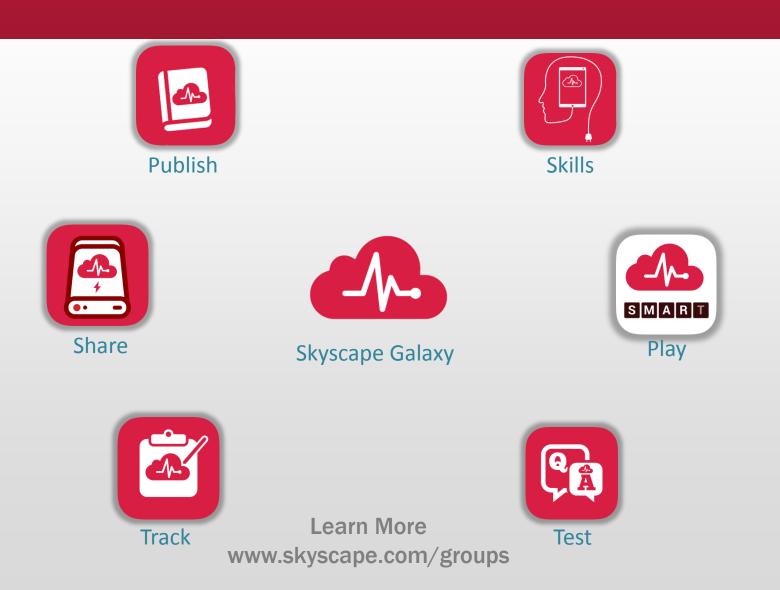
- Divide Skills into module
 - By course
 - By level



Q & A

• Questions?





Thank You

- To learn more about Skyscape offerings visit:
 - www.skyscape.com/groups
- To learn more about our Webinar Series visit:
 - www.skyscape.com/webinars2015
- Other Questions:
 - Email <u>webinar@skyscape.com</u>