REHAB NURSE-L

Uniforms and Electronic Medical Records (EMR)

The following questions and responses were posted on the Listserv RehabNurse-L.

Question...
I have a couple of questions for inpatient rehabilitation units—our nursing dept wants us to wear black scrubs:

1. Do nurses wear uniforms or street clothes?
2. If they wear uniforms, are the uniforms a particular color?

Responses...
...We do not allow black (or camouflage). Patients complain that it is too depressing. Navy blue would be better. We do not have a set color for disciplines here, though. Our nursing staff can wear any type of scrub top or uniform that fits within our dress code. Therapy staff wear street clothes.

...We also wear uniforms here, color coded to the profession. Registered nurses wear royal blue or white with coordinating uniform tops of any kind—print or solid. The certified nursing assistants (CNAs) wear ceil blue with coordinating tops. Respiratory and patient safety companions have other colors. Therapists wear either street clothes or uniforms (no color coding for them).

Our hospital conducted an interesting study on nurses’ uniforms. Patients and visitors found all white to be the most “professional” and print tops to be most “approachable.”

...We actually did a focus group along with research for standardizing uniforms/scrubs 3 years ago. As a result, all disciplines wear scrubs. Nurses wear navy blue or white, therapists (physical therapy, occupational therapy, and recreational) wear wine, patient care techs/health unit coordinators wear sandstone, and respiratory wear green. Patients and families seem to like the uniformity because it helps them differentiate who is caring for them.

...We are also in the process of transition. As of August, all registered nurses (RNs) will be wearing navy blue, licensed practical nurses light blue, PCTs wine, ward clerks/secretaries olive green, and therapists will wear ceil blue tops and black pants. This has been done because of research and patient satisfaction.

In addition to the color coding, we are hopefully having extenders on our nametag that will indicate in large letters RN, PCT, because although the specific colors mean...
something to us (as this Listserv has shown), almost all facilities are assigning different colors to different disciplines, and patients won’t know what color means what.

...Color coding was considered at our facility several years ago but it was voted down due to the fact patients were not able to remember which color was for which discipline. Also, we use scrubs of whatever design we choose because they do make working easier. The variety of scrubs available today can correlate to street clothes and assist the patients in recognizing the transition toward home as long as each of us strive to deal with the rehab principles of working toward independence.

...Our nurses are encouraged to wear street clothes because we want a “feeling of wellness on the unit.” If they want to choose scrubs, we ask them to pick out scrubs that don’t look like scrubs (e.g., no V-neck, elastic bottoms, or green hospital colors). Make them colorful or patterned to look like street clothes. We don’t want the patients to think this is a hospital where they say, “nurse, I need help to reach the water glass.” This is rehabilitation; this is a school where we help them learn to help themselves. The street clothes play a subtle role in that rehabilitation philosophy. Staff members do wear name badges, along with big letters to identify RN, TP, PT, OT, etc.

...I totally agree that street clothes should be worn. It gives the patient a visual cue that they are transitioning home and away from the acute medical environment even though they are in an acute rehabilitation. It separates us by appearance from medical/surgical nurses. I find that patients are more relaxed in this environment, more hopeful, and the approach to care is different for them. Every rehabilitation setting that I have been in since 1983 has used street clothes. Everyone wears street clothes: OT, PT, SLP, doctors, nursing assistants. There are a few nurses who wear scrubs per their choice and somehow they blend in without it being a glaring difference.

...Working in a rehabilitation unit within a trauma 1 hospital, I have to say that we also recognized that patients have difficulty identifying their caregivers. So, staff members wear the badge extender with their role identified in bold ½-inch lettering. What happened to individual taste and variety? The patients like the colorful uniform scrubs. The staff has spent a lot of money on their work wardrobe. I think it would be a great staff dissatisfier to enforce a one color uniform code. We are currently working on the work environment and believe that wearing colorful scrubs with clear role identifiers gives the patient and the staff what works best for both parties.

...We are a banner facility and wear the standard dark blue scrubs with CNAs wearing light blue scrubs and therapists wearing brown scrubs. I like blue. Imaging wears black, and they say that it shows everything. They vote for blue.

...As of April 1, our hospital, including our rehabilitation department, is going toward a standardized uniform. Blue and white for RNs, maroon and black for CNAs, and black
and white for managers. No street clothes are allowed. Special holiday scrubs allowed for each respective holiday. Looking forward to it.

Question...
This question is for EPIC users or others who use an emergency medical record (EMR) and barcoding for medication administration. We will go live with EPIC in 2 months and will start scanning medications and patient IDs. We are curious as to how, if at all, scanning medications and an electronic EMR affect morning therapy schedules? Did the therapy schedules get adjusted? Do you have a window of time around the breakfast hour that is nursing only?

Responses...
...We use EPIC and have bar scanning. It has not interfered with therapy because we have both bedside computers for charting and WOWs (wireless on wheels). All computers, including the WOWs have barcode scanners attached. We also have a WOW in the therapy gym and ADL Clinic. Having WOWs is essential to make it work in the rehabilitation setting.

...We use Meditech and we went live with medication bar coding about 2 months ago. It did not impact the therapy schedule at all. There is no therapy scheduled between 8 and 8:30, so the nurses try to give most of their medications during this time. Each RN has their own computer on wheels so there is no time wasted waiting for a computer.

...There were no adjustments made to the schedule. Nurses follow patients to administer meds when necessary. Our computers are on wheels so they are easily transported. Our scanners are wireless so scanning can also be done away from the computer.

...We have been scanning medications for 2–3 years (we use Computer Programs and Systems, Inc. [CPSI] and it works very well). As with anything new, there was fuss at first from nurses but most everyone likes it now. Our scanners are on our medication carts and we go with the patients at medication time with very little therapy interruption and all our therapists understand.

...We also have CPSI and have scanners attached to the computer. The computers are portable, but are very difficult to push on carpeted areas. Also, we find that with all the furniture and equipment in rooms, it is difficult to maneuver close enough to the patient to reach their arm band. Another issue we encountered was the pharmacy had trouble getting the national drug codes accurately set up in the system. It continues to be a struggle after 3 years. We are hoping to find a pot of gold at the end of the rainbow so that we can purchase handheld devices. Our compliance rate with scanning the medications is quite low.
Information was obtained from a recent posting on the ARN Listserv RehabNurse-L. If you would like to subscribe, send an e-mail to rehabnurseL-subscribe-request@home.ease.lsoft.com. Place the word “subscribe” in the subject line. After subscribing, you will receive a welcome message with instructions.