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Patient Care News: January 2015

St. Cloud Hospital

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Jan. 2015

Are We Keeping Staff Safety in Mind When We Move Our Patients?

When you are moving a patient, are you planning prior to the move, considering what will be the safest method of moving for both you and the patient? Are you putting yourself at risk for injury with the choice you make? Please remember to consider these key points with all patient transports:

Safe Patient Transport

- Educate patient/family about the Safe Patient Handling (SPH) law. This law requires care facilities to minimize manual lifting to keep both the patient & staff safe with all patient moves.
- Plan before you move any patient, determining the safest mode of transportation for all involved.
- Use the SPH policy/algorithms as a reference, selecting *powered* transport devices over *non-powered* transport devices.
- Consider the patient size, weight, mobility limits and patient's ability to assist.
- If all equipment is not attached to the bed/stretcher/wheel chair, per SPH policy, 2 staff must do the transport.
- A HoverMatt should be used to minimize lifting and provide patient comfort with lateral transfers.
- The bariatric motorized wheel chair (*located on the 2nd floor in the corridor between Telemetry and Neurodiagnostics*) or a Zoom stretcher may be most appropriate for a patient of size. Even if the patient is ambulatory, a zoom stretcher may be the safest for the patient & the person transporting.
- Receiving department may request transportation via a specific mode. The patient may need to be in a specific position for testing & this may impact the mode of transportation. If you are uncertain, please call the receiving department for clarification.
- "Stop the Line" and speak up if the move feels unsafe for you or the patient.

If you don't take the time to consider these points with each patient transport, you, a coworker or a staff member from another department, may be placed at risk and be injured moving a patient.

Thank you,
Safe Patient Handling Committee

Dated: 12/26/14

Nasal Cannula (NC) Systems

Barb Manuell, RN-NPS, AE-C, Respiratory Therapy Educator

Due to an increased request for high flow NC systems please be aware of the following: Low flow NC and bubblers that are found in clean receiving rooms around the hospital can go from .5 - 6 L. The high flow cannulas have a different therapeutic range than do the regular cannulas. They are also more costly, and we need to use devices that are both cost effective and fit the patients oxygen needs. The following is a guideline to help with the decision to request a high flow nasal cannula:

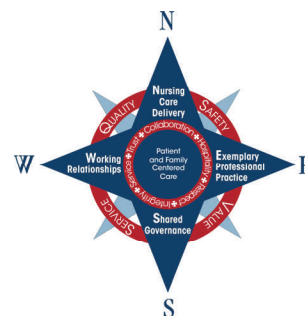
- The patient needs to be below their SpO2 low goal at 6 lpm before calling for a high flow nasal cannula.

Other reminders:

- There are Respiratory therapy supplies on many of the floors. There are high flow cannulas stocked there. This is so that the Therapists have supplies available, so please do not take supplies to put on patients. The Therapist needs to not only set it up on the patient but needs to follow the patient more closely due to their high oxygen needs.
- If the patient O2 needs decrease less than 6 lpm, it is not necessary to change the equipment to the standard cannula and bubbler.
- Documentation point: once the patient weans to below 6 lpm, it is not considered high flow so there is no need to document "high Flow".

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Principles of Cultural Competence

Sponsored by the Cultural Competence and Communication Committee

The following is a series of articles to raise awareness and knowledge of cultural competence. Although it is taken from a nursing reference, it has meaning for any healthcare giver.

PART 1 OF 10:

Definition of Cultural Competence:

Cultural and linguistic competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, in an agency, or among professionals; together, they enable effective work in cross-cultural situations (Cross et al., 1989).

- The word *culture* refers to integrated patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (Office of Minority Health, 2001).
- The word *competence* implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs of individuals and their communities (Office of Minority Health, 2001).

In health care settings, culture and language differences may result in misunderstanding, lack of compliance, or other factors that can negatively influence clinical situations. In this section, definitions are provided that are important to cultural competence discussions, understanding, and awareness.

OMH recommends the following strategies to implement CLAS Standard 1:

- Focus on the behaviors of all staff by offering periodic training and including cultural competence information in new employee orientations.
- Show your commitment to cultural competency by including cultural competency skill sets into job descriptions, and include these skills in regular performance reviews.

Principles of Cultural Competence: Implications for Nurses:

Patients benefit when nurses learn more and become confident in their ability to care for diverse cultural groups. Specifically, patients may be more satisfied with their health care interactions and may increase treatment compliance. Nurses have many ways to intervene with patients in a culturally appropriate way. However, nurses must be aware of the factors that affect their ability to provide culturally competent care, especially because their biases may be unconscious. The importance and need to increase one's self-awareness is discussed in the future articles.

Taken from: *Culturally Competent Nursing Care: A Cornerstone of Caring*. (2013). Office of Minority Health. U.S. Department of Health & Human Services.

New Public Prayer Space Now Open at St. Cloud Hospital

Submitted by: Andra Johnson, Communications Specialist

St. Cloud Hospital's new Prayer and Meditation room near Lakes Lobby on first floor now is open. This space offers a quiet place for prayer and meditation for patients, visitors and staff from all faith traditions 24 hours a day. Prayer pillows, prayer rugs and chairs support various styles of prayer and meditation.

Updates to the Animal/Pet Visitation Policy

Submitted by: Cathy Barden, Infection Prevention and Control Department

The Animal/Pet Visitation Policy has been updated to reflect evidence based infection prevention and safety measures. The policy is located within the Infection Prevention and Control manual on CentraNet. To minimize duplication within policies, the updated policy combines former policies: *Animal Visiting* and *Animal Assisted Activity and Animal Assisted Therapy Program*.

Highlights of policy changes are:

- The only animals allowed in the hospital will be for visitation of a patient by a personal pet, service animals, and animals in the Animal Assisted Activity/Animal Assisted Therapy program. Community members who bring animals that do not fit into one of these categories will need to be asked to leave the premises.
- A Security Officer **must** be notified immediately upon animal arrival; they have assumed responsibility of being aware of all animals entering the premises. Records of pet's health must be updated and available for review. Any questions and concerns regarding infection prevention and control can be directed to the IPC department.
- The preferred method of transporting personal pets within the hospital is in a clean animal carrier. At a minimum, all animals must be restrained on a short leash. Use of retractable leashes is not allowed.
- Per the Americans with Disabilities Act, records of immunization for a service animal cannot be requested. Also, if it is not obvious what service an animal provides, only limited inquiries are allowed. Staff cannot ask about the person's disability, require medical documentation or require proof of special training. Staff may only ask two questions:
 - Is the service animal required because of a disability?
 - What work or task has the dog been trained to perform?
- All animals must be bathed within 24 hour prior to visit. They must be free from communicable diseases and parasites and be on a flea control program. The animal must not have eaten raw foods of animal origin within the previous 90 days.

Click to view:

[Animal/Pet Visitation Policy](#)
[Patient Education: Animal Visiting Teaching Sheet](#)

Upcoming Education & Professional Development

January

- 19/20 Hospice & Palliative Care Nurse Certification Prep Course; Windfeldt*
- 29/30 CAPA/CPAN Certification Review Course; Hughes/Mathews*
- 30/31 HTI Healing Touch Certification, Level 2; 8:30am-6:00pm; CentraCare Health Plaza

February

- 5 Cardiology Conference; 7:00am-4:15pm; Windfeldt*
- 10/11 Oncology Certification Prep Course; 7:30am-4:45pm; Hughes/Mathews*
- 24/25 Certified Nursing Manager Leader (CNML) Prep Course; All day; Hughes/Mathews*

*Located at the CentraCare Health Plaza

Clinical Ladder Status

Congratulations on your attainment and/or maintenance of:

Level IV:

Sheila Campbell, RN Intensive Care
 Roland Brummer, RN Oncology
 Jill Libbesmeier, RN Oncology
 Shannon Krumvieda, RN Emergency Trauma Ctr
 Lisa Kilgard, RN Medical 1

Level III:

Nicole Nelsen, RN Neuroscience Spine
 Colleen Porwoll, RN Bone and Joint
 Kimberly Ruprecht, RN Oncology
 Cindy Stormo, RN Neuroscience Spine
 Felicia Morrissey, RN Kidney Dialysis
 Lisa Hall, RN Bone and Joint