

CentraCare Health

DigitalCommons@CentraCare Health

Patient Care News

CentraCare Health Publications (Newsletters,
Annual Reports, Etc.)

2-2015

Patient Care News: February 2015

St. Cloud Hospital

Follow this and additional works at: <https://digitalcommons.centracare.com/patient-care-news>



Part of the [Organizational Communication Commons](#)

Recommended Citation

St. Cloud Hospital, "Patient Care News: February 2015" (2015). *Patient Care News*. 3.
<https://digitalcommons.centracare.com/patient-care-news/3>

This Newsletter is brought to you for free and open access by the CentraCare Health Publications (Newsletters, Annual Reports, Etc.) at DigitalCommons@CentraCare Health. It has been accepted for inclusion in Patient Care News by an authorized administrator of DigitalCommons@CentraCare Health. For more information, please contact schlepers@centracare.com.



Patient Care News

February 2015

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 2 OF 10:

Why Culturally Competent Care?

In recent years, life expectancy has increased and overall health has improved for most Americans. But not all Americans are benefiting equally. Non-dominant racial and ethnic groups experience unequal burdens of disease and death. Some of the potential reasons associated with these disparities include unequal treatment, stereotyping, language barriers, limited health literacy, and patient/provider miscommunication (Institute of Medicine, 2002).

Nurses need to be sensitive to these sociocultural factors and assess opportunities that can result in positive changes for their minority and underserved patients. Nurses play a very important role in the health care delivery system since they spend more time in direct patient care than other groups of health professionals and have a unique opportunity to improve access to care, quality of care, and health care outcomes for patients, especially those subject to racial and ethnic health disparities.

Increasingly diverse racial, ethnic, and sociocultural backgrounds of patients, colleagues, and staff may present challenges to you as you strive to provide quality care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively influence clinical situations and impact patient health outcomes. Cultural competence is a set of behaviors, attitudes, and skills that enables nurses to work effectively in cross-cultural situations (OMH Web site, 2005).

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

Nominate a Nurse for the Daisy Award

St. Cloud Hospital is proud to recognize its extraordinary nurses with The DAISY Award, a national award that honors the compassionate care and clinical excellence our nurses bring to their patients every day. Each year, 12 nurses are selected for the DAISY Award. Winners will be honored during Nurses Week in May.



You may nominate a nurse for the DAISY Award by filling out a nomination form found on CentraNet under Employee Resources > Recognition > St. Cloud Hospital Awards > DAISY Award.

Inside this issue:	
Understanding the Urology Tech Role	2
ART Calls	2
Reminders from the Staffing Office	3
Upcoming Education and Professional Development	3

Clinical Ladder Status

Congratulations on your attainment and/or maintenance of:

Level IV:
 Mary Gross, RNOncology
 Traci Berns, RN Surgical Care 2

Level III:
 Sarah Boucher, RN Surgery
 Michelle Mager, RN Surgery
 Amy Bemboom, RN Family Birthing
 Linda Saeher-Miller, RN Heart Center
 Nicole Higel-Backes, RN Telemetry
 Wanda Rathbun, RN Cardiovascular Thoracic Unit

Understanding the Urology Tech Role

Barb Scheiber, Director of Patient Care Support

There's a lot of history with this position. Some things have changed over the years so it's a good time to clarify a few things. Years ago, this position was called the House Orderly. The orderly was called for heavy lifting and for all male urinary catheters. In those days, there were 3-4 on duty each shift. Today the Urology Tech role is not the person to call to do a "heavy" lift. They are held to the same lifting restrictions as any other staff member. When lifting demands exceed 35lbs/person, lifting devices and equipment are to be used. There are many more male RNs/LPNs on each unit contrary to the all female staff of years ago. Currently, we staff only two Urology Techs from 8:30am -12 midnight and one from midnight - 8:30am. They are here to support you but can only stretch so far. Below is a summary of things they do on a routine basis:

- **Urinary Procedures:** The Urology Techs (UTs) are not a male cath team. Just as female nurses cath female patients, a male nurse would cath male patients. If there are special circumstances, such as the patient requires a certain type of catheter (i.e. coude), or additional problem-solving beyond routine cathing, the UT should be called. If a male nurse is inexperienced and needs assistance, this is also a reason to call the UT. Bladder scans are done by the UTs on units that do not have their own scanner or when staff needs assistance to validate a reading. Urology Techs also attend to other urological needs such as manual irrigations to control bleeding and provide education for leg bags upon discharge.
- **Orthopedic care:** While orders to apply traction are infrequent, the UTs do this across the house. They also set up overhead bed frames and apply bed extenders. Currently there is a limited supply of bed extenders house wide, so these are usually reserved for patients who are 6' 4" or taller. We are moving toward all Hill Room beds which have built in extenders. Eventually the issue of rationing will go away.
- **Equipment Resources:** The UTs are familiar with various types of lifting devices and also assist with setting up bari beds. They have access to the Hoverjack which can raise a person lying on the floor to the height of a cart for easy transport. UTs have access to bed storage for replacement beds. Please be sure to label malfunctioning beds and indicate what doesn't work as this saves Maintenance time diagnosing the problem.
- **Response to Codes:** UTs apply the Lucas device at Code Blues. They're part of the BERT response for behavioral issues and have a specific role in other codes as well. Codes are their top priority so any calls during this time will likely result in a delayed response. Please refrain from calling shortly after a code call.
- **Post Mortem Care:** UTs assist funeral directors at the unit level or in the morgue. They also assist the Minnesota Lions Eye Bank with eye donations and provide transport to and from the OR for organ and tissue donations.
- **Pacer Checks:** Recently, the UTs were trained to interrogate pacers on units that relied on a company rep to come here which sometimes took 2-3 hours. Units other than ETC, Med 2/MPCU and Tele now call the UT. Please keep in mind, the response time could take a while but it is still faster than waiting for a rep to travel here.
- **Male Body Searches:** If there is no male staff person available on a unit, or anytime there is a privacy concern for a male patient, the UT can be called to assist.

In summary, we ask that you utilize the Urology Techs for things that require their special skills versus routine cares. Thank you for your help and understanding!

ART Calls

*Melissa Fradette MSN, RN, CCRN
Nurse Clinician, ICU*

The Acute Response Team (ART) is a resource available to help with evaluation and provide interventions for patients whose condition is changing, particularly deterioration. The ART Team consists of an ICU RN and Respiratory Therapist (RT) who bring critical care expertise to the patient and the staff caring for them; a "second pair of eyes". The patient's nurse retains the primary responsibility for the patient along with the attending physician. The ICU RN/RT can make recommendations based on their assessment and vital sign findings. The physician/provider must be kept informed of any patient condition changes and should be contacted prior or simultaneous to an ART call. The physician/provider will provide direction to the patient's nurse/ART team for interventions to implement.

General Reminders from the Staffing Office

Terri Krause, Coordinator, Staffing/Scheduling & Secretarial Svcs

The Staffing Office would like to remind you of some important information related to On-Call, exchanges and other general reminders.

- Please make every effort to utilize the Electronic Email Request System to request on-call for your shift.
- Please do not request on-call if you are not feeling well or if you are unable to report to work if called in. We place staff on-call to provide backup to the patient care units for increased patient care needs for that shift.
- Please keep in mind that on-call begins 1 hour prior to the start of your shift. When placed on-call, you should be ready to report to work within 1 hour of being called in by the Staffing Office. Staff living a distance greater than 1 hour away are responsible for making arrangements to report to work within the 1 hour timeframe.
- If Staffing is unable to personally speak with you when placing you on-call, or need to call you in to work, they always ask that you call Staffing as soon as you receive the message. It is important we hear back from you in a timely manner.
- The automatic end for on-call does not apply to staff who are scheduled for 12 hour shifts. If placed on-call for the first portion of a 12 hour shift, the employee would remain on-call until the start of the next shift.
Example: Scheduled 7A-7:30P and granted on-call for the first 8 hours – on-call would be 6A-3P.
- When picking up extra in the House Float Pool, you should always check in with the Staffing Office to see where they have assigned you to work. You should not be checking in Web Scheduler as your assignment may have changed from what was originally planned.
- When exchanging shifts with someone outside of your home cost center, you are considered part of that unit's staff. You should not expect Staffing to automatically assign you back to work on your home unit.
- When exchanging shifts with a House Float Pool staff member, you are considered part of the Float Pool staff and are subject to float within the Interunit Float Grid and should not automatically expect Staffing to assign you back to work on your home unit.
- Please do not call the Staffing Office with non-emergent issues during peak staffing timeframes: 6-7A, 2-3P, 6-7P and 10-11P.
- When you have changes to your phone contact information, you need to contact the Staffing Office and your Scheduling Associate to have the information updated. You will also need to provide your updated contact information to Human Resources by going to the Employee Self Service (ESS) on CentraNet.
- Always call the Staffing Office whenever you will not be at work for a scheduled shift. This communication is especially important when you have been taken off by Employee Health Services (EHS) and/or if you have not been cleared by EHS to return to work.
- The use of email or voice mail messages to notify Staffing you will be ill/absent for your scheduled shift is not acceptable. When the Staffing Office is closed between the hours of 11:30P and 5:15A, you will need to speak directly with the Administrative Nursing Supervisor on duty. During regular office hours, please hold on the line to speak with a Staffing Associate – do not leave a voice mail message.



Upcoming Education & Professional Development

February

24/25 Certified Nursing Manager Leader (CNML) Prep Course; All day; Hughes/Mathews*

March

24 Internal Medical Conference; All day; Windfeldt*

26 We Honor Veterans; All day; Windfeldt*

27/28 HTI Healing Touch Certificate Level 3; 8:30am-6:00pm; CCH Plaza*

31 Writing for Professional Publication; 8:00am-4:00pm; Hughes/Mathews*

*Located at the CentraCare Health Plaza