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Patient Care News: June 2015

St. Cloud Hospital

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Patient Care News

June 2015

Video Observation Added for Select 72 Hour Holds:

Documentation and Statistical Charging

Barb Scheiber, Director of Patient Care Support

It's been four months since we implemented Video Observation and we're off to a good start! On average, there are 4-6 patients on the video screen each day. This is a more cost effective means of monitoring and also seems to be more comfortable for patients vs. having someone continuously in the room. The video observation procedure was updated to include patients on 72 hour holds provided one of the following applies:

1. Physically unable to ambulate or independently leave the room via wheelchair, scooter, or other means
2. Unresponsive patient

An additional item was added to the exclusion criteria – active suicidal ideation. As we work with this system more, additional opportunities for video observation have emerged, including observing for specific side effects when a new medication has been ordered. Please continue to consider video observation to enhance your patient's safety.

The documentation of sitter and video observation will also change with fewer, more clear choices.

<i>Type of Observation</i>	<i>Action</i>	<i>Reason for Observation</i>
Sitter Observation	Initiate	EEG Monitoring
Video Observation	Continue	Behavioral Monitoring
	Discontinue	72 Hour Hold

The patient's displayed behavior must also be documented by the sitter (in room) or by the Video Observation Assistant (video observation) every hour. The categories to document are:

Behavior Noted
Duration of Behavior
Intervention
Effective

There is also a statistical charge for sitters and video observation – there is no dollar amount charged to the patient. This is very important for tracking patient and staff activity. The VOAs charge for all video observation. The units (usually a charge nurse) submit charges for all in the room sitters. There may be times when both a sitter and video observation are used. In these cases, only the sitter charge should be submitted.

Congratulations to the Winners of the Nurses Week Poster Contest

PERFORMANCE IMPROVEMENT

"Creating Successful Mentoring Relationships"

Mary Leyk, MSN, RN-BC, Oncology and Colleen Porwoll, BSN, RN, Oncology

EDUCATION

"What the Heck is Value-Based Payments?"

Katie Shultz, MSN RN-OCN, CHPN, Med 1

Jennifer Burris, MA, APRN, CNS, Med/Onc

Kay Greenlee, MSN, APRN, CNS, Performance Improvement

RESEARCH

"Patient Education Barriers."

May Schomer, RN-BC, CRRN, BSN, Rehab

Hannah Newhouse, RN, BSN, Rehab

EVIDENCE-BASED PRACTICE

"Reducing Readmissions for Newborns with Hyperbilirubinemia"

Kristi Patterson, RN, BSN, Performance Improvement

Inside this issue:

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Principles of Cultural Competence

Sponsored by the Cultural Competence and Communication Committee

The following is from 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 6 OF 10: A Lack of Concordance in Patient-Provider Populations

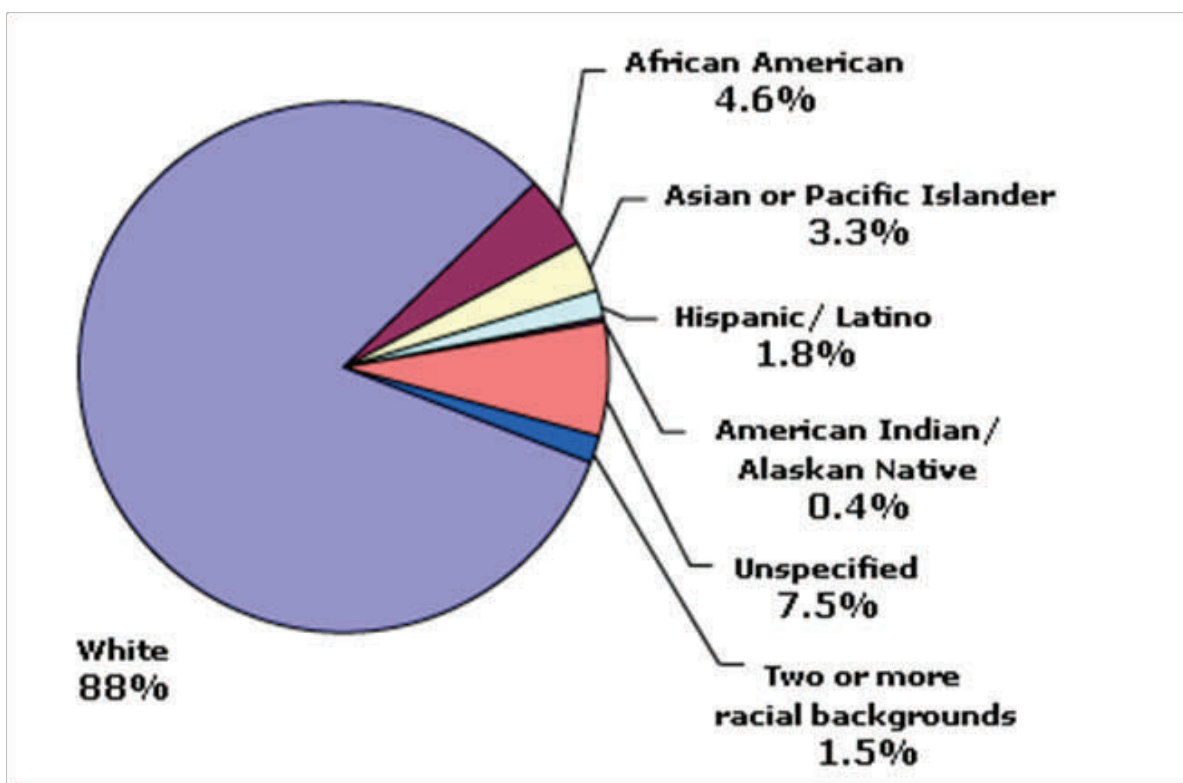
Concordance is the process of matching patient-provider racial, ethnic, and/or language characteristics. The underlying assumption is that sharing these characteristics leads to a higher degree of comfort, communication, and empathy in clinical encounters. The area of patient-provider racial, ethnic, and language concordance has been receiving attention as it relates to the lack of diversity in the health care workforce.

As the recent research shows, there is an underrepresentation of minorities in the health care workforce. The registered nurse population remains far less diverse than the general population, which is one potential reason for health disparities (Martinez & Martinez, 2005).

In contrast to the 33% of patients from racial or ethnic minority backgrounds, the March 2004 preliminary report of the National Sample Survey of Registered Nurses conducted by DHHS showed that approximately 10% of employed nurses were from racial or ethnic minority backgrounds (U.S. Department of Health and Human Services, Health Resources and Services Administration. Preliminary Findings: 2004 National Sample Survey of Registered Nurses).

By improving communication skills, language skills, and awareness of bias and stereotyping, you have the opportunity to overcome the barriers caused by a lack of concordance and provide quality care to diverse patient populations.

Nursing Population by Race and Ethnic Origin



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 National Award

Jeanine Nistler, Director of Communications

The Press Ganey Nurse of the Year Award is given annually to recognize the contributions of an outstanding direct care nurse. The annual recipient of the award is a nurse who has gone above and beyond in his/her role and demonstrated care innovation, transformation and collaboration that supports an exceptional patient experience. Applications are due by Friday, June 26.

Nominate a nurse: <http://www.pressganey.com/PressGaneyAwards/nurse-of-the-year-award-criteria?car=1>

CentraCare Health contracts with Press Ganey to provide patient satisfaction surveys for our patients.

Upcoming Education & Professional Development

June 2015

2 The Freedom of Forgiveness: New Understanding and Tools to Promote Peace & Healing
12/13 HTI Healing Touch Certificate – Level 1; 8:30am-6:00pm; Windfeldt Room, Plaza
15 Neonatal Resuscitation Program (NRP); 8:00am-12:00pm OR 1:00pm-5:00pm;
WCC Classroom – 3rd Floor, SCH

July 2015

20 Neonatal Resuscitation Program (NRP); 8:00am-12:00pm OR 1:00pm-5:00pm;
WCC Classroom – 3rd Floor, St. Cloud Hospital
29/30 Basic ECG; 8:00am-4:00pm; Orientation Classroom A/B, SCH
30 S.T.A.B.L.E.; 7:45am-5:00pm; WCC Classroom – 3rd Floor, SCH

Clinical Ladder Status

Congratulations on your attainment and/or maintenance of:

Level IV:

Trisha Douvier, RN..... Surgery
Jeanne Friebe, RN..... Family Birthing Center
Mary Martin, RN..... Heart & Vascular Center
Cassandra Plotz, RN..... Intensive Care
Sherri Reischl, RN..... Emergency Trauma Center
Laurel Voigt, RN..... Surgery

Level III:

Elizabeth Hauser, RN..... PCS Float Pool
Damas Long, RN..... Bone & Joint
Mary Ann Oltz, RN..... Surgical Care 2
Aimee Petko, RN..... Neurosciences
Susie Reitmeier, RN..... PCS Float Pool
Wendy Wheeler, RN..... Medical1