

CentraCare Health

DigitalCommons@CentraCare Health

Patient Care News

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

9-2015

Patient Care News: September 2015

St. Cloud Hospital

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



Part of the [Organizational Communication Commons](#)

Primary Stroke Center Recertification

Melissa Freese BSN, RN, CNRN
Stroke Specialist

It has been two years since we had our Primary Stroke Center (PSC) recertification by the Joint Commission and we are now due for our recertification survey September-November. We will receive a 7 day notice of the actual survey day. Once this date is known I will be in contact with department representatives that will be involved in the survey. Everyone did such a phenomenal job during our last PSC certification survey and I have all confidence that we will shine again this time around.



Staff and providers involved in stroke patient care may be surveyed in person or via chart tracers. While the focus of certification is based on care we provide every day, sometimes it is difficult to articulate this when put on the spot. I encourage staff involved in caring for stroke patients to start reviewing common questions and information the surveyor may be looking for. The following are some key points to brush up on in preparation for the survey. I will be in contact with department representatives to assist with preparation.

- Start reviewing flashcards of common questions the surveyor may ask on CentraNet→Location/departments→St. Cloud Hospital→select “J” for Joint Commission→Certification programs→Primary Stroke Certification flashcards for Unit or ETC
- What clinical practice guidelines (CPG’s) do we use in providing care for stroke patients?
 - CPGs are centrally located on CentraNet→search for “Stroke”→Select Stroke Center
- Please take the time to visit the above location. All stroke order sets are centrally located here as well. The surveyor may ask what the guidelines indicate as an appropriate BP for an ischemic stroke. The order sets contain these parameters.
- How do you prevent stroke complications?
- How do we address risk factors for stroke?
- What stroke performance improvement activities have been done on your unit?
- What specific stroke training have you received?
- What competencies are required yearly to care for acute stroke patients? How are they determined?

While the surveyor will be focusing on stroke care, remember that this is a Joint Commission surveyor and if the surveyor identifies something that we are not in compliance with as part of being an accredited hospital, this can be reported. Some things to remember:

- Hallways should be free of clutter
- No food and drink in areas where they can be contaminated
- No doors propped open, nurse servers closed
- Remember your infection control guidelines
- Patient confidentiality
- Be mindful of medication management. For example, medications are secure.
- Use of two unique patient identifiers.

If you have any questions, please contact Melissa Freese at ext. 55772.

Inside this issue:

On-Call and HTO Policy Changes	2
Standards for Cultural Competence	2
SPH Myths and Facts	3
Annual First Choice PTO	4
Clinical Ladder	4
Upcoming Education & Professional Development	4

Staffing/Scheduling: On-Call (Off Premise) and Hospital Time Off (HTO) Policy Changes (Eff: Sept. 15, 2015)

Resource Management Committee

Our current policy guidelines dictate staff are placed on call by 10P the night before for the 7A shift for the next day. Many changes can occur after this has been done. Often times, staff are called in the next morning; sometimes a few days in a row. Frustrations and feedback from staff suggest a change in policy is needed.

Effective September 15, 2015, the workflow by the Staffing Office will be modified to place some staff on-call the evening before, yet leave some "extra" unassigned staff for overnight changes. This should decrease the numbers of staff to be called in the next day. If the extra unassigned staff are not needed they will be notified by the Staffing Office between 5:30 and 6:00A the morning of to be placed on-call. While it is recognized some employees live quite a distance away, while others live closer, the goal is to establish a timeframe which falls in line for most staff. Currently, the notification time for other shifts does not match up with the travel time needed for everyone as well.

The changes in policy guidelines were discussed and approved at the August 12, 2015 Resource Management Meeting. As with any change, in the beginning, there will be things to work through to make the process flow better. Your patience, along with your feedback and suggestions are needed and appreciated. We have placed this topic on our March 2016 Resource Management agenda to evaluate after six months how things are going with this change.

For questions about this policy change, you can contact Barb Scheiber, Director of Patient Care Support at x55611 or Terri Krause, Coordinator, Staffing/Scheduling/Secretarial Services at x55705.

To view the policy, click: Staffing/Scheduling: [On-Call \(Off Premise\) and Hospital Time Off \(HTO\) policy](#)

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 9 OF 10: Standards For Cultural Competence

To ensure that all people entering the health care system receive equitable, effective treatment in a culturally and linguistically appropriate manner, OMH developed the CLAS Standards. These Standards focus on eliminating racial and ethnic health disparities and on improving the health of all Americans.

The 14 CLAS Standards fall into three themes:

1. Culturally Competent Care
2. Language Access Services
3. Organizational Supports

Over the last few decades several laws and regulations have been passed which serve as a foundation for some of the CLAS Standards.

Title VI of the Civil Rights Act of 1964 states that "no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination" under any federally supported program (Civil Rights Act of 1964, 1964). DHHS's Office for Civil Rights (OCR) extends this protection to language, viewing inadequate interpretation as a form of discrimination.

The Americans with Disabilities Act of 1990 extends language accommodations to individuals who are deaf or hard of hearing when they seek and access health care.

All 50 states have enacted laws concerning language access in health care settings. The National Health Law Program maintains an updated list of such laws, as well as many other resources on language access.

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



September 2015

SPH Myths and Facts

Safe Patient Handling



Busting the Myths

According to the most recent data from the U.S. Bureau of Labor Statistics, nursing assistants suffered more musculoskeletal disorders (MSDs) in 2011 than any other occupation. Registered nurses were the fifth-highest occupation for MSDs.^{1,2} These injuries are due in large part to overexertion associated with lifting, lifting, transferring, and repositioning patients manually.

MYTHS

We can train workers to use proper body mechanics and avoid injuries.

Patients are not as comfortable or safe with mechanical lifting.

It takes less time to manually move patients than to use lift equipment.

Facts About Moving Patients

FACT More than 30 years of research and experience shows that relying on proper body mechanics or manual lifting techniques alone is not effective to reduce back and other musculoskeletal injuries.^{2,3,4} A comprehensive safe patient handling program that combines management commitment, employee involvement, policies, mechanical equipment, training, and maintenance is needed.

FACT Patient education can reinforce that the lift is for the patient's safety as well as the caregiver's. Patient handling equipment can help prevent patient falls, bruises, and skin tears. Studies have shown that patients feel more comfortable and secure when a mechanical transfer device is used.^{3,5,6,7,8,9,10,11}

FACT It can actually take much longer to round up a team of colleagues to manually lift a patient than to find and use lifting equipment. It has been found that using mechanical devices to transfer patients takes fewer personnel and about five minutes less, overall, than manual transfers.¹¹



CARING FOR OUR CAREGIVERS

Dated: 7/10/15

Thank you, Safe Patient Handling Committee
**** Watch for more myths and facts in Nov 2015****

Annual First Choice PTO - Coming Soon

Terri Krause, Coordinator for Staffing/Scheduling
Patient Care Support

The Annual First Choice PTO Process will open up to staff on Tuesday, September 8, 2015 and will run through Sunday, November 1, 2015. Each skill level will be divided into tiers by seniority and will be given a specific timeframe for submitting their requests. You can expect to receive communication from your Scheduling Associate on or before Friday, September 4th which will contain all the details you need on how to submit your First Choice and Alternate PTO requests.

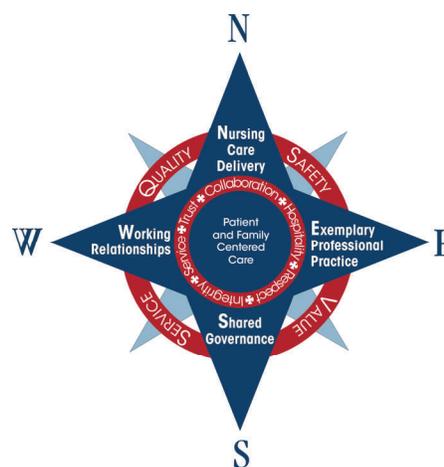
Please refer to the Staffing/Scheduling: PTO, Scheduled and Unscheduled, Guidelines policy for further clarification of PTO/holiday time off. To view the policy on CentraNet, click the following link: [PTO, Scheduled and Unscheduled](#)

Baylor staff should refer to their Unit Specific Scheduling Guidelines for any further clarification to the centralized policy guidelines. Please contact your Scheduling Associate if you have any specific questions related to your status and/or eligibility.

Clinical Ladder Status

Congratulations on your attainment and/or maintenance of **Level III** Clinical Ladder Status

Nick Gruber, RN	Surgery
May Schomer, RN	Rehab
Hanni Lyon, RN	Patient Care Support
Jessica Thoma, RN	Cardiac Care
Brittney Huisinga, RN	Neuroscience Spine
Rachel Miller, RN	Dialysis-Acute
Carol Primus, RN	Chemo Infusion
Bridget Klein, RN	Telemetry
Kathy Klaustermeier, RN	Patient Care Support
Lois Lenzmeier, RN	Intensive Care



Upcoming Education & Professional Development

October 2015

- 6 Wound Care Conference; Time/Location TBA
- 13 End of Life Conference; Time/Location TBA
- 22/23 Advanced Trauma Life Support (ATLS); Riverside Conference Center, SCH
- 27/28 AWHONN; 7:45am-4:30pm; Windfeldt, Plaza
- 29 Harvest the Fruits of Orthopedic Care Conference; 7:30am-3:45pm; Windfeldt, Plaza

November 2015

- 2/3 Trauma Nursing Core Course (TNCC); 7:30am-5:30pm; SCH
- 5 Diabetes Conference; Time TBA; Windfeldt, Plaza
- 9/10 CEN (Emergency Nurse) Certification Prep Course; 7:30am-5:00pm; Windfeldt, Plaza
- 12 S.T.A.B.L.E.; 7:45am-5:00pm; WCC Classroom-3rd floor, SCH