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Patient Care News: March 2013

St. Cloud Hospital

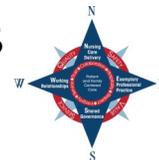
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Patient Care News

March 2013



My Chart Expands

Submitted by: Chris Nelson, Communications Specialist

Includes inpatient admissions and Emergency Trauma Center Visits

Starting March 4, patients admitted to the hospital and Emergency Trauma Center (ETC) patients will have the option of obtaining medical record information through MyChart. A MyChart activation code will automatically print on inpatient and ETC patient's after-visit summary at discharge, giving patients the opportunity to activate their MyChart account at home.

MyChart is a secure, online health management tool connecting patients electronically to portions of their medical record. It is secured by a personal ID and password, known only to the user. MyChart gives patients, who register for this online access, the ability to view their medical records and test results, as well as receive medical information from their provider online. An appointment tab lists any past or upcoming appointments as well as the option to request an appointment. To access MyChart, patients need access to a computer, an e-mail account and Internet connection.

MyChart currently is available for CentraCare Health System; Alexandria Clinic; Big Lake Clinic; Broadway Medical Center; Central Minnesota Neurosciences; Douglas County Hospital; New River Medical Center; Rice Memorial Hospital; Tri-County Health Care; and Williams Integracare Clinic.



Table of Contents

Substance Abuse Risk Factors	2
Primary Stroke Center Recertification	2
Clinic Ladder	3
Daisy Award Winner	3
Schwartz Center Rounds	5

Isolation Categories and Signage Changes

Submitted by: Deb Yunek, RN, BSN on behalf of Infection and Prevention & Control Dept.

Revisions to our isolation practices will be effective June 3, 2013. A new policy, "Standard and Transmission-based Precautions", has been developed and approved by the Infection Prevention & Control Committee. This policy will replace the Isolation Guidelines and Procedure policy and Standard Precautions policy. The "Clostridium Difficile & Undiagnosed Diarrhea" policy has also been revised. We believe these changes will simplify your decision on the appropriate type of isolation needed and thus improve patient and staff safety.

Here is a highlight of the major changes:

- Enhanced Contact Precautions will be eliminated. There will be only Contact Precautions. You will no longer have to determine whether Enhanced Contact or Contact Precautions are indicated.
- Enteric Precautions has been added and should be implemented when caring for patients with *Clostridium difficile* or undiagnosed diarrhea.
- The decision to implement Enteric vs. Contact Precautions will be logical and communicate clearly the type of PPE and environmental cleaning measures necessary.
- Newly designed Isolation signage will visibly identify the PPE required and precautions needed.
- The small scrubbing bubbles and visitor hand washing signs will be eliminated. There will be one distinct sign for Enteric Precautions.
- There will no longer be a need for multiple signs when patients require more than one type of transmission-based precautions.

A computer based training module, *Standard and Transmission Based Precautions*, has been developed and is currently available to provide detailed information about the upcoming changes. Anticipate further communications via posters and newsletters to assist you in preparing for the June implementation of these improvements.

Literature Review: Substance Abuse Risk Factors

Submitted by: Roxanne Wilson, RN, PhD

Darbro, N., & Driscoll Malliarakis, (2012). Substance Abuse: Risks Factors and Protective Factors. *Missouri State Board Of Nursing Newsletter*, 14(3), 6-7.

The issues of addiction in nursing are complex. This article reviews risk and protective factors for health care professionals. Darbo and Driscoll (2012) outline attitudes that can increase the unique risk of substance abuse/addiction in health care professionals including a) seeing substances as a method to cope with life's problems b) having faith in drugs (pharmacological optimism) as a way to promote healing c) rationalization of drug use d) a sense of invulnerability to the illnesses of patients and e) self diagnosis and self medicating for physical pain and stress (p. 6)

Protective factors are reported but are less studied. Protective factors reported include societal beliefs about drug use, early attachment to a parent and religious beliefs. Workplace protective factors include job satisfaction, social support and constraints in place related to use. Generally, a higher risk of substance abuse is found in younger populations so increasing age can be a protective factor (Darbo & Driscoll, 2012) . Nurses are the largest group of health care professionals. Addiction is an issue that requires careful analysis on the part of individual nurses as well as managers and health care systems. Nurses have risk factors related to their specialty and the workplace setting. Other risks of addiction are similar to the general public. This is an issue that requires careful analysis on the part of individual nurses as well as health care systems. This article is an interesting overview of influential factors.

Primary Stroke Center Recertification

Submitted by: Melissa Freese, BSN, RN, CNRN, Stroke Care Specialist

It has been two years since we obtained Primary Stroke Center (PSC) certification by the Joint Commission and we are now due for our re-certification survey April 10- July 9, 2013. 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. 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 is 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
 - ◆ CentraNet → Joint Commission tab (left side) → Certification programs → Primary Stroke Certification → Unit
- What clinical practice guidelines (CPGs) do we use in providing care for stroke patients?
 - ◆ CPGs are located centrally on CentraNet → Policies/Procedures → St. Cloud Hospital → Department → 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
- Pt confidentiality
- Be mindful of medication management. For example, medications are secure.
- Use of two unique patient identifiers.



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

Clinical Ladder

Congratulations to the following RNs for achieving and/or maintaining their Level IV & III Clinical Ladder Status:

LEVEL IV

Desiree Fuecker, RN Surgery
Unit PI Committee Member: Skin Integrity Audits
Preceptor
EPIC Super User
CNOR: Certified Nurse in OR

Nova Schmitz, RN Patient Care Support
Developed Tip Sheet on Tracheostomy Care
Poster on Interpreter Services
EPIC Super User
MSNCB: Medical-Surgical Nursing Certification Board

Debra Thompson, RN Surgery
Unit Employee Satisfaction Member
Preceptor
OR Tours for Open House
CNOR: Certified Nurse in OR

Maria Voigt, RN Surgical Care 2
SUR 2 PI Committee Member
Palliative Care Poster
Preceptor
MSNCB: Medical-Surgical Nursing Certification Board

LEVEL III

Terri Nicoski, RN Family Birthing
Nurse Review Committee Member
Clinical Ladder Criteria Changes Poster
Maternal Newborn National Certification

Kimberly Ruprecht, RN Oncology
Methadone and Palliative Care Poster
Preceptor
OCN: Oncology Certified Nurse

LEVEL III (cont'd)

Stella Scholl, RN Patient Care Support
EBP Research Poster
Float Pool Committee Member
Preceptor

Jeanie Olson, RN Family Birthing
Created Resource Book for Charge RNs
Working Relationships Poster
NCC: National Certification for the Obstetric, Gynecologic and Neonatal Nursing

Aimee Petko, RN Neuroscience/Spine
Neurological Assessment for "Wall of Knowledge" Poster
Neuro/Spine Nurse Practice Member
Worked at Stroke Booth at Health Fair

Michelle Shaw, RN Surgery
Infection Control PI Committee Member
Preceptor
Open House tour guide

Sarah Teich, RN Surgical Care 2
Co-Chair of Super User Committee for Surgical Care Unit
Preceptor
MSNCB: Medical-Surgical Nursing Certification Board

Amber Wente, RN Medical 2/MPCU
Med 2/MPCU Patient Satisfaction Member
Patient Satisfaction Research and Newsletter Articles
MSNCB: Medical-Surgical Nursing Certification Board

Daisy Award Honoree: Jen Chirhart, RN, Surgery

Jennifer always places the patients first, no matter how much pressure is placed on her to hurry. Stays by the side of the patient, holding their hand, as they go off to sleep in preparation for surgery. Remains vigilant in all practices of safe patient care through transparent communication to all team members, consistently visits with patient and family members prior to bringing the patient to surgery, answers questions and provides reassurance. She collaborates with all care providers including those outside surgery, to insure quality patient care. Jen provides suggestions at team meetings in ways to improve clinical practices towards excellence in patient care and takes the time to make sure her patients have what they need as they progress through their stay in surgery. She is compassionate to their situations and strives to meet all their needs. Jennifer's focus is on her patient. She is detail orientated and ensures the needs of her patients are met while also being available to family concerns. She collaborates with the physician and surgical team to see that her patient's physical, emotional and spiritual needs are met, demonstrates clinical excellence on a daily basis by being a resource to others and seeks information by asking thoughtful and thought provoking questions and readily shares this information with others. Thank you Jen for coming to work every day with a consistently positive attitude and positively influencing all with your contact with them.



CME

Schwartz Center Rounds®

A multidisciplinary forum where clinical caregivers discuss social and emotional issues that arise in caring for patients.

Schwartz Center Rounds® sessions are open to ALL employees, affiliated clinicians, trainees and other authorized personnel.

**March 19, 2013**

Hoppe Auditorium

11:30-12:00 p.m. – Lunch

(Box lunches, coffee/water will be provided)

12:00-1:00 p.m. – Presentation

“Need”ling the Doctors: Drug Seeking Behavior or Poor Communication?

Physician Leader: Merryn R. Jolkovsky, MD**Facilitator:** Jeff Wallager, BCC**Panelists:** Sandy Larson, Social Worker

Carolynn Clement, RN

Paula A. Lindhorst, MD

Melissa A. Chapman, PA-C

Objectives:

At the conclusion of this presentation, participants should be able to:

1. Demonstrate enhanced communication with patients, family members, and colleagues.
2. Value opportunities to explore and understand multiple perspectives across professions and disciplines.
3. Value opportunities to provide and receive professional support.

“The St. Cloud Hospital is accredited by the Minnesota Medical Association to provide continuing medical education for physicians.”

“The St. Cloud Hospital designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”

“This education offering has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.2 contact hours. It is the personal responsibility of each participant to determine whether this activity meets the requirements for acceptable continuing education by their licensing organization. To earn contact hours, participant must attend the entire session and complete an evaluation form.”

“St. Cloud Hospital has been approved as a provider by the State of Minnesota Board of Social Work – CE Provider Approval Number CEP-77. Participants will earn 1.0 contact hour(s).”

Please contact Deb Weber at 251-2700 x 54197 if you have special mobility, dietary, vision, hearing, or other needs.

St. Cloud Hospital**CENTRACARE Health System**

care above all