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Patient Care News: June 2013

St. Cloud Hospital

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Patient Care News

June 2013

Magnet Site Visit Scheduled for July

Jean Beckel, DNP, RN, MPH, CNML

Performance Improvement Analyst and Magnet Program Director

St. Cloud Hospital was first designated a Magnet hospital in 2004. February 2013 marked the submission of documents for our second redesignation. In May, a phone call from the American Nurses' Credentialing Center brought the exciting news that the hospital's documents were scored within the range of excellence required to have a site visit. With Magnet "raising the bar" on excellence over time, very few hospitals have been able to progress directly to site visit within the past three years, so we have much to be proud of.

Tuesday, July 9th, Wednesday, July 10th, and Thursday, July 11th have been confirmed as site visit dates. Meetings with appraisers will be scheduled for members of hospital-level committees, and patient care areas will be visited by an appraiser. If scheduled on those days, RNs can expect to be asked to participate in breakfast, lunch, or dinner meetings with the appraisers.

To help prepare staff for the visit, all RNs will complete a CBT (available now on CentraNet), Magnet flashcards will be available on each unit, and more information will be shared through bulletin boards and newsletters. This is an opportunity to "shine" for all staff. We look forward to welcoming the appraisers and showing them the professional practice environment and quality of care provided at St. Cloud Hospital.

Overhead Paging

Barb Scheiber, Director of Patient Care Support

The St. Cloud Hospital policy on overhead paging was updated last November 2012, limiting overhead pages to specific situations critical to hospital operations. Examples of these are: emergency codes, equipment failures, prayers and Braham's Lullaby.

Exceptions to these must be authorized by specific individuals listed in the policy. If there is a situation requiring an exception during off-shift hours, weekends, and/or holidays, you will need to contact the Administrative Nursing Supervisor for approval. He/she will make the request for the page.

Exceptions will not be made for convenience, but rather for urgent matters which cannot be resolved through other means.

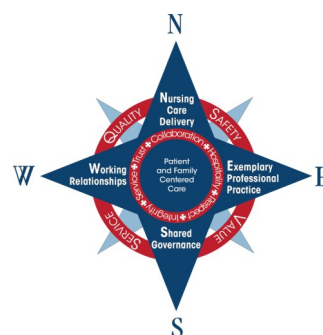
Thank you for helping us support this policy.

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Upcoming Education & Professional Development

June 2013

- 4 AHA Advanced Cardiac Life Support (ACLS) Refresher Course, 8:00am-4:30pm, Spruce
- 4 Central MN Parish Nurse Conference, All Day, Windfeldt-Plaza
- 5 Neonatal Resuscitation Program, 8:00am-12pm and 1:00-5:00pm, Oak
- 5/6 Healing Touch Level 3 Course, 8:30 a.m. – 6:00 p.m., Education Center, Plaza
- 11 AHA Pediatric Advanced Life Support (PALS) Initial Course, 7:30am-7:30pm, Hughes/Mathews-Plaza
- 25 AHA Pediatric Advanced Life Support (PALS) Refresher Course, 7:30am-3:30pm, Hughes/Mathews-Plaza
- 25 AHA PEARS (Pediatric Emergency, Assessment, Recognition & Stabilization), 8:30am-3:30pm, Skyview
- 27/28 Basic Electrocardiography (ECG), 8:00am-4:00pm, Skyview



New Isolation Precaution Changes

Effective June 3rd

Cathy Barden, RN-BC, BSN, CMSRN
Infection Prevention and Control

FAQ: What are the differences between Contact, Enteric and Enhanced Contact Precautions? When should I use them?

- A new category of isolation precautions called Enteric precautions will be used at St. Cloud Hospital. Patients diagnosed with Clostridium difficile and patients with undiagnosed diarrhea will be placed into Enteric precautions instead of Enhanced Contact precautions. Enteric precautions require use of gown and gloves upon entry into the patient's room, hand washing using soap and water, and environment and equipment cleaning with bleach. Only one sign will be necessary to indicate Enteric precautions are being used. Supplemental signage is not necessary.
- Contact precautions will be expanded to include patients that have multi-drug resistant organisms such as MRSA, VRE, ESBL, KPC, and CRE. In addition, contact precautions will require use of gown and gloves upon entry into the patient's room. **Use of the isolation gown is no longer an option, it is required.**
- The category of Enhanced Contact precautions will no longer be in use. Principles of Enhanced Contact precautions are now included in Contact precautions.

FAQ: Why is practice changing?

- The CDC (Centers for Disease Control) provides hospitals with guidelines to protect patients and healthcare workers from the spread of diseases. These evidence based guidelines provide measures for healthcare workers to take to reduce chances of spreading infections in the healthcare setting by use of indicated precautions.
- Your Infection Prevention and Control Department has completed a thorough review of the guidelines and updated the hospital's policy to reflect proven prevention strategies. A projected outcome of the change is correct initiation and use of precautions because the categories are easier to distinguish apart from one another and signage more clearly reflects expectations.

FAQ: How has the Clostridium difficile policy been updated to reflect best practices?

- Perform C. difficile testing on diarrheal stools only. Reference the Bristol Stool Chart for types of stool appropriate for testing.
- Patients with confirmed C. difficile infection will stay in Enteric Precautions for duration of hospital stay. Exceptions must be cleared by Infection Prevention and Control.
- Repeat testing for C. difficile is not recommended.
 - Our lab uses PCR testing and repeat testing is not indicated unless symptoms continue or recur after 10 days of treatment.
 - Do not perform "tests of cure" after treatment.
 - Do not conduct serial PCR testing when initial test is negative.
- Do not routinely test infants less than one year of age.



Pneumonia Order Set

Submitted by: Joy Plamann, Care Center Director

Below are the results of compliance with the new pneumonia order set that started on April 1st.

The target score is being achieved in some areas, but has a way to go in other areas such as:

- Obtaining a room air O2 saturation upon admission to the inpatient unit;
- Oxygen being weaned (if possible) every 4 hours;
- Pneumonia education provided via literature and documented on the teaching record;
- Getting patients moving via up to chair 3x/day and ambulating greater than or equal to 2x/day (if patient able).

Please take a couple minutes to review the results and reflect how you might change your practice.

Pneumonia Monitor

	GOAL	Pre-Measures	Week of 4/8/13	Week of 4/15/13	Week of 4/22/13	Week of 4/29/13	Week of 5/6/13	Week of 5/13/13	Week of 5/20/13
Obtain Room Air Sat Upon Admission to inpatient unit	100%	Yes 11/20 55%	Yes 6/12 50%	Yes 2/3 67%	Yes 5/12 42%	Yes 8/11 73%	Yes 6/10 60%	Yes 2/7 29%	Yes 6/9 67%
		No 9/20 45%	No 6/12 50%	No 1/3 33%	No 7/12 58%	No 3/11 27%	No 4/10 40%	No 5/7 71%	No 3/9 33%
O2 Sat Check With Unit VS's x first 24 hours	100%	Yes 17/20 85%	Yes 12/12 100%	Yes 3/3 100%	Yes 11/12 92%	Yes 11/11 100%	Yes 10/10 100%	Yes 7/7 100%	Yes 9/9 100%
		No 3/20 15%	No 0/12 0%	No 0/3 0%	No 1/12 8%	No 0/11 0%	No 0/10 0%	No 0/7 0%	No 0/9 0%
Oxygen Weaned Every 4 Hours	100%	Yes 3/13 23%	Yes 3/9 33%	Yes 2/3 67%	Yes 7/10 70%	Yes 5/6 83%	Yes 6/8 75%	Yes 4/6 67%	Yes 7/9 78%
		No 10/13 77%	No 6/9 67%	No 1/3 33%	No 3/10 30%	No 1/6 17%	No 2/8 25%	No 2/6 33%	No 2/9 22%
Is Oxygen Off/To Baseline in 24-48 hours?	100%	Yes 8/14 57%	Yes 5/9 56%	Yes 2/3 67%	Yes 5/10 50%	Yes 6/7 86%	Yes 7/8 87.5%	Yes 4/7 57%	Yes 5/9 56%
		No 6/14 43%	No 4/9 44%	No 1/3 33%	No 5/10 50%	No 1/7 14%	No 1/8 12.5%	No 3/7 43%	No 4/9 44%

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	GOAL	Pre-Measures	Week of 4/8/13	Week of 4/15/13	Week of 4/22/13	Week of 4/29/13	Week of 5/6/13	Week of 5/13/13	Week of 5/20/13
<i>Was there evidence that Intake & Output recorded x first 48 hours?</i>	100%	Yes 19/20 95%	Yes 12/12 100%	Yes 3/3 100%	Yes 12/12 100%	Yes 11/11 100%	Yes 8/9 89%	Yes 7/7 100%	Yes 8/9 89%
		No 1/20 5%	No 0/12 0%	No 0/3 0%	No 0/3 0%	No 0/11 0%	No 1/9 11%	No 0/7 0%	No 1/9 11%
<i>Was a daily weight obtained?</i>	100%	Yes 10/20 50%	Yes 7/12 58%	Yes 3/3 100%	Yes 8/12 67%	Yes 8/11 73%	Yes 8/9 89%	Yes 6/7 86%	Yes 4/9 44%
		No 10/20 50%	No 5/12 42%	No 0/3 0%	No 4/12 33%	No 3/11 27%	No 1/9 11%	No 1/7 14%	No 5/9 56%
<i>Was a case manager/social worker involved in the patients case?</i>	100%	Yes 15/20 75%	Yes 12/12 100%	Yes 3/3 100%	Yes 12/12 100%	Yes 11/11 100%	Yes 8/10 80%	Yes 7/7 100%	Yes 8/9 89%
		No 5/20 25%	No 0/12 0%	No 0/3 0%	No 0/12 0%	No 0/11 0%	No 2/10 20%	No 0/7 0%	No 1/9 11%
<i>Was pneumonia education documented as completed on the Patient ITR?</i>	100%	Yes 18/20 90%	Yes 4/12 33%	Yes 1/3 33%	Yes 2/12 17%	Yes 5/11 45%	Yes 6/10 60%	Yes 5/7 71%	Yes 7/9 78%
		No 2/20 10%	No 8/12 67%	No 2/3 67%	No 10/12 83%	No 6/11 55%	No 4/10 40%	No 2/7 29%	No 2/9 22%
<i>Was the pneumonia education sheet provided to the patient, as evidenced by Literature for the teaching method?</i>	100%	Yes 9/20 45%	Yes 4/12 33%	Yes 1/3 33%	Yes 1/12 8%	Yes 4/11 36%	Yes 5/10 50%	Yes 1/7 14%	Yes 6/9 67%
		No 11/20 55%	No 8/12 67%	No 2/3 67%	No 11/12 92%	No 7/11 64%	No 5/10 50%	No 6/7 86%	No 3/9 33%
<i>Up to chair 3x/day</i>	100%	Yes 9/20 45%	Yes 10/12 83%	Yes 3/3 100%	Yes 8/11 72%	Yes 8/11 72%	Yes 5/9 56%	Yes 5/6 83%	Yes 4/8 50%
		No 11/20 55%	No 2/12 17%	No 0/3 0%	No 3/11 27%	No 3/11 27%	No 4/9 44%	No 1/6 17%	No 4/8 50%
<i>Ambulate 2x/day</i>	100%	Yes 15/20 75%	Yes 9/12 75%	Yes 3/3 100%	Yes 3/9 33%	Yes 11/11 100%	Yes 5/9 56%	Yes 5/6 83%	Yes 5/9 56%
		No 5/20 25%	No 3/12 25%	No 0/3 0%	No 6/9 67%	No 0/11 0%	No 4/9 44%	No 1/6 17%	No 4/9 44%

Nursing Assistants' Day

Submitted by: Chris Walker, Director, Inpt Mental Health

The annual observance of Nursing Assistants' Week is a special time to celebrate and recognize the efforts of our staff who are key players in the lives of the people in their care. These important staff members have various titles including: Patient Care Assistants (PCAs), Patient Care Extenders (PCEs), Mental Health Associates (MHAs) and Resident Assistants (RAs). The nationwide observance provides many opportunities to recognize and validate the role of these staff members in our health care settings.

Please take a moment to recognize these staff members on Thursday, June 13th by letting them know how important they are to our patients, clients, residents and staff!

St. Cloud Hospital Celebrates

Career Nursing Assistants' Day

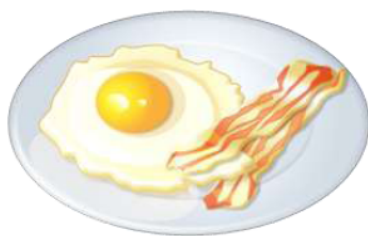
PCAs, PCEs, Surgical Techs,
Resident Assistants and MHAs

June 13, 2013

*"Nursing Assistants
@ the Heart of Caring"*

Events to include:

Breakfast
4:00am-5:00am



Ice Cream Social
2:00pm-4:00pm



*36th Annual
National Nursing Assistant's Week
June 13-20, 2013*

2013 Nurses Week Poster Winners

Education/Innovation

Bronchial Thermoplasty:
The New “Hot” Thing is a Breath of Fresh Air
Donna Deutsch and Krista Ophoven, Endoscopy

Evidence Based Practice

Nursing Bedside Report:
Changing Our Relationship With Our Patients
Mary Leyk and Naomi Schneider, Bone & Joint

Performance Improvement

A Story of Safety:
Aggressive Incident Prevention Committee
Joy Plamann, Internal Medicine – Tiffany Omann-Bidinger, Neuro Spine
Chris Walker, Behavioral Health – Kate Van Buskirk, Patient Care Support
Alice Frechette, Performance Improvement

Research

Demonstrating Nurse Sensitive Outcomes:
Do Perceptions Differ by Role?
Jean Beckel, Intensive & Surgical Care/Clinical Practice

Congratulations!



Clinical Ladder

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

LEVEL IV

Jeanne Friebe, RN Family Birthing

- Development of DVD for Breastfeeding Class
- Maternal/Newborn Conference Planning Committee Member
- Created "Clinical Ladder" PowerPoint for New Hire Orientation
- IBCLC Certification

Cassandra Plotz, RN Intensive Care

- CRRT: Created PowerPoint and Coordinated Skill Station
- Member of ICU Palliative Care Committee
- EPIC Super User
- CCRN Certification

Sherri Reischl, RN Emergency Trauma

- PI Committee and ETC PI Committee Member
- ENPC and TNCC Courses Instructor
- Taught "Stroke/Glucometer" Station at ETC Ed Day
- CEN Certification

Amy White, RN Intensive Care

- National Poster Presentation: "Reducing Septicemia Utilization"
- National Poster Presentation: "Integrating Palliative Care in a Community ICU"
- Magnet Steering Committee Member
- CCRN Certification

LEVEL III

Juli Brackett, RN Medical 2

- Updated Coumadin Patient Teaching Sheet
- EPIC Super User
- Med-Surg Nursing National Certification

Trisha Douvier, RN Surgery

- ROE Committee Member
- Preceptor
- CNOR Certification

Terri Even, RN Post Anesthesia Care

- PI Committee Member
- Preceptor
- CPAN Certification

Teresa Klaphake, RN Heart Center

- Taught Basic EKG Class to Staff
- Preceptor
- Cardiac-Vascular Nursing National Certification

Bridget Klein, RN Telemetry

- Developed "Mended Heart" CBT for Staff
- Cultural/Multilingual Task Force
- Preceptor

Jessica Reis, RN Cardiac Care

- Taught Basic EKG Class to Staff
- CVTU Charge Model Task Force
- Preceptor

Susie Reitmeier, RN Patient Care Support

- Poster Presentation: "Chest Tubes"
- CNP Committee member
- National Certification in Med-Surg Nursing

Carol Steil, RN Intensive Care

- Taught "Code Blue" Station at Critical Care Ed Day
- Preceptor
- CCRN Certification

Dain Teigen, RN Intensive Care

- EPIC Super User
- Preceptor
- Updated Surgical Pamphlet for Patients

Jill Wilcken, RN Chemotherapy/Infusion

- ROE Committee Member
- Preceptor
- OCN Certification



Happy Fathers Day!