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Patient Care News: January 2012

St. Cloud Hospital

Patient Care News

St. Cloud Hospital

Global Immunizations: New Core Measure Effective January 1, 2012

Kristi Patterson, RN BSN
Clinical Utilization Specialist

On October 1, 2011, St. Cloud Hospital (SCH) implemented a nurse driven immunization order set which provides every eligible inpatient the opportunity to receive the influenza and/or pneumococcal vaccine. The immunization order set was implemented to improve the health of patients served by SCH and decrease the complications associated with influenza and pneumococcal.

The immunization order set will also help position SCH to be a high performer when global immunizations are rolled out as part of the National Hospital Inpatient Quality measures. Several nursing units have been involved in weekly concurrent chart reviews to evaluate the implementation of the order set and refine our processes in effort to achieve the expected 100% compliance.

The charts capture weekly progress since mid-October. SCH will begin formally reporting its performance against these measures for discharges starting January 1, 2012.

Through the concurrent reviews, the following keys to an effective and efficient screening process have been identified:

- Review the immunization tab prior to completing the FHAAS screening questions. Many patients have already been vaccinated and the administration date is recorded on the immunization tab.

- Complete the entire FHAAS immunization screen. The Best Practice Alerts (BPAs) will not fire if questions are unanswered.

The Case Management team can utilize the Discharge Planning Assistants (DPAs) to request immunization records from outside facilities.

If you have questions, please contact your unit based case manager, charge nurse, or nurse educator as they have been instrumental in the implementation process.

Thank you for supporting global immunizations and ensuring the patients we serve receive the right care!
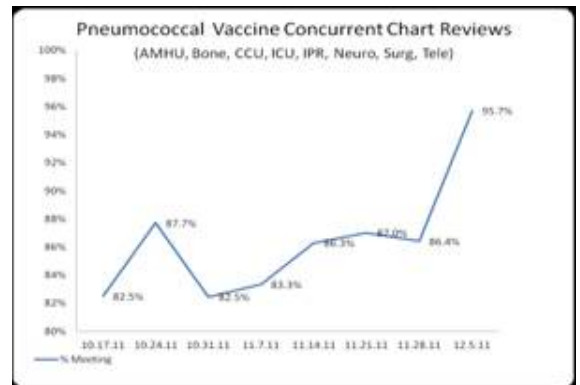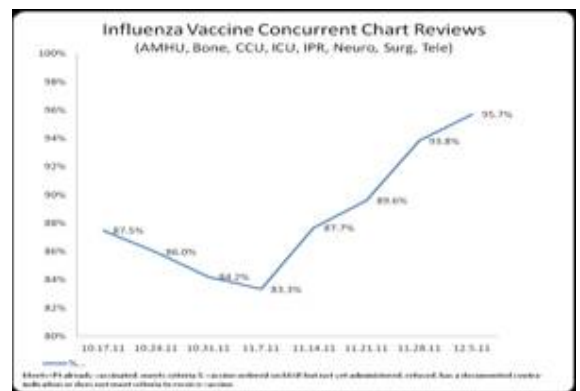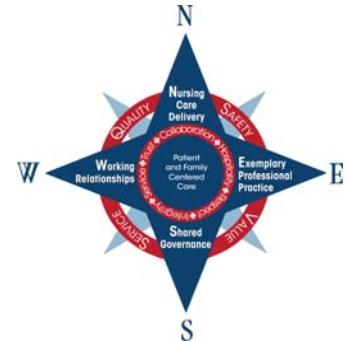
Inside this issue:

Staffing to Patient Acuity / AWM

Roberta Basol MA, RN, NE-BC
Care Center Director, ICSC and Clinical Practice
Chair, Resource Management

On December 6, 2011, Medical Unit 2, MPCU, Children's Center, and the Family Birthing Center went live with Assignment and Workload Manager. The second phase of units is preparing for their go-live on January 31. These units include Rehab, Medical Unit 1, Oncology, and the Mental Health Units.

General features of AWM include:

- Identifies patient acuity for the current and next shift
- Includes a 3 or 4 level of patient acuity based on a narrative definition that is patient population and unit specific
- Interfaces from ANSOS to provide a list of staff scheduled for the shift
- Assigns workload measures to individual staff and the team to balance workload
- Patient assignments are made in AWM
- Allows for concurrent monitoring by Charge Nurses and Directors of patient acuity and staffing patterns
- Communicates with the Staffing Office through the ANSOS interface, the requested staff for the upcoming shift

The nurse-patient ratio varies from unit to unit, depending on specialty area and level of care. The program allows St. Cloud Hospital to adhere to the American Nurses Association's Principles on Safe Nurse Staffing, which affirms that staffing is based on the intensity and complexity of care needed, not solely on the census of a particular unit.

Staffing levels are regularly assessed using criteria from an established patient classification system. Direct care nurses have the opportunity to provide input into nurse staffing by acuity. The third and final phase will be implemented on March 27.

Upcoming Education & Professional Development

February:

6	NRP Course, 8:00am-12:00pm, Maple Room
15	NCI Initial Course, 12:00pm-8:30pm, Hughes Mathews Room, Plaza
15	NRP Course, 8:00am-12:00pm, Willow Room
16	PEARS Course, 8:30am-3:30 pm, Skyview
16	ACLS Refresher Course, 12:30pm-9:00pm, Spruce Room
21	Basic Life Support Instructor Recertification Course, 2:00pm, Skyview
22/23	Healing Touch Certificate - Level 3, 8:30am-6:00pm, Windfeldt Room, Plaza
23	NCI Refresher, 8:00am-12:00pm, Hughes Mathews Room, Plaza
23	NCI Refresher , 12:00pm-4:00pm, Hughes Mathews Room, Plaza
27	NRP Course, 8:00 am-12:00pm, Oak Room
28/29	TNCC Initial Course, 7:30am-5:30pm

Lookin' for a Logo!

Chelsie Bakken, RN, SCH
Patient Safety Specialist

There's a <u>new look</u> to the St. Cloud Hospital Patient Identification Bands. Beginning, December 20, 2011, the hospital logo will be printed on identification bands of all St. Cloud Hospital admissions.

If your patient's identifiers do not match the EMR, and/or you do not see the St. Cloud Hospital logo, take steps to ensure your patient has the correct identification band by following the St. Cloud Hospital policy for Patient Identification.

PLEASE NOTE: The logo is a visual cue to assist us and only indicates that the band was printed at St. Cloud Hospital. It <u>does not replace</u> the critically important use of 2 unique identifiers in the patient identification process; this is a National Patient Safety Goal and cannot be emphasized enough.

SITUATION:
St. Cloud Hospital patients have inadvertently had 2 identification bands on: a St. Cloud Hospital band and the band of a transferring hospital.

BACKGROUND:
60-65% of SCH patients bypass the Admitting Department, leading to the potential for missing critical steps in the patient identification banding process.

- SCH, CCHS, and EpicConnect sites have patient ID bands that are virtually the same.
- This issue was discovered via variances submitted regarding glucometer & I-Stat scanning of the wrong ID band (another facility's ID band).
- Glucometer and I-Stat scanners only look for an 8 digit number as check point; there is no functionality to recognize the wrong band was scanned.

ASSESSMENT:
When a patient is a direct admit to the nursing unit (bypassing Admissions), there are many individuals assisting with the admissions process.

- When the bands from different facilities look the same, individuals will assume the patient has the correct band on until closer evaluation, i.e. verifying patient band MRN with MRN in EMR

- There is the potential for a patient to have a band on each wrist.
- The process of patient identification banding for direct admit patients (those who bypass Admissions Dept.) must be evaluated and refined to ensure our patients have the correct ID bands .

RECOMMENDATION:
Follow the process outlined in the Patient Identification policy.

- When a patient bypasses the Admissions Department, the **<u>admitting RN</u>** will verify proper identification of the patient during the admission process (this can be delegated but must be done).
- If there is a discrepancy noted with the identification band, contact Admissions for clarification and corrective action.
- Anytime SCH staff removes an identification band, that individual is responsible for applying a new band.
- If an issue such as the one described above is identified, complete and submit a Variance report.

AND….be Lookin' for a Logo!

St. Cloud Hospital
CENTRACARE Health System

4/23/08

MRN MRN MRN

Epiccnv,Grumpy Adt ()
MRN: 00510178 CSN: 10142854
DOB: 11/14/1974 (37 yrs) Sex: **M** NON

Medical 1 Update

Katie Schulz, BSN, RN, OCN, CHPN
Medical 1 Educator

Med 1 has been working jointly with the therapy department to pre-schedule patients for therapies. It is important for all roles (RNs/LPNs/HUCs/PCAs) who work on Med 1 to understand the process so we can be successful. We are looking at scheduled therapy on the same priority as other tests such as an x-ray.

Our process starts the evening prior, with the evening HUC:

- The HUC receives a potential therapy sheet via the tube system
- The HUC reviews all the charts for the next day's potential conflicts (dialysis, imaging, discharge) and indicate those conflicts on the sheet
- The sheet is then returned to therapy via the tube system

In the morning, the HUC:

- Receives the therapy schedule sheet via the tube system
- Reviews charts for conflicts with therapy times (dialysis, imaging, procedures, discharge)
- Calls the therapy orderly to reschedule any conflicts
- Fills out two cards per patient with their scheduled times.
- Places the cards on the inside and outside white boards for both staff and patient to be aware of their time.
- Informs the patient (if awake) of therapy times

It's important for patient care staff (RNs, LPNs, PCAs) to be aware of therapy times, so if conflicts arise, therapy should be called at the number listed on the white card to reschedule.

Staff also should have the patient ready for therapy and encourage participation. Therapy will be utilizing the "Therapy in Progress" signs to indicate that they are working with the patient, please be respectful of their time and avoid interruptions.

Example of morning therapy schedule that the HUCS receive

Example of the white cards that would be placed inside and outside the patient's room

Winter Safety: Slips and Falls Prevention

Karen Witzman
Director, Employee Health Services

Although this winter has been unseasonably mild and dry, several slips and falls have already happened.

Even areas that look clean and safe can be slippery because frost is coming out of the ground. Remember that a light snowfall or icy surfaces can easily create walkways that are as unsafe as any blizzard. Complacency is dangerous. Pay attention as you walk and drive whether at home or at work.

How can you stay safe?

1. Immediately report unsafe areas. Failure to report may mean someone else will fall and get hurt.

2. Wear shoes or boots that provide traction. Avoid smooth soles or high heels.

3. When entering or exiting a vehicle, use the vehicle for support.

4. Don't take shortcuts. When leaving the building in the dark or after a light snow fall, walk in designated areas. Driveways and streets bring other hazards including slippery slush and vehicles that can't stop quickly or may not see you in time.

5. Look ahead as you walk. Watch for shiny spots or lumps of ice and avoid them.

6. Do the "Penguin Shuffle". Walking like a penguin can reduce your chances of slipping and falling by:

   - Pointing your feet out – it increases the width of your base.

   - Keep your head up. Watching the ground leaves you unprepared for what lies ahead.

   - Take short steps or shuffle and **move slowly**. Hurrying can end in disaster.

   - Extend your arms out for balance.

   - Don't worry about how you look to others. They may follow your good example.

Slipping and falling on ice can lead to injuries that may impact you for months or even years. By following these simple steps, you can significantly reduce the risk of falling. Be careful and stay safe or **the bones that break may be your own**!
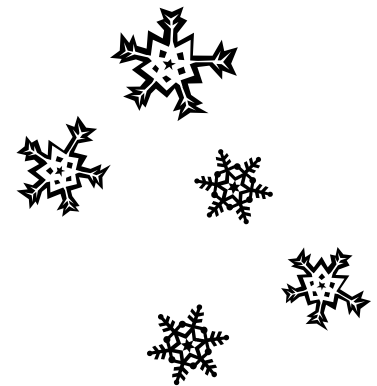
Have a Safe and Happy New Year!

Clinical Ladder

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

LEVEL IV:

Roland Brummer, RN   Oncology
Presenter: Palliative Care, Cancer Pain, Cancer Basics
OCN Certified
Ethics Committee Member
Preceptor

Shannon Kromvieda, RN   Emergency Trauma Center
Epic Super User
Preceptor
Teaches NCI
ENA Member

Jill Libbesmeier, RN   Oncology
PI Committee Member
Preceptor
OCN Certified
Epic Super User

Jenny Moores, RN   Emergency Trauma Center
Taught Trauma Orientation
Gallup Champion for ETC
CEN Certified
ROE Committee Member

LEVEL III:

Susan Anderson, RN   Emergency Trauma Center
CEN Certified
Epic Super User Outreach
Nursing Research: Chronic Inebriate Safe Discharge

Ashley Foy, RN   Children's Center
NC Certified
Healthy Work Environment Committee Co-Chair
Presenter: Staff Communication with Parents and Ancillary
   Staff

Brenda Hommerding, RN   Oncology
OCN Certified
PI: Cancer Fatigue Audit
Community Organizer: Hope Lights the Night; Relay for Life

LEVEL III (cont'd):

Gayle Howard, RN   Bone and Joint
PI Committee Member
Teaches Total Joint Class for Patients
Preceptor
OCN Certified

Michelle Huffman, RN   Telemetry
Epic Super User
Presenter: Skill Station of Temporary Pacer
BCMA Super User

Lisa Kilgard, RN   Medical I
PI Audits: Skin Ulcer, Employee Engagement
Oxygen Tank Availability Correction
Employee Engagement Committee Chair

Gary Lahr, RN   Kidney Dialysis - Home Dialysis
Presented Inservice on DD Exit Site Care
Developed Training Manual for Patients
Presented "CentraCare Kidney Program" at St. Ben's

Amy Salzer, RN   Post Anesthesia Care
BCMA Super User
Super User Committee Member
Presenter: Anesthesia Medications and Gases

Jenny Sprengeler, RN   Telemetry
Presenter: EKG
Preceptor
Module: Amiodarone