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Patient Care News: February 2012

St. Cloud Hospital

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Medical Devices Related to Pressure Ulcers

Sue Omann, WOC/Clinical Resource Nurse
Patient Care Support

Most pressure ulcers occur over bony prominences, such as the heels and sacrum. However, it has been recognized that pressure can also occur on any tissue that is under pressure and therefore can develop beneath medical devices. Medical devices not only create pressure, but humidity and heat develop between the device and the skin, changing the microclimate of the skin. Often these devices must be secured tightly to assure a proper seal. Even if initially it fits properly, edema may develop after the device is applied, acting like a tourniquet. Examples of medical devices in a hospital include: anti-embolism stockings, cervical collars, ET tubes and tube holders, CPAP and BiPAP masks, nasal cannulas, pulse oximetry probes, splints, braces, tubes and catheters.

Thorough skin assessments must be performed on all patients with medical devices. Assessments include loosening and removing the devices on each shift (if patient's medical condition allows) for a complete skin inspection. Any tube or medical devices can create pressure no matter where they are. Devices need to be removed -- finding the tube and checking the skin around it is essential to quality nursing care. Each and every tube and/or medical device is the nurse's responsibility to make sure it does not harm the patient.

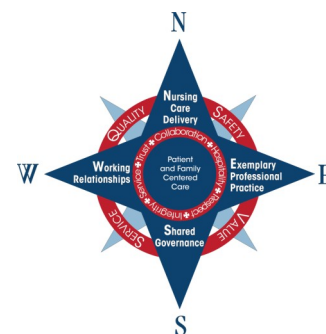
Medication Updates

Mary Phipps, Director of Pharmacy

Medication Expiration Date: Please remember to check medications prior to administration to ensure they have not expired. The Medication Administration Policy has been updated to include the following statement: *"Before administration, qualified personnel administering the medication verify that the medication has not expired."* This is especially important as pharmacy has had to order increasing volumes of short dated pre-filled syringes (i.e. fentanyl, midazolam) due to drug shortages. While pharmacy does routinely perform outdate checks, it is still expected by Joint Commission that the person administering medications ensures that the product is in date.

Medication Override Reasons from Omnicell: Medication overrides are allowed per policy for emergent situations (i.e. pain, respiratory distress, cardiac event). When removing a medication from Omnicell on override, it is important that the appropriate reason is selected in Omnicell. A recent audit revealed that many users are selecting the appropriate override reason, however the audit also indicated that some users are selecting the first override reason on the list rather than the appropriate choice. This process may be audited during a Joint Commission survey.

Self Administered Medications: Medications may not be self administered by patients or family members unless the patient care area has a policy that specifies the process and allows for adequate teaching prior to administration and proper storage and security. There is not a hospital-wide policy that allows for patient self administration. The few units that do allow self administration have developed unit-specific policies.



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St. Cloud Hospital Joins Minnesota Time Out Campaign - Update

Effort aims to eliminate wrong-site surgical/invasive events

Judy Gilsdorf-Gracie, RN

Saint Cloud Hospital has joined the Minnesota Time Out Campaign, an effort by the Minnesota Safe Surgery Coalition, to eliminate wrong-site surgical/invasive procedures in Minnesota by conducting the five key Time Out steps for every patient, every procedure, every time.

The first phase initiated November 15th and included:

- the Operating Room;
- the Family Birthing C-section Suite; and
- Surgery at the Plaza.

The second phase starts February 15th and includes:

- all other invasive areas, including bedside procedures.

The expectation is that all areas will be fully participating starting no later than March 2012. We will update you along the way.

More About the Minnesota Time Out Campaign:

- The most recent Adverse events report highlights 9 events for St. Cloud Hospital, 5 of which were surgical or procedure related.
- In recent years, the number of surgical/invasive procedure events, particularly wrong-site events, has increased in our state. Event records tell us that many of these events are directly related to the lack of an effective Time Out that includes visualization of the site mark and active participation from all procedural team members.
- We pledge to keep our patients safe by having all staff in our organization complete all steps of the Time Out process and to speak up and not move forward with a procedure until these important steps have been completed.
- The Minnesota Time Out Campaign, with a tagline of “take 60 seconds to get it right (or left),” officially launched June 15, 2011.

Time-Out Steps (in order)

1. Person performing the procedure initiates the time-out (calls the team together).
2. All other activity ceases.
3. Designated staff, other than person performing procedure (RN, Radiologic Technologist, Physicist), reads from patient consent - patient name, procedure and location (side/site).
4. Designated Staff also state visualization of the site marking - stating where it is located, as applicable.
5. Person performing procedure states procedure including side/site from memory.

Education

- Computer Based Training (CBT) is scheduled to be released February 15, 2012. This CBT will be assigned to individuals based on their job function or assignment. Please contact your educator or myself if you think you should have been included in the education.
- Orange *Time Out* cards and Posters will be delivered to Care Centers.

For questions or concerns, please contact Judy Gilsdorf-Gracie, RN at 251-2700, ext. 53290 or e-mail gilsdorf-graciej@centracare.com

Take 60 seconds to get it right (or left)



Nursing Research Committee Literature Review: When Mom has Breast Cancer

Roxanne Wilson, RN, MS, Community Cancer Program Director
Coborn Cancer Center, wilsonro@centracare.com

Stiffler, D., Barada, B., Hosei, B., & Haase, J. (2008). When mom has breast cancer: adolescent daughters' experiences of being parented. *Oncology Nursing Forum*, 35(6), 933-940.

Background: In qualitative research, the researcher(s) are listening to the "lived experience" of the participants and looking for common themes. Studies examining the same experience using qualitative methods may report similar perspectives or find new perspectives. As research on a topic develops over time, these themes can be integrated into instruments or measurement tools which may be then be measured statistically. However, some concepts do not "measure well" and are best described in meaningful ways. Both qualitative and quantitative research is important for nursing.. This research study is a qualitative study of the experience of adolescent girls whose mothers are diagnosed with breast cancer.

The diagnosis of cancer affects an entire family. Each child within a family has a unique relationship with a parent; a relationship impacted by their developmental stage. Stiffler, Barada, Hosei and Haase (2008) report 30% of women diagnosed with breast cancer have adolescent or school aged children. The emotional and physical challenges of treatment may change the usual interactions with mothers and their adolescent daughters. The authors report "that adolescent girls whose mothers had breast cancer described more stress symptoms and their anxiety and depression scores were higher than all other groups of adolescents, children or young adults" (Stiffler, Barada, Hosei & Haase, 2008, p. 934). Few studies have examined adolescent daughters' coping strategies. The purpose of this study "was to describe the adolescent daughters' experience of being parented when their mothers were diagnosed or treated for breast cancer" (Stiffler, Barada, Hosei & Haase, 2008, p. 934).

Methods: This was an empirical phenomenological qualitative study.

Participants: 8 adolescent daughters participated in open-ended audio taped interviews.

Findings: Stiffler, Barada, Hosei & Haase (2008) report 8 major themes including a) a world turned upside down; b) stop the intrusion c) mom can't die; d) a hole where my mom used to be; e) filling in the hole where my mom used to be; f) being there for mom; g) managing my reactions –being selfish or difficult; and h) guarded relief

Nursing Implications: Stiffler, Barada, Hosei & Haase (2008) report "discussions with health care providers was markedly absent by the daughters in this study. Not one daughter mentioned she had been helped or talked to by her mother's health care provider" (p. 939). Nurses who have contact with adolescents and their mothers who have cancer have a unique opportunity to establish communication. Nurses can also be aware of resources for referring parents or adolescents.

St. Cloud Hospital: Nursing is interesting because we have so many opportunities to consider the needs of patients and their families in our practices. At St. Cloud Hospital we have several options for nurses to consider to support adolescents and/or their parent dealing with cancer including a) initiating communication with adolescents whose parents have cancer b) referral to a child/life specialist for the parent or adolescent; c) referral to therapist specializing in adolescent and children needs d) talking to mothers who have cancer about their parenting questions and/or d) suggesting attending the Coborn Cancer Center/Angel Foundation Family Program. At Coborn Cancer Center, nursing and social work have established a partnership with the Angel Foundation to offer support programs to help children and adolescents ages (5-8), (8-12), (13-18) to develop the necessary life skills to confront and manage the fear, stress and uncertainty that comes from having a parent or grand-parent with cancer. We also offer programs those days for parents and grandparents. Dates and times include (e-mail Roxanne if interested):

Saturday, March 10, 2012 at 10:00 am to Noon

Tuesday, May 1, 2012 at 5:30 pm to 7:30 pm

Saturday, September 15, 2012 at 10:00 am to Noon

In addition, the IRB committee reviewed and approved a study for Parenting through Advanced Cancer Care: Exploring the Father's Experience. This study will be conducted by Missy Lundquist a doctoral candidate in social work at the University of Minnesota.

This article was interesting and an area we have much to learn about. Contact the health science librarian if you would like to read the whole journal article.

Clinical Ladder

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

LEVEL IV:

Sheila Campbell, RN Intensive Care
BCMA/Epic Super User
Nursing Core Group Leader
CentraCare Foundation Ambassador
Certified Critical Care Nurse

LEVEL III:

Rae Buschette, RN Telemetry
Heart Valve Poster
Ed Day Presenter: Defibrillator/MRX
Shadow for High School Students

Brenda Eveslage, RN Coborn Cancer Center
Certified Oncology Nurse
Unit Safety Quiz
ROE Journal Club

Daren Hendrickson, RN Mental Health
Ed Day Presenter: Psychiatric Disorders
Epic Super User
Presenter: NCI

Angela Kiffmeyer, RN Surgical Care
Preceptor
SCRUBS Committee
PI Patient Satisfaction Audit

Mary Larson, RN PCS Float Pool
Epic Super User
Work List CEG
N-95 Mask Fit Tester

LEVEL III (cont'd):

Kristin Miller, RN Telemetry
Preceptor
Epic Super User
Clinical Ladder Representative

Janet Nelson, RN Family Birthing
BCMA Super User
Poster Presenter: Malignant Hypothermia
TCABs: Charge It; Smooth Moves; Care Rounding

Sara Peterson, RN Medical 2
BCMA Super User
Preceptor
Patient Family Center Care

Kim Ruprecht, RN Oncology
Patient Satisfaction Committee
Certified Oncology Nurse
Preceptor of Nurse Intern

Amy Jo Williams, RN Medical 2
PI Committee: 3 Skin Audits
MOST Task Force
Certified Wound, Ostomy, Continence Nurse

Cindy Zieglmeier, RN Inpatient Rehab
Preceptor
Rehab Practice Council
Certified Rehab Nurse

Upcoming Education & Professional Development

March:

- | | | | |
|-----|---|-------|--|
| 1 | Basic Life Support Instructor Initial Course, 8:30am- 5:00pm, Skyview | 22/23 | Basic ECG, 8:00am-4:00pm, Orientation Classroom A |
| 6/7 | CCRN/PCCN Certification Review Course, 7:30am- 4:30 pm, Hughes Mathews, Plaza | 23 | ACLS Refresher Course, 8:30am-5:00pm, Spruce |
| 7 | NRP Course, 8:00am-12:00 pm, Oak Room | 23 | Cardiac Vascular Blended Nursing Certification Review, 7:45am-5:00pm, Windfeldt, Plaza |
| 7 | Peds Conference, 7:30-4:30pm, Windfeldt, Plaza | 26/27 | CRRN Certification Review Course, 7:45am-4:45pm, Hughes Mathews, Plaza |
| 5 | ACLS Initial Course, 7:30am-8:30pm, Windfeldt, Plaza | 29/30 | OCN Oncology Certification Review Course, 7:30am- 4:15pm, Hughes Mathews, Plaza |
| 8 | NCI Initial Course, 11:30am-8:00pm, Spruce | 30 | PEARS Course, 8:30am-3:30pm, Skyview |
| 13 | NCI Refresher Course, 8:30am-12:30pm or 1:00pm-5:00pm, Aspen | 30/31 | Healing Touch Program Certificate Level 1, 8:30am-6:00pm, both days, Windfeldt, Plaza |
| 14 | NRP Course, 10:00am-2:00pm, Birch Room | | |