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6-2012

### Patient Care News: June 2012

St. Cloud Hospital

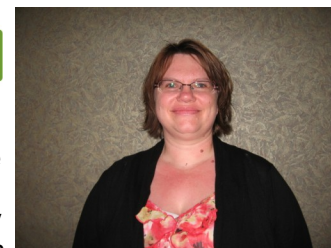
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## Daisy Award Recognition



Ann Summar, RN on the Neuroscience/Spine/Rehab Care Center was one of the 12 nurses who received the DAISY Award for 2012. The following comments were made in Ann's nominations: Ann is always looking for innovative strategies to enhance patient care. She takes pride in ensuring that our patients have a healthy balance of mind, body and spirit. Ann will go out of her way to advocate for both the patient and patient's family. Ann has a passion for professional nursing and emulates this each and every day. Ann is respected by her peers and treats her colleagues with dignity and respect. She is a wonderful example of promoting a relationship with yourself, colleagues and patients.

Throughout the year, St. Cloud Hospital (SCH) employees, Medical Staff, patients and their families can nominate a nurse for the DAISY Award. SCH LPNs, RNs, and APRNs working in designated care centers or employed by SCH are eligible for the award. A SCH DAISY nurse demonstrates compassion and clinical excellence for his/her patients and families using patient and family centered principles and is an outstanding example of the core values of SCH through their daily work.

**To nominate a nurse or learn more about the DAISY award**, go to CentraNet/Recognition/DAISY Award, download a form, fill it out and send to Brenda Ackerman in Administration. For questions about the DAISY award, please call ext. 57103.

## Best Practice Alert Based on FHAAS Suicide Screening Questions

Chelsie Bakken, MBA, RN  
Patient Safety Specialist

Earlier this year we released a computer-based training module on Suicide Assessment as a result of a Sentinel Event Alert from the Joint Commission. As part of part of this work, the FHAAS was slightly modified with the addition of some screening questions to promote identifying patients who may require a comprehensive suicide risk assessment.

An existing question that was expanded upon:

- "Have you been feeling sad, anxious or over whelmed?" **If yes**, the question cascades out to the current question, "Have you had any major life changes in the last year?"

The following are additional questions that were added to the FHAAS. These questions were highlighted in the literature as key questions in screening patients for potential suicidal ideation:

- "Have you been feeling hopeless, helpless, or abandoned?" **If yes**, the question will cascade out to:
- "Have you had thoughts of hurting yourself?" **If yes** to this question, the next question cascaded will be:
- "Have you ever attempted to or acted on hurting yourself?"

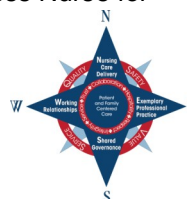
If the patient answers yes to the question, "Have you been feeling hopeless, helpless, or abandoned?" a Best Practice Alert (BPA) now fires. The BPA provides a prompt for you to consider placement of a Behavioral Health Case Manager consult for a comprehensive suicide risk assessment for the patient. The BPA is an option for you to consider, it does not need to be acted upon if in your screening and full assessment of the patient you determine that the patient is not at an increased risk of suicide.

But, if in your clinical judgment this is appropriate, and the patient does require more comprehensive and expert assessment, follow the BPA suggestion - place the patient on a 1:1 and enter the Behavioral Health Case Manager consult.

This is definitely a learning process for us all and if you should have questions on whether the patient is appropriate for implementation of the BPA, please do not hesitate to call either the Behavioral Health Case Manager or the Behavioral Access Nurse for further guidance.

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## Indwelling Urethral Catheters: When are they appropriate?

Written by: Patricia Dumonceaux, RN,BSN and Ellen Simonson, RN, CIC  
CAUTI Task Force

Approximately 80% of hospital acquired infections are urinary tract infections associated with the use of indwelling urethral catheters (Lo, et al., 2008). It is essential that professional nursing staff assess the need for using indwelling urethral catheters, commonly referred to as Foley catheters, with every patient.

The Centers for Disease Control and Prevention (CDC) recommends use of indwelling urethral catheters be restricted to the following reasons:

1. Perioperative use for selected surgical procedures
  - Urologic surgery or other surgery on contiguous structures of the genitourinary tract
  - Anticipated prolonged duration of surgery
  - Patient expected to receive large-volume infusions or diuretics during surgery
  - Need for intraoperative monitoring of urinary output
2. Need for urine output monitoring in critically ill patients
3. Management of acute urinary retention and urinary obstruction
4. Patient needs prolonged immobilization
  - Patient has an unstable thoracic or lumbar spine
  - Patient has experienced multiple traumatic injuries
  - Patient is unable to transport to the bathroom and use of a bed pan is prohibited due to client's medical condition such as unable to bend at the waist
5. To improve comfort during end of life care (2009)

Evidence does not support the use of indwelling urethral catheters for reasons of incontinence, the collection of urine for culturing, during diagnostic testing, routine oral diuretics, following surgery for extended periods, during post-op epidural therapy, or due to patient request. It is recommended post surgical procedures that indwelling urethral catheters be removed within 24-48 hours, unless continuing to meet one of the above recommendations. Within the high risk groups for developing catheter associated urinary tract infections (CAUTIs), including women, the elderly, and patients with impaired immunity, it is important that additional review is completed regarding the necessity for use if an indwelling urethral catheter (CDC, 2009).

When determining the appropriateness of an indwelling urethral catheter, here are some alternatives to consider:

- Using an external catheter in male patients
  - Is the patient cooperative and without bladder outlet obstruction?
- Using intermittent catheterization if caring for a spinal cord injury patient
- Choosing intermittent catheterization when caring for a patient with bladder emptying dysfunction
- Choosing intermittent catheterization when caring for children with myelomeningocele and neurogenic bladder to decrease the risk of urinary tract deterioration (CDC, 2009 & Lo, et al, 2008)
- Completing a bladder scan on non-pregnant patients to assess urinary retention, urological conditions, and the need for catheterization

It is strongly recommended that the care team review the need for an indwelling urethral catheter daily in our efforts to prevent CAUTIs. Patients do not want infections and neither do you as their caregiver. Be a part of the prevention team to stop hospital acquired CAUTIs.

### References:

- Association For Professionals In Infection Control and Epidemiology. (2008). *Guide to the elimination of catheter-associated urinary tract infections (CAUTIs)*. Washington, DC: APIC.
- Centers for Disease Control and Prevention. (2009). *Guideline for prevention of catheter-associated urinary tract infections*. Retrieved from <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>
- Lo, E., Nicolle, L., Clasen, D., Arias, K, et al. (2008). Strategies to prevent catheter-associated urinary tract infection in acute care hospitals. *Infection Control and Hospital Epidemiology*, 29:1, S41-47.
- Wong, E. (1983). Guideline for prevention of catheter-associated urinary tract infections. *American Journal of Infection Control*, 11(1), 28-36.

# 2012 Nursing Posters Winners

## Performance Improvement

Hospitalization from Chemotherapy Infusion Complications

Jane Vortherms, Brenda Spoden

Coborn Cancer Center Infusion Center

## Evidence Based Practice

Reduction of Erosion Risk in Adult Patient with Implanted Ports

Mary Kay Weis, Jennifer Burris, Roxanne Wilson

Coborn Cancer Center

## Education/Innovation

Advanced Practice Registered Nurses:

Shaping their Practice and Developing New Care Delivery Models

Terri McCaffrey

Cleft & Craniofacial Center/Women and Children Center

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## Upcoming Education & Professional Development

### June:

- 6 NRP Course, 8:00 am – 12:00 pm, Oak Room
  - 6/7 Healing Touch Program Certificate Level 2, 8:30am – 6:00pm, both days, Windfeldt Room, Plaza
  - 14 PEARS Course, 8:30 am – 3:30 pm, St. Cloud Hospital Skyview Conference Room
  - 12 NCI Initial Course, 12:00pm – 8:30pm, Aspen Room
  - 15 ACLS Refresher Course, 9:00 am – 5:30 pm, Windfeldt Room, Plaza
  - 25 NCI Initial Course, 12:00pm – 8:30pm, Spruce Room
  - 26 NCI Refresher Course, 8:00am – 12:00pm, Spruce Room
  - 26 NCI Refresher Course, 12:30pm – 4:30pm, Spruce Room
  - 28/29 Basic ECG Course, 8:00am – 4:00 pm, Skyview Conference Room, St. Cloud Hospital
  - 28 NRP Course, 9:00 am – 1:00 pm, Birch Room
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# Nursing Research Committee Literature Review: Succeeding in the First Year of Practice: Heed the Wisdom of Novice Nurses

Submitted by: Jennifer Burris RN CNS, Medicine Care Center

Chandler, G.E. (2012). Succeeding in the first year of practice: heed the wisdom of novice nurses. *Journal for Nurses in Staff Development*, 28(3), 103-107.

**Background:** The research study is a qualitative, descriptive study used to investigate the experience of first year nurses in making the transition from school to practice. It is not clear how the novice nurse survives during the transition from student to a licensed registered nurse. Most research that has been done focuses on stresses, difficulties, and problems encountered during this transition. This study uses an appreciative inquiry approach to examine novice nurses' past successes rather than their problems. Appreciative inquiry focuses on the positive aspects of a system and leverages them to correct the negative, for example addressing what is working well, describing moments of success, and using the positive energy to build strengths and promote change.

**Method:** This was a qualitative, descriptive study.

**Participants:** The sample consisted of 36 nurses who had graduated from either an Associate or Baccalaureate degree program, whom were interviewed with the use of 5 specific questions on transition, relationship, knowledge, skills, and attitudes.

**Findings:** Answers were evaluated and analyzed by inductive content analysis. The main findings included:

- Three themes identified as answers included: "they were there for me", there are no stupid questions", and "nurturing the seeds"
- The critical importance of welcoming the new nurse into an inquisitive, supportive environment.
- The preceptor and staff know that inclusion, supportive behaviors, and constructive feedback are the approach to take to develop a new nurse.
- The new recruit benefits from positive reinforcement, recognition of daily accomplishments, and opportunities to be included as part of the staff.

**Nursing Implications:** Chandler (2012) encourages preceptors to attend classes on clinical teaching, posing the right question to encourage critical and quality thinking, time to discuss the current research on teaching/learning, and partnering with local colleges to build a learning environment for the new nurse. Regular preceptor support groups would be ideal to encourage preceptor development.

**Implication for the St Cloud Hospital:** Here at the St Cloud Hospital we have an established preceptor and new RN orientation program. Being the new kid on the block is difficult, yet exciting. Keep the working environment positive and open to feedback promotes growth and development in the new nurses. As a preceptor, share stories of your own growth and development to make the learning environment even more real. Appreciative inquiry can be utilized in many situations that lead to growth and change. Focusing on the positives rather than the negatives promotes energy and mo-

## News Items to share from Staffing and Scheduling

Submitted by: Terri Krause, Coordinator, Staffing/Scheduling/Secretarial Services

- New Staffing Office Hours of Operation - The Staffing Office has just implemented new hours of operation. Staffing is now open each day starting at 5:15 a.m. through 11:30 p.m.
  - Where to find policies and procedures related to Staffing and Scheduling guidelines on CentraNet – It can be difficult at times to locate a particular policy within the Patient Care Manuals on CentraNet. To make it easier to find all policies related to Staffing and Scheduling you will now find the policies in the Patient Care Manual housed under Staffing/Scheduling. Simply select the letter "S" at the top of the index and you will quickly be able to access the policies listed under Staffing/Scheduling.
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# Clinical Ladder

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

## LEVEL IV

### Sherri Reischl, RN                      Emergency Trauma Center

Presenter: ACLS, Safety, Hemodynamics, ENPC, ATCN, TNCC  
Chair ROE  
PI Cmte Auditor  
CEN and ATCN Certified

### Jeanne Friebe, RN                      Family Birthing

Chair: TCAB The Wait is Over & Caring Corner  
IBCLC & RLC Certified  
Primary Preceptor  
Community: Camp Be Well

## LEVEL III

### Teri Even, RN                      Post Anesthesia Care

CPAN Certified  
EBP: Family Centered Care  
PI Cmte & Auditor

### Dain Teigen, RN                      Surgical Care

Co-chair Unit Super-Super User Cmte  
Preceptor  
ROE

### Trisha Douvier, RN                      Surgery

EBP: Preoperative Shower Total Joint Patients  
Presenter: OR Positioning, HHCAPS, Implant tracking  
Primary Preceptor

### Melissa Stowe, RN                      Surgery

CNOR  
Preceptor  
SCIP & Perioperative Conference Planning Committee

### Jessica Reis, RN                      Cardiac Care

Presenter: Basic EKG & Cardiovascular Station  
Primary Preceptor  
AACN Certified

### Bridget Klein, RN                      Telemetry

DAR Format Trainer  
Presenter: Cardiovascular Station  
EBP: Health Literacy Contest Project

## LEVEL III (cont'd)

### Jill Wilcken, RN                      Coborn Cancer Center

Creator: Annual Safety Quiz  
OCN Certified  
ROE

### Cassie Plotz, RN                      Intensive Care

Presenter: Palliative Care Inservice  
Preceptor & Mentorship  
Presenter: Neuro & CRRT Stations

### Teri Klaphake, RN                      Telemetry

Cardiology Seminar Planning Cmte  
Presenter: Defibrillator Stations & EKG Classes  
Policy Updating

### Susan Reitmeier, RN                      Patient Care Support

Certified Medical-Surgical  
Poster/Presentation: Chest Tube  
CLABSI Task Force

### Cindy Desmith, RN                      Oncology

Certified Oncology  
Preceptor  
Evacuation Task Force, Chair

### Dawn Demant, RN

OCN Certified  
ROE Chair  
Preceptor

