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Patient Care News: July 2012

St. Cloud Hospital

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Daisy Award Honoree

Jenna Bruemmer, RN on the Bone and Joint Center. Comments from her nomination noted Jenna's attitude and care technique was kind and caring. She recognized how to provide comfort through assessment and interventions. Jenna has excellent clinical and social skills.

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.

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.

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.



Oxygen Administration

Peggy Lange, Director, Respiratory Therapy
Chelsie Bakken, MBA, RN, Patient Safety Specialist

The June issue of the Journal of Patient Safety published a piece sharing the potential for patients to receive the wrong type of medical gas due to a match in the diameter and thread size in adaptors ("Christmas tree" or nipple connectors). The author is urging for industry standards in changing the diameter and thread size of adaptors to be different for the various medical gases. This article emphasizes the importance of each of us purposefully verifying the label on flowmeters and gas tanks to be certain we are administering the correct gas to our patient. This process for administering medical gases is the same as what we do for IV medication administration as outlined in our Oxygen Administration policy by the statement:

"Before tubing is connected or reconnected to a patient, the tubing needs to be completely traced from the patient to the point of origin for verification that the source is correct and that it is being connected to the correct device for the patient."

You can review the entire policy at: http://centranet/policies/sch/patient/policies/oxygen_administration.pdf. Thank you for your continued efforts to keep our patients safe.

Upcoming Education & Professional Development

July:

- 5 NCI Refresher Course, 9:00am-1:00pm, Aspen
- 5 NCI Refresher Course, 1:00pm-5:00pm, Aspen
- 12 ACLS Refresher Course, 12:30pm-9:00pm, Windfeldt, Plaza
- 20 PEARS Course, 8:30am-3:30pm, Skyview
- 23 ACLS Initial Course, 7:30am-8:30pm, Windfeldt, Plaza
- 26/27 Basic ECG Course, 8:00am-4:00pm, Orientation Classroom A
- 30 NRP Course, 8:00am-12:00pm, Oak
- 30 NRP Course, 1:00pm-5:00pm, Oak



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Literature Review: Emerging from the Depression: The Experiential Process of Healing Touch Explored through Grounded Theory and Case Study

Submitted by: Ann Seppelt, MS, RN, CNP

Van Aken, R. & Taylor, B. (2010). Emerging from depression: The experiential process of Healing Touch explored through grounded theory and case study. *Complimentary Therapies in Clinical Practice*, 16(3), 132-137

Background: Increasingly, Americans are choosing alternative therapies to use alongside their traditional medical care, approximately 40% of Americans in one study. People with depression tend to use alternative therapies more than the general population. Healing Touch (HT) is one such therapy that is being incorporated into care in many hospitals and other care environments around the country. "Healing Touch is a philosophy and an ancient healing art. It is defined as an energy based therapeutic approach to healing which uses the hands to balance and harmonize the human energy system, thereby placing the client in a position to self heal." (Van Aken & Taylor, 2010, p. 133) "Anecdotal and research evidence support the use of HT in reducing anxiety and stress, restoring and maintaining vitality, enhancing spiritual development, promoting self-empowerment, supporting the life transition process, preparing for medical treatments and procedures and accelerating wound healing." (Van Aken & Taylor, 2010, p. 133)

Method: The authors used grounded theory and case study to create a middle range theory about how Healing Touch helped the study participants emerge from depression. Middle range theories are very useful to health care practitioners because they describe relationships between concepts in a way that can be applied directly to practice. Grounded theory involves a prescribed set of procedures that the investigator follows so that the research is rigorous and reliable. Grounded theory gives people a voice—their stories are heard, audiotaped and typed into transcripts for analysis. In this study there were three groups of study participants including a total of 15 people, each self referred and taking a test called the BDI (Beck Depression Inventory) that indicated they had moderate depression. Each participant experienced 5 weekly Healing Touch sessions that lasted about one hour apiece. During the sixth week, participants were interviewed and took the BDI again. Throughout the 6 weeks participants were also surveyed using the Healing Energy and Life through Holism tool to gather more information about their experience. Transcripts were analyzed and the data was coded (important ideas were named), the codes were sorted into categories, concepts were identified, and finally categories were created. The relationships between concepts were then identified and synthesized into a theory of how the participants emerged from depression through the Healing Touch experience.

Results: From what the participants said and from a study of the literature, disconnection from others, the environment, and self was the main psychosocial problem the participants were experiencing that was impacted by the Healing Touch sessions. At the end of the sessions, although this was not the goal of the study, there was improvement seen in the BDI scores of the participants. Researchers presented the following quotes from the participants regarding Healing Touch and how the researchers had coded these ideas:

- "You understand my needs"—Understanding
- "Feel cared for and safe"—Safety
- "I can trust my decisions"—Trust
- "I feel hope and excitement"—Positive anticipation
- "Feel really in my body"—Body awareness
- "Very sacred"—Spiritual awareness
- "Feel better balance in my mind"—Mental harmony
- "Feel more centered in my emotions"—Emotional harmony
- "I know I will be okay"—Heartened
- "I feel I can now heal"—Healing
- "Opened a new level of understanding"—Clarity
- "I feel reconciled"—Acceptance
- "I feel more straight, ready to go forward"—Ability to be involved
- "Feel more open to others"—Looking outside
- "I am back on track"—Motivation
- "Ready to go forward"—Embracing change

The concepts within the stories provided by participants regarding Healing Touch and emerging from depression included a Sense of presence, Spirit of hope, Sense of connection, Sense of congruence, Sense of wholeness, Sense of knowing, Sense of readiness, and Sense of direction. The concepts were categorized into stages of emerging from depression through HT, including: Believing in the practitioner/self/future, Integrating all aspects of self, Accessing inner strength & resources, and Engaging with life.

Limitations: This qualitative analysis wasn't intended to analyze a cause and effect relationship between Healing Touch and decreased depression, but rather to present the voices of the participants in a way that described their experiences with the process of Healing Touch and emerging from depression.

Implications for practice: Although this study is specific to depression, it suggests that Healing Touch may be a powerful tool for impacting the inner life and experience of people toward healing and wholeness. There is specific training in Healing Touch for nurses, though anyone can learn Healing Touch techniques, which are noninvasive. As initiatives are brought forth to enhance Healing Touch availability for patients at St. Cloud hospital, hospital staff can be important ambassadors in support of this complimentary therapy.

Proper Urinary Catheter Insertion to Help Prevent CAUTIs

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

After considering the appropriateness of using an indwelling urethral catheter (Foley catheter), it is important that all necessary precautions are taken before and during insertion. It is essential to ensure appropriate supplies are selected and proper insertion techniques are followed to prevent the patient from having an increased risk of developing an infection.

Please remember:

- Always complete hand hygiene “before and after insertion or any manipulation of catheter device or site” (CDC, 2009).
- Only trained staff should be handling catheters and they should always be following aseptic technique with insertion.
- During insertion, the use of “sterile gloves, drape, sponges, an appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly” are required (CDC, 2009).
 - Povidone-Iodine is our antiseptic periurethral preparation. If the patient has an iodine allergy, use sterile water for periurethral cleansing.
- Select the smallest bore catheter appropriate for your patient.
- Select indwelling urinary catheter kit systems with pre-connected, sealed catheter-tubing junctions (the tamper-evident seal should be intact). Avoid using single components (i.e. separate Foley catheter and separate drainage bag) whenever possible.
- Maintain a closed system. If there is a break in technique during insertion, retrieve a new sterile indwelling catheter kit system and begin processes over.
- Properly secure the indwelling urethral catheter after insertion. This helps prevent movement and decreases the risk of urethral trauma.
- Assure there is the ability for urine to flow freely by preventing tubing from coiling or kinking and the bag are below the bladder.
- If a urine sample is necessary, disinfect the needleless port and use aseptic technique to aspirate urine using a sterile syringe/cannula.
- Bladder irrigation is recommended only when obstruction is anticipated (e.g., possible to happen after prostatic or bladder surgery) with a closed continuous irrigation system (CDC, 2009).

Remembering these few important steps about catheter insertion can reduce the risk of hospital acquired catheter associated urinary tract infections (CAUTI's). For more information about infection prevention and proper Foley Catheter care and insertion technique in males and females, visit the following web-site to view the educational video provided by BARD Medical: http://www.takeeveryprecaution.com/catheter_video.html (warning: contains nudity).

As patient caregivers, we do not want our patients to have infections. Be a part of the prevention team to stop CAUTIs.

References:

- BARD Medical. (2010). *Foley Care and Catheterization Video*. Retrieved from http://www.takeeveryprecaution.com/catheter_video.html
- 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>

Clinical Ladder

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

LEVEL IV

June Bohlig, RN Operating Room

Certified in the Operating Room
Presenter: MH Crisis, MRX Defibrillator, Crash Cart/
Defibrillator
Diversion Algorithm at Capacity
Stephen Minister

Kelen Sohre, RN Bone and Joint

Certified Orthopedic Nurse
ROE
Policy Updates
Nurse Practice: Bone & Joint Committee

LEVEL III

Cynthia Brown, RN Telemetry

Presenter: MRX/Temporary & External Pacemaker
PCA Committee
Preceptor

Karen Chalich, RN Dialysis

Certified Nephrology Nurse
Primary Preceptor
Poster: Riling Incident Report

Carrie Herbst, RN Med 2

Certified Medical Surgical Nurse
Pain Resource Committee
PI Audit: Multi Disciplinary Rounds

Joan Hemker, RN Operating Room

Presenter: Wound Classification
Preceptor
ROE

Connie Jonas, RN Coborn Cancer Center

Certified Oncology Nurse
Chair of Nurse Practice Committee
Presenter: Clinical Documentation

Karen Lashinski, RN Center for Surgical Care

Certified Medical Surgical Nurse
ROE
Co-Presenter: Deaccess Ports

LEVEL III (cont'd)

Lois Lenzmeier, RN Intensive Care

Certified Critical Care Nurse
ROE
ICU Mobility Team Cmte

Karen Radermacher, RN Family Birthing

Presenter: AWOHN Fetal Monitor Class
Preceptor
Poster: Communication with Physicians

Jayna Theis, RN Telemetry

ROE Committee
Presenter: Biphasic & Temporary Pacers
Epic Super User



Have a Safe and
Happy 4th of July