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Patient Care News: September 2012

St. Cloud Hospital

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Patient Care News

September 2012

Daisy Award Honoree

Keri Heroux, RN, Oncology. Comments from her nominations included: Keri has a wonderful bedside manner. She is always very calm and caring. Keri never appears rushed in her interactions with patients and families. Keri takes time to make sure her patient's physical and emotional needs are being met. She knows the value of a warm blanket or back-rub and the value to nurse presence and active listening.

Keri collaborates with patients, families and the interdisciplinary team to ensure the patient's goals are heard and being met. She demonstrates respect by upholding the dignity and integrity of all her patients. Keri always strives for excellence; she maintains her Oncology certification and stays educated on new medications and therapies. I love working with Keri because she is a model of SCH's mission and makes me so proud to be part of the team. Keri always communicates and involves the patient with the day's goals. Keri shows respect, gratitude and compassion to everyone.

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.



Global Immunizations: Influenza Screening Resumes

Submitted by: Kristi Patterson, RN, BSN

Effective **September 25, 2012**, St. Cloud Hospital (SCH) will resume screening patients for the influenza vaccine; screening will continue through March 31st. SCH inpatients ≥ 6 months old are screened for the influenza vaccine and inpatients ≥ 5 years are screened for the pneumococcal vaccine. The goal is to provide the influenza and pneumococcal vaccine to all patients who meet criteria as outlined in the policy. SCH reports its performance against influenza and pneumococcal immunizations for inpatient discharges to the Joint Commission and CMS (Centers for Medicare and Medicaid Services). For more information, please contact your unit based case manager, charge nurse, or nurse educator.

Physician Order Sets

Submitted by: Diane Gustafson, Specialist, Medical Staff

The St. Cloud Hospital has nearly 500 existing physician order sets in Epic. There is also a corresponding paper version of each order set for Epic downtime and educational purposes. The paper (downtime) versions can be found on CentraNet under the Patient Care tab or the Medical Staff tab. The order sets are listed and attached under the corresponding department. This is the link to the physician order sets on CentraNet:

http://centranet/medstaff/standing_preprinted_orders/index_order_emerg_prot.htm

The paper order sets can be printed and utilized in an Epic downtime situation. It is the responsibility of the Patient Care Units to make sure that no outdated paper versions are on the units. The Medical Staff Office encourages no stock piling of paper (downtime) order sets. Currently, the Nursing Supervisors Office maintains a binder of all the latest versions of paper (downtime) order sets.

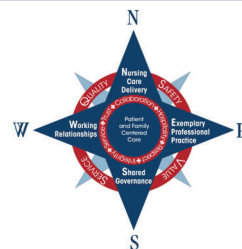


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Literature Review: Structured Risk Assessment and Violence in Acute Psychiatric Wards: Randomized Controlled Trial

Submitted by: Chris Walker, MSN, RN, MHA

Aberhalden, C., Needham, I., Dassen, T., Halfens, R., Haug, H., & Fischer, J. (2008). Structured risk assessment and violence in acute psychiatric wards: randomized controlled trial. *The British Journal of Psychiatry*, (193), 44-50.

Background: Aggression and violence are a major problem in acute mental health units with career prevalence rates of being assaulted approximating 100% for mental healthcare staff (Aberhalden & et al, 2008, p. 44). There is a lack of research on the possible contribution of a structured risk assessment to the reduction of aggression in mental health units.

Method: A cluster randomized controlled trial was conducted with 14 acute psychiatric admission wards as the units of randomization, including a preference arm. The study was approved by six regional research ethics committees. Four of the wards were randomized to structured risk assessment and collected baseline data during a 3-month period.

The intervention consisted of a structured short term risk assessment for every new patient during the first three days of hospitalization. The validated instrument used was the Broset Violence Checklist which requires nurses to rate six patient behaviors (confusion, irritability, boisterousness, verbal threats, physical threats and attacks on objects) and to perform an overall subjective assessment of the risk of imminent violence using a slide-rule visual analogue scale. These combined ratings produce a score between 0 (very low risk) and 12 (high risk). Ratings were carried out twice daily.

Results: Incidence rates decreased substantially in the intervention wards, whereas little change occurred in the control wards. The adjusted risk ratios suggest a 41% reduction in severe aggressive incidents and a 27% decline in the use of coercive measures. The severity of aggressive incidents did not decrease.

Limitations: All four of the intervention wards rated patient aggression as a big or very big problem, in contrast to two out of five control wards. The baseline rates of aggression were higher on the intervention wards compared with the controls, which might have led to a higher sensitivity and perceived need to improve the situation. A further limitation is the absence of data on the interventions actually implemented as a consequence of the risk assessment.

Implications for practice: The authors found that a simple and low-cost intervention, consisting of a risk assessment twice daily for the first 3 days of hospitalization in acutely admitted psychiatric patients combined with a communication of risk scores and a recommendation for action tailored to the risk level, reduced the incidence rate of coercive measures and severe aggressive incidents. This suggests that a structured risk assessment may be a simple and cost-effective way of diminishing the problem of violent incidents in acute psychiatric wards.

New Support Group Implemented by SCH Women and Children's Center

Submitted by: Terri McCaffrey, MA, APRN, CNS

The loss of a baby through miscarriage, stillbirth or newborn death is deeply painful to parents. When a woman becomes pregnant again many emotions come to the surface. The St. Cloud Hospital Women and Children's Center is implementing a support group to help women through a subsequent pregnancy after experiencing a previous loss. This support group is called "Your Next Baby After Loss," and it will meet from 7:00 pm- 8:30 pm the first Monday during the months of October, November, and December in the St. Benedict Conference Room off of Lake Entrance (former D entrance) of the St. Cloud Hospital. This group is facilitated by trained staff from the St. Cloud Hospital and is free of charge. Fathers are welcome to attend.

This group will address the following topics:

- Managing grief, as it may resurface during different stages of your pregnancy
- Discussing anxieties and concerns of your current pregnancy
- Recognizing and managing those anxieties and concerns
- Stress management and relaxation techniques
- Maintaining relationships with others
- Assertive communications skills

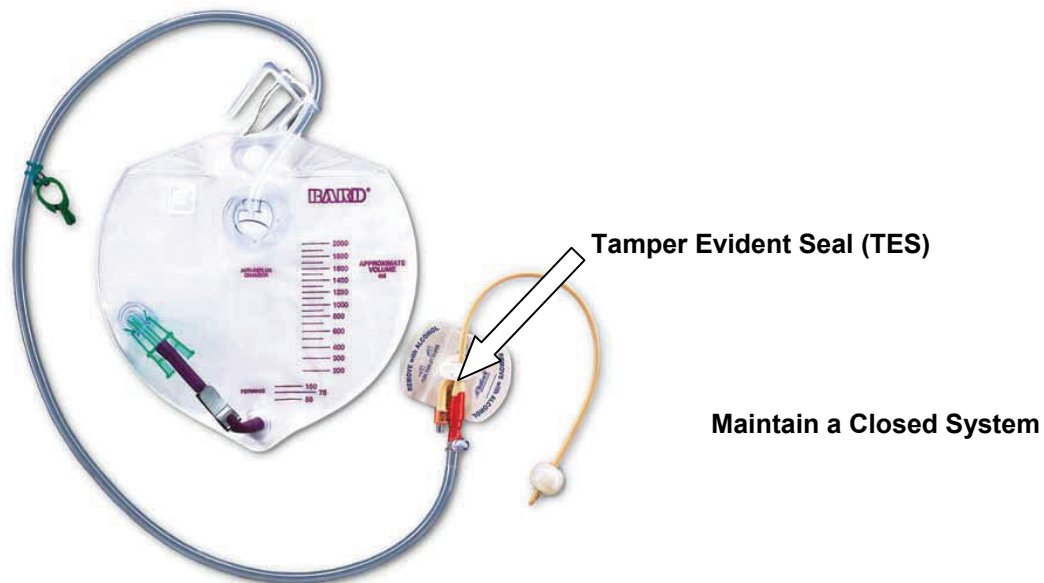
If you are interested in attending or have any questions, please call Terri McCaffrey at 320-251-2700, ext. 53400.

Foley Catheter: Maintaining a Closed System

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

When it is appropriate to use an indwelling urethral catheter, also known as a Foley catheter, there are a few important steps to consider before insertion and with catheter maintenance to reduce the risk of your patient acquiring a health-care associated infection.

- Always complete hand hygiene before and after insertion and any time following touching of catheter device or site.
- Maintain a closed drainage system by selecting a **catheter tray** prior to inserting a new Foley catheter and not individual components.
- Use aseptic technique and sterile equipment. If contamination occurs, proceed by getting a new catheter tray and beginning patient prep and insertion processes over entirely.
- Select the smallest bore catheter appropriate for your patient to minimize bladder neck and urethral trauma.
- Tamper Evident Seal (TES) is a reminder to maintain a closed system
- Only change Foley catheters or drainage bags in the event of an infection, obstruction, or if concern the closed system has been damaged.



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>

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.

Clinical Ladder

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

LEVEL IV

Tamara Miller, RN **Clinical Utilization**

- Evidence Based Project: Routine Use of Supplemental Oxygen
- Certified Orthopedic Nurse
- PI Skin Audit
- Poster Presenter: Anticoagulation Comparisons

LEVEL III

Angela Overland, RN **NICU Pediatrics**

- NRP Instructor
- Primary Preceptor
- Healthy Work Environment

Kay Pappenfus, RN **Bone & Joint**

- Epic Super User
- Sartell Community Expo

Jessica Thoma, RN **Cardiovascular Thoracic Unit**

- Certified Presenter: BLS & EKG
- Co-Chair: CEG Worklist
- Epic Super User

Katie Meyer **Surgical Care**

- Skin Wound Committee
- Certified Medical-Surgical
- Housewide Skin Audit

Kathy Klaustermeier, RN **Patient Care Support**

- Epic Super User
- DAR Trainer
- Safe Patient Handling Committee

Shannon Getty, RN **Oncology**

- Certified Oncology Nurse
- Presenter: Emergency Situations in Oncology
- PI Pain Reassessment

Amandah Wilhelm, RN **Medical 2**

- Medicine Care Center Move Captain
- Medical-Surgical Certified
- Epic Super User

LEVEL III (cont'd)

Ruth Schroeder, RN **NICU Pediatrics**

- Certified Pediatric Nurse
- Primary Preceptor
- Patient Satisfaction Committee

Amy Kemp, RN **NICU Pediatrics**

- Neonatal Intensive Care Certified
- NRP Instructor
- NICU Core

Upcoming Education & Professional Development

September:

- 5 NRP Course, 9am-1pm, Oak
- 5 NCI Initial, 7:30am-4pm, Windfeldt, Plaza
- 4 ACLS Refresher Course, 8am-5pm, Windfeldt Room, Plaza
- 6 NCI Refresher, 9am-1pm, Aspen
- 6 NCI Refresher, 1:30pm-5:30pm, Aspen
- 10/11 Med/Surg Certification Review Course, 7:30am-4:30pm, Windfeldt, Plaza
- 14 PEARS Course, 8:30am-3:30pm, Skyview
- 14/15 Healing Touch Level 3 Course, 8:30am-6pm, Education Center, Plaza
- 17 Oncology Nursing 2012, 7:45am-4pm, Windfeldt, Plaza
- 20 NCI Initial, 11:30am-8pm, Aspen
- 24 ACLS Initial, 7:30am-8:30pm, Windfeldt, Plaza
- 25/26 Healing Touch Level 3 Class, 8:30am-6pm, Windfeldt, Plaza
- 26 NRP Course, 8am-12pm, Birch
- 27/28 Basic ECG Course, 8am-4pm, Skyview
- 28 NCI Initial Course, 9am-5:30pm, Windfeldt, Plaza

Please call the Education & Professional Development Department at ext. 54268 if you have any questions.

