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Patient Care News: November 2012

St. Cloud Hospital

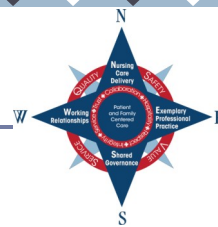
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Patient Care News

November 2012



Daisy Award Honoree

Mandy Doering, RN, Home Care/Hospice. Comments from her nominations included: The main thing I would like to recognize Mandy for is her care and concern at the time of a patient's death. She is walking into a home that she has never been to before and does an amazing job comforting patients/families with no concern to the hour of the night or how busy she is. Mandy is willing to go the extra mile. She truly does treat all patients as Christ.

Mandy is willing to help everyone – to make their day easier. Her knowledge goes from pediatrics, adults, elderly and hospice. Mandy is always pleasant and greets staff with a smile. Whenever there is a staffing crunch, Mandy is the first one to volunteer. She works as a team member with her fellow nurses and is respected as a valuable part of the team. Being a Home Care nurse, she has to be an expert in many facets of care. She keeps up her education and provides care to a whole range of patients from the very young to the very elderly, including Hospice patients. Mandy is a wonderful example of someone who demonstrates the core values of SCH. Mandy treats each patient as an individual. She never hesitates to make a visit no matter how far or late and spends as much time with the family as needed. Mandy is very creative. Mandy is always cheerful in all her contacts and greetings. She is respectful of all team members. She is always willing to help others.



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.

New Policy: Care of Patient Belongings

Submitted by Lori Johnson, RN, BSN, BC, Quality Resource Nurse

Policy includes the following points:

- Outlines recording and managing patient's belongings.
- Addresses clothing disposition that is cut off to expose skin and check for injury.
- Addresses clothing disposition that is soiled with blood or other potentially infectious material.
- Process to follow when clothing and other belongings are left behind upon patient's discharge.
- Personal belongings storage case for dentures, hearing aids, eye glasses and contact lenses.
- Reporting and Recording process to follow when patient belongings are lost.

Implementation date December 4, 2012. Personal Belongings Storage Cases can be ordered through Distribution.

After Visit Summary (AVS) Accuracy

Submitted by: Carol Upcraft, MBA, BSN, PHN, Clinical Utilization Specialist

Our desire is to send each patient home with a complete and accurate AVS. Occasionally a consulting physician will round after the attending physician has written discharge orders for the patient. The late-rounding consultant will then add a new medication to the Discharge Order. This causes a discrepancy between the discharge orders and the AVS if the AVS has already been printed by the discharging nurse. The patient goes home without that additional medication on the AVS and may be missing vital instructions regarding the medication.

To ensure accuracy of the AVS, please do not add the medication smart link to the discharge instructions template until you determine all physicians, including consultants, have completed charting discharge orders.

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Adverse Health Events Update (Oct. 2012)

Submitted by: Beth Honkomp, RN, Director of Quality and Patient Safety

St. Cloud Hospital has experienced 11 adverse health events from Oct., 2011, the beginning of the new reporting year, through Oct., 2012, the end of the Adverse Health Event reporting year.

The events fall into the following categories:

- Care Management – pressure ulcers (6);
- Environmental – falls with injury (3);
- Surgical – foreign object retention (1);
- Wrong site surgery (1).

Root cause analyses or “RCAs” have been conducted on all of the events with the areas and staff involved. The goal of a root cause analysis is to evaluate what may have contributed to the event occurring, including human factors such as communication, training, scheduling, staffing, fatigue and distractions.

We continue to look for ways to improve skin assessments on our patients and identifying those that are at risk for the development or extension of a pressure ulcer. Your efforts to monitor the patient’s skin are crucial in preventing their occurrence. Recently the Intensive Care Unit was recognized by the Minnesota Hospital Association for their efforts in developing a plan of care to prevent skin issues with a patient that was not to be moved or turned for 72 hours. Through the vigilance and care provided by the ICU staff and our Wound Ostomy Continence nurses, the patient did not develop any pressure ulcers. Complete skin assessments from head to toe upon admission and twice a day per our standards should alert us to any potential skin issues. Please continue to carefully assess your patient’s skin per our standards and thoroughly document your findings.

The efforts to reduce falls with injury continue. We reported three falls with injury since Oct. 7, 2011. We must continue to evaluate our patients’ risk for falling and take the necessary precautions for prevention of falls. Please individualize fall prevention interventions and alert the next care provider of the patient’s risk. Our goal is to have zero falls with injury.

There has been one retained foreign object and one wrong site surgery during the past year. St. Cloud Hospital continues to participate in the Minnesota Hospital Association’s (MHA) Safe Site surgery and Safe Account initiatives. We are in the second year of MHA’s three-year campaign to reinforce the timeout processes during surgery, invasive and bedside procedures. Our attentiveness to the steps in the timeout process include assuring that the room is quiet, all activity ceases when the timeout is called and that there is active participation by all team members verbally affirming the patient, procedure and site. We are continually looking for ways to prevent retained foreign objects, including the measurement of procedural items used before and after the procedure begins to assure we have the entire object at procedure close.

Please continue to keep patient safety in the forefront of your minds. All employees, volunteers and physicians and other licensed independent practitioners are strongly encouraged to speak up to prevent situations that may cause patient harm. The only way we can prevent events from happening is if we know where our systems or processes are weak. We want to learn from our experiences and implement best practices to keep patients safe. Thank you for your commitment and dedication to keeping our patients safe.

St. Cloud Hospital Receives Organ Donation Award

Submitted by: Chris Nelson, Communications Specialist

St. Cloud Hospital was awarded a bronze medal of honor for organ donation excellence at the National Learning Congress in Grapevine, Texas. This is the sixth time St. Cloud Hospital has won this prestigious national award for its 75 percent organ donation rate.

LifeSource Organ & Tissue Donation, on behalf of the United States Department of Health and Human Services, presented the medal to Kathleen Rieke, MD, a neurologist from CentraCare Clinic - River Campus who accepted the award on behalf of St. Cloud Hospital. Awards were presented for work done from April 1, 2010 through March 31, 2012. Rieke, the physician champion for organ donation at St. Cloud Hospital, serves as the link between the St. Cloud Hospital medical staff, the hospital and donation agencies to enhance donation efforts.

St. Cloud Hospital is one of 15 hospitals in the LifeSource Service Area, which includes 280 hospitals in Minnesota, South Dakota, North Dakota and Wisconsin, and one of 404 hospitals nationally, that were recognized. LifeSource is a nonprofit organization dedicated to saving lives through organ and tissue donation in the Upper Midwest.

Thanksgiving Holiday Sign-up Sheets for Cut/Call

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

The sign-up sheets for cut/call requests are due to arrive on the units Friday, November 9 and will remain posted until 8:00 a.m. on Tuesday, November 20 for staff to request cut/call for their scheduled shift. Please note once the sheets have been collected from the units, any additional requests will be considered late.

The sign-up sheets are for the holiday only. According to policy, the holiday starts at 11:00 p.m. the night before and ends at 11:00 p.m. the day of the holiday. These cut/call sign-up sheets include scheduled shifts starting at 11:00 p.m. November 21 and run through 11:00 p.m. November 22. If any part of your scheduled shift is outside of this timeline, you will need to call the Staffing Office to request cut/call for that portion of your shift.



We would like to remind you to please make sure you **write legibly** and **provide a telephone number** where you can be reached. If you have any questions, please call me at Ext. 55705.

Schedule Posting Date Change for Christmas and New Year's Schedules (for Patient Care Units Utilizing Centralized Staffing and Scheduling Services)

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

We are very pleased to announce we will be posting the Christmas and New Year's holiday schedules on Wednesday, November 21 at 3:00 p.m. Making your holiday schedules available before your family gatherings for the Thanksgiving holiday will allow you to make plans with your families to celebrate Christmas and New Year's holidays.



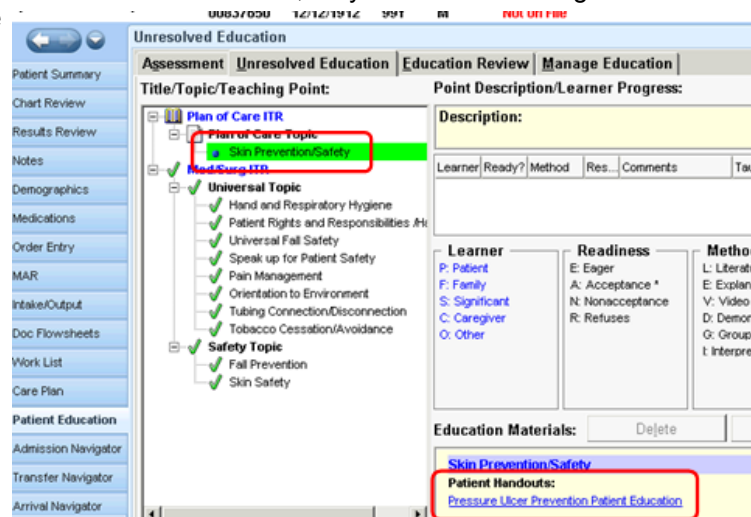
On behalf of the Scheduling and Staffing Associates, I would like to extend our wishes for a very happy and blessed holiday season!

Safe Skin Patient Education Reminders

Submitted by: Jen Burris, RN, CNS on behalf of the Skin Task Force

A random chart audit was conducted and revealed an extremely low compliance rate with documenting pressure ulcer prevention patient education within the ITR. On behalf of the Skin Task Force, we would like to take the time to remind you that when a patient's Braden Score is less than 18 or Braden Q is less than 16, they are considered high risk for the development of pressure ulcers. It is important to take the time to educate patients and families about how they can actively participate in pressure ulcer prevention.

Please take the time to print the Pressure Ulcer Prevention Patient Education handout that is provided in EPIC when a patient's Braden Score is less than 18 or Braden Q is less than 16, review with patients and families, and document



Being PreCAUTious to Help Prevent Infections

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

For some patients, it is necessary for the placement of an indwelling urethral catheter. Once the indwelling urethral catheter is successfully inserted, proper technique for maintaining the catheter is important to prevent your patient from acquiring an infection.

Whenever manipulation of the catheter is needed, follow standard precautions and practice good hand hygiene (CDC, 2009). Decrease your patient's risk for infection by completing daily peri-cares using warm water and soap and rinsing thoroughly. It is important to always make sure the tubing is secured to the patient's leg using a catheter securement device and the bag is hung below the bladder without loops in the tubing. Proper securing of catheter tubing to the patient's leg prevents movement and decreases the risk of urethral trauma.

If a urine sample is necessary, disinfect the needleless port and use aseptic technique to aspirate urine using a sterile syringe/cannula (CDC, 2009). Irrigation of the bladder is not recommended unless obstruction is evident and it is not recommended to irrigate the bladder with antimicrobials. Indwelling urethral catheter should not be frequently changed unless there is concern about infection, obstruction, or the closed system being compromised (APIC, 2008).

Our goal is to maintain a closed system and successfully remove the catheter when no longer clinically necessary. Take all preCAUTIONary steps to prevent indwelling urinary catheter infections.

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>

Upcoming Education & Professional Development

November 2012:

5	NRP Course, 8:00am-12:00pm, Oak Room
5/6	ACLS Initial Course (Continued), 7:30am-11:30am, Windfeldt Room, Plaza
7	Diabetes Conference, 7:30am-3:30pm, Windfeldt Room, Plaza
8/9	ONS Chemotherapy & Biotherapy Course, 8:00am-4:30pm, Hughes Mathews, Plaza
13/14	ENPC Initial Courses 8:00am-5:00pm, St. Cloud Hospital Conference Center
13	Maternal Newborn Care Across the Continuum Enhancing Patient Quality & Safety Conference, 7:30am-4:45pm, Windfeldt Room, Plaza
15	NCI Initial Course, 11:30am-8:00pm, Spruce Room
15/16	Basic ECG Course, 8:00am-4:00pm, CMHVC Conference Room
16	PEARS Course, 8:30am-3:30pm, St. Cloud Hospital Skyview Conference Room
26	ACLS Refresher Course, 12:30pm-9:00pm, Aspen Room
26	NRP Course, 9:00am-1:00pm, Oak Room
26	NCI Initial Course, 12:30pm-9:00pm, Windfeldt Room, Plaza
27	NCI Refresher Course, 8:00am-12:00pm, Spruce Room
27	NCI Refresher Course, 12:00pm-4:00pm, Spruce Room
29	PALS Refresher Course, 9:00am-5:30pm, Hughes Mathews Room, Plaza
30	NCI Initial Course, 8:30am-5:00pm, Windfeldt Room, Plaza

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



Clinical Ladder

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

LEVEL IVs

Brenda Spoden, RN Coborn Cancer Center

- Instructor for "ONS Chemotherapy/Biotherapy" Course
- Developed Annual "Chemotherapy Test" CBT
- Developed "Omniceil Hypersensitivity Management" Guidelines
- OCN and CRNI Certification

Jason Foos, RN Emergency Trauma Center

- Preceptor
- ACLS Instructor
- Member of Mobile Medical Team
- CFRN and CEN Certification



LEVEL IIIs

Cindy Cox, RN Neuro/Spine

- Preceptor
- Developed Staff Education Sheet on "Cranial Nerves 3 and 6"
- ONCB Certification

Jennifer Langer, RN Outpatient Endo

- Preceptor
- Member of Clinical Nurse Practice
- Member of IV Catheter Trial Task Force

Sarah Latour, RN Emergency Trauma Center

- Epic Super User
- Developed Poster for Staff on "Team Nursing"
- Developed "New RN Orientation Checklist Guide"

Nichole Laudenbach, RN Neonatal Intensive Care

- Preceptor
- Presented Poster on "IV Starts/Products"
- Received "Next Generation Achievement Award"

Colleen Layne, RN Center for Surgical Care

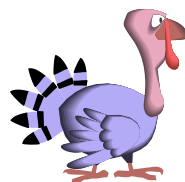
- Coordinated Development of CSC Patient Booklet
- Member of Performance Improvement Committee
- ANCC Certification

Tracy Roehl, RN Oncology

- Preceptor
- Presented Poster on "Safe Patient Handling"
- Certified Medical/Surgical Nurse

Cindy Stormo, RN Neuro/Spine

- Developed Staff Education Sheet on "Traumatic Brain Injury"
- Presented "Stroke Education" at Foley School Health Fair
- Certified Neuroscience RN



Happy Thanksgiving