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## Nursing News: April 2011

St. Cloud Hospital

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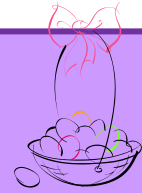
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# Patient Care News

April 2011

Volume 32, Issue 4



St. Cloud Hospital, 1406 6<sup>th</sup> Avenue, St. Cloud, MN 56303

www.centracare.com

320-251-2700

## Celebrate National Nurses Week

### May 2-6

#### Monday, May 2

- Blessing of Hands ceremony  
9 a.m., St. Cloud Hospital Chapel
- Poster display, C Lobby

#### Tuesday, May 3

- Family Feud Play-Offs  
8 a.m., 10 a.m., 2 p.m., 4 p.m., Hoppe Auditorium

#### Wednesday, May 4

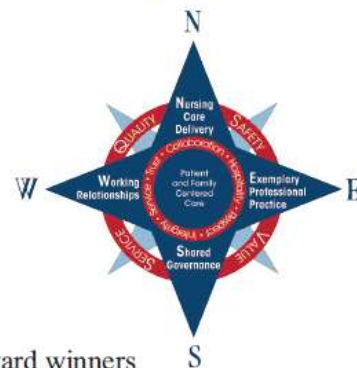
- "The Compass" Introduction to the Professional Nursing Practice Model presentation  
8-10 a.m., Hoppe Auditorium  
1-3 p.m., Hoppe Auditorium

#### Thursday, May 5

- Nurses breakfast  
7:30-10:30 a.m., Spruce Room  
Slide show  
Door prizes  
Poster display  
Donations welcome for Bereavement Box fund
- 5-minute massages  
8-10 a.m., Oak Room
- Presentation of Nursing Research, EBP, Daisy and poster award winners  
9 a.m., Spruce Room
- Family Feud Championship game  
10 a.m., Spruce Room
- "The Compass" Introduction to the Professional Nursing Practice Model presentation  
10 a.m. to noon, Hoppe Auditorium  
2-4 p.m., Hoppe Auditorium

#### Friday, May 6

- "The Compass" Introduction to the Professional Nursing Practice Model presentation  
8-10 a.m., Hoppe Auditorium
- Special treats delivered to nursing areas



 **St. Cloud Hospital**  
CENTRAcare Health System



Deadline for articles is the 22<sup>nd</sup> of each month. Please send to Deb Kaufman or Heather Hillman .



**Family Feud Is Coming!**  
**Get ready for Nurses Week**  
**May 2<sup>nd</sup> – 6<sup>th</sup>**

It's your time to shine on the Family Feud! A family is whatever we make it, right, so create your "Family" now.

Remember, this is Family Feud so we need 5 Fun & Witty RNs and LPNs per team.

**"Family" Play-Offs**

Tuesday, May 3<sup>rd</sup>

8:00 am, 10:00 am, 2:00 pm, and 4:00 pm

Hoppe Auditorium

**Championship Game**

Thursday, May 5<sup>th</sup>

10:00 am (during the Nurse Week brunch)

Spruce Room

An "audience" is needed, so please come watch and cheer for your nursing colleagues.

If your team wins (Tuesday) it is important that each of you are able to make it to the Nurses Breakfast for the final round or provide substitute players.

**We will have our own Richard Dawson (guess who?)**

**Please e-mail Dawn Reiter your "Family's name" and  
your team roster by Tuesday, April 19<sup>th</sup>.**

A poster for Nurses Week Families Feud. The background is a blurred image of a game show set. The text is as follows:

**Nurses Week**  
**May 2 - 6, 2011**

*Form your "family" of 5 members and email Dawn Reiter your team name by April 19<sup>th</sup>.*

*Watch your colleagues compete!*

**FAMILIES FEUD**

**Playoffs - May 3<sup>rd</sup> in the Hoppe Auditorium**  
8:00 a.m. ♦ 10:00 a.m. ♦ 2:00 p.m. ♦ 4:00 p.m.

**Championship - May 5<sup>th</sup> in the Spruce Room**  
♦ 10:00 a.m. during brunch ♦

## Nurses Week Awards

Each year during nurses week, the Nursing Research and Evidence Based Practice Committee awards nurses in a variety of areas related to research and EBP. For more information and to obtain an application, please contact Kate Schadt at extension 54197 or by email at [schadk@centracare.com](mailto:schadk@centracare.com). Nominations must be received by April 22.

- Overall Award for Excellence in Nursing Research
- Outstanding Achievement in the Application of Evidence Based Practice
- Outstanding Achievement in Nursing Research Education
- Outstanding Achievement in Evidence Based Practice Education
- Outstanding Achievement in Use of Evidence in Nursing Practice
- Outstanding Achievement in Use of Evidence in Nursing Management
- Outstanding Achievement in Use of Evidence in Patient Education
- Outstanding Achievement in Mentorship
- Next Generation Achievement Award in Evidence Based Practice or Nursing Research
- Lifetime Achievement Award in Evidence Based Practice or Nursing Research
- Outstanding Nursing Student Award in Evidence Based Practice
- Evidence Based Practice or Nursing Research Publication Award
- Outstanding Support to Enhance the Process of Evidence Based Practice or Nursing Research Award

## Baccalaureate and ADN RN Hiring Guidelines

Linda Chmielewski, MS, RN, NEA-BC

Vice President, Hospital Operations/CNO

Healthcare delivery is changing. Nursing needs to change along with it to meet the need. Research and evidence strongly support the move to a single entry level for RNs – the baccalaureate prepared nurse. “Rapidly expanding clinical knowledge and mounting complexities in health care mandate that professional nurses possess educational preparation commensurate with the diversified responsibilities required of them. As health care shifts from hospital-centered, inpatient care to more primary and preventative care throughout the community, the health system requires registered nurses who not only can practice across multiple settings – both within and beyond hospitals – but can function with more independence in clinical decision making, case management, provision of direct bedside care, supervision of unlicensed aides and other support personnel, guiding patients through the maze of health care resources, and educating patients on treatment regimens and adoption of healthy lifestyles. In particular, preparation of the entry-level professional nurse requires a greater orientation to community-based primary health care, and an emphasis on health promotion, maintenance and cost-effective coordinated care.” (American Association of Colleges of Nursing, Position Statement, Dec 2000)

Nursing is a dynamic profession and lifelong learning is essential for nurses to stay current with the increased complexity of the healthcare needs of today and into the future. In other words, the needs of our patients are changing, as we must change in order to be prepared to better serve that need.

St. Cloud Hospital has struggled with how to respond to this growing body of knowledge that supports the baccalaureate prepared nurse. This has been in large part due to our strong history of employing well prepared diploma and associate degree nurses. Last October 2010, I wrote an article in the Patient Care News that articulated our decision related to education and certification goals going forward. Any decision is subject to well thought out change. Our October decision adversely affected our current ADN employees and those still working toward their ADN degree. We listened and discussed our options and pros and cons of making a different decision.

As a Magnet organization we are challenged to encourage and support all levels of staff to increase their formal education. We are also required to set an organizational goal to increase our numbers of nationally certified RNs and our baccalaureate-plus prepared RNs. In 2010 St. Cloud Hospital implemented an organizational strategy to increase our overall percent of baccalaureate-plus prepared RNs, and set a Magnet goal to increase our certified nurse's by 2% and our baccalaureate-plus RNs by .3% in fiscal year 2011. To accomplish this goal it was decided to give preference to baccalaureate-plus prepared RNs in the RN and new graduate hiring process. In March, the Magnet Steering Committee reviewed the progress toward our goals and found that we have increased our certified nurse's by 1.1%, going from 27.7% to 28.8%. This is encouraging as we know that many RNs will be taking certification tests this spring, which should help us reach the 2% goal by the end of June. Our overall level of baccalaureate-plus RNs started at 50.83% and has decreased to 50.0%. This presents us a big challenge. If we are to reach our goal, we will need to target our hiring to baccalaureate-plus prepared RNs and graduate nurses. We will need to hire approximately 12 baccalaureate-plus FTEs by June 30<sup>th</sup> to reach our goal. A RN hiring decision algorithm has been developed to provide guidance during the hiring process and is attached to this issue of the Patient Care News. This algorithm attempts to provide organizational support for the employees that we have encouraged to pursue advanced formal education by returning to school for an associate RN degree. It also emphasizes the organizational strategic goal for increasing our overall baccalaureate-plus prepared nurses, which will drive our hiring practices. The balance achieved means that an employee with an RN associate degree can apply and be considered for an open internal position, and all external positions are required to be filled by baccalaureate-plus prepared RNs. Directors will make hiring choices based on organizational and unit needs, with consideration of our strategic goals. *(Please reference the three attachments: Increasing Bachelors Prepared Nurses; RN Hiring Decisions-Strategic Factors; and RN Hiring Algorithm).*

Our commitment to increasing the number of baccalaureate prepared nurses has not wavered. Our goals and strategies remain the same. But our change to allow PCAs, LPNs and other staff who **were continuously enrolled in an associate degree program between October 1, 2007 and October 1, 2010 and have completed their program by December 31, 2013 will be considered for hire into open baccalaureate preferred RN positions is a better one.** It serves our employees, who in good faith, went back to school to be an ADN before we made the change. This is time limited. The future will see a single entry into professional nursing. Promotions to leadership positions already require it.

Nurses wishing to explore available online nursing degree options can learn more by visiting the Medi-Smart.com online nursing school directory. Medi-Smart is a nursing resource and education site for nurses. You can interact with fellow nurses as well as student nurses in the nursing discussion forums. Contact our Education Department for baccalaureate education information.

Thank you for your commitment to St. Cloud Hospital and the patients we serve.

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### **Baccalaureate & ADN Hiring Guidelines Attachment #1:**

#### **Increasing Bachelors Prepared Nurses**

##### **3/1/2011 Update: What do we have to hire to achieve our fiscal year 2011 goals?**

Based on our current education and certification levels, we would need to see a change in FTEs as follows:

##### **Certification: Increase certified RN FTEs by 2% in fiscal year 2011.**

- We have achieved an increase of +1.13% in certified RN FTEs from 7/1/2010 to 3/8/2011.
- We need an additional .87% by the end of the current fiscal year.
- This means that we need an additional 7.9 FTEs of our current staff to become certified by 6/30/11.

##### **Education: Increase baccalaureate-plus RN FTEs by .3% in fiscal year 2011.**

##### **(Baccalaureate-plus = Bachelors + Masters + Doctoral RNs)**

- We have a decrease of -.83% in baccalaureate-plus RN FTEs from 7/1/2010 to 3/8/2011.
- We need an additional 1.21% of our current RN FTEs to be baccalaureate-plus by the end of the current fiscal year.
- This means:
  - If we look at only our current RN staff, we need an additional 11.6 FTEs in BAC+ by 6/30/11.
  - If we hire additional staff, this number will increase as well, but by a small amount. For example, if we hire an additional 10 FTEs, we would need 11.7 FTEs in BAC+ by 6/30/11.
  - Hiring baccalaureate RNs and new graduate RNs will help us achieve the needed additional BAC+ FTEs.

**Baccalaureate & ADN Hiring Guidelines Attachment #2:****RN Hiring Decisions****Strategic Factors:**

- It is an organizational strategy to increase the overall percent of baccalaureate-plus prepared RNs. In the RN hiring process, St. Cloud Hospital gives preference to baccalaureate-plus prepared RNs.
- St. Cloud Hospital supports staff to pursue advanced education related to health care careers, with priority to baccalaureate-plus prepared nursing careers.
- St. Cloud Hospital supports promotion from within.
  - If an internal candidate possesses an associate or baccalaureate degree, is currently employed at the same level as the position available (ie: RN to RN), and is qualified for the position available, they may be hired into that position based on the judgment of the Director.
  - This acknowledges that, when qualified internal candidates at the same level are hired, another position will open. Following this process, there will eventually be an external posting, requiring a baccalaureate hire, which will lead to increased baccalaureate nurses in the organization.
  - **For promotions, internal associate degree RN candidates who were continuously enrolled in an associate degree program between October 1, 2007 and October 1, 2010 and completed the program by December 31, 2013 will be considered for hire into open baccalaureate-preferred RN positions.**

**Definitions:**

**Baccalaureate-plus** Having a baccalaureate degree or higher degree in nursing. Includes masters or doctorate.

**Internal** Refers to departments in any location providing St. Cloud Hospital services. Does not have to be specifically within the same department or the same Care Center.

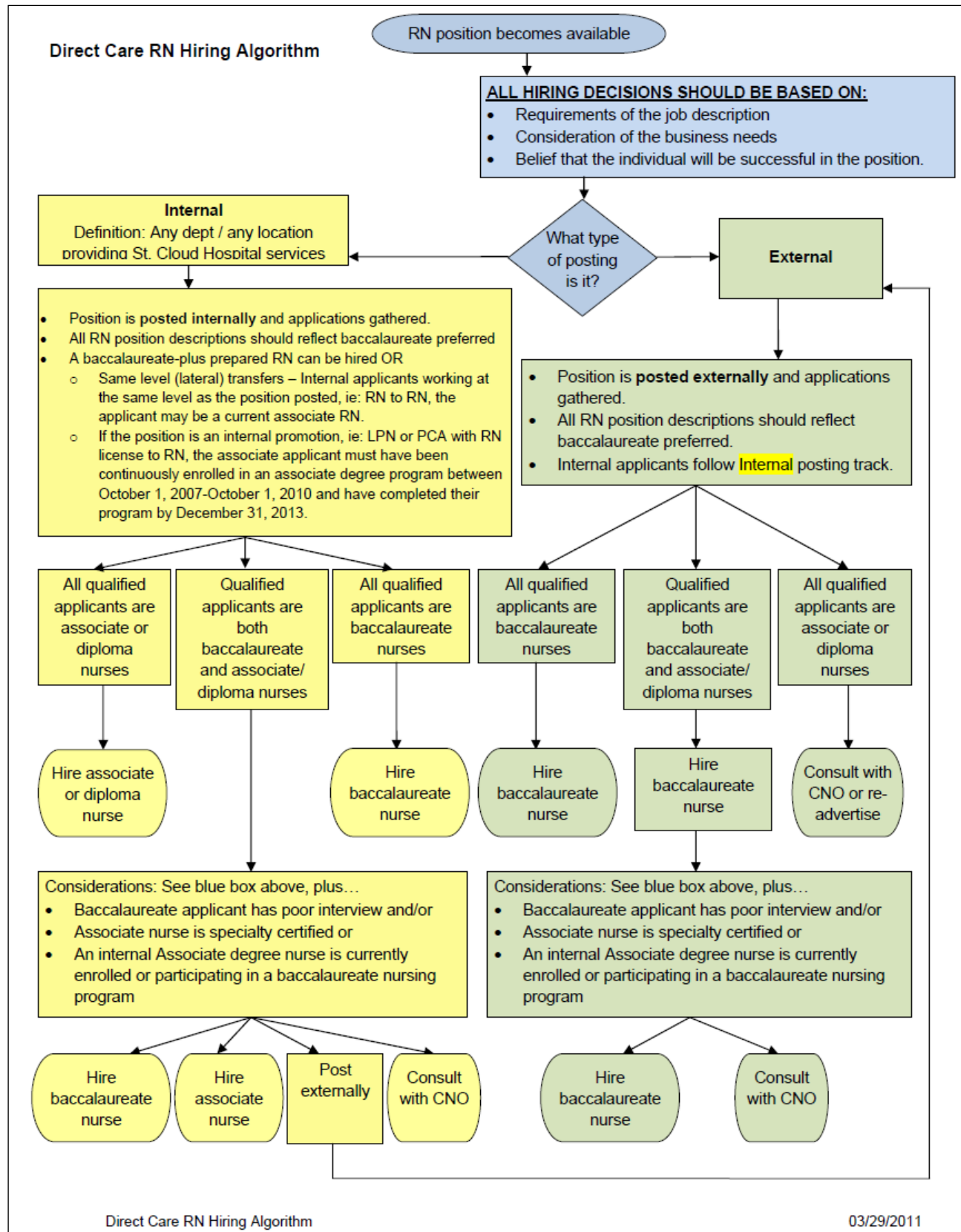
**Same level** RN to RN. Same level transfer does not refer to a person with an RN license that is currently working as an LPN or PCA. A same-level (lateral) transfer is not a promotion from the current position.

**Promotion** LPN or PCA or Other position to RN. A current employee with an RN license that is currently working in a non-RN position.

**Guiding Scenarios:**

1. You have an RN employee who notifies the Director that they are leaving their position. This may be due to a termination, resignation, or internal transfer. This opens a RN position in the department's position control. The Director first posts the position within their department for their current RN employees.
  - a. The Director may choose to offer the entire position to a current RN employee in exchange for their entire current RN position.
    - i. For example, the Director has an RN within the department who wants full time hours. They currently have a part time RN position. A full time RN position opens up. The Director can offer the full time position to the part time person. The Director would then complete the hiring process based on the remaining part time RN position. (Or, vice versa, the Director gives a part time position to a full time staff member who has been waiting for a part time position to open up). A current associate degree RN can be offered the position.
  - b. The Director may choose to alter the FTEs associated with the open RN position.
    - i. Some of the hours may be given to RN staff in other current positions. For example, an open .9 FTE position may change to a .7 FTE RN position with an additional .2 FTEs offered to a RN employee currently at .4 FTEs to give them a .6 FTE position. The Director would then complete the hiring process based on the remaining .7 FTE RN position. A current associate degree RN can be offered the position.
    - ii. A full time RN position may be changed to a part time RN position or a single RN position may be changed to multiple part time RN positions to better meet the needs of the unit. For example, a .9 FTE position might be changed to two positions of .6 FTE and .3 FTE. The Director would then complete the hiring process based on the RN positions needed. A current associate degree RN can be offered the position.
2. If there are no current department RN employees interested in the RN position(s) available, the Director will post the position(s) outside of the department. Once the position is posted, internally or externally outside of the department, the Direct Care RN Hiring Algorithm is used to guide decision making.
  - a. The position may be posted internally. A baccalaureate-plus RN can be hired OR
    - i. If it is a same level (lateral) transfer, a current associate degree RN may be hired.
    - ii. If it is an internal promotion (ie: LPN or PCA with RN license to a RN position) an internal associate degree **RN may be hired if they were continuously enrolled in an associate degree program between October 1, 2007 and October 1, 2010 and have completed the program by December 31, 2013.**
  - b. The position may be posted externally, with or without an internal posting. Hiring from the external applicant pool requires a baccalaureate-plus prepared RN. Exceptions require CNO approval.

## Baccalaureate &amp; ADN Hiring Guidelines Attachment #3:



## Safety & Near Miss Reporting The Right Thing To Do

Your safety is 'nothing to sneeze at'. Everywhere you go, at home, on the road, or at work, there are risks and dangers lurking. Paying attention to your safety is just good common sense. Wearing your seatbelt when in a vehicle is not just good safety practice – it's the law. Safety at work cannot be assured by 'buckling up' when you arrive. It takes effort and thought in every situation. Even walking into a room or down a hallway can bring risks so you need to practice safety, think safety, and wear your safety 'seatbelt' no matter where you are or what you're doing.

An important step toward improving safety for all of us is reporting a close call or 'near miss'. We've all had those moments when we breathe a sigh of relief because something that could have happened didn't. When you 'almost fell' leaving the building because of a patch of ice you hadn't seen; or when you couldn't close a needle safety and 'almost got stuck'; or the time you helped a patient to the floor but didn't hurt your back 'this time', these are considered 'near misses'. You know something could have happened but, luckily, it didn't. Someone else, unfortunately, may not be so lucky. So what should you do?

- Report injuries and **near misses** by going to the Incident Report form on the CentraNet. The form is fast and easy to complete and your time may prove a life saver for someone else in the same situation.
- Tell your supervisor about the **near miss**. They can help you and your team brainstorm ways to avoid such a risky situation in the future.
- Don't wait to report a **near miss** or an incident. If you must wait, make a note so you don't forget later. Reporting is the key.
- Believe in your right to be safe. Without a firm belief that safety matters and then making a deliberate effort to be safe wherever you are, you'll never be as safe as you can be. Don't take chances with your safety. **Near miss** reporting improves your chances of staying safe.
- Understand the hazards of your environment. Once you identify a hazard, report it. Then reduce the risk or eliminate it through improved safety equipment, education or technique.
- The bottom line is that **near miss** reporting identifies safety risks before they become incidents. It's an important step toward removing safety hazards before someone gets hurt.

Wear your mental 'safety belt' when you work and then report incidents that happened as well as those that almost happened. Believe in your right to be safe. It's the Right Thing To Do.

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### May Educational & Professional Developmental Programs:

- 3 Nursing Research/Evidence Based Brown Bag Session: Enhancing Cultural Competency Through Global Experience, 12:00 pm-1:00 pm, Aspen Room, St. Cloud Hospital
- 5 Pediatric Conference, 7:30 am-4:30 pm, Windfeldt Room, CentraCare Health Plaza
- 5 NRP Online/Megacode, 12:30pm-2:00pm, Oak Room, St. Cloud Hospital
- 10 The Noncompliant Brain Conference, 7:30 am-4:45 pm, Windfeldt Room, CentraCare Health Plaza
- 11 Stable Refresher Course, 8:00am-1:30pm, CentraCare Health Plaza, Hughes/Mathews Room
- 11 TNCC Refresher Course, 8:00am-5:00pm, St Cloud Hospital Conference Room
- 18 NRP Renewal Course, 9:00am-12:00pm, St. Cloud Hospital Conference Room
- 18 Living with Grief Teleconference, 11:30 am-4:30 pm, Windfeldt Room, CentraCare Health System
- 20 AHA Pears, 8:30am-3:30pm, Skyview Conference Room, St. Cloud Hospital
- 19/20 Basic ECG, 8:00 am-4:00 pm, Central Minnesota Heart Center Conference Room, St. Cloud Hospital
- 24/25 Med/Surg Certification Review Course, 7:30 am-4:30 pm, Windfeldt Room, CentraCare Health Plaza
- 26 WCC Lunch & Learn Sessions-Drug Toxicology Screening & the Mandatory reporting of Prenatal Drug exposed infant, 12:00 pm-1:00 pm, WCC Classroom, St. Cloud Hospital

## Clinical Ladder

Congratulations to the following individuals for achieving/maintaining their Level III and Level IV Clinical Ladder status.

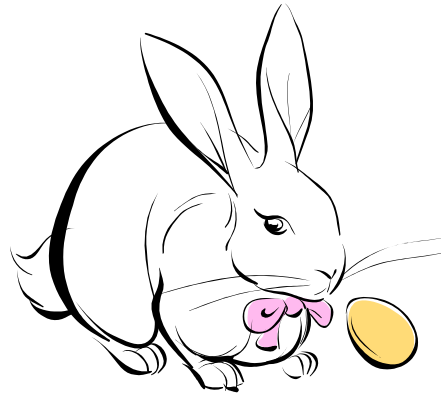
### Level IV

Patrice Ellering, RN Intensive Care

- BCMA Instructor and Epic Superuser
- CCRN
- Instructor: Basic EKG
- Nursing Process Core Group

Melissa Nagengast, RN Chemo Infusion

- OCN
- Presenter: Hypersensitivity
- Chair: Coborn Cancer Center Safety Committee
- PI Audits for Patient Safety and BSI



### Level III

Stacy Brzezinski, RN Cardiac Care

- BCMA and Super User
- PI Audit
- Code Blue Validation Presenter

Karen Chalich, RN Kidney Dialysis/Princeton

- CNN
- Presenter: Peritoneal Dialysis & Hemodialysis
- Primary Preceptor

Sue Daniels, RN Bone and Joint

- ONCB
- CNPC Member
- Primary Preceptor

Curt Devos, RN Neurosciences/Spine

- Epic and BCMA Super User
- Preceptor
- ConstaVac Skill Set and Policy

Stephanie Endres, RN Pediatrics

- PICU Certification
- Co-Chair Collaborative Task Force
- Primary Preceptor

Terri Even, RN Post Anesthesia Care

- CPAN certified
- PI Committee Member and Auditor
- Presenter: Ventilator Patients

Jessica Miller, RN Family Birthing

- Certified Inpatient Obstetrics
- FBC Clinical Practice Committee Member
- Presenter: Standards of Care

Mary Mueller, RN Patient Care Support

- Med-Surgical Certified
- Presenter: Pick 5 and DAR
- Float Pool Committee

Nicole Robinson, RN Perioperative Services

- Primary Proceptor
- FEMA Nursing Process Core Group
- SCIP Committee Member and Outcomes Bulletin Board

Marci Timlin, RN Surgical Care

- Med-Surgical Certified
- Presenter: Vascular Class & Family Centered Care
- EBP: Social Media/Employee Engagement