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Nursing News: March 2002

St. Cloud Hospital

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♥ NURSING NEWS ♥

Volume 23 Number 3

St. Cloud Hospital, St. Cloud, MN

March, 2002

Change Coming to the Bonus Pay Process Starting March 31, 2002

We have heard your concerns regarding problems related to the current process of paying bonuses and are pleased to announce the following changes:

- The new Time and Attendance system allows bonus to be entered as a clock code.
- You will be able to verify bonus pay due to you in the same way you verify your clocked hours.
- The paystub will be changed to list bonus pay under the title "Shfbonus".



How the new process works.....

Staff would completed a TACS adjustment form indicating the date and timeframe for which bonus is to be paid and give it to their TACS auditor. This form should be completed on the day the bonus is to be paid.

Because bonus will continue to be paid out in 4-hour increments, when you check your hours in the TACS system a 4-hour bonus will be indicated by 1 hour, an 8-hour by two hours, etc. The new clock codes are as follows:

B25 equals 4 hours for \$25.00

B35 equals 4 hours for \$35.00

B50 equals 4 hours for \$50.00

When you call into the TACS system at 656-7112, you will also hear when bonus has been entered. Again, it will indicate 1 hour for each 4-hour increment. For an 8-hour day, you will hear 2 hours.

Along with this change, how you see bonus indicated on your paystub will be different.

Currently, bonus pay is indicated under ExShift. On the paystub you receive on Friday, April 19, it will say **ShfBonus**.

Calls regarding bonus pay after March 31st should be directed to your unit TACS auditor.

We hope this change will increase staff satisfaction with the bonus process.

Susan Laudenbach, Coordinator
Staffing/Scheduling/Secretarial Services

No Code Blue Order Sheet/HCD Sticker

Effective 4/1/02, physicians must use the No Code Blue order sheet instead of handwriting an order for a no code blue on a regular order sheet. If they forget to do this, the RN needs to call them to complete the information on the No Code Blue order sheet. The decision to have an order sheet was made by the Executive Committee of the Medical Staff.

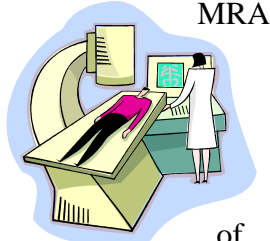
In addition, a sticker has been developed at the request of the Executive Committee of the Medical Staff to prompt them in documenting patient/family discussions related to the patient's Health Care Directive. This also needs to be signed by the physician. The sticker is being placed by either the Social Worker or the Health Unit Coordinator.

The reason for these forms is to comply with policies regarding NCB/HCD. SCH received a type I recommendation related to lack of physician documentation in these areas. (see attached forms)

Roberta Basol RN, MA
Department Director ICU/CCU

MRA? CTA? Never Heard of It?

It is happening more frequently, that your patients may be scheduled for either of these diagnostic tests. A CTA is an angiogram done with a special program installed into the CT scanner's computer and a MRA is an angiogram done in the MRI scanner. Images are obtained as the contrast moves through the vessels, outlining the path and size of those particular vessels. CTAs and MRAs likewise image vessel blood flow throughout the body using contrast injected into a vein and obtaining images.



Prep and length of the exam for both CTA and MRA are the same as a conventional CT or MRI. The patient is not required to sign consent, as these procedures are not invasive. The patient needs to be NPO one hour prior to the test and have a working IV for contrast administration. MRA patients do not have any dietary restrictions. They do, however, have the normal magnetic restrictions (no IV pumps, implanted metal, etc.). The patient feels nothing different during the exam and no activity restrictions are imposed following the procedure (unlike conventional angiograms).

To order in the JRS system, under radiology orders, type "MRA" or "T" space "A".

Although the "gold standard" for visualization of blood vessels will continue to be the conventional angiogram, look for these two diagnostic exams to be ordered more frequently.

Joanie Stommes-Schulte
Imaging Services

"I Can't Find the Policy on the Intranet"

As keeper of the Patient Care policies on the intranet, I often hear this comment. I realize it is sometimes difficult to find a policy by guessing the name of its title.

To overcome this problem, our CentraNet system has in place a search engine. Just type in a few key words and up pops a list of policies that meet these criteria. This computer feature is a great way to find things on CentraNet.

Susan Laudenbach, Coordinator
Staffing/Scheduling/Secretarial Services

Education and Professional Development Programs

March

8th & 15th – BLS New Instructor Course
27th – Social Workers Event

April

3rd & 4th – Pediatric Issues in a Changing World
16th – Critical Care Conference
20th – Women's Forum
25th – Office Personnel Seminar
25/26th – Process to Peace, Children and Violence Prevention

April

1st – Chicken Soup for the Healthcare Worker's Soul
3-6th – Integrative Imagery, Phase IV
8th – Neurology Conference
14th – Surgical and Special Care Workshop
15th & 22nd – Precepting Basics for Licensed Individuals
29/30 – Trauma Nursing Core Course



Domestic Violence

Sorting through the research on violence against women and how it relates to health can often be a complicated process. The Women's Health Data Book: A Profile of Women's Health in the United States – includes a compilation of the latest data and information on violence against women. The book was jointly produced by the Jacobs Institute of Women's Health and the Henry J. Kaiser Family Foundation.

Violence against women is a significant public health problem, states the Data Book. The statistics and data compiled offer a snapshot of the impact and consequences of violence against women in the country today. Women are five times more likely than men to be victims of intimate partner violence; and from 1992-1998, "violent victimization by an intimate partner" accounted for 22 percent of the violence experienced by women, according to the Bureau of Justice Statistics.

The consequences of this violence can be both psychological (including depression, anxiety, suicide attempts and re-victimization) and physical (including broken bones, bruises, sexually transmitted diseases and miscarriages). Slightly more than half of the female victims of intimate partner violence are physically injured by the attack, but just four in ten of these women seek professional medical treatment.

The full text of The Women's Health Data Book: A Profile of Women's Health in the United States, is available online at www.kff.org/women.

Adapted with permission from Newsflash Family Violence Prevention Fund

Submitted by Cindee Koll, CMTFBW and SCH Advocacy Program

Congratulations to the Following Who Have Achieved or Maintained Their Level III Clinical Ladder Status!

Level III's

Michelle Mohr, RN 4NW

- Abdominal Surgery Inservice
- Core Group Leader
- Patient Outcome Standards Revision
- Nurse Practice/PI
- Clinical Ladder Representative
- AMSN MOLN
- Preceptor
- H-Works
- Clinical Ladder Inservice (Ed Day)
- Omnicell Supervisor

Desiree Fueckers, RN OR

- Critical Policies Review Inservice
- OR Nurses Week Tour (Ortho Room)
- Revision and Update Ortho/Neuro
- Preceptor
- OR Nurses Week Communication
- Employee Satisfaction Task Force
- Validations at Ed Day
- Welcoming Pack Task Force

Judy Brumbaugh, RN OR

- Arterial Femoral Access Inservice
- Preference Cards Overflow for Pacemaker
- OR Nurses Week Open House
- Traveling (Femoral Canulation) Cart
- PI Committee
- Preceptor
- AORN Workshop Committee

Katherine Gefri, BSN, CNOR

- Donor Focus Committee
- Peri Op Open House (Cysto Room)
- Wrote Skill Set for Occular Implant
- Peri Op CORC Class
- Peri Op Nurses Week Committee
- AORN
- AORN Secretary
- Lithotriptor Validation

Lori Johnson, RN **BHA**

- Patient with Challenging Situations Inservice
- Death That is Intentional Inservice
- Adolescent MICD Form
- Preceptor
- Validations
- RNC
- Home Visit Pass Form

Terri Larson, RN **FBC**

- Patient Care Council
- NRP Inservice
- Preceptor
- Family Centered Care Poster Board
- Patient Care Council
- Team Building Committee
- Family Centered Care Committee
- Patient Satisfaction Focus Group

Pat Ellering, BSN **ICU**

- Sepsis Inservice
- Preceptor
- Critical Care Protocol Task Force
- AACN
- Pacemaker Station Education Day

Mary Jo Busse, RN **CNOR**

- Arterial Line Inservice Education Day
- Pocket Organizer Cardiac Team
- Blood Availability in OR
- Preceptor
- Employee Satisfaction Committee
- AORN
- Arrival Time of X-Rays to OR

Sandy Schwegman, BSN **FBC**

- Labor & Delivery Class
- Infection Control Liaison
- Women's Expo
- Added Locks to Epidural Carts
- Chair PI Committee
- LPR's Task Force
- Product Review Committee
- Family Centered Care Committee
- Assignment Work Load Task Force

Jan Nordell, RN **Ortho/Neuro**

- Dopamine Poster
- Khabarovsk Inservice
- JCAHO Preparedness Inservice
- Staff Education Committee
- NAON
- ONC

- Clinical Ladder Representative

Carol Ann Zika, RNC **PCS**

- Care of the Dying Workshop
- Clinical Ladder Inservice
- Heart, Lung, Soul Planning Committee
- Hysten Class
- Nurses Week Committee
- Clinical Ladder Representative
- Clinical Ladder Secretary
- Public Relations Chair CMAC

