

CentraCare Health

DigitalCommons@CentraCare Health

Patient Care News

CentraCare Health Publications (Newsletters,
Annual Reports, Etc.)

1-2002

Nursing News: January 2002

St. Cloud Hospital

Follow this and additional works at: <https://digitalcommons.centracare.com/patient-care-news>



Part of the [Organizational Communication Commons](#)

Recommended Citation

St. Cloud Hospital, "Nursing News: January 2002" (2002). *Patient Care News*. 67.
<https://digitalcommons.centracare.com/patient-care-news/67>

This Newsletter is brought to you for free and open access by the CentraCare Health Publications (Newsletters, Annual Reports, Etc.) at DigitalCommons@CentraCare Health. It has been accepted for inclusion in Patient Care News by an authorized administrator of DigitalCommons@CentraCare Health. For more information, please contact schlepers@centracare.com.

♥ NURSING NEWS ♥

Volume 23 Number 1

St. Cloud Hospital, St. Cloud, MN

January, 2002

Fastaff Travel Nurses

In anticipation of an average daily census of 330-340 patients, we have finalized a contract with Fastaff to provide us with approximately 21 nurses effective January 7, 2002. This company has had favorable references from other Minnesota hospitals. As you're probably aware, hiring travel nurses is nothing new for us. We have had travelers here since January 2001. They have proven to be highly skilled and experienced nurses.

Our census can be quite unpredictable! Matching staffing and beds with patient needs proves to be a delicate balancing act. An analysis of what it would take to manage a sustained census of 330 patients shows a need for approximately 90 additional FTE's. Last year we were able to stretch our staff by about 25-30 FTE's. Unfortunately, some of this stretching included mandatory overtime, which is to be avoided whenever possible. Hiring patterns appear to offer us 20-25 FTE's, however, there is a delay from when new hires begin until they can assume a full work assignment. In summary, stretching staff and adding new hires still leaves us with a need for 25-30 FTE's. This void should be off-set with the hiring of travel nurses.

As part of the Fastaff contract, we are allowed to cancel our commitment to the agency by providing a four (4) shift notice. Thus, if we experience a pattern of lower than expected census, we will have the option to discontinue.

It is recognized that we can stretch our current staff only so far before there is an increase in ill time and poor morale. Our commitment to accepting each and every patient admit is very clear. ALL possible options are explored before considering a deferral. With this in mind, we are hoping the decisions that have been made will make things easier and safer for everyone. I would appreciate your help in extending a warm welcome to our traveling nurses. Thank you for all your efforts to accommodate and flex during times of fluctuating census and activities!

Barb Scheiber
Director of Patient Care Support

Paging Reminders

Recently, a group of Directors met to problem-solve issues related to paging. Physicians and staff are being paged, and when they return the call, no one knows who paged them or the person who placed the page isn't available. There is a lot of frustration with the "wait" time. However, the person who initiates the page often cannot wait by the phone as well. How do we resolve this?

We explored various options including the use of wireless phones. If you have any ideas to add, we would appreciate hearing from you! In the meantime, one thing that could be done is to improve communication. Listed below are some reminders:

1. When paging, let someone who is likely to answer the phone on your unit know.
2. It is helpful to say your name (or enter it into the message) so the person calling back knows who to ask for. In addition, on voice pagers, indicate the unit as well as the extension. The five-digit extension can be difficult to understand especially if there is a distraction at the same time. Example: "Please call Mary on 4 South, ext. 55741."
3. Please do not page people who respond to codes soon after a code is called (i.e., Orderlies, Supervisors, etc.). They are tied up and probably cannot hear the page with all of the activity.
4. Most units have a system for indicating someone is being paged. Please use this system consistently.
5. If you do not hear from someone you paged (on a voice pager), please re-page after 15-20 minutes. Sometimes, they cannot understand the message or extension and have no idea who to call.
6. Please remember confidentiality issues, especially with voice pagers. Sometimes, those receiving pages are in a patient's room or public area at the time.

Thanks for your help with this!

Barb Scheiber
Director of Patient Care Support

St. Cloud Hospital/Mayo Family Practice Residency Program Receives National Accreditation

The St. Cloud Hospital/Mayo Family Practice Residency Program, established in July of 1996, now is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME).

“Since the site visit in April, we have been anxiously awaiting the results from ACGME,” said George Schoephoerster, M.D., Program Director. “I am extremely proud of our faculty, staff and residents, who worked diligently to receive the accreditation.”

Until this year, the residency program has had provisional accreditation. The program has had two site visits in 1995 and 1998 by the Residency Review Committee for Family Practice. The outcome for the first two site visits is always provisional accreditation, during which time the Residency Review Committee provides the program feedback on its direction.

Currently, there are 13 residents in the St. Cloud Hospital/Mayo Family Practice Residency Program. Nine residents have completed the program.

“The goal of our program is to train residents with the skills needed to work in rural practice,” said Schoephoerster.

The ACGME is under the auspices of the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the council of Medical Specialty Societies. Its mission is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experiences for physicians in training. It does so by establishing national standards for experiences in training programs. The ACGME assures that those standards are met by the oversight of 26 Residency Review Committees.

One measure of the quality of a training program is how long the Residency Review Committee will wait before its next visit. The committee can choose to revisit a program within one to five years.

“They have chosen to schedule the next site visit to our program in five years, which is granted to less than one-third of the family practice training programs that receive accreditation each year,” said Joe Blonski, M.D., Director of Residency Training.

Cheri Tollefson
Communications Specialist



Confidentiality of Patients Reminder

This serves as a reminder to those of us responding to and hearing overhead paging of a trauma code and/or code blue. To those responding to these types of calls, please keep in mind patient confidentiality and do not give out information to other staff regarding circumstances etc. of the code. For those who hear overhead pages of trauma codes and code blues, please help your co-workers by not asking staff who may have responded to the code for any information regarding the code because this may lead to a break in patient confidentiality.

Staff needing to emotionally “debrief” should do so with an acceptable resource. Those resources may be an Administrative Nursing Supervisor, your Charge Nurse, Spiritual Care, or your Director.

Thank You
Denise Fleming
Administrative Nursing Supervisor

Plaza Grand Opening

Bring your family and friends to the Grand Opening Celebration for CentraCare Health Plaza from 2-5 p.m., Sunday, Jan. 6, 2002, at CentraCare Health Plaza, 1900 CentraCare Circle, St. Cloud (near the intersection of Highway 15 and 20th Street North). Take this opportunity to see the various outpatient services that will be offered at this new facility. Join us for tours, entertainment, refreshments and prizes. We look forward to seeing you there!

Cheri Tollefson
Communications Specialist

In the article appearing in Nursing News/December, 2001; titled "Understanding the Victim's World", credit for the author was inadvertently omitted. The author of this article is June Sheehan Lerlinger, RN, BSN; Coordinator of Clinical Programs, Florida State University Center for Prevention and Early Intervention Policy, Tallahassee, Fla. (Nursing 2001, Volume 31, Number 8). My apologies for this error, Marilyn Keith/LSW; St. Cloud Hospital Based Advocacy Program

HOW TO ASK ABOUT DOMESTIC VIOLENCE

Submitted by Cindee Koll, Hospital Based Advocacy Program

CONFIDENTIALITY IN SCREENING IS VITAL

- Secure privacy prior to screening. For example: Anyone accompanying the patient is asked to leave the room before the assessment.
- If you feel uncomfortable about going right to the question, try something like this..."Our staff wants all patients to know that this is a safe place to address intimate partner violence and that we are a resource, so we ask all of our patients age 12 and over about violence..." Or "we ask all of our patients as part of their medical history if..." or "because how we get along with others can strongly impact our health we ask everyone if..."

ASK THE QUESTION

- "Are you in a relationship where you are physically hurt, threatened or made to feel afraid?"
- When asking, be aware of the impact these words have on the patient. This should not be a rushed question. Some survivors may feel guarded; however, evidence shows that many people respond positively to sensitive assessment from a concerned person.

IF THE PATIENT DISCLOSES ABUSE

Say: "I am sorry this is happening to you."
 "You don't deserve to be treated this way, we have free and confidential resources available to you while you are here if you would like."
 Offer the services of the Advocacy Program or the unit social worker.

DOCUMENT

- Document in the medical chart that the patient was screened and acknowledged abuse is occurring. Use the patient's direct quotes when possible; ie: "John tried to choke me."
- Describe any injuries, location and size. Use a body map if necessary.
- Document the following events as they happen:
 - patient agrees to see advocate
 - advocate called (53224 or for emergency response, call pager 203-3344)
 - patient received advocacy
 - OR
 - if patient declines advocacy, offer unit social worker
 - OR
 - If patient declines both, provide the patient with a *Safety/Resource Card and document that patient declined services and referral resources were provided to the patient.



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

Level III's

JoAnn Spaulding, RN

- Basic EKG Class Nurse Intern
- Telemetry Education Day Dose Mode Skill Station
- Preceptor
- Critical Care EKG Class

Kate Vanbuskirk, RN, BSN

- Inservice on Repositioning for Skin Complications
- Craniotomy CCP Committee (Chair)
- Documentation Inservice
- Omnicell Supervisor
- Brains and Bones Monthly Newsletter
- JCAHO Update
- Chair Staff Education Committee
- Sedation Module Validation Stations
- Total Joint Class

Terri Nicoski, RN

- Omnicell Supervisor
- Omnicell Rep with Pharmacy
- Preceptor
- Clinical Ladder Committee
- Women Health Care Council

Dena Walz, RN, BSN

- Dirulafoy Lesion Poster
- Women's Expo
- JCAHO Preparedness Game
- Preceptor
- Clinical Ladder Committee
- Ambu Validation
- Staff CPR
- Sigma Theta Tau
- Code Blue Task Force



Melissa Winans, RN

- Caring for Patient with Alcohol Addiction Inservice
- Women's Expo
- Osteoporosis Pamphlet
- SPEADO Documentation Inservice
- Neuro Workshop Committee
- Clinical Nurse Practice Committee (Co-chair)
- Preceptor
- Patient Education Committee

Elaine Thyen, RN

- Documentation for Discharge Teaching
- New Flowsheet OPS, Med/Onc, Pediatrics
- Preceptor
- Recert Implanted Ports
- Parish Education

Elaine Prom, BSN, RNC

- Infection Control Committee Newsletter
- OR Tours
- Body Piercing Handbook
- Slip for Pre-op Information
- Preceptor
- Pain Poster
- Infection Control Committee
- Kappa Phi

Gloria Zander, RNC

- Legal Basics Inservice
- Preceptor
- Education Council (Chair)
- Multi-disciplinary Audits
- Chemo and Port Recertification
- Focused Self Assessment Audit

Trish Theisen, RN

- Rice Memorial Hospital Education ENCP
- Checklist Endo CBO's
- Preceptor
- Digestive Disease Task Force
- SGNA

Judy Twomey, RN

- Developed Discharge Sheets for Hispanic Population
- Car Seat Checker
- Mother Baby Didactic Workshop
- Preceptor Mentor Group Committee
- Depression After Delivery Committee
- Prepared Childbirth Committee
- Sigma Theta Tau
- AHWONN
- Preceptor

Clinical Laddering/Preceptors

Starting in January, there will be a change in the way preceptors and mentors can acquire points under #73.

The new change is as follows:

Primary Preceptors – 3 points for precepting the first 2 persons, then 1 additional point for each additional person

Secondary preceptors/mentors:

3 points for 4-10 shifts

4 points for greater than 10 shifts
(maximum 7 points)

This will mean increased documentation, but was felt to be a more equitable way of giving credit for this criteria. The RN will have to provide documented proof of preceptorship/mentorship.

Linda Donabauer
Clinical Ladder Coordinator

Education and Professional Development Programs

January

30th - (W) Trauma Nursing Core Renewal Course

February

4th - Pediatric Emergency Care Course

12th - (W) Endoscopy Conference, Kelly Inn

12th - Professional Registered Nursing Retreat:
Promoting a Healthy Balance of Body, Mind,
Spirit

25th - Heart Center Conference, Kelly Inn

26th - (W) Heart Center Workshop, Kelly Inn

27th / & 3/4/01 - (W) Emergency Nursing Pediatric
Course (ENPC)

March

6th - Oncology Conference

12th - Professional Registered Nursing Retreat:
Promoting a Healthy Balance of Body, Mind,
Spirit

Happy New Year!

As time passes so quickly by, my wish is that you are able to take some time to spend with special people in your life. Please enjoy the following poem I found and have a safe and memorable 2002.

*Barb Scheiber
Director of Patient Care Support*

It's New Years again, and I would expect,
It's time for agendas, and time to reflect.
A time to take inventory, of the year just past,
And a time to confront, our errors at last.
A time to recall, those no longer here,
A time to remember, a time to revere.
A time to resolve, for the year now new,
To change or adjust, those things we will do.
A time to change habits, and really we should,
convert them all please, from bad ones to good,
A time to thank God, who made night and morning,
To see a new day, and enjoy a new dawning,
It's time for us all, to seize the gold fleece,
Release sparkles of stardust, of love and new peace.
A time to embrace, all those we hold dear,
To hold them, and wish them, "A Happy New Year!"

Author unknown