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Nursing News: February 2003

St. Cloud Hospital

♥ NURSING NEWS ♥

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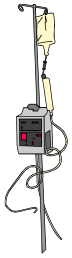
IV Standard Safety



In recent months we have seen an increase in the number of incidents/variances involving IV stands on wheels. There are 2 contributing factors in these incidents.

1. The size and number of casters on the stand: The Safety Committee and the Coordinator of the purchasing department have acknowledged this issue. It has become more of an issue as we carpet more areas of the hospital. Replacing casters on existing stands is being considered, but may be cost prohibitive. We are establishing specifications for future purchases identifying a minimum size and a minimum number of casters.

2. The speed at which we are traveling through the corridors while pushing these IV stands: Lets slow down just a little. A decrease in speed would surely result in a decrease in incidents.

We appreciate your efforts in reducing these incidents. As always, if you have concerns about the safety of a particular device, please notify maintenance to have it checked out.

From the Safety Committee

New Door Magnet

The following magnet will be used in all Patient Care areas beginning February 5, 2003 to identify patients who have died or are dying.

From Bret Reuter
Spiritual Care

Screening for Domestic Violence

Frequently, health care providers become frustrated and feel like they are not being effective when working with a woman who is in a domestic violence situation. Many times she keeps denying abuse, even though the provider knows she is being hurt; she minimizes the abuse, or she does nothing about her situation and stays in the relationship and keeps going back.

For many women, leaving an abusive relationship is a process. We as health care providers don't always know where the woman is in that process. The goal of screening for domestic violence is not to have women answer YES to the question. The goal is simply to ask the question and begin planting seeds for change. ASKING THE QUESTION IS THE INTERVENTION.

We can share our concerns about the abuse with the patient. When a patient has multiple clinical indicators for domestic violence, especially injuries, one can say, "I am concerned about your injuries. When I have seen injuries like this in the past, an intimate partner has many times caused them. I want you to know anything your share with me is confidential. Also, my job is not to tell people how to live their lives but to talk about options, safety and resources for help."

Providers can share their concerns with the patient, offer some domestic violence education and let the patient know about the local domestic violence services, including the St. Cloud Hospital Advocacy services. That way the patient will be aware of her options and feel supported as she goes through the process of finding safety.

From Eileen Bitzan & Marilyn Keith
Hospital Advocacy Office

HTO (Hospital Time Off)

Policy Change

With the lower census, there has been an increase in the number of staff incurring HTO hours. In order to limit the impact of HTO hours on an individual's hired hours, the Patient Care Directors have approved a change to the HTO policy where extra shifts will be first to be cut. This change will go into effective the start of the next scheduling period 2/16/03. The following guidelines, indicating the order cuts are to occur, are taken from the revised HTO policy: (Policy is attached to the newsletter.)

a. Extra shifts throughout patient care areas. (These shifts do not count toward mandatory HTO hours.)

   Example 1: The extra shift person on the unit staffed above core for the census point will be the first cut.

   Example 2: If unit A is staffed above core for the census point and has no one on an extra shift, they may be floated to unit B in order to cut staff on an extra shift.

b. Honor request cuts for all staff by seniority.

   *Staff may be floated to another unit to grant a request cut, rather than mandate staff HTO. If requests for HTO occur on consecutive days (i.e. holidays and weekends) the most senior person is granted HTO the first day and the next senior person the following day.

c. Casual staff.

d. Reserve staff.

e. All other regular staff (part-time, full-time, extra shifts, bonus, etc.) on a seniority rotation.

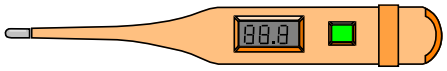
(See separate section of the policy for cutting on holidays.)

There will be a change to the way Mandatory HTO hours are recorded in the Staffing Office effective 2/1/03. There will no longer be a 2 hour minimum recorded each time a person is mandatory either cut or placed on call. The actual lost hours from the shift will be recorded toward a person's yearly HTO hours.

Example: If the employee is called into work prior to the start of the shift, no mandatory HTO hours are recorded.

The maximum number of hours a person can be mandatory cut or placed on call is limited. Refer to your unit-specific guidelines for maximums.

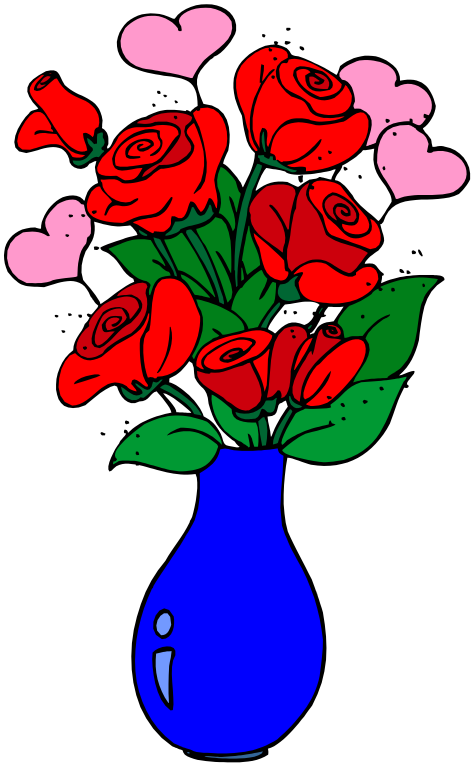
Sue Laudenbach
Coordinator, Patient Care Support



Going Home Ill From Your Shift

When going home ill from your shift, please remember to call the Staffing Office, Ext. 55607, and let them know what time you are leaving, so it can be accurately recorded.

Sue Laudenbach
Coordinator, Patient Care Support



HAND HYGIENE

Good hand hygiene is the primary way to prevent the spread of infectious organisms causing the spread of disease to the patient and/or the healthcare worker. Alcohol-based products are more effective for standard handwashing or hand antisepsis by HCWs than soap or antimicrobial soaps.

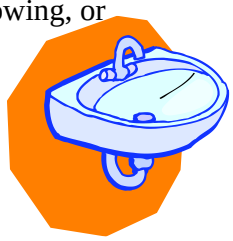
Hand hygiene is required before and after contact with each patient. Gloves must be worn when anticipating any exposure to blood or body fluids, as defined in the Standard Precautions policy.

Preferred Method:

A hospital-approved alcohol-based product is the preferred method of hand hygiene. The only time that handwashing is preferred is when the hands are visibly soiled.

Frequency:
Hand hygiene must be used on the following occasions:

- When coming on duty.
- Before and after patient contact.
- After contact with a source of microorganism (body fluids and substances, mucus membranes, non-intact skin, inanimate objects that are likely to be contaminated).
- Between handling/touching of individual patients.
- On leaving isolation area or after handling articles from an isolation area.
- Before applying and after removing gloves.
- Before and after personal use of toilet.
- After sneezing, coughing, blowing, or wiping nose or mouth.
- Before eating.
- On completion of duty.



Procedure:

1. Alcohol-based products:
   a. Dispense enough product into hand to fill palm.
   b. Rub hands with product until dry (minimum of 10-15 seconds).

Note: Vapors from the product are flammable - make sure that your hands are dry before working near flame sources or generating a static discharge.

2. Handwashing with soap and water:
   a. Turn on water to comfortable temperature.
   b. Wet hands up to the wrists.
   c. Apply one squeeze of soap. Work into a lather, wash all surfaces of hands and fingers for 10-15 seconds.
   d. Rinse well, keeping hands pointed down. Complete removal of soap helps to prevent excoriation of the hands.
   e. Dry hands well with paper towels, then use paper towel to turn off faucet.
   f. Dispose of paper towel.

Note: Specialty areas will have unit policies regarding special hand washing procedures before performance of invasive procedure (i.e. surgery, obstetrics).

Michael Olesen
Infection Control Practitioner

Educational and Professional Development Programs

April 2003

2nd	(W) Neurology Conference, CentraCare Health Plaza Education Center
22nd	(W) Diabetes Conference, CentraCare Health Plaza Education Center

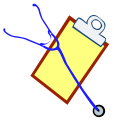
May 2003

1st	Hispanic Workshop, Hoppe Auditorium
8-9th	(W) Surgical and Special Care Conference, CentraCare Health Plaza Education Center
14th	Preceptor Workshop for Unlicensed Staff, 8:15 a.m. – 1:30 p.m., Fireside Room
21st	Preceptor Workshop for Licensed Staff, 8:15 a.m. – 1:30 p.m., Fireside Room

Change in the On-Call Policy

Effective February 1, 2003, the On-Call hours per shift have been changed. They will continue to start one (1) hour prior to the scheduled shift, but will now end 1 ½ hours prior to the end of the shift. This policy change is also available on the Centranet in the Patient Care Policy Manual Section.

Susan Laudenbach
Coordinator, SSS Services
Patient Care Support



Healthcare Directives

When a patient comes in with a HCD, the physician is no longer required to sign that they have reviewed the HCD. The stickers are no longer necessary. The HCD policy has been revised to reflect this change.

Roberta Basol RN, MA
Department Director, Critical Care

Psychiatry Consults on On-Call Requests

Effective February 1st, all inpatient consult requests for psychologists and psychiatrists, including Addictionologist, Dr. Stephen Swenson, should be called to the Adult Mental Health Unit (Ext.55601). Furthermore, for operators who get requests to contact the "on call" psychiatrist or the psychiatrist covering consults, the call should also be forwarded to the Adult Mental Health Unit.

Lisa Mullen
Nursing Services

From the Laundry

We are running a limited number of new Adult Incontinence Pads(chux) for a trial run. They are pink and larger than the blue pads. Please use them and return them to laundry. These are NOT disposable pads.

Mark Stockinger

JRS-Optio Forms

February 4, 2003 will be our official "Go-Live" date for using JRS Optio forms. This means that all nursing units should begin (if they haven't already begun) using JRS as the only source for many of the forms that fill the patient charts.

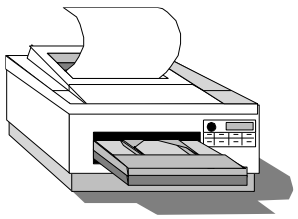
JRS Optio forms provide bar codes at the bottom of the form to identify what the form is and the patient's account number and medical record number. These items will allow us to scan and permanently store charts electronically. JRS Optio forms will also assure that the most up-to-date forms are being used in patient care.

Attached to this issue is a list of those forms to be printed from JRS. Not all forms have been converted to JRS Optio forms but more may gradually be added. I will communicate future additions as they happen via JRS email and written memos sent to committee reps, clinical contact people and unit forms people.

Also *attached* is a "Quick Reference" sheet with step by step instructions to print forms using JRS Order Entry for those who haven't tried it yet. Included in those instructions is how to print forms when a patient's name isn't on the unit list yet.

Shortly after this go-live date, Distribution will begin to pull these forms from their stock and they will not be available for ordering. In the event of planned downtime that prevents you from accessing JRS, I will coordinate getting supplies of these forms out to the areas that need them. In the event of unexpected downtime at night or on weekends, there will be a hard copy manual containing master copies of forms available to Nursing Supervisors.

Michelle Parson
RN, Clinical Informatics Specialist
Ext. 54675



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

Level IV's

Sheila Campbell, CCRN — CCNS
- *ARDS – Ventilator Inservice*
- *Respiratory Class – Critical Care Education*
- *Preceptor*
- "We Will Survive" Committee Person
- AACN – CMAC
- Secretary/Treasurer – CMAC
- CCRN
- Temp Pacer – Validation

Lee Harwarth, RNC — ETC
- *Mock Trial Panel – Education Day*
- *PCE Task Force*
- *Shift RN Job Description*
- *Preceptor*
- *Code Blue and life Scan Validation*
- *RNC*

Mary Sand, CCRN — CCFP
- *"What about Remote Monitor" Patient Inservice*
- *EKG Classes*
- *CC Protocol*
- *Advanced EKG Classes*
- *Preceptor*
- *Cold Spring Cardiac Health Fair*
- *Pacer Validation*
- *CCRN*

Level III's

Pat Ellering, RN — CCFP
- *Sepsis – Critical Care Orientation*
- *Preceptor*
- *Pacemaker Validation*
- *AACN*

Elaine Hanson, CNOR — Surgery
- *Clinical Ladder Education Form*
- *Critical Policies Manuel for PA's – Radiology*
- *Preceptor*
- *AORN – CNOR*
- *Guatemala Medical Mission*

Elaine Prom, RNBC — CSC
- *Peri Op Open House Tour*
- *Spanish/English Translation Book*
- *Preceptor*
- *Perineal Prostectomy Inservice*
- *Infection Control Committee*
- *RNC*

Angela Rasmussen, RN — ETC
- *Boy Scout Tour*
- *"Where Have Your Gloves Been" Poster*
- *Preceptor*
- *Validation – Art Lines, Code Master, Auto Infusion*

Angela Stevens, CNN — KDIP
- *Dialysis Education – Critical Care*
- *Care of Dialysis Pt. – St. Ben's Nursing Class*
- *Phoenix Dialysis Machine Policy*
- *Clinical Ladder Rep.*
- *ANNA*
- *CNN*

Sandy Selander, RN — CCNS
- *Certified Donor Requester*
- *Cold Spring Cardiac Health Fair*
- *Preceptor*
- *Clinical Ladder Rep.*
- *President – CMAC*
- *Validation – Numbex Stimulator & Annie Pump*

Michelle Shaw, RN — Surgery
- *Emergency Trauma Clocker*
- *Skin Integrity*
- *Peri Op Open House*
- *Infection Control Audit*
- *Preceptor*

Trish Theisen, RN — Endo
- *Hands On Endoscopic Inservice*
- *Acute Renal Failure Inservice*
- *Preceptor*
- *Policies – Endostat, Bicap Therapeutic System and Valley Lab Cautery*
- *SqNA*