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Nursing News: May 2003

St. Cloud Hospital

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♥ NURSING NEWS ♥

Volume 24 Number 5

St. Cloud Hospital, St. Cloud, MN

May, 2003

Happy Nurses Week!

This special week is cause for all of us in nursing to celebrate the contribution we make in healthcare in general and to people in need specifically. Whether one works in direct patient care or some other aspect of healthcare, we bring tremendous value. Our role in fostering the balance of mind, body and spirit in the people we serve is recognized and respected by all.

The resilience of nurses never ceases to amaze me. Our standards are high and no matter what challenges we face, we find a way! Our St. Cloud Hospital patient satisfaction has never been higher. Our physicians rank the St. Cloud Hospital nursing staff as the finest anywhere. Our care is delivered with patient safety vigilance and outstanding care outcomes. Nursing fosters an atmosphere of collegial relationships, our staff satisfaction is at an all time high. We are working towards achieving Magnet status recognition from the ANA. We want to join the ranks of 67 other organizations nationwide that have achieved Magnet status. Yes, we want to be recognized for all the great accomplishments we have realized. But more importantly, we want to commit to continued professional nursing excellence.

I wish you all the very best and ask for your continued support as we face the challenges of tomorrow. Together we will succeed.

With highest regards,
Linda Chmielewski
Vice President, Hospital Operations

Peace for your soul,
Joy for your spirit,
Love for your heart,
May these things be yours,
especially this week.

National Nurses' Week May 6 – 12, 2003

This year's theme is "Nurses...Lifting spirits, touching lives." During National Nurses' Week, we recognize nurses who continue to meet the expanding healthcare needs of patients!

Did you know:

- There are 2.7 million registered nurses in the United States, and 2.2 million of them are actively employed?
- The Bureau of Labor Statistics lists nursing as one of the top 40 growth jobs for the next 10 years?
- St. Cloud Hospital employs 735 RNs and 201 LPNs?



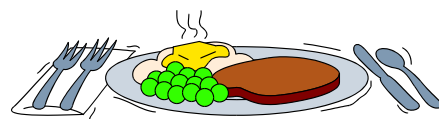
*Darla Mergen
Communications*

Central Minnesota Registered Nurse Recognition Dinner/Program

When: Monday, May 5, 2003
Where: Holiday Inn, St. Cloud
Time: 6:00 pm – Social Hour (Cash Bar)
6:45 pm – Dinner
7:30 pm – Awards
7:45 pm – Speaker

Dr. Guy Rice Doud will speak about "Why do we do what we do?" and Central Minnesota Nursing Hall of Fame inductee, Kendra Flanagan, RN, BSN, CMT, parish nurse at Bethlehem Lutheran Church in St. Cloud, will be honored.

Cost is \$24.00, which includes dinner. Registration forms should have been postmarked by April 24th.



*Darla Mergen
Communications*

Nurses...Lifting spirits, touching lives.

I am your patient...

Know me...

for it is a fearful thing to be anonymous.

I am more than a body in this bed.

Remember I am someone's child, mother, father, sister, brother, friend.

Connect with me - you must be brave to do this - for it is simpler for you if I remain a diagnosis - numbers and words on a chart.

I have a mind and I have a spirit and I have a life outside this place,
which is important to me.

I brought my body to you for your assistance - and though you are being paid to care for me, our relationship is greater than that -
it is a Covenant and a Partnership.

Guard my safety in all things, at all times.

Preserve my dignity while I am in your care -
cover me and protect my privacy.

Prepare me for tests and procedures by telling me
what to expect each step of the way.

Inform me of my options so that I can make good decisions,
for it is my life and my body.

Be honest with me so that I can learn to trust you.

Smile at me for it brightens my day - laugh with me for it lightens my heart.

Please don't tell me your problems, because I have problems of my own now.

Make this a quiet and peaceful place for I need to rest - don't wake me from my sleep unnecessarily, for healing is hard work.

Feed me wonderful food, for it nourishes my body and nurtures my spirit.

Respond quickly when I call, for I do not feel like waiting.

Open your heart and feel compassion for me by putting yourself in my place.

Encourage me and help me to stay hopeful...

let's both remember that Miracles happen.

Listen to me - hear the things I tell you...and the words I cannot say.

Reassure me when I am afraid.

Relieve my pain - give me respite - for my relief is in your hands.

Be my advocate. Speak for me when I cannot speak for myself.

Forgive me when I seem ungrateful, for I am not at my best when I am sick.

Comfort me as you minister to my body.

When you put a cool cloth on my head,
or hold my hand, these simple ministries feel Sacred to me.

It is in these moment...and in your touch,
that I feel the brush of an angel's wings.

*Submitted by:
Darla Mergen
Communications*

St. Cloud Hospital Nurses' Week Breakfast

When: Thursday, May 8, 2003
Where: Fireside Room
Time: 7:30 am – 10:30 am



We have added another surprise to the Nurses' Week Breakfast. We will have 5 minute massages available. The hours will be 8:00 am – 10:00 am. The massages will be given by the students of the Sister Rosalind Gefre School of Professional Massage.

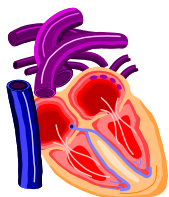


We're in the top 10!

Expansion Management Magazine ranked St. Cloud, Minnesota No. 8 of 10 U.S. cities in terms of healthcare. Rochester, Minnesota, home of Mayo Clinic, was ranked No. 1.

The 11 categories measured the cost, quality and availability of health care in 329 metro areas throughout the country. Healthcare costs, employer insurance costs, hospital beds per 1,000 population, number of community health centers, number of nurses per 100,000 population, and the number of teaching hospitals were also taken into account.

*Cheri Tollefson
Communications*



Organ and Tissue Donation

The prompt to remember to call Lifesource to determine if a person is eligible for donation is on the death checklist. Please remember to make that phone call. There is a federal law (from Medicare) that requires hospitals to contact the organ procurement agency at the time of brain or cardiac death. A physician cannot say, "The person's not eligible for donation," and then we don't call. We **ALWAYS** have to call. Thank you.

*Roberta Basol
Director, Critical Care*

Patient Safety Goals

JCAHO has issued patient safety goals to be implemented in 2003. One of these goals is to assure patients they are being correctly identified prior to giving medications or blood products. Also, that they are identified correctly prior to having blood removed for testing.

To be compliant with this goal, all patients will need to be identified using two unique identifiers (neither to be the patient's room number). The Medication Administration and the housewide phlebotomy policies will be changed to reflect the following:

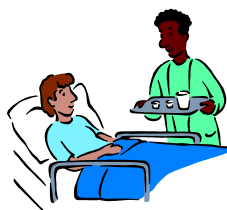
1. Ask the patient to state his/her name. If the patient is unable to do so, and family is present, ask the family to state the name. If the patient is unable and family is not present, this step may be waived.
2. Verify the patient's first and last name plus medical record number and/or date of birth as stated on their patient ID band as the same as the patient's first and last name plus medical record number and/or date of birth on the MAR or order.

A second goal is to improve the effectiveness of communication among caregivers.

To be compliant with this goal, a process for taking verbal or telephone orders that requires a verification "readback" of the complete order by the person receiving the order was implemented. The Doctor's Orders, Individuals Authorized To Accept policy was changed to reflect the following:

All telephone orders will be written (exception: Emergency) before being repeated by the qualified person receiving the order for validation of the order to the person giving the order.

This means that staff **MUST** jot down orders as they are received before reading them back.



*Paul Schoenberg, RNC
Director, ETC
Patient Safety Committee*

*Diane Young, RN
Director, CSC/POH/PACU
Patient Safety Committee*

Student Schedule Changes for the Summer

As the school year draws to an end, we would like to remind those students that will be changing their phone numbers to please call the Staffing Office, 255-5607, as soon as your new information is known.

Also, please let us know if your availability for hours over the summer will be different than it was during the school year. Thanks for keeping us up-to-date!



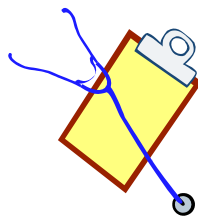
*Sue Laudenbach
Coordinator, Staffing Office*

Physician Order Reminders

Placed in the back of the plastic pockets in the charts is a reminder for physicians to use preprinted orders. When the order section is opened, the bright orange colored sheets will be visible to the physicians. The information states:

Physicians: Hospital Policies Require the Use of Special Preprinted Orders. Please Use the Following Orders:

- Blood Transfusions
- Insulin Orders
- No Code Blue
- Restraints
- Weight Based Heparin
- TPN
- ETOH Withdrawal
- Discharge Orders
- Department Specific Orders



*Roberta Basol
Dept. Director, Critical Care*



On-Call

With the lower than anticipated census, there has been an increase in the number of people placed on call each shift. Once the shift starts, you may be called by the Staffing Office and cut from your on call shift. If we do not call you, and you would like to be taken off call, please give the Staffing Office a call at 255-5607, and we will consider your request. The revised policy is attached for your review.

*Sue Laudenbach
Coordinator, Staffing Office*

Responsibility to Report

Please be aware that St. Cloud Hospital has a **ZERO** tolerance policy. This means that no blood alcohol can be present while at work. **Not** even a trace!

Depending on the individual's ability to metabolize alcohol (or other chemicals), it is possible to still have the effects (i.e. odor, behavior, etc.) hours later, and may test positive for alcohol and/or chemicals.

Everyone is responsible to **immediately** report the odor of alcohol or impaired behaviors to their Charge person, Director, and/or Administrative Nursing Supervisor.

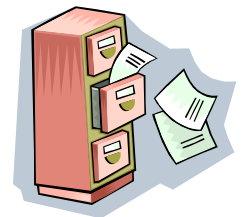
It isn't necessary for you to personally confront the suspected individual. The Director/Administrative Nursing Supervisor and Occupational Health Staff will take responsibility for the follow-up. When you neglect or wait to report the impaired person, patients and co-workers are placed at risk. The Drug and Alcohol Testing Policy can be found on CentraNet by using the Manuals Tab and going to HR Section.

*Karen Kleinschmidt
Admin. Nursing Supervisor*

Electronic Medical Records

Electronic Medical Records (EMR) are now a reality at St. Cloud Hospital. The change will become effective May 13th.

EMR stores patient information in a secure, computerized database that can only be accessed by physicians and other patient care staff as appropriate. EMR offers efficiency and convenience to medical staff by allowing information to be viewed from different locations, including the floor, at home, or the office. All information that is put into the EMR will also be available in the CDR.



EMR will continue to roll out to all sites within the CentraCare Health System in the future. Please call Ext. 55009, if you have questions.

*Shannon Durkee
Medical Records*

New Legislation Would Improve Health Care System's Response to Abuse

Domestic violence is a healthcare issue and health screening is essential to ending abuse and helping victims. This is why advocates are praising U.S. Representatives Lois Capps (CA) and Steven La Tourette (OH) for introducing new legislation to help health care providers better respond to domestic violence. The Domestic Violence Screening and Prevention Act of 2003 (H.R. 1267) would train healthcare providers to routinely screen female patients for domestic violence and provide women with access to critical domestic violence services when abuse is identified.

Under the bill, states would be given the option to cover domestic violence screening and treatment services through Medicaid. It would require the Federal Employees Health Plan to cover the costs of domestic violence screening and treatment. It would create a separate domestic violence block modeled after the Maternal and Child Health block grants, require State and Maternal Child Health programs to improve their response to domestic violence and provide new funds for domestic violence identification and treatment services. The legislation also allows for grants to community health centers to improve their response to domestic violence.

The legislation would provide funding for research on health and domestic violence education programs for healthcare professionals and grants to foster public health responses to domestic violence.

To promote passage of the Domestic Violence Screening, Treatment and Prevention Act bill needs as many co-sponsors as possible. Advocates should contact their Representatives and ask that he or she become a co-sponsor of H.R. 1267.



*Marilyn Keith and Eileen Bitzan
Hospital Advocacy Office*

Protecting You and the Patient - A Priority!

Problems have been identified during our ongoing performance improvement audits. Patients with a history of infection or colonization with MRSA/VRE do not always have the issue addressed in their care plans and/or the chart lacks an infection control sticker on the front cover.

This history needs to be included in the care plan to ensure that all staff caring for the patient are aware of their status – see attached sticker sample.

The Pink “Resistant Organism” sticker on the front of the patient’s chart is important to notify other staff in procedure departments so they can use contact precautions as well.

*Michael Olesen
Infection Control*

Staffing Office Hours

We’ve always had an open door policy in our Staffing Office for people dropping by to check on an exchange, ask for a phone number, check on their HTO hours, etc. Although we enjoy seeing you and being able to put a face with the person we talk with on the phone, we need to limit the hours Staffing Associates are personally available to you.

We are doing this so we may better serve the needs of your unit and other patient areas. The new hours the Staffing Office will be open for walk-ins are:

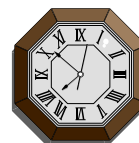
Hours for Walk-Ins

8:00 am – 10:00 am

4:00 pm – 5:00 pm

6:30 pm – 7:30 pm

We ask that you please limit your visits to these times. Thank you for your consideration of our new office hours.



*Sue Laudenbach
Coordinator, Staffing Office*

Dressing Change Procedure

During a recent inspection, investigators from the Minnesota Department of Health were concerned that proper infection control precautions were lacking during some of the dressing changes they observed. I would like to explain the importance of proper infection control during dressing changes and then give a general procedure to follow.

Failing to use an adequate infection control process during dressing changes can cause significant harm to patients by providing a pathway for the onset of a nosocomial (hospital-acquired) infection. For example, the mortality rate related to a blood stream infection in the ICU is estimated at about 35%. (Pittet, 1995) In addition, a nosocomial bloodstream infection in the ICU setting increases the patient's bill by about \$40,000 and the cost to a hospital by \$6,000 (Pittet, 1994). These costs are probably even higher today. Clearly, nosocomial infections can cost the patient both physically and financially but also increases hospital costs as well.

The infection control goal, during a dressing change, is to ensure that the practitioner provides care with clean hands and clean or sterile gloves during the entire procedure. In a health care setting, you should think of all surfaces (except sterile fields) as potentially contaminated. THIS INCLUDES THE DRESSING THAT IS TO BE REMOVED. Whenever you contact a surface with your hand or glove, it becomes contaminated as well.

I have listed a general procedure below for the infection control component for dressing changes. This does not provide the detail on the process for each type of dressing change that is performed in the hospital. If you apply these principles, however, you will be in compliance with good infection control practices.

1. Use proper hand hygiene before you collect supplies to perform the dressing change and before/as you enter the patient's room. Remember to have all of the supplies within reach that you will need, including a waste receptacle and a means to perform hand hygiene in the middle of the procedure. You may need to bring a can of the alcohol-based foam to the bedside. Also consider that some patients will make a dressing change difficult. In those instances, ask another staff member to assist.

2. Use clean (or sterile if indicated) gloves to remove the old dressing. **Do not touch anything else** once you have put on gloves and have begun this procedure.
3. Dispose of the old dressing and **then remove your gloves immediately** upon completion of dressing removal. You should have the proper receptacle within reach.
4. Use proper hand hygiene before opening dressing materials and any sterile supplies.
5. Once new gloves have been donned, apply the new dressing. **Nothing else unrelated to the placement of the new dressing should be touched until the procedure is complete.**

If you have questions regarding infection control practices during dressing changes, please call me at Ext. 51149. Thank you for your attention to this matter

*Michael Olesen
Infection Control*



Happy Spring!

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

Level IV's

June Bohlig, CNOR Surgery

- Code Blue, Pacer, Defibrillator Inservice
- Perioperative Care Class
- Open House – Kid's Zone
- Sterilization Audit
- Preceptor
- AORN
- CNOR

Joanne Friebe, BSN, IBCLC FBC

- Assisting the Breastfeeding Mother in NICU/Peds
- Guided Imagery Self Learning Module
- Breastfeeding Inservice – Family Practice
- Low Risk Obstetrics Inservice
- Cup Feeding Self Learning Module
- Childbirth Class Instructor

Cindy Lewandowski, CNOR Surgery

- External Fixator
- Preference Cards
- Linen Education
- Ortho Fracture Table
- OR Open House
- C-Locker – 2 New Ortho Surgeons

Debra Rheame, CNOR Surgery

- Off-site Cannulation Inservice
- Cardioversion – ICD – Pacemaker Inservice
- Tissect Sticker
- Resource Call Sheet
- Preceptor
- CNOR
- Trauma Code Task Force

Level III's

Naomi Gertkin, RN Surgical Unit

- Scrub Committee Chair
- Preceptor
- Progressive Care T.F.

Brenda Hommerding, RN Med/Onc

- One-to-One House Study
- One-to-One Log Book
- Relay for Life
- Practice Committee Co-Chair
- Chemo/Port Recertification

Vivian Koerner, CNOR Surgery

- Cryotherapy Inservice
- Surgery Open House
- Preference Cards
- CNOR
- AORN – SUNA
- Linen Task Force

Becky Kulzer, RN CCNS

- Ethics Committee
- Unexpected Death Panel – Nurse Residency
- Balloon Pumps Recertification
- AACN – MOLN

Sherri Reischl, RN CCNS/ETC

- Preceptor
- PI Co-Chair
- Evening of Hope Coordinator
- ACLS Recertification
- Advanced Directives/Whitney

Allan Thomes, RN, BSN Surgery

- OR Nurses Week
- Surgery Open House
- AORN of the Heartland, Nom. Committee Member
- Sonosite Resource
- CNOR, CRNFA

