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Patient Care News

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

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Nursing News: September 2003

St. Cloud Hospital

Patient Plan of Care Revisions

Revisions have been made to the Patient Plan of Care. Some changes were necessary to accommodate the Electronic Medical Record process and some were necessary to improve compliance with JCAHO standards. We also revised it in an effort to make it easier to use and at the same time to save some cost associated with this form.

Here is what has changed and why:

➢ The Kardex is no longer in sticker form. The **Kardex has been converted to an Optio form** printed out of JRS. It will be added to the admit packets printed in JRS. It should be kept in the same place as the rest of the patient's Plan of Care.

> Why: Significant cost savings

➢ The Plan of Care will continue to be stocked in Distribution but will be printed on thinner paper.

> Why: Significant cost savings

The ITR:

➢ Has been moved to the front of the Plan of Care.

> Why: To make it more visible to everyone and to allow for additional plan/intervention columns on the last page.

➢ The ITR has been reformatted so that the Learning Needs are addressed on the left-hand side of the page and comments specific to learning needs can be documented on the right.

➢ We have revised the Learning Needs so that you document the date and your initials when you initiate the learning need. Then when the learning need is met – the patient or family is competent in it by having shown you or verbalized to you, date, circle who (Pt or F) and initial it.

➢ There are learning needs that every patient/family needs, such as Orientation to Environment, that have an "x" in the initiation columns. So you only have to document the date, the who and your initials when the patient and/or family is competent with that information.

➢ Some new learning need prompts have been added:

- Patient Safety & Speak Up for Patient Safety…
- Therapy/Intervention
- Incentive Spirometer
- Smoking Cessation

➢ Some have been deleted:

- Food Drug Interactions
- Hygiene/Personal Care

➢ Unit Specific Customized Stickers. It is recommended that each unit revise those stickers by having them redesigned as unit-specific Optio forms to be added to the POC. Cost savings can be achieved for your unit by eliminating stickers and the ITR can more easily be scanned as a paper document.

FHA:

➢ In Cognitive section we added, "Do you have hearing problems"
➢ Moved "Do you use a hearing aid?" to Admission Findings.
➢ Changed "For deaf or non English speaking: How do you prefer to communicate" to
➢ "For non English speaking: What languages can you communicate in?"
➢ In Health section we added, "Do you smoke or have you quit in the last year?"
➢ Changed "Are you concerned about possible withdrawal because you will not be able to smoke while hospitalized?" to "Are you concerned about possible withdrawal while hospitalized?" (Patients can have withdrawal from variety of substances.)

ICP:

➢ Relabeled the first Plan/Intervention column to "Referrals"
➢ Added a new referral choice for Smoking Cessation
➢ Moved Family Involvement information to the Problem(s) / Discharge Need(s) column
➢ Pre-printed isolation precautions info in the first Plan / Intervention column
➢ Additional Addendum pages for the ICP can be obtained as JRS Optio forms

Clinical Patient Care Practice Committee

Look-Alike Sound-Alike Medications

According to statistics from the Institute of Medicine, preventable medication errors are responsible for more than 7,000 deaths per year. Drug names or packages that sound or look similar cause about 15% of the annual medication error reports.

Part of the look-alike/sound-alike issue refers to hand written medication orders or prescriptions. These names may not look alike as you see them in print or sound alike as you read them, but when handwritten or verbally communicated, these names have caused or could cause a mix-up. Confusion may be compounded by illegible handwriting, incomplete knowledge of drug names, new products and incorrect selection from a computer list.

To increase awareness of this issue, below are some examples of similar names, brand and/or generic. The list includes common mix-ups that occur and those that have the potential to cause a mix-up. Some of the examples have been reported at St. Cloud Hospital. (Brand names are capitalized.)

ACCOLATE	ACCUTANE
BENADRYL	BENTYL
KLONOPIN	clonidine
lorazepam	clonazepam
quinidine	quinine
SOLU-CORTEF	SOLU-MEDROL
ZYRTEC	ZYPREXA

Nancy A. Sibert
Medication Safety Pharmacist

Educational and Professional Development Programs

November 2003

3rd   **Workshop**: CMAC Annual Symposium: "Medical Potpourri" (Subjects: *Obstetric Emergency*, *Cardiology* and *Sepsis*.) Kelly Inn, 8am-4pm. Door prizes, product & medical information. Please Call Melissa Fradette at Ext. 55605, or Kathy Kraemer at (320) 240-1968 if you are interested.

11th   Unlicensed Precepting Basics, Fireside Room

Speak Up

JCAHO requires that we teach patients to " SPEAK UP" so they can help us keep a safe environment for their care. Please remember to document this on the ITR. Thank you.

SPEAK UP Script:
"Being safe while you are in the hospital is a high priority for us and of course for you. If at anytime you feel that you may not be getting the right treatment or medications, we really want you to speak up and tell us. We want to assure that you will have safe care and that you will be satisfied with the care you receive."

The Patient Safety Skill Set instructs us to tell the patient:

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes.

Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established, state-of-the-art quality and safety standards, such as that provided by JCAHO.

Participate in all decisions about your treatment. You are the center of the health care team.
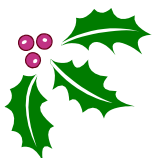
Roberta Basol
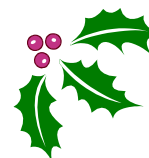*Director, Critical Care*

Patient Safety Update

For communication of verbal orders or phone orders and critical test results, remember to listen to the order or report, write it down, and then read it back for verification of accuracy.

The Patient Safety Committee

Christmas is Coming! Christmas is Coming!
Mark Your Calendars…

Believe it or not, it's getting to be that time of the year again. Summer has barely come to a close and the Thanksgiving, Christmas and New Years holiday schedules are fast approaching. We wanted to allow you adequate time to look at your calendars to make requests regarding the holidays so please keep in mind the following important dates:

Schedule Dates	Requests Due	Schedule Posted
October 26-November 22	Monday, September 15	Monday, October 13
November 23- December 20 (Thanksgiving November 27)	Friday, October 10*	Monday, November 10
December 21– January 17 (Christmas and New Years)	Friday, October 10*	Monday, December 1
January 18-February 14, 2004	Monday, December 8, 2003	January 5, 2004

* In order to determine the Thanksgiving, Christmas and New Years holiday rotations, we need to require the request due dates for both schedules on the same date, however, **schedules will be posted separately.** When making requests, please keep in mind for scheduling purposes, if you are scheduled to work the Christmas holiday you will be scheduled to work both Christmas Eve and Christmas Day. If you are scheduled to work the New Years holiday you will be scheduled to work both New Years Eve and New Years Day.   (Please refer to your unit specific guidelines for exceptions.)

First Choice Vacation Planners:
First Choice Vacation Planners for schedule dates starting February 15, 2004 through February 13, 2005 will be posted on units **Monday, October 13**. The process will remain the same.

- Planners will remain on the units for four weeks. Staff is to select their first choice vacation by marking the time on the planner **and** filling out a blue request form. **Remember a completed form must be sent for your request to be considered.** Forms should be sent directly to your scheduler.

- Planners will be picked up **Monday, November 10, 2003**.

- Staff will be notified by Monday, December 8, 2003 if first choice has been approved or denied.

- Staff may begin submitting additional vacation requests starting Tuesday, December 9, 2003

If you have any questions regarding these dates, please contact your unit scheduler for more information. Please refer to your unit specific guidelines for additional information regarding scheduling of holidays.

Terri Krause, Scheduling Specialist
Patient Care Support

Welcome!

Dr. Patricia Scherrer, a new Pediatric Intensivist at St. Cloud Hospital. Her recent arrival helps to keep care local for seriously injured pediatric patients. In the past, children would have to travel to the Twin Cities for critical care. Dr. Scherrer comes to us from the University of Wisconsin, Madison.

Magnet Corner

As St. Cloud Hospital continues its quest for the Magnet Award, updates and information will be shared through the Nursing News. This month we look at one of the Forces of Magnetism: Collegial interdisciplinary relationships.

In Magnet hospitals you find a sense of mutual respect throughout the organization. Interdisciplinary relationships are positive and each person and discipline is valued for the skill and expertise that they bring to the table. St. Cloud Hospital strives to involve all staff in planning and implementation of practices.

The Magnet Steering Committee has identified an opportunity for improvement in our process for acknowledging each individual and their expertise. We are asking that attendance for all meetings, committees, and education sessions include the name and professional designation of each individual. The name of the department should be included in addition to, but not instead of, the professional designation for inter-departmental meetings.

This change recognizes the expertise of each person attending and gives a quick picture of the variety of staff/departments involved in process/practice development. A memo with the specifics of this change has been distributed to all departments.

Jean Beckel
Performance Improvement

Electronic Medical Record Scanning Considerations

When charting on tri-fold or bi-fold forms, <u>please do not write across the fold</u>.

In their effort to provide a legible electronic medical record the Medical Information staff who prepare the charts for scanning are spending an extra 5 minutes on every form that has writing across the fold to photo-copy the folded section for scanning. Due to the volume of charts they are finding with writing across the fold, this extra work is adding up to hours each day spent doing something they shouldn't have to do. This extra work is one reason that the scanning department has not yet reached their goal of having each chart scanned within 24 hours of receiving the chart.

Please help this process by not writing in the fold of a form. <u>It is also advisable to not write within ¼ inch of the edge of any chart form</u>. Although this writing will be viewable online after it is scanned, it won't appear on a printout of the scanned document. Laser printers just don't have the ability to print within that margin.

Some other things to consider:

- Every page of a bi-fold/tri-fold form that will be separated for scanning needs to have an ID label placed on it. This is necessary for proper identification of each page when viewed or re-printed from the CDR.

- When writing out verbal or telephone orders leave at least ½ inch of space free of writing between the previous set of orders and this set. This free space will be used for the physician's electronic signature if he/she doesn't sign the order before discharge.

- When charting numbers with decimals on order sheets or MAR's be sure that they are clearly written so that they will show up when scanned.

- Chart using the pens that the hospital supplies. Black ink is best for viewing online. Red ink does not scan well so only use it to check off items, never to chart information that legally needs to be noted.

- Never put blood spattered documents in the chart. These need to be put in a sleeve protector, photo-copied and then discarded. The photo-copy is what goes in the chart. Medical Information does not have the resources to deal with blood borne pathogens.

Michelle Parson
RN, Clinical Informatics Specialist

JRS Demographics: Alerts/Vulnerabilities

Please be aware that it is important when admitting patients to review the Patient Alerts and Vulnerabilities that have been previously saved in JRS to determine if they are still relevant and necessary to remain on the existing record. If an old alert or vulnerability no longer applies to the patient's current status it should probably be removed. For instance, a patient may have fallen at one time due to analgesic medications or an acute condition that has resolved and the risk no longer exists. Because JRS demographic information is printed, saved and considered the legal part of the record at discharge it is alright to modify previous entries in JRS when it makes sense to do so.

To remove a previous entry just go into Alerts/Vulnerabilities and use the F4 key to bring up the screen that allows editing. Then use the arrow keys to get to whatever needs to be deleted.

Unfortunately, JRS date stamps certain demographic information without the year attached. We cannot change this functionality. This may mean that for some types of vulnerabilities it is not readily apparent how long ago it was entered and so you may need to do some research into the patient's history or interview the patient to determine if an alert needs to remain on the record.

Michelle Parson
RN, Clinical Informatics Specialist

September is Back to School Month!

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

Level IV's

Amy Trutwin, RNC   Surgery
- *Periop Open House*
- *Resolve through Sharing Resource*
- *Post-Secondary Stress R/T Peri Loss Inservice*
- *Preceptor*
- *RNC: Inpatient OB*
- *Education Stations: VP Shunt, ICP – Crani C Locker*
- *Chair Elect – Clinical Ladder*

Level III's

Mary Beth Schmidt, RN   No. Recovery
- *Parish Nurse*
- *Mediation Resource*
- *Bird Ventilator Resource Guide*
- *Healing Touch Pastor*
- *American Holistic Nurse's Association*

Shaleen Wahlstrand, BSN   ETC
- *Frequency Flow Sheet*
- *Time Delayed Task Force*
- *Safety-Security Task Force*
- *Nurse Practice*
- *Preceptor*
- *TNCC*

Tracey Dearing-Jude, RN   Med/Onc
- *Wound Documentation Inservice*
- *Oncology Workshop Committee*
- *Chemo/Port recertified*
- *Noodle Works Neutropenic*
- *Skin Task Force*
- *Preceptor*
- *Chemo Cart/PP/Spill Kit Inservice*
- *Case Study Inservice*