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Nursing News: November 2003

St. Cloud Hospital

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♥ NURSING NEWS ♥

Volume 24 Number 11

St. Cloud Hospital, St. Cloud, MN

November, 2003

St. Cloud Hospital Crash Cart Changes *(see Page 2 for diagram)*

Effective **November 4, 2003** the red (Sears Craftsman style) emergency supply carts will be eliminated. A resuscitation bag set up with flow meter and mask will be kept in a plastic bag on the hook with the AED.

Code Blue Response by Areas without a Crash Cart

- Once it has been determined that the patient has had a respiratory and/or cardiac arrest, use the pocket mask and filter to begin rescue breathing. Remove the headboard (or use an arrest board if there is one in your area) and place under the patient's trunk and begin cardiac compressions.
- Call for help and call a code blue.
- The second person responding should get the AED and the resuscitation bag and bring to the room.

Crash Cart Delivery

- With the addition of crash carts complete with medications and supplies, coverage will occur most often across floors. A diagram is attached to the back of this memo.
- Areas with a crash cart(s): Neuro (6th floor), MPCU (5th floor), SPCU (4th floor), PICU/ NICU, Critical Care, Telemetry, CPRU, Stress Testing, Cath Lab, Cardiac Rehab, ETC, NPACU, SPACU and Surgery.



After a Code Blue

- A Resuscitation bag set up with mask (without flow meter) will be stocked in each Omnicell. Remove it from the Omnicell and add a flow meter before hanging it on the hook with the AED
- Replace the AED pads (if used).
- Units with a crash cart will use the revised restocking slips to order supplies. Supplies are grouped into 4 bags. Remove all supplies of opened bags and order the supply bags needed. These are all identified on the restocking slip by bag 1, 2, 3 or 4 and the contents. Supplies are restocked by Distribution.
- Re-lock the crash cart by placing the pin through the lock, then the tag.

Intubation Trays

- There will no longer be intubation trays on patient care units if there is not a full crash cart. Intubation trays are only on the crash carts.
- For patients receiving moderate sedation, if there is not an intubation tray on your unit, you will need to order one from Distribution to have available during the sedation period.

Pediatric Codes

- Pediatric codes (patients 17 and under) should be called overhead "pediatric code blue" no matter where they occur in the hospital.

If there are any issues or concerns that come up as a result of these changes, please notify me at Ext.54110. The changes were made to standardize supplies and reduce costs related to inventory. Thank you.



Roberta Basol
Crash Cart Task Force

Returning Medications to Pharmacy? ***Please Do Not Use Biohazard Bags.***

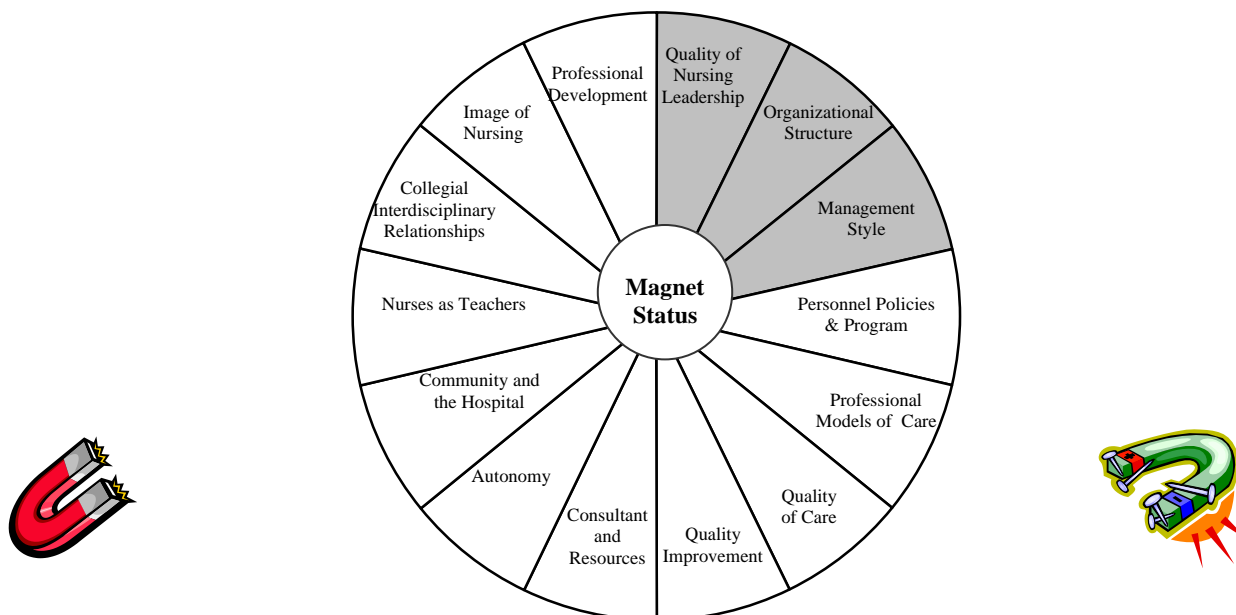
For medications that are being returned to the Pharmacy for credit, please place them in one of the white and blue bags (the patient bedside trash bags).

Pharmacy has been receiving medications in the ziplock "***Specimen Transport Bag - Biohazard***" bags. Some of these bags are reused and may have contaminants in them. Medication packages should not come in contact with any of these contaminants.

Pharmacy staff cannot tell if a specimen bag was new/clean when the meds were placed in them. For the safety of all, specimen biohazard bags should be reserved for lab use. To help with education, units will be notified when meds have been sent to the Pharmacy in a biohazard bag. Thank you.

Nancy A. Sibert
Medication Safety Pharmacist

The Forces of Magnetism



A key component for achieving Magnet Status requires that we are able to demonstrate and articulate the fourteen Forces of Magnetism shown above.

Our preparation is near completion with over 2,500 pages of supporting documentation. Once the actual application is submitted (December 1st), we will wait to hear if and when the survey team will visit us. We anticipate that this could occur in Spring 2005. Appraisers will interview staff assessing our practice environment and standards of care. It will afford us an opportunity to “brag” about the excellent care provided to each patient every day.

Recently, when an accreditation team surveyed our nursing areas for the St. Cloud State University Nursing Program, a surveyor said to one of our nurses: “If you are not a magnet hospital, you should apply.” They were so impressed with the level of competency, professionalism, and quality nursing care.

Below are a few of the “Forces of Magnetism” with examples. Future issues of Nursing News will highlight these so that, over time, the terms will become familiar to you.

- **Quality of Nursing Leadership**

Your unit or care center director advocates for personnel or equipment needed on your unit.
Your unit director/care center director/CNO are knowledgeable, strong leaders.

- **Organizational Structure**

Nurses are active on unit and organization committees.
Your unit Practice Committee comes up with ideas related to nursing practice changes.

- **Management Style**

You know your unit director and have discussed any type of concern with him/her.
You have a communication book or suggestion box on your floor.
Nurses on your unit have received recognition for providing quality patient care.

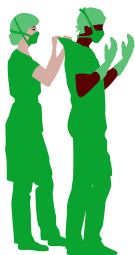
*Barb Scheiber, RN
Director of Patient Care Support
Member, Magnet Status Steering Committee*

Behind the Scenes in Surgery

Bring your family and friends to St. Cloud Hospital's Surgery Open House from 6:00 p.m. to 8:30 p.m. on Thursday, November 13th as part of the celebration for Perioperative Nurses Week.

Tour "stations" will focus on the newest heart, orthopedic, urology, vascular, neurological and laparoscopic procedures and technology. Attendees will have a rare opportunity to see actual operating room setups, view surgical equipment and videos.

Use the St. Cloud Hospital "A Entrance", then take the elevator to the "A Level". Refreshments will be provided.



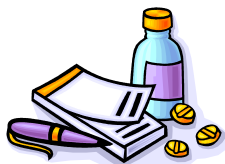
For more information on the Open House, please call (320) 251-2700, Ext. 54196.

*Cheri Tollefson
Communications Specialist*

More Look-Alike Sound-Alike Medications

Fifteen percent of the annual medication error reports are caused by drug names or packages that sound or look similar. Although they may not look alike in print or sound alike when read, when handwritten or verbally communicated, these names could cause a mix-up. Illegible handwriting, incomplete knowledge of drug names, new products and incorrect selection from a computer list adds to the confusion.

DANTRIUM	danazol
denavir	indinavir
DIABETA	ZEBETA
diazepam	lorazepam
dobutamine	dopamine
doxorubicin	daunorubicin
DYNACIRC	DYNABAC



The list includes common mix-ups that have occurred and those that have the potential to cause a mix-up nationally, or here at St. Cloud Hospital. (Brand names are capitalized.)

*Nancy A. Sibert
Medication Safety Pharmacist*

JCAHO National Patient Safety

Goal #6: Improve the Effectiveness of Clinical Alarms

In July of 2002, JCAHO set six National Patient Safety Goals for 2003. One of these goals (#6) is to improve the effectiveness of clinical alarm systems.

The requirements of the goal are:

- Implement regular preventive maintenance and testing of alarm systems.
- Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

Essentially, this goal applies to alarm systems that are patient-specific and are used for the purpose of alerting staff to a patient emergency.

We must all increase our awareness of the various alarms systems that are part of everyday patient care. There can be no such thing as a nuisance alarm. If we are going to make the choice to set alarms for particular patient conditions, we must then be prepared to be alert to the sounding of alarms, and to respond to alarms. We can never safely assume we know why an alarm is sounding.

JCAHO surveyors will look at our policies and procedures for the set-up of alarms, and then will check the alarms to see that they are set appropriately. The bottom line: If a patient's condition warrants immediate attention, and there is an alarm system in place, make sure the system works, and an appropriate staff member will be alerted to the situation so that he or she can respond.



*Dan Krekelberg
Director of Engineering*

November is National Home Care and Hospice Month

Tell your patients, family and friends about services provided by St. Cloud Hospital Home Care & Hospice.

Home Care

Many times recovery and rehabilitation are more quickly achieved in the familiar surroundings of family and home. Home Care provides assessment, disease management, pain management, pediatric services, infusion therapy, home exercise therapy, personal care and telemonitoring, as well as a new, specialized wound care team.

Hospice

Hospice provides an atmosphere of comfort and dignity for terminally ill patients and their families. The hospice philosophy respects human life from beginning to end. It offers hope that symptoms can be managed, fears diminished, questions answered and loneliness eased.

Home Infusion

Home infusion services provide the patient and caregiver with instruction and knowledge of the principles and management of IV therapy, including IV antibiotics, pain management, hydration, TPN, IGG, SQ, IM medications and enteral therapy.

HomMed Telemonitoring

A combination of nurse visits and high-tech telemonitoring allows patients to transmit their vital signs and answers to personalized health questions via their phone line to the home health staff for daily monitoring.



Home Care and Hospice provides on-call nursing 24 hours a day, seven days a week.

For more information about these services, please feel free to call (320) 259-9375 or (800) 835-6610 or visit www.centracare.com.



Mary Eisenschenk, RN
Clinic Liaison Nurse/PI
SCH Home Care and Hospice

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

Level IV

Dianne Schendzielos, RN, CNOR

- *Peri-op Open House*
- *Pi Committee*
- *Procedural Verification Audit*
- *Blood and Blood Product Audit*
- *Safety and Caring for Bariatric Patients*
- *AORN*
- *AORN Board Member, Nominating Committee*
- *CNOR*
- *Case Study – Sentinel NODES*
- *AORN Leadership Assembly*

Level III's

Angie Harper, CCRN

CCNS

- *Family Focused Class, Progressive Care Unit*
- *Nurse Practice Core Group Leader*
- *Advanced Directives, Whitney Center*
- *Champion Nurse Practice Audit*
- *CMAC Planning Committee*
- *AACN, MOLN*
- *President Elect, CMAC*
- *Ane Pump and Nerve Stimulator Station*
- *Code Blue Station*

Roxanne Hall, RN, CNOR

Surgery

- *Patient Assessment and Documentation Inservice*
- *Nurosive Monitor Inservice – CSC*
- *Heart Walk*
- *Peri-Op Open House, Stealth Station, Cranial Tumor*
- *Develop Stealth Guidelines*
- *Look back – Tissue Recall Policy*
- *AORN*
- *Hospital Skin Integrity Commission*
- *Linen Task Force*
- *Validation – Selector Ultrasonic Aspirator*



Continued on next page

Level III's cont'd.**Michelle Scepianiak, RN****PEDS**

- *Cleft and Craniofacial CCP*
- *Child Passenger Safety Education*
- *Centra Care Foundation Grant*
- *Mock Codes – Supplies Missing From Crash Cart*
- *INVIVO Monitor/PCA Pump Station*
- *RN/LPN Documentation Task Force*
- *Children's Center Practice*
- *Craniofacial Advisory Board*
- *Sigma Theta Tau*
- *Child Passenger Safety-CCP*

**Heidi Harris, RN****Telemetry**

- *Monitor Tech Orientation*
- *Vasoragal Mock Code Station*
- *Preceptor*
- *Heart Center Practice*
- *Clinical Ladder Rep.*

Colleen Layne, BSN**CSC**

- *CSC, ETC Checklists and Patients Story*
- *Peri-op Open House*
- *Preceptor*
- *Member SOS and Sigma Theta Tau*
- *Certified, Med-Surg.*
- *ECT Task Force, JCAH Task Force, Good -Catch Reporting Task Force, Kids Friendly Task Force, Family Centered Care Task Force*
- *Champions CSC Sentinel Node Audit*

Janet Kociemba, RN**FBC Center**

- *Childbirth Educator*
- *Labor and Delivery Class*
- *MPO Planning Committee*
- *Resolve Through Sharing Committee*
- *Care of the Dying, Comfort to the Living Inservice*
- *Guidelines/Protocols for Pre-term Labor Patients*
- *RTS Support Group Facilitator*

Liz Kiffmeyer, RN**Telemetry**

- *Tour Guide: CMHC Open House*
- *PI Committee*
- *Champion Pain Assessment Audit*
- *Preceptor*
- *Poster, Pain Assessment Documentation*
- *Planning Committee, CMHC Workshop*
- *Monitor Tech Orientation*

Doreen Schultz, RN**FBC Center**

- *C-section Class*
- *C-section Module*
- *Omni-cell Supervisor*
- *Women's Showcase*
- *Instruments, Gowning and Gloving Inservice*
- *Perinatal Committee*
- *Electronic Medical Record Committee*

Happy Thanksgiving!

