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Nursing News: December 2003

St. Cloud Hospital

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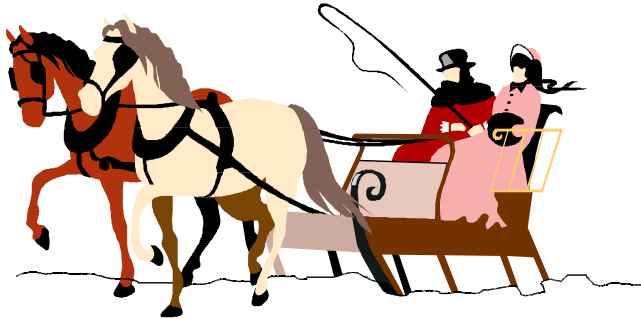
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♥ NURSING NEWS ♥

Volume 24 Number 12

St. Cloud Hospital, St. Cloud, MN

December, 2003



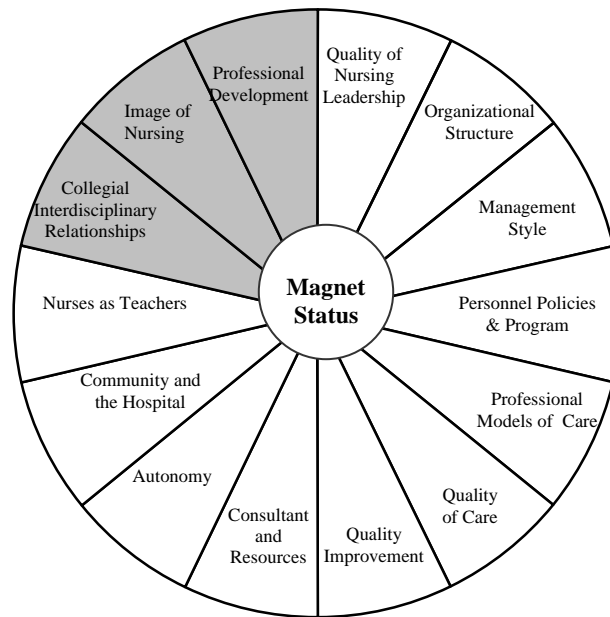
*Merry Christmas, Happy Holidays &
A Blessed New Year*

As another year comes to a close, I find myself reflecting on the year gone by. It has been a year of significant change and challenge. I continue to marvel at our collective strength in “dealing with it all” in a manner that reflects our commitment to each other and the patients we serve. We achieved two very significant milestones this past year – the highest staff and patient satisfaction ever recorded. We accomplished this in an environment that mandated significant cost control, enhanced patient safety and improved clinical outcomes.

A Nurse knows the strength of gentleness, gives the gift of kindness, lives a life of caring. People who are so involved in taking care of others seldom get the recognition and thanks they deserve. I hope you know just how important your talent and skills are and how much you are appreciated.

Linda Chmielewski

The Forces of Magnetism



This time three different “Forces of Magnetism” are highlighted. Can you think of examples?

Below are a few phrases to help you. As stated in the November issue, it will be important that we be able to demonstrate and articulate these to surveyors.

Professional Development:

- Growth and development are valued.
- Staff receive adequate orientation and inservices.
- Tuition assistance is available.

Image of Nursing:

- Nurses are viewed as vital and professionally competent.
- Services provided by nurses are considered essential by other members of the healthcare team.

Collegial Interdisciplinary Relationships:

- There is mutual respect for all levels.
- Interdisciplinary relationships viewed as positive.
- Appreciate the skills and expertise each discipline offers.

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

Abuse Policy & Protocol/ Prince Edward Island

Remember the following when providing support to a victim of domestic violence:

- Acknowledge any steps taken towards safety and change, no matter how small, including the disclosure to you.
- Do not judge the patient's inability to take action at that moment.
- Do not express your feelings of frustration and helplessness to the patient.
- Debrief and problem solve with colleagues.
- Acknowledge what you were able to do: Provide patient with vital information that could save the patient's life. Help the patient feel less alone and isolated.

Understand that leaving an abusive relationship is a process that takes time. Health care providers can become part of the process of a victim liberating her or himself, although they may never know. It is important to remember that providing a compassionate and understanding response to disclosure about abuse will have a positive lifetime impact on the patient.

For further information, please contact one of the following St. Cloud Hospital Based Advocates:



*Eileen Bitzan at (320) 251-2700, Ext. 53224
Marilyn Keith at (320) 251-2700, Ext. 53213*

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. They may not look alike in print or sound alike when read, but when handwritten or verbally communicated, these names could cause a mix-up. Adding to the confusion may be illegible handwriting, incomplete knowledge of drug names, new products and incorrect selection from a computer list.

HESPAN
LAMICTIL
LANOXIN
NEUTRA-PHOS-K
OXYCONTIN
Prednisone
VIAGRA

HEPARIN
LAMISIL
LOMOTIL
K-PHOS NEUTRAL
Oxycodone
PRILOSEC
ALLEGRA



(Brand names are capitalized.)

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.

*Nancy A. Sibert
Medication Safety Pharmacist*

Please Do Your Part to Complete the Nutrition Screen Process on the FHA

Why: Nutrition screening on all patients is a JCAHO requirement and a SCH policy. It helps identify those patients at higher nutritional risk who need to be seen by the dietitian. In the last PI assessment and treatment audit, the nutrition screen was completed only 52% of the time (complete means the *baseline data* column is filled out with the total points documented in the *admission findings* column and added to the *diagnosis trigger* score with a correct total score). In addition, 45% of the time the dietitian should have been involved but did not receive a nutrition referral from the nurse.

Who: Nurses who complete the FHA on admission.

What: The nutrition screen. This is what identifies patients at nutrition risk and in need of a dietitian assessment and intervention.

Where: On the nutrition screen section of the FHA and the diagnosis trigger table located on the back of the patient plan of care.

When: Within 24 hours of admission. Screening of nutrition needs should also occur throughout the hospital stay as the patient's condition changes.

How:

1. Ask your patient the nutrition questions in the *baseline data* column of the FHA.
2. Add up the points of the marked boxes and place the total in the *baseline data nutrition points* line of the admission findings column.
3. Review the patient's diagnosis and history as available and identify if they have a diagnosis trigger. If they do, write that score in the *diagnosis trigger-nutrition risk* line.
4. Add the baseline points and the diagnosis trigger score. Place that total number in the *Total nutrition score* line. If this score is greater than or equal to 4 place a referral to the dietitian in JRS. Your comment can be as easy as "nutrition score of 13."
5. The RD will then see patients at high risk within 24 hours and those at moderate or low risk within 48-72 hours. The higher the score, the faster they will be seen.

*Please note this is the primary way of screening patients at nutrition risk and to determine who needs a nutrition assessment and intervention by a dietitian.

Thanks for taking the time to read this note. We appreciate all the great care you provide and all you do to help us take care of the nutrition needs of the patient population.

The Dietitians of St. Cloud Hospital

Caring for Patients in Alcohol Withdrawal

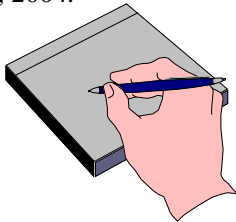
Data collected over the past year has helped us see the need for providing a more standardized approach to the care of most patients in alcohol withdrawal. A task force was formed, the literature reviewed, and hospitals contacted to help benchmark care and show us where we might improve nursing practice.

The attached flowsheet (Alcohol Withdrawal Assessment Flowsheet) was developed to score the signs of alcohol withdrawal. There is a scoring system for each sign and a statement that will help obtain the needed information to complete the flowsheet. This form is two-sided and will be available in Optio. This assessment, with the scores climbing or declining, will guide the nurse in medicating the patient and communicating the patient condition to the physician.

Another challenge for the task force was to produce a single admission order sheet where there were several previously. The order sheet contains suggested labs, medications common to the patient who has been using significant amounts of alcohol, who is hallucinating, is in pain and in withdrawal. Also included is the order to reassess the patient every 8 hours for transfer to a less acute setting.

There was an educating session on October 22nd to acquaint nurses from the medical and surgical units on the use of these documents. This topic will be added to nursing orientation for RN and LPN staff.

The attached flowsheet has been trialed on the Adult Mental Health Unit and will go housewide on January 4, 2004.



*Marcia Hansen
Adult Mental Health Unit*

Patient Safety Update: Glucometer Testing

One of the JCAHO National Patient Safety Goals is to improve the accuracy of patient identification by using at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medication or blood product. Blood sampling **INCLUDES GLUCOMETER TESTING**. Remember to always use two patient identifiers when doing glucometer testing and to scan the patient armband.

The Patient Safety Committee

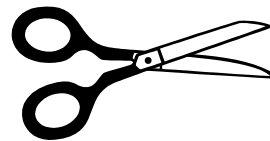
Requesting a Cut or Call for the Christmas and/or New Year's Holiday

As we have done in the past, sign-up forms will be available on the units starting December 9th for individuals to request a cut or call for the holiday. We will be picking the forms up from the units at 6:00 a.m. on December 22nd.

Some of you may have a unit specific process you will follow and, in that case, your Director will give you instructions on your process.

The house wide sign-up forms will look somewhat different this year, so be sure to read the directions carefully. As in previous years, requests need to be on the forms.

We do not take phone calls for request cuts in the Staffing Office for these two holidays.



*Sue Laudenbach
Coordinator, Staffing/Scheduling*

On-Call and HTO

It is always good to periodically review our on call and HTO guidelines. The following information clarifies frequently raised questions. For more detailed information, access the policies on ContraNet.

- Employees are on-call for the shift as defined in the following statement, unless they are called by the hospital and cut from the on-call shift. On-call starts one hour prior to the shift start time and end 1 ½ hours prior to end of shift. (e.g. The call for the 7:00-3:30 day shift would be 6:00-2:00.) A request to be "off call" earlier may be made to the Staffing Office and will be given consideration.
- Employees on call are expected to report to duty within one hour from the time called and are to work the remainder of the scheduled shift.
- When an employee placed on call in lieu of regular hours is called in and reports to work, on-call pay ceases and the employee is paid their regular wage.
- Anytime an employee is cut from a scheduled shift and placed on-call, hours lost from the scheduled shift will apply to their maximum HTO hours. The employee is responsible for entering HTO in the TACs system to maintain his/her benefit status.



*Sue Laudenbach
Coordinator, Staffing/Scheduling*

Vesicular-Pustular Rash Syndrome Study

On December 1, 2003, St. Cloud Hospital will become one of fifteen sites around the country participating in a Vesicular Pustular Rash Syndrome Study with the CDC. The study has two broad objectives: 1) To evaluate a clinical algorithm (see figure below) developed to classify patients with an acute, generalized vesicular-pustular rash syndrome (VPRS) by its likelihood of being smallpox; and 2) to learn more about how the health care system manages patients with VPRS.

Clinical and study personnel will classify participants on the likelihood of being smallpox based on the algorithm. Clinical, laboratory, and demographic data will be obtained through medical chart review, discussions with medical personnel, interviews with the patient or family, and digital photographs will be taken of the patient's rashes. Enrollment for the study is expected to extend for one year.

The evaluation of the algorithm will potentially provide valuable information to clinicians, public health response teams and public health agencies regarding the diagnosis and triage of patients with VPRS. The ongoing widespread dissemination of the algorithm to physicians, public health and laboratory staff, and other health care professionals necessitates a thorough and scientifically rigorous evaluation; this will be the first study on the use of the algorithm.

The study is intended to evaluate how the VPRS algorithm performs for a large number of patients in a variety of settings. In addition, most patients with VPRS are, in a sense, proxies for patients with actual smallpox and other bioterrorism-related communicable illnesses. By observing the management of a large number of such patients in a variety of settings, we can make inferences about how our health care system might handle true smallpox events so that we can identify any practices needing change. Results from this study have the potential to affect many public health processes, including public health planning and response, resource allocation, education, etiologic research, the use of clinical algorithms in public health and methods for investigating and reporting infectious disease. Results from the project will be disseminated by peer-reviewed scientific journal articles.

We will need your help in identifying patients with rashes. Please leave a voicemail by dialing 81-51149 and indicate you are leaving information for the rash study. Include the patient's name and medical record number.

Thank you for your assistance in supporting St. Cloud Hospital in its role in participating in a study to further help our country prepare for the threats of emerging diseases and bioterrorist threats. Please do not hesitate to call the Infection Control office (x51149) with any questions.

*Michael Olesen
Infection Control*

Scheduling Reminders for Students

Students, please alert your scheduler as soon as possible of any changes in your school schedule, so they can plan for the January schedule. If you have an e-mail address, include that with your information.

Ask your scheduler for their e-mail address. Its a great way to communicate with your scheduler from school.

*Sue Laudenbach
Coordinator, Staffing/Scheduling*

Thank You from the Laundry Department

We are making noticeable progress reducing the amount of linen we use at St. Cloud Hospital. Our pounds per adjusted patient day average in 2002 was 23.33 pounds. So far in 2003, the average is 20.86 pounds. A one pound reduction for one year saves \$35,000.



It is because of your commitment these savings are possible. We are looking forward to more reductions in the future. Again, thank you!

*Mark Stockinger
Housekeeping*

Have a Merry Christmas and a Safe and Happy New Year



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

Jane Austing, RN Surgery

- Apollo High School Nursing Career Presentation
- Peri-op Open House
- Control/Order Mesh PAR Levels
- Infection Control Monitoring Tool
- Champions Steris Audit Preceptor
- Trauma Committee
- Employee Satisfaction Taskforce
- Validations Valley Lab Cautery

Jane Seanger RN Surgery

- Preceptor
- Post Trauma Stress, Resolve Through Sharing Posters
- Stations: Mayfield Headrest, ICP Express, Midas Rex, V-P Shunt Cart
- Clinical ladder Rep.
- Inservice: Post Trauma Stress, Resolve through Sharing
- Surgery Open House
- ICP L-Card & Express Validation

Roland Brummer, RN, OCN Med/Onc

- Promoting A Healthy Balance of Body, Mind and Spirit Presentation
- Parish Nursing Advisory Committee
- Cancer Nursing Update
- Preceptor
- Chemotherapy Work-Shops
- Med/Onc Satisfaction Committee
- OCN
- Validations Chemo, Ports

Joan Drontle, RN, CNOR Surgery

- Stations: Navigator 1, Navigator 2
- Peri-Operative Open House
- Career Talk Cathedral High School
- Guatemala Medical Mission
- Preference Cards
- Preceptor
- Member AORN
- CNOR

Judy Twomey, RN FBC

- Women's Health Inservice
- Mother/Baby Inservice
- Car Seat Clinic
- Coordinator, Depression after Delivery
- Preceptor
- Depression after Delivery, Women's and Children Clinic Inservices
- AWHONN
- Sigma Theta Tau

Jackie Hukriede, RN ETC

- Earth Day Marathon Medical Tent
- Physician Tour
- Promoting Safety in the ER (FMEA)
- PI Committee
- Clinical Ladder Rep.
- Validations CodeMaster, Fluid Warmers, Implanted Ports

Angela Osterlok, RN Kidney Dialysis, Little Falls

- The laws of Charting Module
- PI Audits: Infection Log, Pain Management, Pain Quality Control, OSHA
- Patient Crossword Puzzle
- Lung Sounds Module
- Diabetes Foot Care Poster
- ANNA

Sharon Spanier, RN 4NW

- Vascular Inservice
- Preceptor
- Scrubs, CNPC, Magnet Status Committee
- AMSN
- RNC
- Nursing Process Audit
- St. Ben's Leadership Student

Lois Lenzmeier, RN, BSN CCFP

- Cardiovascular Inservice
- Medications in Progressive Care Inservice
- Pre and Post-op Care, CABG Patient Inservice
- Nursing Process Core Group Leader
- Preceptor
- Nurse Practice Comm.
- AACN, Sigma Theta Tau
- Code Blue Station

Blake Zenner, RN 4NW

- Preceptor
- Poster- Progressive Care Unit
- ROE
- Progressive Care Unit Task Force
- Crash Cart Taskforce
- Inservice: New Insulin Order Forms
- Urology Inservice: Surgical Care Unit Ed Day
- Bariatric Safe Equipment Verification Sticker
- Nursing Process Care Group Leader

Trish Theisen, RN Endo

- ERCP, Endoscopy Outreach Work-Shop
- Protocol for Physician Paging
- Emergency Situation in Endoscopy
- Verification of Procedure Policy
- Scavenger Hunt- ENDO Equipment
- SGNA