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♥ NURSING NEWS ♥
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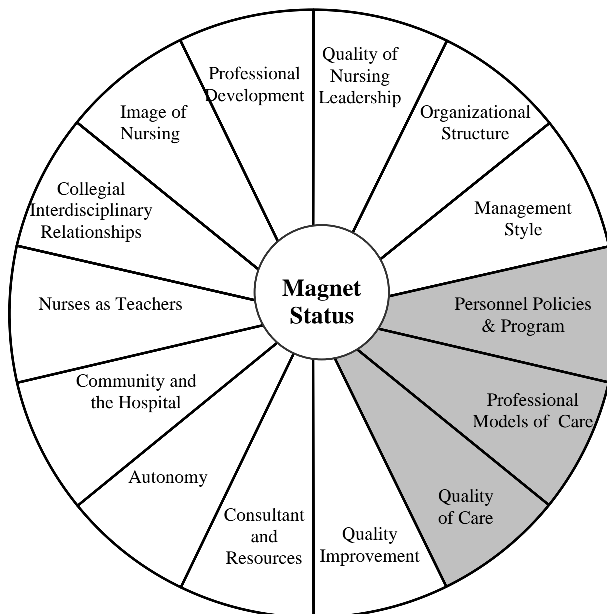
The Forces of Magnetism



We have submitted our application and supporting documentation for Magnet Status. Thus far, six of the fourteen Forces of Magnetism have been highlighted in the Nursing News. This time we move to the following:

Personnel Policies and Program:
- Salary and benefits are competitive
- Staffing models are flexible and creative and schedules accommodate personal lives
- Opportunities available for recognition such as a Clinical Ladder program

Professional Models of Care:
- Nurses are coordinators of care and accountable for their own practice
- There are set standards for Nursing Practice
- Nursing functions on par with other disciplines

Quality of Care:
- Quality of care viewed as an organizational priority
- Family members considered integral members of care team
- Nurses believe they are providing high quality care to patients

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

Leaving is a Process

Every battered woman has her own timeline. For some, leaving comes quickly. For many others it takes years. Some women will remain in the abusive relationship for a lifetime. We know many battered women will leave and return to their abuser, and we get annoyed with this fact. However, the majority of battered women do leave.

The first time a woman leaves, she has left with the kids and just the clothes on her back. She didn't think about how she will get to work, who will take care of the kids, and how will she make it on her own. She just knows she had to get out to stay safe. Her safety and the safety of her children are foremost in her mind. When she's faced with the reality of being a single parent, and she's having a hard time cutting the emotional bond, she may return to her abuser.

The next time she leaves, she'll have a plan. She's thought more about the practical issues: stashing away some money, breaking the silence by telling friends or family, seeking out resources, learning about her options, making personal goals. She may have set aside grocery money, borrowed the first month's rent, or talked to an advocate. Still it's hard and she returns. Perhaps by the third time, she leaves for good. If she doesn't leave, we need to understand that leaving puts her and her children at greater risk of harm and she knows that.

Health care providers can assist victims of domestic violence by being nonjudgmental, supportive and understanding when meeting with patients and by offering as much information as possible about how the system works. A referral to the Hospital Advocacy Program can help a woman become aware of her options and of the community resources available to help her leave for good.

A common factor for battered women, who leave successfully, is the fact they had at least one person who was there for them. They had a support system. They had someone who cared and someone to turn to. A support system is vital to a battered woman and her ultimate safety. It may be a health care provider who gives that initial support by taking the time to answer her questions or to help her consider a safety plan and coordinate going to a shelter. Safety is vital to a woman's ability to achieve self-sufficiency.

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

ACCUPRIL	MONOPRIL
BREVIBLOC	BREVITAL
CATAFLAM	CATAPRES
DOLOBID	SLO-BID
KEPPRA	KALETRA
Morphine	Hydromorphone
NARCAN	NORCURON
Predinsone	Methylprednisolone
ZEMPLAR	ZAROXOLYN

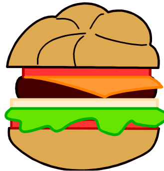
Drug names or packages that sound or look similar cause many medication error reports. They may not look alike in print or sound alike when read, but, when handwritten or verbally communicated, these names could cause a mix-up. Confusion may be added with illegible handwriting, incomplete knowledge of drug names, new products and incorrect selection from a list.

The list above 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

Central Minnesota Heart Center helps you 'Stay Healthy in a Doubleburger.com World'

Best-selling author Joe Piscatella will present "Staying Healthy in a Doubleburger.com World" at a Central Minnesota Heart Center community program from 6:30-8 p.m. Monday, Feb. 23, at the CentraCare Health Plaza.



The CentraCare Health Plaza is located near the intersection of Minnesota Highway 15 and County Road 134/20th Street North. The doors open at 6 p.m.

Piscatella will discuss changing behavior to increase health, longevity and productivity. His recovery from coronary bypass surgery at the age of 32 has given him a practical perspective that audiences value. *Time Magazine* says his talks "feature humor, real-world advice and an upbeat style."

Piscatella is the author of six best-selling books, including *Don't Eat Your Heart Out*. He hosted two PBS television specials and is a frequent guest on the *Today Show*, *Good Morning America*, *CNN* and *Fox News*. He is the only non-medical member of the National Institutes of Health Cardiac Rehabilitation Expert Panel, which develops clinical practice guidelines.

Tickets for "Stay Healthy in a Doubleburger.com World" can be purchased at the St. Cloud Hospital Gift Gallery, Byerly's service desk, Case Wise Video Department and Coborn's Superstore – Sauk Rapids. Tickets cost $8 and can be purchased at the door. However, seating is limited.

For more information, please call the Education Department at St. Cloud Hospital at (320) 255-5642. As one of only 13 hospitals nationwide to receive "Top 100 Heart Hospital" recognition for five straight years, the Central Minnesota Heart Center is pleased to support community wellness events.

Education Department

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 whenever taking blood samples or administering medication or blood product.

Blood sampling INCLUDES GLUCOMETER TESTING. The policy for glucometer testing is currently being revised to include this piece.

Identifiers will be limited to: **Medical Record Number & Patient Name**. Please be sure to check the armband for these two identifiers every time a glucometer is done to ensure the correct patient is being tested. Thank you.

The Patient Safety Committee

PTO Changes Effective 1-4-04

The start of the new year brings a change in the benefit program to the new PTO (paid time off) plan. To go along with this change, I have combined the Sick Time and Vacation Policies for Patient Care to reflect the new PTO plan and changed the title to PTO, Scheduled/Unscheduled, Guidelines for Use.

The new policy is attached for your review.

Sue Laudenbach
Coordinator, Staffing & Scheduling

No Code Blue Order Sheet/ Advance Directive Tab

There have recently been instances of inability to locate (for verification or clarification) the No Code Blue Order Sheet because it has been thinned out of the chart. This was brought to CNPC on January 7th.

The following has been decided and will be implemented immediately housewide:

- The HealthCare Directive Tab will be brought forward in all charts and placed behind the Orders tab. The order of the tabs should be:
- Physician Order Sheet
- ETC Order Sheet
- TPN tab (side tab)
- Insulin tab (side tab)
- Dialysis tab (bottom tab)
- Discharge Orders (side tab)
- Advance Directives (side tab)
- The HUC will make a copy of the completed No Code Blue order sheet. Please note that sometimes the No Code Blue order is a part of another pre-printed order sheet - i.e. Hospitalists Pre-printed orders.
- The copy of the No Code Blue order sheet will be placed behind the Healthcare Directive tab.
- Other documentation of the Healthcare Directive and No Code Blue status will be unchanged.

Reminder: RNs must know the intent of the HCD and NCB status when caring for patients. This is identified on the Kardex. The entry should be made at the time of admission. However, if there is no entry, you must know if the patient has a HCD and what the intent of the directive states.

Roberta Basol
Director, Critical Care

A Mental Health Unit Success Story

Over the past 30 years it has been a common occurrence to place agitated, threatening patients in locked seclusion or 4 point mechanical restraints on the Mental Health Unit for their and the staff safety. The most common location for a Code Green or Behavioral Emergency was the Mental Health Unit. It wasn't unusual to have 1or 2 patients on one-to-one observation to prevent self-harm or suicide attempts and for the staff members to suffer injuries like bruises, scratches, or strains during physical interventions with an out of control patient. The nursing staff and physicians considered all of these as common practice in the care of the mentally ill patient. These practices have changed and the St. Cloud Hospital Mental Health Unit staff are to be congratulated for a job well done with the initiation of new interventions to manage these situations.

In 2001 a new mandate from CMS/HCFA established guidelines for the use of locked seclusion and restraint for behavioral care. Some of the changes included more frequent (15 minute) assessments of the patient; physician assessment is required within 1 hour after initiation of the seclusion or restraint; reduction in the length of time a patient could be in the restraints before a new order was required from a physician. A paradigm shift occurred from being a common intervention to place a patient in locked seclusion or restraint to being rarely used as an intervention. We needed to find ways to prevent patients from becoming so out of control that they needed to be locked up or restrained. Another change that occurred about the same time was a budget reduction requirement by the Mental Health Unit. We needed to find ways to reduce our one-to-one observation hours and we needed to continue to keep our patients safe from injury without more staff.

The prediction many staff had when the changes were initiated were that we would have more staff and patient injuries due to avoiding locked seclusion and restraints. They thought the quality of our program would suffer with agitated patients roaming around the unit. There was concern that we could not get

physicians to come back to the hospital within the 1 hour time limit required to assess a patient in locked seclusion or restraints. Some predicted we would have many more code greens or behavioral emergencies or need to have security personal on our unit most of the time. These predictions did not happen due to the fine work of the Mental Health Unit staff.

New and improved skills were developed within the staff to manage and prevent out of control behavior with our patients. The Aggression Management and Prevention (AMP) program was changed to focus on verbal skills to talk agitated patients down to a calm level. Staff members were taught to intervene early when patients showed anxiety and they were taught to use prn anti-anxiety and anti-psychotic medications more liberally and early to prevent out of control behavior. On shifts when psychiatrists were at home, patients who were not able to contract for no self harm were to stay in the unit open lounge areas where staff could observe them rather than have patients on a one-to-one observation in their rooms; this included during the night shifts. Additionally, a procedure with alternatives to 1:1 observation was developed for staff to use. Nurses worked with the psychiatrists to minimize the hours of 1:1 observation through continued assessment with the RN determining when the 1:1 was done. If a patient was placed into locked seclusion or restraints the hospitalist physician was called to assess patient's need for continual control. Staff were taught principles of Dialectical Behavior Therapy to use with the patients carrying the diagnosis of Borderline Personality Disorder who will commonly self injure when not observed. Staff members were trained to call for assistance (a show of force) early, when a patient was exhibiting signs of agitation rather than waiting until they went out of control. The outcome with these new skills prevented the predictions from happening.

A study of four areas to show the impact of the mandated changes of 2001 was done and the resulting improved skill of the Mental Health Unit staff to adjust to the changes. One area, **Code Green Events on the MHU's.** (see graph A) shows a pattern of code green events dropping comparing the years of 1999 until March of 2003. **Episodes of Restraints and Seclusion use on the MHU's** (see graph B) shows a dramatic drop in the practice of use of restraints and seclusion. **Number of staff injuries for patient assaults** (see graph C) shows that the number of staff injuries has stayed about the same but has not increased as predicted with the changes made in 2001. **Number of staff one-to-one observation hours** (see graph D) shows a dramatic drop in the numbers of staff one-to-one observation hours. This amounts to thousands of dollars in savings to the Mental Health Unit budget. This was done with safety of the patients in mind, and has worked well for both staff and patients.

In conclusion, the Mental Health Unit staff should be congratulated on a job well done. They were presented with 2 significant changes in practice in 2001 and have met the challenge. Use of seclusion and restraints is now rare. The use of one-to-one observation of our patients is rare. Behavioral emergencies on the MHU are rare. They continue to run a very good program and maintain a safe therapeutic environment.

Charles Kalkman, RNC BAN
Mental Health

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

Level IV

Linda Lindberg, RN — Kidney Dialysis, Inpt.

- *ANNA*
- *Certified Nephrology Nurse*
- *Initiating Dialysis with CentraCare Health Systems*
- *Peritoneal Dialysis Committee*
- *Peritoneal Dialysis Presentation*
- *Renal Failure and Treatment Options*
- *PI Member: Champion of Quality Control*
  - *KDIP Alarm Check*
  - *PD Infections*
  - *PD Kinetics and Core Indicators*

Level III

Terri Nicoski, RN — FBC

- *Omnicell Supervisor*
- *Core Charge Nurse Staff*
- *Clinical Ladder Representative*
- *Clinical Ladder Resource Manual*
- *Creating a Culture of Safety Presentation*
- *Emergency Portable Oxygen Therapy for Maternal Transports*

JoAnn Spaulding, RN — Telemetry

- *Basic EKG Class*
- *Enhanced External Counter Pulsation Poster*
- *Telemetry Ed Day – Drug Eluding Stint Module*
- *Temporary Pacemaker Skill Station*

Dena Walz, RN, BSN — Endoscopy

- *Mock Codes, Coordinator and Critique*
- *7th Annual Endoscopy Workshop – The ERCP Team*
- *Women's Expo – Colon Cancer Awareness*
- *Ambulatory Update and Education*
- *Education Committee*
- *Clinical Ladder Committee*
- *Weekend Task Force*
- *Sigma Theta Tau*

Kate VanBuskirk, RN — Ortho/Neuro

- *Brains and Bones Newsletter*
- *Bedside Patient Plan of Care*
- *Progressive Care Orientation, Ortho Unit*
- *Education to Paynesville Hospital – Care of Patients with Total Joints*
- *Ortho Conference Planning Committee*
- *NAON, Sigma Theta Tau*
- *Total Joint Class*
- *Facilitator: Open Forum, Ortho Workshop*
- *Foley Health Fair – Osteoporosis*
- *Community Night Presentation – Osteoporosis and You*

Elaine Thyen, RN — Outpatient Services

- *CMPC*
- *Documentation Issues/Resolutions*
- *Magnet Status*
- *Preceptor*
- *Port Certification*
- *Resource Infusion/Injection Center at the Plaza*
- *Performance Improvement (PI)*
- *PI Audits Documentation – Pain Assessment, Domestic Abuse*

Teri Klaphake, RN — Telemetry

- *Cardiovascular Class*
- *Music Therapy and Alternatives for Pain Control*
- *Preschool Talk – How to Stay Healthy*
- *Codemaster Skill Station*
- *Femostop Skill Station*

Pat Obermiller, RN — Surgical Care

- *AMSN*
- *ENT Epistaxis Basket*
- *Med-Surg Certification*
- *CCP Development on Bariatric Patients*
- *Nursing Process Core Group Leader*
- *Gastric Bypass Standing Orders*
- *Revision of Epidural Policy*
- *Revision of Urinary Collection Device Policy*
- *Practice Change – Narcan at the Bedside*
- *Practice Change – Standing Orders for General Surgeons*

Ron Topinka, RN Telemetry

- *Central MN Heart Center Practice Committee*
- *Preceptor*
- *Tech Monitor Training*
- *Telemetry Ed Day – Patient Safety*
- *Tour Guide – Central MN Heart Center*

Sandra Thornton, RN Adult Mental Health

- *Aggression Management Prevention*
- *Clinical Ladder Member Representative*
- *Clinical Ladder Member at Large*

Peg Dahl, RN Telemetry

- *BNP Module*
- *Monitor Tech Orientation*
- *Lillehei Symposium Summary*
- *Sheath Flush Skill Station*
- *Catheter Ablation Module*