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Nursing News: February 2004

St. Cloud Hospital

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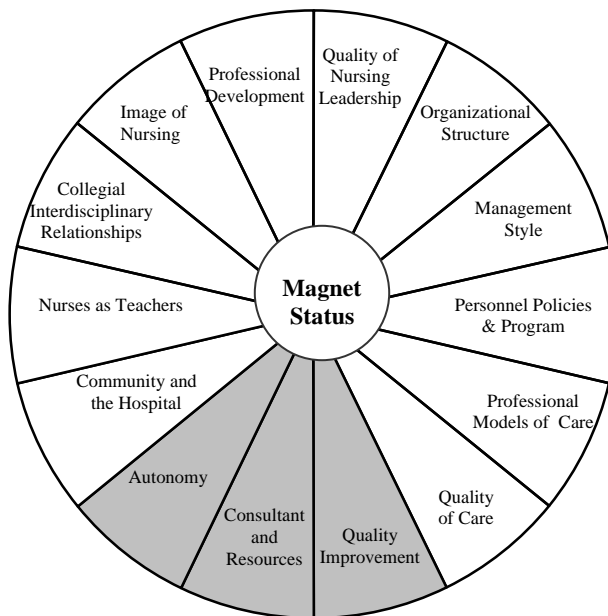
♥ NURSING NEWS ♥

Volume 25 Number 1

St. Cloud Hospital, St. Cloud, MN

February, 2004

The Forces of Magnetism



It's about clinical excellence, qualified professionals, opportunities for growth, recognition for contributions toward quality patient care, and positive relationships that permeate mutual respect. Magnet status destination says we are all of this and more!

There are 14 forces of magnetism. In the past three issues of Nursing News we have highlighted nine of these. Three additional forces are covered in this issue. Can you think of specific examples for these?

Quality Improvement:

- Staff are involved in QI processes and can articulate our model (PDCA – Plan, Do, Check, Act)
- QI processes (PI – Performance Improvement)

Consultation and Resources:

- Staff have access to consultation resources, such as an ethics committee, research review board, or cultural diversity experts
- Preceptors/mentors are strong and committed to staff development

Autonomy:

- Independent judgement is encouraged and expected
- Innovation and creativity are evident in programs/practices developed by nurses

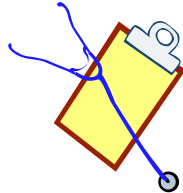
*Barb Scheiber, RN
Director of Patient Care Support
Member, Magnet Status Steering Committee*

Reminders from OHS:

1. Annual health work, previously done yearly during the employee’s employment anniversary month is now due in your birthday month. Easier to remember!!!
2. Incidents are now reported online. All injuries must be reported within 48 hours.

When reporting an incident, please follow this sequence:

- a. Access CentraNet
- b. Click on Forms
- c. Click on SCH
- d. Look for “Incident Reporting”
- e. Employees: please choose WITH TACS ID
Non employees (doctors, volunteers, etc): please choose WITHOUT TACS ID
- f. There are questions that require an answer before proceeding to the next item. Please answer as best you can.



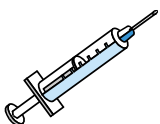
When an injury occurs during OHS off hours, contact the administrative nursing supervisor on call. Not all injuries require a visit to ETC.

In case of an exposure from a known HIV/AIDS source and the exposure is considered significant, reporting must be done within 1-2 hours or ASAP. If OHS is closed, contact the Administrative Nursing Supervisor on call.

3. OSHA requires the following:
 - a. Hepatitis B Vaccination: This is offered to individuals with potential exposure to bloodborne pathogen. These are employees whose job duties put them in physical contact with infective body fluids. After completing the vaccination series, titer measurement is required to document subsequent development of antibodies.
 - b. Annual Respiratory Fit Testing: Any employee whose job requires him/her to have contact with patients with respiratory problems (TB, SARS) is covered by this mandate. Fit testing will be done yearly during the employee’s annual visit to OHS.



When scheduling for your annual OHS visit, please allow ample time to do the fit testing.



*Fay Chawla
Occupational Health Services*

Speak Up!

JCAHO requires that we teach patients to “SPEAK UP” so they can help us keep a safe environment for their care. Speaking up encourages the patient/family to be an active participant in their care. By encouraging patients to speak up, we are inviting them to ask questions. Please remember to document your SPEAK UP conversation with the patient/family on the ITR. If you aren’t sure what to say, the following can be a guide for you:



“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.”

*Roberta Basol
Director, Critical Care*



After Hours Entrance

Just a quick reminder that if you call a patient's family member and have them come to the hospital between the hours of 21:00 - 05:00 hrs, please direct them to the emergency room walk in entrance (entrance after hours) and indicate to them to park on the south side of the building.

This will prevent some frustration when they arrive and get them in faster. Thanks for your help!

*Bill Becker
Director, Security & Safety*

Infection Control

If you ever have an immediate need to discuss something regarding infection control and cannot reach me in my office, please contact AOS at Ext. 55752 during normal business hours or use the operator at other times

I will no longer be carrying a pager. Pages will come through my cell phone, which can only be accessed through these channels.



*Michael Olesen
Infection Control Specialist*

More Look-Alike/Sound-Alike Meds

CARDIZEM CD	CARDIZEM SR
Daptomycin	Dactinomycin
DEPAKOTE	DEPAKOTE ER
DEPAKOTE	DEPAKENE
WELLBUTRIN	WELLBURTIN SR
WELLBUTRIN SR	WELLBUTRIN XL
FLOMAX	FOSAMAX

Medication error reports are caused by drug names that sound or look alike. 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.

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*



Dry chapped lips?

In an answer to the questions and notes about oxygen and petroleum (oil) based products, you can use them for dry lips, but take caution!



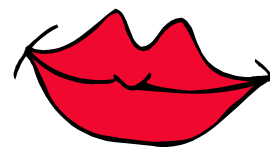
The word petroleum makes people nervous. Petroleum products vary widely in their properties. There is data that states that Vaseline has a flash point of 400 degrees F. The higher the number, the safer the product will be around oxygen in terms of potential combustion.

Home care companies that we contacted, teach their patients to never use petroleum products with oxygen due to being an irritant and due to increased risk of burns.

The history of these products, with oxygen use, includes: a) fire hazard is increased with an increased oxygen concentration, b) oil based products should not be used at all with oxygen, including oil based skin creams because of potential for burns, c) oil based products can be a skin irritant for some patients (sometimes used in large quantities around the nares and in the nares to help chapped skin), d) water soluble lubricants can be used in the nares if necessary, e) for oil based products, if introduced into the airway, there is a potential for some risk of aspiration depending on the amount used.

Unfortunately, there are patients that return home and continue to smoke when using oxygen, increasing the risk of fire and combustion. Lighting a candle, or using a gas stove also increase the risk of potential fires and burns.

In an additional safety note, because an electric shaver could cause a spark, the oxygen cannula or mask should be removed when assisting a patient with shaving. Contact your respiratory therapist if questions.



*By Tom Gray and Peggy Lange,
Respiratory Care*

Patient Safety Campaign

Take a look at the new "Patient Safety Campaign" brochure attached to this newsletter.

Communication Department

Physician Satisfaction Update

Annually the medical staff at St. Cloud Hospital completes a survey to measure their satisfaction with various items. Some of these include benefits of CDR, access to reports, x-rays, supplies, and relationships with colleagues and staff. Ratings were high relative to St. Cloud as a good place to live, practice, and hospitalize their patients. They would recommend St. Cloud Hospital to family and friends. Employees are viewed as polite, friendly, skilled and experienced. Overall, they believe the quality of care is excellent.

There were a few areas of opportunity which involve nursing. Physicians would like to increase access to patients' nurses when rounding and direct access to individuals when being paged. They would like to decrease calls for clarification and information. In summary, a common theme centers around "communication." With this in mind, a subgroup of physicians and nurses have been meeting to discuss possible solutions.

It is recognized that staff are very busy and pulled in many directions. However, whenever possible, face to face communication during rounds would save time for all involved. If the nurse assigned to the patient isn't available, a designee could share pertinent information or clarify orders. The physicians suggested it would be helpful if staff approached them saying, "I'm Mr. Jones' nurse, do you have any questions?"

Good communication clearly affects quality of care. It is a safety issue. Collaboration begins with mutual respect and appreciation for what each member of the team contributes toward the end result. Do what you can when possible.

If you have any suggestions, we would love to hear them! Thanks for your help.

*Barb Scheiber, Patient Care Support
Pat Rauch, Ortho/Neuro
Physician Satisfaction Task Force*



Insulin Dose Checks

There seems to be some confusion on how to treat the orders written on the Insulin Order forms and there are Medication Safety Reports about incorrect doses given when doses are changed.

The Insulin Order form should be treated as any other order when it comes to transcription onto the MAR. The dose and times need to be transcribed and checked like any other medication order. The pharmacy generated MAR also needs to be verified for accuracy. Transcribing the order onto the MAR is a way to have double checks in the system, by different people and different departments. Since the insulin doses seem to be ever changing for some patients, the MAR may act as a reminder that a dose may be due.

When a dose time is noted on the MAR, the nurse should compare the dose on the MAR with the dose of the most current Insulin order. If the doses do not match, the nurse should verify what the correct dose is before proceeding and correct the inconsistency whenever possible. On most units, the most current order will be in the chart under the insulin tab. The old orders should have a yellow highlight line through them to signify the order is no longer valid.

One of the reasons for the development of the Insulin Order form was to minimize transcription and the possibility of incorrect transcription. Also, the original physician order should always be used as the final reference for doses and times.



*Nancy A. Sibert
Medication Safety Pharmacist*

Routine Downtime for EMR

To keep the Electronic Medical Record (CDR) system running efficiently, Information Systems has implemented a routine 20 to 30 minute re-boot of the computer server that holds all scanned documents. Every Sunday night from 2230 to 2300 that server is down during the re-boot process. This means that when you access the CDR (Carewindows) system to look up information during this time frame, you will be able to see things like labs or dictated reports but you will not be able to pull up any document that had been scanned into the EMR. We apologize for any inconvenience this routine downtime may pose, but doing so will help maintain the system.

*Michelle Parson, RN
Clinical Informatics Specialist*

Message from Lobby B

It has come to our attention that various items (blankets, robes, etc.) are being left on 1st floor when patients are being discharged. These items have been found in Lobby B by Spiritual Care, and in closets near that area.

In addition to being inappropriate, this looks terrible to visitors and could be an infection control issue. please make sure any items brought down with a patient upon being discharged are brought back to the unit, or are disposed of properly. Thank you!



*Janene Riedman
Director, Volunteer Services*

Educational and Professional Development Programs

March 2004

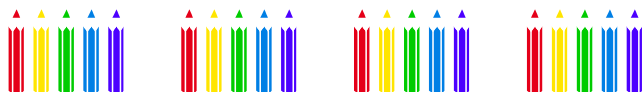
- 11th Nursing Research Brown Bag Session, "Music Therapy as a Nursing Intervention...", Hoppe Auditorium
- 12th BLS Instructor Renewal Course, SCH Conference Center
- 18th (W) Endoscopy Conference, CentraCare Health Plaza

April 2004

- 14th ENPC Initial, Education Center
- 21st ENPC Initial, Education Center
- 28th Neurology Conference, Windfeldt Room
- 28th/29th TNCC Initial, SCH Conference Center
- 29th Pediatric Conference, Windfeldt Room

May 2004

- 4th TNCC Initial, SCH Conference Center
- 6th Surgical & Special Care Conference, "Journey into Complementary & Holistic Medicine", CentraCare Health Plaza
- 18th Diabetes Conference, Windfeldt Room
- 19th Precepting Basics, Fireside Room



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

Level IV

Mary Sand, RN CCRN Critical Care Float Pool

- *Lessons in Critical Thinking Inservice*
- *Electrolyte Abnormality Inservice*
- *Cardiovascular Class for Nurse Interns*
- *Nursing Process Core Group Leader*
- *Paramedic Preceptor*
- *Basic EKG Class*
- *AACN, CMAC, CCRN*

Level IIIs

Sandy Selander, RN Critical Care North/South

- *Critical Care Automated Documentation Super-User*
- *Multidisciplinary Assessment and Treatment of Patients*
- *Certified Donor Requestor*
- *Information Sheet Natrocor*
- *PI Committee*
- *Glucometer PI Project*
- *Patient Education PI Project*
- *Preceptor*
- *Clinical Ladder Rep. and Secretary*
- *CCAD, CMAC, AACN*
- *Infection Control Liaison*
- *Re-certified Staff Camino Monitor and BIS Monitor*

Kacey Bruntlett, RN

Med 2

- *Sedation Module*
- *Mandatory Fall Inservice*
- *5NW and Float Pool Inservices*
- *EMR Planning Committee, FHA and Kardex Revision*
- *PI Committee*
- *Champions PI Projects, Patient Falls*
- *Preceptor*
- *Fall Risk Assessment Poster*
- *Education Council*
- *Pass Education to Staff*
- *MSSDS*
- *Planning Committee – MNDKSPAN*

Pat Ellering, RN

CCFP

- *Arterial Line Inservice – SPCU*
- *Sepsis Inservice*
- *CCAD, AACN*
- *Pacer Recertification Station, Critical Care Ed Day*

Sheila Campbell, RN, CCRN **Surgery**

- *Respiratory Lecture*
- *Nursing Process Core Group Lecture*
- *Automated Documentation Super User*
- *Certified Donor Requester*
- *Peri-Operative Open House*
- *Preceptor*
- *Pacemaker Station*
- *AACN, CMAC*
- *MRI Safety Monitor Validation Training*
- *Program Committee Critical Care Workshop*

Lori Mader, RN **Ortho/Neuro**

- *Seizure Poster, Neuro Conference*
- *Neuro workshop Planning Committee*
- *Abbreviation Committee*
- *Clinical Nurse Practice Committee*
- *Member and Co-chair, Patient Education Committee*
- *Osteoporosis and You, Lab Employees*
- *Back Surgery Plan of Care at the Bedside*
- *PI Committee*
- *Total Joint Class*
- *NANN*

Melissa Winnans, RN **Ortho/Neuro**

- *Ortho-Surgical Education, Progressive Care Unit*
- *Osteoporosis and You- Lab Employees*
- *Seizure Patient Plan of Care at Bedside*
- *Neuro Workshop Planning Committee*
- *Patient Ed. Committee*
- *Nurse Practice Committee*
- *Clinical Ladder Rep*
- *AANN*
- *Sigma Theta Tau*

Lee A. Harwarth, RN **ETC**

- *Hemistich Station – ETC Ed Day*
- *Physician Tour of ETC*
- *Triage Poster*
- *DT Injection Poster*
- *Nursing Ed Committee*
- *Nurse Practice Committee*
- *MNDONA, NADONA, ENA*
- *National Certification, Gerontology*
- *National Certification, Director of Nursing Admin.*

Karla Koenig, RN **ETC**

- *District 742 Staff Wellness Fair*
- *Preceptor*
- *Hypertension in Pregnancy Poster*
- *Level IV Triage Nurse Occurrence Screening*
- *Nurse Practice Committee*
- *CMAC, AACN, ENA*
- *National Certification CCRN*
- *National Certification CEN*

Terry Even, RN **CSC/PACU**

- *Pass Call Module*
- *Guatemala Medical Mission*
- *Worked with Anesthesia RT regarding O2 use Pre-op*
- *PI Committee*
- *Champions PI PACU Projects: Pain Study,*
- *Extended Stay, Family Notification, Re-intubation, Code Blues in PACU, Refrigerator Monitor, Crash Cart*