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Nursing News: September 2004

St. Cloud Hospital

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NURSING NEWS



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St. Cloud Hospital, St. Cloud, MN

September, 2004

Therapy Chart Dividers

Therapy documentation is now located in it's own section of the patient care chart. The tab divider is AQUA in color and located behind the H&P divider in the patient chart.

What will you find in this section?

All documentation for
or Occupational Therapy, Physical Therapy, and
Speech Therapy, including:

- Evaluations
- Daily progress notes
- Discharge summaries

You may also see reminder stickers located in the order section to remind/prompt physicians to refer to the therapy section of the chart for documentation.

Please contact us if you have any questions and/or feedback. Thank you!

Becky Kastanek, Director
Ext. 53617

Rachel Dare, SLP
Ext. 54130

Jason Wesenberg, PT
Ext. 54149

Andrea Lenzen, OTR
Ext. 54130

Educational and Professional Development Programs

October, 2004

8/9th Concepts in Eval & Mgmt of Shoulder Disorders, Windfeldt Room
14th LPN Alliance, Kelly Inn
29th Orthopedic Conference, Windfeldt Room

November, 2004

3rd/4th AWHONN Conference
4th/5th ONS Chemotherapy Class, Windfeldt Room
3rd/10th ENPC Initial, Education Center
12th/19th BLS Instructor Renewal Course, SCH Conference Center

Call Ext. 55642 for more details.

Skin Breakdown Alert!

Because of the number of patients developing pressure ulcers while in the hospital a new alert has been added to JRS. The alert is for patients that are at risk for skin breakdown, having developed pressure ulcers while in the hospital.

By entering that the patient is 'at risk' for skin breakdown in the JRS, the patient will show up in alerts and vulnerabilities in demographics with each admission to the hospital. The alert must be entered into JRS by the RN sometime during the hospital stay or at time of discharge.

Sue Omann
Enterostomal Skin Mgmt.

“Look Alike/Sound Alike” Medications – Chapter XIII

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

PROZAC	PROSCAR
STADOL	HALDOL
Sulfadiazine	sulfasalazine
SURGILUBE	LACRILUBE
temazepam	flurazepam
tizanidine	tiagabine
VERSED	VEPESID
vincristine	vinblastine

Sound Alike Numbers: 17 and 70

To clarify numbers, say “seventeen: one-seven” or “seventy: seven-zero.”

The list above includes recent and 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

PTO

I wanted to revisit the PTO program (has been in place for six months now). As we move into the Fall and upcoming first choice vacation selection in October, we are finding that staff have been confused regarding PTO and how it relates to holidays, ill, and absent time.

Your PTO is a combined bank of time that is to be used to take time off for vacations, holidays, ill time and absences. It is important to know this and plan accordingly, so you have hours set aside for time off for holidays, when you are ill or absent from work, and for vacations. Vacations are very important and we want to help you know your benefits, so you do have your hours available in your bank when the vacation time comes. As many people were unclear as to how many PTO hours they accrue, we have revised the PTO policy to include the accrual chart and that is attached.

I hope this article helps clarify some of the concerns staff have had related to PTO. If you have further questions related to accrual rates, please contact the Human Resource Department at Ext. 55650.

Sue Laudenbach
Coordinator, Staffing/Scheduling/Secretarial Services

Congratulations on Successful JCAHO Survey!

The St. Cloud Hospital Board of Directors at its August 19th meeting issued an enthusiastic "Congratulations" to all St. Cloud Hospital employees, physicians and volunteers on their fine performance that resulted in a successful survey in June by the Joint Commission on the Accreditation of Healthcare Organizations

The hospital is awaiting final word on accreditation status.

Abuse Common Among Postmenopausal Women

Postmenopausal women experience violence (including physical, sexual and psychological abuse) at the same rate or at an even higher rate than do younger women, according to the National Elder Abuse Incidence Study (NEAIS), the first study to estimate the incidence of physical and verbal abuse in a larger sample of postmenopausal women.

Authors conclude that abuse poses a serious threat to older women's health.

NEAIS analyzed survey responses from 91,749 women age 50 to 79 who were enrolled in the Women's Health Initiative (WHI). Survey participants were asked whether a family member or friend had physically threatened them in the previous year, and if any verbal abuse, including threats and mocking, occurred. The same questions were asked in a follow up survey three years later. The findings were published in the April edition of the *American Journal of Public Health*.

Abuse Common among Older Women

Eleven percent or 10,200 women reported abuse in 1996. Nearly nine in 10 (89 percent) said they experienced verbal abuse, 8.8 percent experienced both verbal and physical abuse, and 2.1 percent suffered physical but not verbal abuse.

Three years later, another 2,431 women in the study—another five percent—said they had suffered abuse. Overall, abuse was associated with younger women (in their 50's), having less than a high school education, and having a family income of less than \$20,000 per year.

Call for Screening

The study's authors encourage domestic violence screening for postmenopausal women to help combat this public health problem. "While it is unclear if this abuse is a continuation of a lifelong cycle of violence or the result of late-life onset of violence, these results suggest that abuse is occurring at rates too great to ignore," they wrote.

"Although a recent article...challenges the effectiveness of screening for domestic violence, screening these postmenopausal women may trigger an investigation by agencies like Adult Protective Services that can provide help to victims. Our results suggest that additional investigations regarding the impact of abuse in this population and the impact of screening for abuse in postmenopausal women should be encouraged," they conclude.

Speaking Up, Vol. 10, Issue 9, July 16, 2004.
Submitted by: Eileen Bitzan, Hospital Advocacy Office

Critical Care Changes

Implemented August 23rd

Across the country, changes are taking place in hospital intensive care units (ICU) to make care safer, more consistent and cost effective with evidence-based medicine. St. Cloud Hospital has developed an intensivist-directed ICU program, where intensivists (critical care medicine physicians) will provide consultation on patients in the critical care units.

What is an intensivist-directed ICU? It's a critical care environment:

- Where expert physician consultation is available;
- Where the latest evidence-based medicine is routinely used;
- Where patients are sure that they will get the best care our hospital has to give;
- Where we can be sure that beds are available for those who need them;
- Where our patients can have the comfort of knowing that we do the right thing, at the right time in the right way.

Studies show intensivists in the ICU improve patient outcomes. With implementation of this service Aug. 23, St. Cloud Hospital Critical Care will move toward meeting recommendations supported by national and regulatory agencies such as Leapfrog and JCAHO. St. Cloud Hospital is devoted to patient safety, evidence-based medicine and cost-effective health care.

Roberta Basol
Director, Critical Care

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

Level IVs

Kathleen Henderson, RN, CNOR Surgery

- Glucometer Station
- Perio-op Open House
- Revision: Gunshot, Stab Wound Policy, Handling of Evidence
- Revision: Skill Sets
- ROE
- AORN Board Member
- CNOR
- Employee Morale and Satisfaction Module
- Champion Surgery Blood/Blood Product Compliance Report

Brenda Swendra-Henry, RN, CCRN Imaging

- Case Study: Family Centered Care for Imaging
- Emergency Preparedness for Imaging
- Thrombolytics Presentation
- Imaging Team Building
- JCAHO Patient Safety Standards
- Imaging Patient Care Council
- Imaging Standards of Practice
- Imaging CBOs/CBAs
- Ed Council, Magnet Task Force, Family Centered Care, CPCC/CNP
- Chair, Patient Care Council
- CMAC Sigma Theta Tau ARNA
- CCRN

Level IIIs

Mary Beth Schmidt, RN PACU

- Workshop/Case Study: Healing Touch
- Parish Nurse, Compassionate Friends Presentation
- Alcove Pre-op Holding AM Duties
- Documentation Form – Night Recovery
- Preceptor
- Posters: Ear and Disaster Call List
- American Holistic Nurses Association

Sue Anderson, RN ETC

- Revisions: Med/Onc Activity Flow Sheet
- Preceptor
- Leadership Students
- Skin PI Committee
- Education Day Poster: Chest Tubes
- CMAC
- TNCC, ENPC

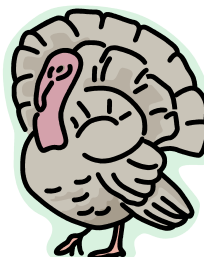
Renee Chapa, RN Imaging

- Heart Walk
- Imaging Monthly Newsletter
- Oximeter Training and Location Access
- Door Safety Change
- Revision of Imaging Prep Slips and Discharge Slips
- Revisions: RN CBO/CBA
- Magnet Poster: Patient Teaching Materials
- Patient Care Council
- ARNA

Requesting a Cut or Call for the Thanksgiving Holiday

We have found the process trialed this Summer, where staff signed up on the unit for cut/call over the holiday weekends, to be very positive for staff. Therefore, we have made a decision to implement this process for all of the major holidays, which are as follows:

- Thanksgiving
- Christmas
- New Year's
- Easter
- Memorial Day
- Independence Day
- Labor Day



The next holiday scheduled is Thanksgiving. The forms for staff to complete will be delivered to the units by Thursday, November 11th and will be collected from the unit by 7:00 a.m. on Tuesday, November 23rd.

The sign up forms for the holiday will include all shifts for both Thursday, November 25th (Thanksgiving Day) and Friday, November 26th. You will be asked to write your request next to your name along with a phone number where you can be reached.

As you can imagine, the Staffing Office is very busy on holidays looking up length of service dates and status of employees, and calling staff on request cuts. At the same time, they may be calling staff in to work for units where the census has peaked. For these reasons, we ask that staff not call us to check and see if they are on the request to cut list, we will call you if we are able to grant your request.

Thank you for your additional consideration during these very busy times.

Sue Laudenbach
Coordinator, Staffing/Scheduling/Secretarial Services