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### Nursing News: March 2005

St. Cloud Hospital

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# NURSING NEWS



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St. Cloud Hospital, St. Cloud, MN

March 2005

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## ***National Patient Safety Awareness Week March 6<sup>th</sup> – 12<sup>th</sup>***

In support of National Patient Safety Awareness Week, St. Cloud Hospital is supporting the National Patient Safety Foundation's (NPSF) efforts to highlight effective communication as the patient safety tool of choice.

The theme, ***Focus on Patient Safety: Ask, Listen and Learn***, emphasizes the partnership between providers and patients in improving patient safety. The theme encourages providers to listen to their patients, to speak in simple terms, and to develop partnerships with their patients. For patients, medical information is often difficult to understand.

We encourage patients to ask questions – **Speak Up** – until they understand what they need to do, and to become a partner with their doctor to manage their health. This understanding will build provider-patient partnerships and improve patient safety!

*Cheri Tollefson Lehse*  
*Communications Specialist*

## ***Patient Safety Awareness and Patient Communications***

The theme for the Patient Safety Week is *Ask, Listen and Learn* with a special emphasis on the role of communication as the patient safety tool of choice. In today's health care environment, patients need to be able to apply a complex set of reading, listening, analytical and decision-making skills to discuss care with health care professionals in order to act on health care information and health care instructions. All this at a time in their life when they are coping with emotional issues such as grief due to loss of health, a grave diagnosis or other

major adjustments in their life. What we need our patients to learn and understand is significant.

According to a recent Institute of Medicine report, "Even people with strong literacy skills may have trouble obtaining, understanding and using health information: a surgeon may have trouble helping an ill family member with Medicare or insurance forms and processes, a science teacher may not understand information about a brain function test, and an accountant may not know when to get a mammogram."

Certain groups have an especially high prevalence of low literacy. These include people who completed fewer years of education, persons of certain racial or ethnic groups, the elderly and persons with lower cognitive ability. In 1998 it was estimated that low literacy costs the health care system \$30-73 billion annually which may be even more today.

Care providers need to *Ask, Listen and Learn* about where their patient is at and what they may need. We need to create an environment that is friendly to people by being sensitive to areas where they need special support i.e. help in filling out forms, simplifying language, providing explanations. We may need to review printed material and use pictures, look at the design of the information presented. We need to pay attention to the setting where we're holding conversations – such things as privacy, reducing distractions, assessing patients' readiness to learn. And we need to use simple and clear language, slow down our pace of speech, avoid jargon and complex medical terms, give the patient time to respond and take their concerns seriously. Have them repeat key points of information so that we can assess what they have heard.

By routinely implementing these practices we will go a long way in creating and maintaining the relationship it takes to empower our patients to care for themselves and achieve the most positive

outcome that they can have – which is our ultimate goal for them.

Mary Buhl, RN, BS  
Director PI/RM

## **SCH: Level II Trauma Center**

St. Cloud Hospital recently was re-verified as a Level II Trauma Center for adult and pediatric patients by the American College of Surgeons - Committee on Trauma (ACS-COT). The ACS-COT reviews essential elements that identify an organized and systematic approach to the care of injured patients including trained and capable personnel, adequate facilities and ongoing self-assessment. St. Cloud Hospital is one of three Level II trauma centers in Minnesota.

Cheri Tollefson Lehse  
Communications Specialist

## **Employees Missing Work**

When an employee misses work, there is sometimes confusion as to who's responsibility it is to call, and often they erroneously believe someone else takes care of the calling, especially when they have seen OHS. The following information outlines the correct procedure:

When you miss work, it is your responsibility to notify your supervisor **each day** that you will not be at work. If you work in a unit that uses the services of the Staffing Office (255-5607), you are required to contact them to discuss which shifts you will not be at work and when you will be returning.

If you will be off work for an extended period of time, please also contact:

- The Scheduler for your unit
- Benefits (Human Resources at Ext. 55650)

Any time you miss 3 days or more, you are required to bring a *Return to Work* note from your physician/medical provider for OHS prior to returning to work.

Sue Laudenbach, Coordinator  
Staffing, Scheduling, Secretarial Services



## **“Look Alike/Sound Alike” Medications – Chapter XVIII**

Medication error reports are caused by drug names sound or look the alike. When handwritten or verbally communicated, these names could cause a mix-up. 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.)

AMEN	AMBIEN
BENYLIN	VENTOLIN
CALCIFEROL	calcitriol
DARVON	DIOVAN
EDECIN	EULEXIN
FIORICET	FIORINAL
GAMIMUNE N	CYTOGAM
haloperidol	HALOTESTIN
idarubicin	doxorubicin

The above list 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.

### **So, what can be done about look-alike drug names??**

TALLman lettering is one technique used to enhance a unique portion of a drug name by using upper case characters to improve differentiation of look-alike drug names. Enhancing a portion of the name that is different helps minimize medication errors due to look-alike confusion. You may see this TALLman lettering in future pre-printed orders, MARs and medication lists.

Examples of TALLman names:

acetoHEXAMIDE	acetaXOLAMIDE
buPROPion	busPRlone
DOPamine	DOBOUTamine
gliPiZIDE	glyBURIDE
predniSONE	prednisoLONE
vinCRISTine	vinBLASTine

Nancy A. Sibert  
Medication Safety Pharmacist

### ***Rapid-Acting Insulin Dosing Schedule: Immediately Before or Immediately After the Meal??***

There have been some questions about the proper timing of rapid-acting insulin doses. The rapid acting insulin types are aspart (Novolog®) and lispro (Humalog®). The short acting insulin analogue should be given within 10 minutes of the start of the meal unless the statement in the upper right hand corner of the form is checked which notes: "Dose all Lispro/Aspart/Regular immediately after meals/snacks."

When the dose is ordered to be given before the meal, the nurse and patient may have the challenge to estimate the total meal intake for doses based on CHO-Choice. The meal must start within 10 minutes of receiving the dose. When



dosed immediately after meals, the aspart or lispro insulin must be given within 20 minutes of starting the meal. This timing is critical and may be challenging to accomplish.

The timing is not standard on the form to allow for physician and patient preference in insulin therapy and flexibility as new dosing information becomes available. The Insulin Order Sheet contains a lot of patient specific information to help us provide the best individualized care for our patients.

Nancy A. Sibert  
Medication Safety Pharmacist

### ***New Electronic Medical Record/ Automated Documentation System***

I would like to thank all the Staff, Physicians and especially Linda Chmielewski and Dr. Tilstra (Co-Chairs of the selection process) for their roles in the selection process for a new Electronic Medical Record Computer System.

This process began with over 150 people evaluating systems from Cerner Software, IDX Systems, and Epic Systems. After the demonstrations, the evaluations produced Epic and IDX as the favored vendors.

Over the Months of December and January a number of staff and physicians participated in site visits, reference calls, and hands-on demonstrations of the IDX and Epic Computer Systems. After these events, the Physician Advisory Team and the EMR Steering Committee have chosen Epic as the favored vendor.

Over the next two weeks, I will be negotiating with Epic to purchase their systems. If all goes well CentraCare Health System will be purchasing our new electronic medical record system from Epic. We anticipate the implementation process to begin in early May of 2005 and completion will be defined through our implementation planning meetings.

Thank you,  
Chuck Dooley  
VP Information Services

### ***Welcome New Hospital Advocate***

Hello, I would like to take this opportunity to introduce myself. My name is Debra Peterson and I am the new Hospital Advocate. As you may know, I am replacing Eileen Bitzan, as she has accepted the Program Manager position at Anna Marie's. Indeed, Eileen will be missed here at the hospital, I am grateful that she continues to be working with Anna Marie's.

The twenty years that I have worked in the human service field compliments my ability to work with you as a part of your team. I am excited that we have opportunity to work together to address the complex issue of

If therapy is likely to continue beyond a week, contact the IV team.

*The IV Therapy  
Subgroup*



***You Make a Difference!***

## ***Successful IV Starts***

Performing venipuncture and starting intravenous (IV) infusions are among the most challenging clinical skills you'll ever have to master. Yet few nursing schools offer enough hands-on learning, and hospitals typically provide only limited opportunities for supervised practice.

To become truly proficient at IV therapy, you must perform many IV venipuncture on real patients. The learning process also involved practicing on all types of arm sites. Veins that are easily seen and palpated won't always be available, so you must learn to cannulate more difficult sites too.

As you work to improve your skills, you're bound to have a few failures. If you make two unsuccessful venipuncture attempts, don't persist on a patient. Call your unit resource person to attempt a successful venipuncture. If unsuccessful after three attempts at the unit level, call your house resource person for assistance.

Don't let a few setbacks discourage you. With practice you can refine your venipuncture skills.

### **Selecting a Vein:**

When choosing an appropriate vein for venipuncture, you'll consider many factors, including:

- The patient's medical history
- His age, size, general condition, and level of physical activity
- The condition of his veins
- The type of IV fluid or medication to be infused
- The expected duration of IV therapy
- Your skill at venipuncture

CentraCare Health Foundation's annual Employee Campaign kick-off is March 15<sup>th</sup>. "You make a difference!" is the theme to this year's campaign. Annual employee campaigns provide CentraCare Health System employees with an opportunity to give or enhance a gift to any service supported by the Foundation. Your gift fills the gaps between our needs and our resources to provide equipment and services that otherwise wouldn't be available. CentraCare Health Foundation continues to focus on Cancer, Behavioral Health, and St. Benedict's Senior Community.

For more information, contact the Foundation at (320) 240-2810 or visit [www.centracare.com](http://www.centracare.com) to review the long list of areas supported by Foundation funds.

*Darla Mergen  
Communications Specialist*



## ***Extra! Extra! Critical Care Computer System (Picis) Transmits Real-Time into CDR***

Information Systems and Critical Care are pleased to announce that as of Monday, February 21, 2005, Vital Signs, Hemodynamics, and Ventilator data documented after that date in the Critical Care Computer System (Picis) transmits real-time into the CDR CareWindows system. This will allow staff and physicians accessing the CDR from anywhere outside of the physical environment of the adult Critical Care department to see this information.

This additional data will be found in the ClinObs tab of the CDR within the Vitals category (**see page 5 for example**).

Intake & Output data gathered in the adult critical care units is not yet available within the CDR. That will come in a future enhancement and will be communicated to you when available.

Thank you for your patience awaiting this new enhancement!

*Michelle Parson, RN*  
*Clinical Informatics Specialist*





## ***Educational and Professional Development Programs***

### April, 2005

- 2/3 Clinical Aromatherapy, Module 2, Spruce
- 5 Diabetes Conference, Windfeldt, Plaza
- 20 Pediatric Conference, Windfeldt, Plaza

### May, 2005

- 3 TNCC Renewal, Conference Center
- 4 Surg & Spec Care Conf, Windfeldt, Plaza
- 25 Basic Preceptor Class, Fireside
- 26 Basic Life Support, Skyview

### June, 2005

- 4/5 Clinical Aromatherapy, Module 3, Spruce

#### \*Upcoming BLS Classes:

May 26<sup>th</sup>,  
June 2, 9, 16, 23, 30

All classes are held in the Skyview Conference Room.

Call Ext. 55642 for more details.

## ***Clinical Ladder***

Congratulations to the following individuals for achieving and/or maintaining their Level IV and III Clinical Ladder status!

### **Level IVs**

#### **Elaine Hanson, RN, CNOR      Operating Room**

- Developed Case Cart for patients weighing less than four pounds.
- Midmark Surgery Table Skill Set
- Primary and Secondary Preceptor
- Fire Safety Class
- Coordinated OR Education Day
- Co-chair of ROE Committee
- CNOR Certification

### **Level IIIs**

#### **Judy Brumbaugh, RN      Operating Room**

- Helped at OR Open House
- Updates Cardiac Call List
- Member on PI Committee
- Primary Preceptor for Nurse Intern
- Stations at OR Ed Day

#### **Jim Harrington, RN      Emergency Trauma**

- Nurse Liaison with Paramedics
- Primary and Secondary Preceptor
- Member of ER Nurse Practice Committee
- Station at ER Ed Day
- End of Life Issues Family Care Conference

#### **Mary Klein, RN      Kidney Dialysis**

- Hepatitis B Literature Research
- CNPC Committee Member
- Education Committee Member
- Extreme Blood Loss Station
- Presentations to Students at High Schools and Colleges

#### **Bonnie Koeplin, RN      Endo/Ops**

- Education Council
- Culturing of Endoscopes Policy
- OPS/Endo Education Committee
- Chaired Annual Endoscopy Workshop
- Manual Cleaning/High Level Disinfection Policy

#### **Terri Larson, RN      Family Birthing**

- Bili Bed and Blood Warmer Stations at Ed Day
- Capstone Nursing Advisory Board
- Primary and Secondary Preceptor
- Chair of FBC Patient Care Council
- NRP Instructor

#### **Terri Nicoski, RN      Family Birthing**

- Chair of Clinical Ladder Committee
- Cell Phone Usage Signs
- Wrote Policy for Oral Cytotic
- Developed Order Forms for Oral Cytotic
- Staff Radiant Warmers Validations