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11-2005

Patient Care News: November 2005

St. Cloud Hospital

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Force #5 – Professional Models of Care

Description: Models of care are used that give nurses the responsibility and authority for the provision of patient care. Nurses are accountable for their own practice and are the coordinators of care. The models of care provide for continuity across the continuum. The models take into consideration patients' unique needs and provide skilled nurses and adequate resources to accomplish desired outcome.

We are looking for examples and stories about:

- How nurse leaders ensure that personnel resource use is consistent with the staff and scheduling plan, patient needs and models of care.
- Examples of how the MN Nurse Practice Act, regulatory stipulations and/or professional standards are incorporated into our professional models of care.
- Examples of how the MN Nurse Practice Act, regulatory stipulations and/or professional standards are incorporated into daily nursing decisions.

Force #5 – Force Leader



Anne Cormier
Director
Children's Center
Phone Extension: 53306



Force #6 – Quality of Care

Description: Nurses believe that they are giving high quality care to their patients and the organization sees high quality care as a priority.

We are looking for examples and stories about:

- How the allocation of human and material resources has improved the quality of care.
- Programs on patient safety that were developed, implemented, and evaluated demonstrating involvement of nurses from various practice settings.
- How St. Cloud Hospital prepares the professional staff to meet the projected needs of diverse populations.
- Tell us how work place advocacy efforts have improved the work environment for nurses.

Force #6 – Force Leaders



Kathi Schmidt
Director
Family Birthing Center
Phone Extension: 59079



Pat Rauch
Director
Ortho/Neuro Unit
Phone Extension: 53614

Phase II of EMR project

As CentraCare Health System enters the second phase of the electronic medical record (EMR) project, the Information Systems department offers these thoughts on what this collaboration with Epic Systems Corp. of Madison, Wis., means to staff.

Patient care staff

During implementation phases:

- input to the project
- staff time
- standing agenda for discussion on various committees
- positive/supportive attitudes about the process
- cooperation with I.S. and Epic teams

During training phases:

- CDR conversion training
- extensive training in 2006

During go-live

- Leadership to be present on all shifts
- support for additional staff (requests will be communicated well in advance)

Support staff

During implementation phases:

- support the process
- reduction of printed reports begins in October 2005
- reduced Information Systems resources
- quality assurance for interfaces

During training phases:

- Meeting room space will be at a premium
- All patient care staff will go through training as estimated below:
 - 2 hours for Epic CDR
 - 8 hours for Epic documentation, inpatient and ambulatory

- 4 hours for Epic order entry

During go-live:

- Communicate all issues to the control center
- Support your co-workers
- Understanding is the key
- Assist if at all possible
- Understand that issues will be addressed in priority order

You may recall these milestones from the first phase of the EMR project:

- ChartMaxx – Document Imaging & Chart Completion
- Eliminate the Patient's Historical Paper Record
- Mid Mn. FPR – Goes Electronic in the Clinic
- CentraCare Clinic G.I. Clinic goes Electronic
- St. Cloud Hospital's Record Archive is Cleared
- Melrose Hospital
- Long Prairie Hospital

The next step in phase two is referred to as "Design/Build/Validate." CentraCare's project teams work with Epic to *design* and *build* programs specifically for the Central Minnesota medical community. "*Validate*" is the step in which physicians, nurses, and other clinicians provide feedback on this development.

The training phase for EpicCare, the program that will replace our current CDR, is expected to begin in spring 2006, with go-live to follow in summer. Training for subsequent programs is expected to begin in fall 2006. Go-live for physician order entry and physician documentation is approximately 18 months away.

It's important to remember that the overriding principle of the project is to **improve patient care**.

Michelle Parson
Information Systems, ext. 54675

Needs some help? Call the volunteer ambassadors!

Volunteer ambassadors are available to discharge patients, transport patients or visitors in wheelchairs and run errands from 9 a.m. to 4 p.m. Monday-Friday. Soon, Volunteer ambassadors will be trained on cart and bed transports too! Call them today, ext. 54206; they're waiting to assist you!

Thank you for your support of volunteers!

Alison Dahlin
Volunteer Program Specialist



PICC's and Contrast Don't Mix

Imaging has reviewed data from the manufacturers, FDA, INS, and other MN hospitals regarding the injection of contrast media (x-ray dye) through PICC's and central catheters. Product review, CNPC and risk management also reviewed this information. The findings result in the following practice changes:

- Contrast media cannot be injected through PICC lines using power injector devices.
- If the ordered examination (CT or MRI scan) requires contrast media and the patient only has a PICC line for vascular access, a 22-gauge peripheral IV will be started.

Please notify CT or MRI if your patient's only IV access is a PICC or central line. The technologist will discuss with you if a peripheral IV will need to be started.

Please include in your teaching information to patients that they may need to have an IV started for certain Imaging procedures.

If you have further questions, please contact:
Brenda Swendra-Henry at ext. 55305 or
Mary Super at ext. 55694.

Blood Band Bracelets

This is a reminder to staff that Patient Blood Band Bracelets expire in 72 hours. If a patient is going to surgery and the patient was previously typed and screened, please check with the Blood Bank to verify that the Blood Band is still current. Recently a patient came to surgery and it was discovered after the patient's surgery was well underway, that the Bloody Band was expired. To help remind staff, a prompt has been added to the Pre-Surgical Evaluation Form in Optio. Thanks for all you do in preparing patients for surgery. It is a tremendous help in expediting patients into the OR.

Mary Loven,
Charge Nurse, POH/PACU

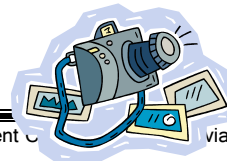


Photographic Wound Documentation Form

There is now a revised version of the Photographic Wound Documentation form to be utilized (see attached). The revised documentation form is currently in circulation and the old documentation form will be discontinued.

The changes include new classification of pressure ulcers listed on the back of the form. Pressure Ulcers are the only wound to be staged. The documentation section on the front has a place to record the type of wound and measurements which include length (head to toe), width (left lateral-to-right lateral) and depth (deepest point of wound). Wound photos and measurements need to be completed on admission, weekly and at discharge. Please refer to the attached copy for the revisions.

Please contact Sue or Amy on pager 89-1067 for questions or concerns. Wound Ostomy Continence Clinical Resource Nurses.



(CNN)

Educational and Professional Development Programs

December, 2005

12th Oral Care in the Critical Care Setting: A Link to the Prevention of VAP and HAP (Satellite Television Broadcast), Birch

January, 2005

31st Trauma Nursing Core Course Renewal, Conference Center

For more details, call the Education Department at Ext. 55642.



Clinical Ladder

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

Level IV

Dick Beastrom, RN PACU

- Taught Progressive Care Courses
- Developed Pain and Comfort Module for Peri Anesthesia
- Taught EKG Classes
- Preceptor
- Patient Family Center Task Force
- Masters in Nursing, APN, Certified-CPAN

Level III

Jodi Friedrichs, RN KDIP

- PI Committee Member
- Member of ANNA
- Preceptor
- Presented Dialysis External Access Class

Angie Stevens, RN KDIP

- Developed Prisma Plasma Exchange Policy
- Preceptor
- Member of ANNA
- National Certification – Nephrology Nurse

Sharon Hoffman, RN KDLF

- Coordinated Patient Care Conferences
- PI Committee Member
- Preceptor
- Member of ANNA

Susan Anderson, RN ETC

- Preceptor
- Nurse Practice Committee
- Member of ENA

Doreen Schultz, RN FBC

- Wireless Phone System Committee
- PI Committee Member
- Labor and Delivery Didactic Class
- Perinatal Committee

Christy Nathe, RN Telemetry

- Liaison for Infection Control Committee
- Preceptor
- Module on Ablation

Janet Kociemba, RN FBC

- Perinatal Loss Committee
- Perinatal Loss Inservice to Clinic Staff
- Childbirth Classes
- Resolve through Sharing Committee

Michelle Scepaniak, RN Children's Center

- St. Cloud Area Child Safety Committee
- Child Passenger Clinics
- Wrote Car Seat Testing Policy
- Cranial Facial Advisory Board

Kathy Morin, RN Surgical Care

- Urology Inservice
- Core Group for Nursing Process
- ROE Committee

