

CentraCare Health

DigitalCommons@CentraCare Health

Patient Care News

CentraCare Health Publications (Newsletters,
Annual Reports, Etc.)

12-2005

Patient Care News: December 2005

St. Cloud Hospital

Follow this and additional works at: <https://digitalcommons.centracare.com/patient-care-news>



Part of the [Organizational Communication Commons](#)

Happy Holidays!

Oh where does the time go? I can't believe it has been a year since I sat down to write last year's Christmas letter. As I reflect on the year gone by, I'm reminded of the significant difference we make in the lives of people we serve and in the lives of people we serve with. I am eternally grateful for the opportunity I have been given to serve with you. Though we all have different roles, our common vision of Care Above All binds us together. In the introduction of the book If Disney Ran Your Hospital, Fred Lee writes:

Blended with a mission rooted in Christian values of service and love, we decided on five behaviors that mattered most. If our employees gave special attention to the following, we were sure we would earn the loyalty of our patients.

- Sense of people's needs before they ask (initiative)
- Help each other out (teamwork)
- Acknowledge people's feelings (empathy)
- Respect the dignity and privacy of everyone (courtesy)
- Explain what's happening (communication)



In the passing years tens of thousands of patient-satisfaction surveys from a score of research companies have validated these five behaviors as having the highest correlation with overall satisfaction and loyalty. They are values that all of us can authenticate intuitively. They never go out of style. In 1846, Florence Nightingale wrote in her *Notes on Nursing*, which is still assigned reading in some nursing schools, "Apprehension, uncertainty, waiting and fear of surprise, do a patient more harm than any exertion...Always tell a patient, and tell him beforehand, when you are going out and when you will be back, whether it is for a day, an hour or ten minutes."

In the seventies, no less than the greatest leadership guru of all time, Peter Drucker, produced some research that showed that the single most important need of a patient is for "assurance." He suggested that by focusing on the patient's need for assurance, caregivers would be creating patient satisfaction and loyalty.

Employees also share many aspects with customers. Like physicians and patients, they can choose to leave and go someplace else with their skills. They can be satisfied or dissatisfied. Their loyalty is also critical in a hospital's ultimate success. I am proud of what we have accomplished as a team and look forward to the year ahead with great anticipation.

I finish with a quote from Mayo Angelou...

- "I've learned that no matter what happens, or how bad it seems today, life does go on, and it will be better tomorrow."
- "I've learned that regardless of your relationship with your parents, you'll miss them when they're gone from your life."
- "I've learned that making a "living" is not the same thing as "making a life."
- "I've learned that life sometimes gives you a second chance."
- "I've learned that you shouldn't go through life with a catcher's mitt on both hands; you need to be able to throw some things back."
- "I've learned that whenever I decide something with an open heart, I usually make the right decision."
- "I've learned that even when I have pains, I don't have to be one."
- "I've learned that every day you should reach out and touch someone. People love a warm hug, or just a friendly pat on the back."
- "I've learned that I still have a lot to learn."
- "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you may them feel."

May you have a Blessed Christmas and a Wonderful New Year!

Linda Chmielewski, MS, RN, CNAA, BC
Vice President, Hospital Operations/CNO

Force #7 – Quality Improvement

Description: Quality improvement activities are viewed as educational. Staff nurses participate in the quality improvement process and perceive that the process improves the quality of patient care provided within St. Cloud Hospital.

We are looking for:

- Creative examples of how quality (performance improvement) data is shared with all staff.
- Examples from each area of a change in practice that resulted from an analysis of data from fiscal, human resource, clinical outcomes, and/or satisfaction surveys.
- Unit examples of how the expectations for nurses' accountability for performance improvement activities are communicated.
- Examples on how your area provides resources, education, and support to facilitate staff involvement in PI activities.
- Examples of nurse involvement in evidenced-based quality initiatives to improve coordination and delivery of care across the continuum of services.

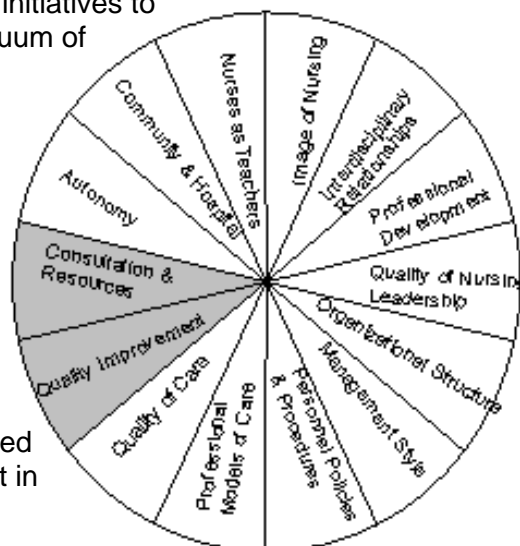
Force #5 – Force Leader



Deb Stueve
Director
Mental Health and Recovery Plus
Ext. 53201

Force #8 – Consultation and Resources

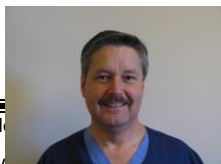
Description: Provision of adequate consultation and other human resources. Knowledgeable experts, particularly advanced practice nurses, are available and used. Promotes involvement in professional organizations and among peers in the community.



We are looking for stories and examples about:

- Opportunities to foster professional nursing practice and the role of nursing leadership, both internal (ex.: Patient Placement Coordinator, Case Coordinator) and external (ex.: Sigma Theta Tau, Nursing Faculty) resources
- Facilitation and support in healthcare and/or community organization (ex.: volunteer teaching at scouting events, Place of Hope, Guatemala missions)
- Networking activities, professional organization participation, use of consultants and/or use of advanced practice nurses that enhance patient outcome (Rapid Response Teams, H*Works Advisory Board, TICU Project). What **measurable** criteria have you used on your unit that demonstrates enhancement in patient care and outcome?
- Enhanced knowledge and skills that enhances nursing practice, gained through networking activities, professional organizations, consultants and/or advanced practice nurses (ex.: Nursing Supervisors, Nurse Practitioners in OHS). How has your nursing practice changed? A result of literature or consultation? Who is doing something different and why?

Force #6 – Force Leader



Larry Asplin
Director
Surgery/Central Processing
Ext. 57628

Please send items to be included in the *Patient Care News* to Nancy Lieser in the Patient Care Support office via interoffice mail, e-mail, or by faxing to (507) 325-2222. The deadline for items is the 22nd of each month.

Safe Patient Handling

Purpose:

Low back problems affect virtually everyone some time during their lifetime. It can especially affect health care workers who often handle patient transfers, repositioning, support during bathing, and radiological and surgical procedures.

SCH Stats:

	Jan – June 2005	Jan – June 2004	Jan – June 2003
Total number of reported incidents (all incidents)	214	233	273
Total number of recordable incidents (incidents requiring more than first aid)	41	41	98
# cases resulting in days away from work	44	12	25
% of incidents due to Strains/Sprains	38%	36%	42%
Total # of worked hours	2,759,515	2,607,654	2,602,379

Source: OHS OSHA 300

Why Now:

1. Lifting patients is a major factor in staff back injury and other musculoskeletal disorders.
2. It benefits the patients: it is safer.
3. It benefits staff: HCW are getting older, patients acuity more a factor. Injuries reduce productivity; quality of life. When a HCW is in pain, it impedes their ability to provide quality care.
4. It's an Employer's duty: to reduce risk of injury to employees (set guidelines; provide equipments).
5. It's cheaper: Cheaper to buy equipment than injury to staff.
6. It's the right thing to do.
7. Consistent with our goal to make SCH the safest place to work!!!

What SCH is doing?

1. Created Low Lift Task Force.
2. Developed a facility wide policy: Low Lift Policy
3. SCH commitment with purchase of lifting equipment and assistive devices.
4. Crated the "super lifter" concept. These are resource individuals in all units.
5. Workshops and demonstrations on how to use equipments.
6. Periodic review of policy; feasibility and how it is impacting workers.
7. Monitor incident trends.

Employee Responsibilities:

1. Attend training
2. Act in accordance to policy.
3. Duty to inform regarding defects of equipments.
4. Duty to inform of illness/disability affecting his/her handling capability. (Work related and not related.)
5. Wear appropriate work clothes/foot wear.

Low Lift Task Force Recommendations:

1. Considering removing carpeting in nursing areas.
2. Recommend proper employee attire/footwear.
3. Continue to identify new products and equipment.
4. Use zoom carts when transporting to other departments.
5. Use of number of staff for activity as recommended in policy.
6. Asses need for additional equipment, zoom carts transfer equipment and wheelchairs.

Presented by:

Low Lift Committee

Educational and Professional Development Programs

January, 2006

31st Trauma Nursing Core Course Renewal, Conference Center

February, 2006

7th Cardiology Seminar (The Power of Walking; Taking Steps to Build a Healthier, More Livable Community) Community event

7th Cardiology Seminar, Windfeldt

10th/17th BLS Instructor NEW Course

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

Roland Brummer, RN Med/Onc

- End of Life Presentations
- PCA Education Committee
- Member of Oncology Nursing Society
- Certifies Staff in Chemotherapy Administration
- Oncology Certified Nurse
- Research Orientation, and Education Committee Member

Level III

Sharon Spanier, RN 4NW

- Nursing Process Core Group
- Preceptor
- PICC Line Presentation
- Clinical Nurse Practice Committee

Bridget Worlie, RN Children's Center

- Children's Center SMILES Committee
- Outreach to Monticello Hospital about NICU and Transport
- Preceptor
- Children's Center Long Range Planning Committee

Judy Twomey, RN FBC

- Booth on Post Partum Depression at Women's Health 101
- Car Seat Checker
- Coordinates Depression After Delivery Program and Committee
- Preceptor
- Preceptor/Mentor Committee

Jane Chounard, RN OR

- Resolve Through Sharing Module
- OR Open House
- Image Guided Sleath Poster
- Nurse Intern and New RN's Inservices

Amy Anderson, RN KDA

- Coordinates Care Conference
- Taught Renal Failure and Treatment Options
- Clinical Practice Committee
- Member of American Nurses Nephrology Association

Mary Pohlmann, RN KDA

- Primary Preceptor
- Clinical Practice Committee
- Member of American Nurses Nephrology Association

Brad Weaver, RN KDS

- Clinical Ladder Committee
- ANNA Member
- Clinical Practice Committee
- Facilitates Conferences for Nursing Home Patients

Darla Neumann, RN Telemetry

- Revised 4 Patient Education Sheets
- Primary Preceptor
- Restraint Module for Unit Ed Day
- Ed Stations for External Pacemaker and Defibulator

Lois Lenzmeier, RN ICU

- Nursing Process Core Leader
- Primary Preceptor
- Cardiovascular Class
- Critical Care Nurse Practice Committee

