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Patient Care News: September 2006

St. Cloud Hospital

PATIENT CARE NEWS

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Mark Your Calendars! Christmas Is Coming!

Believe it or not, it's getting to be that time of the year again. Summer has barely come to a close and the Thanksgiving, Christmas and New Years holiday schedules are fast approaching. We want to allow you adequate time to look at your calendars to make requests regarding the holidays so please keep in mind the following important dates:

Schedule Dates	***Requests Due***	***Schedule Posted***
October 22-November 18	Monday, September 11	Monday, October 9
November 19- December 16 (Thanksgiving, November 23)	Monday, October 9*	Monday, November 6
December 17– January 13 (Christmas and New Years)	Monday, October 9*	Monday, December 4
January 14-February 10, 2007	Monday, December 4	January 1, 2007

*In order to determine the Thanksgiving, Christmas and New Years holiday rotations, we need to require the request due dates for the holiday schedules on the same date. However, **schedules will be posted separately.**

When making requests, please keep in mind for scheduling purposes, if you are scheduled to work the Christmas holiday you will be scheduled to work both Christmas Eve and Christmas Day. If you are scheduled to work the New Years holiday you will be scheduled to work both New Years Eve and New Years Day. (Please refer to your unit specific guidelines for exceptions.)

Terri Krause, Coordinator
Patient Care Support

First Choice Vacation Planners

First Choice Vacation Planners for schedule dates February 11, 2007 through February 9, 2008 will be **posted** on the units **Monday, October 9th.** The process will remain the same.

- Planners will remain on the units for four weeks. Staff is to select their first choice vacation by marking the time on the planner **and** filling out a blue request form. **Remember a completed form must be sent for your request to be considered.** Forms should be sent directly to your scheduler.
- Planners will be **collected** on **Monday, November 6th.**
- Staff will be **notified** by **Monday, December 4th** if first choice has been approved or denied.
- Staff may **begin submitting additional** vacation requests starting **Tuesday**, **December 5th.**

If you have any questions regarding these dates, please contact your unit scheduler for more information. Please refer to your unit specific guidelines for additional information regarding scheduling of holidays.

Terri Krause, Coordinator
Patient Care Support

Coming Soon to a Bedside Near You…Insulin Pens!

Who: Staff nurses at St. Cloud Hospital

What: Pharmacy will be supplying insulin pens for:

- Aspart (Novolog)
- Lispro (Humalog)
- Glargine (Lantus)
- Detemir (Levemir)

Pens will be used for patients that use less than 60 units per day of one of these types of Insulin.

When: Training will be Oct. 2-6 and 9-13. Training will be mandatory for RNs and LPNs.

Where: On various units throughout the hospital by representatives from the companies that make these insulin pens.

Benefits:

- Ease of use for patients and staff
- Staff nurses will be able to help teach patients how to use insulin pens
- More accurate measuring, especially for small doses of insulin
- Cost: Less wasted insulin

If you have questions, please contact:
LeAnne Troxel, Barb Isaacson, Carol Dirks, Pat Osbourn
Diabetes Educators
Ext. 59609

Literature Review: Hand Hygiene Behavior in a Pediatric Emergency Department and a Pediatric Intensive Care Unit: Comparison of Use of 2 Dispenser Systems

The article I choose to review was "Hand Hygiene Behavior in a Pediatric Emergency Department and a Pediatric Intensive Care Unit: Comparison of Use of 2 Dispenser Systems." This article appeared in the *American Journal of Critical Care,* July 2005. It was a quantitative study collecting data on the actual number of times a hand hygiene dispenser was used and through direct observation of people's practices using the dispensers.

Background and Study Design:
The background reviewed the importance of hand hygiene. The study compared the use of both manual and battery operated (touch free) dispensers to see if there was a difference in use. Each type was trialed for two months in each setting, ER and ICU. The counters were added to help prevent the bias of being observed, which could potentially change the behavior of the person being observed.

In addition to this, direct observation was able to be made from an area that had a direct view of a number of rooms without being too conspicuous. The observer collected data on whether the person used the hand hygiene dispenser or a soap dispenser. They also wanted to identify when hand hygiene was actually indicated (used a list of identified indications) and when it was used. They also compared these results with the patient population on each unit.

The number of indications for hand hygiene was calculated per hour and this was compared to the number of times either the alcohol dispenser or the soap dispenser was used. This then was calculated to find the actual compliance rate. They also were able to gain statistics to compare manual or touch free dispensers and noted the frequency was higher with the touch-free version.

Statistical Analyses and Result:
The touch-free dispensers were used significantly more often than were the manual dispensers. The means for the number of episodes of hand hygiene per hour were 4.42 for the touch-free dispensers and 3.33 for the manual dispensers (P = .04); the means for the number of episodes per patient per hour were 2.22 and 1.79, respectively (P = .004); and the means for the number of uses of the dispenser per day were 41.2 and 25.6, respectively (P = .02). However, the overall compliance rate was 38.4% (2136 episodes of hand hygiene per 5568 indications for hand hygiene).

Summary:
The summary states that there is a difference between the types of dispensers and compliance rates. Touch-free technology increased the frequency of hand hygiene. It also identified that actual hand hygiene episodes compared to the indicated number were fairly low, around 38%, which indicated a need for further observation, education and other methods to improve compliance. It recommended that further monitoring could be easily accomplished by using a counter and that use of touch-free technology along with other methods could improve compliance rates.

Review Submitted by:
Mary Struffert, Educator
Parent, Child & Women's

Literature Review: Stroke Centers

To prepare for this review, I wanted to find something of interest not only to myself but the many nurses caring for patients with Strokes. The article was interesting to me as a Neuroscience nurse in knowing we are moving in the right direction for stroke care. I have wondered why it is taking so long for the development of stroke centers and protocols to improve outcomes.

Despite significant advances in diagnosis, treatment, and prevention, stroke remains a common disorder. The extreme sensitivity of neuronal tissue to even brief periods of ischemia mandates that stroke be treated as a medical emergency. One approach for addressing need for improvements in medical infrastructure involved in stroke care is the establishment of stroke centers. Such comprehensive stroke centers typically would include tertiary care medical centers and hospitals with the infrastructure and personnel necessary to perform highly technical procedures and provide all needed levels of care.

Mark j, Albert's, MD; George Hademenson, PHD; Richard E. Lactchaw, MD; Andrew Jagoda, MD; John R Marler, MD; Marc R. Maybert, MD; Rodman D Starke, MD; Harold W. Todd; Kenneth M. Viste, MD; Meighan Girgus; Tim Shepard, RN; Marian Emr; Patti Shwayder, MPA; Michael Walker, MD; Recommendations for the Establishment of Primary Stroke Centers. JAMA, June 21, 2000, 3102-3109

The purpose of the study was to develop recommendations for the establishment and operation of primary stroke centers as an approach to improve the medical care of patients with stroke.

As a Neuroscience Nurse I have always wondered how we can assure all patients, especially from rural areas that are transferred to facilities such as St. Cloud Hospital receive the most up to date stroke care.

The **setting** was with members of the Brain Attack Coalition, a multidisciplinary group of representatives from major professional organizations involved with delivering stroke care. Supplemental input was obtained from other experts involved in acute stroke care.

The **method** a review of literature published from 1966 to March 2000 was performed using MEDLINE. More than 600 English-language articles that had evidence from randomized clinical trials, meta-analyses, care guidelines, or other appropriate methods supporting specific care recommendations for patients with acute stroke that could be incorporated into a stroke center model were selected.

A comprehensive review of English language literature was done to identify articles dealing with the formation, function, and outcomes of centers for various medical conditions with a focus on stroke and trauma centers. The review was used to identify evidence-based interventions shown to be efficacious for treatment of patients with acute stroke. Publications of randomized clinical trials, care guidelines, or appropriate observational studies were selected and reviewed.

Consensus was reached among all BAC participants before an element was added to the list of recommendations. The articles were reviewed initially by 1 Author (M.J.A.) Members of the BAC reviewed each recommendation in the context of current practice parameters, with special attention to improving the delivery of care to patients with acute stroke, cost-effectiveness, and logistical issues related to the establishment of primary centers.

The **findings** of the Randomized clinical trials and observational studies suggest several elements of primary stroke centers would improve patient care and outcomes. Key elements of primary stroke centers include acute stroke teams, stroke units, written care protocols, and an integrated emergency response system. Important support services include availability and interpretation of computed tomography scans 24 hours every day and rapid laboratory testing. Administrative support, strong leadership, and continuing education are also important elements for stroke centers. Adoption of these recommendations may increase the use of appropriate diagnostic and therapeutic modalities and reduce peristroke complications. The establishment of primary stroke centers has the potential to improve the care of patients with stroke.

The study reinforces the need for development of a Stroke Center and becoming JCAHO Stroke certified. Becoming certified insures all the components recommended by the BAC are in place. It supports the direction of having an Acute Stroke Team, Written Protocols, and Key Role of Emergency Medical Services, the Emergency Department, Stroke Unit, Neurosurgical Services, commitment and support of the medical organization, Neuroimaging, Laboratory Services, Performance Improvement Audits, and Educational Programs. I'm proud to say all of these areas are being addressed at St. Cloud Hospital and the application to become JCAHO stroke certified will be submitted in a few months. We are well on our way to improving the care and outcomes for the stroke patient.

Review Submitted by:
Pat Rauch, Director of Ortho/Neuro

Requests for Notarization from the Administrative Nursing Supervisors

In the past, the Supervisors provided Notary services for patients & family members for a wide array of documents. Sometimes they were asked to notarize items pertaining to financial matters which were beyond their scope of knowledge and comfort level. In checking with other hospitals our size, the trend is to provide notary services for two types of documents: Healthcare Directives and Parentage. Therefore, effective immediately, the Administrative Nursing Supervisors will follow the same guidelines and provide notary services for Healthcare Directive and Parentage only. Please inform patients/family members as you receive requests. Your assistance is greatly appreciated! (Note: During daytime/weekday hours there are notaries available in Medical Information and Business Office. They may be able to assist patients/families with other documents).

Submitted by:
Barb Scheiber, Director of Patient Care Support

Requests from Visitors for Over the Counter (OTC) Meds

When family members ask where they can get OTC meds, please direct them to the vending machine on 4th floor (NW end) in the E elevator lobby. This vending machine stocks "Cold & Sinus Advil" and "Extra Strength Tylenol".

Submitted by:

Barb Scheiber, Director of Patient Care Support

Subacute at St. Benedict's Senior Community Celebrates 10 Years of Success!

This twenty-four bed specialized unit has served nearly 500 patients per year since it opened in 1996. This subacute unit is one of a kind in the area, providing care to very medically complex patients. What makes this service so unique? Many things, including doctors round on the unit three times a week, they have served patients ranging from 16 to over 100 years of age, they have 24-hour RN coverage and therapy is available six days a week. Most importantly, they have repeatedly had outstanding patient satisfaction scores, which is truly a reflection of a dedicated team that enjoys working together. Congratulations Team Subacute!

Please call (320) 252-0010 for more information.

Health Care Directive Accuracy

Assuring that a patient's HCD is part of their current plan of care is an essential component of patient rights. As with **ALL** parts of the medical record, having the correct person's medical record, not their spouses or not a similarly named record, is our responsibility. Please make sure that when a patient hands you a HCD or when a facility sends a HCD with a transferring patient it is indeed the patient's HCD.

Submitted by:
Karen Kleinschmidt

Educational and Professional Development Programs

October 2006
3/4 ONS Cancer Chemotherapy Course, Hughes/ Mathews Room
5 Fall Workshop – LPN Alliance, Best Western
17 Stroke Prevention, Warning Signs and Risk Factors, Stroke Brown Bag Session, Hoppe
18 Basic Preceptor Class, Fireside Room
18 Lived Experience of Mexican Men in Promoting Their Health, Spruce Room

November 2006
6/7 Emergency Nursing Pediatric Course, CentraCare Health Plaza
15 Basic Preceptor Class, Fireside Room
21 Blood Pressure Management in Stroke, Stroke Brown Bag Session, Hoppe Auditorium
29 Writing for Professional Publication, Hughes/Mathews Room
30 Advanced Writing for Professional Publication, Hughes/Mathews Room

For more details, call:
Education Department, Ext. 55642

Clinical Ladder

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

Level III

Jodi Robak, RN Surgical Care

- Nursing Process Core Group Leader
- Task Force on Tubing Misconnection
- Nurse Practice PI Committee
- Preceptor

Renee Chapa, RN Imaging

- Epic Subject Matter Expert
- Sedation Audit
- Pediatric Patient Teaching Booklet
- Patient Care Council
- Patient Teaching Information on CentraNet
- Certified ARNA
- Policy – DMS PET/CT Scan Emergency Response

Kathleen Henderson, RN Surgery

- OR Open House
- PI Pathology Audit
- AORN Member
- Certified Operating Room Nurse

Julie Reichard, RN Children's Center

- Preceptor
- Epic Superuser
- Revised 4 FHS's
- Reference Book for Exchange Transfusions
- Neonatal Intensive Care Certification

Submitted by:
Clinical Ladder Committee