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Patient Care News

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# Patient Care News: November 2006

St. Cloud Hospital

# Patient Care News

## St. Cloud Hospital, St. Cloud, MN

Happy Thanksgiving

### *Magnet Force #5:*

## *Professional Models of Care*

Models of care define how we take care of the unique needs of our patients.  They usually address patient and/or family needs across the continuum and may include primary nursing, team nursing, case management, and patient and family centered care.  Models of care define the resources we need to accomplish the desired patient care outcomes.  They give nurses responsibility and authority in the delivery of direct patient care, and make them accountable for their practice and the coordination of the patient care.

Thank you to everyone who has already contributed stories to Magnet Force #5.  Laurie Braun and I have enjoyed meeting all of you as you have shared some wonderful, wonderful stories about care models throughout the organization.

We still need some help.  We need stories that show:

- How the Minnesota Nurse Practice Act, other regulations, and professional standards influence how you provide patient care in your area.  Your story can show any one or all of these influences.

  - Does your professional organization share standards that helped you define patient care delivery practices?
  - Have there been outside regulations that changed your patient care delivery practices?

- How the Minnesota Nurse Practice Act, other regulations, and professional standards are used to develop, implement and evaluate the professional models of care in your area.  Your story can show any one or all of these influences.

  - Based on regulations or your professional organization standards, have you changed your staffing mix, added a new type of staff, required new education or certification?

- Any ways that your staff nurses are educated regarding the Minnesota Nurse Practice Act, other regulations (like JCAHO) and professional standards.

If any of you could please contact Anne Cormier at Ext. 53306, or Laurie Braun at Ext. 57472, around these models of care, we sure would like to meet with you and explore these areas where you might have stories to contribute to this wonderful journey as we go for Magnet redesignation.

*Anne Cormier, RN*
*Director, Children's Center*

## *Look-Alike and Sound-Alike Medications*

Look-alike or sound-alike drugs account for approximately fifteen percent of all medication errors. JCAHO has made reducing errors associated with look-alike/sound-alike drugs a part of its National Patient Safety Goals. Organizations are now required to annually review a list of look-like and sound-alike drugs used in their facility and develop strategies to prevent mix-ups.

The following list includes common mix-ups that have occurred, nationally or here at St. Cloud Hospital. Brand names are capitalized.

| | |
|---|---|
| ADACEL (Tdap) | DAPTACEL (DTaP) |
| CITRUCEL | CITRACAL |
| CORGARD | COZAAR |
| DIPRIVAN | DIFLUCAN |
| glimepiride | glyburide |
| hydralazine | hydroxyzine |
| phytonadione | pyridoxine |
| triamterene | TRAMADOL |

Strategies to prevent mix-ups include:

1) Store problem medications out of order, or in an alternate location.
2) Provide or ask for both generic and brand names of drugs for medication orders.
3) When taking verbal orders, ask for the indication and clearly repeat the name of the drug, the dosage ordered, and request correct spelling.
4) Read back all verbal orders, spell the product name, and state its indication.

*Debra A. Miller, Pharm D*
*Pharmacy*

## *Access to the ETC*

As of Nov. 1, the doors between the Emergency Trauma Center and Imaging department will be locked 24/7. Employees and physicians can gain entry via card readers with their name badges. Without a name badge, you can use the main entrance to the ETC. If you have any questions or concerns, please contact ETC Director Paul Schoenberg at ext. 57529.

*Cheri Tollefson Lehse*
*Communications Specialist*

## *Scanned Pharmacy Orders*

Please remember to place all orders that have been scanned back into the patient chart. These are still processed after the patient is discharged. When the order is scanned in for pharmacy it is a temporary copy for pharmacy to use. If you have any questions about this, please feel free to contact Shannon Durkee at extension 55009.

*Shannon Durkee*
*Coordinator of Medical Information*

## *Chart Thinning Guidelines*

Medical Information has been seeing an increase of the thinned pieces of charts not getting sent down to us when the patient is discharged. This results in partial information getting scanned into the system. Below is part of the Chart Order, Supplies & Maintenance for Standard Chart policy that outlines the Chart Thinning Guidelines.

**<u>Chart Thinning Guidelines</u>:**

Supplies and Maintenance for Standard Chart Policy

1. Charts will be thinned at least every 7 days.
2. Units may choose to thin charts before 7 days if need arises.
3. Thin all approved sections back to the same date.
4. The following sections/order sheets of the chart should NOT be thinned:

   1. Progress Notes
   2. History/Physical
   3. PT/OT
   4. Protocols
   5. Health Care Directives
   6. NO Code Blue Orders
   7. OR/Procedures

5. Date and initial the front of the chart on a label for notification that the chart has been thinned.
6. Clearly label thinned sections in your medical storage areas.
7. Thinned sections should accompany patient on transfer or discharge to distinct unit.

If patient is discharged from unit, the current chart forms may be placed on top of already thinned sections. Medical records will take care of reorganizing the chart forms.

*Shannon Durkee*
*Coordinator of Medical Information*

## *Contact Hours (CEUs)*

Minnesota Board of Nursing criteria requires that education "*be designed to enhance your ability to practice nursing*". BLS classes do not meet this criteria for nurses, as nurses receive this basic training in school and the education is available to the general public, not just those practicing nursing.

St. Cloud Hospital will continue to give participants the required AHA BLS Healthcare Provider Card upon successful completion of the class, but will discontinue giving contact hour (CEU) sheets.

The Minnesota Board of Nursing states "It is the licensee's responsibility to determine whether a current nursing certificate, a continuing education activity, or a professional activity meets the continuing education requirements."

*Vickie Ruegemer*
*Education*

## *CareWindows (SpaceLabs CDR) Deactivation of Logins*

Effective November 7, 2006, the current CareWindows (SpaceLabs CDR) logins will be deactivated.  As of this date all staff, with the exception of the following three groups, will no longer be able to log directly into the CareWindows system:

1) Physicians, Nurse Practitioners, Physician Assistants
2) Independent Clinics
3) Remote Access/Home Users (RAS and VPN)

On November 7th, starting at 10 a.m., staff will be directed to begin using the EpicCare CDR to access all electronic medical record information.  Support staff from CentraCare and Epic will be on-hand the following days/times/locations to assist with any questions or concerns:

**November 7th ,8th and 9th:**
*Plaza*:  7 a.m. - 5 p.m.
*River Campus*:  7 a.m. - 5 p.m.
*St. Cloud Hospital*:  24 hours/7 days a week
*Long Prairie*:  7 a.m. - 5 p.m.
*Melrose*:  7 a.m. - 5 p.m.

The support staff will be wearing green "Epic Support" lanyards for identification.  For the sites not listed here, as well as ongoing for all of CentraCare Health System, if you have any questions or concerns with the EpicCare CDR system during daytime hours (7 a.m. - 4:30 p.m.) please call Ext. 54540 (Information Systems Help Desk).  During evenings and weekends, please call the operator "0" and ask for the IS on-call staff.

We appreciate everyone's understanding and cooperation as we continue to move forward with our Epic roll-out.

*Submitted by:*
*Epic Project Management*

## *Recovery Plus Announces Changes in Concerned Persons Program*

Beginning in January of 2007, Recovery Plus Addiction and Mental Health Services will be dividing its concerned persons program — sometimes known as family day — into two days. Male clients will have concerned persons day on Monday and the female clients will be on Wednesdays. By reducing the number of people in groups, we hope to better serve our clients and their supportive others. This change will include an increased focus on specific chemicals (methamphetamine, marijuana, alcohol, opiates, etc.) and more discussion/education on a variety of mental health issues (such as depression/anxiety, personality disorders, and co-morbid disorders).

We also have several licensed marriage and family therapists on our staff to provide individual, couple, and family therapy to those people struggling with chemical dependency and/or mental health issues. Please call (320) 229-3760 for more information.

*Cheri Tollefson Lehse*

*Communications Specialist, St. Cloud Hospital*

## Oncology Unit Uniform Implementation

Beginning January 2, 2007 the Oncology staff will implement a change in uniforms. This change resulted from findings in literature, comments from patients and families obtained through informal/formal surveys as well as encouragement and approval from hospital administration.

Unit patient satisfaction scores have been less than the hospital goal related to patient's ability to identify their care givers since 2002. This has not improved over time despite the use of marker boards and scripting to assist patients.

Oncology unit based leadership (core charge, case manager, educator and charge support) began wearing white lab coats in an effort to improve physician relations, increase visibility and ability to be identified in their daily interactions. The response has been favorable. With all the above factors taken into account the oncology unit will implement a uniform change in an effort to impact patient satisfaction scores in a positive manner.

Over the past twelve months, conversations related to uniforms have occurred across the unit.  A task force with staff members from the department Satisfaction Council and charge support (Josie Asplund, Lesley Kowitz and Kim Weis) surveyed staff, patients and families. Literature searches were completed and input sought from staff as the group began to narrow down the choices of uniform colors.

Staff was then given a ballot to enter their uniform color choice as well as share comments, questions or concerns. The results showed that the majority of staff preferred to wear navy blue.

During this same time period Mary Alvarez an Oncology staff RN suggested use of a double sided badge to improve patient's ability to identify their caregivers as well. With the help of security, the badge trial has been implemented across Med 1, Med 2 and the Oncology unit.

A unit policy is currently being drafted. Task force members are designing a "Uniform Do's and Don'ts poster" to help staff who may have questions as we make this transition. Other available resources to answer questions are listed below.

Be on the look out for an Oncology unit "garage sale" in January as staff sells their gently used uniforms to others. A portion of the sales will go to benefit the American Cancer Society's Relay for Life.

Submitted by,
*Med/Onc Satisfaction Council*


## *New Name, Same Great Service!*

Mid-Minnesota Family Practice Center has changed its name to Mid-Minnesota Family Medicine Center. The name change reflects the national transformation of the American Board of Family Practice to the American Board of Family Medicine in 2005. Mid-Minnesota accepts all patients — insured, underinsured and uninsured — including the CentraCare Health System Medical Plan. Call 240-3157 for more information or schedule an appointment online at www.centracare.com.

*Cheri Tollefson Lehse*

*Communications Specialist*

## *Parent, Child & Women's Long Range Planning Update*

In Fall 2005, the Parent, Child and Women's care center completed a long range planning process and developed a vision to become a Women and Children's Center of Excellence. The planning process included OB/GYN, Family Medicine and Pediatric physicians, clinic and hospital administrators and care center staff. In addition, broader representation from the medical staff and the hospital reviewed and supported this vision.

The care center requires additional space and facility upgrades to meet this vision. St. Cloud Hospital is exploring facility design to house women and children's services. This project will require 2 – 3 years to complete. In the interim, the care center has overseen the development of an FBC plan to enhance workflow and patient through-put to maximize use of current space.

The Parent, Child and Women's care center engaged the firm, Smith Hager Bajo, to complete facility and operational evaluations for the service line. Smith Hager Bajo works exclusively with women and children's organizations and has a client list of over 1,800 organizations.

**Phase 1 of the engagement** (Presented June 29, 2006):
Included recommendations for women and infant services related to:

1. Bed projection requirements for FBC & NICU
2. Women and children's facility trends and space programming
3. Operational recommendations for increased efficiency and through-put for FBC
    a. Initiate triage function
    b. Revise induction schedule
    c. Enhance active management of labor

**Phase 2 of the engagement** (Presented August 18, 2006):
Included feasibility analysis for the Pediatric Intensive Care Unit at St. Cloud Hospital.

1. Demonstrated a positive downstream impact of the PICU program for SCH
2. Analyzed specific pediatric subspecialty development for SCH
3. The PCW Children's Steering Committee has developed goals and action plans for increasing PICU volumes and specialty services

The Parent, Child & Women's Care Center Board is very pleased with the collaboration that has taken place to share these recommendations with you. We are very excited to include a broad range of professionals in developing plans for service development and space needs. We expect to offer a broader array of quality services to better meet the needs of women and children in our region.

*Jane Blee*
*Director, Parent, Child & Women's Care Center*

**REMINDER: Cut/Call sheets for Thanksgiving are now on units.**

## *EpicCare News:*

**Effective Tuesday, November 7, 2006 at 10:00 am St. Cloud Hospital <u>staff</u> at SCH and CentraCare Health Plaza will no longer be able to log directly into the old CareWindows CDR.**   You will need to use the new Epic CDR.  Only direct access to CareWindows will be deactivated.  Epic will continue to link out to the CareWindows system when you need to view certain patient care information (i.e., Vitals, Allergies) not yet in Epic. **Support staff will be on hand Nov 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> for any assistance you might need in using Epic CDR.**

*"I really liked the old CDR.  Why did we change?"*  Sometimes, in order to move forward, we need to step laterally or even backwards.  CDR has been in existence since 1994.  Over the years it has been reworked, modified and changed so it fits us as well as our favorite pair of bedroom slippers.  However, continuing with CDR was not an option as there is no longer any technical or development support.  CDR could not grow to allow documentation and order entry.  And even though the Epic CDR doesn't look or work exactly like the old CDR, the full Epic program will allow us to do documentation and order entry.   This will be a significant step forward in our EMR.

*"Can things be fixed that don't seem right?"*   Yes, we have been fixing and changing some of the initial inefficiencies of Epic CDR.  We appreciate all of the constructive comments that have come in over the past weeks regarding things that do, or don't work. If you find things that aren't intuitive, or frankly malfunctioning please record the MR#, the problem, and call extension #54540.  This is the Information Services Department Help Desk and they will transfer you to the Epic CDR Team.  We will periodically post Epic CDR issues and 'fixes' on Centranet so you will know what is being worked on and what issues have been resolved.  Please see the EMR/Epic tab to review this information.

*"When will we start doing more in Epic?"*

**On February 6<sup>th</sup> 2007** the following documentation will go live in Epic for the areas listed, reducing the amount of paper forms in the patient's manual chart and eliminating the need for JRS.  Training is set to begin November 26, 2006.  The project team will also be hosting mini (5 minute) - demos periodically in Riverfront to give you a little "taste" of what is to come.

a.  Inpatient and Outpatient Service Departments (EpicCare Inpatient) – *eMAR, HUC/Nurse Order Entry & Core Patient Care Documentation including:  VS, I&O, Admission Screenings (i.e., allergies, latex, alerts, etc.), Physical Findings,  Daily Flowsheets*

   1.  St. Cloud Hospital, OPS, Endoscopy, Pediatric Outpatient Services, Respiratory Care
   2.  Pulmonary Function Lab & Pulmonary Rehab, Wound/Ostomy Nurse, Neurodiagnostics
   3.  Chemo/Infusion Center, Electrophysiology Procedure, Cardiac Rehab, Hydrotherapy

b.  Pharmacy (EpicRx) – eMAR

   1.  St. Cloud Hospital
   2.  CCHP – Infusion Pharmacy

c.  ETC (ASAP) – *Patient Care Documentation and Physician Order Entry*

   ▪  St. Cloud Hospital

d.  Medical Records (HIM) – *CT, CDT and ROI*

  ▪  St. Cloud Hospital

**On April 10th, 2007**
Surgery (OpTime) will go live with *Perioperative Documentation*

▪  St. Cloud Hospital

**On April 24th, 2007:**

a.  Inpatient (EpicCare Inpatient) – *Extended Documentation:  FHA, Care Planning, Patient Education, Discharge Instructions.*

  ▪  St. Cloud Hospital

b.  Inpatient (EpicCare Inpatient) – *Physician Documentation:  Problem List, Med/Surg History, Progress Notes, H&P's, Consult Reports.*

  ▪  St. Cloud Hospital

**July 2007**, additional outpatient areas will begin to go live:

a.  Outpatient Service Department (EpicCare Inpatient) - *eMAR & Core Patient Care Documentation including:  VS, I&O, Admission Screenings (i.e., allergies, latex, alerts, etc.), Daily Flowsheets*

  ▪  Dialysis – Chronic Outpatients, Peritoneal Dialysis, Therapeutic Plasma Exchange

b.  Surgery (OpTime)

  ▪  CCHP

**August 2007:**

a.  Inpatient (EpicCare Inpatient) – *Physician Order Entry*

  ▪  St. Cloud Hospital

b.  Pharmacy (EpicRx) – *Bar Code Med Administration*

  ▪  St. Cloud Hospital

*Submitted by:*
*Michelle Parson, RN*
*EpicCare IP Project Manager*

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**Comments, Questions
and Epic Help**

**Information Services ext #54540
(7AM-4:30 PM)**

**After Hours Call the Switchboard for the
Epic Support Specialist**

**For Less Urgent Problems Email:
EpicProject@centracare.com**

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

December 2006
1    Trauma Care 2006, Windfeldt Room
12  Stroke and Cholesterol – A Guide to the
      Recommendations for Cholesterol
      Management and Stroke Prevention,
      Stroke Brown Bag Session, Hoppe

January 2007
12  Basic Life Support Instructor Renewal
      Course, St. Cloud Hospital
30  Trauma Nursing Core Course Renewal,
      SCH Conference Center

*For more details, call:*
*Education Department, 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**

**Angie Stevens, RN                              KDIP**
- Taught at Fall Education Day for KDU
- Poster for Mid Minnesota Symposium
- Planning Committee for CRRT Workshop
- Member of ANNA
- National Certification in Nephrology Nursing

**Dick Beastrom, RN                              PACU**
- Nursing Research Committee
- Taught Basic EKG Class Four Times
- Taught Progressive Care Class
- Holds Masters Degree in Nursing
- National Certification in Perianesthesia Nursing

**Level III**

**Jodi Friedrichs, RN                              KDIP**
- PI Committee Member
- Preceptor
- Member of American Nephrology Nurses Association
- Taught at Fall Education Day for KDU

**Mary Sund, RN                              Pediatrics**
- Peds Bereavement Committee Member
- Mentor/Preceptor
- Epic Super User
- Presented Stations at Ed Day

**Kathy Morin, RN                              Surgical Care**
- Nursing Process Core Group Leader
- PI Committee
- Member of ROE Committee
- Member of SCRUBS Committee

**Sharon Hoffman, RN            KDU, Little Falls**
- Epic Super User
- PI Committee Member
- Member of ANNA Education Committee
- Renal Symposium Planning Committee

**Susan Anderson, RN                              ETC**
- Preceptor
- Epic Super User
- Chest Tubes Poster
- Chair of Nurse Practice Committee

**Jodi Specht-Holbrook, RN                              OR**
- Preceptor
- Bone Tracking Curbside Inservice
- OR Open House Poster
- Padgett Dermatome Inservice

**Renee Mastey, RN    Coborn Cancer Center**
- Chair of Education Council
- Oncology Certification
- Preceptor
- Member of ROE Committee

**Colleen Layne, RN                              CSC**
- Member of PI Committee
- Preceptor
- National Certification in Med-Surg
- Participates in OR Open House

**Lori Kurowski, RN                              Pediatrics**
- National Certification in Neonatal Intensive Care
- Member of Clinical Ladder Committee
- Updated Ten Unit Policies
- Member of Society of Pediatric Nurses

*Submitted by:*

*Clinical Ladder Committee*