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Patient Care News: January 2007

St. Cloud Hospital

Patient Care News

Volume 28, Number 1
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St. Cloud Hospital, St. Cloud, MN

Developmental Programs: Educational and Professional

March 2007

14/21	Emergency Nsg Peds Course, Plaza
15	BLS Instructor Renewal Course, SCH
16/23	BLS NEW Instructor Course – 2 day course, SCH
23	ONC Prep Course, Windfeldt Room
27/28	Trauma Nsg Core Course, SCH Conference Center

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

Inside This Issue:

Nursing Practice Change for Smoking/ Tobacco Cessation

TOBACCO Cessation will now be included for every admission to St. Cloud Hospital effective December 18th, 2006. If your patient does not use tobacco please ask them if they would like to share this education sheet with someone they know that uses tobacco or you can recycle the form for them.

Why the Practice Change?

- The first change is replacing the word ***"SMOKING"*** with ***"TOBACCO"***. We have made this change to better reflect all nicotine products that are currently being used by our patients. These products are cigarettes, chewing tobacco, pipes, and cigars. This change will also provide consistency as we move to a new "Tobacco Free Health Care System January 1, 2007.
- Smoking cessation is a quality measure for all patients admitted for AMI, Heart Failure, and Pneumonia. For the quarters of Jan – Jun 2006 we had 30 patients that were smokers that did not receive this educational support.

Facts:

- Tobacco addiction causes 438,000 deaths in the United States each year making it the leading preventable cause of death. (Robert Wood Johnson Foundation)
- 8.6 million Americans live with serious smoking related illnesses (Robert Wood Johnson Foundation)
- We currently have 46 million smokers, of those 70% state that they would like to quit (Robert Wood Johnson Foundation)
- The risks for most tobacco –related illnesses will decrease or go away soon after quitting
- After 20 minutes of quitting tobacco your pulse rate and blood pressure return to normal
- After 24 hours your chance of a heart attack decreases
- After 1 month your risk for any lung or bronchial infection declines
- After 1 year your risk of heart disease decreases 50% (Paramount Health Care)
- For FY06 SCH admitted 5,800 patients that had a cardiac, respiratory, or stoke diagnosis

What You Will See on the FHA?

- Under the BASELINE DATA column located in the Health section ***"smoke"*** has been replaced with ***"tobacco"***
- Under the ADMISSION FINDINGS column in the Health section we have removed **"*to quit smoking*"** to " Would you like assistance " *from* ***a counselor to quit tobacco*"**
- Under the REFERRALS column we have changed **"*smoking*"** to **"*tobacco*"**
- On the ITR we changed **"*smoking"*** to **"*tobacco*"** cessation and have ***added an X so this will be information that is included for all admissions***

What Has Changed on the "You Can Quit" Handout?

- We have added ***tobacco*** to the title
- ***Physical Effects*** of tobacco have been added
- We have identified what ***medications*** *w*ould be available at St. Cloud Hospital
- We have included evidence based references

Process:

- **The " YOU CAN QUIT TOBACCO"** will be included in **ALL ADMIT** packets through **OPTIO** effective **December 18, 2007.**

If you have any questions related to this policy change please contact John Inkster at ex: 57445 or Nicotine Dependence ex: 57448

Submitted by:
Deb Eisenstadt, Clinical Utilization

State Releases 3rd Annual Adverse Health Events Report

The Minnesota Department of Health in mid-January will release its third annual Adverse Health Events report, which lists, by hospital, incidences of the 27 events that never should occur in hospitals.

St. Cloud Hospital will have five events in the report. The nature of the events must remain confidential until the report is released. The hospital regrets these events and takes them very seriously. St. Cloud Hospital learns from its own events, as well as those reported by other Minnesota hospitals. In fact, the reporting system was established to help hospitals work together to make care safer. The system's "report, learn, fix" cycle is critical to enhancing patient safety.

The statewide report is likely to generate significant media coverage. Should you get questions from patients and their families, or from your family and friends, please reassure them that care at St. Cloud Hospital is safe and that we are committed to continuous quality improvement. While the report is intended to help hospitals improve, it also is useful in helping consumers think about the kinds of questions they should ask their health care providers. The most important way patients can help prevent medical errors it to become active members of the health care team.

Since the introduction of Minnesota's reporting system three years ago, the number of adverse events has increased as health care workers have become more vigilant and forthcoming about reporting errors. Over time, better reporting and fixing key problems will reduce adverse events and fundamentally improve patient safety.

Submitted by:
Jeanine Nistler
Director of Communications

Pre-Op IV Starts After Hours (5:00 pm – 6:00 am) and Weekends

Weekends and after hours – we have noted an increased number of patients coming to surgery with small bore IVs that aren't functional, or at times, no IVs at all.

For pre-op IVs, the following sites are recommended by Anesthesia:

1. Generally start the IV in the left arm unless ordered otherwise or as indicated in specific cases.
2. Use the NON-OPERATIVE side for any upper extremity surgery.

Select the appropriate type and size of IV catheter:

1. For adult trauma patients, GI, AAA or other major surgical procedure's anticipating need for rapid infusion – a 16 gauge catheter is recommended. Consider use of Subdermal Lidocaine or EMLA cream (refer to Subdermal Anesthesia Policy).
2. For all other adult pre-op IVs, please use a 18 gauge catheter if patient has no IV. If patient has an IV, smaller bore is acceptable if it runs freely on gravity. This needs to be checked prior to sending patient.
3. If IV is difficult or you are uncomfortable with larger gauge sizes, utilize unit and house resources per policy as needed.
4. Start infusion of Lactated Ringers @ TKO per Anesthesia Standing Orders. If patient is on Fluid Restrictions, start infusion of Normal Saline @ TKO.

REMINDER: This is for After Hours (5:00 pm – 6:00 am) and Weekends

Submitted by:
Perioperative Services

Policy Update: Site Verification, Procedure, Invasive

The policy on site verification for invasive procedures has been updated and approved by the Patient Safety Committee and the Executive Committee of the Medical Staff. During this update, there were questions raised as to the implementation in various areas of the organization. The components of this policy are universal across St. Cloud Hospital. There have been some changes and additions made based on the recommendations from the JCAHO as well as the Institute for Clinical Systems Improvement. Highlights of the policy with regard to pre-operative and procedural staff are as follows:

1. Verification of correct person using two unique identifiers and procedure with signed consent and appropriate medical records is the responsibility of the licensed/certified care provider. This verification should be completed and communicated between caregivers when handing off care using the SBAR format.
2. Site marking is completed pre-operatively/pre-procedure by the licensed/certified care provider (preferably the physician or PA) by verifying the site and the care provider signing his/her first and last initials near the planned incision site. Marking includes any procedures involving laterality or level (e.g. spine).
    - **Exceptions** to site marking include: single organ cases (e.g. c-section, cardiac procedures), teeth; all infants in the NICU; procedures done through a natural body orifice (e.g. Endoscopy, tonsillectomy); interventional cases for which the catheter/instrument insertion site is not pre-determined (e.g. arteriogram); cases where the physician does not leave the bedside before conducting the procedure (e.g. emergent chest tube placement); situations where the process of marking the site would cause harm to the patient (e.g. unstable cervical fracture).

- Site marking of sensitive areas will be done above the corresponding site (e.g. testicle marked on the groin and breast marked on the upper chest).
- Facial marking will be done in the corresponding hairline.
- **For procedures where site marking is not required, all other aspects of wrong site, wrong procedure, and wrong person surgery still apply including pre-operative verification and time-out.**

3. Immediately prior to the procedure, procedural staff will verify the correct site/side by visualizing the initials of the care giver.
4. Confirmation of the initials will be made after prepping and draping by visualizing the marking in the prepped area by the procedural team.
5. In the event a marking is not visualized after prepping and/or draping, in addition to the time-out, the operative/procedural consent will be compared to the H&P, any physician's notes, and x-rays if applicable. Acknowledgement and agreement from the physician will be documented.
6. **A time-out is performed prior to any invasive procedure.** This process involves the entire team. The team will pause (e.g. music turned down and activity and conversation ceases).
   - The time-out includes the licensed/certified care provider reading of:
     - the patient name; and
     - procedure to be performed including side/site.
   - The scalpel or needle will not be handed to the physician until the time-out is complete.
   - If there is more than one procedure performed, a time-out will be done before every procedure and documented.
   - In cases where the procedure is exploratory or unexpected findings occur that results in a change in the procedure or original site, the change in procedure or site must be consistent with the consent.
   - In situations where there is only one provider performing the procedure, a brief pause to confirm the correct patient, procedure, and site must be done.
7. In cases where implantable devices are part of the procedure, verification of the implant before an incision is made must be completed by licensed/certified staff by showing the item to the physician, PA and/or scrub person. Prior to opening on the sterile field, re-verification will include: implant specification/type/expiration date/size/ and laterality.

Submitted by:
Darin Prescott
Perioperative Services

New Surgical Checklist

The pre-surgical checklist has been updated to reflect changes in the anesthesia standing orders. IV guidelines have been added to the back of the surgical checklist to assist staff when sending a patient to surgery.

Please complete the surgical checklist before sending a patient to surgery. It is a tool to provide efficient and safe care to our patients. When it is not completed, the case is often delayed or in some cases cancelled due to lack of pre-surgical preparation.

Submitted by:
Perioperative Services

Clinical Ladder

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

Level III

Kristin Gaarder, RN — Surgical Care
- Taught Abdominal Surgery Class
- ROE Committee Member
- Poster on Lini Draws
- Preceptor

JoAnn Spaulding, RN — CPRU
- Taught Care of the Cardiovascular Patient
- Groin Care Instruction Sheet
- External Pacemaker Skill Station
- Interviewed with Person doing Magnet Research

Alisha Fouquette, RN — Telemetry
- High School Student Shadowed
- Telemetry Safety Committee Member
- Preceptor
- Temporary Pacemaker Station

Darla Neumann, RN — Telemetry
- Interpreter Poster
- Preceptor
- Biphasic Defibrillator Station
- Telemetry Safety Updates Module

Michele Meinz, RN — Telemetry
- Preceptor
- CHF Committee Member
- Pacemaker Station
- Posters on ABGs and CHF

Tiffany Tangen, RN — Family Birthing
- Preceptor/Mentor
- IHI Committee Member
- EPIC Super User
- Long Range Planning Committee Member

Carol Steil, RN — Intensive Care Unit
- Nursing Process Core Group Leader
- Preceptor
- CCRN National Certification
- Taught Post-Cardiac Surgery Class

Nancy Stiles, RN — Emergency Trauma Ctr.
- Preceptor
- ROE Committee Member
- EMSTAT Super User
- Clinical Ladder Committee Member

Barb Wagner, RN — Emergency Trauma Ctr.
- Preceptor
- PI Committee Member
- PALS Instructor
- Speak-up Script for ETC

Sharon Klimek, RN — Kidney Dialysis
- PI Committee Member
- ANNA and MNA Member
- Albumin Task Force Member
- Flu Poster for Patients

Tom Bailey, RN — Surgical Care
- Teaches Basic EKG Classes
- Preceptor
- Teaches ART Line Class
- Facilitator for Central Monitors Class

Submitted by:
Clinical Ladder Committee