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### Patient Care News: December 2007

St. Cloud Hospital

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St. Cloud Hospital, St. Cloud, MN

## Happy Holidays!

2007 Quite a year -- successful Epic install, Joint Commission full accreditation, MN Department of Health survey with zero deficiencies, Magnet redesignation prep, Beacon Award and Top 100 Hospital. 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 our co-workers. I am eternally grateful for the opportunity I have been given to work 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 as we move forward with Epic optimization, core measures, patient safety, Magnet redesignation, facility planning and evidence based practice projects.

I have the pleasure of hearing Mayo Angelou at the Summit of Sages conference, and I close with a quote from her...

*"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, CNA, BC  
Vice President, Hospital Operations/CNO

## New Chief Medical Information Officer

I am pleased to announce that Darin Willardsen, M.D., has accepted the position of Chief Medical Information Officer (CMIO) for the CentraCare Health System, effective December 1<sup>st</sup>.

Dr. Willardsen has been a member of the CentraCare Clinic Internal Medicine Department since August 2000. He is currently a hospitalist at St. Cloud Hospital and has served as the "inpatient physician champion" for the Epic Electronic Medical Record (EMR) project for the past two years.

This position is responsible for providing physician leadership for a patient-centered EMR. He will be the primary liaison between the medical staff, the nursing staff, other clinical practitioners and the Information Systems department. He will be responsible for ongoing development and revision of electronic clinical content and best practices. He will oversee the process of optimization of the use of the EMR for physicians, nurses and other clinical practitioners and health system employees using the EMR. CMIO is a half-time position. Dr. Willardsen will continue to practice as a half-time hospitalist.

Terry Pladson, M.D.  
President, CentraCare Health System



## Healthcare Literacy

**Why does literacy matter to health care providers?** Health literacy is related to overall literacy. Nearly 45 percent of Americans can't carry out basic literacy tasks, such as identifying a specific location on a map or reading a table about blood pressure.

Providers make low health literacy problems worse by using complicated medical terms when simpler words would work better. Providers can improve communication simply by listening to patients. On average, providers interrupt patients fewer than 25 seconds after they begin speaking.

**What is "plain language?"** When you use "plain language," you speak or write in a way that your audience can understand information the first time they read your writing or hear what you say.

**How can I distinguish between poor literacy, or poor understanding, and noncompliance from a patient?** You won't need to, if you follow two simple steps, say literacy experts. First, after giving health care instructions, ask your patient, "Was I clear? Is there some part I should go over again?" This makes it clear that you, the provider, are responsible for making the message clear, and that your patient has a right to such clarity.

Second, to check for comprehension, try a "teach back." Say something like, "Now, just to be sure we are on the same page, why don't you show me what you would do when ..." These two steps will help assure clear communication and understanding with every patient, and not just those you think might have low health literacy.

Inside This Issue:	
1	Happy Holidays
2	New CMIO Healthcare Literacy
3	TCAB
4	Focused Study: Pre-hospital IV Start Removal Times
5	Donating Old Cell Phones Dialysis: Services Expand, Get New Name HIDA Scans
6	Dysphagia: Free Water Protocol
7	Clinical Ladder

*Roxanne Wilson*  
*Care Center Director, Internal Medicine*

## **Transforming Care at the Bedside (TCAB)**

This aim of the TCAB project, is to create better care experiences for providers, patients, and families. The goals are to improve the hospital work environment, attract and retain high quality staff, and to improve patient care and outcomes on Medical/Surgical units. This project is taking place on Medical Unit 1 (4 South). St. Cloud Hospital is one of 68 hospitals participating, and the only hospital in Minnesota. The project started in July of 2007 and will last 2 years. We have already implemented many new innovations on the unit such as:

- Yacker Tracker
- 2 Garbage Cans in each patient room
- Admission Baskets
- Education on the "Patient Wheel of Misfortune"
- Intake and Output Revitalization
- Who's Who Staff Board

So far, the projects implemented have achieved the following results: increased staff satisfaction, elimination of waste by saving steps and time, and the ability to bring nursing time back to the bedside by decreasing time spent on documentation.

We are currently working on a large project titled, "Streamlining the Admission Process." This project includes: planning for admissions on the assignment book, the HUC entering HMIO data, enhancing nurse to nurse communication with the ETC, and ETC admission order implementation. Both planning for admissions and HMIO entry by the HUC have proven successful and are in progress on the unit. Nurse to nurse report in SBAR will see a new twist with the use of the ETC summary report in EPIC. As for the ETC admission orders, this is our best work ever!!!

Thanks to the ETC physicians and Paul Schoenberg's support: starting December 4<sup>th</sup>, 2007, you may notice the ETC admission orders look a little different. On the date of implementation, all patients admitted to the Hospitalist service will arrive on the admitting unit with the new improved ETC orders in place. The biggest changes with these orders are: they expire in 6 hours, and the fact that they include diet, I.V., and pain orders. These orders may also be used for patients being admitted into other physician groups, however this would be at the discretion of the ETC physician. New order forms will be available in EPIC beginning 0800 on December 4<sup>th</sup>. If you have specific questions about the orders, you can contact Nicole Pelach ext. 53435.

Each week we are challenged to try something new; whether it is to tweak an existing project or to start a new one. Some of our upcoming projects include: Med 1 staff status board, and guidelines for spectralink phones.

The most exciting thing about TCAB is that all projects are staff driven. The staff decide whether to adopt, adapt, or abandon the project. So far we haven't abandoned any ideas we have tried, we have done a lot of adapting to get the idea to meet our goal of what we initially set out to change. If you have questions, or would like to learn more about TCAB, you are welcome to come to Med 1 and check out the TCAB bulletin board across from the main nurse's station.

*Nicole Pelach*  
*RN/Medical Oncology*

## Focused Study: Pre-hospital IV Starts Removal Times – Sept. 2007

### Opportunity for Improvement:

Case review of trauma patient with bacteremia 6/07; determined to be related to IV. Noted in review that EMS catheter had not been replaced as stated in standard of care. Standard of care for EMS catheter DC is 24 hours after admission. Trauma patients are admitted and transferred to many different units in the hospital.

### Process:

Reviewed September trauma code patients admitted > 48 hours. 16 patients included in study. All had EMS IV starts.

### Findings:

1 patient had EMS line discharged in the ETC; excluded from study.

Admit floors from ETC: **ICU – 10 patients**

1 patient had LOS 1 day transferred to the SPCU

1 patient had LOS 1 day transferred to Surgical 1 then Surgical 2

1 patient had LOS 1 day transferred to NPCU

7 patients had LOS 3-9 days

IV in 2-7 days

One was discharged in 24 hours in ICU

**One patient developed bacteremia Coag (-) Staph in the ICU  
(source not specified)**

**PICU – 1 patient**

LOS 7 days one IV site discharged in 24 hours and another in 3 days

**Ortho – 2 patients**

LOS 8 days IV site discharged in 3 days

LOS 3 days IV discharged in 2 days

**Surgical 1 – 1 patient**

LOS 3 days discharged in 24 hours

**SPCU – 1 patient**

LOS 2 days then transferred to Surgical 1

IV site discharged in 4 days

### Conclusion:

3 patients had EMS IV sites discharged per standard of 24 hours

1 patient EMS IV site discharged in the ETC

12 patients' EMS IV site was not discharged in the identified time frame of 24 hours.

**25% compliance with standard, one patient with bacteremia**

### Recommendation:

Present findings to Clinical Nurse Practice. Housewide staff education regarding EMS IV starts and discharge requirements per standard of care. Focus study to be repeated once education completed.

*Submitted by:*

*Kirstie Bingham, Trauma Coordinator*

## Donate your old cell phone

Give area seniors access to 911 services by donating your old cell phone, batteries and accessories. Qwest Pioneers will refurbish and distribute them to sheriff's departments throughout Central Minnesota. Drop off your old phone Dec. 15-Jan. 15 at one of the CentraCare sites listed below.

**SCH:** Gift Gallery  
**St. Benedict's Senior Community:** Human Resources

CentraCare Health System is the largest contributor in St. Cloud. Contact Linda Langer at (320) 251-2700, ext. 54619, for more information.

*Submitted by:*  
*Cheri Tollefson Lehse*  
*Director of Marketing and Communications*



## Dialysis: Services Expand, Get New Name

CentraCare's dialysis services are growing and changing to meet the region's needs. Outpatient units in Cambridge and Litchfield will be opening soon, bringing the total number of outpatient units to nine. The Monticello unit will move to the new Big Lake Clinic, which is set to open in December. The CentraCare executive team earlier this month approved a new name for CentraCare Dialysis. "CentraCare Kidney Program" better reflects the array of services, which include anemia management, bone disease management, and transplant work-up and follow-up. Nephrologists treat the full range of kidney disorders.

The outpatient dialysis program has a broad reach, with a total of 43,000 treatments provided across seven communities during the fiscal year that ended June 30. In addition to outpatient kidney dialysis, the program also provides continuous renal replacement therapy for acutely ill inpatients; therapeutic plasma exchange for patients with neurological problems; aquapheresis to remove excess fluids from congestive heart failure patients; and home hemodialysis and home peritoneal dialysis for patients with end-stage renal failure.

Tom Leither, M.D., is the program's senior nephrologist and program medical director. He and department director Cathy Sindelir have been with the program since its inception in 1987.

*Submitted by:*  
*Chris Nelson, Communications*

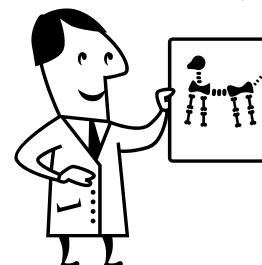
## HIDA Scans

The Nuclear Medicine dept. commonly does a test called a hepatobiliary scan (or HIDA for short). This test shows the function of the gallbladder and the patency of the cystic and common bile ducts.

Often times during the test, IV morphine is given to contract the Sphincter of Oddi in the common bile duct. Usually the nurse's in the imaging department administer this dose. However there are times especially on evenings and weekends when the patient's nurse may need to come to the nuclear medicine dept. to give the morphine to complete the scan.

This dose of morphine is a weight-based standing order specific to the HIDA scan test. The nuclear medicine technologist's will assist you with any questions.

*Thank you,*  
*Imaging Services Dept. of Nuclear Medicine*





## Free Water Protocol for Dysphagia

Effective January 1, 2008, the Speech Therapy department, in collaboration with nursing and other hospital staff, will implement the Free Water Protocol for patients with dysphagia (difficulty swallowing). Designated patients will be allowed to consume water despite recommendations for thickened liquids or NPO status (related to dysphagia). Speech Therapy is responsible for selecting appropriate patients and implementing the Protocol (admit it, some of you are breathing a sigh of relief!).

### WHAT IS THE FREE WATER PROTOCOL?

The Free Water Protocol is based on the premise that aspiration of water is less toxic to the lungs than other liquids because, unlike other liquids, water has a neutral pH. Water is free of bacteria and contaminants and does not contain the chemical compounds found in other beverages (and so is less likely to cause aspiration pneumonia); aspiration of liquids besides water may lead to respiratory infections and pneumonia. Drinking water between meals DOES NOT prevent aspiration. In fact, it is expected that patients on the Free Water Protocol will be aspirating the water they consume (yes, you read that right!).

### SO HOW DOES THIS AFFECT US?

ADEQUATE ORAL CARE IS CRITICAL for the success of this program and for decreasing the likelihood of developing aspiration pneumonia when consuming water, as any liquid or solid that is aspirated must pass through the mouth and may be contaminated by food particles or bacteria present in the oral cavity. Aspiration of water would carry the risk of delivering these pathogens to the lungs if proper oral care is not maintained. Patients on the Free Water Protocol are required to complete or be provided with oral care as outlined by the hospital's Oral Care Policy (refer to CentraNet); nursing staff will continue to do the wonderful job they do in documenting the completion of oral cares (along with countless other documentation responsibilities).

### HOW DOES THIS AFFECT OUR PATIENTS?

The benefits of consuming water in between meals include (but not limited to) improved hydration, oral moistening, and overall patient satisfaction with diet recommendations and restrictions (it may be easier to comply with recommendations for thickened liquids with meals if water is allowed between meals – or at least, that's our hope!).

### HOW IS THE FREE WATER PROTOCOL IMPLEMENTED?

The Free Water Protocol is simple. The most important guideline is that adequate oral cares are completed prior to any intake of water. Free water may be unlimited in quantity but is permitted between meals only; water can be taken up until the first bite of food. Patients consume only thickened liquids with meals and medications are not to be taken with water (as pills may be washed into the lungs along with water that may be aspirated). Patients are also instructed and encouraged to use any compensatory strategies (e.g. chin tuck, small sips, avoiding straws) as indicated by the Speech Therapist to decrease the risk of aspiration. Of note, patients may cough when consuming water, and this is acceptable!

### WHO IS THE PROTOCOL APPROPRIATE FOR?

Candidates for the Free Water Protocol are selected on an individual basis and the Speech Therapy department is responsible for its implementation. Patients are selected based on specific criteria after a swallow evaluation is completed. The Speech Therapist is responsible for obtaining an order from a physician to initiate the Protocol. Patients on the Protocol will be identified by a magnet on the door frame of their hospital room (also in EPIC documentation). Candidates and their respiratory status will be monitored closely for tolerance during their hospital stay (again, by Speech Therapy – no more for you to do!). The Protocol may be discontinued by the Speech Therapist or physician at any time if changes are noted in a patient's medical status that may be associated with possible aspiration.

Thank you in advance for your help with the successful initiation of this Protocol. It has been utilized on the Inpatient Rehab unit for the past six months with great success! If questions or concerns arise please call extension 59009 or send an e-mail to [mulliners@centracare.com](mailto:mulliners@centracare.com) and we will address them promptly. Watch for the Free Water Protocol poster board coming to a nursing unit near you!

Submitted by:  
Speech Therapy Department



## Clinical Ladder

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

**Mary Pohlman, RN**      **Kidney Dialysis**

- Care Conference
- EPIC Super User
- Calcium and Phosphorus Poster
- Certified Dialysis Nurse (CDN)

**Ann Hess, RN**      **Ortho/Neuro**

- Hearing/Vision Screening
- Reference Sheet for ACDF
- PI Committee Member
- EPIC Super User

**Patrick Ampe, RN**      **Kidney Dialysis**

- Upgrade Heart Monitors
- PI Committee Member
- Patient and Family Education Days
- ANNA

**Michelle Severson, RN**      **Pt Care Support**

- General Orientation Instructor
- Preceptor
- C-Diff Pathogen of the Month
- Float Pool Committee Member

**Amy Anderson, RN**      **Kidney Dialysis**

- Admission Checklist
- Self Cannulation/Button Hole Policy
- KDU Workshop
- PI Committee Member

**Suzanne Kelly, RN**      **Family Birthing**

- Car Seat Clinic
- Care Coordinator Guidebook
- Patient Care Council Chair
- EBP: Hypoglycemia in Infants

**Janet Kociemba, RN**      **Family Birthing**

- Taught Perinatal Loss to New Graduates
- Nurses Week Poster
- RTS Committee Member
- MN Perinatal Organization Member

**Kelly Morin, RN**      **Surgical Care**

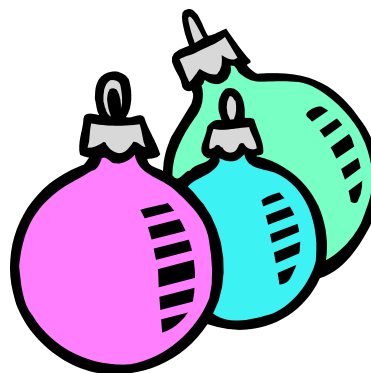
- Urology Workshop for New Employees
- PI Committee Member
- Preceptor
- Clinical Ladder Representative

**Sharon Spanier, RN**      **Surgical Care**

- Nurse Process Core Group
- Vascular Inservice
- Preceptor
- National Certification in Med/Surg Nursing

**Kristin Brandt, RN**      **Pt Care Support**

- General Orientation Instructor
- Preceptor
- Float Pool Committee Chair
- Float Pool Grid Research



**Merry Christmas  
Happy New Year**