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Patient Care News: May 2008

St. Cloud Hospital

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St. Cloud Hospital, St. Cloud, MN

Nurses Week 2008

Happy Nurses Week! I hope we can all take some time to celebrate our accomplishments and take a deep breath! What a year it has been! I know, I say that every year, but the WOW factor keeps increasing. There is a term that describes it well – complexity compression. We continue to live in an environment where exceeding quality standards, balancing tight budgets, dealing with human resource issues, growing the business and providing service excellence are all a constant. Put EMR implementation on top of all that and we have a year that has been a real challenge to say the least. O, I almost forgot, Joint Commission survey, Magnet re-designation preparation and a major facilities project.

Through all of this, we have continued to dedicate ourselves to our Mission and Care Above All. Our nursing staff published in nursing journals, participated in national research studies, continued work in evidenced based practice initiatives, attended and presented at national conferences, increased numbers of certified nurses, served as faculty for area health care nursing programs. Nurses have played an integral role in the development and implementation of significant patient care protocols; skin, falls, glucose control, VAPs, sepsis, and delirium. We have managed greater volumes and increased acuity.

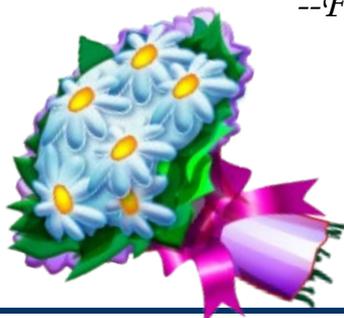
My work with you during the Epic project has given me a much better understanding of the complexity of your work. I am in awe of what you are expected to learn and to perform. I am humbled by your nursing expertise and your commitment to your patients and colleagues. The EMR is here to stay. I commit to you that I will continue to work diligently to make it a system that we all find value in. The next year will see fewer go-lives and more work on system refinement and optimization. Information Systems and Nursing will devote resources to that end and we will continue to evaluate how the Epic System is impacting our care delivery and make appropriate changes.

“Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation as any painter’s or sculptor’s work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God’s spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.”

--Florence Nightingale

Happy Nurses Week!!!!

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



News Flash....Memorial Holiday Sign-up Sheets for Cut/Call

The Memorial Day Holiday falls on Monday, May 26, 2008. The sign up sheets for cut/call requests are due to arrive on the units Thursday, May 8th and will remain posted until 8:00 a.m. on Thursday, May 22nd. Once the sheets have been collected from the units, any additional requests will be considered late.

The sign up sheets are for the holiday only. According to policy, the holiday starts at 11:00 p.m. the night before and ends at 11:00 p.m. the day of the holiday. These cut/call sign-up sheets include scheduled shifts starting at 11:00 p.m. May 25th and run through 11:00 p.m. May 26th.

If any part of your scheduled shift is outside of this timeline, you will need to call the Staffing Office to request cut/call for that portion of your shift. Just a reminder, please make sure you **write legibly** and **provide a telephone number** where you can be reached.

If you have any questions, please call me at extension 55705.

Submitted by:
Terri Krause
Coordinator, Staffing/Scheduling/Secretarial Services



April is Child Abuse Awareness Month!

Did you know that St. Cloud Hospital made 114 child maltreatment reports in 2007? This number is down from 130 in 2006. However, this issue continues to be a health care concern for all children and their families.

**AS HEALTH CARE WORKERS AND MANDATED REPORTERS,
YOU CAN MAKE A DIFFERENCE.**

Join the Blue Ribbon Campaign to End Child Abuse. The blue ribbon is the national symbol of child abuse prevention. Display a blue ribbon to raise awareness, encourage discussion, and stimulate action that will create communities where every child is safe, valued and loved.

For more information, visit www.pcamn.org

Submitted by:
Andra Van Kempen-Middlestaedt
Communications Specialist



**HEPARIN & INSULIN –
INDEPENDENT DOUBLE CHECK REQUIRED**

**A HUGE PRACTICE CHANGE TO BEGIN 5/1/08
(Extremely Important for Patient Safety)**

An independent double check is a process in which a second practitioner conducts verification. Such verification can be performed in the presence or absence of the first practitioner. In either case the most critical aspect is to maximize the independence of the double check by ensuring that the first practitioner does not communicate what he or she expects the second practitioner to see, which will create bias and reduce the visibility of an error.

Medications Needing an Independent Double Check
Heparin: IV Push, IV drip (new bag and changes), and SQ
Insulin: IV push, IV drip (new bag), and SQ

The following are the changes from the policy

Independent double check includes:

Every dose administered: correct medication, correct dose, correct route, correct patient, correct time. Verify against most current order.

Requirements:

- **Insulin (verified against Insulin order sheet)**
 - All insulin subcutaneous doses
 - All insulin IV doses
 - All insulin continuous infusions – plus check correct concentration and IV pump rate set at initiation and all new bag changes
- **Heparin (verified against heparin protocol or MAR)**
 - Confirmation that patient doesn't have a heparin allergy (including Heparin Induced Thrombocytopenia)
 - All heparin subcutaneous doses
 - All heparin IV push (bolus) doses
 - All heparin continuous infusions – plus check correct concentration and IV pump rate set at initiation, restarted infusions**, all rate changes, and all new bag changes. (Another RN must double-check pump rate that is set to verify accuracy of entered data).
 - All heparin flush for Pediatric patients
 - Heparin infusions discontinued during procedures will be double checked before restarted as soon as possible when the patient returns to the patient care unit.

****NOTE:** The terminology "resume at previous rate" is not allowed on heparin orders and must be followed by a clarification order regarding what the dosage rate will be in "units/kg/hour".

Release of Body to Funeral Home

Our current practice of notifying Admissions with the “release” allows too many possibilities for an error. There are multiple releases and at times, the release from LifeSource related to tissue/eye donation isn’t available for several hours. This can result in a change of shift communication gap. As of May 1st, the Patient Placement Coordinator (PPC)/Administrative Nursing Supervisor will serve as the central gatekeeper and notify Admissions when all releases are complete. Admissions will then notify the funeral home to pick up the body. Our policy for “Death, Care Provided After” and the Death Checklist already direct you to call the PPC/Administrative Nursing Supervisor for every death. If you know of anything pending such as an autopsy, or know of anything that is no longer pending or not applicable (ie: tissue donation) please let the PPC/Administrative Nursing Supervisor know when you call about the death. This will save extra calls! You will be asked regarding the following releases:

- Medical Examiner (ME) Case – this will always be the Stearns County ME since an ME case falls under the county where the death occurred.
- Autopsy (physician or family requested) – could also be ordered by the ME. All autopsies are done off-site at the Anoka County Medical Examiners Office.
- Organ Donation – applies to areas that provide life support such as critical care.
- Tissue Donation – completed in the Operating Room (OR) or alternate designated area. The final “release” is communicated by LifeSource once the donation is complete.
- Eye Donation – may be completed in the OR with an organ or tissue donation, or in the morgue, or in some instances, completed by the mortician at the funeral home. LifeSource/Lion’s Eye Bank calls to verify completion.
- Attending Physician Release – often times the attending physician releases the body. However, this may not be the final release. LifeSource often contacts families after they leave the hospital. It could be several hours before it is known whether there will be a tissue/eye donation.

In summary, it is imperative that the PPC/Administrative Nursing Supervisor is called about ALL deaths. Any information you have at that time related to anything pending (ME release, autopsy, organ/tissue donation) needs to be communicated. Admissions will not release the body to the funeral home until the PPC/Administrative Nursing Supervisor has called them with the final release. Please help families understand that when they call the funeral home to make arrangements, the body may not leave until all pending releases are completed. We have had situations where families have told the funeral director to pick up their loved one. The funeral director assumes everything is done. Upon arrival here, the funeral director is informed that there will be a tissue donation and it will be a few hours before the body is released. This is very frustrating for everyone involved. Your help to make this process smoother and to prevent errors is greatly appreciated.

Thank you!

Submitted by:
Barb Scheiber, RN
Director, Patient Care Support

April is National Donate Life Month

Give the gift of life through organ and tissue donation. St. Cloud Hospital partners with LifeSource, a non-profit organization dedicated to saving lives through organ and tissue donation in the Upper Midwest. Currently there are more than 97,000 men, women and children in the United States in need of a life-saving organ transplant. Tragically, an average of 18 people die each day waiting.

In 2007, 18 grateful recipients received organs from seven generous organ donors at SCH. Organs donated include: two lungs; two hearts; four livers and 10 kidneys. In addition, there were 55 people that received corneas and the gift of sight, from 35 eye donors. An estimated 1,200 people will benefit from the generous gifts of tissue given by 20 tissue donors at SCH. Please take the steps to donate life; check the box on your driver's license and share your wishes with your loved ones.

To learn more about how you can register to donate, please visit www.life-source.org or www.centracare.com and click on the organ donation link.

Submitted by:
Chris Nelson
Communications Specialist

Insulin Pens – Never Share Them With Other Patients!

Did you realize that blood borne diseases like Hepatitis B, C, and HIV can be transmitted from one patient to another by sharing insulin pens?

Insulin pens are for individual use only. Do not share insulin pens, even though a new needle is attached for each injection. Research has demonstrated that biologic material including blood and skin cells can backflow into the cartridge. The amount retained in cartridges could be enough to transmit infectious diseases.

- Hemoglobin was detected in 6/146 (4.1%) of diabetic patient's cartridges.¹
- Biologic material including squamous and epithelial cells were found in 58% of insulin cartridges in 120 diabetic patients.²

The amount of blood that backflows into cartridges is sufficient to transmit viral infections (over 0.3 micro liters). Remove needles immediately after injection to decrease the chance of air or particles to enter cartridges. Sharing of insulin pens is prohibited, even if a clean needle is used. Report to Sally Petrowski RN, Infection Control (Ext. 51149) if you know of a patient who received an injection from another patient's insulin pen.

Submitted by:
Sally Petrowski, RN. Infection Control
Deb Miller, Pharm.D. Medication Safety Pharmacist

¹Diabetes Care 2001; 24:603-04 Sonoki K, et al. Regurgitation of blood into insulin cartridges in the pen-like injectors. Diabetes Care 2001; 24:603-04, available at: <http://care.diabetesjournals.org/cgi/content/full/24/3/603>.

² Le Floch JP, et al. Biological material in needles and cartridges after insulin injection with a pen in diabetic patients. Diabetes Care. 1998; 21:1502-04. Available at: <http://care.diabetesjournals.org/cgi/reprint/21/9/1502.pdf>

Research Article: The Nature of Suffering and the Goals of Nursing

How do you keep up with all the new information, technology and practice changes that continue to affect the way we deliver nursing care? When I began my nursing career, over 25 years ago, my primary resources for “keeping up” were the American Journal of Nursing and the Nursing Times. Articles in these publications spoke to novice nurses and gave wonderful ideas for looking at “how we were delivering nursing care”.

Once I specialized in oncology, I started to receive professional journals that focused on caring for the cancer patient. Oncology Nursing Forum, the official journal of the Oncology Nursing Society and Clinical Journal of Oncology Nursing are received as a benefit of belonging to ONS. After deciding that this was the career path for me, I began to connect with the information in the specialized journals and the content became less intimidating. I even began to recognize the names of some of my favorite nursing leaders and sought out their articles for review as they seem to “speak” to the nurse in practice at the bedside.

As I looked for an article to critique I saw this paper by Betty R. Ferrell. Betty R. Ferrell, RN, PhD, FAAN is a research scientist in the Department of Nursing Research and Education at the City of Hope National Medical Center. If you are an oncology nurse and read professional journals to enhance your practice, this is a name you will be familiar with. Betty has all the credentials but also the ability to write so to those of us in direct patient care. She is truly an exemplar nursing leader.

The publication I reviewed for this critique “**The Nature of Suffering and the Goals of Nursing**” is a descriptive paper on the nature of suffering and the goals of nursing.

The **purpose** of this paper is to describe suffering and the relationship we as nurses have in the human suffering that surrounds us in our everyday work.

The **literature review** focused on publications related to “suffering” published since the early 1980’s. For almost 30 years there have been many attempts to describe the human aspect of suffering and how nursing “bears witness” to this human response and provides a voice to these lived experiences.

The **methods** used in this work, included descriptions of suffering derived from the literature review, narrative data derived from interviews or written patient comments, and the personal and professional experiences of the authors.

The article begins with a poignant story of a dying cancer patient in the hospital with her daughter at the bedside. This strategy is used to bring the reader into the subject as anyone practicing the art of nursing will be able to relate to the situation. In fact, throughout the article there are several stories that depict the suffering of patients and the interaction and role of the nurse caregiver. Nursing goals are congruent with the notion of support for the whole-person and family. The authors explore the power of nursing in bringing comfort to those who suffer. Goals of comfort are very familiar to the oncology nurse and any nurse providing care to those that suffer. These goals are outside of the traditional technological care and skills mandatory for our role and yet remain an important component of our profession.

This work is another piece in the investigation of human suffering and nursing care. The authors offer tenets for future clinical inquiry and theoretical evaluation. As a nurse that believes our power is at the bedside, I find articles that attempt to describe the important roles we play in the lives of our patients helpful in self-analysis of my nursing practice. This article provides “food for thought” and will help you tell the stories that are so much a part of our profession. If you have ever asked “Why is there so much suffering?” and “What can I do to help?” this is an excellent paper to review.

Ferrell, B. R., Coyle, N. (2008). The Nature of Suffering and the Goals of Nursing. *Oncology Nursing Forum*, 35(2), 241-247

Submitted by:
Sandy Johnson, RN, CNS

Solid Methodology Supports 100 Top Hospitals Ranking

St. Cloud Hospital's repeated recognition as one of the nation's 100 Top Hospitals is based on strong research methods. The 2007 Thomson Healthcare study included 3,018 hospitals and recognized a total of 100, in five categories, using the following criteria:

- Risk-adjusted patient mortality index*
- Risk-adjusted patient complications index*
- Risk-adjusted patient safety index*
- CMS Core Measures score total
- Severity-adjusted average length of stay*
- Expense per adjusted discharge, case mix- and wage-adjusted
- Operating profit margin
- Cash-to-total-debt ratio

*Based on MedPAR data from 2005 and 2006

St. Cloud Hospital has made the top 100 six times. Only 27 U.S. hospitals – and only one in Minnesota (Rochester Methodist, eight times) – can beat that record. St. Cloud Hospital is also one of 72 in the nation named as “*Best of the Benchmark Hospitals*”, recognition given to those that have won five or more times.

For more information, visit www.100tophospitals.com.

Submitted by:
Chris Nelson
Communications Specialist

Women's Health 101 Draws Nearly 500 Attendees

Thank you to all the providers, employees and volunteers who helped to make the seventh annual Women's Health 101 event on April 5 a huge success! Nearly 500 women participated and took advantage of the free health screenings, educational presentations, booth visits, tours and CPR training.

Thanks to all who helped to make this event a success. Special thanks to the planning committee members and the Plaza maintenance staff for all the extra work they had to do to move tables and chairs throughout the Plaza for the day. Thank you also to the housekeeping staff who worked to clean the Plaza before, during and after the event!

The feedback received was very positive about the entire day!

Submitted by:
Chris Nelson
Communications Specialist

Nursing Alumni Scholarship Offered

A St. Cloud Hospital Nursing Alumni Scholarship is being offered to a graduate or a family member of a graduate of the St. Cloud Hospital School of Nursing, who is seeking a specialty degree within the field of nursing. The application deadline for scholarships is May 16, 2008.

For more information, please call 240-2810 or visit www.centracare.com/foundation/index.htm

Submitted by:
Chris Nelson
Communications Specialist

Sleep Center Open House

Join us for the St. Cloud Hospital Sleep Center's open house from 4-6:30 p.m. Thursday, May 15th located at 1586 County Road 134 (next to the CentraCare Health Plaza campus).

The sleep center is the first accredited sleep center in Central Minnesota with multi-specialties including ear, nose, throat, pulmonary, and neurology and offers:

- testing, diagnosis and treatment for adults and adolescents
- one of the largest sleep centers in Minnesota with eight beds
- board-certified physicians and registered technologists



For more information, please call (320) 251-0726.

Submitted by:
Chris Nelson
Communications Specialist

National Volunteer Week April 27th to May 3rd

This year marks 50 years of volunteers at St. Cloud Hospital. Join us in celebrating the more than 1,000 volunteers who so generously give of their time and talent.

Last fiscal year, volunteers donated more than 85,100 hours of their time — the equivalent of 1.6 million dollars*. Volunteers make a huge difference in the lives of our patients, visitors and staff. Take time to thank a volunteer near you.

**Based on the Independent Sector value of a volunteer hour.*

Submitted by:
Chris Nelson
Communications Specialist



Upcoming Developmental Programs: Educational and Professional

June

- 4 NRP (Neonatal Resuscitation Initial Course), 8:00 a.m. – 3:00 p.m., Birch Room
- 5 Using Interpreter Services with Deaf Community, 11:30 a.m. – 1:00 p.m., Windfeldt Room, CentraCare Health Plaza
- 5 Crucial Conversation – Service Recovery, 1:00 – 2:00 p.m., Windfeldt Room, CentraCare Health Plaza
- 10 NRP (Neonatal Resuscitation Renewal Course), 9:00 a.m. – 12:00 noon, Family Birthing Center Classroom
- 11 Pediatric Palliative Care: Reaching out to Families who have a Child with a Serious Illness: Brown Bag Session, 12:30-1:30 pm, Hughes/Matthews Room, CentraCare Health Plaza
- 24 NRP (Neonatal Resuscitation Renewal Course), 9:00 a.m. – 12:00 noon, Family Birthing Center Classroom
- 24 S.T.A.B.L.E. (Sugar & Safe Care, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support), 7:00 a.m.-5:30 p.m., CentraCare Health Plaza Education Center
- 24/25 ONS Cancer Chemotherapy Course, 8:00 am – 4:30 pm both days, Hughes/Mathews Room, CentraCare Health Plaza
- 26/27 Basic Electrocardiography, 8:00 a.m. – 4:00 p.m., Windfeldt Room, CentraCare Health Plaza

July 2008

- 9 NRP (Neonatal Resuscitation Renewal Course), 12:30 – 3:30 p.m., Family Birthing Center Classroom
- 21 Neonatal Resuscitation Renewal Course, 9:00 a.m. – 12:00 noon, Family Birthing Center Classroom
- 24/25 Basic Electrocardiography, 8:00 a.m. – 4:00 p.m., Windfeldt Room, CentraCare Health Plaza

Please contact the Education Department at Ext. 55642 with questions or for additional information.

Submitted by:

*Kate Hoelscher, Administrative Asst.
Education & Professional Development Dept.*



Clinical Ladder

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

Level IV

Anne Gagliardi, RN Surgery/OR

- OpT Time Log
- SME – EPIC
- Committee Member
- Intra-op Documentation
- Certified Nurse – Operating Room (CNOR)

Level III

Amy Lehmeier, RN Intensive Care

- Cervical Collar Poster
- Discharge Checklist Cheat Sheet
- EPIC Super User
- Committee Member

Angie Moscho, RN Ortho/Neuro

- Total Knee, Knee Replacement Resources
- Preceptor
- Orthopedic Workshop
- Orthopedic Nurse Certified (ONC)

Sherri Reischl, RN ETC/Intensive Care

- Rhythm Interpretation for Oral Surgeon Group
- VHA-Sepsis Protocol
- Preceptor
- ACLS Teaching

Karen Bander, RN Ctr for Surgical Care

- Conference: Patient-Family Centered Care
- Clip & Prep Resource Binder
- Co-Chair, Practice Committee
- Preceptor

Carol Steil, RN Intensive Care

- Nursing Process Core Group Leader
- EPIC Documentation
- Post-op Cardiovascular Surgery Education
- Critical Care Registered Nurse

Level III (cont'd)

Jill Harris, RN Kidney Dialysis/KDB

- Pre-Education for Dialysis – Smart Text
- Renal Network Coalition
- PI Committee/Audits
- Fistula First Committee

Karen Halbakken, RN Cancer Center

- Hypersensitivity Protocol
- Chemo Class
- Discharge Medication – PMI Update
- Oncology Certified Nurse (OCN)

Terri Evans, RN Post-Anesthesia/PACU

- Normothermia Poster
- Crash Cart Education
- PI Committee
- Certified Post-Anesthesia Nurse (CPAN)

Desiree Fuecker, RN Surgery/OR

- Chair, OR Open House
- Skin Integrity PI Audit
- Skin Insults in Operating Room Module
- Preceptor

Chuck Kalkman, RN Mental Health

- Code Green Audit
- Behavior Emergencies Staff Safety Tips Education
- AMP Training
- ANCC – Psychiatric and Mental Health

