6-2008

Patient Care News: June 2008

St. Cloud Hospital

Patient Care News

Volume 29, Number 6
June 2008

St. Cloud Hospital, St. Cloud, MN

Inside This Issue:	
1	Construction Update
2	Critical/Toxic Lab Call-Back policy
2-3	Injury Prevention Teaching sheets
4-5	Surgical Site Marking posters
6-7	Journal Article Review
7	Philanthropists Receive Award
8	Nurses' Week Poster Winners
9	Clinical Ladder

Hospital & General Contractor Work Together to Control Dust, Risk of Patient Infection

As St. Cloud Hospital construction gets under way, the practice of infection control policies has become even more important.

St. Cloud Hospital Infection Control Specialist, Sally Petrowski, R.N., along with Mike Kegler-Gray, of McGough Construction, are both working hard to ensure a safe environment for patients and employees. McGough Construction is specially trained and certified in maintaining safe work sites on health care premises

The biggest concern, according to Petrowski, is the inhalation of fungal spores often found in construction dust. Patients with poor immune systems or lung conditions are more prone to develop opportunistic infections including aspergillosis, an infection caused by aspergillus mold.

Symptoms may include fever, malaise, a hacking cough, wheezing and weight loss.

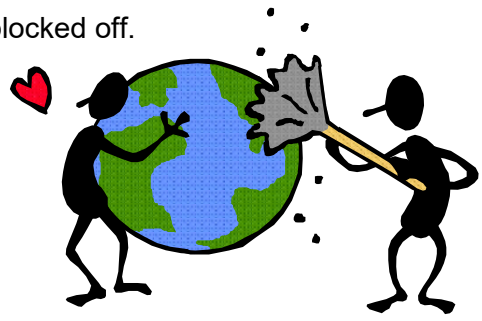
To help protect patients and employees from construction-related health problems, a three-pronged approach was established.

1. Minimize the amount of dust in construction areas. McGough workers water down the area they are working in prior to demolition to get rid of excess dust.
2. Check air filters daily and change them as needed to help keep dust out of the hospital air supply. In addition to clean air filters a negative air particle machine will be used during the building phase of construction. The machine works by moving air from inside the hospital out. This decreases the risk of dust particle inhalation.
3. Monitoring indoor air quality using a TSI meter. A baseline reading is taken before any construction begins along with daily monitoring and analysis of air particles and weekly frequency evaluations to ensure the filtration system is working effectively.

To help protect patients from infection, employees can follow a few simple guidelines:

- Side exits that are designated off limits should be treated as such. By opening these doors, all air control management is negated.
- Keep windows closed at ALL times.
- Report increased dust or areas being used despite being blocked off.

Submitted by:
Chris Nelson
Communications Specialist



Critical/Toxic Lab Call Back Policy

When a patient's lab work falls outside of an acceptable range an "alarm" is triggered in the lab for a staff member to contact the unit where the patient is located with the abnormal laboratory information. The information is relayed to the nurse caring for the patient and they in turn review the lab work and determine how best to communicate the information with the patient's primary physician and other members of the patient care team.

Some patient populations such as renal or oncology patients have expected variations in their blood and chemistry levels. What is considered acceptable or an anticipated lab result in these patients is not acceptable in other patient populations. Because of these expected variations the nephrologists and oncologists have determined customized alarm values that can be used with their respective patients. The alarm values have been added to the Call-Back Critical and Toxic Value Levels policy on Centra Net.

What these addendums mean for staff is variations are possible between what is considered abnormal and called to the unit as a critical lab value based on your patient's diagnosis. For example what is considered an alarm value for a medical surgical patient is quite different than what is an alarm value for a patient with ovarian cancer or an end stage renal patient verses a patient with asthma. Regardless of whether your patient's lab work is called as an alarm value or not the patient's nurse is ultimately responsible for ensuring that the lab results are reviewed in a timely manner and communicated if necessary to the appropriate staff.

Please take time to review the addendums to the Call-Back Critical and Toxic Value Levels policy and remember nothing can take the place of using your nursing judgment when communicating about and advocating for your patients.

Submitted by:
Catherine Tieva RN BA OCN, Oncology Core Charge Nurse

Injury Prevention Teaching Sheets

Injury prevention patient education is available in EPIC under the general ITR, pediatric ITR and Rehab ITR. The teaching sheets are:

- Safety Belts, Airbags, Car Seats
- Motorcycle Helmets
- Safety Tips to Prevent Falls
- Helmet Safety for Children

These are to be reviewed and given to the patient upon DC if they have been involved in a motor vehicle crash, motorcycle, ATV, bike crash etc, without safety belts, helmets or car seats or if the patient has sustained a fall causing injury. The forms are available in OPTIO under Injury Prevention and can be printed off and used for patient education.

Submitted by:
Kirstie Bingham, Trauma Coordinator
Emergency Trauma Center

****SEE POSTER SAMPLES ON NEXT PAGE****

SAFETY BELTS AIRBAGS CAR SEATS

Take Responsibility
You are responsible for the safety of everyone in your car, so make sure everyone buckles up – ever time they ride with you. Even if you buckle up, unrestrained passengers can endanger you. The force of a crash can make an unbuckled person into a lethal flying object.

Airbags and Belts:
The Critical Combination
Airbags are designed to work with the seat belt to keep the vehicle occupant in position in the event of a crash. Airbags deploy at rapid speeds, and their force can injure or kill someone who is not sitting in a proper position.
Drivers should be a minimum of 10 inches away from the steering wheel.
Lap belts should be worn low and snug across the hips, and shoulder straps should never be tucked under an arm or under the back – not only is this unsafe, but is illegal.

Regardless of the air bag technology a vehicle has or does not have, children under the age of 13 should never ride in the front seat of a car.

Pregnancy and Safety Belts
Pregnant women should wear the lap belt under the stomach, as low on the hips as possible and against the upper thighs. The shoulder belt should rest between the breasts. Make sure that the straps fit as snugly as possible.

Rear-Facing Seat:
- Infant only or convertible seat.
- Newborn to at lest 1 year old and 20 pounds.

Forward-Facing Seat (with a harness):
- Convertible or combination seat
- Ages 1 to 4 years old

Booster Seat:
- Ages 4 to 8 years old

(Child Passenger Car Seat Clinics available in each county. Inquire @ Public Health Offices or local hospital)

Adult Seat Belt only:
- Over 8 years old and 57 inches tall (4'9")
- Over 80 pounds

SAFETY TIPS TO PREVENT FALLS

- Use a long-handled grasping device.
- Wear shoes that tie or have Velcro closures, are lightweight and supportive, and have a non-skid sole.
- Sit down while putting on socks, shoes and trousers.
- Store frequently used items in accessible cupboards.
- Get up slowly from sitting, lying, or squatting.
- Allow your eyes time to adjust when going from a bright to darker space.
- Make more trips with smaller loads.
- Use handrails on stairs.
- Use a night light between bedroom and bathroom.
- Avoid walking on icy steps or sidewalks.
- Place light switches within reach of bed.
- Use carpets made with short, dense pile and not shag.
- Loose carpet edges should be tacked down with double-sided carpet tape.
- Install grab bars to tub or shower.
- Keep electrical and phone cords away from walkways.
- Have handrails installed on outside steps.
- Keep sidewalks free from clutter and ice.
- All electrical cords should be placed out of traffic areas.
- Wipe up spills as soon as they happen.
- Small pets should be kept away from under foot.

HELMET SAFETY FOR CHILDREN

- Make sure the helmet fits snugly on the head and doesn't slip around.
- The helmet won't work if it comes off your head. Use the strap and wear the helmet in the correct position.
- A helmet should be replaced if it has been involved in a crash.
- Bicycle helmets have shows to reduce head injuries by 85%.
- Helmets protect your head and that means our brain; brain injury is the Number 1 killer and disabler of children in America.
- Ride with traffic – on the right side of the road, and use hand signals.
- Stop for stop signs and red lights.
- Don't ride with a headset on – you won't hear danger coming.
- Use lights and reflectors at night.

MOTORCYCLE HELMETS SAVE LIVES

Wearing a helmet while riding your motorcycle doesn't just make good sense, bu in many states, it is now the law. When considering that a helmetless ride involved in an accident is three times as likely to suffer a brain injury as a motorcyclist wearing a helmet, wearing a helmet is a smart proposition.

A helmet is the best protective gear you can wear while riding a motorcycle. A helmet will not only protect your head from a potential injury, but also cut down on wind noise, windblast on your face and eyes, and deflect bugs and othe debris that flies through the air. It will also protect you from changing weathe conditions and reduce rider fatigue.

Choosing Your Helmet:

When choosing a motorcycle helmet, consider a full-face helmet with a visor This type of helmet will provide you with the best protection for your head and eyes. Helmet manufacturers over the past years have made it easier and more popular for riders to wear helmets by introducing new colors and designs. Additionally, helmets today are made of new lightweight materials making them much more comfortable to wear than the heavy and cumbersome helmets of the past.

When considering a new helmet, make sure to look for the DOT or SNELL sticker inside or outside the helmet. The sticker means that the helmet adheres to the safety standards of the U.S. Department of Transportation (DOT) and/or the Snell Memorial Foundation, a not-for-profit organization dedicated to research, education, testing and development of helmet safety standards.

Site Marking Posters

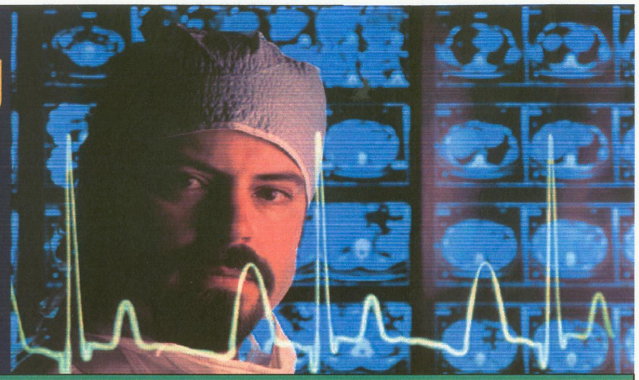
Attached are the posters for site marking by surgeons that will begin in Surgery on June 9, 2008. This will affect the perioperative areas primarily (CSC/POH/PACU/OR). However, all units that may send patients to surgery should stock the skin markers from Distribution on their units. I know Pat Rauch had mentioned keeping a supply in the nurse servers. These are single-use markers and they should be disposed of after each use. The number is *#1057878.*

I have attached copies of the posters that I will be posting in the Surgery areas over the next few weeks at the request of the Education Council members at yesterday's meeting. Please feel free to use these posters in employee/physician areas. Thank you for your assistance in making this a smooth transition. Please let me know if you have questions.

Submitted by:
Darin M. Prescott, RN-BC, BSN, CNOR, CASC
Educator, Perioperative Care

****SEE POSTER SAMPLES BELOW AND ON PAGE 5****

Surgical Site Marking Starts June 9, 2008. Are you ready?



The St. Cloud Hospital new Policy and Procedure for Site Marking will begin June 9, 2008 in Surgery. Policy highlights that will impact our medical staff include:

- ✓ Surgeons mark the site involving laterality or level
- ✓ Use a permanent single-use marker available in pre-op areas
- ✓ Use first, middle, & last initials (e.g. MKR)
- ✓ Must be completed prior to sedation or anesthesia

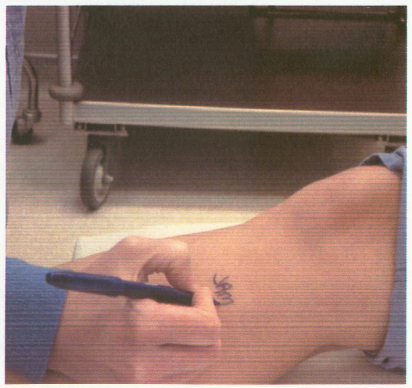
We appreciate you help in making this a smooth transition to a safer practice.

"The surgeon and patient should agree and the operating surgeon and the operating surgeon should mark the site prior to giving the patient narcotics, sedation or anesthesia."

ST-41, American College of Surgeons

"The surgeon, in consultation with the patient when possible, places his or her initials on the operative site in a way that cannot be overlooked."

Sign You Site Initiative,
American Academy of Orthopaedic Surgeons



Thank you for your commitment to patient safety!

The Perfect Storm: Journal Article Review

A "Perfect Storm" is defined as "the simultaneous occurrence of events which, taken individually, would be far less powerful than the result of their chance combination." I experienced a professional "perfect storm" recently where seemingly distinct and different parts of my job collided with one another and now a change in one dimension of my practice will impact another seemingly distinct part of my practice. Such a collision of events occurred recently when:

1) practice changes in EPIC (medication administration) impacted
2) the clinical coordinator part of my job (working with schools of Nursing)
3) which impacted what had been a routine policy review process
4) this impacted a mentorship I was completing with a CNS student from the University of Minnesota: Moorhead.

Perfect Storm's are rare and when it appears one is about to hit, I have learned to "sit up and pay attention" because something big is coming my way and I want to be ready for the impact before the storm sweeps me away.

I recently learned that many neighboring hospitals (especially those in Minneapolis/St. Paul and those with electronic medical records) are requiring Nursing Faculty to "co-sign" medications administered by students they (the faculty) are supervising. I was asked if Saint Cloud Hospital should make similar requirements of Nursing Faculty who supervise students here. By chance, the policies that guide medication administration by students is up for review and Miki Hagaonna RN, a CNS student working with me was looking for an Evidence Based Practice project to implement. I, like everyone else, don't want to change smooth practices just because other hospitals are changing theirs. And then, Miki shared the following article with me:

Characteristics of Medication Errors Made by Students During the Administration Phase:
A Descriptive Study
By: Zane Robinson Wolfe, PhD, RN, FAAN, Rodney Hicks, MPA, MSN, ARNP,
and Joanne Farley Serembus, Edd, RN, CCRN
Journal of Professional Nursing, Volume 22, No 1. 2006: pp 39-51.

This descriptive, retrospective study examined characteristics of medication errors made by nursing students as they were administering medications over a five year period. 1,305 student-made medication errors occurred of the following types:

Omission Errors:	19%
Improper dose:	17.1%
Wrong Time:	**16.9%**
Extra Dose	14%
Wrong Patient	**9%**
Unauthorized drugs:	8%
Wrong Route	**3.6%**
Wrong Technique	3.4%
Other(s)	9%

The combination of inexperienced students (77%) and Distractions (20%) were thought to contribute to the errors. Three types of errors (Wrong time, Wrong Patient and Wrong Route) were significantly higher (2-3 times higher) in students than in licensed staff reporting medications errors during the same time period. Many of the "wrong patient" errors occurred in semiprivate rooms with two patients where medications intended for one patient were inadvertently given to the other room occupant.

The information from this article together with survey results from thirteen of our affiliating faculty reporting variations in supervising practices has highlighted the need to clarify expectations of faculty supervision in administration of parental medications, all pediatric administered medications, and supervision of the "five rights" with students administering medications to multiple patients. A task force will meet this summer to review the findings of this and other Evidence-Based Practice findings to reduce the potential for these types of student administered medication errors occurring at this hospital.

A special thank you to Minnesota State University student: Miki Hagaonna, RN, for her work in collecting and evaluating the evidence surrounding student administered medication errors and recommending ideas to reduce such errors.

Submitted by:
Pamela Rickbeil MS, RN, APRN, BC

Area Couple Receives Philanthropy Award

CentraCare Health Foundation was proud to nominate Benedict and Dorothy Gorecki from Milaca for the 2008 Distinguished Philanthropist Award. The Goreckis' received the award on April 28 at the Association for Healthcare Philanthropy Midwest Regional Conference in Louisville, Ky. CentraCare Health Foundation Vice President Mark Larkin said, "Ben and Dorothy are a sterling example of how philanthropy can positively impact the lives of patients and residents who receive health care services in Central Minnesota. Their generosity will be appreciated for generations."

Out of the $17 million that the Goreckis' have given to various projects throughout Central Minnesota, $5.5 million has benefited CentraCare Health System. The couple has been especially generous to St. Benedict's Senior Community, including the addition of a new wing currently under construction, which will increase the number of private rooms for residents.

Submitted by:
Cheri Tollefson Lehse
Director of Marketing and Communications

2008 Nurses Week Poster Winners!

Congratulations to the winners of the 2008 Nurses Week poster contest! Accomplishments were recognized at the Nurses Week brunch that was held on Wednesday, May 7th.

- **Evidence Based Practice Award:** PCA Retention and Job Satisfaction *(Joy Plamann, Carla Olson, Med 2 EBP Team)*
- **Performance Improvement Award:** Hardwiring Excellence *(Sherri Spanier, Chelsie Bakken, Julie Bukowski, and Leigh Klaverkamp)*
- **Education/Innovation Award:** Heparin in Pressurized Lines – A Practice Change *(Robert Davidson and Amy Lehmeier)*
- **Family/Patient Centered Care Award:** The Pre-op Call, Your Passage to a Safe Hospital Stay *(Jolaine Schreifels)*
- **Magnet Force Award:** Power to the People *(Mary Klein and Brenda Hommerding)*

Other entries included:

- Stop the Clot *(Kay Greenlee)*
- Implementing of DBT on an Inpatient MHU *(Chris Walker)*
- Alcohol Withdrawal *(Anne (Reese) Ohmann)*
- May is Mental Health Month (Ron Hemmesch)
- Graduated Compression Stocking and Intermittent Pneumatic Compression Device Length Selection *(Amy Hilleren-Listerud)*
- From Novice to Expert – How Do We Get There? *(Donna Kamps)*
- Rehab Jeopardy FIMs the Word *(Kathy Toulouse and JoAnn Olson)*
- Cervical Collar Policy and Documentation *(Kirsten Skillings and Amy Lehmeier)*
- Implementation of an Evidence Based Centralized Discharge Planning Assistant for Case Management *(Deb Eisenstadt)*
- Obstructive Sleep Apnea and Narcotic Analgesics *(Courtney Taufen, Candace Winscher, Deidre Burgoyne, and Lynn Lampi)*
- Grief Support for Professional Caregivers *(Cathy Tieva and Tracey Dearing-Judd)*

Submitted by:
Nurses' Week Committee Members

Clinical Ladder

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

Level IV

June Bohlig, RN — Surgery/OR
- Malignant Hyperthermia Inservice
- Audit tool – Sterilization
- PI Committee Member
- Preceptor
- Certified Nurse – Operating Room (CNOR)

Level III

Sara Arickx, RN — Intensive Care
- Hemodynamics Module
- ACLS Instructor
- ROE
- AACN Member

Mary Rennie, RN — Ctr for Surgical Care
- Patient Satisfaction Presentation
- Guidelines for Precepting
- Preceptor
- RNC – Med/Surg

Teresa Klaphake, RN — Telemetry
- Summer Safety for Third Graders
- EKG Class Instructor
- Cardiology Seminar
- Clinical Practice Committee

Mary Sund, RN — Children's Center
- Preceptor
- EPIC Super User
- Pediatric Bereavement Services Committee
- AACN Member

Ruth Schroeder, RN — Children's Center
- Pediatric Placement of Neutropenic Patients
- Preceptor
- Poster – Care Rounding
- Patient Satisfaction Committee

Level III (cont'd)

Becky McGuire, RN — Children's Center
- Relay for Life
- Color Coding Omnicell
- SMILES Committee
- RNC – NICU

Carol Thelen, RN — Radiation/Oncology
- Assessment Tool for Stomatitis/Mucositis
- Oncology Nursing Society – WCONS Treasurer
- PI Committee
- Oncology Certified Nurse (OCN)

Naomi Schneider, RN — Surgery/OR
- Preceptor
- Employee Satisfaction Chair
- ROE
- Career Day, Litchfield High School

Melissa Nagengast, RN — Infusion Center
- Pocket Medication Card
- Patient Chemotherapy Class
- Preceptor
- Relay for Life

****

To find out what programs are offered through the Education and Professional Development Department, please call Ext. 55642.

****