

CentraCare Health

DigitalCommons@CentraCare Health

Patient Care News

CentraCare Health Publications (Newsletters,
Annual Reports, Etc.)

11-2008

Patient Care News: November 2008

St. Cloud Hospital

Follow this and additional works at: <https://digitalcommons.centracare.com/patient-care-news>



Part of the [Organizational Communication Commons](#)

PATIENT CARE NEWS

St. Cloud Hospital, 1406 6th Avenue, St. Cloud, MN 56303

www.centracare.com

320-251-2700



Magnet Site Visit!

Our Magnet journey is quickly approaching a second major milestone. We've come a long way since July of 2001 when a St. Cloud Hospital strategic goal was developed to review the Magnet program and make a decision on whether to pursue Magnet recognition.

INSIDE THIS ISSUE

| | |
|------------------------------------|-----|
| Magnet Site Visit | 1-2 |
| Research Article: Value-Added Care | 3 |
| Thanksgiving Cut/Call | 4 |
| Clinical Ladder | 4 |

The Magnet program is a result of research conducted by the American Academy of Nursing in the 1980s. They analyzed how to attract more qualified nurses to hospitals suffering a shortage. Originally, researchers identified 41 hospitals that had magnetic attributes that attracted nurses, a high degree of nurse autonomy, good communication with physicians and strong and visible nursing leadership.

In 1993 the ANCC began offering hospitals the opportunity to apply for Magnet status. Today, Magnet designation is Nursing's top honor and is recognized nationally and internationally as the gold standard in Nursing excellence. As of November 2008, 298 hospitals have been added to the ranks. This represents 3.9% of the hospitals in the United States. Magnet facilities consistently demonstrate three key characterizes:

- Professional autonomy through Nursing practice.
- Nursing control over their practice environment.
- Effective communication among nurses, physicians and administrators.

In January 2002, after several months of reviewing the Magnet criteria, a decision was made to go for it. Our formal application was submitted on September 30, 2002. This was quite an accomplishment. It was also a commitment for us to complete preparation for a site visit within a two year period. Of course none of us thought that we needed two years to get ready, so we set a one year visit goal. At that time there was one Magnet in the state of Minnesota, which was the Mayo hospitals, and we wanted to be the second. On December 13, 2003, we submitted our written document. The appraisers completed their site visit on April 19 and 20, 2004, and we were awarded Magnet status June 14, 2004.

Magnet designation is given for a four year period. To maintain that designation an organization must successfully complete the re-designation process. We began development of the Magnet re-designation document in mid 2007. 3,940 pages of documentation were submitted on May 22, 2008 and the requested additional documentation was submitted August 22, 2008. At the end of September we were notified that our documentation had achieved the level of excellence required to move to the next phase, which is a site visit. Our site visit is scheduled for December 2, 3, and 4, 2008

This is our time to shine. The site visit is done to verify, clarify and amplify information received in the written documentation. The appraisers assess "does our practice environment reflect what we have written?" They want to talk to our Nursing staff to hear what they value through their stories.

Think of about the following:

- Creativity/innovation and catalyst for change
- Respect for the person/patient and family focus
- Use of intuition
- Care based on outcomes
- Collaborative
- Being present
- Coordinating care/mutuality
- Building on strength
- Private moments with patients
- Expert resources/teaching
- Respect for patient autonomy
- Humor
- Advocacy
- Building trusting relationships

We know that Magnet re-designation site visits are more difficult because “the bar has been raised”. They’re going to be looking for what is different from the time of our first visit. They’re looking for implementation of dynamic programs and processes. Are we growing and advancing? How do we respond when bad things happen? They’re looking for shared governance processes, strong research, skill mix and staffing decisions. How many of our nurses are certified? How is our orientation completed and how do we assess its effectiveness? What kind of professional resources are available? How in touch with the community are we? And can they find the Magnet culture at all levels in the organization? Magnet does not demand perfection - but excellence.

We are looking forward with great anticipation to the opportunity to share with the Magnet appraisers what a wonderful organization we have. We have prepared numerous tools for you to use in helping to tell our story. These include:

- Computer Based Training (CBT)
- Bulletin board on the units
- Quality Posters
- Evidenced Based Practice Posters
- Flashcards
- Quick Notes
- Keys to Success pamphlets
- Unit activities and meetings

These tools have been put together to celebrate and remind ourselves of the wonderful work we have done. The Magnet journey has helped us to recognize, celebrate and continually improve our interdisciplinary practice environment and the care we deliver. We want to combine modern technology and medicine with the best possible patient care experience to become a truly healing environment. We want to partner with our patients to anticipate and satisfy the full range of patient needs and preferences. We put our patients first and we have significant employee pride in the work we do, the leadership of the organization and the results we achieve. We feel like we make a difference. Every day we reach out to our patients to find out what they want and what their story is, and then we do our best to make that happen. It sounds simple but we know it isn’t. You don’t get good because you are Magnet, you get Magnet because you are good. This is a chance for our team to shine. Relax, have fun and tell our story.

Thank you all for your commitment to excellence. I want to pay special recognition to the Magnet Steering Committee members who have literally been working day and night to make this happen. (Linda Chmielewski, Beth Honkomp, Roxanne Wilson, Jean Beckel, Barb Scheiber, Brenda Ackerman, Kelly Thomson and Lori Eiyneck).

Sincerely,



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

Research Article Review

Submitted by Roberta Basol RN, MA, NE-BC

Upenieks, V.V., Akhavan, J., & Kotlerman, J. (2008). Value-added care: A paradigm shift in patient care delivery. Nursing Economics. 26(5). 294-301.

The authors address the evolving changes in nursing practice resulting in a complex work environment driven by cost, quality, and service. In order to maximize nurse productivity and value-added care, a pilot study is conducted to gain an understanding of how much time RNs spent in value-added care and whether increasing the combined level of RNs and unlicensed assistive personnel (UAP) increased the amount of time spent in value-added care compared to time spent in necessary tasks and waste.

The literature review revealed studies which have been done to determine the direct nursing care needed to reduce labor costs and studies which have demonstrated that a greater proportion of RNs produces better and safer patient outcomes, and that fewer RNs results in a higher patient mortality rate. Work environment studies have revealed nurses identify the ideal practice environment as “good patient care comes from satisfied nurses, and satisfied nurses have the right tools, support, and time to feel good about the care they have provided.” Initiatives like Transforming Care at the Bedside (TCAB) concentrate on ways to enhance nursing process and improve nursing and patient outcomes.

The conceptual framework for the study is systems theory which takes inputs from the environment and transforms them into outputs. Considering the complexity of a hospital or healthcare environment, the transformation can be challenging. Using a convenience sample from two 30 bed Telemetry units and a 20 bed Med/Surg unit, seven RNs were randomly selected and shadowed by a research assistant (RA). The RA recorded workflow activities collected electronically on a Palm Pilot. The RN's location and activity was inputted every 10-15 minutes. Activity was categorized as valued-added, necessary, and non-value-added and then further divided by direct care, indirect care, documentation, administrative, waste, and other. Prior to data collection the RAs were tested to correctly record observed activity. Data collection was done randomly over two months, different days of the week, and different hours of the day.

Data analysis was done using descriptive statistics and regression analysis was applied to determine whether an increase in the number of RNs would increase the amount of time spent in value-added care. Results revealed unit A spent 60% of their time in value-added care, 19.7% in necessary care, and 20.7% in non-value added care. Unit B spent 32% of their time direct care activities, 26.6% in non-direct care, 24% documentation, 5% in waste, and 11.6% in other activities. Regression analysis revealed when adding RNs or UAPs the time spent in all activities increased, however there was no significant difference in the proportion of time spent in value-added care and less time in necessary tasks and waste.



Limitations of the study included that the data was collected by research observations. Since nurses multi-task, it is not possible for an observer to know what else the nurse is doing, or planning to do. Also LPNs and UAPs were not observed so the entire scope of nursing activities was not reviewed. The implications of the study are to consider how nursing productivity can be measured by value-added activities and to determine how to reduce time spent in non-value-added activities. It also supports projects such as TCAB to assess nurse staffing and workflow from the standpoint of time spent by front-line nurses.

News Flash! Thanksgiving Holiday Sign-up Sheets for Cut/Call

*Terri Krause, Coordinator
Staffing/Scheduling/Secretarial Svcs*

The 2008 Thanksgiving Holiday falls on Thursday, November 27th. The sign-up sheets for cut/call requests are due to arrive on the units Thursday, November 6th and will remain posted until 8:00 a.m. on Tuesday, November 25th.

Once the sheets have been collected from the units, any additional requests will be considered late. These sign up sheets are for the **holiday only**. According to our policy, the holiday starts

at 11:00 pm the night before and ends at 11:00 pm the day of the holiday. These cut/call sign-up sheets include scheduled shifts starting at 11:00 pm November 26th and run through 11:00 pm November 27th.

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.

We would like to remind you to 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 Ext. 55705.

Clinical Ladder

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

Cindy Brown, RN Telemetry

- Preceptor
- Women's Heart Health Poster
- PCA Task Force
- Biphasic Defibrillator/Temporary Pacemaker Skill Station

Michelle O'Connor, RN Surgical Care

- Neck Surgery Inservice
- Patient Satisfaction PI Audit
- Preceptor
- Med/Surg Certified

Amy Pearson, RN Kidney Dialysis/Brainerd

- IV Admixture Inservice
- Resource Sheet for New RNs
- Renal Class
- Education Committee Co-Chair

Carol Primus, RN Chemo Infusion

- Open House Tours for Coborn's Cancer Center
- PI Committee Chairperson
- Preceptor
- Patient Chemo Class

Amy Rothstein, RN Center for Surgical Care

- Pediatric Basket Checklist
- "Outpatient Surgery Experience" poster
- EPIC Super User

Carrie Stowell, RN Children's Center

- PALS Stations
- Pediatric Discharge Writer
- PEARS Course Development
- Preceptor

Karen Radermacher, RN Family Birthing Ctr.

- Low Risk Obstetrics Inservice
- Intermediate Fetal Monitoring Course (AWHONN)
- Perioperative Practice Committee Member
- EPIC
- Super User Documentation

To find out what educational and professional development programs are offered, please go to the CentraNet Education Tab or call the Education