

CentraCare Health

DigitalCommons@CentraCare Health

Patient Care News

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

5-2009

Patient Care News: May 2009

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

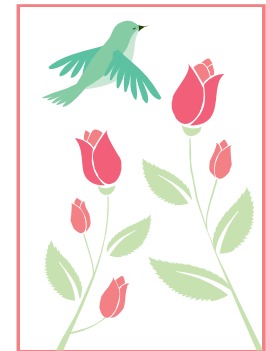
www.centracare.com

320-251-2700

Happy Nurses Week 2009

We did it – Again!! Designated a Magnet Hospital by the American Nurses Credentialing Center, 2009-2013. What an accomplishment. Magnet designation is the highest national and international recognition for nursing excellence. Magnet hospitals assure:

- That patients receive high quality care based on current evidence that results in superior outcomes;
- Excellent patient satisfaction;
- A professional environment where employees are involved in organizational decision-making;
- Team members that work well together with trust, respect, and cooperation;
- Successful recruitment and retention of highly qualified health care personnel.



I commend you on your achievement of this prestigious recognition and on your commitment to our patients and community.

Our health care world is ever changing, improved quality with full transparency, public demand to reduce health care costs while expectations and complexity continue to increase! We are challenged to make sound decisions and plan for our future facility and human resource needs in a very tight, volatile economy.

One thing is certain; we will continue 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.

The year ahead will challenge our most critical thinking and decision making skills. We must re-examine our care model. Healthcare needs significant reform. Our continuum will include post acute care as we move to a bundled payment structure. Our revenues will be ever more impacted by pay for performance and maintaining patient volumes. Expenses must be reduced to counter the changes in reimbursement we know are coming from the State and National levels. This is a time for nursing to lead the effort. We have the ability to significantly impact both sides of the financial equation and we need to look at this as an opportunity to be proactive rather than reactive.

*“The secret of joy in work is contained in one word – excellence.
To know how to do something well is to enjoy it.”*

--Pearl Buck

Happy Nurses Week!!!!

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

INSIDE THIS ISSUE:

2009 Nurses Week	1
Picking up 2 Units of Blood	2
Memorial Day Cut/Call	3
Student Data Changes	3
Research Study: Workplace Incivility	4-5
Upcoming Ed/Professional Programs	5
Clinical Ladder	6

Student Schedule Changes and Contact Information for the Summer Months

*Terri Krause, Coordinator
Staffing/Scheduling/Secretarial*

As the school year draws to an end, we would like to remind those students that will be changing their phone numbers to please call the Staffing Office at 255-5607 as soon as your new information is available/known.

Also, please let your Scheduling Associate know if your availability for hours over the summer will be different than it was during the school year. Thanks for keeping us up-to-date!



News Flash....Memorial Holiday Signup Sheets for Cut/Call

Terri Krause, Coordinator, Staffing/Scheduling/Secretarial Services

The Memorial Day Holiday falls on Monday, May 25, 2009. The sign up sheets for cut/call requests are due to arrive on the units Friday, May 8th and will remain posted until 8:00 a.m. on Thursday, May 21st. 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 24th and run through 11:00 p.m. May 25th. 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.

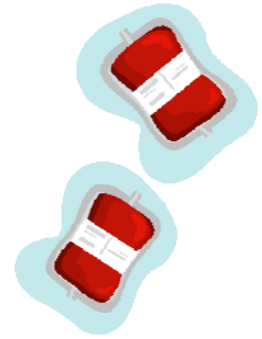
Just a reminder - make sure you write legibly and provide a phone number where you can be reached. If you have any questions, please call Terri Krause at Ext. 55705.



So You Want To Pick Up Two Units Of Blood...

Kathy Prodzinski & Kim R. Hintermeister, Transfusion Service (a.k.a. Blood Bank)

A recent audit by the Transfusion Service brought to light some concerns regarding the Start-Time of the second unit of blood/components when two units are issued at once. Longstanding policy in the Transfusion Service has obliged a 2-unit issue request for such places as ETC and ICU, for example. The presumption from the Lab perspective was that the need was of a critical nature and the transfusion of both units was imminent, (i.e. two IV's going, or both units started within the industry standard of 30 minutes.) Two units *issued at once* was never expected to become a common occurrence, but ongoing practice to the contrary made us want to take a closer look.



Twenty-six (26) cases from October/December, 2008 were evaluated where the second unit was not started within 30 minutes. The range was 35 - 125 minutes, the average was 65 minutes, the median was 62 minutes.

Organization policy, *CentraNet > Policies/Procedures > Patient Care Manual > Blood and Blood Component Transfusion*, (pg. 2:11) states that "each unit of blood should be completely administered within four hours after checking it out from the Blood Bank...."

The four-hour maximum is a patient safety issue relating to bacterial contamination concerns resulting from opening the once-closed system to the air (spiking the bag), and allowing a once-refrigerated (1-6C) temperature controlled product like red cells and plasma to warm to room temperature - where it is easier for bacteria to proliferate.

The 30-minute standard keeps the product in reasonable control, limits contamination concerns and prohibits a blood product from lying around unmonitored during changing patient scenarios and room transfers. Additionally, it has minimizing blood wastage in mind.

Effective May 4, the *Blood and Blood Component Transfusion* policy statement above is being modified to:

"The transfusion of each unit of blood/components should be started within 30 minutes of Issue, and completed within a maximum of four (4) hours. If there is an unexpected delay in starting the transfusion, return the blood to the Transfusion Service without delay. Red blood cells returned with a temperature >10C will be wasted (can result from as little as 15 minutes out of the Transfusion Service refrigerator). FFP will be accepted for the purposes of reissue within 30 minutes."

Transfusion Services will still issue more than one (1) unit when it is clinically necessary, but there must be very clear direction given to the courier picking up the blood. Personnel in the Transfusion Service will remind those retrieving blood products of the 30 minute start-time. To facilitate this process, we are requesting that the RN include their phone extension on the signed paperwork carried by the courier, along with their stated intentions for multiple units (i.e. "2 units please").

As always, feel free to call the Transfusion Service (#55715) with questions, particularly when untimely and unexpected delays happen when the blood products reach the floor.

Research Study: Workplace Incivility

Janelle Maciej RN, BSN

Carrie Hoover RN, PhD

Hutton, S., & Gates, D. (2008). Workplace Incivility and Productivity Losses Among Direct Care Staff. AAOHN Journal, 56 (4), 168-175.

Working as a registered nurse, I have experienced, and heard stories from my coworkers, of workplace incivility. Workplace incivility is subtle, rude or disrespectful behavior that demonstrates lack of regard for others. This can be abuse from other staff members, physicians, supervisors and/or patients. The literature review revealed studies suggesting that incivility is a pervasive problem in health care today and has been occurring for a very long time. A growing body of research supports the relationship between workplace incivility and negative health consequences for employees. The International Council of Nurses (1999) reported a connection between verbal and physical abuse among nurses and low job satisfaction. I know in my experience, I feel as if I am not doing a good job and have failed as a nurse each time I am put down by a patient or other type of coworker.

The **purpose** of the study was to examine the incivility experienced by direct care staff in health care workplaces. The specific research objectives were to:

- Describe the extent of incivility experienced by direct care staff at their workplaces from patients, direct supervisors, physicians, coworkers and the general environment.
- Identify whether demographics or employment characteristics of staff are related to their experiences of incivility.
- Determine whether a relationship exists between incivility and decreased productivity.
- Estimate the costs of health care organizations due to decreased productivity related to incivility at work.

The **setting** was a large hospital in a metropolitan area in the Midwest. The hospital had more than 3,000 employees, of whom 850 were direct care providers.

The Work Limitations Questionnaire (WLQ) and the Incivility in Healthcare Survey (IHS) were the instruments used in this survey research **design**. The WLQ was used to assess productivity among the direct care staff and the IHS was used to assess the frequency of incivility among health care workers. The **methods** of data collection included packets consisting of an informational and directions sheet instructing respondents to complete the surveys based on their experiences with incivility. Participants placed completed surveys in sealed boxes located on every unit, which were emptied every other day for 4 weeks.

The study **participants** were direct care staff including registered nurses (RNs) and patient care assistants (PCAs) working on inpatient units. The sample was primarily female (91%), with a mean of 9 years of service to the organization and a mean age of 38 years. There was a 22% response rate and a total of 184 usable surveys, with 145 from RNs and 33 from PCAs. The **results** of the study described that RNs and PCAs reported experiencing workplace incivility slightly above the response "rarely occurs." RN's and PCAs reported the greatest frequency of workplace incivility occurred from the general environment. Examples of general environmental incivility include how often employees curse in the workplace and the frequency of spreading rumors at work. Both groups ranked supervisors as low frequency of workplace incivility.

The relationship between incivility and productivity was measured. Incivility from physicians, other direct care staff and the general environment were not shown to be significantly related to productivity. Only incivility received from patients and direct supervisors were statistically significant. Meaning, when health care workers are disrespected by patients and direct supervisors productivity suffers. It decreases job satisfaction and causes a subsequent decrease in productivity. It is important to note incivility, which was rated the highest frequency of occurrence was not significantly associated with productivity, but when it stems from the patients or direct supervisors, which did not occur as often, it carried with it greater consequences.

PCAs had a significantly greater decrease in productivity than RNs when incivility occurred. This potentially may be because RNs have a longer orientation and clearer behavioral expectations and more organizational power than PCAs. The authors proposed the possibility that PCAs may have a lack of connection with peers because of incivility which could lead to decreased job satisfaction, depression and lower productivity. If PCAs are unable to complete their assigned tasks, the cost to the hospital increases and patient care (i.e., turning patients, baths and walks) is sacrificed. This could lead to negative health outcomes for patients and increased length of stay. In this study the authors reported total losses due to decreased productivity from incivility at an estimated \$264,847.23 annually.

The **limitations** included a lack of generalizability to men as the sample was predominantly female, the low response rate, and self-report measure, which could have been affected by mood and question accuracy of responses.

With every problem there should be a solution. Although no interventional research addressing incivility could be found, we could potentially increase awareness, find ways to decrease incidents or discover better ways to cope with incivility by simply initiating discussions about workplace incivility.



Upcoming Developmental Programs: Educational and Professional

June, 2009

- 2/3 The Oncology Nursing Society Chemotherapy & Biotherapy Course, 8:00 am-4:30 pm, Hughes/Mathews Room, CentraCare Health Plaza
- 25 S.T.A.B.L.E. (Sugar & Safe Care, Temperature, Airway, Blood Pressure, Lab Work, and Emotional Support), 7:00 am-5:30 pm, CentraCare Health Plaza Education Center
- 25/26 Basic Electrocardiography, 8:00 am-4:00 pm, Windfeldt Room, CentraCare Health Plaza

July 2009

- 23/24 Basic Electrocardiography, 8:00 am-4:00 pm, Windfeldt Room, CentraCare Health Plaza

August 2009

- 20/21 Basic Electrocardiography, 8:00 am-4:00 pm, Heart Center Conference Room

