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St. Cloud Hospital

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PATIENT CARE NEWS

December 2009



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Happy Holidays!!

2009! My how the years go by quickly. We live in a fast paced world and work in an environment that is under constant scrutiny and transformation. And given that, we at St. Cloud Hospital pride ourselves in delivering care Above All to our patients and their significant others. We will not allow external factors to adversely affect the care we provide and the environment we work in. Magnet redesignation, Top 100 hospital, Quality accolades from State and National organizations, ICU Beacon Award. The list goes on and on. Our patient satisfaction has never been higher. Our staff engagement ratio is phenomenal, our turnover rate and vacancy rate are very low, our number of certified nurses is up! We are a special organization doing special things! We deal with challenges in a productive way. Think how Epic has changed our lives. We weathered the economic downturn much better than most. And, we got through the dress code change with only a few remaining bruises!

With the U.S. health system in a state of major transition, we have a unique opportunity to transform acute care delivery. Care model transformation holds potential to affect the efficiency and effectiveness of hospitals for the future. We will be expected to integrate care and improve financial and clinical performance along the continuum of care. Critical issues of: improved care coordination, delivering greater value while managing greater risk and accountability, new approaches to partnering and the impact of emerging technologies on patient care and business practices will need our attention. We must engage our staff and physicians in the creation of workplace cultures that translate into a better experience for patients and staff alike. New challenges, but I have never doubted our ability to meet the challenges that face us.

I am constantly reminded of the significant difference we make in the lives of the people we serve and in the lives of our co-workers. I am grateful for the opportunity I have been given to work with you. Our common mission and vision binds us together.

Quotes taken from the "Believe in the Power of Nursing" book:

*Excellence is to do a common thing in an uncommon way.
-Booker T. Washington*

*If you want others to be happy, practice compassion. If you want to be happy, practice compassion.
-Dalai Lama*

*Do not go where the path may lead, go instead where there is no path and leave a trail.
-Ralph Waldo Emerson*

*Kind words can be short and easy to speak, but their echoes are truly endless.
-Mother Teresa*

Were there none who were discontented with what they have, the world would never reach anything better. -Florence Nightingale

*May you have a Blessed Christmas and a Wonderful New Year,
Linda Chmielewski, MS, RN, NEA, BC
Vice President, Hospital Operations/CNO*

Patient Care News articles should be sent to Deb Kaufman in Patient Care Support by the 25th of each month.



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Christmas & New Year's Holiday Sign-up Sheets for Cut/Call

Terri Krause

Coordinator, Staffing/Scheduling/Secretarial Services

The Christmas and New Years cut/call sign-up sheets will be arriving on the units in the very near future. The holidays fall on the same schedule, however, the sign-up sheets will be posted separately for Christmas and New Years. Due to the large volumes of staff requesting cut/call for the holidays, collecting the information in advance allows us adequate time to prepare the information needed to accurately determine the order of who will be placed on-call/cut first, second, etc.

The Christmas cut/call sign-up sheets will cover scheduled shifts starting at 7:00 am on Thursday, December 24 through the 11:00 pm shift on Friday, December 25. The sign-up sheets will arrive on the units Friday, December 11 and will be **collected at 8:00 am on Tuesday, December 22.**

The New Years cut/call sign-up sheets will cover scheduled shifts starting at 7:00 am on Thursday, December 31st through 11:00 p.m. shift on Friday, January 1st. The sign-up sheets will arrive on the units Friday, December 18 and will be **collected at 8:00 am on Tuesday, December 29.**

Please refer to the On-Call/HTO Policy Guidelines and/or your Unit Specific Scheduling Guidelines on how cut/calls are determined on the holiday. 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.

Pre-Procedure Checklist

Roberta Basol RN, MA, NE-BC

Care Center Director; Intensive Care/Surgical Care and Clinical Practice



Effective January 1, the pre-procedure (time out) checklist will no longer be available on paper and instead be documented on an Epic flow sheet. The checklist is accessible in doc flow sheets. As a reminder, when consent forms are printed, a page will print prompting you to refer to Epic for the pre-procedure documentation. Locate the doc flow sheet activity on the left hand side of the screen once in your patients chart. Note you can search for this checklist by "pre-procedure" or "time-out". The options in the detail box are self explanatory. You will note that the only options for site marking are "yes" or "no". Please select "no" if site marking is not required for the procedure and you will be prompted to document why site marking is required.

Using Data from the National Database of Nursing Quality Indicators (NDNQI)

Jean Beckel, MPH, RN

Performance Improvement Analyst and Magnet Program Director

St. Cloud Hospital participates in the National Database for Nursing Quality Indicators, known as NDNQI. With over 1,500 participating hospitals representing 25% of the nation's hospitals, this is the largest nursing database in the country. NDNQI currently provides us an opportunity to submit data on many of our inpatient units and offers benchmark data for almost all inpatient units. Future expansion of the database is planned as they look at mixed acuity and outpatient units. NDNQI benchmark data is available on CentraNet. Look under Reports, St. Cloud Hospital, Performance Reports, Quality, NDNQI and you will find SCH and national benchmarking information.

How can the NDNQI data be used?

- No data, benchmarks, or guidelines can be shared with non-members. The ANA has copyrighted and patented these products and St. Cloud Hospital has signed a contract agreeing not to share this information.
- We can use the NDNQI data and benchmarks internally.
- We can use the NDNQI data and benchmarks in our Magnet documentation.
- You can publish/share your unit's aggregate scores and whether your scores are overall higher or lower than NDNQI's mean or median, but you may not share the actual values of the NDNQI comparisons (values, mean, median, percentiles).

With increasing participation in external list serves, emphasis on patient outcomes, and benchmarking unit performance, thank you for keeping these guidelines in mind.



Schedule Reminders

Terri Krause, Coordinator

Staffing/Scheduling/Secretarial Services

▪ **Standing Requests:**

It's time for you to update your standing requests for the 2010 calendar year. With the posting of the January 10 through February 6, 2010 schedule, all current standing requests will be discontinued. Please take a moment to update your standing requests by emailing your scheduling associate your updated request by the next request due date, which is **Wednesday, December 23, 2009**.

▪ **Student School Schedules:**

If you have not returned the completed school schedule form recently sent you for the upcoming school semester, please take a moment to do so. If you did not receive a form, or if you have misplaced the one sent, we will gladly send you a new one to complete. If you have returned your completed form, we would like to take this opportunity to thank you. Remember to keep your scheduling associate updated with any changes that occur to your school schedule once school begins.

▪ **Request Due Dates for 2010-2011:**

The Request Due Dates for 2010-2011 are now available on CentraNet. You can access the dates by selecting the Messenger Tab and clicking on Resources – [Nursing Personnel Request Due Dates for 2010-2011 Schedules](#). For your convenience a copy of these dates will also be posted by the master schedules on each of the units.

Remember, your scheduling associates are here to serve your scheduling needs. Please don't hesitate to contact them if you have any questions, issues or concerns related to your schedule. Thank you!

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Snowstorm/Weather Related Absence Guidelines



Terri Krause, Coordinator
Staffing/Scheduling/Secretarial Services

With winter fast approaching it seems like a good time to clarify and review the Snowstorm/Weather Related Absence Guidelines to be followed due to inclement weather.

Important information for staff to know when calling in absent due to weather related conditions or auto malfunction:

- Absenteeism due to weather (or auto malfunction) must be **only** for the portion of the shift during which road conditions necessitate being absent. When road/weather conditions improve and/or the auto is functioning, the employee is expected to contact the Staffing Office and be available to work the remainder of the shift if needed. Employees should not assume that they have called in for their entire scheduled shift.

According to policy guidelines:

- The Administrative person on-call and/or the Administrative Nursing Supervisor will determine if the Snowstorm/Weather Related Absence Guidelines should be activated.
- Employees who live in the St. Cloud Metro area who are unable to drive to work due to weather related conditions and/or auto malfunction are expected to utilize public transportation (i.e. taxi, metro bus). It is the employee's responsibility to arrange and pay for public transportation.
- When public transportation is cancelled due to weather conditions (this information is broadcast on WJON radio AM 1240) the Administrative Nursing Supervisor/Staffing office will attempt to coordinate volunteer transportation for employees via four wheel drive vehicle or snowmobile.
- Employees who need to stay at Saint Cloud Hospital will be provided a sleeping area (in vacant patient rooms or meeting rooms) and necessary toiletries/linens by the Administrative Nursing Supervisor and/or designee.

Celebrate With Us!

Carol Upcraft for the Heart Failure Task Force



We are happy to report that for the months of July, August and September of 2009 we had scores of 100% in three of the four Heart Failure core measures. The three measures are smoking cessation, assessment of the left ventricular function, and provision of ACE/ARB to patients with an ejection fraction % <40%. The fourth measure, discharge instruction, went from 80% to 87%, our highest ever!

This improvement is due to the:

- Diligence of the staff nurses--who make referrals to the case manager as they detect that the incoming admission has the potential to fall into the Heart failure population
- Persistence of the case managers--who prompt staff and physicians to provide the recommended care
- Responsiveness of Physicians and NP's who pay attention to prompts and education regarding core measures
- Assistance of a host of people monitoring, prompting, educating, and encouraging behind the scenes--Dona Bloch (CMHC), Charge Nurses, Unit Directors, Unit Coordinators, Unit Educators, and Clinical Utilization/Public Reporting staff

We continue to strive toward at least the 10th percentile for all of our core measures. We have noted improvement in the final HF core measure—Discharge instructions—and look forward to being able to report more improvement in scores for that measure also in the near future. Thank you!

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On Track With EduTrack

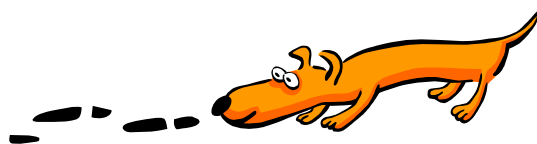
Jean Beckel, MPH, RN

Performance Improvement Analyst and Magnet Program Director

The new EduTrack system was launched in November 2009. 2 weeks into the data collection 408 of our 1275 RNs have entered data into the system (32% - good job!). It is important that all RNs enter their information into this system by the end of December as it will be the basis for all required hospital reporting on RN education, certification and professional involvement. Our first report to a national database using this information will be submitted in February 2010.

Some points of clarification for RNs:

- Educational Certifications and Fellowships. These confer expertise received related to additional knowledge gained through advanced education. They do not include specific clinical nursing skills or CPR certifications. They may or may not require renewal over time. As a new category, there are many questions and we are growing our understanding of what to collect. Please use the link on the data entry page so that we can add these to your record and look at the certifications to build a more comprehensive list for you to choose from.
- Nurses with a Minnesota Public Health Nurse certificate. This is an educational certification as it is based on having an RN license, a bachelor's degree in nursing, and appropriate undergraduate education and experience in public health. It is conferred by the Minnesota Board of Nursing and requires no continuing education or renewal. Many of our RNs have this certificate. To enter it into your EduTrack record, go to the Educational Certifications/Fellowships section. Type in Public Health Certificate, select the year that you received it, and then select the Minnesota Board of Nursing from the "schools" list.
- What if you don't see what you need in a drop down list in the system? Each screen has a link to click that sends an email to the system coordinators requesting an addition. You will be notified regarding the results of your email and can then return to the system to enter your information.
- This will become an annual part of our RN computer based training. Each year you will be asked to review and update the information. It was designed for easy addition and removal of most information with text entry involved primarily in the "presentations" category, so the annual update should require minimal time.
- There is no current plan to expand it to staff other than RNs.
- In the next few months we will be designing the database reporting, including options for directors to get information on their staff education, certification and professional involvement.
- E-mails from several staff who have completed their data entry have helped to continue to develop this system and we thank all of you for completing it.



Research/EBP Article Review: Pregnancy After Loss

Summary by Terri McCaffrey, MA RN CNS SCH
Submitted by Nursing Research/EBP Committee

Many women lose a baby by miscarriage and then become pregnant again. This information may be helpful to you if you have experienced a pregnancy after a loss. It may also be helpful if you are caring for a patient who is pregnant after experiencing a miscarriage or stillbirth.

Cote-Arsenault, Denise and Conato, Kara L. (2007). Restrained expectations in late pregnancy following loss. *Journal of Obstetric and Gynecological and Neonatal Nursing (JOGNN)*, 36, 550-557.

The purpose of the article is to examine the level of anxiety in a woman who has a pregnancy after a loss (PAL) versus a woman who is pregnant and has never experienced a loss. This article brings to the surface the anxiety and fear that exist in women who have a miscarriage, stillbirth, or neonatal death and then have a subsequent pregnancy.

The method used to collect information was by recruitment. The participants were recruited by flyers that were posted in community areas. The clients were required to be pregnant and to have had a previous loss.

Analysis of data was done through reading the journal notes of the client. The client was to record their emotions on a blank calendar throughout the pregnancy. Themes were identified from the information recorded by the clients. The two main themes identified were:

1. Precarious Pregnancy Security (sense of security); and
2. Prudent Baby Preparation (preparing for baby).



The sample consisted of 69 women who were between the ages of 21 to 42. These women had previous losses at 3 to 40 weeks gestational age (GA).

The findings were interesting to me as a bereavement nurse. We tend to think as the pregnancy progresses there is an increased sense of security. This may be true, but the participants in the study identified that any sense of security is easily shaken. This sense of security changes quickly as new fears come to the surface. The patients who are experiencing Precarious Pregnancy Security tend to desire more tests such as fetal movement assessments, non stress tests, and more ultrasounds. Prudent baby Preparations is the area in which the mother prepares for taking the baby home. Many women who have never experienced a pregnancy loss prepare for taking their baby home throughout the pregnancy. The women in this study tend to wait until they are around 34 weeks gestational age to get the nursery ready. They tend to avoid a baby shower and avoid naming their baby prior to birth.

The information in this study is helpful as we care for patients who had a PAL. We are reminded to be sensitive to the patient so we can have a positive impact on the care and prenatal experience. The information is also helpful to the reader who may be experiencing a pregnancy after loss.

Research/EBP Article Review: Laboring Moms

Summary by Jeanie M. Olson, RN (Family Birthing Center)

Payant, L., Davies, B., Graham, I.D., Peterson, W. E., Clinch, J. (2008). Nurses' intentions to provide continuous labor support to women. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 37(4), (p. 405-414).

I felt this study would be valuable to share with my colleagues on the Family Birthing Center and within the Centra Care Health System. In my current practice as a labor nurse, I struggle with the number of medical interventions we utilize to manage a laboring mom verses the number of holistic measures that could be utilized. Additionally, as a clinical nurse and as a charge nurse, I struggle with acuity and nurse-patient ratios and assignments.

According to this study, the major perceived organizational barriers to continuous labor support included "unit acuity and method of patient assignment" (p. 405). These results beg for a definition of patient acuity, yet they reveal some of the frustrations associated with patient assignments. More importantly, they provide knowledge of the unique role the charge nurse plays in making patient assignments. The results also highlight how imperative it is for the staff nurse to regularly provide feedback to the charge nurse on the patient's current status so that they can effectively continue to care for the patient, delegate a particular aspect of the care or transfer the care of the patient to another nurse.

There is no doubt that there are inherent pressures associated with patient satisfaction, including the ability to handle high risk stressful situations, multiple patients and assignments that change frequently, yet research and evidence-based practices should be identified in order to provide excellent patient care. This includes not only the benefits of continuous labor support, but identifying what nurses perceive to be the barriers that exist that inhibit this important practice. Relationship-based care isn't just about the nurse and the patient. Rather, it is about nurses working with one another. Continuous labor support and optimum care can be achieved if nurses are able to work together collaboratively in caring for laboring patients.

A full copy of this research article can be found in the *Journal of Obstetric, Gynecologic & Neonatal Nursing* as referenced.

Merry Christmas to all...



Clinical Ladder

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

LEVEL IVs:

Roland Brummer, RN Medical/Oncology

- Presenter at Nursing Retreat
- Presented on "Compassion Fatigue" at St. Mary's Parish
- Member, SCH Ethics Committee
- OCN

Dick Beastrom, RN Post Anesthesia Care

- Instructor for Basic EKG Class
- Preceptor
- Developed Module for Post-Anesthesia Care Course
- National Certifications in APRN, CSPAN

LEVEL IIIs:

Amy Rothstein, RN Post Anesthesia Care

- Mitomycin Presentation at Education Day
- EPIC Super User
- Member, Op-Time Committee

Sharon Spanier, RN Surgical Care

- Vascular Inservice at Education Day
- Unit Representative, Lean Process with Radiology
- National Certification in Med/Surg Nursing

Mary Pohlman, RN Kidney Dialysis

- Participant, American Heart Walk
- Preceptor
- National Certification in Dialysis Nursing

Marsha Kwallek, RN Kidney Dialysis/Big Lake

- Member, PI Committee
- Preceptor
- Member, ANNA

Kathy Morin, RN Surgical Care

- Developed Cheat Sheet for Float Staff
- Mentor for New Grads
- Member, Clinical Ladder
- Member, ROE Committee

LEVEL IIIs continued:

Angie Mehr, RN Surgical Care

- Vitrectomy Discharge Writer
- Presented "Clinical Safety Investigation"
- National Certification in Med/Surg Nursing

Janet Bearden, RN Children's Center

- Participant, March of Dimes Walk
- Education Day Presenter: Pediatric Cardioversion
- RNC in Pediatric Nursing

Karen Radermacher, RN Family Birthing

- Preceptor
- Taught AWHONN Fetal Monitoring
- Member, AWHONN

Cynthia Cox, RN Ortho/Neuro

- Preceptor
- Poster: Blood & Blood Product Transfusion
- Member, Patient Education Committee
- Member, Staff Education Committee

Janine Kudnitski, RN Kidney Dialysis/Plaza

- Poster: Hand Hygiene = Disease Prevention
- EPIC Super User
- Member, ANNA

Jane Chounard, RN Operating Room

- Presented Trauma Poster on Gunshot Wounds
- Evaluated/Incorporated Policy Changes for NIM Monitor
- CNOR

Ann Hess, RN Ortho/Neuro

- Created Breast Reduction Discharge Instructions
- EPIC Super User
- Member, NAON

