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Patient Care News: March 2010

St. Cloud Hospital

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PATIENT CARE NEWS

March 2010

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CentraCare Strives to Lead the State

By Terry Pladson, MD
President, CentraCare Health System

CentraCare Health System will be the leader in Minnesota for quality, safety, service and value.

That sentence, which is the health system's new vision statement, is meant to challenge and inspire us for the next five to 10 years. The new vision was developed over the past several months with input from staff, physicians, executives and board members.

It is time for a new vision because we have achieved the vision that was laid out nearly 15 years ago when CentraCare was formed: *Through collaborative efforts of health care professionals, CentraCare Health System will offer care of unsurpassed quality and be the preferred health care provider for Central Minnesotans.* We have, indeed, become the preferred provider, offering the highest quality of care.

We will stretch toward our new vision as we live by these CentraCare Health System core values:

- **Patient Centered:** Serving patients above all.
- **Integrity:** Adhering to honest and ethical practices.
- **Collaboration:** Working jointly with others to improve health and health care.
- **Compassion:** Serving all who seek our care with kindness, dignity, and respect.
- **Stewardship:** Ensuring responsible use of all resources to best serve our communities.

Amidst this change, the health system's mission remains the same: ***CentraCare Health System works to improve the health of every patient, every day.***

Our vision, mission and core values guide the executive team's development of the system's strategic plan – and they should guide you in your daily work. Ask yourself what **you** can do, **today**, to help CentraCare become the leader in Minnesota for quality, safety, service and value.

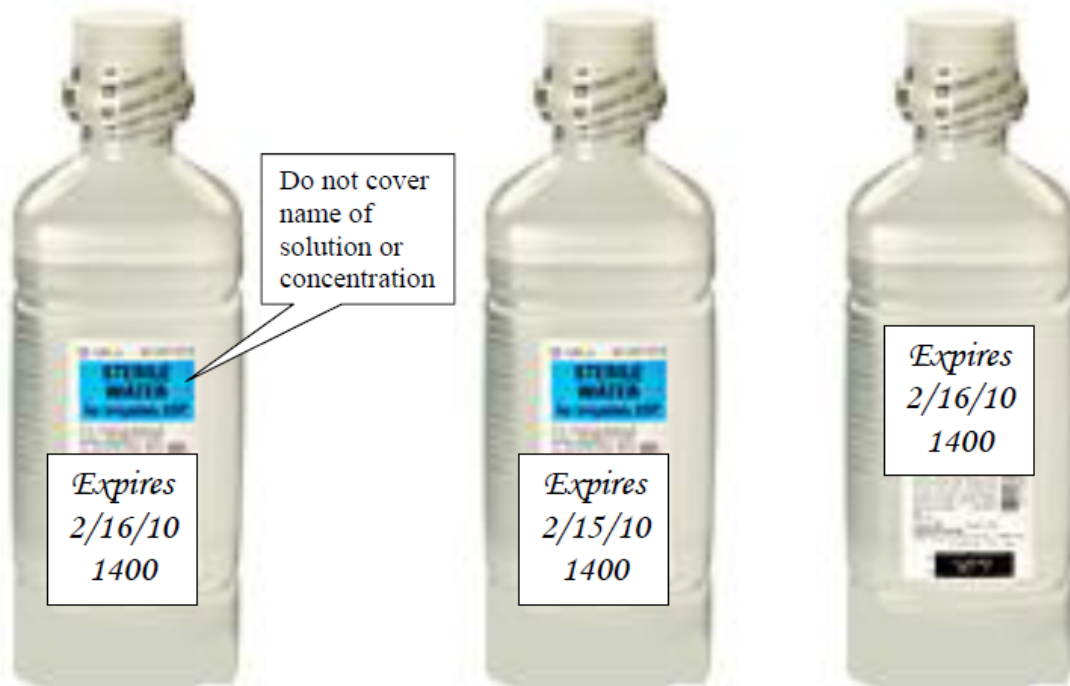
Patient Care News articles should be sent to Deb Kaufman in Patient Care Support by the 25th of each month.

Label Solutions Kept at the Bedside With Date and Time Of **EXPIRATION**

A bottle opened today should be labeled with the date and time 24 hours from the time the solution is opened.
See examples below.

The solution name, strength, and amount must also be labeled if not apparent from the container.

Any medications or solutions found unlabeled are immediately discarded.



Correct Label

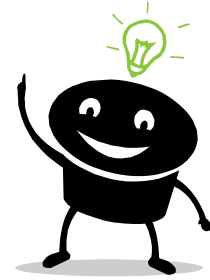
**Incorrect Label
(Today's Date)**

**Incorrect Label
(Covers Solution Name)**

Posted 2/15/10

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

Terri Krause
Coordinator, Staffing/Scheduling/Secretarial Services



The Easter Holiday falls on Sunday, April 4, 2010. Due to the tight timeframe with schedule posting dates for this schedule, the sign-up sheets for cut/call requests will be on the units for a shorter time period than usually allowed. The sheets will be posted on the units on or before Tuesday, March 23rd and will remain posted until 8:00 a.m. on Thursday, April 1st.

The sign up sheets are for the holiday timeframe only. According to policy, the holiday starts at 11:00 p.m. the night before, which is Saturday, April 3 and ends at 11:00 p.m. the day of the holiday, Sunday, April 4. 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.

Watch our fall rates plunge!

The new Fall Management Policy starts March 1st.

New assessment tool

New care plan

Nursing Research Day

Linking Evidence to Practice: Translational Science in Nursing

Submitted by:

Roberta Basol RN, MA, NE-BC

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

Friday, April 23, 2010

8:00 a.m. – 4:00 p.m.

(keynote begins at 8:45 a.m.)

[McNamara Alumni Center](#)

200 Oak Street S.E., Minneapolis, MN

The Conference:

On April 23, the University of Minnesota School of Nursing will host its annual Nursing Research Day conference. Along with its clinical and corporate partners, including St. Cloud Hospital, School of Nursing faculty and students will showcase research studies and evidence-based clinical innovations for ways to improve health outcomes and foster systems change.

The day will also include oral and poster presentations on today's health care challenges. Topics include:

- Aerobic exercise for older adults with Alzheimer's disease
- Obesity prevention practices of elementary school nurses in Minnesota
- Influence of exercise on vascular/physical health in chronic disease
- Integrating HIV-related evidence-based renal care guidelines into adult HIV clinics.
- Implementing a culturally relevant diabetes education program in a Hispanic population with Type 2 diabetes

Featured Speaker:

Dr. Bernadette Melnyk, dean and distinguished foundation professor from Arizona State University College of Nursing and Health Innovation, will give the keynote address "Evidence-based Practice & Translational Science: Key Strategies for Improving Quality of Care and Patient Outcomes". The presentation will focus on key strategies for implementing and sustaining EBP in health care systems as well as important tips for conducting translational research. Dr. Melnyk is a nationally recognized expert in evidence-based practice and child and adolescent mental health.

Registration & More Information:

Visit the Nursing Research Day [Web site](#) to see the program schedule, additional presentations, or to register. Register online at www.nursing.umn.edu/ResearchDay



Research/EBP Article Review: Decreasing Health Disparities in Gay Men by Incorporating Sexual Health Assessments

Summary by: St. Cloud State Nursing Students:

Micaela Herbst, Megan Riddle, Rebecca Chamberlain, Mike Moll and Amy Lindstrom

MSM: Clinician's Guide to Incorporating Sexual Risk Assessment in Routine Visits. (2002, May 9). *Gay and Lesbian Medical Association*. Retrieved December 16, 2009, from <http://www.glma.org>

As St. Cloud State senior nursing students we conducted an assessment to identify potential or actual health disparities of gay men. This assessment started with interviewing members of the gay community, reviewing research that has already been completed, and formulating a sexual risk assessment plan. The referenced article proposes guides in conducting a sexual health assessment for gay men in order to identify risks associated with sexuality issues. The sexuality assessment should result in a decrease in the types of health disparities that this populations faces.

While interviewing gay men regarding their health issues, it was important to communicate both verbally and non-verbally that we were non-judgmental regarding the information that they shared with us. A common identified theme during our qualitative group interview was mental health and its connection to risky behaviors among gay men. As referenced in this article and emphasized through group interviews, due to the increased risk of sexually transmitted diseases, substance abuse, and mental health issues within the gay community, it is important to identify individuals at risk.

According to the article, a sexual health risk assessment should be performed routinely regardless of sexual orientation. This assessment focuses on identifying risk, such as mental health issues, substance abuse issues, and risky behaviors associated with acquiring sexually transmitted diseases along with implementing early interventions to prevent, educate, and intervene when necessary. Issues that are left unaddressed within the health care setting may increase the likelihood of risky behaviors. Incorporating a standard of questions to every patient may facilitate open communication between the patient and healthcare provider and in turn, improve patient outcomes. A sexual health assessment tool may include, but is not limited to, the following: (Part 1 Sexual Activity)

- Are you sexually active? Do you have sex with men, women, or both?
- Do you have sex with multiple partners?
- Do you frequently use condoms?
- What type of sexual contact do you participate in?
- Do you have any history of sexually transmitted diseases?
- What are your concerns related to your sexual health?



If the patient's responses indicate a high level of risk (unprotected sexual activity, significant history of STI's, etc), determine the context in which these behaviors occur, including concurrent substance use and mood state. Examples of questions to determine this include: (Part 2 High Risk Assessment)

- I want to get an understanding of when you use alcohol or drugs in relation to sex.
- How often are you under the influence of mood altering substances when you're sexually active? How does what you do change in that case?
- How often do you feel down or depressed when you're sexually active? Do you act differently?

In addition to a sexual health assessment, patient intake information should be changed to single, married, or partnered:

- Avoid spouse and/or husband/wife
- Nursing staff often assume that patients are heterosexual. These assumptions were reflected in the language used and the questions asked of them and their partners.

Incorporating a sexuality assessment may benefit our patients by improving patient outcomes.

Clinical Ladder

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

LEVEL IV:

Donna Braun, RN Acute Dialysis

- Subject Matter Expert for Epic
- Volunteered at White Earth KEEP
- Member CPCC/CNP Committee
- Certified Nephrology Nurse

Deb Thompson, RN Surgery

- Presented Inservice on "Code Blue in the OR"
- OR resource book review and revision for each OR room
- Member Employee Satisfaction Committee
- CNOR Certification

LEVEL III:

Kristin Brandt, RN Patient Care Support

- Coordinates Newsletter for Float Pool
- Preceptor
- Member Sigma Theta Tau

Cindy Brown, RN Telemetry

- Lead defibrillator, external pacemaker and Epic stations
- Member PCA Task Force
- Preceptor

Karen Chalich, RN Kidney Dialysis/Plaza

- Epic Super User
- Preceptor
- Certified Nephrology Nurse

Curtis DeVos, RN Ortho/Neuro Unit

- Teaches Patient "Joint Class"
- Preceptor
- Member Staff Education Committee

JoLene Holmgren, RN Surgical Care

- Tracer Audit Core Group Leader
- Patient Safety audit reports
- Member SCRUBS Committee

LEVEL III (cont'd):

LaRae Lymer, RN Children's Center

- March of Dimes Walk for Babies
- Presentation to staff on NICU transition
- Member Sigma Theta Tau

Jessica Miller, RN Family Birthing Center

- Employee Campaign Ambassador
- Member Clinical Practice Council
- RNC-OB Certification

Shelly Shaw, RN Surgery

- Member Infection Control Liaison Committee
- United Way Representative
- Preceptor

Carol Steil, RN Intensive Care

- Nursing Process Core Group Leader
- Preceptor
- CCRN Certification

Maria Voight, RN Surgical Care

- Member Performance Improvement Committee
- Preceptor
- ANCC Certification

Nicole Witowski, RN Pediatrics

- Presented at Education Day on ICP Monitoring/Ventriculostomy
- Member PICU Care Committee
- CCRN Certification

Have a Happy
St. Patrick's Day!

