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9-2010

### Patient Care News: September 2010

St. Cloud Hospital

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# PATIENT CARE NEWS

September 2010

Volume 31, Issue 9

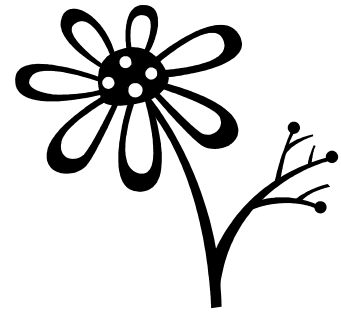
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## Change in Reporting Medical Examiner Cases

Barb Scheiber

Director, Patient Care Support

As of September 1<sup>st</sup>, all Medical Examiner (ME) cases are to be called to the Ramsey County ME office **1-651-266-1700**.

This change came recently so our policies for "Death, Care Provided After" and the Death Checklist have not been updated yet. All deaths are to be called to the Administrative Nursing Supervisor per policy. The supervisor maintains a log for each death noting whether it is an ME case, a donor, autopsy, etc. Once all steps are complete, the supervisor contacts Admissions to authorize the final release of the body. Admissions then notifies the funeral director.

The Administrative Nursing Supervisors will help remind you of the change in Medical Examiner's office. It is important to remind families that a funeral director should not be called to pick up the body until all steps are completed and until Admissions notifies them. We have had a number of instances where the funeral director arrives only to wait an hour or return again because all steps were not complete.

A few reminders regarding possible ME cases that need to be reported:

- Any suspicious or unexpected death
- Any death less than 24 hours after admission
- Deaths due to or as a result of a diagnostic, therapeutic, surgical, or anesthetic procedure
- Deaths in which a fracture of a major bone has occurred with the past 6 months
- Solid organ donors

When in doubt, call the Medical Examiner. If the death is a ME case, the body will be transported to the Ramsey County ME office for further investigation (usually within a few hours of death). Organ donors will be transported after the organ donation is completed. The Ramsey County ME office performs autopsies and works with LifeSource/Minnesota Lions Eye Bank for tissue and eye donation at their facility.

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

# Countdown Challenge/SAFE Account Program

Judy Gilsdorf-Gracie

Clinical Resource Nurse, Surgery

Please join us September 20<sup>th</sup>, 2010 as we launch the statewide initiative – SAFE Account – which is a campaign designed to help us count and account for items used in the care of our patients.

- I. This incorporates Consistent, Safe, Reliable Processes
- II. It includes Interdisciplinary Team Communication
  - A. Pre-Procedure Briefing
    - Review of potential complications
    - Discussion of equipment and supply needs
  - B. Patient Education for Intentionally Retained Items – **this is where you can help the most.** We will be using a patient education letter designed to educate our patients about the presence of an item that is intended for removal at a later date. You may not know the exact date of removal of the item, but we want to inform our patients that they have something (a drain, or packing) that will be removed at a later date. Removal of the item will be at the discretion of their doctor. The intra operative nurse will initiate the form by filling in the first lines and the discharge nurse can complete the form.
- III. Enhanced Count Process
  - A. Use of Sponge Holder Bags
  - B. White Boards
  - C. Methodical Wound Exploration

Many of these processes are currently in place but they are being refined to assist us in our provision of safe patient care.

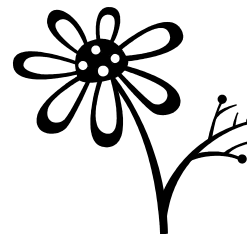
## October Educational and Professional Development Programs:

1	Annual Research and EBP Conference, Windfeldt, Plaza	20	VHA Nsg Leadership Excellence Series Live Webinars: Lateral violence and bullying & how to stop it, 11:30am-12:30pm, Hoppe
6	NRP Online/Megacode Renewal Course, 9:00am-10:30am, Birch	21	EPIC Renew, 8:00am, 2:00pm, or 4:15pm, Cedar
7	EPIC Renew, 8:00am, 2:00pm, or 4:15pm, Cedar	21/22	Basic ECG, 8:00am-4:00pm, Heart Center Conference Room
12/13	AWHONN Fetal Heart Monitoring Program, Intermediate Course, 8:00am-4:30pm, Windfeldt, Plaza	26/27	Trauma Nursing Core Course, (TNCC) Initial, 7:30am-5:30pm, Spruce
19	Maternal Newborn Care: Enhancing Patient Quality and Safety, 7:30am-4:30pm, Windfeldt, Plaza	28	APA Citation Style, 11:00am–1:00pm, Cedar
19	AHA Pears, 8:30am-3:30pm, Skyview	28	Harvest the Fruits of Orthopedic Nursing, 7:30am–4:30pm, Windfeldt, Plaza
20	Stable Course, 7:30am-5:30pm, Hughes/Mathews, Plaza	28	NRP Renewal Course, 1:00pm-4:00pm, Birch

# Nominate a Nurse for the Daisy Award

*Communications Department*

Throughout the year, St. Cloud Hospital employees, medical staff, patients and their families can nominate a nurse for the Daisy award. All LPNs, RNs and APRNs working in designated care centers or employed by St. Cloud Hospital are eligible for the award.



A St. Cloud Hospital, Daisy nurse demonstrates compassion and clinical excellence for his or her patients and families using patient and family-centered principles and is an outstanding example of the core values of St. Cloud Hospital through their daily work.

To nominate a nurse, or to learn more about the Daisy award, go to CentraNet/Recognition/Daisy Award, download a form, fill it out and send it to Brenda Ackerman, in Administration. For questions about the Daisy award, call Ext. 57103.

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## Christmas is Coming! Christmas is Coming! Mark Your Calendars!

*Terri Krause*

*Coordinator, Patient Care Support*

Believe it or not, it's getting to be that time of the year again. Summer has barely come to a close and the Thanksgiving, Christmas and New Year's holiday schedules are fast approaching. We wanted to allow you adequate time to look at your calendars to make requests regarding the holidays so please keep in mind the following important dates:

Schedule Dates	Requests Due	Schedule Posted
November 14- December 11 (Thanksgiving November 25)	Friday, October 1*	Friday, October 29
December 12 – January 8 (Christmas and New Year's Holiday Schedules)	Friday, October 29*	Friday, November 26

\*In order to determine the Thanksgiving, Christmas and New Year's holiday rotations, some areas may require the request due dates for both schedules on the same date, (refer to unit guidelines or ask your scheduling associate for further details). However, schedules will be posted separately.

When making requests, please keep in mind for scheduling purposes, if you are scheduled to work the Christmas holiday you will be scheduled to work both Christmas Eve and Christmas Day. If you are scheduled to work the New Year's holiday you will be scheduled to work both New Years Eve and New Years Day. (Please refer to your unit specific guidelines for exceptions.)

# First Choice PTO Planning Calendars

*Terri Krause, Coordinator for Staffing/Scheduling Secretarial  
Patient Care Support*

**The timeline is listed below for your convenience:**

- Plan Sheets and/or Planning Calendars for staff to select their First Choice PTO will be posted on **Tuesday, September 7, 2010**. (Important – Please Note: Plan sheets generated from ANSOS/One Staff have been provided for staff to identify their scheduled weekends to work (shift rotations may be adjusted at a future date. Keep in mind these are “plan schedules” only. Plan Sheets are printed by LOS date.)
- Plan Sheets and/or Planning Calendars will be picked up **promptly by 8:00 am on Tuesday, October 5, 2010**.
- Units utilizing Web Scheduler have a slightly different process. Please refer to your unit specific instructions for more details on how to submit your First Choice PTO requests.
- Employees **must** submit their requests via email. Your scheduling associate will be emailing templates for staff to complete and return in order for their PTO requests to be considered. Approvals and/or denials will be communicated via email on or before **Tuesday, November 2, 2010**.
- Employees who submitted a request but were denied both their first choice **and** alternate choice request can expect to be notified by phone or email by their unit Scheduling Associate. It is the employee's responsibility to set up a time to meet with their Scheduling Associate to make another selection for PTO from the available weeks open on the unit planner. The timeframe for setting up a meeting will be from Tuesday, November 2<sup>nd</sup> through Monday, November 8<sup>th</sup>, 2010. **Remember, no verbal requests will be accepted.**
- Requests for Additional PTO will be accepted from all staff starting **Tuesday, November 9, 2010**. These requests will be granted on a first-come; first-served basis. Seniority is not a factor unless more than one request is received on the same day for the same time period.

**Keep the following items in mind when selecting your PTO Requests:**

- In order to receive pre-approval for your request, you must be selecting a **minimum** of a 7-day stretch of time off and the PTO hours needed to cover this request must be equal to half of your hired hours.
- During prime-time months of June, July and August, you are limited to a two-week block of time for your selection.
- Check your eligibility within the policy guidelines when selecting a “weekend only”. “Weekend only” is never granted for holiday weekends or weekends on either side of the holiday, especially for the weekends on either side of Christmas, New Years and the 4<sup>th</sup> of July. Keep in mind that during First Choice PTO, a “weekend only” will not be granted if it would result in “bumping” someone from taking a 2-week (or more) stretch of PTO.
- You need to make sure you will have the adequate number of PTO hours needed for your requested time off. If at the time of schedule development the **entire** amount of PTO hours needed to cover your request are not available in your PTO bank, your time off will not be scheduled.

Please refer to the following policies for further clarification of PTO/holiday time off. You can access these policies on CentraNet by selecting the “Manuals” tab, “Saint Cloud Hospital”, and “Patient Care Manual” section.

- PTO, Scheduled and Unscheduled, Guidelines Patient Care Areas.
- Exchange of Hours Policy for those areas utilizing Centralized Staffing and Scheduling out of Patient Care Support.
- Also refer to your Unit Specific Scheduling Guidelines for any further clarification to these guidelines

# Injury Prevention: Take the Safety Challenge

Karen Witzman, RN, BSN, MA, COHN-S  
Director, Employee Health Services

Is safety a priority in your life? Do you think about being safe whether at work or at home, shopping or driving your car? If it's not, why not? Injuries hurt. They hurt you and they hurt others who care about you. Staying safe and avoiding injury should be a personal goal. Taking risks can lead to serious consequences. The challenge to stay safe is a matter of opening your eyes and thinking ahead.

The first step in staying safe is to look out for yourself. A firm belief that safety really does matter and a firm commitment to take deliberate steps to assure your safety are the foundation to living safely. The next step is to be aware of the safety risks of those around you. You and your family, friends, and coworkers can be safe. It just takes time - a few moments - to be sure the next steps you take are safe.

The following reminders can be applied wherever you are. You are more than the work you do...you are you. Irreplaceable, unique, and gifted - that's you. So, let's talk about some of the things you can do each day to protect you and others. Are you ready? Here are some steps to consider - the challenge to stay safe:

- **Reduce your own risk:** Staying safe is a matter of seeing the hazards around you. Wherever you are, take a look around. If you are walking into a patient room, stop and assess the risks. Check for cords or something spilled on the floor. Is there something suspended from the ceiling? Know where it is and use caution or move it out of the way. When walking to or from your car, notice if there are blemishes on the sidewalk or walkway. Pay attention to your environment. Are you safe? At home, be aware of your hazards. Toys on the floor, hoses laying in the yard, bikes parked behind your car...all of these are potential hazards. Be a detective. Notice the details of safety.
- Think of safety as an equation: **Hazard x Exposure = Risk**. Any hazard can cause injury. The more often you are exposed, the greater the risk. Be deliberate about your safety. Pay attention and make your safety and that of others your most important job.
- **Report unsafe working conditions:** Be observant. You may be the first person to notice a bad electrical cord, a spill or an uneven walking surface. The sooner you report it, the sooner it will be fixed. If you can do something to eliminate the hazard, do it quickly and to the best of your ability. The safety you guarantee by acting immediately may be your own!
- **Remind your coworkers to be safe:** Share what you know. Practice what you've learned. Make it obvious to others that your safety (and theirs!) is a very important part of your work and home life.
- **Look for ways to improve your safety:** Maybe you can improve how you boost patients. What about lifting those groceries out of the trunk. Is there a safe way to do the work? Can you pre-plan a task for safety? Consider areas in your life where you can do a better job of being safe, and then make a commitment to do so.



Bring your safety observations and ideas to your department meetings. Share your safety concerns at home with your family. Be proactive for your health and safety and share that perspective wherever you are. Whether you provide direct patient care or work in an area that supports patients like housekeeping, nutrition, or maintenance, you are important. Don't take unnecessary risks or hurry to get the job done. The consequences of failing to be safe can be life changing.



# Evidence Based Practice Projects

Roberta Basol MA, RN, NE-BC  
Care Center Director, IC/SC and Clinical Practice



In early August a group of 18 people attended the 3 Day Advanced Practice Institute to learn how to conduct an evidence-based practice project. Each project has a unique purpose in supporting the hospital's and nursing's strategic goals, improving patient outcomes, increasing staff engagement, creating efficiencies in workflow, or improving financial performance.

Please be aware of these excellent projects and encourage and support them as appropriate in your work. Thank you!

EBP Project Lead Name, Title/Position	Title of Project
Robert Davidson, RN / Staff Nurse PACU	Use of the Evidence to Determine Best Practices for Family Visitation of Pediatric Patients in the PACU
Yvonne Leedahl, RN / Charge Nurse, Pediatric Short Stay	Use of the Evidence to Identify the Differences in Pediatric Patient Satisfaction between Nurse and Parents of Children and Interventions to Close the Gap
Karen Dinndorf, RN / Quality Resource Nurse, Behavioral Health	Apply Evidence to Reduce Re-hospitalizations of Patients with a Psychoses Diagnosis
Melissa Lahn, RN / Educator, Family Birthing Center	Use of the Evidence to Develop a Review Process to Evaluate the Standard of Care Provided for Obstetric and Normal Newborn Care
Libby Wenderski, RN / Core Charge Nurse, Medical Progressive Care Unit	Application of Evidence to Improve Skin Assessment on Admission and Prevention of Further Skin Breakdown
Shelly Hanson, RN, CNS / Director Diabetes Center	Use of the Evidence to Manage Diabetic Patient Blood Glucose/Insulin Titration via the Telephone
Marci Timlin, RN / Case Manager Surgical Care Unit	Application of the Evidence Related to Employee Social Networking on a Patient Care Unit and the Impact on Employee Engagement
Julie Magera, RD / Dietitian, Intensive Care/Surgical Care	Use of the Evidence to Determine the Best Method of Tube Feeding Tolerance
Carol Thelen, RN, OCN / Staff Nurse, Radiation Oncology	Application of the Evidence to Determine Family Support to Cancer Patients Experiencing Radiation Therapy
Judy Gilsdorf-Gracie MSN, RN / Resource Nurse, Surgery	Determine and Apply the Evidence Related to Skin Preps and Pre-Operative Showers/Scrubs on Infection Rates in Total Joint Procedures

EBP Project Lead Name, Title/Position	Title of Project
Mary Schimnich, RN / Case Manager, Telemetry	Use of the Evidence To Improve CHF Patient Medical Care Regime Through Follow-Up Phone Calls
Joanne Reinhart, RN / Staff Nurse Endoscopy	Use of the Evidence to Determine the Most Effective Bowel Preparation Prior to a Colonoscopy of Patients with Constipation
Angelyn Harper, RN / Charge Nurse ICU	Use of the Evidence To Increase Staff Reporting Compliance of Medication Safety Events
Tamara Miller, RN / Staff Nurse Bone and Joint Center	Apply the Evidence Related to the Routine Use of Supplemental Oxygen Post-Operatively
Sam Stone, RN / Director, Endoscopy/Outpatient Services	Use of the Evidence to Increase the Skills of Leadership Staff to Manage Disruptive Behavior in the Work Environment
Trisha Gorecki, RN / Charge Nurse, Family Birthing Center	Apply the Evidence to Improve Patient Caregiver Hand-off Communication
Jackie Reineke, RN / Neuro Staff Nurse	Use of the Evidence to Prevent Ileus in Head Injury Patients
Mary Loecken, RN, APRN / Nursing Supervisor	Application of the Evidence to Determine the Best Components of a Clinical Ladder System





## Research Review: Losing the Moment: Understanding Interruptions to Nurses' Work

Jean Beckel, MPH, BSN, RN

Research study citation: Hall, L.M., Pedersen, C., Fairley, L. (2010).

Losing the Moment: Understanding Interruptions to Nurses' Work. *Journal of Nursing Administration*, 40, (4), 169-176.

The **purpose** of this research was to explore interruptions in the nursing work environment.

The **setting** was six medical and surgical units in three adult, acute care teaching hospitals in Toronto, Canada. Observation was done of 30 nurses selected randomly from a pool of participant volunteers. 29 staff members participated in the focus groups and verified the observational data and themes.

The **variable** studied was interruptions to the daily routine nurse work environment by source, type, cause, activity being performed at the time, and outcome of interruption.

A **literature review** identified system-related concerns that influenced patient safety. Several studies demonstrated that interruptions to the medication administration process result in medication errors, with the most common interruptions being noise and distractions. An observational study found an average of 8 interruptions per shift. Few research studies looked at the effect of interruptions on patient outcomes.

A **mixed method** was used with observation of the work environment and focus groups to explore and validate nursing work interruptions. Observers followed 1 nurse a day for a 2 week period, recording interruptions on data collection forms.

The **limitations** of this study were the number of staff, number and types of units involved.

The study **findings** were that 31.8% of the source of nurse interruptions are other healthcare team members with 25% accounted for by other nurses. Patients and families 20.1%, work environment factors 19%, and lack of nurse preparation only 5%. More than half of the causes of interruptions were for communication related to patient care (57.3%), 22% related to patient care supplies, 16.3% patient requests, and 4.4% environmental noise. 89.2% of interruptions had the potential for negative impact on patient safety while 10.8% had the potential to improve patient safety. Most work interruptions were unexpected intrusions that disturbed the continuity of patient care. The type and cause of interruptions varied somewhat between medical and surgical units. They found that approaching and interrupting the work of the nurse is existing practice in hospitals and expected by team members and by nurses.

The **implications** of this study are that, if quality patient care is to be provided, it may be time to consider whether there are some nursing activities that should not be interrupted. Development of interruption-free methods of medication administration are being explored by some facilities. Nurses are challenged to develop interruption awareness within their healthcare teams and to develop processes to streamline and prioritize patient-related communications.

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

### LEVEL IV:

Anne Gagliardi, RN    Surgery

- Epic Super User
- PI Member
- Chairperson, CPCC/CNP Committee
- CNOR Certification

Jill Harris, RN      Kidney Dialysis/Brainerd

- Epic Super User
- Developed “Iron & You” Module for Staff
- Presented “Understanding Kidney Disease” for ADA Workshop
- Certified Dialysis Nurse

### LEVEL III:

Deb Bischoff, RN                      Surgical Care

- Core Group Leader for Tracer Audits
- Member PI Committee
- Assists with Patient Safety Audits

Katie Neuman, RN                      Med 2/MPCU

- Presented Inservice on Cardioversion/TEE/  
Bronchoscopy
- Presented Inservice on EKG
- PI Committee Member

Melany Jungles, RN                      Surgical Care

- Speaker at Career Day for Juniors at Melrose High School
- Preceptor
- National Certification in Med-Surg Nursing

Kathy Klaustermeier, RN    Patient Care Support

- DAR Format Trainer
- Mentor/Preceptor
- Member Safety Committee

Katie Meyer, RN                      Surgical Care

- Skin/Pressure Ulcer Prevalence Audit
- Presented Case Study for Education Day
- National Certification in Med-Surg Nursing

Angi Schave, RN Children's Center

- Participated in “March of Dimes” Walk
- Presented Skill Station on Cardioversion at Ed Day
- Preceptor

Shannon Vardas, RN Med 2

- Created MPCU Procedure Reference Folder
- Basic EKG Instructor
- National Certification in Med-Surg Nursing
- 

Jessica Thoma, RN                      Telemetry

- Basic EKG Instructor
- Presented "Heparin Induced Thrombocytopenia" Module
- BCLS Instructor

**Shana Marcusen, RN**

- Participated in Relay for Life
- Preceptor
- Presented "Isolation" Module

