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Nursing News: October 2004

St. Cloud Hospital

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Hey – Good Catch!!

We've all had the experience of "almost / accidentally" making a mistake that could have made all the difference in our lives or of those of our patients. Or if someone noticed something that we have missed and they told us, we might have a bit of a mixed reaction inside. In one way, we are grateful for knowing about this because no one was harmed; in another way, we can learn and hopefully keep it from happening again. Or perhaps we might react a bit defensively because knowing we make mistakes goes against what we have been taught or how we think of ourselves. No matter which reaction we experience inside, it is a reminder to us of our humanness

In the world of a Culture of Patient Safety "**Good Catches**" are gems. Systems designed for safety are meant to keep the risk of human error to a minimum. When **Good Catches** occur they are signs and symptoms of flaws in our system – which makes them gems and we need to be able to know about them. You have the very best knowledge about what might have led to the problem and what it might take to improve the system to prevent the error. Using the time to report **Good Catches** is time well used and often is much less than after an actual patient mishap. We need your help in reporting these **Good Catches** so that we can truly quantify and identify the systems that aren't helping us to prevent errors. So send forward those gems and all your good ideas. We want to also spread the word about what changes happen as a result of these reports.

CONGRATULATIONS!! The patient survey results for the question related to "Speak Up" has improved continuously and in fact, we get very positive comments from patients about this. The Inpatient survey responses increased almost a whole point and the Outpatient survey responses increased almost 2 points. We are at our highest rating ever for this question for all areas. Keep up the good work and we will keep you posted!

Thanks again,
The Patient Safety Committee



Exchange of Hours Policy Change

An Exchange of Hours form is completed by Patient Care staff whenever they are exchanging hours. When an exchange is for an existing schedule, the exchange is to be sent to the Staffing Office.

For a future schedule, the exchange is to be sent to the Scheduling Associate. Exchanges in advance cannot affect dates beyond six months from the date of submission. Exchanges in advance that involve an employee who resigns or is on an LOA at the time of the exchange, become the responsibility of the remaining employee. A new exchange must be submitted or the original hours worked. This is a new change to the guideline.



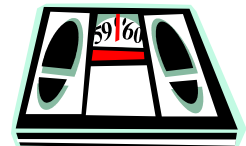
Sue Laudenbach, Patient Care Support
Coordinator of Staffing/Scheduling/Secretarial Svcs.

Entering Weights in JRS

Entering JRS weights **MUST** be done in kilograms to be communicated correctly with the CDR (Carewindows) computer system. When entering JRS weights, a decimal cannot be utilized. Enter the kgs, then press the enter key, then enter the number to the right of the decimal in the gms section with 2 trailing zeroes.

Example: 60.2 kgs would be entered as 60 kgs, press enter, 200 gms.

Example: 75.9 kgs would be entered as 75 kgs, press enter, 900 gms.



Incorrectly entering weights by not adding the trailing zeroes, could incorrectly record the weight by nearly

2 pounds as in the last example. For many patients (CHF, Peds, etc.) a correct weight is a vital part of the clinical picture. Thank you.

Lisa Mullen
Clinical Systems Educator

JRS Patient Alerts & Vulnerabilities

JRS Terminal For Window v1.3
Session Options Help

Patient Alerts & Vulnerabilities Screen 1 of 2

<p>1-None (beyond standard). 2-As Above.</p> <p>SENSORY/COGNITIVE 3-Impaired Vision. 4-Speech Impairment. 5-Hearing Impairment. 6-Language Barriers. 7-Confusion. 8-Impaired Judgement. 9-Unable to Read. 10-Functionally Illiterate. 11-Developmental Delay</p>	<p>BEHAVIORAL 12-Suicidal. 13-Self Injuring. 14-Irrational. 15-Violent. 16-Overly timid, non assertive. 17-Inability to interact with others or prefers isolation. 18-Insufficient intelligence to comprehend treatment plan. 19-Insufficient internal controls against aggression.</p> <p>FUNCTIONAL 20-Falls 21-High Risk of Skin Breakdown.</p>
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1 7/16/04: Significant Hearing Impairment - See Plan of Care of
2 7/13/04.<
3

ENT:Sele F2:Undo **F4:Edit** F10:Save ESC:Cancel « ^ »
SF12:F-Keys F7:MainMenu F5:ChTime F6:SigEvent END:Sav/Next < v >

Function key is inappropriate | AUTO2-3 TEST, ENDS A (2)

pooh Connected

JRS Patient Alerts & Vulnerabilities can and should be used to document important patient information that needs to be communicated from one hospital visit to another. For instance, plan of care documentation that could help plan care in future admissions should be referenced in JRS and will be saved over time. It is also important to look at this saved information on the Patient Alerts screen when caring for patients.

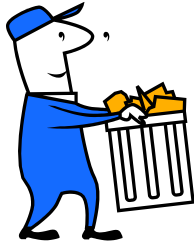
Also, you are not limited just to the choices on this screen when documenting. Press the F4 key to bring up the edit screen. It will allow you to type in other information as well as allow you to delete old data that may no longer apply.

*Michelle Parson, RN
Clinical Informatics Specialist*

Disposing of Confidential Patient Information

It is important that items with patient identifiers be disposed of in such a way that confidentiality is maintained. Be sure to use proper receptacles and shred items that could be viewed by the public, etc.

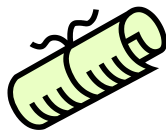
It is understood that items such as IV bags, syringes and medication bags with labels cannot be shredded. However, dispose of these in the patients room or in an area not accessed by the public (i.e. soiled utility room). Items in these receptacles are hauled to a landfill that is fenced, locked and does not allow unauthorized access. In addition, it is compacted when picked up and never touched by human hands. Lastly, it is layered so that all waste is covered by six inches of dirt before closing each night.



It is also important to check your pockets before leaving work each shift so that any slips of paper etc. with patient information does not leave here. Your help in maintaining and respecting the patient's right to privacy are very much appreciated. Thank you!

Barb Scheiber
Director of Patient Care Support

Licensure Renewals: Save Yourself a Trip!



Initial verification of licensure is made by Human Resources prior to the day the employee begins work or when the employee transfers into a position requiring a license. Renewed licenses are verified online by HR on or about the 15th of the month that they are due to expire. If you have renewed on time, there is no need to show your license in HR.

Reminders are sent to employees who are not verified online and, depending upon how late the renewal was processed, the employee may need to bring their license in. Therefore, If you want to save yourself a trip to HR for verification, plan ahead and renew on time!

Barb Scheiber
Director of Patient Care Support

Learning to Speak Alzheimer's: A Groundbreaking Approach for Everyone Dealing with the Disease

Sponsored By:

Mary Essen Alzheimer's Education Fund & St. Benedict's Senior Community

Presented by:

Joanne Koenig Coste

- Author of "Learning to speak Alzheimer's"
- Master's Degree in Counseling and Psychology
- President of the Alzheimer's Consulting Association in Boston
- Internationally recognized educator, support group leader, therapist, mentor and an outspoken advocate for Alzheimer's patients and families.

When:

Tuesday, October 19, 2004
(There will be two presentations)

Registrations:

8:30 a.m.

- Presentation 9:00 a.m. – 12:00 Noon (for professionals)

1:00 p.m.

- Presentation 1:30 p.m. – 3:30 p.m. (for friends, relatives, caregivers and interested persons)

Where:

St. Benedict's Senior Community - Woodland Hall
1810 Minnesota. Blvd. SE
St. Cloud, MN. 56304

To register:

On line: www.centracare.com
Or Call Betty @ 320-229-8305

- Please register by Wednesday, October 13, 2004
- No Registration Fee
- Three CEUs are available for professional staff
- Refreshments will be served



Autopsy Reminders

Recently there have been several instances where something was not followed according to our policy and this resulted in a delay. In review, please keep the following in mind:

1. The cost of an autopsy that is **requested by the attending physician** on an **admitted** deceased patient is absorbed by the hospital.
2. A request by the family is paid for by the estate or family members.
3. Autopsies requested by the coroner/medical examiner or legal next of kin (family) **are not done at St. Cloud Hospital**. They are done through Midwest Forensic Pathology.
4. If an autopsy is requested by the attending physician, it is important that the physician contact the pathologist on-call to provide a brief clinical history.
5. The patient's current and old chart **and** autopsy consent needs to be **hand delivered to lab** and given to lab personnel. (not left there unattended).
6. Except in the case of an autopsy, the patient's current and old chart should be sent to medical records. (not to the morgue). If a tissue donation occurs, Red Cross/Lion's Eye Bank will obtain copies needed from Medical Records.
7. Do not remove central lines/invasive tubes if an autopsy is requested. (endotracheal tube, sub clavian, swan ganz, gastrostomy, implanted ports, and drains).

Thank you for your help with this!

Barb Scheiber
Director of Patient Care Support

PTO Policy Revisions for Patient Care Areas

Several changes were made to the PTO policy. Highlights of the changes include:

- Inclusion of charts on PTO accrual rates to make it easier for staff to calculate what they will accrue when planning vacations. (This is in an addendum to the PTO policy.)
- Number of weekends that can be requested are now listed as years of service rather than accrual rates. The same guideline now applies to all categories of staff.

- Job shares now fall under the same guideline as staff working every fourth weekend, so are not allowed PTO weekend requests.
- Additional wording to clarify that holidays, ill, absent, and vacation time all come out of the same PTO bank. Therefore, staff are encouraged to save some of their time for unexpected illness, etc.
- Additional PTO requests for holiday weeks are no longer approved until that schedule is being developed. During the "First Choice PTO" request process, holiday weeks will continue to be pre-approved according to those guidelines.

For further questions and/or clarification, please refer to the PTO, Scheduling and Unscheduled, Guidelines for Patient Care Areas policy posted on CentraNet under the Patient Care Manual tab.

Sue Laudenbach
Coordinator, Staffing/Scheduling



"Look Alike/Sound Alike" Medications – Chapter XIV

Medication error reports are caused by drug names sound or look the alike. They may not look alike in print or sound alike when read, but, when handwritten or verbally communicated, these names could cause a mix-up.

ANAPROX
AVANDIA
ADRIAMYCIN
BETOPTIC
clonazepam
COZAAR
DIOVAN
Diphenhydramine



AVAPRO
PRANDIN
AREDIA
BETOPTIC S
clonidine
ZOCOR
ZYBAN
dicyclomine

Sound Alike Numbers: 14 and 40 (To clarify numbers, say "fourteen: one-four" or "forty: four-zero.")

The above list includes recent and common mix-ups that have occurred and those that have the potential to cause a mix-up, nationally or here at St. Cloud Hospital. (Brand names are capitalized.)

Nancy A. Sibert
Medication Safety Pharmacist

Requesting a Cut or Call for the Thanksgiving Holiday

We have found the process trialed this summer where staff signed up on the unit for cut/call over the holiday weekends to be very positive for staff. Therefore, we have made a decision to implement this process for all of the major holidays, which are as follows:

- Thanksgiving
- Christmas
- New Year's
- Easter
- Memorial Day
- Independence Day
- Labor Day



The next holiday scheduled is Thanksgiving. The forms for staff to complete will be delivered to the units by Thursday, November 11th and will be collected from the unit by 7:00 a.m. on Tuesday, November 23rd.

The sign up forms for the holiday will include all shifts for both Thursday, November 25th (Thanksgiving Day) and Friday, November 26th. You will be asked to write your request next to your name along with a phone number where you can be reached.

The Christmas and New Year's cut/call forms will be distributed to units on December 3rd and will be picked up by 7:00 a.m. on December 21st. Please read the forms carefully as to the dates they include.

As you can imagine, the Staffing Office is very busy on holidays looking up length of service dates and status of employees, and calling staff on request cuts. At the same time, they may be calling staff in to work for units where the census has peaked. For these reasons, we ask that staff not call us to check and see if they are on the request to cut list, we will call you if we are able to grant your request.

Thank you for your additional consideration during these very busy times.

Sue Laudenbach
Coordinator, Staffing/Scheduling/Secretarial Svcs.





Educational and Professional Development Programs

October, 2004

- 11/12th Safety Inservices – Low Lift, Fireside
- 12th/26th End of Life Nursing Care, Aspen Room
- 14th LPN Alliance, Kelly Inn
- 22nd Safety Inservices – Low Lift, Fireside
- 29th Orthopedic Conference, Windfeldt Room
- 29th Nursing Ground Rounds Series, Hoppe

November, 2004

- 3rd/4th AWHONN Conference
- 4th/5th ONS Chemotherapy Class, Windfeldt Room
- 3rd/10th ENPC Initial, Education Center
- 9th/17th End of Life Nursing Care, Aspen or Spruce
- 12th/19th BLS Instructor Renewal Course, SCH Conference Center
- 12th Super Users Group (Safety Inservice – Low Lift), Fireside
- 16th/23rd Safety Inservices – Low Lift, Fireside

Call Ext. 55642 for more details.

Congratulations to the Following For Achieving and/or Maintaining Their Level IV & III Clinical Ladder Status!

Level IVs

Jill Heinen, BSN, RN, CNN **KDU Monticello**

- CNN
- ANNA, Sigma Theta Tau
- CPC, Unit Education Committee
- Chair, Education Committee
- Renal Symposium Planning Committee
- Quick Study Modules
- Preceptor
- Champion KDU Audits
- IV Add Mixture Training
- Hepatitis B – Vaccination Protocol Flow Sheet
- Documentation Task Force
- Power Failure Resolution

Level IIIs

Michelle O'Connor, RN **4 NW**

- Care Of The Trach Patient Inservice
- Neck/Nose Surgery Inservice
- Preceptor
- SCRUBS Committee
- Sigma Theta Tau
- Review Patient Satisfaction/Reporting Trends

Kari Faber Zenner, RN **Ambulatory Services**

- Preceptor
- Certify Implanted Ports
- SCH Education Council
- Ambulatory Services Ed Committee
- Women's Health 101
- Women's Expo
- Women's Health 101 Task Force
- Poster: Traditional vs. Virtual Colonoscopy
- Endo Hodge Podge Workshop
- Pathlore, Education Tracking

Kris Kobienia, RN **Children's Center**

- Revision Interdisciplinary Care Plans
- Team Building Committee Chair
- Charge Nurse Work-sheet
- Preceptor
- Validations – In Vitro Monitor
- Clinical Ladder Rep
- MPO, MANN

Janelle Brekken, RN **Ortho/Neuro**

- Preceptor
- NAON, Sigma Theta Tau
- Champion PI Study-Short Stay Post-op Assessment
- Total Joint Class
- Tube Feeding Poster
- Planning Committee, Ortho Conference
- Ortho/Neuro Nurse Practice Committee
- Patient Education Committee
- Halo Traction Policy

Ann M Ohmann, RN **Med/Onc**

- Clinical Pathway – Febrile Neutropenia
- Febrile Neutropenia Order Sheet
- Red Cross Blood Mobile Volunteer
- Coord., Amer. Cancer Society Daffodil Day – Albany
- MRSA-VRE Information Booklet
- Febrile Neutropenia Standards of Practice
- Breast Cancer Awareness Poster
- Chairperson Febrile Neutropenia Committee
- Pain Resource Nurse
- Certify – Chemo and Implanted Ports
- Med-Surg Certification

Have a Safe and Happy Halloween!

