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St. Cloud Hospital

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Patient Care News

AUGUST 2011

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Adverse Health Events Update - July 2011

Submitted by:

The Patient Safety Committee

St. Cloud Hospital reported nine adverse health events to the state between October 7, 2010 and July 6, 2011. This is ahead of the number we reported last year at this time.

The events fall into the following categories:

- Care Management – pressure ulcers (1);
- Environmental – falls with injury (3);
- Surgical – wrong body part (2);
- Surgical – foreign object retention (2);
- Surgical – wrong procedure (1).

Root cause analyses or “RCAs” have been conducted with the areas and staff involved. The goal of a root cause analysis is to evaluate what may have contributed to the event, including human factors such as communication, training, scheduling, staffing, fatigue and distractions. We are determined to figure out what we can learn from each and every event and change our practices to prevent them from happening again.

Your continued diligence in assessing patients’ skin upon admission and at the time of physical assessment has reduced the number of stage 3, stage 4 and unstageable ulcers from three this time last year to one. The one pressure ulcer was device-related. Please continue to use ear protectors with oxygen cannulas to prevent skin breakdown as appropriate. Thank you for your commitment to closely monitoring your patients’ skin and risk for breakdown.

The efforts to reduce falls with injury continue. Last year at this time we had five falls with injury; this year we have three. We must continue to evaluate our patients’ risk for falling and take the necessary precautions for prevention of falls. Please individualize the precautions and alert the next care provider of each patient’s risk. Our goal is to have zero falls with injury.

The number of surgical/invasive procedural events has increased as compared to last year at this time. Last year we had one wrong body part surgery/invasive procedure; this year we have two. We have two retained foreign objects and one wrong surgical procedure whereas last year there was none. St. Cloud Hospital has enrolled in the Minnesota Hospital Association’s (MHA) Safe Account initiative aimed at preventing retained foreign objects in surgery. We have joined a MHA three-year campaign to reinforce the time-out processes during surgery, invasive and bedside procedures. We must remain vigilant about all steps in the time-out process, including making certain that all activity ceases when the time-out is called, active participation by all team members verbally affirming the patient, procedure and site.

We continue to keep our patients’ safety in the forefront of our minds. All employees, volunteers and physicians and other licensed independent practitioners are strongly encouraged to report any situation that may cause patient harm. The only way we can prevent events from happening is if we know where our systems or processes are weak. We want to learn from our experiences and implement best practices to keep our patients safe. Thank you for your commitment and dedication to keeping our patients safe.

Staffing/Scheduling Reminders

Terri Krause, Coordinator

Staffing/Scheduling/Secretarial Services

The Staffing and Scheduling Associates would like to take the opportunity to review some information with staff related to policy guidelines and various procedures to follow when making changes to your contact information.

- **Phone number contact information**

We appreciate your keeping us updated whenever you have a phone number change with your primary number and any secondary contact numbers you have provided us with. Please contact the Staffing Office and your unit Scheduling Associate with these changes so that we can update our ANSOS database records. You also need to provide your new information for your unit phone listing and the Human Resource Department.

- **Calling in Ill/Absent**

During our regular office hours of 5:30 a.m. and 11:30 p.m. we ask that you make every effort to speak to a Staffing Associate and not leave a voice mail message when calling in ill or absent for your scheduled shift. Due to the heavy volume of phone calls being made to and from Staffing retrieval of voice mail messages cannot always be done in a timely fashion.

- **Cut-off times for employees to request "On Call/HTO"**

Employees need to notify Staffing when requesting "On Call/HTO" by the timeframes listed below. Please keep in mind that you must call in by the request deadlines indicated in order for us to be able to determine who can be placed on-call/HTO for their shift. Any requests made after the deadlines will be recorded as a late request. **Please note, if you are scheduled to work at 4:00 p.m. you need to be contacting Staffing by 12:00 noon for your request to be considered.**

<u>Requested by:</u>	<u>Start of shift:</u>
8:00p (Night before)	7:00a
12:00 noon	3:00p or 4:00p
4:00p	7:00p
7:00p	11:00p

- **On-call Response Time/Availability**

Employees On-Call and notified by Staffing to report to work have a 1 hour timeframe to arrive to work. If Staffing was not able to speak directly with you and left a message that you need to report to work, please make sure you notify Staffing to let them know you received the message and what time the unit can expect you to arrive.

- **Availability/Unavailability to work**

We try to limit our interruptions in calling your homes as much as possible. It is very helpful to us for you to let us know when you are available and/or unavailable to work. We in Staffing and Scheduling want to say "Thank you" for all the pleasant responses we receive each time we call your home.

- **Printing Schedules from Web Scheduler**

To avoid potential schedule errors, you should not be printing your schedules from Web Scheduler prior to 3:00 p.m. on schedule posting day.

Thanks for all you do in helping provide Care Above All.

Extra! Extra! Read all about it...

Terri Krause, Coordinator

Staffing/Scheduling/Secretarial Services

First Choice PTO Calendars for schedule dates January 8, 2012 through January 5, 2013 will be available starting Tuesday, September 6, 2011. Your Scheduling Associate will share more details and information in the near future.

VIDYO

*Rosemond Sarpong Owens
Health Literacy/Cultural Competency Specialist*

St. Cloud Hospital is pleased to announce a video remote interpreting option to provide communication access for Deaf and Hard-of-Hearing individuals who use sign language. This option is called VIDYO.

What is VIDYO?

VIDYO is On-Demand Interpreting Online for the Deaf and Hard of Hearing. CSD of Minnesota, our vendor for sign language interpreting is also the vendor for VIDYO. Using the state of the art VIDYO software program, users may connect with a remote on-call sign language interpreter at any time of the day. This way, we can provide immediate access to a sign language interpreter as soon as a patient walks through the doors of St. Cloud Hospital.

How does VIDYO work?

The provider contacts CSD to request the interpreter to connect via computer. Within ten minutes or less, the interpreter will connect to your computer and appear on the computer screen. Utilizing an external microphone and webcam, the interpreter will hear the speaking person's voice and see the Deaf person signing. Through your external microphone and screen, you will be able to hear and see the interpreter.

How can I access VIDYO at St. Cloud Hospital?

1. VIDYO and set-up instructions are available at the Switchboard/Customer Contact Center
2. Call operator by dialing 0 verify availability. The unit is located at the Customer Contact Center/Switchboard on the first floor of the B lobby.
3. Unit staff goes to pick it up.
4. Cost of using the interpreters will be billed to the Unit/Department.

Educational/Professional Developmental Programs

September 2011:

6	NRP Online/Megacode, 12:30pm-2:00pm, Oak Room, St. Cloud Hospital
12	NRP Online/Megacode, 8:00am-9:30am, Birch Room, St. Cloud Hospital
15-18	Strategic Orthopedics I: Lumbar Spine, 9:00am-5:45pm, Windfeldt Room, Plaza
19	Oncology Nursing Conference, 7:30am-4:30pm, Windfeldt Room, Plaza
20/21	TNCC Initial Course, 7:30am-5:30pm, St. Cloud Hospital Conference Room
21	Stable Refresher Course, 8:00am-1:30pm, Hughes/Mathews Room, Plaza
23	AHA Pears, 8:30am-3:30pm, Skyview Conference Room, St. Cloud Hospital
26	Basic Life Support Recertification Course, 8:30am, Skyview, St. Cloud Hospital
26/27	ACLS Initial Course, 8:30am-4:30pm, Windfeldt Room, Plaza
	ACLS Initial Course, 8:30am-1:30pm, Windfeldt Room, Plaza
29	ACLS Refresher Course, 12:30pm-9:00pm, Windfeldt Room, Plaza
29/30	Basic ECG, 8:00am-4:00 pm, Skyview Conference Room, St. Cloud Hospital



New Power Injectable Central Line Catheters Practice Changes and Product Addition (Implementation: Monday, August 1, 2011)

Submitted by: Joannie Nei

The patency of central lines verified by a good blood return needs to be performed in Imaging by an RN with the patient in the position required for the study. This will provide consistency in practice of required central line care by RNs.

1. First, practice for implanted ports will stay the same which has required accessing of port and checking for blood return to be done by a port certified RN.
2. Second, this will now include Power PICCs as they are central lines.
3. Third, we are adding a power injectable non-tunneled triple lumen catheter to inventory which will require the same practice.

Practice Impact:

1. Monday through Friday from 7:00 – 5:00, verification of a blood return will be performed by the Imaging RNs.
2. After hours, the Imaging staff will notify the patient's RN to arrange for an RN to verify patency of catheter in Imaging.
3. For specific steps for checking blood return, please refer to the Contrast Administration policy in Imaging which can be reached via the Central Line policy link in the Patient Care manual.
4. The triple lumen catheter will also require that the RN flush the line with heparin after the study.

Product Addition:

The power injectable triple lumen non-tunneled catheter shown below will be added to inventory. It will not replace the current catheter but be an addition for those times when a physician needs a power injectable catheter. We anticipate use in ETC trauma and ICU for select patients.

Prisoner/Inmate: Plan for Care of Patients Under Legal or Correctional Restrictions

Submitted by: Bill Becker

It is the responsibility of all hospital departments to notify hospital security personnel and administrative nursing supervisor when a patient under correctional authority is admitted or receiving care.

Correctional staff members with no clinical training or experience may become involved in activities that could support or hinder therapeutic goals for the patient. The hospital security officer orients and educates correctional officers on all shifts in the following areas:

- a. Standard precautions
- b. Procedures for responding to unusual clinical events and incidents.
- c. The hospital's channels for clinical and security communication; and
- d. The distinctions between correctional and clinical seclusion and restraint.
- e. This information is contained in the "Law Enforcement Intervention Guide" and presented to the correctional officer.

It is the responsibility of the attending correctional officer to notify hospital security personnel and hospital staff if there is any potential for violence (as known or anticipated by them). Please refer to the "Prisoner/Inmate" plan for care located on the CentraNet in the Safety Policy Manual.

Please Post

Please Post

Please Post



J-Tip Syringe for Subq Lidocaine Administration

Inservice Information

- Staff may attend inservice on any unit.
- Approximate length of inservice: 20 minutes
- Implementation date: Tuesday, August 16, 2011

Product Inservice Schedule (not mandatory)

	Monday August 15, 2011	Tuesday August 16, 2011	Wednesday August 17, 2011
0730	ETC	Children's Center	ETC
0845	ETC	ETC	
0930	ETC	ETC	Plaza
1015		ETC	
1100	Children's Center		
1430	Children's Center	Children's Center	Children's Center
1530	Children's Center	Children's Center	Children's Center
1615	Children's Center	Children's Center	Children's Center
1700			
1800			
1900	ETC	ETC	ETC
1930	Children's Center	Children's Center	Children's Center

If questions regarding attendance and content, please contact your unit educator.

If questions regarding schedule, please contact Joannie Nei at x55753 or pager 89-1095.



St. Cloud Hospital
CENTRA CARE Health System

Clinical Ladder

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

LEVEL IV:

Ann Summar, RN Inpatient Rehab

- Certified Gerontological Nurse
- Chair Person: Gallup Satisfaction & JCAHO/Magnet
- BCMA/Epic Super User
- Revision of FIMS

Kristin Gjerset, RN Children's Center

- Certified Neonatal Intensive Care Nurse
- Master of Science, Nursing
- NRP Instructor
- NICU Operational Core Group

May Schomer, RN Inpatient Rehab

- Certified Rehabilitation Nurse & Gerontological Nurse
- Primary Preceptor
- BCMA Super User
- Rehab Practice Council

LEVEL III:

Kelly Wurdelman, RN Adult Mental Health

- Presenter: Adult and Pediatric Mental Health Overview
- BCMA/Epic Super User
- TCAB: BAN Orders

Jennifer Knaack, RN Neuroscience/Spine

- Primary Preceptor
- BCMA Super User
- Community Representative: Becker Schools: Early Childhood Screening.

Linda Bjork, RN Children's Center

- Presenter: Ventilator Assisted Pneumonia
- Clinical Practice Committee
- PICU Core

Christy Stevens, RN Kidney Dialysis

- Epic Super User
- PI Committee Audits – Staples KDU
- Minnesota First Responder

Mary Jo Lemke, RN Pacer Clinic

- Regional Presenter: Medtronic Paceart
- Presenter: Pacemaker Overview
- Primary Preceptor

LEVEL III (cont'd):

Shannon Vardas, RN Med2/MPCU

- Presenter: Sepsis and EKG Review
- Certified Medical Surgical Nurse
- Super User Committee

Donna Gregory, RN Oncology

- Fall Prevention Committee
- PI: Audit, Fall Safety
- Oncology Certified Nurse

Angela Overland, RN Children's Center

- Primary Preceptor
- Pain Policy Revision of Combined Units
- Healthy Work Environment Committee

Mary Beth Schmidt, RN Post Anesthesia Care

- Presenter: Education Day: EKG/Arrhythmia Station
- Certified Peri Anesthesia Nurse
- Contact Isolation/Safety Precaution Determinant