

A quarterly publication for United Hospital Nurses

nursing notes



Practicing Excellian is Key

Barb Knudtson, RN, United Excellian Director

Once you have completed Excellian classroom training, your next step is to practice. Practicing helps you increase your Excellian knowledge and competency level. You learn how you will use this program in your daily work. Your Nursing Support Coordinator, scheduler and/or leader will work with you to set up your practice time.

What should I be practicing?

- December 2006: If there were eLearning modules in your Excellian training, review those modules. If you had a course manual with scenarios, repeat those scenarios.
- January – May 2007: Review eLearning and practice scenarios from training. Additional scenarios specific to your department and/or role will be available on the AKN.

Where can I practice?

- On your unit or department: Start by discussing practice location options with your manager or leader. Options may include open computers in your area, ACM offices, report rooms or other PCs with Excellian Playground (to have Excellian Playground installed on an existing PC, please e-mail the Equipment Control Number to William Kucharski).
- Excellian Central: Located on the second floor of the Heart & Lung Building, open Monday through Friday from 7 a.m. to 5 p.m. In December 2006, practice PCs are available on a first come-first served basis (four PCs in room 3). From January through April 2007, practice time in Excellian Central will be scheduled and the room will be open expanded hours.

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winter 2006



**UNITED
HOSPITAL**
Allina Hospitals & Clinics

Rapid Response Team 24/7

Mary Milligan, RN, Patient Care Support Services

United is pleased to announce the Rapid Response Team (RRT) is now available around the clock all day, everyday 24/7/365. RRT critical care RNs and respiratory therapists work with the bedside nurse to assess a patient's condition, determine necessary interventions and consult physicians. The goal of the team is to decrease the number of Code 99 respiratory/cardiac arrests outside of the Critical Care Units (CCU) by 10

percent in 2006. Thank you for using this important patient care resource. In September 2006, the RRT received 45 calls and there was only one Code 99 outside of CCU.

The RRT pager number is 612-654-5500. Caregivers should then enter the unit number * patient room number (i.e., for Unit 3500 Room 3527, enter 3500*3527).

Falls Reduction News

Pam Howard, RN, Falls Reduction Leader

The Robert Wood Johnson Foundation has approved a \$19,000 grant to United Hospital, which is being made under the Foundation's Prevention of Hospital Falls program. We are trying to find innovative ways to prevent harm from falls, along with seven other sites in the United States and Canada. The grant is for work done on Medicine units 4900/20/40 from June 2006 to September 2007.

We're calling our team CSI United, which stands for Clinical Safety Innovation. As you know, characters

on the television show CSI dig deep to find the evidence to solve their crime scene cases. We, too, are digging deep to find the evidence to solve the issue of falls in the hospital.

Our goal is to develop national best of practice with the Institute for Healthcare Improvement team and share our learnings across Allina hospitals. We are delighted to have been chosen to participate in this study and to have this opportunity to make a difference in the lives of our patients.

Professional Nursing Conference

Katie Krisko-Hangel, RN, Learning & Development Specialist

At the fifth annual Allina Professional Nursing Practice Conference for Excellence in Care, I attended a session on "Tsunami Alert: Effects of Meth on Health Care" and learned about the devastating effects of meth on the health care system and how meth use affected someone who experienced meth use firsthand in a family member.

Also I attended a session on "Getting your Feet Wet with Nursing Research," which reinforced my

belief and commitment to supporting evidenced-based practice. One thing that surprised me was learning that it can take 12 to 15 years to translate nursing research findings into practice. After hearing this, I came away feeling an even stronger commitment to helping advance this important part of nursing science in our profession. All in all, I found the day to be a great day to connect with colleagues across the Allina system and reflect on all the reasons I became a nurse.

Stroke Survey News

Kelly Gannon, RN, MSN, Neurology Program Leader

United Hospital's Primary Stroke Center certification site visit took place on Nov. 9, 2006. Employees, physicians, nurses and all other staff did an excellent job answering questions, providing documentation and interacting with the surveyor.

Denise Boraas, Certified Family Nurse Practitioner from Sioux Falls, SD, was the JCAHO surveyor for the stroke survey. Boraas commented on the obvious "commitment to quality improvement regarding care of the stroke survivor" and stated the strengths of United's stroke program, including:

- Comprehensive, evidence-based stroke care across all disciplines
- Interdisciplinary approach to providing stroke care
- Neuroscience Best of Practice committee provides clinical guidance in the care of stroke survivors
- Obvious use of American Heart Association and American Stroke Association guidelines within order sets and clinical pathways.

Primary Stroke Center certification is a disease-based certification from JCAHO. United Hospital has spent the last year planning and preparing for the Primary Stroke Center certification visit.

JCAHO will notify United Hospital within 45 days regarding the results of the survey.

Ethics: Taping Family Conferences

Kelly Gannon, RN, MSN, Neurology Program Leader

Irv Lerner, MD, and Steph Cook, RN, MAN, championed the idea of audiotaping family conferences.

The Ethics Committee has provided support for taping family conferences with the belief that this could be beneficial for the patient, the patient's family and health care providers. Taping family conferences would also provide an audio record for review by family members or other health care providers who could not attend the initial conference. According to Dr. Lerner, the main goal in taping

family conferences is to improve communications between physicians, patients and family.

Vicki Weber, RN, took on the responsibility for process development and has worked with Allina Legal to develop a script to be used for discussion with physicians, patients and families. Vicki has been working closely with social workers to identify the steps necessary to appropriately set up family conference taping. The current plan calls for piloting the

process with oncologists and then hospitalists. Recording equipment has been purchased and is available to begin the pilot for taping of family conferences. Recorded tapes from family conferences will be stored by Vicki for one year.

At the November Ethics Committee meeting, Vicki reported that Allina Legal has approved moving forward with this pilot program and is completing a review of the process and recommended scripting.

National Magnet Nursing Conference

Naomi English, RN, Float Pool, Becky Braden, RN, Surgical Care Center, and Mary Gag, RN, Day Surgery Center

United Hospital was represented by Becky Braden, RN, Naomi English, RN, and Mary Gag, RN, at the 10th Annual National Magnet Conference in October 2006 in Denver, Colo. We learned quite a bit about the process that other hospitals have gone through to earn the prestigious Magnet Hospital designation. October was also a big month for Children's Hospitals and Clinics of Minnesota - right next door. Nurses there achieved Magnet status.

We were impressed to see just how popular and sought after the Magnet Award really is in the nursing community. The conference in Denver drew more than 3,000 nurses from the United States and several other countries; another 500 nurses came to Denver and placed their names on a waiting list in hopes of getting into the conference. The conference was jointly sponsored by

the four Magnet-designated hospitals of Colorado.

Those who attended the conference were mostly bedside nurses, like us, who practice in a variety of clinical settings - large university hospitals, small rural hospitals and everything in between. There were more than 80 breakout sessions and panel presentations in which nurses from Magnet hospitals discussed their experiences with research studies, evidence-based practice, nurse certification, as well as how achieving Magnet status has enhanced their hospital's ability to function efficiently and attract and retain the best and brightest staff.

There were more than 70 posters presented at the conference. Many of the posters focused on process improvement, including 1:1 attendant utilization, wound care, developing

and implementing a Rapid Response Team, reducing the incidence of ventilator acquired pneumonia, and ensuring patient and worker safety in the Emergency Department.

A vendor fair rounded out the conference. Several equipment and supply companies were represented, including nursing and health care software developers. Nursing certification organizations including AORN, AACN and OCN and nursing schools were also represented at the conference.

All in all, we were able to see just how many solid, innovative programs United already has in place. We realized that the practice of professional nursing at United is already at Magnet caliber. And we also realized that all of us will have to work hard, as a group, to achieve Magnet status.

Diabetes Care News

United Hospital Diabetes Resource Team Nurses

Insulin Pumps

If you have reviewed the fourth quarter nursing self-study packet, you will have noticed that there are now forms to help in the care and management of patients with insulin pumps (note: the fourth quarter education packet should be completed by Dec. 31, 2006). These forms are available for use and can be found in two locations:

STAR: The order set (Continuous Self-Administered Subcutaneous Insulin Pump) and the agreement that the patient must sign to use his/her pump while in the hospital are available in STAR. To access the order set/agreement - patient, print

- Custom document
- Select print
- Go to number 5 and type 6578 or insulin pump, then enter
- Print form as usual

Document: The daily worksheet that the patient fills out and a carb counting sheet for staff use are available from the Diabetes Resource staff. The diabetes resource staff brings the worksheet at the time of consult. If you need these documents prior to the consult, please call us and we will bring them ASAP.

We appreciate your patience as we work through this process and would appreciate feedback regarding this new procedure.

Nursing Responsibility with Insulin Pumps

- Document the patient's home doses, basal rate, meal bolus and correction bolus and complete the top of the daily worksheet. Any orders for these rates need to be written/approved by the admitting physician. Another key

place to capture this information is on the Allergy and Medication History form. The patient will show you all of this information in the pump. The patient needs to do all adjusting of insulin, such as correction boluses, based on the blood sugars obtained on our PCX meter.

- Always document treatment for hypoglycemia and follow-up (i.e., consecutive blood sugar checks). This documentation must be done for all patients with diabetes (not just patients with insulin pumps).
- Document site condition and changes on the daily worksheet. Always check blood sugar two hours after a site change. This will identify problems with the site before there is a problem with out-of-control hyperglycemia.
- Request a consult for Diabetes Resource staff.

New Medication Alert

A new oral medication for type 2 diabetes was approved by the FDA in October. It is called JANUVIA® (Sitagliptin) and is in a new class of oral medication called dipeptidyl peptidase-4 (DPP-4) inhibitors. By inhibiting the DPP-4 enzyme, sitagliptin significantly increases the levels of active incretin hormones, increasing the synthesis and release of insulin from the pancreatic beta cells and decreasing the release of glucagon from the pancreatic alpha cells. The recommended dose is 100mg once daily. Dose adjustments are needed in patients with renal dysfunction. It does not cause hypoglycemia when not combined with insulin or Sulfonylureas. It has not yet been reviewed by the Pharmacy & Therapeutics Committee.

APIDRA (insulin glulisine) is the newest fast-acting insulin on the market (similar to Novolog and Humalog). It has recently been approved to be used in insulin pumps. It is not currently on the formulary at United Hospital.

Updates and Reminders

IV Insulin Drips

An insulin drip must be on its own pump and not running concurrently with any other fluid. We recently heard about an incident where the insulin drip was running at the maintenance IV rate (150cc/hr) when both were on the pump in concurrent mode. To avoid this very undesirable occurrence, it is required that no other fluids are running with insulin on a IV pump.

Medication Errors

Patient/visitor safety reports are required any time a medication error occurs or there is a quality concern that needs to be investigated. If at any time you see something that you feel could or does compromise patient care, please document it in a patient/visitor safety report so it can be addressed to maintain or improve the quality of care.

Toe Nails of Patients with Diabetes

Toe nails of patients with diabetes may sometimes need treatment. We do not have anyone employed by the hospital that is qualified to do nail care and cutting toe nails. If you have a patient that is in dire need of toe nail clipping, request a consult for a podiatrist. There are a few podiatrists that are willing to make hospital visits. If the need is less urgent, suggest the patient see a podiatrist as an outpatient. Nurses should not perform this patient care procedure.

(Continued on Page 5)

Magnet Consultant Visits United

Naomi English, RN, and Mary Gag, RN

Julia Au Coin, a Magnet nursing consultant who spent two days reviewing the nursing department at United in August 2005 returned on Nov. 3 to assess our progress toward achieving Magnet designation.

We spent the day with Dr. Au Coin and our tour began at the Day Surgery Center. Here, nurses shared their involvement in the redesign of their work environment and shared some of the characteristics of their patient population. Our next stop was the Pain Center. Dr. AuCoin was very impressed with the level of independent practice United demonstrated by RNs, as well as their patient follow-up activities.

In Interventional Radiology, Cheryl Nienow, RN, ACM, discussed a collaborative effort her department initiated with ICU nurses regarding giving report on patients who had undergone procedures in IR. Dr. AuCoin was very impressed with the level of initiative and creative problem-solving these nurses demonstrated.

As an aside, Dr. Au Coin told us about the “Aw shucks” nurse. When complemented on something wonderful that she or he has done, this nurse responds by saying, “Aw shucks, ma’am, it was nothing.” We could readily see that many of us at United tend to view our accomplishments this way. At the

same time, we saw that the impact we have on patients each day really shouldn't be downplayed.

When we visited the Emergency Department, we found Deb Raptis, RN, operations leader, and Lee Toman, MD, engaged in a detailed conversation about early recognition of sepsis and the triage nurses' role in that effort. The importance of this kind of collaboration and collegiality did not go unnoticed by Dr. Au Coin.

On 2600, Pat Stoj, RN, ACM, highlighted the Bariatric Center of Excellence designation, as well as the disposable blood pressure cuff effort, which was advanced by the Nursing Research Council.

Our next stop was on 8900, Geriatric Psychiatry. Here, staff discussed a current initiative that records data about patient falls with the goal of reducing the incidence of falls.

We then crossed the hall and visited 8940 - rehabilitation. Here, Curt Lamb discussed the limitations of the physical space on the unit as well as efforts that RNs have undertaken to make improvements.

Our next stop was 4940. On this unit, ACM Sarah Gustafson and Dr. Au Coin connected on the issue of pursuing the bachelor of science in nursing degree as well as advanced degrees in nursing and how this

enriches the individual RN and his or her practice.

Dr. Au Coin missed no opportunity to encourage and support nurses at United. At one point, we passed a group of nursing students (whose clinical instructor was Anne Elliot of the Float Pool). Dr. Au Coin asked the students what they liked about United and whether they planned to apply here as new graduates.

There were several places we were unable to visit, due to time constraints. We apologize, as we know that Dr. Au Coin would certainly have enjoyed meeting with more United Hospital nurses.

After our tour, Dr. Au Coin reviewed the documents we have prepared as part of our application for Magnet hospital status. She was excited by what she saw and offered several suggestions for improvement. In summing up her day, Dr. Au Coin stated, “I enjoyed the day very much and was invigorated by many of the practices and people that I saw. Your organization is well on its way!”

All in all, we felt it was a very full intense day, and we learned a lot that we will be able to put to use when Magnet surveyors visit our hospital. Please feel free to ask either of us any questions you might have about Magnet Nursing or visit www.nursingworld.org/ancc/.

Diabetes Care News

(Continued from Page 4)

Hypoglycemia — Hypoglycemia is a challenging issue in the hospital. Please locate and review the hypoglycemia protocol (available on the AKN). There are very specific

recommendations for hypoglycemia treatment. If patients are alert and able to eat, feed them. Because of the unpleasant taste, glucose gel should not be used. A good alternative

(listed on the hypoglycemia protocol) is jelly. One packet of jelly is equal to a glass of juice. Jelly is also a good option for dialysis patients and those on fluid restrictions.

Mortality Reduction Project

Maureen Smith, RN, Nasseff Heart Center, and Lee Toman, MD, Rotilie, Toman & McRaith, LLC

The project team for mortality reduction has completed two priority interventions for communication and recognition of hypoxic events that are nearing final approval. The first is a new chart graphic sheet that will display a four-day graphic of trends in O₂ saturation and FiO₂ and will displace the input/output information to the back of the sheet. This will provide one source for all vital signs in the chart. Previously, information related to hypoxic events was limited to the patient care summary, which was kept separate from the chart for the most recent three shifts. Second, we have created guidelines for nursing to communicate hypoxic events. We have piloted these

changes on a number of nursing units and have held focus groups with nurses from these units. We presented actual cases that showed how timely communication and recognition of hypoxia were critical to the patient outcome. We used nursing feedback to make the documents more user friendly and registered their comments and concerns about communication with physicians:

- “Case studies were great examples to show how important early recognition and interventions are needed.”
- “I was surprised about the case studies and lack of communication to MDs. I think this will help.”

- “Make sure all MDs are receptive to being paged on these matters. I know RNs feel uneasy about paging MDs — we really need to work together.”

Health care reliability runs an error rate of 2 in 10 to 1 in 100 for most care processes. In addition to modeling high reliability design into our processes of care, we need teamwork to have high reliability and prevent avoidable deaths. Let’s think about how nurses and physicians communicate and whether the environment we create supports the safest care for our patients.

Allina Clinical Nursing Practice Council

Julie Sabo, RN, MN, CCRN, APRN-BC

The Allina Clinical Nursing Practice Council (ACNPC) formed in August 2006 and includes 42 nurses from all outpatient and inpatient clinical sites in the Allina system. More than 60 percent of the members are staff nurses. The purpose of the ACNPC is to:

- Proactively identify nursing practice issues that may affect nurses across the Allina system and facilitate problem-solving and implementation of changes.
- Provide coordination, guidance and decision making related to clinical nursing practice that pertain to nurses across Allina system.
- Ensure that Allina nursing has a long-term strategy regarding nursing practice issues.
- Develop a vision for nursing documentation in the future to help further development of Excellian (for example, standardized

language) and to filter issues related to documentation and nursing practice.

- Review the Allina Nursing Charter.
- Create an Allina nursing communication system.
- Provide guidance in Allina-wide nursing education and competencies.
- Create accountability for the Standards of Nursing Care throughout Allina.

Within the council there are three subgroups that focus on specific subjects: documentation, policies/procedures and the continuum of care. Issues are brought to this group through local nursing councils — at United, these include the Nursing Practice Care Delivery Board and RN Unit Councils. Issues also may be identified by other committees as needing an Allina-wide examination

of outcomes for nursing. Examples of issues this group is addressing are standardization of the RN job description, patients leaving to go outside to smoke who have IV or PCA pumps, and adoption of evidenced-based practice guideline on the use of normal saline during tracheal suctioning.

Council chairs are Deb Wood, RN, (Abbott Northwestern/Phillips Eye Institute), Mary Kay Johnson RN, (River Falls), and Hans Peter de Ruiter, RN, MS, Allina director of Nursing Practice and Research. Representatives from United include Marie Stuewe, RN, Linda Slattengren, RN, and Julie Sabo, RN. If you have issues you would like to have the Council address, please call Marie at ext. 16335, Linda at ext. 18097 or Julie at ext. 18378.

Overview of Allina Library Resources

Sandy Tarman, United Hospital Boeckman Library

Allina Library Services are available to nurses whenever you need reliable, current, evidence-based information for patient care or research.

Allina Library Services provides nurses with several ways to use the library and its materials. Come to the library, call ext. 34312, e-mail, fax, use interoffice mail or visit our Web site (<http://akn/library/index.html>):

- To request a literature search for information on a clinical question or research project
- To read or obtain copies of articles and to borrow books
- To consult with library staff
- To schedule instruction in the effective use of library resources
- To access books and journals outside Allina's collection
- To purchase books and journals for your department

- Badge access to the Boeckmann Library
- Appointment to customize your computer browsers with direct links to key library electronic resources.

Library managed resources provided on all Allina computers:

Full Text Books (153 titles)

- Guide to Culturally Competent Health Care
- Delmar's Fundamental and Advanced Nursing Skills
- Lippincott Manual of Nursing Practice
- Woods Cardiac Nursing

Full Text Journals (2000+)

- AJN
- Nursing 2006
- Heart & Lung
- Critical Care Nurse

Medical, Nursing and Allied Health Databases

- CINAHL
- MICROMEDEX
- MEDLINE

All are available at the click of your mouse on the library's homepage on the AKN (<http://akn/library/index.html>). For information about remote access, click the link under "About Library Services," or call ext. 18720.

Boeckmann Library on the United Hospital campus offers a collection of print books and journals, computer workstations and copiers, a quiet place to work and staff to assist you and consult with you. Now located in L852 on the lower level of United, the Boeckmann Library is accessible 24/7/365 with your ID badge.

Speech Pathology Update

Nancy Danielson, Sister Kenny Rehabilitation Services Manager

Sister Kenny Rehabilitation Services speech pathologists are scheduled Monday through Saturday. Contacting the department for services is the same on Saturdays as it is during the week: call ext. 18290 and leave a voice mail message. Voice mail messages are checked at 8 a.m., noon, and 4 p.m. For urgent requests, call the wireless phone number given on the voice mail greeting. Swallow studies are given high-priority.

Swallow study orders placed on Sundays are triaged by the lead physical therapist. If a case needs immediate attention, the physical therapist contacts a speech language pathologist. The speech therapist calls the nursing unit and talks

directly with the patient's nurse. Together, the nurse and speech language pathologist determine the level of speech language therapy intervention needed based on the patient's condition. All videoswallows are dependent upon both a speech language pathologist and radiology being available. Speech and language pathologists are not routinely scheduled on Sundays or holidays.

The volume of requests and the determined needs for swallow assessment on the weekends are assessed on an ongoing basis to determine appropriate staffing. Contact Nancy Danielson, rehab manager, at ext. 18586 or Mary Ferguson, Speech Coordinator, at ext. 18065 with questions or suggestions.

Evidence-Based Practice Seminar

Margo Halm, RN, PhD, APRN-BC, CCRN

Mark your calendars! Evidence-Based Research Seminar: "Using Nursing Research in Clinical Practice: Luxury or Necessity?" will be back by popular demand in 2007. Dates are Feb. 1, Aug. 2, Oct. 4 and Dec. 3, from 7:30 a.m. to noon. Watch for the brochure coming soon.

JCAHO: Do Not Pre-date Orders

Sue Penque, RN, Vice President of Patient Care and Operations

When dating and timing all orders, including restraint orders, do not pre-date the order sheets. In the case of restraints physicians are legally responsible for adding the date and time on the restraint order sheet when they sign the order.

Celebrations

MNAF Baccalaureate Degree Scholarship

- Christy Marie Berryhill, RN, 2600
- Christie Frid, RN, 4500
- Angela Ikeri, RN, 8940
- Becky Johnson, RN, 2600
- Sherry King, RN, 5900/20

MNAF Graduate Degree Scholarship

- Cynthia Leas, RN, 4400
- Deborah Stockman, RN, 2300

Rose Dhein Scholarship

- Wendy Schmidt, RN, 2200

MNA Creative Nursing Award

- Glenda Cartney, RN
- Julie Sabo, RN

Professional Writing

- Ann Berndtson, RN, ONC, Orthopedic operations leader, was a reviewer for Chapter 19 “The Hip, Femur, and Pelvis” in the textbook Core Curriculum for Orthopaedic Nursing (5th edition) published by the National Association for Orthopedic Nursing (NAON).
- Margo Halm, RN, PhD, APRN-BC, Julie Sabo, RN, MN, APRN-BC, and Monica Rudiger, RN, MA, recently published “The Patient-Family Advisory Council: Keeping a Pulse on our Consumers” in the October 2006 edition of Critical Care Nurse.

CCRN Certification

- Keith Werlinger, CCRN, CMT
- Cory Wray, CCRN, 3900/20/40

Cynthia Hunt Lines Scholarship

- Patience Ambe, RN, 2400

Honored at Allina Excellence in Nursing Leadership Program

- Jane KostECKa, RN
- Tina Raehsler, RN
- Barb Bentley, RN
- Becky Braden, RN
- Bunny Engeldorf, RN
- Linda Slattengren, RN
- Glenda Cartney, RN
- Naomi English, RN
- Marie Stuewe, RN
- Boni Iverson, RN
- Sue Dzubay, RN
- Nicole Stickman, RN
- Cindy Gerlach, RN
- Polly Groshens, RN
- Linda Gfrerer, RN
- Margo Halm, RN
- Julie Sabo, RN
- Maureen Smith, RN
- Joan Kidd, RN
- Pam Whitehead, RN
- Cindy Van Osdale, RN
- Jan Whittingham, RN
- Pat Ryan, RN
- Susan Loushin, RN
- Kathy Schoenbeck, RN
- Stephanie Cook, RN
- Rose West, RN
- Julianne Scott, RN
- Mary Milligan, RN
- Marge Van Roekel, RN

Policies and Procedures

Administrative Policies & Procedures that have had more significant changes or have been deleted since the previous update are listed below. An ongoing method for viewing hospitalwide policies that are new or have been revised within the last 45 days is available by selecting “What’s New” from United’s AKN home page.

Revised

- Comfort Care (End of Life Care)
- Policy with Guidelines on Medical Futility (changes throughout). <http://idoc8.allina.com/content8/groups/public/document/policiesprocedures/comfortcare.pdf>
- EMTALA Pregnancy Care, General Policy and Procedure (as it pertains to an OB medical screening, revision from 20 weeks to 16 weeks). <http://idoc8.allina.com/content8/groups/pulbic/documents/policiesprocedures/emtalapreg.pdf>

Deleted

- Obstetrical Patients in the Emergency Department
- Travel and Other Expense Reimbursement (refer to Allina Finance policies).

Review new policy on Peritoneal Dialysis. Our new policy is to cleanse the catheter site with chloraprep and then apply gentamycin cream for site care. See document for further information.

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