



# THE NURSES' STATION

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## U THE SCOPE

### Change to the Surgical Care Improvement Project (SCIP)

As of October 2009, the SCIP has added some indicators on which we collect data. There is one that we could use your help with. We now collect information about urinary catheter removal date for the following SCIP patient populations: total joints, hysterectomies, and colon surgeries.

**IF** the urinary catheter was placed intraoperatively and is still in place immediately post-operative, we look to see if the urinary catheter is removed on post-op day 1 (POD 1) or post op-day 2 (POD 2). Anesthesia End Date is postoperative day "zero" for this project.

**If the urinary catheter needs to remain in longer, the following reasons are acceptable for not removing the urinary catheter:**

1. There is documentation that the patient is in ICU **AND** receiving diuretics.
2. There must be physician documentation of reasons for not removing the urinary catheter. A physician order to "leave the catheter in place" is not sufficient documentation for not removing the catheter. There **must** be physician documentation such as: "Continue catheter. Patient is on bedrest."

#### Other Key Points:

- Patients refusal of catheter removal or patients at high risk of falling are not allowable reasons for leaving the urinary catheter in for this SCIP measure.
- The documentation for not removing the urinary catheter must be found on POD 1 or POD 2.
- If no diuretic is being administered for a patient in ICU, then a reason for leaving the urinary catheter in place must be documented on POD 1 or POD 2.

We are asking nursing to help remind the physicians that the urinary catheter is in place, and ask them to consider removal on POD 1 or POD 2. If the physician feels the patient is not ready for removal of the urinary catheter, ask them to include a reason for keeping the catheter in place on POD 1 or POD 2. Removing the catheter sooner rather than later has been proven to reduce catheter related urinary tract infections.

If you have questions about this measure information, please contact Lois Polt (6241) or Barb Grabenbauer (4935). Thank you for helping with this measure compliance and doing what is best for our patients.

## THE CALL LIGHT

### NEWS FROM THE IOWA BOARD OF NURSING



Effective with the next issue (November 2009) of the Iowa Board of Nursing Newsletter, your approaching license expiration date will no longer be published.

Expiration dates can be verified the following ways:

At the Board's website:  
<http://nursing.iowa.gov/>

or

On your wallet card.

or

By calling the Board's interactive Voice Response System at  
515-281-3255

## HOURLY ROUNDING PROVIDES PRO-ACTIVE CARE

MAKING ROUNDS



Studies show that hourly rounding helps nurses anticipate patient needs, decreasing call light use and increasing the satisfaction of all involved. Hourly rounding plays a major role in the patient-centered health care models that many hospitals across the country are implementing. This includes MMSC, which has adopted the practice of hourly rounding on the Medical/Surgical/Telemetry/Pediatrics Unit.

Nurses visit their patients every hour with a prepared checklist of questions. They check everything from pain levels to patient comfort to making sure the telephone, TV remote, Kleenex box, and water are all within the patient's reach. Most importantly, the nurses ask if there is anything else they can do for the patient before they leave, and they tell the patient that they or another nurse will be back to check on them in another hour.

Proactively addressing patients' needs:

- Improves staff workflow and satisfaction
- Improves service quality and patient-centered care
- Decreases the number of call lights for non-urgent needs
- Improves safety and clinical quality
- Gives patients a heightened sense of security
- Reduces staff stress levels

### The "Four Ps"

The "Four Ps," vital for successful rounding, consist of:

- **Positioning:** Making sure the patient is comfortable and assessing the risk of pressure ulcers.
- **Personal needs:** Scheduling patient trips to the bathroom to avoid unsafe conditions.
- **Pain:** Asking patients to describe their pain level on a scale of zero to 10.
- **Placement:** Making sure the items a patient needs are within easy reach, such as water, tissues, the TV remote control, and the telephone.

It may seem counter-productive, but asking nurses to commit to rounding every hour actually saves them time overall. Patients use their call lights less frequently, which leads to less running back and forth for nurses. This allows nurses to feel they have more control of their day and frees them up to complete their tasks without con-

stant interruptions. Hourly Rounding is not just a call light reduction strategy but also an approach to improve patient care.

It may not be a new high-tech drug or a groundbreaking procedure, but the studies clearly show that hourly rounding creates a more positive culture at hospitals as both patient satisfaction and employee morale improve.

## NURSING JOURNALS AVAILABLE IN THE LIBRARY

THE CLIP BOARD

American Journal of Nursing  
Applied Nursing Research

Creative Nursing  
Journal of Infusion Nursing

Journal of Nursing Administration

Journal of Nursing Care Quality

Med/Surg Nursing

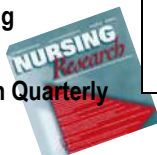
Nursing

Nursing Administration Quarterly

Nursing Economics



The MMSC Library has a comprehensive collection of nursing journals that provide in-depth guidance to help nurses stay current on clinical advances and professional developments. In every issue nurses from clinical settings nationwide present current, proven recommendations for improved clinical practice. Included are skill-building techniques, intervention methods, the latest developments in pharmacological and technological advances, patient management solutions, and quality improvement strategies. Stop by the Library and look through our assortment of trusted nursing journals.





## Diagnostic Imaging RNs

MMSC’s radiology nurses provide care and support to patients undergoing the following imaging modalities: CT, MRI, Ultrasound, Breast Imaging, and Nuclear Medicine. Charlene Hulin and Charlene Martin currently share the full-time Diagnostic Imaging RN position, and Pam Dougherty and Susan Pelz from the Cath Lab fill in as needed.

The job requires unique skills and versatility to provide patient care before, during and after imaging procedures. This includes patient monitoring, medication delivery (including conscious sedation), invasive procedure assistance, patient education, and follow-up. Preparation for the role includes the development of strong critical thinking skills, certification in BCLS, ACLS, and PALS, conscious sedation training, and orientation to the department and various procedures.

Matt Merical, the Director of Imaging proudly states that “Patient advocacy is the Diagnostic Imaging RNs number one priority. Their dedication, compassion, and support enable us to provide not only quality diagnostic testing, but also excellent customer service. They are truly an asset to our patients and staff.” MMSC’s radiology nurses are integral members of our health care team!

## Putting SBAR to Work

SHIFT REPORT

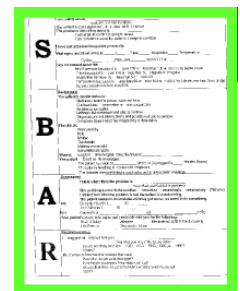
Are you using the **SBAR communication tool** to communicate important information? If not, you should be. MMSC implemented this standardized approach to handoff communications to comply with one of the National Patient Safety goals. Therefore, it is an expectation that you use **SBAR** anytime you need to pass on patient information to physicians and co-workers. A standardized approach to information sharing is needed to ensure that patient information is consistently and accurately communicated. This is especially true during critical events, shift reports, and patient transfers.

**S = Situation:** Briefly describe what is going on with the patient.

**B = Background:** Anticipate the listener’s questions about the situation and provide those answers. Identify pertinent background information related to the situation.

**A = Assessment:** Summarize your observations about the situation. What do you think is the problem? If unsure, state the level of concern and why.

**R = Recommendation:** What is needed to care for the patient and in what time frame. Provide a specific recommendation for solving the problem.



The use of this communication tool forces both the speaker and the listener to move through a discussion in a predictable, logical flow, and it allows people with differing communication styles to “get on the same page.” It causes the listener to react to the speaker’s recommendation, rather than passively taking in the information, and it saves time by cutting through extraneous detail. You can use **SBAR** anytime you need to pass on patient information—to other co-workers at shift report, during a patient transfer from unit to unit, and in off-unit reports such as when sending a patient for a procedure.

Using **SBAR** lets you give report in an orderly manner and ensures that all essential aspects of the patient’s needs have been covered. Once you get used to it, it becomes second-nature, and your day-to-day interactions will become much more productive.

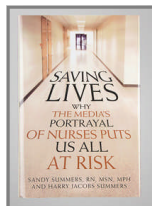
**Look for the bright green SBAR communication tool located in your nurses’ station.**

## THE RESOURCE ROOM

*Saving Lives* is a must-read book that outlines all the damaging images of nursing portrayed in the media. The authors discuss why and how these images minimize the highly scientific, complex, demanding profession of nursing and what that means to patients. It is full of great tips on how to promote a better, more accurate image of nursing. Once you read *Saving Lives* you will want to pass it on to your family and friends to read as well.

*Saving Lives: Why the Media's Portrayal of Nurses Puts Us All at Risk* by Sandy Summers, RN, MSN, MPH

ISBN-13: 978-1427798459



## Congratulations to our Cardiac Rehab Nurses!

Rose Groteluschen, RN

Diane Hunt, RN

Pam Miltenberger, RN

Pam Kacer, RN

Through the hard work of these nurses the MMSC Cardiac Rehabilitation Program has successfully passed the rigorous review process and been awarded program certification by the American Association of Cardiovascular and Pulmonary Rehabilitation.

CONGRATULATIONS CORNER

## NURSES' NOTES

## Council News

**The QI/ED Council** is a regular contributor to *The Nurses' Station*. They added a Central Line skill kit to the Learning Lab, and are helping the Medical Education Committee by going through resource books in all of the nurses' stations to check for currency and relevance.

**The Professional Practice Council** has reviewed over 140 policies so far in 2009. As active members of the New Products Committee they evaluate new products introduced at MMSC. Watch for non-fragranced, reasonably priced skin care products that are coming soon.

**The Peer Review Council** is transforming the large bulletin board on 2nd floor into a preceptor recognition display. There will be pictures of many of your co-workers who take on the important role of preceptor. Be sure and watch for it!

## PERSONAL MEDICATION RECORDS by QI/Ed Council

## CHART REVIEW

**Did you know** that there are new **Personal Medication Records** for our patients to keep track of their medications and their personal health information that replace the old yellow WHO cards? These Personal Medication Records come in a **dark blue plastic holder** that fits nicely in one's purse or billfold.

The **Records** are in each **nurses' station** and are in both English and Spanish. More **Personal Medication Records** are available in the **store room**.

**Instructions for use** are listed on the form itself and include:

- Use a pencil so changes can be made.
- When medications change draw a line through the old medication and write in the new medication on a new line.
- Take the record with you to each and every doctors visit and hospital stay and share the information with your physicians.
- Make sure to keep your card updated with all medication and dose changes.



If you would like to recognize a colleague, highlight activities on your unit, provide a special interest story, or have suggestions for upcoming issues, please send to the Education Department, or call 754-5004, or send to: mschwarck@marshmed.com