

Excellian: Words of Advice from a United RN

Glenda Cartney, RN, ACM, Critical Care 3940, Linda Slattengren, RN, MNA Co-chair
and Lisa Waytulonis, RN, Clinical Documentation

As part of our mission of providing exceptional care, United Hospital is implementing the Excellian electronic medical record, manufactured by Epic, Sept. 1, 2007. Allina Hospitals & Clinics announced this major patient care initiative in 2002. Currently, Buffalo, Abbott Northwestern, New Ulm Medical Center and approximately 64 Allina clinics, are “live” on Excellian. Implementing an electronic medical record at United Hospital fulfills an initiative of the United States Department of Health and Human Services. In his Jan. 20, 2004, State of the Union address, President George W. Bush outlined a plan to ensure that most Americans have an electronic health record within 10 years.

Excellian offers these benefits:

- Timely access to medical information
- One source of patient information
- Immediate safety checks
- Quicker access to test results
- One-time collection of patient information
- Patient privacy protection

Glenda Cartney, RN, ACM, United Hospital Critical Care unit 3940, has been involved in Excellian design and is participating on the United Excellian SWAT Team. United Excellian SWAT team members worked

at Abbott Northwestern during their go-live last summer. She has the following to say about Excellian.

We are advancing into an increasingly technical world with computerized charting. As part of this change, there will be ups, downs and frustrations that we all will encounter. It is the nature of the “beast,” as they say. The most important aspect is to prepare ourselves so there will be less frustration at go-live.

United is offering a basic computer skills class. It is very important that everyone attend the class if they are the least bit concerned or intimidated about using the computer. Excellian is not going to go away and the sooner we get involved, the better off we will be and the easier it will be for all of us.

You may have heard of some of the difficulties Abbott Northwestern is experiencing (see article on Page 2). I want you all to know that there have been many committees with representation from all the hospitals working to solve these issues.

Becoming a Super User is a great way to get aboard and see what the Excellian world is all about. We go live at United Sept. 1, 2007, and that is just around the corner. Getting involved now may help in giving you a positive and realistic outlook regarding Excellian.

National Nurses' Week - Thank You

United Hospital Senior Management Team

United Hospital Senior Management Team members thank all United Hospital nurses in recognition of the exceptional care nurses provide to patients and their families. The American Nurses Association has chosen the theme “Nurses: Strength, Care, Compassion” to celebrate 2006 National Nurses' Week May 6 – 12, 2006. There are many examples of nurses at United Hospital demonstrating exceptional strength, excellent care and extraordinary compassion in their work.

We invite you to celebrate National Nurses' Week through the many activities and appreciation events planned at United Hospital May 8 – 12, 2006 (see calendar of events inside this edition of *Nursing Notes*). Thank you to all RNs, LPNs, clinical nurses, nursing leaders and nursing practice advocates who strengthen nursing practice at United Hospital and who strive toward our nursing vision:

Through our commitment to excellence, we are nationally known for advancing the art and science of nursing.

Celebrations

Naomi English, RN Float Pool, received her master's degree in Public Health from the University of Minnesota.

Sandy Gooch, RN, SDIU, recently became a Certified Cardiovascular Registered Nurse.

Susan Loushin, RN, professional development specialist in Education, received her masters of arts in Nursing, with a transcultural focus.

Kim Terrell RN, Pain Clinic recently became a Certified Cardiovascular Registered Nurse.

Lynn Zach, RN, CMT, recently became a Certified Critical Care Registered Nurse.

Name correction - Derie Sjogren, RN, Float Pool, recently became a Certified Critical Care Registered Nurse.

AKN Notice

The United Hospital Nursing Ethics Manual is now on the AKN. To access the document, go to the United section of the AKN, then click on Reference Manuals/Nursing Ethics Manual.

Policies

Listed below are documents in the United - Patient Care Policy and Procedure category on the AKN that were revised in the first quarter of 2006:

- Order Transcription & Implementation
- Urinary Catheter Care - Indwelling, Suprapubic, CBI

Correction

In the last edition of *Nursing Notes* in the "Diabetes Update" section, the IV insulin protocol should have been referred to as IV pump information. Also under Product Update, the "pens" that were referenced should have read "Novolog or Lantus insulin vials."

Rapid Response Team

Mary Milligan, RN, Patient Care Support Services/Float Pool Leader

In December 2005, the Rapid Response Team (RRT) became a reality at United Hospital. Members of the team include a Critical Care RN, Respiratory Therapist and a first-year resident, if scheduled. RRTs are being implemented in hospitals across the country to mobilize personnel to provide timely and effective assessment and intervention for patients whose conditions are deteriorating. The purpose of such teams are to prevent codes as studies have shown that six to eight hours prior to code events patients have prodromal signs and symptoms. The RRT can bring additional knowledge and resources to collaborate with and mentor bedside RNs who are concerned about a patient's current physiological status. Goals of the of the RRT concept include:

- Appropriate patient interventions
- Improvement in the patient status
- Smooth transition if ICU transfer is needed
- Improvement of assessment skills
- Improvement of communication skills
- Promotion of collegiality between departments
- Review of relevant policies/procedures

Any staff member can page the RRT at

651-654-5500. Suggested triggers for calling the RRT include:

- Change in heart rate (< 50 > 130)
- Change in blood pressure: SBP < 85 > 190; DBP > 110
- Change in respiratory rate (< 8 > 30) or O₂ sats (< 88% despite O₂); acute change in FiO₂ > 50%
- Acute significant blood loss
- New, repeated or prolonged seizures
- Failure to respond to treatment for acute problem/symptoms
- Change in level of consciousness
- Any concern about a patient's declining status, even if you can't quite put your finger on it

The RRT will respond to calls by coming to the unit and working collaboratively with the bedside RN in reviewing the patient's chart, making recommendations for care and using the SBAR format for contacting physicians. The goal of the RRT is to assist the staff nurse to ensure timely, appropriate care.

The RRT logs its calls, amount of time required for patient assessment and the patient response. This data will be evaluated for future learning opportunities and to gauge the effectiveness of the program in terms of patient outcomes.

Excellian (continued from Page 1)

Why are we implementing Excellian at United when there are so many problems at Abbott Northwestern?

- It is true that there have been some challenges at Abbott Northwestern since the Excellian implementation. For example, after end users worked with the Excellian flowsheets in the ICU for a period of time, it was determined that they needed to be redesigned to be more intuitive for the clinical staff.
- There is a team of people from Excellian and Abbott Northwestern working to identify other areas where workflows need to be refined, the system needs to be changed to be more helpful to end users and/or end users simply need help in using the system more efficiently.
- The work currently underway will greatly benefit United. That's not to say there won't be issues and challenges at United - there will be - but we learn from every go-live and continue to evolve the system as well as our use of Excellian.

Safe Management of Aggressive Patients

Julie Sabo, RN, CNS

Does it seem like we are living in more violent times, even at work where we once felt safe? Workplace violence is a risk for health care workers, and violence against nurses is higher than in non-health care fields. The most recent edition of *The American Nurse* featured an article about violent situations nurses encounter. The Bureau of Labor Statistics found that workplace violence events in nursing are 25 events/10,000 workers, whereas in the private sector it is 2/10,000. A nursing survey conducted in Florida found that 88 percent of nurses (N=86) reported being verbally assaulted and 74 percent of nurses reported being physically assaulted by patients or patient families. Most events were by cognitively impaired patients or families in crisis or angry about a loved one's condition. Interventions that have been identified in the literature that can support nursing in caring for these types of patients include:

- Special training for Security staff
- Train nurses techniques to reduce aggression
- Self-defense training

In 2003, the Safety 4 U program was introduced to give staff the resources, and skills for de-escalation, personal safety and emotional support. Response has been great and our outcomes (decreased RPR codes and increased collaboration with Security staff) show the work has been successful. To continue this work in making our environment even more safe, Sue Penque, RN, vice president of Patient Care and Operations, appointed a task force to develop a process to safely care for patients exhibiting aggressive or abusive behavior. United now has a Crisis Resource Team that brings the appropriate resources to the patient. The charge nurse, staff RN or nursing leadership may call the team for assistance.

The Crisis Resource Team consists of the staff RN, unit nursing leader, physician, Security, Risk Management representative, employee assistance specialist, expert resource from Behavioral Health Services and others as needed. The goal is to develop an immediate plan of care to allow staff to care for the patient safely. The plan of care is reviewed with the patient and family

by the physician and nursing staff. The team then reviews the plan daily to assess for revisions, resource availability and success. Once the patient is discharged, the Patient Behavior Review Committee and those involved review the incident to determine if there is a risk for future hospitalizations and whether or not this behavior may be a pattern. If there is a risk of repeat aggressive behavior, Patient Registration is alerted to notify the nursing unit, leadership and Patient Placement upon future admissions that the patient has a unique care plan.

The Crisis Resource Team has met several times over the last few months to address issues on a variety of units with success. Although we cannot change behavior in others, this process is ensuring we are able to deliver care safely, sets behavior expectations on patients and their families and has supported staff through very difficult care episodes. Education for staff is in development. If you have questions, contact your leader, CNS or Anne Rusch, RN, Risk Management, at ext. 18790.

Primary Stroke Certification

Kelly Gannon, RN, BSN, Neurology Program Leader

United is applying for JCAHO primary stroke certification. Primary stroke certification is a voluntary certification based on the JCAHO disease-specific certification measures for stroke. To track outcomes and usage of evidenced-based practice, all stroke patients admitted to United are entered into the 'Get With The Guidelines' database. The database tracks 10 patient outcomes related to stroke care and secondary stroke prevention.

Nurses have an important role in helping to achieve primary stroke certification. Five of the 10 measures in the stroke database can be affected through nursing practice. The goal of the database is to reach 85 percent compliance for each outcome and maintain compliance for at least 90 days.

Stroke education for RNs on the stroke unit 4920/40 was recently completed. Nurses were informed of the database and the patient outcomes that will be monitored. Overall, the key to compliance within the database is documentation. If an intervention is not documented, it is considered not done regardless if it was completed or not. The data from "Get With The Guidelines" is reviewed quarterly at the Neuroscience Best of Practice (BOP). Neuroscience BOP is a newly formed multidisciplinary group responsible for monitoring and developing strategies and interventions to maintain 85 percent compliance for stroke survivor outcomes and collecting documentation to meet the requirements for primary stroke certification.

Spiritual Care Consults

Non-urgent: Enter consult order in STAR
Urgent: On-call chaplain pager 612-580-2729
Urgent requests for Catholic anointing of the sick:
612-654-1452
Family support at time of a patient death: on-call chaplain
pager 612-580-2729

CNRN Review Class

Kelly Gannon, RN, BSN, Neurology Program Leader

The first Certified Neuroscience Registered Nurse (CNRN) course was offered in January 2006. The class provided a comprehensive review of the neuroscience patient for nurses planning to take the neuroscience certification exam in spring or fall 2006. Nurses met every Tuesday for nine weeks and each session had a physician champion who reviewed medical management. Kelly Gannon RN, BSN, reviewed the nursing care of that disease process. Overall, 10 to 15 RNs attended the class and the RN comments about the curriculum were very positive. All sessions from the CNRN class were taped and are available to view in the Education Services Department. The CNRN class will be offered again in January 2007.

Discharge Service

Patient Discharge Service is available for patients Monday through Friday from 9 a.m. to 6 p.m. by calling ext. 15550. To utilize this service safely and effectively, new guidelines include:

- 1) Patient should be able to transfer independently from wheelchair to car
- 2) Patient should weigh no more than 250 pounds
- 3) Patient should have no infection control precautions
- 4) No large hospital O₂ tanks

If a patient being discharged does not meet these criteria, please call United Patient Transport Services at ext. 18646.

RN Survey May 1 - 21

Margo Halm, RN, PhD, Director, Nursing Research & Quality

United Hospital RNs are invited to complete the 2006 National Database of Nursing Quality Indicators (NDNQI) satisfaction survey May 1 - 21.

- Your opinion is very important
- Your response is confidential
- You may complete the survey on paid time
- Your participation is voluntary

Your colleagues on the United Nursing Practice Care Delivery Board encourage you to participate. High survey participation provides the Nursing Practice Care Delivery Board with the most useful information, and survey results will be used to strengthen the nursing practice environment at United.

- To access the online survey, go to www.nursingquality.org/survey
- Enter RN satisfaction code rn36hxj
- Select unit name from drop-down list
- Confirm selections and complete survey
- Submit survey
- Call the Allina Technology Support Center at 612-262-1900 if you have difficulty accessing or submitting the survey.

Graduate RN Courses

The Graduate Nursing Department at The College of St. Scholastica is expanding to the Twin Cities and now offers a master's degree in Adult Clinical Nurse Specialist at St. Scholastica's downtown St. Paul campus. Classes will begin with the Fall 2006 semester.

The 38-credit program is offered in a hybrid format that includes both onground and online courses and clinical practice. The program accommodates working professionals with classes that are conveniently scheduled in the late afternoon and weekends.

For more information, call the St. Paul Office of Graduate Studies at (651) 298-1015 or toll-free at (888) 298-4723 or visit their Web site at <http://grad.css.edu>.

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Nursing Notes is the official newsletter of United Hospital nurses. *Nursing Notes* is published quarterly by the United Nursing Care Delivery Board. The *Nursing Notes* editorial board reserves the right to edit material based on content and space and the right to change this policy at any time.

Nursing Notes Editorial Board members include Sue Penque, Margo Halm, Glenda Cartney and Colleen Kingsbury. If you are interested in serving voluntarily on the editorial board, please contact Margo Halm, RN, PhD, at 651-241-8536. Submissions for *Nursing Notes* are preferred in writing (electronic) and can be sent to margo.a.halm@allina.com. Please include your name, department and phone number.

2006 NATIONAL NURSE WEEK CELEBRATION CALENDAR

EXCELLENCE IN NURSING AWARD NOMINEES DISPLAY IN LOBBY

MNA LEGACIES, MNA SPONSORED FLAG DISPLAY IN LOBBY



MONDAY, MAY 8

LUNCH WITH LEADERSHIP

11 A.M. – 1 P.M. HEART/LUNG CONFERENCE HALL

NOON: PRESENTATION OF NURSING EXCELLENCE AWARDS

TUESDAY, MAY 9

FREE SEATED CHAIR OR HAND MASSAGES

8:30 A.M. TO 11:30 A.M. LOCATION: BENTSON FAMILY CONFERENCE ROOM

WHEN PAIN IS THEIR SHADOW: NEW TREATMENTS FOR PATIENTS WITH CHRONIC PAIN

SPEAKER: DR. TODD HESS

NOON – 1 PM ONE CONTACT HOUR PROVIDED

LOCATION: BENTSON FAMILY CONFERENCE ROOM

LIGHT LUNCH PROVIDED

NIGHT SHIFT: VIDEO - DR. TODD HESS AT 2 A.M. AND 3 A.M. LOCATION: ROOM 3610

WEDNESDAY, MAY 10

UNITED NURSES ALWAYS THERE: READY TO CARE

HEAR FROM UNITED HOSPITAL NURSES WHO ARE

MAKING AN IMPACT LOCALLY, NATIONALLY AND INTERNATIONALLY

BENTSON FAMILY CONFERENCE HALL

11:30 AM TO 1:30 PM

5 PM TO 7 PM

REFRESHMENTS SERVED

PIZZA DELIVERY TO NIGHT STAFF: STARTING AT 1:30 AM (THURSDAY)

FREE SEATED CHAIR MASSAGE: 2 A.M. – 4 A.M. LOCATION: 6TH FLOOR LOUNGE

THURSDAY, MAY 11

MAGNET FORCES AT LIGHT SPEED

11 – 1 PM LOCATION: ST. LUKE'S ROOM

LIGHT LUNCH PROVIDED

FREE SEATED CHAIR OR HAND MASSAGE

2 – 4 PM LOCATION: ST. LUKE'S ROOM

THE METHAMPHETAMINE AFTERMATH

SPEAKER: OFFICER MARK GANLEY

5:30 PM TO 6:30 PM LOCATION: ROOM 3610

LIGHT LUNCH PROVIDED

NIGHT SHIFT: MAGNET DISPLAY TRAVELS THE HOSPITAL

FRIDAY, MAY 12

CELEBRATE FLORENCE NIGHTINGALE'S BIRTHDAY WITH

CAKE SERVED OUTSIDE THE BREAKAWAY CAFE

11:30 A.M. – 1 P.M.

5 P.M. - 6:30 P.M.

WATCH FOR FLORENCE'S ALTER EGO ON THE UNITS TODAY!

EVENTS ARE SPONSORED BY UNITED HOSPITAL AND UNITED HOSPITAL MEDICAL STAFF



Emergency Preparedness Monthly Generator Testing



- WHO:** Testing performed by Facility Operations mechanical and electrical engineers.
- WHAT:** Emergency back-up generator testing. Test runs 30 minutes and tests all power transfer switches. Transfer switches are the power source for the red electrical outlets.
- WHEN:** Engineers test the emergency back-up generators the first Thursday of every month between 6 – 8 a.m.
- WHERE:** United Hospital and Children's Hospitals & Clinics of Minnesota - St. Paul campus buildings: United Hospital, Children's Hospital, GardenView Building and Ritchie Medical Center.
- WHY:** Generators are tested to ensure continued functioning of critical patient care equipment in the event of a power failure. This is a testing and maintenance guideline of the National Fire Protection Association, JCAHO and CMS.

QUESTIONS:

Doug Pariseau, Engineering Manager, ext. 18719 or doug.pariseau@allina.com

Duane Gunderson, Master Electrician, ext. 18654 or duane.gunderson@allina.com

