



NURSING NOTES^{at} CHC

~ *Communicating Helps Caregivers* ~

April 2011

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Commonwealth Health Corporation's nursing mission is to care for people and improve the quality of life in the communities we serve through our practice, education, research, innovation, and collaboration.

A Day in the Life of 4D



Come visit us on 4D. The excitement begins at 7 a.m. and 7 p.m. with shift reports and it never slows down. "We have learned a lot about teamwork and change over the past six months," explains Paula DeVore, RN. "Open Heart is still Open Heart, and ISC is still ISC, but we now also take bariatric patients, post-op vascular patients, and chest pain patients." Another difference is that Open Heart Recovery patients now move to a private room on their first post-op day. This incorporates Dorothea Orem's Theory of Self Care as the patients are empowered to take charge of their health. Darcy Smith, RN agrees. "Our patients have fabulous outcomes — and they have these outcomes because of our excellent surgery team, our anesthesia team, our surgeons, and the dedicated nursing staff who get to know the families and the patients on a whole new level. We involve the entire

family in the healing process. Open Heart is a well-greased machine and we are proud of that."

Smith said Open Heart Recovery is also proud of the fact they get to know the patients' families. "I remember years ago we had this lady who had an angioplasty and was sent to OHR. She wasn't able to be discharged, and it was Easter Sunday. She

was so distraught because she promised her granddaughter she would be home for Easter. The family didn't have enough money to visit, just enough money to come pick up their mother and go home. We pulled our money together, along with ICU, and went to the Gift Shop. We had balloons, candy, and a basket for the granddaughter. We called the family and told them we had gas money for them when they got here. The excitement on that little girl's face and in her eyes was something I will always remember."



4D is divided into two sections with Open Heart Recovery housed in the middle. 4D North is also referred to as "Open Heart Stepdown." OHR patients now go to this area instead of 3B. 4D North also takes overflow surgery patients, patients admitted with chest pain, patients holding in the ER, and cath patients. 4D South can be thought of as "ISC."

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Betsy's Corner



Betsy Kullman

Chief Nursing Officer

Spring is here as well as CHC's new fiscal year. Both bring excitement and the prospect of new growth in the coming months. It's hard to believe that this time last year we were breaking ground for the Hospitality House and now it is open, serving the families of our patients, as well as some radiation therapy patients.

We have received our Gallup scores, and your manager or director will be sharing your results with you very soon so that your unit practice council can begin on your improvement plan. Thanks to everyone who participated. We should be very proud that our nursing scores, as well as our corporate scores, improved this year. With the continued improvement in our nursing engagement scores, we will be filing our application for Magnet accreditation in the next few weeks. With this being said, it is now very important that everyone get on board with collecting our stories from the past 18–24 months that support the standards of the Magnet Journey. Your stories need to be written in detail and given to Kathleen Riley to be included in her writing of the

document. The Magnet Champions from each unit will be leading this initiative.

It is the time of the year for our selection of the Nurse of the Year and the Clinical Support Person of the Year. Thanks to everyone who took time to nominate a co-worker for this honor. The selection committees met to select the finalists, and the voting process is underway. This year the finalists' identities will be known during the voting process so that employees will know who they are voting for. The winners will be announced on May 12.

Our shared governance chairpersons rotated at the April meeting. Thanks to all of the chairpersons who gave of their time to chair their committees during the past year. We could not do the great things that we do without leadership of those among us. I want to welcome the new chairpersons and assure you that we will support you in your new role.

Please join me in welcoming Michelle Marshall to the nursing management team as House Administrator on the night shift. Michelle comes to this position from CCU and has played an active role in our shared governance committees.

It is with saddened hearts that we mourn the loss of two employees — Michelle Yokley from 4D and Ann Moore from Behavioral Health Services. Both will be remembered for their beautiful smiles and their caring spirits that touched so many lives during their careers at The Medical Center. Please keep their families and co-workers in your prayers during their time of loss.

Happy Spring!
Betsy



A Day in the Life of 4D

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There you will find post-op vascular patients, bariatric patients, surgery overflow patients, and patients admitted through the Emergency Department with no available room. “We have definitely learned how to adapt and overcome,” said Erica Aicken, RN, MSN. “The bottom line is excellent patient care. We are ironing out the kinks as any new unit would. We have excellent nurses and techs who pride themselves on good patient outcomes — and that makes all the difference in the world.”

Barb Wolfe, RN, Clinical Manager of 4D/OHR, can't say enough about her staff. “I am so proud of them for how hard they work, how well they work together, and for how much they genuinely care about their patients and patients' families. These nurses and techs are always on the move, doing everything from walking post-op heart and surgery patients, doing dressing changes, constantly assessing, to bathing and assisting with other activities of daily living. My Open Heart Recovery nurses are busy running gasses and treating according to various protocols, weaning the patient off the vent, and managing every aspect of recovery care for the most critical patients. Every one of them works hard, and they have made 4D an area to be proud of.”

**Posters from the
WKU Graduate Nurses Research Day
will be on display in The Medical Center Auditorium
on May 3. Students will be at their posters
between noon and 1 p.m. to answer questions
about their research.**

From the Councils

Standards and Practice Council – elected new chair and co-chairs, Penny Ritchie and Katrina Wood, respectively. Aron London will serve as secretary. Lisa Hyman, Risk Management, presented the revised PCA record. These changes are designed to make the form easier to use and increase compliance. The bedside instructions for PCA have also been revised. Melinda Joyce discussed the newly proposed federal regulation “Value Based Purchasing” and how the hospital’s reimbursement rates will be impacted by patient outcomes on specified indicators. Information will be sent to each unit regarding our scores and how we all can help increase our scores in the future.

Recognition, Recruitment, Retention Council – Carolyn Simon agreed to stay on as Chair for another term and Adrian Hardy is co-chair. Jodi Hanna will serve as secretary for this term. Discussion focused on upcoming May 12 celebration of Nurse and Clinical Support Person of the Year. The names of each unit’s nominees were sent to Nursing Administration and the Selection Committees reviewed all those who were nominated in order to determine the final five for each category.

Research Council – Teresa Stidham was elected Chairperson for this year and Kim Detheridge will be co-chair. Secretary is Karen Lowe. Dona Watkins informed the council that the Gallup Nurse Talent Survey was continuing and staff and managers would be hearing soon if they were going to be involved. An Evidence-Based Practice Workout Session was held on Tuesday, April 19 in preparation for Poster Presentation in the fall. Vivian McClellan presented data from a recent survey by Education that indicates nurses at The Medical Center have an increased understanding of the difference between EBP, research, and PI.

Nursing Quality Improvement – Amy Groce and Mary Ford are the newly elected chair and co-chair for this year. Mary Payne (4B) presented her unit’s PI results. They are monitoring Central Line assessment, dressing change, and patient education; and Surgical Site Education was added to the Interdisciplinary Education Record. Myra Sanders (CCU) presented her unit’s PI on compliance with CHF discharge instructions and documentation. In addition, Bill Singletary discussed the most recent Stroke data and Gerri Glenn presented pressure ulcer data for the most recent quarter. She also suggested that all of this information on PI be made easily accessible to staff in a binder on each unit so they can familiarize themselves with it.

Nursing Development – The number of certified nurses continues to increase and will be an on-going goal of this Council. Nursing competencies must be written by the end of April/first of May. Unit representatives responsible for this task should have attended one of the Net Competency Training sessions. Vivian dispensed the Joint Commission Readiness Booklets compiled by the Education Dept. Each employee should have one and read the contents. This will be very helpful in preparing for our upcoming survey.

Clinical Ladder Committee – There were 24 portfolios submitted for this time period. These were reviewed by the Committee on April 13. It was agreed that Vivian McClellan would discuss the Clinical Ladder template and requirements at the next manager meeting. The Clinical Ladder Program continues to grow with new membership and renewals both. More information can be found in the Shared Governance folder or by contacting a member of the committee. Chairperson is Anne Afton.



A poem in memory of Michelle Yokley

We wish we could have given you
many more years.
We wish we could have erased away
your tears.

We wanted to take away all of
your pain.
We wanted to give you sunshine in
the rain.

May each day in Heaven be a
perfect gift.
May love surround you, may your
spirit lift.

May you enjoy Heaven with those
who have gone before.
Save us a seat so we can laugh
forever more.

If someone had to describe you, so
many words come to mind.
Beauty and grace, a heart so kind.

Your passion for nursing radiated
like fire.
You were courage and wisdom. You
truly inspired.

Please know how many lives you
have touched.
These words are our present. You
are loved so much.

*From all of your friends on 4D. We
love you, Michelle!!*



Why Challenge the Clinical Ladder?

by Pam Brigl, ADN, RN, BA, CNIV, CGRN

Four years ago when I first challenged the Clinical Ladder, my advisor told me that this was my opportunity to “toot my own horn.” Well, this was not an easy thing for me to do. I’ve done this job for so long that I really didn’t realize how much I contribute to this organization. It was difficult to put that first book together, but when I was finished, I had a portfolio that I was very proud to submit. It showed me that, as a staff nurse, I have an important role in my department and in Nursing at The Medical Center.

It seems that was my first step in becoming more engaged in the process of our Magnet journey. I found I was more a part of the process than I realized, as I managed to document my achievements, and it made me see the importance of recognizing the contributions of staff nurses. For the last four years, I have been very engaged in this process, and I am amazed and proud at the progress we have made. The Clinical Ladder program, to me, is such an important tool to get nurses to value their own contributions. One thing leads to another, and you find yourself wanting to get more involved.

I find it hard to understand why more nurses don’t take advantage of this program. I understand time constraints, not wanting anyone to expect us to do even more than we already do, and it’s overwhelming when you first look at the packet. However, if we want to raise the level of professionalism in the nursing staff at The Medical Center, we all need to get involved. This is a great way to reward the nurses who do get involved. I encourage every nurse in this organization to challenge the Clinical Ladder.

Unseen Voices by Chesa Montgomery, RN, CCRN, CNIII

Most have called the “Hospital Operator” at some point for assistance contacting various people, facilities, or resources. These wonderful employees are always so gracious and helpful in our time of desperation when trying to reach our much needed contacts. Their patience and tolerance is immeasurable! I am so grateful for their cheerful voice and making my task easier as I dial “0.”



Dona Jones

“Patient Flow and Transfer, this is Dona.” Dona Jones, Patient Flow and Transfer Center Supervisor, answers calls many times a day along with her other staff. This energetic department answers call after call daily, admitting, discharging, transferring and assisting everyone to facilitate patient placement to appropriate areas.

Their wall is covered with name boards to remove, add, or change as the day progresses. As they call units with admissions, they are busy multitasking and are never bored!



Sharon Dillingham and Brenda Lanphear



Nikki Crossfield



Carrie Johnson



Doiss Beasley



Donovan Bemiss



Vercinea Pace



Doris Donohoe



Seth Smith