



# NURSING NOTES<sup>at</sup> CHC

~ *Communicating Helps Caregivers* ~

**August 2012**

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# CHC

COMMONWEALTH  
HEALTH  
CORPORATION



*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.*

## *In Memoriam*



**John Desmarais**

Commonwealth Health Corporation and The Medical Center are deeply saddened by the loss of our former leader, mentor and good friend. During his 35-year tenure as President and CEO of our organization, Mr. Desmarais led the transformation of healthcare in Southcentral Kentucky. His vision to broaden the availability of medical services, including the latest in medical technology and facilities, led to the construction of one of the most modern and complete healthcare campuses found anywhere. Not satisfied with just creating those opportunities in Bowling Green, Mr. Desmarais was the architect behind the creation of Commonwealth Health Corporation and the expansion of healthcare facilities and services in Franklin and Scottsville.

Our thoughts and prayers are with his wife, Chris Desmarais, and the entire Desmarais family during these difficult hours and days to come.



# Betsy's Corner



**Betsy Kullman**  
Chief Nursing Officer

Our hearts are saddened by the recent death of Mr. Desmarais. His vision, inspiration and leadership has challenged each of us who worked at CHC for many years. He will be greatly missed. Please keep Chris, Erin and their family in your prayers during the weeks to come.

August is here and many of you have spent the last couple of weeks getting your children ready for school. In the next few weeks, many of you will be starting classes yourselves as you work toward your own goal of continuing your education. We will soon see an influx of a variety of students entering our halls. Please remember to make their learning experiences as good as possible while they are on your units or in your departments. We have recently hired 26 new grads from the summer program and May graduate applicants. Please make them welcome when they arrive on your units.

We received our Pressure Ulcer incidence for July today and there were only five incidents house-wide. Thanks for everyone's effort to make this happen. I have heard good feedback from

several of you on the new wedges that are being used to turn patients and also on the Sage system that is being used in our units for very compromised patients. Keep up the good work.

Annual competencies are under way, and the safety CBLs have just been wrapped up. Thank you for completing them in a timely manner, and remember that these are done to assure that we provide safe care for our patients.

Bedside Medication Verification will be coming in the near future. Education will be done house-wide so everyone will need to sign up for a class when the education postings come out.

Our poster presentations are being moved to October this year to give everyone an extra month to complete their projects. I am anxiously awaiting to see what projects each unit is working on this year.

The annual Clinical Ladder dinner will be held in November for those nurses who have renewed or challenged the Clinical Ladder. Those nurses will receive a personal invitation mailed to their homes.

We are in the process of interviewing for the clinical manager positions for 5A and 4C and also for the Director of Women Services.

Thanks to everyone for your continued commitment to provide our patients and families care with positive outcomes. I continue to hear great compliments regarding employees from all departments. I am most proud of how we all are working together for the good of our patients.

*Betsy*

## Mark your Calendars

### Academy of Medical-Surgical Nurses

Every 3rd Tuesday  
6:30 p.m.  
3D Classroom

Please plan to attend!

For more information, contact Carolyn Simon or Gladys Sublett.



## Don't Forget! Have YOU completed your 2012 Annual Wellness Visit?

**Due no later than December 31, 2012**

An Annual Wellness Visit with a Healthcare Provider of your choice is required during calendar year 2012. To demonstrate completion, you must fax your completed Annual Wellness Visit Form to 796-4517 before 12/31/12. If you do not do so, effective April 1, 2013, you will be defaulted to the PPO Plan AND you will pay a higher premium cost (computed to be \$1,058.00 annually).

**The Annual Wellness Form is available in the CHC intranet HR Payroll folder (Human Resources / Benefit Programs / Wellness Pay\$ / Annual Wellness Form).**

*Reminder: Annual Wellness exams are also available in the Employee Health Clinic. Make your appointment now, before appointments are filled. Call 745-1263, or extension 1263.*

*Applies to employees enrolled in the CHC Medical Plan before November 1, 2012.*

**Questions? Contact Human Resources at 745-1540.**



## James W. and Mary Carolyn Wolfe Brite Scholarship

If you are interested in applying for the James W. and Mary Carolyn Wolfe Brite Scholarship for nursing, please contact Jennifer Pratt, Marketing/Development Coordinator, at ext. 1543 or [jpratt@chc.net](mailto:jpratt@chc.net) for more information and/or to obtain an application. **The completed application and accompanying documentation must be returned to Human Resources by September 28, 2012.**

## Take our survey for a chance to win \$100!

The Marketing Department would like your feedback on the recently published Report to the Community 2012—My Mission. My Purpose. All employees may take the survey and be entered in the drawing, regardless of whether he or she received or read the publication. Please take a few moments to complete the survey at [this link](#). You can take the survey anonymously, or enter your name at the end of the survey for a chance to win \$100 cash! Only one entry per person please.

If you experience problems opening the survey, please email Rebecca Lee in Marketing at [leerl@chc.net](mailto:leerl@chc.net).



**Have you read the Report to the Community 2012? Read it now to learn how your fellow employees are taking our corporate mission to heart!**

## Power Through by Brittany Whittaker, RN



Call it karma. Call it bad luck. Call it just another day in paradise if you'd like. Healthcare workers are no strangers to bad days, but some are able to, as the slogan goes, "Power Through." Such was the day for some amazing team members of the Cardiac Cath Lab. Jaelyn Dugan, Ashleigh Campbell, Tyler Johnson, Andrea Wall, and Watheta Wynn "powered through."

*Patient 1: High risk angioplasty.* This vascular nightmare had multi-vessel disease, but recently been turned down for bypass surgery due to some other comorbidities. This is the kind of procedure where we pull out all the gadgets and gizmos in order to successfully open the vessels, while having emergency drugs at our fingertips. A nasal trumpet had been placed to ensure airway patency. Combining the trauma of the trumpet with the potent anticoagulation, the patient developed a severe nosebleed. And not the kind of nosebleed you can remedy with nasal packing. Minutes later, this nose was being patched up emergently in the operating room by the ENT. And if the team thought they were in the clear, they had another thing coming.

*Patient 2: The next big challenge.* A bariatric patient required much deliberation in just figuring out how to adjust the procedure room so his heart cath could be done. The procedure ensued, then the monitor suddenly showed some wavy lines. Yes, the dreaded V-Fib. We all know the saying, V-fib to Defib. "Charging...All clear... Shock!" Only our patient had too much adipose tissue for the paddles to deliver

the energy. Full blown Code Blue was set in motion. Using hands-free pads AND handheld paddles, the fifth shock was finally delivered and sinus rhythm restored. Thinking the patient had enough for one day, the procedure was cut short and the patient was taken back to CCU. Jaelyn was giving bedside report to the unit nurse, when she received word that she needed to get back to the Cath Lab immediately for a STEMI coming in. Yeah, right. You're joking, right?

*Patient 3: No jokes.* A STEMI had been picked up by Butler County EMS and was en route to The Medical Center. Adrenaline pumping, the team went into beast mode. With the updated technology that allows EMS to transmit EKGs to our ED and Cath Lab, the patient was able to come straight to the lab per the on call cardiologist, Dr. Kazimuddin, with documented ST-elevation. The ACC recommendations are for patients with an ST-elevation myocardial infarction (STEMI) to get to the Cath Lab to open the artery with a balloon within 90 minutes. This is known to us cardiac nerds as the "Door to Balloon" time (D2B). This team took that 90-minute standard and threw it out the window, accomplishing a record setting 13 minute D2B! Dr. Kazimuddin even did a little happy dance.

That, ladies and gentlemen, is how you power through.



Every day at 8:30 a.m., 4D South starts their day with a Town Meeting. Clinical Manager Jamie Wilkerson and Care Coordinator Brandy Flora get together with the nursing staff, CNAs, housekeeping, dietary, respiratory therapy, physical therapy and physicians (if they are present) to discuss the “flow” of the day. This is a powerful communication tool to find out what is going on in the department such as discharges, surgeries, staffing issues on 4D and throughout the hospital, and any challenges that are present for that day. Jamie shares his infamous “quote of the day” which is then written on the board for all to contemplate. Team members who received compliments from customers or staff are recognized, and birthdays or important life events are shared. Patient and/or family concerns and solutions to them are discussed. Any important policy changes or information that Jamie needs to address is done at this time. Departmental goals and outcomes are covered as well as feedback on results. While this process looks lengthy on paper, in reality it takes only 5-10 minutes daily and is done at the nurse’s station.

Laughter and positive attitudes are always present at these meetings. The staff appreciates the opportunity to have a little fun to start off the day and it helps to get them focused and “into the groove.” Daily Town Meetings enhance basic inter-departmental communication and provide a great opportunity for social support of peers on the floor. The meetings also promote a culture of trust between staff and leadership as the staff sees that their clinical manager is sincerely interested in staff opinions and ideas.

Improving communication at the start of the shift means that the nursing staff is better able to plan the placement of new admissions and surgeries. This has the obvious benefit for the floor by not overwhelming any one nurse with patients, and benefits the patients and families by allowing a more seamless transition to the floor.

This planning process provides valuable time for the outstanding customer service that 4D South is known for. The Town Meeting is important to staff morale and has allowed 4D South to evolve into a cohesive team helping and motivating each other when needed.

## Show Your Pride...Get Certified! *by Lisa Cox, RN*

One of the most important things that a Registered Nurse can do is further their education. An ideal way to do that is to pursue certification in your specialty. RN licensure shows you are an entry level competent nurse, but nursing certification is a validation of knowledge, experience and clinical judgment. These are definitely things to be proud of!

Why certify? Certified nurses have been shown to have higher job satisfaction, more effective communication skills and tend to score higher on performance reviews. Having a recognized certification in your specialty exhibits your commitment to career development and lifelong learning. Certification provides professional recognition, respect and credibility. It also helps to reduce a nurse’s exposure to risk through ongoing education and experience. Ongoing certification reinforces knowledge and keeps nurses up-to-date on the most current evidence-based practices. Professional certification meets criteria to challenge the Clinical Ladder, helping you earn a 5% raise, and certification counts toward the continuing education mandates from the Board of Nursing.

Certification enables nurses to take better care of their patients, and the patients notice! Certification is an indicator of quality care that attracts patients. Consumers seek out certified professionals in most other fields and as the public becomes more educated about their health, awareness of the value of nurse certification is growing. Patients receiving care from certified nurses often give higher scores on satisfaction surveys and have a positive feeling about their hospital stay.

The Medical Center offers many opportunities to help nurses become certified and may provide reimbursement of certification fees. A review for the Certified Emergency Registered Nurse Certification exam is scheduled for October 25 and October 26 from 8:00 a.m. to 4:30 p.m. in classroom “A” at the Human Resource Building. This class is targeted toward Emergency Department nurses, and also counts for 18 KBN credit hours. Go to NetLearning and sign up to reserve your spot and join the ranks of the few...the proud...the CERTIFIED!

# Pediatric Abusive Head Trauma Class

This class meets the Kentucky healthcare provider requirement CE. Leanna Miller, RN, MN, CCRN, CEN, NP will provide you the knowledge and skills you need to better identifying pediatric abusive head trauma and how to prioritize treatment.



**Friday, August 31  
2:45 – 4:30 p.m.  
MCBG Auditorium**

**Target Audience: All RNs and LPNs  
1.75 ANCC Contact Hours; 2.1 KBN Contact Hours**

**For more information and to register,  
log onto NetLearning**

Commonwealth Health Corporation Education and Development is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Medical Center is approved by the Kentucky Board of Nursing under the provider number 4-0101. Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of program content.

# Notes From Shared Governance

by Betsy Kullman, Executive Vice President/Chief Nursing Officer, and Kevin J. Ribby, MSN, RN, BC, GCNS, Director Med/Surg Services

## Recruitment & Retention Committee

Faye White, RN reported about discussing with the CEO a possible luncheon, brunch or afternoon tea for those nurses who have worked for The Medical Center for 20 years or more. Faye, with the assistance of HR, found that the approximate number of nurses who have worked 20 or more years at The Medical Center is somewhere around 100. Vicki Mullins, RN is looking at available dates for the celebration in late October and November before the Thanksgiving holiday. Faye and Vicki are going to get an official list of employees from HR and then go over with each of the managers to verify.

### *New Business:*

Nurse Satisfaction — Penny Ritchie, RN, Chairwoman, brought up the issue of “staff being unhappy and dissatisfied.” There was a very lively discussion of factors outside of our internal control that are affecting the nursing staff such as HCAPS, Value Based Purchasing, and numerous other outside regulatory bodies. The committee came to the conclusion that we all need to take ownership of our units and be our own best recruiters. Nurses must have open communication with their managers. The managers cannot respond if they do not know the problem. Negative attitudes are contagious; but positive attitudes can be contagious as well.

## Research Council:

Minutes were put under 2011 and not 2012. No committee member was able to see last month’s minutes.

*Old Business:* No updates on old business.

### *New Business:*

Carolyn Burton stated there were no new updates to the EBP progress report. The next session for evidence-based practice projects will be August 23, at 8:30 a.m. in the Education Computer Classroom. Dates for the evidence-based practice posters will be Wednesday, October 17 at 5:00 p.m. through October 18 at 5:00 p.m.

New folder for Journal Articles in S Drive: Kim Dethridge is developing a distribution list for nursing shared governance members for journal articles.

Next shared governance meetings will be September 4, and the Research Committee will review the final abstracts and begin developing questions for continued education units for the nursing staff.

## Quality Council

### *Unit QI Projects:*

3B: Sarah Nichols, RN reported on CHF follow up discharge phone calls within 48 hours. Sarah reported that the hospital was at 94% compliance with education on discharge from January 2012 through May 2012. She emphasized the importance of education to begin on admission for all patients.

6A: Emily Martin, RN, CRSH Administrator, discussed 6A’s project. She focused on pressure ulcers and the implementation of weekly rounds with the wound care nurses. They are implementing taking pictures to see whether or not the pressure ulcer is getting worse or improving. The CNAs on 6A are using the buddy system for every 2 hour turning and the unit has developed turning clocks to assist the staff. CRSH is also using the new turning wedges. CRSH has implemented an expectation that if the Braden score is less than 18, the patient must have 3 interventions for the prevention of further skin breakdown.

### *Old Business:*

Bill Singletary, RN, Primary Stroke Center, gave handouts of the May statistics. Stroke standard 1 was 100% for the second month in a row; stroke standard 5 was also 100%; and standard 7 (dysphagia screening) was 100% for the first time.

Kevin Ribby/Betsy Kullman reported CHF update for May 2012 was at 89.58%

Pressure Ulcers: Sheila Frank stated the next prevalence study will be September 7 for The Medical Center at Bowling Green.

## Informatics Committee:

Mark Hanson, RN, opened the meeting

CPOE: There was a very lively discussion surrounding CPOE and Bedside Medication Verification (BMV).

### *New business:*

Electronic Prescriptions: Demonstrated new system for committee members. Physicians will eventually be doing electronic prescriptions for discharges.

Bedside Medication Verification – coming soon.

## Standards and Practice:

Willa Anderson, RN reported IAR results in many areas are at 100%, but overall is 79%

Bill Singletary, RN, Primary Stroke Center, gave handouts of the May statistics. Stroke standard 1 was 100% for the second month in a row; stroke standard 5 was also 100%; and standard 7 (dysphagia screening) was 100% for the first time.

Kevin Ribby/Betsy Kullman reported CHF update for May 2012 was at 89.58%

Mary Basham reported Beta Blockers for May were at 99%.

### *Sub-Committee Reports:*

Policy and Procedure Committee: We are making sure nursing staff know how to access Mosby on line. Committee members have been asked to access the new policy and procedure folders and try to look up policies with the new way that the policies are organized. Any negative or positive feedback should be addressed to Lisa Hyman, Risk Management.

Clinical Informatics Committee: CPOE and EMAR updates are working out hardware issues.

VAT Committee: Nothing new to report.

Infection Control: Trish Just reported that the PPE cabinets are on order.

*Continued on page 6*

### **Nursing Development Council:**

Misty Hughes, Chairwoman, discussed with the group using the current tool for collecting new data on nursing certifications. It has been brought to her attention that we must remove the data after each survey; the data stays there and is incorrect unless each nurse goes in annually to update their individual data. The committee agreed that it would be good to remove the current data and start over so that we can guarantee that the data is correct.

A special thanks was given to Lisa Cox for her quick submission regarding specialty certifications for the *Nursing Notes* and to Erika Ratliff for her creative slogan "Show Your Pride, Get Certified." Discussion among the committee was to dedicate a bulletin board in each department recognizing those with their specialty certifications and encouraging others to accept the challenge and gain valuable knowledge by becoming a member of a professional nursing organization. Alice Kirby and Erika Ratliff volunteered to write future articles for the upcoming months, addressing nursing certifications and their importance to our profession.

Opportunities for upcoming educational classes were mentioned emphasizing the need for RNs to complete the mandatory requirement regarding pediatric head trauma. Besides the class being held at The Medical Center this month, nurses can achieve this requirement through NetLearning.

Much discussion was held regarding how nurses throughout the organization can make our relationships with the student population a

more positive experience and a more welcoming environment. This can be achieved by being better preceptors and assisting the students to reach their goals during each rotation. One focus was on good communication between the student, preceptor and learning institution to enable preceptors to be more knowledgeable of the students' needs and be able to increase their opportunities for learning, making for a memorable experience. Multiple suggestions were made as to how this can be achieved. There will be future discussions to organize details and make a plan of action.

### **Clinical Ladder Committee:**

The Clinical Ladder V was discussed with Brandi West from Human Resources as part of the approval process. The Clinical Ladder Celebration will be held on November 15 and invitations will be sent to candidates who have completed or renewed their Clinical Ladder this year

### **Policy and Procedure Committee :**

A discussion was held regarding the NG tube checking for placement that will be used for tube feedings. It was decided that if the nurses were concerned about the placement because of not being able to get stomach contents to return upon aspiration, that the nurse would call the physician for a chest film to verify placement.

Gayle Atwell is working on the index for the policy and procedure folder. As you know, in recent months we have started using Mosby's as our source for general nursing procedures so these are no longer in our Policy and Procedure folder.

*From the kitchen of*

*Melanie Renfrow, RN*

## **Reese's Krispies**

- 1 cup sugar
- 1 cup corn syrup
- 1 ½ cup peanut butter
- 4 ¼ cup rice krispies
- 1 pinch of salt
- 4 Reese's peanut butter cups, chopped
- 1 handful chocolate chips

In a large sauce pan over medium heat, melt the sugar, corn syrup, and peanut butter until smooth and evenly combined. Remove from heat.

Quickly add the salt and cereal and stir to combine thoroughly. Add the chocolate chips and stir again. Wait about 1 minute and add the candy, quickly folding the mixture together so as to not smash up the candy.

Line a baking sheet with parchment paper and drop rounded tablespoons onto the sheet. Let cool and devour!



# Identifying & Managing Pediatric Emergencies

## Course Description:

Caring for ill or injured children can be an exciting challenge for some and an incredible fear for others. Realizing the special issues central to the management of pediatric patients can lessen the mystification and result in improved outcomes. This 2-day course will begin with the assessment of the pediatric patient in the four developmental age groups.



**Thursday and Friday, August 30 & 31, 2012**

(you must attend both days to receive CE credit)

8:00 a.m. – 4:30 p.m. on Aug 30

& 8:00 a.m. – 2:30 p.m. on Aug 31

**The Medical Center Auditorium**

**Contact Hours:** 14 ANCC Hours; 14.7 KBN Provider # 4-0101-01-17-1225

**Target Audience:** Registered nurses in ED at all facilities, Ambulatory Surgery, PACU, ICU, 5C, MCS and MCF Acute Care

**Speaker:** Leanna Miller, RN, MN, CCRN, CEN, NP

**For more information and to register for either or both classes, log onto NetLearning**

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