



NURSING NOTES at CHC

~ *Communicating Helps Caregivers* ~

June 2011

IN THIS EDITION

- 2** Betsy's Corner
- 2** Amusement Park Discount Tickets
- 3** Recipe: Orange Juice Cake
- 3** Notes from Shared Governance
- 4** Clinical Ladder Completions
- 5** Clinical Ladder: The Challenge and the Reward
- 5** Reflections of Our Friend
- 6** Infection Prevention Annual Summary for 2010
- 6** New Resuscitation Equipment
- 6** Congratulations, Graduates!
- 7** National Teaching Institute and Critical Care Expo
- 7** WKU Award Winners
- 8** Education Station

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.

Get to know your Nurses and Clinical Support Employees of the Year!

Nurses



Pam Brigl, RN IV
The Medical Center at
Bowling Green Endoscopy



Ronda Allen, RN
The Medical Center at
Scottsville Acute Care



Debbie Shoulders, LPN
The Medical Center at
Franklin Acute Care



Marcia Lewis, RN
Commonwealth Regional
Specialty Hospital

Clinical Support Employees



Brenda Richmond, Monitor Tech
The Medical Center at Bowling
Green Ambulatory Services



Lydia Richey, CNA
The Medical Center at Scottsville
Long Term Care



Kesha Matthews, CNA
The Medical Center at Franklin
Acute Care



**Patsy Hudson, CNA/
Monitor Tech**
Commonwealth Regional
Specialty Hospital

Congratulations to our fellow nurses and support employees. We thank you for the service, hard work, and dedication you bring to CHC. We are honored to work beside you and with you!

Pam Brigl—Pam is celebrating her 30th year with CHC. Four years ago, she and a co-worker started “Guiding Lights,” an endo educational group. Pam is excited and proud of its success. “This has been a great way for our department to come together as a group. This helps us work together and has increased our team spirit and cohesiveness.”

Ronda Allen—Ronda has been with CHC for 22 years. Her advice for others entering the nursing profession is to try to imagine yourself in the same situation as your patients. “Nursing does not just consist of being knowledgeable and skillful, but also being empathetic and sympathetic.” Ronda says her co-workers are amazing and mean so much to her. “We are just one big family.”

Debbie Shoulders—Debbie works in Acute Care at Franklin. She is described as caring, honest, sympathetic, and loyal. Her co-workers say she is a great patient advocate. She pays very close attention to her patients. They say they can’t imagine life without her. Debbie awaits her first grandchild in December.

Marcia Lewis — Marcia has been with Commonwealth Regional Specialty Hospital for five years. She is a wonderful resource person, full of knowledge and loves to teach

Continued on page 2

Betsy's Corner



Betsy Kullman

Chief Nursing Officer

Please join me in welcoming our 33 new graduates who have recently joined our nursing team. They are currently in the didactic portion of their orientation and will be floating on and off of their units during the next several weeks. I challenge each of you to make the most of their orientation by sharing your wealth of knowledge with them in the weeks and months to come.

Thanks to everyone for your participation in the survey process with The Joint Commission surveyors this month. They were very complimentary of the willingness of our staff to participate and also of the welcoming manner in which they were received. They stated that they would be glad to be a patient in our facility with the quality of care that they observed.

We have some opportunities to improve our documentation of all the good care that we are giving. We will need everyone's help achieving this. I want to thank Melinda Joyce and Georgena Brackett for their leadership during the past six months in preparing us for our

survey. They did a great job and kept us on track for our visit. In the midst of our Joint Commission Survey, the nurses on 6B and 6C began using bedside medication verification. It was a successful endeavor and proves to be a new beginning at The Medical Center. Mark Hanson will be rolling this out to all of our nursing units in the coming months so be ready to get on board when it comes to your unit.

Kathleen and I will be submitting our application for the Magnet accreditation in the next few weeks. We plan to begin writing our document in July with a submission date during the first quarter of 2012. Every unit needs to work with their Magnet Champion and submit stories to Kathleen to include in our document.

We have lost another member of our Medical Center family. Jennifer Grote, who was a nurse in CCU, recently died after battling worsening lung disease for the past several months. My late mother was privileged to have Jennifer as a nurse during her stay in CCU. I will always remember Jennifer for her professionalism, her caring manner and her sweet smile. She was also Mom's savior from the CCU "pillow fairy." You will have to ask the CCU night staff about that story. Please keep the CCU staff in your prayers as they mourn the loss of their team member.

I hope that each of you will have a fun-filled summer in spite of all of the rain showers that we are having.

Betsy

Nurses and Clinical Support Employees of the Year, *continued*

others. She steps up in a crisis and is ready to jump in when co-workers need assistance. She makes every effort to ensure her patients are comfortable and cared for, and this is all done with a wonderful attitude. She is a preceptor and mentor for the rest of the staff. She is a hard worker and contributes ideas that help improve the Specialty Hospital as a whole.

Brenda Richmond—Brenda is a Monitor Tech in Ambulatory Services. Her co-workers say she is full of energy and has a great sense of humor. Brenda is proud of the changes she has seen in CHC over the years. "I have seen transporters become doctors, teen volunteers become CNAs, CNAs become RNs, RNs become teachers, and a CNA became a CEO. Why is this? Because we have excellent patient care." Brenda makes one promise about her job, "No matter how bad your day is, how tired you are at the end of your shift, when you go home you know you have made a difference in someone's life that day."

Lydia Richey—Lydia is a CNA in Long Term Care at Scottsville. Comments from fellow employees include: "I don't know what we would do without her. She is an angel. Lydia brings happiness to everyone around her. We are so fortunate to have someone who takes such good care of our patients."

Kesha Matthews—Kesha is a CNA at The Medical Center at Franklin Acute Care. "She is always smiling and we love her so much," explain her teammates. "We hope she never leaves!"

Patsy Hudson—Patsy can be found doing just about anything that needs to be done at CRSH. She has been a faithful employee for over 20 years. Patsy says she learns something new every day, and she loves doing what she does. Advice for the new CNA is, "Don't take your job for granted, follow your co-workers and listen to them. Respect each other — it makes the day go so much smoother."

Have fun this summer!

Amusement park discount coupons for **Beech Bend Park and Holiday World** are now available in the Human Resources office.

These coupons can be used to purchase discount tickets at the park's main gate.

The 2011 amusement park operating calendars for both parks are posted in

Citrix / Human Resources / Benefit Programs - Discounts / Amusement Park Information.

Notes from Shared Governance

By Kathleen Riley, BSN, RN, MA, NE-BC

Orange Juice Cake

- 1 box yellow cake mix (with pudding in the mix)
- 1 box instant French vanilla pudding mix
- 4 eggs
- 1 cup of orange juice
- 1 cup of chopped pecans
- Sprinkle pecans in bottom of greased bundt pan.
- mix all other ingredients until batter is smooth and pour over pecans
- Bake at 325° for 45–60 minutes until toothpick comes out clean.

Glaze

- 1 stick of real butter – melted
- 1 cup of sugar
- ½ cup OJ
- Mix together and boil for 2 minutes.
- Pour hot glaze over hot cake and allow to sit for 30 minutes before taking out of pan.
- Serve after setting for one hour.

Chesa C. Montgomery

Policy and Procedure Committee – This committee continues to ensure all nursing policies and procedures are reviewed and/or revised at least every two years. Committee members select policies from those that are up for review and determine if they reflect the most up-to-date evidenced based nursing practice. A few of the policies for review next month include Caring for the Dying Patient, Glucose Tolerance Testing, Urinary Catheter Irrigation and Computer Generated Lab Reports.

Clinical Ladder Committee – The members reviewed the current Clinical Ladder advisor log to ensure that all those who have made an initial application have been assigned an advisor to assist them through the process of advancement. The committee welcomes newly appointed CNIII's to become members and help others "move up the ladder."

Members suggested that the July Magnet Bulletin Boards be focused on the Clinical Ladder including the definitions and requirements of CNI through CNIV. Many nurses may not realize that all direct care nurses are on the Clinical Ladder, being either a CNI or CNII until advancement is sought. Preparations are underway for the Clinical Ladder Celebration Event in the fall.

Standards and Practice Council – Willa Miller, Clinical Manager 5A & 5B, presented the latest data for Immediate Action Results Monitoring. This is an area that continues to require everyone's attention and diligence to improve our performance. Mark Hanson remarked that at a recent meeting of over 200 hospitals, almost all used a 60-minute margin for MD notification rather than the 30-minute time frame we use. This will be further researched for a possible modification to our policy.

Mary Basham, Clinical Manager Surgery, reported on the latest data from the "Beta Blocker Prior to Surgery" monitoring. Results show significant improvement in our compliance with ensuring that patients who require a Beta Blocker receive it within a 24-hour window of the actual surgical incision.

Lisa Hyman, Clinical Risk Manager, updated the council on the status of the PCA Administration Record. The new form is now available and will be monitored by Lisa for the next few months to ensure there is compliance and correct utilization. Work continues on getting a standard order set for PCA administration hospital-wide. If you locate any old PCA forms on your units, please discard them.

Nursing Quality Improvement Council – Bill Singletary, Director of Care Coordination, reported on the recent Joint Commission Survey of our Stroke Program. Bill stated that the hospital's Stroke Accreditation was renewed following a successful survey thanks to everyone's hard work and perseverance. However, there were recommendations made by the surveyor which require our attention and action. One of the problematic areas was in electronic documentation, notably where nurses document education as well as their ability to easily retrieve the documentation. Another area for improvement was the individualizing of stroke prevention teaching. The education must relate to the patient; for example, current condition, risk factors, history, and lab values.

Betsy Kullman, CNO, reported on the most recent Congestive Heart Failure data. The numbers are very encouraging and show that our patients are receiving CHF education prior to discharge. There were a few isolated omissions which retract from the overall score. For example, in one instance, "daily weight" was marked out. Since this is essential information for a CHF patient, it should always be taught and documented.

Gerri Glenn, Director of Quality Resource Management, distributed the latest results from NDNQI on pressure ulcers. Our various nursing units are compared to similar units in the national database. Results were promising for this quarter, showing an overall decrease in the incidence of pressure ulcers from previous quarters.

Continued on page 4

Notes from Shared Governance, continued

Recruitment, Retention & Recognition Council – The council recapped the May 12 celebration of Nurse and Clinical Support Person of the Year. It was decided to maintain the current voting process which permits voters to know the identity of the candidates. Overall comments were very positive about this year’s celebration. Thanks to all who contributed to its success.

Human Resources reported that there are 29 nurse graduates starting in June. Of these, 5 were overhires who will now go to the additional beds being staffed on 4B to bring it up to a 24-bed unit. The 4 beds outside ICU (“old” ISC) will also be staffed to help accommodate the high census the hospital has been experiencing.

Discussion was held about having a “Nurse Walk” next May to celebrate Nurses Week and highlight the nurses of The Medical Center. More information will be forthcoming as this concept is developed.

Research Council – Dona Watkins, Director of Selection & Retention for Human Resources, reported that the Gallup Nurse Talent Survey is back on track and our part in this endeavor will soon be completed. Another Evidence-based Workout session was held recently with five units participating. On August 30, Dr. Donna Blackburn will return to help those who are responsible for writing the poster abstracts. Contact Carolyn Burton in Education for more information.

Carolyn Burton is also considering a one day workshop on “Basics of Evidence-based Practice” in the future to help those who take an active role in their units’ evidence-based projects.

Jaclyn Dugan, RN in the Cath Lab, presented her department’s participation in research to evaluate the bedrest criteria following a cath procedure. This research has implications for patients’ recovery time, comfort, and risk of complications.

Dona Watkins discussed her project of gathering information on all the research and evidence-based projects that are currently underway or have been recently completed in the hospital. Sherri Goldsmith, Administrator of CRSH, volunteered to meet with staff of each unit to discuss their projects and assist as necessary.

On July 5, Western Kentucky University MSN students will display their research posters in the Auditorium from 8 a.m. until 1 p.m. They will be available from noon until 1 p.m. to answer questions.

Nursing Development Council – The council gathered information on dates and meeting times of local nursing organizations in order to make it available to any interested nurses. Carolyn Burton, Education, reaffirmed that competencies must be entered into the computer and if you are responsible for this and have not attended one of the training sessions, time is running out! Sign up in NetLearning as soon as possible. She is also working on an outline of “handy tips” for new nurses to help them with unfamiliar or uncertain situations.

The council members asked about putting the “Legal Eagle” on the shared drive for ease of accessibility. This is an excellent source of information for nurses and others regarding legal matters related to healthcare issues.

Clinical Informatics Committee – Jennifer Waterbury announced that the TB and Latex information should now pull forward on the admission assessment. Mark Hanson discussed the importance of documenting all patient education on the Interdisciplinary Record and asked the committee for any suggestions for making it more comprehensive.

A subcommittee has been established to review the Interdisciplinary Education Record and make subsequent recommendations for its improvement.

Jennifer Waterbury is also in the process of reviewing all current nursing care plans with the goal of making them more user friendly and meaningful to patient care. She will be asking for input from staff nurses to ensure they are consistent with actual practice and reflect the current nursing literature.

Clinical Ladder Completions for April

Renewal of CNIV

Anne Afton, CNIV – Emergency Dept.

Pam Brigl, CNIV – Endoscopy

Anneliese Crawford, CNIV – NICU

Paula DeVore, CNIV – Open Heart Recovery

Tamara Wisdom, CNIV – Home Health

New to CNIV

Kathy Barger, CNIII – Labor and Delivery

Penny Davis, CNIII - CRSH

Angela Hardesty, CNIII – Cath Lab

Renewal of CNIII

Tammy Dahl, CNIII – PACU

Renee Donaldson, CNIII – Emergency Dept.

Beverly Phelps, CNIII – Nursery

Myra Sanders, CNIII – CCU

Laura Slaughter, CNIII – Outpatient

Garth Sparks, CNIII – Outpatient

New to CNIII

Marti Adkins – Outpatient

Mary Jo Baker – 4B

Michelle Baldwin – NICU

Christie Bumpus – Nursery

Jenny Goad – Endoscopy

Gladys Sublet – 4A

Stacie N. Young – ICU

Please congratulate all of the excellent work done by these Clinical Ladder participants!!!!

Clinical Ladder: The Challenge, the Reward

by Jenny Goad, RN, BSN, CNIII.

It all started one day with a simple conversation around the coffee pot. Pam Brigl, a colleague who I am proud to say is not only a CNIV but also our 2011 Nurse of the Year, asked me, "So, Jenny, have you thought about Challenging the Clinical Ladder?" I looked at her in surprise, and muttered, "Well kind-of." Her face lit up and the encouragement from that day forward never ceased.

Challenging the Clinical Ladder is tough, but very rewarding. Getting started is easy. The application process is all online. You are immediately assigned an advisor, who not only answers your questions, but also encourages you through constructive revision. Talking with other RNs who were also challenging the ladder was very helpful. We all had the same concerns and questions. The support from your advisor is special because they have also had the same concerns and fears.

During my process of challenging the Clinical Ladder, I was able to see my achievements not only in patient care but also in professional growth. The day I finished my book and walked it down to the Nursing Office, a feeling of great accomplishment came over me. Sure I had days when I went to Pam and said, "There is no way I can put all this together." With a smile, Pam always assured me that it could be done.

When it comes to challenging the Clinical Ladder, if given a choice, I would absolutely do it again. Upon receiving my CNIII, I have joined the Clinical Ladder Committee so that I can have the chance to encourage others as my advisor encouraged me. Remember, with all great challenges come great rewards.

Reflections of Our Friend *by Myra Sanders, RN*



Jennifer Rene Grote was a spirited, witty young woman, wife, mother, and nurse...she was special to all who knew her. I remember meeting her the summer of 2004 when I came back to work in CCU. Jennifer was soon diagnosed with Lupus. After a couple of years, she was deemed well enough to go off her meds so she and her husband could start a family. In August 2007 Aubrey June Grote arrived. She is the "spitting image" of her momma, smile and all! After maternity leave, Jennifer returned to work. She often did not feel well, but she never complained. She would provide

excellent, compassionate care for her patients, and they would never know when she didn't feel well.

Jennifer often put others ahead of her own problems. That was her way. When my husband was diagnosed with terminal cancer, she was there for me, sending cards which I cherish, calling and visiting in the ICU.

In May 2010, Jennifer was diagnosed with Pulmonary Hypertension (PH), which is an increase in blood pressure in the lung vasculature. Symptoms include dizziness and fainting, made worse by exertion. It can be a severe disease that leads to heart failure.

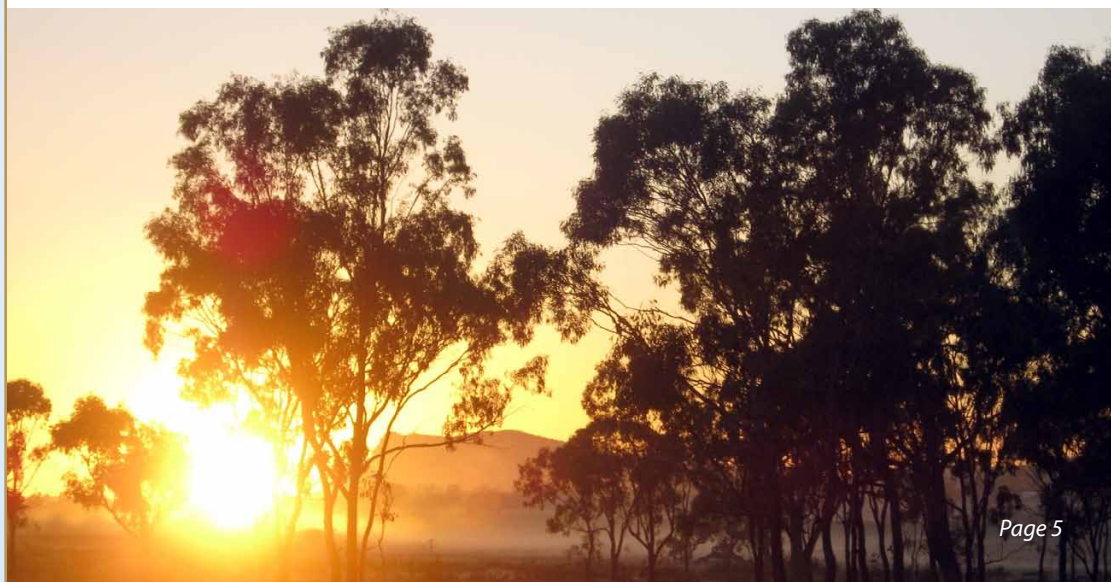
PH can be a complication of Lupus. In Jennifer's case, PH would lead to her requiring a lung transplant to survive. She was at UK Medical Center being evaluated for transplant when her condition worsened and she was placed on life support. Jennifer lost her battle on June 2, 2011.

Throughout Jennifer's illness, her husband Chad was a rock of strength to her as they would go through some very trying times.

We have such fond memories of Jennifer in her white gloves warming her hands, rolling her eyes at certain remarks or comments as only she could do, of her coming up to us saying hold my hands, my fingers are cold. I also have bitter sweet memories when she called to tell us the news of the PH diagnosis. The love that was in CCU for her was so obvious. God took over as we all gathered together at the nurses' station with tears in our eyes raising our voices to God in prayer on her behalf that above all else, His will be done. That would be one of many prayers sent up on her behalf.

Jennifer's funeral was held in Greensburg, Indiana on June 6. While Pam Heal, Adrian Hardy, Lisa Adkison, Sally Ferguson, Brittany Baxter, Samantha Dorris, Paula DeVore and I were blessed to be able to attend her funeral, everyone else from CCU was there in spirit. As Chad spoke about his wife, it was so obvious of the love he felt for her. They were high school sweethearts. His parting words were: "If I could go back, knowing what I know now, I would still do it all again."

It was a beautiful tribute to a beautiful friend who we will dearly miss. We love you, Jennifer — we always will. We will miss your sweet smile until that day we see you again.



Infection Prevention Annual Summary for 2010

by Tricia Just, MSN, RN, CIC, Infection Prevention Manager

The Infection Prevention annual summary for 2010 has been completed. We didn't meet all of our goals for the year, but many great accomplishments were achieved. Some of the main points that I would like for all of you to be aware of for the Bowling Green campus are:

- Third year in a row that no dialysis-related bacteremias were identified.
- Two years in a row with no ventilator associated pneumonia (VAP) identified in ICU or CCU; third year for OHR to not have a VAP.
- Catheter associated UTIs (CAUTIs) were again decreased in ICU and CCU with none noted in OHR. When compared to 2009, ICU went from 7 to 1 and CCU went from 7 to 4.
- Benchmarking to the National Healthcare Safety Network (NHSN) means/averages on device related infections in critical care showed we were well below the VAP mean with none. ICU and CCU were each below the national mean on central line associated bloodstream infections (CLABSIs). All three areas were well below the national mean for CAUTIs.
- Continued without any device related infections in NICU.
- Postop pneumonia housewide is still trending downward.
- The CLABSI rate for the med/surg units was decreased with only 4 identified; last year there were 9. And, we were below the NHSN mean.
- CAUTIs were also decreased on the med/surg units. The total number went from 12 to 8. This was also below the national mean of 5.9 with an in-house rate of 0.6 UTIs per 1000 foley days.
- Decreased incidence of hospital associated (HA) *C. difficile* was noted.
- Only one of the procedures followed as part of the targeted surgical surveillance program had infection rates above national. Our targeted surgical surveillance includes total hip and knee replacements, CABGs, colorectal cases, abdominal hysterectomies and C-sections. Decreased surgical site infections (SSIs) in total hip and knee cases were noted. No CABG case had a mediastinal wound infection; all were at the leg harvest site.
- No CLABSIs were noted in Home Care pediatric patients. The Home Care CAUTI rate remained low at 0.7 UTIs per 1000 foley days.
- Home Care maintained 100% hand hygiene compliance.
- In the hospital, the total of all hand hygiene observations for staff and physicians was 93%. Before patient contact observations was 90% and after patient contact observations was 96%.
- Goal for hollow needlesticks (<20) was met—16 for the year.

Every one of you should be extremely pleased with the above results. These results are mainly due to the actions you take on a daily basis to prevent infections

Continued on page 7

Congratulations, Graduates!

Sarah Ashby, LD – ADN
Pam Brigl, Endoscopy – BSN
Heather Craft, CNA ER – ADN
Sherita Davidson, 5A - BSN
Connie Dickson, OB Lactation Consultant – MSN
Lindsey Finley, Surgery – BSN
Hailey Evans, Unit Clerk 3B – ADN
Casey Finch, 2B – ADN
Tonya Gidcumb, 2B – ADN
Ruth Gott, RNC, NICU – MSN
Marita Hockstedler, Cath Lab – APRN
Levita Larson, NICU – MSN

Molly McCabe, Surgery – BSN
Jackie Pardue, Surgery – MSN
Jennifer Parrott, RN ER – MSN
Kayla Scruggs, SNR 4A – BSN
Jennifer Simmons, PACU – ADN
Debbie Smith, Nursery – MSN
Rebekah Smith, SNR 4C – ADN
Seth Smith, Patient Flow Associate – ADN
Gary Spradlin, RN House Administrator – BSN
Phillip White, NICU – ADN
Natasha Winchester, CNA 4D – ADN
Katrina Wood, Ambulatory Surgery – MSN

New Resuscitation Equipment

Research has shown that when first responders apply Automatic External Defibrillators (AED) in less than two (2) minutes to a person who has a cardiac arrest and a shockable rhythm, restoration of circulation was achieved in 80% of the patients. New equipment at The Medical Center makes it easier for BLS (CPR) trained staff to apply AEDs and administer life saving defibrillation **before** arrival of the Rapid Response or Code Blue Team.

You may have noticed AEDs located on the first floor of the hospital by the stairway of Tower A/B and Tower C, in Patient Registration, and in the Cafeteria. AEDs are also located on the first floor of Riverside, the Medical Plaza, and in Security's truck.

AED

In the patient care areas, each LifePak 20 is also an AED. Just push 1-2-3 and follow directions to defibrillate in **less than 2 minutes** before the Code Blue Team arrives.

LifePak 20

Other exciting resuscitation equipment purchases include the LifePak 15 located in Intensive Care Unit (ICU) and Coronary Care Unit (CCU). In addition to functioning as a defibrillator, they also support the monitoring and trending of valuable patient data such as SpO₂, Non-invasive B/P, EtCO₂, and 12 Lead ECG.

LifePak 15

If you ask the nurses in Critical Care how they feel about the new LifePak15's, they will tell you this is a wonderful tool to help them care for their patients. This is one more way The Medical Center makes sure we have the "materials and equipment needed to do our jobs right."

Reference:

Hanefeld C., Lichte, C., Laubenthal, H., Hanke, E., Mugge, A., "In-hospital resuscitation. Concept of first responders resuscitation using semi-automated external defibrillators (AED)," 2006, Sept 29; 131 (39): 2139-42.



Above, left to right: Natalie Hughes, RN; Barbie Kiasatpour; Courtney Calloway, RN; Myra Sanders, RN, ICU Clinical Manager; and Tasha Groves, RN, outside their hotel. Right: Chesha Montgomery, RN, in front of the Vendor/Technology area.



welcomes The American Association of Critical Care Nurses,” I was impressed; but it was only the beginning of the vast educational journey I was about to embark on.

There were over 400 sessions to choose from and very difficult to narrow down. Do I go to *Cardiac Arrest What Are We Missing?* or *Bugs, Bugs, Bugs*, or *Take the Burn Out of Burnout?* Or maybe *Zero and Beyond* sounds good. I wanted to take them all! The speakers were dynamic and well versed in the topic they were teaching. They would stay afterwards to help raise our level of practice to new heights.

I was fortunate to make contacts from Seattle to Baltimore to Ft. Lauderdale. Each were eager to share ideas from where they practiced. Dr. Bernice Berry was the keynote speaker and she was awesome! We had a night off and NTI had reserved the Field Museum for us to tour as an additional bonus which we all enjoyed.

The theme this year was **STAND TALL!** I want to Stand Tall for all the Bedside Nurses who do what is right for their patients and fellow nurses — who work long hours with aching feet, empty stomachs, and full bladders, and who are kind, share their knowledge and strive for excellence!

As our hospital continues to grow and strive for Magnet, sharing best practice issues helps to advance our bedside skills. It was great to learn, see new technology, network and re-energize my nursing spirit!

The National Teaching Institute and Critical Care Expo was held recently in Chicago. When I arrived at Midway Airport and saw the marquee light up with “Chicago

Congratulations to those honored by the WKU College of Health and Human Sciences!



Left to right: Gary Spradlin, RN to BSN Professional Engagement Award; Marita Hockstedler, Cath Lab – Outstanding Nurse Practitioner Student; Lindsey Findley, Surgery – RN to BSN Achievement Award; and Pam Brigl, Endoscopy – RN to BSN Academic Award.



Katrina Wood, Ambulatory Surgery – received the Outstanding Nursing Administration Student Award.

Infection Prevention Annual Summary, *continued*

from occurring in your patients, and prevent yourself and others from exposure to the pathogens found in the healthcare setting. You always hear us saying *wash your hands, wear a mask, you didn't have a gown on in that room, how do you clean this, etc., etc.* But the bottom line is it pays off — you are listening and trying your best to do what is asked of you! Thank you for helping with this big job of Infection Prevention!

What does Infection Prevention mean to us financially? The range of estimates based on 2007 prices is as follows:

- SSI \$11,874-\$34,670
- CLABSI \$7,288-\$29,156
- VAP \$19,633-\$28,508
- CAUTI \$862-\$1,007

Based on our number of in-house associated infections from 2009 to 2010, the following cost savings can be assumed:

- If \$15,000 is taken as the cost of an SSI, then a \$210,000 cost savings is realized.
- If \$10,000 is taken as the cost of a CLABSI, then a \$20,000 cost savings is realized.
- If \$900 is taken as the cost of a CAUTI, then an \$11,700 cost savings is realized.
- Each VAP prevented means at least a \$20,000 cost savings.

Again, you all should be very proud of what you do every day. Each infection prevented is money saved—for the patient and the hospital.

Now for the areas that still need a little work. We did see increases in hospital associated MRSA, VRE and resistant Acinetobacter. Oftentimes, resistance is antibiotic induced. What nursing can do to help with preventing spread is that good old standby of hand hygiene along with practicing isolation correctly. Also remember all the bundles related to preventing VAPs, CLABSIs, CAUTIs and SSIs and continue your efforts at meeting the processes of each bundle. You really are doing a great job—keep it up!!



Education Station – June 2011

- **Hyperlipidemia: Approach and Management in Primary Care – July 7**

Noon – 1:00 p.m.

The Medical Center Auditorium

Presented by: Dr. Jeffrey Boord, Vanderbilt University Medical Center

Continuing Education Hours: 1 (KBN) and 1 (CME)

SPACE IS LIMITED TO THE FIRST 40 THAT REGISTER.

- **Preceptor Training – August 9**

8:30 a.m. – 4:00 p.m.

Education & Development Classroom 6

Continuing Education Hours: 6.25 (ANCC); 7 (KBN)

- **Ethics in Healthcare – August 11**

8:00 a.m. – 3:00 p.m.

The Medical Center Auditorium

Speaker, Kate Payne

Continuing Education Hours will be provided

- **Shift Facilitator – August 26**

8:30 a.m. – 4:00 p.m.

Education & Development Classroom 6

Continuing Education Hours: 5.75 (ANCC); 6.9 (KBN)

- **Welcome Aboard – September 8**

8:00 a.m. – Noon

Education & Development Classroom 6

For more details and to register, log onto NetLearning.

Reminder – *PearlsReview* provides computer-based certification review courses in a wide variety of specialties.

Contact Mary Pat Jackey at 270-796-6839 or e-mail her at JackMP@chc.net for more information.

Contact Information:

Main office – 2566

Alicia Pennington

CME Coordinator

Andy Sturm– 6523

Patient Educator

Carolynn Burton– 6548

Clinical Educator: Nursing

David Smith– 2976

Clinical Educator:

MCS & MCF

Jodi Hanna – 2498

Surgery Educator

Mary Pat Jackey– 6839

Clinical Educator :

Net Learning and PEARLS

Sherry Suggs – 6819

Staff Development Educator

AHA & Trauma Programs

Vivian McClellan– 1147

Corporate Director

Resources:

Apple icon in iCare

Mosby's Skills & Consult

PEARLS Review

Courses

Patient Education:

KRAMES

HealthFlix

Lexi-Comp

PT. Education icon in

iCare