Peace on Earth

The Nursing Notes committee would like to wish you and yours a very Merry Christmas and a joyous holiday season. We thank you for your contributions in 2009 and look forward to sharing with you again in 2010.

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“Stat c-section, OR 10, 29-week twins!” The giraffe beds are prepared and warm, RT is notified, and supplies are gathered. The NICU family awaits the delivery of the two-pound, premature infants. We are ready to breathe for these babies, provide fluids and antibiotics, provide warmth, and ultimately mimic the only home they have known for months — the womb. Our wonderful neonatologists are with us, ready to intubate, place UVC/UAC lines, whatever is needed. Each NICU team player knows his or her “role” and what to expect. We have played out this familiar scenario many times.

It is a rewarding adrenaline rush to stabilize and care for sick/premature infants. The journey begins with a baby so small and fragile. Then, weeks later, this once so tiny baby is up to full feedings and going home. The key priority for NICU is to engage and involve parents from day one. On a typical day, we will assist a mother with many tasks from changing a diaper to taking a temperature, always providing reassurance that she is doing a great job with her son or daughter.

We are ever evolving. Evidence-based practice has proven the importance of mothers and fathers holding their infant skin-to-skin. The action involves placing the baby just in a diaper against mom’s bare chest and then placing a warm blanket on top. Studies have shown this aids brain development and could allow for an earlier discharge.

Another crucial task is to ensure good development for our babies. We provide this by proper positioning, dim or dark lighting, a quiet room, and cluster care. Along with the parents, we are helping to establish a promising future.

NICU nurses are certified in STABLE, NRP, and engage in quarterly mock codes. One of the special things I have learned in my six years as a NICU nurse is that babies can not tell us...
what is wrong. They speak a special language through their cry, a grimace, a kick of the foot, a dip of the heartrate, a moment of apnea, or maybe a hiccup and splaying of their hands. They can tell the nurse so many things, and with time and experience, this special baby language is easily understood.

I attribute my wonderful work environment to my clinical manager, Amber Herman, and my charge nurse, Debbie Smith — as former NICU nurses, they are always available to help, encourage and assist with whatever is needed.

Lastly, I have the greatest job in the world! I love my job, and how many people can say they look forward to work? Along with my fantastic co-workers, my second family, everyday is a joy taking care of The Medical Center’s tiniest patients.

Winter is in the air and, as the song goes, it’s beginning to look a lot like Christmas. With all of the projects we have all been working on in addition to taking care of our patients, this year has gone by much too fast. I want to congratulate everyone on the latest pressure ulcer incidence report for November, which was at an all time low of six patients. This was accomplished by great teamwork among shifts and departments to keep skin care a top priority for our patients. We can do great things if we use evidence-based practice in our daily routines! Thanks to everyone for your assistance in achieving this new level of success!

The Nursing Department had many accomplishments in 2009. A standardized nursing kardex was developed for the nursing units to use for walking rounds. It has recently been revised by the 2A staff and adopted by the Standards and Practice committee as our standard of care on all medical-surgical units. Their pilot of this kardex improved patient outcomes and patient satisfaction. We partnered with Western Kentucky University to provide an evidence-based care seminar to educate our nurses and students on the importance of using evidence-based research in our daily nursing practice. The OptiLink acuity system was implemented in July for the nursing units, and the scheduling portion of this system will be implemented during the first quarter of the New Year. Through excellent ventilator care by nursing and respiratory, we have managed to stay ventilator-acquired pneumonia free for 15 months in CCU and 21 months in ICU. What a great accomplishment! The list of accomplishments goes on and on, and I will share them with you in future editions of Nursing Notes.

Forty-two new graduates were hired from the December classes, so get your preceptor hats ready for when they begin their didactic program at the beginning of January. Thirteen student nurse registries were hired to replace those who graduated in December. As always, please make our new employees feel welcome when arriving on your units. If we think real hard, I am sure that we can all remember our first day as a nurse, some with fonder memories than others. Let’s make sure that our new graduates and student nurse registries have good memories of their first day on the unit.

Thanks to all of you for supporting all of our changes in the Nursing Department during this year. All of our changes were made with one thought in mind — better patient care with improved patient outcomes. As we enter 2010, there will be more changes as we continue to raise the bar for patient care.

I want to wish each of you and your families a blessed Christmas season and a Happy New Year! Treasure past memories and make lots of new ones!

A Day in the Life

To look into the eyes of a newly born soul
Words can’t explain the feelings that start to unfold
They tell me my job is to show them the way
It starts in the nursery on their very first day.
We watch as the parents first look at their child
And the light in their eyes, two people so proud
Their feelings, so warm, and then the love starts
And even as they sleep, the moms hesitate to part
But we try to give them at least two days of rest
It may be the only time that sleep will be its best
Our job is to try to show them the right road to take
Whether it’s breast or bottle for the child’s intake
We care for them two days and worry when they’re gone
In hopes that we taught them and did all that could be done.

Charlie Farris, CNA, NICU

As we enter 2010, there will be more changes as we continue to raise the bar for patient care.
A couple of months ago, the 4A family was shocked to learn that a much-loved nurse and valued member of the team had been diagnosed with a brain tumor. Her name is Amy Bentley. She is just 30 years old and is a mother of two young, beautiful boys. The unfairness of this situation is beyond words, yet cancer does not discriminate and spare the young. Cancer is the challenge to fight the hardest fight in life’s lottery. The 4A family is joining together to raise awareness of Amy’s fight and supporting her in any way we can.

Unfortunately, this is not the first time Amy has struggled with this illness. She was first diagnosed five years ago with a brain tumor. She received treatment and was in remission until a routine MRI delivered the bombshell news that her tumor was back. The bravery Amy has displayed in dealing with this news is astounding and a tribute to the strong woman she is. She has been very open with all of us who work with her. She said the location of the tumor is at a part of the brain that, if it continues to grow inward, will start to affect her speech and her coordination. She has also talked about the heart breaking discussions she has had with her eight-year-old son, Tyler. Questions such as, “Mommy are you going to die soon?” have been raised. It is unimaginable to have this discussion with your child. Her youngest, Aaron, is three years old and is at the age where he does not understand the serious nature of his mother’s condition.

Amy has just recently completed the first week of her radiation treatment and is also taking oral chemotherapy. She is on a six-week leave of absence from work and is constantly in our thoughts and prayers. Amy has said she hopes the treatment will buy her five more years of time to spend with her boys. We all hope for more, and pray for a cure and complete eradication of the tumor.

Amy sincerely appreciates everyone’s support at this time. If you would like to follow her progress, you may access her online journal at www.caringbridge.org/visit/amybentley1.

Amy Bentley supporters gather prior to The Medical Center 10K Classic.

The nursing staff from 2A recently demonstrated a nurse driven change in practice which was processed through our Shared Governance system. Rechelle Wood, AD, RN, CNIV, attended the national Medical Surgical Nursing Conference in 2008 and learned that bedside shift report, utilizing a head-to-toe assessment communication tool, improved several outcomes. Rechelle enthusiastically brought this information back to her unit for consideration and admits that the nurses were less than thrilled about the change she was recommending. The staff agreed to try it after Rechelle showed them the evidence of improved outcomes. Together, the nurses developed a head-to-toe communication tool to use while doing walking shift report. They trialed and tweaked until it captured all essential elements required for handoff communication.

With support from their clinical manager, Bridget Kilpatrick, BSN, RN, OCN, NE-BC, the trial was initiated. As with any change, it was awkward at first. However, as time went on, nurses realized that they were getting off shift on time because report was taking less time. To be exact, shift report decreased from an average of 60 minutes to 20 minutes. The nurses watched the patient satisfaction scores rise in relationship to including them in shift report. During bedside shift report, the nurses checked ID bands, did wound assessment, skin assessment, checked IV medication, pain control, etc. There were times when they caught mistakes and were able to intervene before they resulted in harm. The unit clerks also noticed they had more time to do essential duties since they were not subjected to the chaos from the previous shift report process.

The 2A nurses are so committed to this method of shift report they asked to present it to Standards and Practice Council along with a recommendation to standardize the process throughout the hospital. On November 3, Rechelle Wood, Brandy Jernigan RN, BSN, CNIII and Sharon Shouse, Unit Clerk, professionally presented the information to Standards and Practice Council. After some discussion, it was voted unanimously to implement this practice on all floors and do away with the traditional Kardex used for report.

This is an excellent example of how direct care nurses drive practice at the bedside. I am extremely proud of the work the 2A nurses are doing. This is not only an excellent example of Shared Governance in practice, it is also evidence of a Magnet Culture. I would like to thank the clinical manager for supporting nurse autonomy on 2A, allowing them to explore ways with which to improve their practice based on evidence.
Kacey Frazier, CNA and Unit Clerk, has been working on 6C for three and a half years. In addition to assisting the patients with self care and taking their vital signs, Kacey interacts with them. “We play bingo and talk about the past,” Kacey said. “We have group sessions and play mind games to try to refresh their memories.” Kacey said that another purpose of the geriatric unit is to have the patients up and about. “We encourage them to interact with us, be social and not hang out in their room.”

This population of people have been misunderstood by society and often labeled as not normal. “Patients with dementia and Alzheimer’s disease go through a process of repetition, agitation, combativeness and memory loss,” Kacey explained. “The key in working with the elderly with mental disorders is patience.”

“Kacey spends time with the patients, takes time with them and is gentle with them,” said Eric Slayton, RN on 6C. “Kacey is one of the people who when you see them, you know everything is going to be okay. She is happy-go-lucky and great to work with.”

Patients who are admitted to 6C come from nursing homes and sometimes their own home. “We take care of patients from nursing homes who have had behaviors that the staff there could not control. Psychiatrists admit these patients to our unit to monitor or change their medication while in a hospital setting,” Kacey said.

Kacey enjoys working with this population because she is intrigued by the behavioral aspects of geriatric psychiatry. “Either you can work with this population or you simply can’t. There is no middle.” Kacey is about to finish her degree in sociology with an emphasis in criminal law enforcement. “I want to work with individuals in jail with mental health issues,” Kacey said.

Kacey is the mother of a seven year old daughter and lives in Auburn, Kentucky.

Violence In The Home

Karen Wilson, RN, BSN, PN, S.A.N.E. attended the KNA Healthcare Summit, a workshop with the latest information and prevention strategies concerning abuse. For Karen this was a heart-wrenching, no holds barred presentation. The following is a small segment of information that can benefit healthcare providers.

- Approximately $1.8 billion per year is spent on domestic violence healthcare.
- 37 percent of all women who sought care were injured by a current/former spouse or significant other.
- Only 10 percent of primary physicians screen for abuse during new patient visits.
- Children 0–3 years of age are at a higher risk.
- Abusive head trauma is #1 in children.
- Parental characteristics include substance abuse in two out of three cases.

The Role of the Healthcare Provider: RADAR

Routinely screen every patient
Ask directly, kindly, non-judgmentally
Document your findings, safeguard evidence
Assess the patient’s safety
Review options and provide referrals, and in Kentucky, REPORT!

KRS 209 requires anyone who knows or suspects that a vulnerable adult is the victim of abuse, neglect, or exploitation to report the suspects to the Cabinet for Health Services

KRS 209 A requires reporting of spouse abuse.

KRS 620 requires anyone who knows or suspects that a child or a dependent is the victim of abuse or neglect, to report it to the Cabinet.

Where to report violence in the home

Kentucky Cabinet for Health and Family Services
Prevent Child Abuse Kentucky 1–800–CHILDREN
DCBS: 1–800–752–6200
K.A.S.A.P.: 1–800–656–4673
National 24 Hour Hotline for Domestic Violence: 1–800–799–SAFE
National Teen Dating Hotline: 1–866–331–9474
Let’s ring out the old, and bring in the new. So what’s new? Nursing Peer Review. One requirement to become Magnet designated is to have a nursing peer review process. According to the American Nurses Credentialing Center (ANCC), “Peer evaluation is peer-provided components of an annual evaluation or performance appraisal by which registered nurses assess and judge the performance of professional peers (i.e., registered nurses with similar roles and education, clinical expertise, and level of licensure) against predetermined standards.” The peer review process stimulates professionalism through increased accountability and promotes self-regulation of practice.

Nurses at CHC will begin to utilize a peer review process after the New Year.

At the time of your evaluation, your clinical manager will instruct you to pick a peer of your choice to evaluate your professional performance for the previous year. You will have three days to make your choice. Once done, your manager will choose an additional peer to provide feedback on your performance. This peer will remain anonymous. Your clinical manager will send an electronic review form to each of the two peers and ask them to complete and return it to the manager within 10 days. This form is directly linked and correlates to the American Nurses Association (ANA) scope and standards of practice. The peer review form will be located in iCareCentral in the managers zone folder under miscellaneous forms. This will serve as a learning tool for all nurses to understand better the scope and standards of practice. Your manager will share the feedback with you at the time of your evaluation.

Peer evaluation is the next step in advancing nursing practice at The Medical Center. Nurses who are members of the Standards and Practice Council shared their enthusiasm to receive and give professional feedback. Your clinical manager will be sharing the policy and procedure with you shortly.

New International Guidelines For The Prevention And Treatment Of Pressure Ulcers

The first international Pressure Ulcer Prevention and Treatment guidelines were released October 2009. The guidelines represent a four-year collaboration between the National Pressure Ulcer Advisory Panel and the European Pressure Ulcer Advisory Panel. The document provides evidence-based recommendations on a range of topics related to pressure ulcers, including risk assessment, skin assessment, nutrition, repositioning and support surfaces. There are special sections on pressure ulcer care for bariatric patients and patients receiving palliative care. As a resource for you, each unit manager has been provided with a copy of the guidelines.

Happy Chanukah!
I asked, “What is the best thing about working on nights?” There was one common thread that prevailed with everyone, a BIG SMILE! I received many responses and most comments were teamwork, togetherness and helping each other. I met a wonderful, energized group who smiled a lot!

You get to work all night!

We all work together and help each other!

I get to know my patients better!

The Teamwork!

I get to work with Jeri on 4A!

It is camaraderie, we work together!

Quieter!

Shift-Dif – You get paid more!

Less Chaotic – Patients Sleep!

I get to spend more time with my patients!

Great Food
The C.A.R.E. Channel, broadcast on Channel 76 at The Medical Center at Bowling Green, is an effective tool to help you care for your patients, and support your patients while you are caring for others.

Especially during the long night hours when patients often experience heightened anxiety and fear, the C.A.R.E. Channel provides soothing instrumental music together with appropriate images of nature that can calm even the most anxious patient.

By offering continuous relaxation and aesthetic beauty, The C.A.R.E. Channel reflects the healing intention of the hospital’s staff when patients are alone in their rooms. It helps to maintain the therapeutic presence of the nurse and physician. This service is available at no charge to patients.

While patients naturally benefit from the relaxation and positive distraction provided by The C.A.R.E. Channel’s peaceful nature images and beautiful music, The C.A.R.E. Channel offers unique applications to hospital staff for the delivery of compassionate patient care.

Suggested applications for The C.A.R.E. Channel:

Upon admission: Have The C.A.R.E. Channel playing when the patient is first brought into the room so that the patient experiences an intentionally designed healing environment and also senses that he or she was expected.

Returning from procedure: Have The C.A.R.E. Channel on when the patient is brought back into the room, to be welcoming and introduce a familiar, restful feeling. To provide increased privacy: Suggest playing The C.A.R.E. Channel as a backdrop for visitors’ conversations with patients to avoid the distraction, stress, and confusion that can be caused by standard commercial television fare.

Reduce stress/distraction during procedure: Use The C.A.R.E. Channel to set the mood for any medical procedures or interventions that take place in the room.

Improve restfulness: Suggest playing The C.A.R.E. Channel late at night if the patient complains about difficulty in resting/sleeping.

Minimize external distraction: Use The C.A.R.E. Channel to block or mask distracting noises emanating from hallways or other rooms.

Alternative to commercial television: Use The C.A.R.E. Channel to relieve boredom and to distract the patient from anxiety and pain when commercial television is ineffective or agitating.

The musical compositions and visual images on The C.A.R.E. Channel are specially chosen for their aesthetic and stress-reducing qualities. Let The C.A.R.E. Channel serve as a model for the positive use of television as a stress-reduction tool, both in the hospital and as a component of the continuum of care in rehabilitation and at home.

Please inform your co-workers and your patients about The C.A.R.E. Channel and its benefits.

Further information, including research sources about the application of music in healthcare, can be found at www.healinghealth.com.
November 11, 2009

Left to right - Tamara Gill (Cal Turner Extended Care Pavilion), Missy Potter (2B).

November 25, 2009

Left to right – Holly Slayton (Cal Turner Extended Care Pavilion), Rebecca Hall (Cal Turner Extended Care Pavilion), Cheryl Osborne (Behavioral Health), Sarah Davis (Surgery).

November 25, 2009

Left to right – Amanda Woods (Cal Turner Extended Care Pavilion), Heather Gosnell (Cal Turner Extended Care Pavilion), Hannah Bryson (4B), Margaret Riedle (Central Sterile Supply).

November 25, 2009

Left to right – Farhan Adam (Emergency Department), Jessica Haley (Cal Turner Extended Care Pavilion), Sharon Lindblom (CCU), Trina Schofield (MCF-Emergency Department).

Merry Christmas