



NURSING NOTES^{at} CHC

~ *Communicating Helps Caregivers* ~

October 2010

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A Day in the Life of a CCU Nurse

by Michelle Marshall, RN, BSN, CCRN, April Hester, RN, BSN, CCRN, & Ashley Towe, RN, BSN



The CCU nursing staff is a very close-knit family, both at work and away. We depend on one another to help us through personal crises and offer moral support. Our unit has experienced a number of hardships in the last year, and we have been there to support each other. Whether it be covered shifts, prepared meals, hospital visits or prayers, we do what we can for each other.

As co-workers, we depend on one another to provide the best patient care possible, and fulfill all that is required from us throughout our shifts. When a patient has a sudden change in status and requires a number of interventions (including medications and physician phone calls), we depend on each other to get the job done.

Like nurses in other units, our shifts are hectic and we rely on our co-workers for assistance. Nurses in CCU are required to respond to all codes on the floors. Likewise, we share the responsibility of rapid responses with ICU. The nurses who respond to these still have their own patients in the unit.

Caring for cardiac patients requires a unique type of nursing. Many of the conditions our patients experience cannot be viewed with the naked eye, so we rely heavily on our training, assessment skills and intuition to guide our practice. We care for several types of patients in CCU. Most often, we

care for patients with a cardiac focus, including those who have had MIs and those who have been to the cardiac cath lab and received stents and/or angioplasty. Many of these patients have femoral sheaths that need to be pulled — this skill takes special training.



In addition to patients with MIs, we care for patients with CHF, arrhythmias, hypertensive crisis, and those who have severe pump failure and require balloon pump assistance. Patients with an intra-aortic balloon pump are 1:1, and the nurses caring for these patients require special training to assess and evaluate them on a constant basis. At the same time, those nurses must be keenly aware of possible complications



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Betsy's Corner



Betsy Kullman

Chief Nursing Officer

October is here and many are enjoying time with their friends and families. The leaves will be turning many brilliant colors in the next few weeks for us to enjoy in our daily travels to and from our workplaces. Just as we see many changes in nature with the changing of the seasons, we are also experiencing many changes in the healthcare arena with changes in our government and newly created regulations. Healthcare has never been as challenging as it is today, and it will take all of us working together to comply with the regulations and remain a successful organization.

Two projects on the nursing front that need everyone's assistance to improve are Congestive Heart Failure Teaching and Discharge Instructions and Dysphagia Screening for our patients presenting with stroke symptoms. These two issues were discussed in our shared governance meetings this month, so they should also be on your UPC agendas for discussion at the unit level.

The Nursing Department will once again sponsor a food drive during

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and be ready to respond quickly and appropriately if a complication arises.

While in our unit, many patients receive a number of medications that require titration based on hemodynamic response. These medications include vasoactive drugs, drugs for contractility of the heart, antiarrhythmics, and sedatives. Aside from our cardiac patients, we also care for patients with strokes, respiratory failure, sepsis, and those who have undergone surgical procedures.

Although we work in a very high stress area, it is our teamwork and camaraderie that gets us through the day. The

the month of November — *Nurses "CAN" Hunger*. We have set a goal of 3,500 cans of food to be donated to the Salvation Army for distribution during the Thanksgiving season. Flyers have been distributed to all CHC departments listing the food items needed for the Thanksgiving meals. Please donate a can of food to assist those in need in our community.

The Clinical Ladder applications were due on October 1. The committee will review the applications for approval during the next couple of weeks. A dinner will be held to honor those who have completed or renewed their Clinical Ladder on November 16. Invitations will be sent — please make plans to attend so that we can recognize your accomplishments.

Nursing competencies were held October 13 –19 in Classroom #3. All nurses are required to attend competencies, so hopefully everyone has completed this requirement. Thanks to everyone who gave of their time to make this event a success and to assure that we are all competent in our daily practice.

The Magnet Champions attended a workout session to develop a model of care for our Nursing Department. I have been given a sneak preview and it is very impressive. The group will be rolling the new model out to all of us in the near future, so stay tuned for their spectacular work of art. Thanks to everyone involved in creating this new model — it will take our Nursing Department to the next level of professionalism.

compassion and care that we have for one another is also evident in the way we take care of our patients. We become very attached to them and their families, and find it incredibly rewarding when we get to see them make a complete recovery.

In conclusion, a day in the life of a CCU nurse is multifaceted and fast paced. Despite the chaos, it is the atmosphere which comes from strong friendships and respect for each other as professionals that allows us to provide excellent care for our patients and create a great work environment.



Dear Flo,

What are my legal obligations if I suspect a person has been neglected or abused?

Law-abiding Lucy

Dear Lucy,

State law specifically mandates nurses and other professionals report suspected abuse, neglect or exploitation of children, vulnerable adults and adults abused by their spouses. There are criminal penalties for failure to report. Specifically, the nurse could be found guilty of a Class B misdemeanor which carries a potential jail sentence of 90 days. In regard to child abuse, each offense of not reporting progresses in severity from a Class B misdemeanor to a Class D felony, which carries a potential jail sentence of one to five years. So, obviously this is a very serious matter — as nurses, we want to keep our patients safe.

The Medical Center has a specific policy on reporting abuse, which can be retrieved on the S-drive under **Policies & Procedures All Hospitals/MCBG/MCBG Clinical Nursing CN/MCBG General Nursing/Safety/Current - MCBG CN Gen Nsg Safety/SA 2 Suspected Abuse Adult and Child.doc**. Basically, the policy says all suspected abuse, neglect or exploitation must be reported in accordance with the applicable law and to the House Administrator or On-Call Administrator. The law requires a report be made to the appropriate local law enforcement agency and state social services department. You may request assistance from the Care Coordination Department or social worker on call, but this does not relieve your individual responsibility to make sure the appropriate agencies are notified as soon as possible. The policy provides specific telephone numbers for the various agencies.

As nurses, most of us have received education on the signs or symptoms of abuse; however, the policy also provides a definition of abuse and possible indicators. The definition is, "any act of omission or commission which may cause or does cause actual physical, psychological or emotional harm or injury to a person, or any act which willfully deprives a person." The policy also gives possible indicators of child abuse as a guide, so you may want to review the policy for yourself.

From the Councils...

Research Council

Ruth Gott was elected as co-chair. Sigma Theta Tau Research Day will be on November 12 at First Christian Church. Everyone is invited to view the displays.

Recruitment, Retention and Recognition Council

Will be sponsoring the "Nurses Can Hunger" to support the Salvation Army. Nurses from 2A 4A will be attending the annual The American Med - Surg Convention in Las Vegas.

Standards and Practice Council

Gum Chewing Protocol will be taken to Policy and Procedure for approval. IAR compliance continues to be a work in progress.

Clinical Ladder Committee

Clinical Ladder Dinner will be November 16 at Christ United Methodist Church. There are now 44 nurses working on their Clinical Ladder. New portfolios will be reviewed on October 20.

Nurse Development Council

Discussed CHF criteria for patient teaching. Next Nursing Survey is scheduled for November and all staff are encouraged to participate.

Journey to Nursing Excellence

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

The annual Nursing Evidence-Based Poster Presentations were held in The Medical Center Auditorium on September 15 and 16. There were 22 posters displayed, representing innovative nursing practice throughout the hospital. The posters were judged by faculty members from Western Kentucky University's Nursing Department: Drs. Mary Bennett, Donna Blackburn, and Eve Main. The three top posters were judged to be the following:

First Place

Emergency Department
Reducing Wait Times For Level 3 Patients in the Emergency Dept.
By Ann Afton, BSN, RN, CNIV

Second Place

ISC
Thoracic Post Operative Benefits- Extensive Education Equals Excellence
By Kimberly Skipworth, RN

Third Place

4A
The Use of the ON-Q Pain Pump and its Impact on Length of Stay for Patients with Colon Resections
By Karen Lowe, AD, CMSRN, CNIII and Deborah Mann, AD, RN

Thanks to everyone who helped to make this year's event a success.

On September 28, the **Magnet Champion Workout Day** was held at the Chamber of Commerce. Twenty-four nurses participated in the program, which included a review of what Magnet designation means to the nurse, the hospital, and most importantly, to the patient. Vivian McClellan, Director of Corporate Education, provided information and direction to the group in developing a model for the Professional Practice of Nursing at The Medical Center. Using the American Nurses Association's Scope and Standards of Practice and Professional Performance, the Champions worked in groups to design a depiction that would best represent us and our nursing practice. At the end of the day, one model was selected by the group.

This model will be more fully developed in the October Magnet Champion meeting and then will be "rolled" out to all the nursing staff. Please thank your Champions for this effort and support them in the coming months for their contributions to our "Journey to Nursing Excellence."

Movin' On Up!

Please join us in congratulating our colleagues who have advanced in their careers and/or education! The following names were submitted for recognition:

Alisha Meredith – CNA to RN, ADN

Tiffany Bradley – CNA to RN, BSN

Marie Blankenship, RN – BSN to RN, MSN

Tammy Cowles, RN – passed PCCN

Amy Groce, RN – passed CCRN

Courtney Calloway, RN – passed CCRN

Yoko Taji – passed PCCN

Sulejman Hasanovic – passed PCCN

People with Diabetes: Eating Right when Money's Tight

by the National Diabetes Education Program

Diabetes is a disease that results in high glucose (sugar levels) in the blood, which can lead to serious complications. Almost 24 million people nationwide have the disease. For people with diabetes, making healthy food choices, being physically active, and reaching and staying at a healthy weight are keys to managing the disease. Although making healthy food choices on a budget can be a challenge, it is possible to eat well without spending a lot of time and money. **Try these tips from the National Diabetes Education Program (NDEP) to eat better, save time, and stretch your food budget:**

Review grocery store ads and clip coupons. Make a list of what you need and plan ahead to cook enough food to have a second meal. Visit your local farmers market where prices tend to be lower because you buy direct from the farmer. Buy frozen or canned vegetables with no salt added and canned fruit packed in juice – they are just as good for you as fresh produce and will not go bad. Buy low-fat or fat-free milk in the largest containers you can handle before it spoils. Make your own meals and snacks at home instead of buying less healthy, more expensive prepackaged and processed foods such as macaroni and cheese or spaghetti. Healthy snack ideas include air-popped popcorn or 1 cup of vegetables served with some salsa or a little low-fat salad dressing.

Here's an example of a healthy recipe that the whole family can enjoy. Designed to serve nine people, nutrition information, including carbohydrate grams, is provided for the recipe.

To get additional free resources to help manage diabetes, contact the National Diabetes Education Program at www.YourDiabetesInfo.org or call 1-888-693-NDEP (6337), TTY: 1-866-569-1162. For more ways to save time and money when preparing meals at home, visit the Weight-control Information Network at www.win.niddk.nih.gov.

Beef & Bean Chili

2 lb lean beef stew meat, trimmed of fat, cut in 1-inch cubes
3 Tbsp vegetable oil
2 C water
2 tsp garlic, minced
1 large onion, finely chopped
1 Tbsp flour
2 tsp chili powder
1 green pepper, chopped
2 lb (or 3 C) tomatoes, chopped
1 Tbsp oregano
1 tsp cumin
2 C canned kidney beans*
**To cut back on sodium, try using "no salt added" canned kidney beans or beans prepared at home without salt.*

Instructions: Brown meat in large skillet with half of vegetable oil. Add water. Simmer covered for 1 hour until meat is tender. Heat remaining vegetable oil in second skillet. Add garlic and onion, and cook over low heat until onion is softened. Add flour and cook for 2 minutes. Add garlic-onion-flour mixture to cooked meat. Then add remaining ingredients to meat mixture. Simmer for 30 minutes. Serve chili with a mixed green salad with tomatoes, cucumber, and peppers topped with reduced-fat or fat-free salad dressing. Enjoy!

Nutrition Information Per Serving for Chili: Serving Size 8 oz, Calories 284, Total Fat 10 g, Saturated Fat 2 g, Cholesterol 76 mg, Sodium 162 mg, Total Fiber 4 g, Protein 33 g, Carbohydrates 16 g, Potassium 769 mg.

Photos from the 2010 Warren County Start! Heart Walk



The Heart Walk was held on the campus of The Medical Center on September 11. A fundraising event for the American Heart Association, the Heart Walk raises money for research and education about stroke and heart disease. Thanks to everyone who participated!



Someday, pink will just be a color...

October is Breast Cancer Awareness Month

Discuss the importance of breast self-exams and annual mammograms with your patients, friends and family.

CNA Spotlight

Kathy Pearson



Meet Kathy Pearson. She has been a part of The Medical Center team for 9 ½ years. Prior to working at CHC, Kathy worked at Western Kentucky Orthopaedic and Neurosurgical Associates in registration and in pre-certification. She came to The Medical Center in 2001, started on 5C, then went to The Heart Institute to work in the front office. She then found her way to Open Heart Recovery and that is where she still calls home.

"I enjoy working with the patients, and I have so enjoyed the friendships I have made," Kathy explained. "I like learning about the heart. Surgery is so different than it was years ago. So many people in my family have had open heart surgery and I remember them staying in bed for days. It is so nice to see the families in awe when we have the patient in a chair eating breakfast the next morning."

Kathy enjoys watching the nurses interact with the patients. "I am overwhelmed at how the nurses take their jobs so seriously. They work together to take such good care of these patients. The relationships between the nurses are super. They are such a team."

Darcy Smith, RN, describes Kathy as phenomenal. "Kathy does it all. She is always there for us. We never have to ask her for anything; she anticipates our every need. She is everything you would dream of in a tech and more." OHR Clinical Manager Barb Wolfe says Kathy is the backbone of the unit. "She stays until the job is done and offers so much help to us. We couldn't do it without her."

Thank you, Kathy, from everyone on 4D for your dedication, your compassion for the patients, and your friendship.

The Path of Health Literacy

What would you say if someone asked you to define health literacy?

Health literacy is the ability to understand communication given regarding the condition(s) of the body or mind and to apply that information for appropriate self care. When a healthcare professional provides instruction to a patient or family member regarding medical care, it can be confusing. The way we organize the information we communicate to our patients and how we communicate that information can decrease confusion and create successful health outcomes.

According to the Agency for Healthcare Research and Quality (AHRQ), "Over one-third of the adult population has limited health literacy, meaning that they have basic or below basic understanding about their health. Limited health literacy (understanding about their health) is associated with medication errors, increased healthcare costs, and inadequate knowledge and care for chronic health conditions." A study conducted by DeWalt, N.D. Berkman and S. Sheridan revealed that almost half of the medical information retained by patients is incorrect.

Healthcare providers do not always know which patients have limited health literacy. Any of the following patients might have difficulty understanding and retaining information for self care:

- A college professor or high school teacher
- Someone who looks over the materials handed them and says they understand
- Healthcare worker, business owner, or factory worker
- Clean, well spoken white collar worker
- Retired mail carrier
- Blind musician

The Joint Commission has developed a "Roadmap for Hospitals" that addresses the issues of health literacy

for effective communication, cultural competence, and patient/family-centered care. In an effort to assess the health literacy at The Medical Center, you will receive a brief survey from the Patient Education Council. The survey focuses on the areas of spoken communication, written communication, self-management and empowerment, and supportive systems.

We cannot assume a patient fully comprehends information provided to him or her unless specific practices are put in place to promote better understanding and reach defined goals

"Healthcare providers do not always know which patients have limited health literacy."

established between the patient and the healthcare provider. Removing literacy-related barriers and providing clear communication practices are keys to improving care for all patients regardless of their level of health literacy.

An example of removing a literacy barrier would be the use of **teach-back** method. A resident pediatric physician who used the **teach-back method** shared the following: "I decided to do teach-back on five patients. With one mother and her child, I concluded the visit by saying, 'So tell me what you are going to do when you get home.' The mother just looked at me without a reply. She could not tell me what instructions I had just given her. I explained the instructions again and then she was able to teach them back to me. The most amazing thing about this 'ah ha' moment was that I had no idea she did not understand until I asked her to teach it back to me. I was so wrapped up in delivering the message that I did not realize that it wasn't being received."

The Patient Education Council will be looking for ways to promote better understanding and communication and improving patient communication.