



Nursing Notes

A quarterly publication for United Hospital Nurses

A Road Trip For Nursing

United Hospital honored at 2009 ANCC National Magnet Conference™

by Magnet Champions

On October 1, 2009, an 11 member team of nurses represented United Hospital at the annual ANCC Magnet conference in Louisville, Kentucky. The team traveled on the “big bus” and was sent off by Naomi English, Tomi Ryba and John Nasseff to celebrate Magnet designation for United. The bus ride took approximately 14 hours and was shared with nurses from Abbott Northwestern. United Hospital participants included Nate Scottum (Float Pool), Jeff Wicklander (Administration), Daniel Kenewa (Critical Care), Karin Herder (SDIU), Cindy Betz (Birth Center), Susan Loushin (Practice), Marge Van Roekel (Critical Care), Robin Henderson (OR), and Julie Sabo (Practice).



Caption for this photo ...

With a 14 hour bus ride plenty of friendships and collegiality were developed between United and Abbott staff!

After finally arriving in Louisville, the initial presentation included all hospitals in the US and the world who had received Magnet designation or re-designation. International countries represented were Saudi Arabia, Lebanon, United Arab Emirates, United Kingdom, and Australia. United Hospital was recognized for excellence in nursing services and announced as a newly designated Magnet hospital. As ANCC announced United Hospital, the UH nurses tossed tiny stuffed Loons with the UH logo attached into the crowd.

[Continues >](#)

Fall 2009

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A Road Trip For Nursing (continued)

Following the recognition ceremony, the attendees separated and attended a wide variety of presentations. Thank you to these participants for representing United Hospital in this prestigious group of nursing professionals.

Here are some comments from the staff nurses attending the conference:

- **Nate Scottum**, “It was interesting to see how different hospitals handle things, their innovations, etc. and the celebration was very exciting.”
- **Robin Henderson**, “It was exciting to meet staff nurses from other hospitals and learn how they make Magnet work in their facilities. The real highlight, for me, was meeting the Queen of Jordan, who is a nurse, and was responsible for the International nurse presence at the conference. That really added to my excitement of being at the conference as well.”
- **Daniel Kenewa**, Ut pratuerat adip estin verit iustrud digna faccum andipit luptat. Ut lumsandigna feupis aliqui bla am vero erosto ero odiat. Ut at. Volorem ilit, core duip.
- **Karin Herder**, Aci tatio dionsenis nosto exero enisci tate faccum sandio odor sisse dolortionsed ea facipis am.



Caption for top, middle and bottom photo?

Non-compliance vs: Diabetes Self Care

by Patty Long, RN, CDE

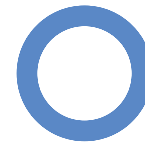


Diabetes Resource:
*Patti Long, RN, CDE
and Sue Truhler, RN-C*

The diabetes lingo has gone from “non-compliance” to ‘non-adherence’ to the inability to perform self care; all to describe whether or not a patient with diabetes is following the prescribed treatment plan. Are we taking time to ask patients how they choose to manage their diabetes? The staff at United should be proud to know that United Hospital is a patient advocate in diabetes management. Nursing staff can be patient advocates by accessing patients educational needs by completing the patient education/diabetes using the diabetes cares plans, and using tools offered per the

AKN, basic skills living with diabetes manual, discharge writer, referring patients to outpatient diabetes education, or contacting one of the diabetes resource staff.

The United Hospital Diabetes Management Team designed a series of educational topics for nurses related to management of patients with diabetes. The series was recorded and is now available on the Allina Learning Management System (aka SABA). Both ANCC continuing education and MN Board of Nursing credits are available for each session in the series. To access the sessions see directions below.



world diabetes day
14 November

United Hospital Registered Nurses DIABETES EDUCATION SERIES 2009

The Purpose of the Series

To provide staff RNs with education in management of diabetes and how to create a Joint Commission center of excellence for care of patients with diabetes.

Access the session any time using the Allina Learning Management System (LMS, also known as ‘Saba’)

– use the following course numbers:

Topic	Course #
1. Diabetes Treatment at United Hospital	00222136
2. Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycemic Syndrome (HHS): Recognition and Management	00222869
3. Insulin Pump Management	0223062
4. Diabetes Survival Skills	

Continues >

United Hospital Registered Nurses

DIABETES EDUCATION SERIES 2009

(Continued)

Upcoming topics (dates TBD)

- Basal Bolus
- Oral Hypoglycemic use/Hyperglycemia and steroids



Contact Hours

Minnesota Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. 1.0* ANCC contact hours will be awarded to nurses attending this educational activity.

**Equivalent to 1.2 Minnesota Board of Nursing contact hours*

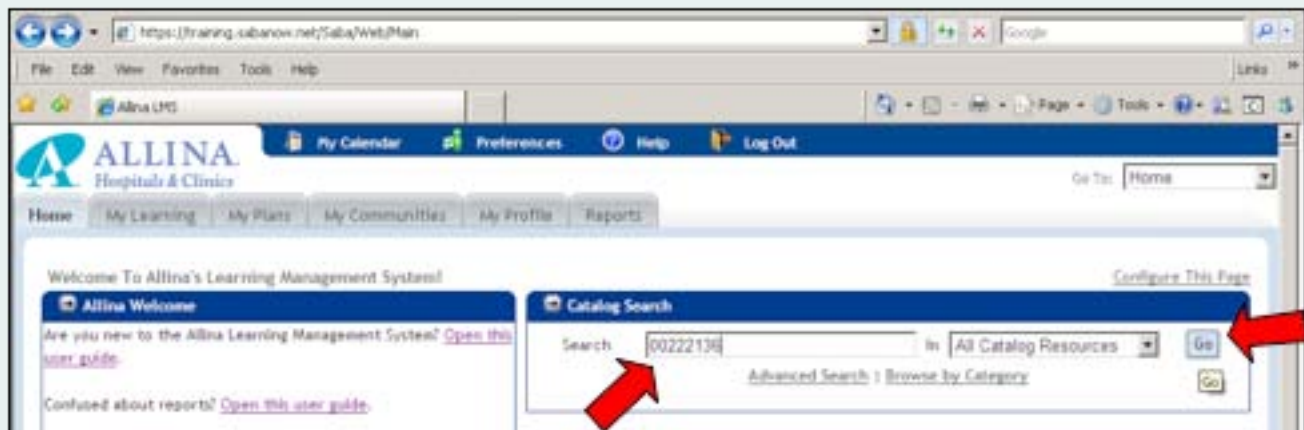
How to View the Webinar via the Learning Management System (LMS, aka Saba)

When you register for and launch the course, you will see the slide presentation and hear the speakers – it will not be in a video format. When you have completed the on-line course, you will be asked to complete an evaluation. By doing so, you will be eligible to receive 1.0 ANCC credits per session, which you will receive by inter-office mail. If you have questions, contact Susan Loushin at 1-8240.

Instructions for self registration and a link for logging into the LMS can be found on [My Allina > Education Resources > Learning Management System \(Saba\)](#).

To Register for a Webinar

To enroll, log into the LMS, and enter the offering # (listed next to course on previous page) into the catalog search box, then click “Go”:



Continues >

United Hospital Registered Nurses

DIABETES EDUCATION SERIES 2009

To Register for a Webinar (continued)

Click “register” to add the course to your enrollments:

The screenshot shows a search results page for 'Diabetes Treatment at United Hospital: Opportunity for Improvement 2009'. The search criteria are '00222136' in 'All Catalog Resources'. The results show 15 items per page, sorted by Relevance. The course details include: ID: 0022136, Version: 1, Offered As: Web Based Training, Price: 0.00 USD, Language: English. A red arrow points to the 'Register' button.

Click “launch” to start the program immediately or you can launch later by going to “My Enrollments” on your LMS Home Page.

The screenshot shows the 'Order Items' table with the following data:

Title	Learners	Delivery Type	Status	Actions	Price	Launch Content
Diabetes Treatment at United Hospital: Opportunity for Improvement 2009	Susan Rainey	Web Based Training	Confirmed	Notes	0.00 USD	Launch Content

Order Summary:

- Order Total: 0.00 USD
- Discount: 0.00 USD
- Total: 0.00 USD

[Go to My Enrollments](#)

Red arrows point to the 'Launch Content' link and the 'Go to My Enrollments' button.

In order to have the courses appear on your LMS transcripts and to receive continuing education credit, you will need to complete the evaluation at the end of the session and print a certificate of attendance.

That’s all there is to it!

Joint Commission Certification in Diabetes Sought by UH

By Julie Sabo, MN, RN, CNS-BC director of practice & education

The Diabetes Team Management Committee is formally seeking Joint Commission certification for inpatient diabetes. Currently there are no certified hospitals in the metro area, although a few are pursuing. This certification is designed to evaluate disease management provided by the health care institution. The evaluation and resulting certification is based on an assessment of:

- Compliance with consensus-based national standards
- Effective use of established clinical practice guidelines to manage and optimize care
- An organized approach to performance measurement and improvement activities.

Disease specific certifications are valid for 2 years. A visit from the Joint Commission is expected October 26 of 2009.



The Diabetes Team Management consists of:

- Dr Richard Shank, Chair
- Dr Luke Benedict, Endocrinologist
- Dr Brian Swiglo, Endocrinologist
- Dr Christine Chua, Hospitalist
- Maureen Smith RN, MSN, CCNS, CV/CC Clinical Nurse Specialist
- Patti Long RN, CDE, Diabetic Educator
- Sue Truhler RN, C, staff RN and Diabetic Educator
- Debra Myhre RN, staff RN
- Paula Holbrook RD, Director Nutrition Services
- Dr James Flink , CC Intensivist
- Dr Victor Corbett, Endocrinologist
- Shane Madsen Pharm D, Pharmacy Manager
- Steve Horstmann RN, Patient Care Manager Unit 4500
- Tressa Lemler, RD
- Julie Sabo, RN, MN, CNS-BC
- Pat Dillinger, RN, Quality Specialist
- Sue Hulbert, Lab

If you have questions, please contact any of the members.

Placeholder for photo of
Japanese Nurses

Nurses from Japan visit United Hospital

By Kathy Shimada, BSN, RN-C, staff nurse
3500 NHC, and Katie Westman, BSN, RN-C,
nurse clinician II SMOONE

Two years ago, three nurses from United Hospital attended a Holistic Nursing Workshop at Woodwinds. There they met several nurses from Japan. Those same Japanese nurses, through Kathy Shimada, BS, RNC 3500, traveled here to tour United Hospital and visit with nursing leadership and staff.

On September 23, 2009 United Hospital welcomed the nurses from Japan with a luncheon and dialogue followed by a tour of the facility. They were also able to see some of our specialized equipment such as ceiling lifts.

In an effort to make the experience meaningful for the visiting nurses, Tetyusa, a Japanese interpreter from Multilingual Word, Inc., donated his services to provide translation. The visiting nurses expressed their gratitude to the staff and leadership of United Hospital for making them feel so welcome and for the extra effort to have a Japanese interpreter available to them.

The PULSE Trial

Practical Use of the Latest Standards for Electrocardiography

United Hospital is one of 17 hospitals currently involved in a 5-year multi-site randomized clinical trial. The study is based out of Yale and is funded by the National Institute of Nursing Research, a part of the NIH. Practice standards for ECG monitoring (Drew et al., 2004) were endorsed by the American Heart Association and the American Association of Critical Care Nurses. Maureen Smith RN CCNS, and Kristin Sandau RN, PhD are site investigators. They have recently published an article in the September issue of Critical Care Nurse on ST segment monitoring and will have a second article in the October issue on ST segment monitoring case studies. The purpose of the PULSE trial is to test the effect of an education intervention on nurse's knowledge, implementation of the standards, quality of care, and patient outcomes. Three hundred and eighty four nurses are eligible to participate in this national study. For more information, call Maureen Smith 1-8229.



Compression Complexity presented at the Allina Professional Nursing Practice Conference

By Roberta Cassidy director of Allina Nursing Practice

On May 5-6, 2009, over 300 Allina nurses participated in the Sixth Allina Professional Nursing Practice Conference held at the Earle Brown Heritage Center. The event was supported and cosponsored by the Allina Nurse Executive Council, Allina Council of Educators, and the Minnesota Nurses Association. The theme of the conference, "Thriving (not just surviving) in Today's Health Care Environment," explored the phenomenon of Compression Complexity (CC) as experienced by nurses in Allina. Based on a survey completed by Allina nurses, Dr. Kathleen Krichbaum (University of MN) and Susan Wessel (Creative Health Care Management) led participants to an understanding of the phenomenon of CC and to identify both personal and system factors to counteract its impact on nurses. A training guide was also provided to participants to aid in addressing factors

contributing to CC in the workplace. The guide includes a number of workshop selections that are free to Allina employees. Finally, a Nursing Recognition Reception held the evening of May 5 recognized and honored 150 nurses Allina wide for their ability to thrive in today's health care environment. A list of the honorees and conference presentation materials can be found at:

<http://akn.allina.com/patientcare/nursing/nursingconference/index.htm>.

Reference:

Krichbaum, K., Diemer, C., Jacox, L. Jones, A. Koenig, P., Mueller, C. and Disch, J. (2007). Complexity compression: nurses under fire. Nursing Forum 42:2

The screenshot shows the Allina Knowledge Network website. The header includes the Allina logo, the tagline "COMMON PURPOSE. UNCOMMON CARE™", and the text "ALLINA KNOWLEDGE NETWORK". A search bar is located in the top right corner. Below the header is a navigation menu with tabs for HOME, INSIDE ALLINA, TOOLS & SUPPORT, PATIENT CARE (selected), EMPLOYEE RESOURCES, and EDUCATION & RESEARCH. The main content area is titled "PATIENT CARE" and features a sidebar with various links such as "Patient & visitor info", "Patient advocacy & rights", "Policies, procedures, forms & more", "Nursing", "Jobs & resources for Allina nurses", "Medical Practice", "Professional Nursing Conference", "Education, procedures, forms & more", "Nursing Research", "Nursing Education", "Materials supply ordering", "Patient education", and "Interpreter services". The main content area displays the "Allina Professional Nursing Conference" page, which includes a sub-header "2009 Spring Conference Presentations" and a list of presentations with authors and titles. A sidebar on the right lists "2009 Allina Nursing Honorees", "World Cafe dialogue - table themes", and "What is complexity compression?".

Evidence-based Practice Guidelines: Drawing from a Peripheral IV Sites

by the United Nursing Research Council

Clinical Practice

Occasionally, nurses perform phlebotomy through new or established intravenous lines. Because the laboratory reported a higher incidence of hemolysis in samples obtained in the Emergency Department for chemistry and coagulation studies, the Nursing Research Council began investigating this practice. This higher rate of hemolysis was attributed to the ED practice of obtaining blood samples through IV catheters. This problem may be wider spread as in a review of a random month of housewide lab data in 2003 revealed that 80% of rejected lab samples were due to hemolysis.

In a survey of this practice at United Hospital in 12/03, 51% of the nurses who responded (N=215) stated they drew labs from either a new or an established IV line. While this practice may be employed to reduce the number of sticks for a patient, it is also associated with a higher incidence of hemolysis. Higher rates of hemolysis can then lead to delays in patient diagnosis and treatment, potentially affecting length of stay, while labs are redrawn and analyzed. In addition, this practice may potentially dislodge the IV in the process, leading to the need to restart the IV and again further delaying treatment.

Review of Evidence

1. United Hospital Policy

The United Hospital Infection Control Core Policy and Procedure states “blood specimens shall not be withdrawn through intravascular lines, except from vascular access devices and tunneled lines” (p. 10).

2. IV Nurses Society Standards

The Intravenous Nurses Society’s standards do not support the practice of drawing blood specimens from peripheral IV lines.

3. Manufacturer’s Guidelines (Becton-Dickinson and Co.)

IV catheter material consists of soft plastic. This material stays open under positive pressure of IV fluids or medication delivery. However, the soft plastic can collapse under the negative pressure of drawing blood, causing turbulence and

hemolysis. In addition, a fibrin sheath also begins to develop as the IV catheter is exposed to blood. This sheath allows infusion into the vein but closes over the catheter tip under negative pressure associated with aspiration which can disrupt the integrity of the IV access.

4. Research Studies

Eight studies have investigated the effect of blood drawing techniques and equipment on hemolysis rates.^{1,2} In these studies, multiple factors were significantly associated with increased rates of hemolysis and test cancellation compared to venipuncture using a straight needle. These factors included:

EQUIPMENT FACTORS	TECHNICAL FACTORS
Plastic IV catheter hub (p=.01)	Right antecubital, hand or forearm sites (p<.05)
Smaller IV catheter gauges (20-22G) (p=.05)	Drawing during IV start (p=.001)
Use of Vacutainers (p=.02)	>2 tries for IV placement (p<.05)
Larger lab tubes (6-10 ml) (p=.05)	Difficulty drawing blood (p<.05)
Blue lab tubes (p=.05)	Filling tube < ½ full (p=.01)
	Too vigorous drawing with syringe
	Too forcibly putting blood into tube via syringe

The combination use of an IV catheter and Vacutainer caused increased hemolysis compared to the use of an IV catheter and syringe in one study.⁴

The evidence from the literature, nursing standards and manufacturer’s guidelines provides Class IIa evidence. More investigation is indicated.

Continues >

EBP Recommendation

- A. Blood samples should NOT be drawn during IV starts or from established IV catheters except for patients on thrombolytics (to reduce number of sticks), or in an emergency.
- B. Peripheral lab samples should be obtained using a straight needle and either the Vacutainer or syringe method. Straight needles are preferred over butterfly needles because the needle provides a smooth solid inner lumen surface that is unaffected by drawing pressure.

Melissa Gleaves, BSN, RN, staff nurse on NHC (with Margo Halm, RN, PhD--formerly nurse researcher for UH) had their article, Obtaining blood samples from peripheral intravenous catheters: best practice, published in the September 2009 issue of American Journal of Critical Care (AJCC). The article references all of the members of the United Hospital Nursing Research Council.

References

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- Carraro P, Servidio G, Plehani M. Hemolyzed specimens: A reason for rejection or a clinical challenge? *Clin Chem*. 2000; 46:306-307.
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- Grant, M. The effect of blood drawing techniques and equipment on the hemolysis of ED laboratory blood samples. *Journal of Emergency Nursing*. 2003; 29 (2):116-121.
- Cox S, Dages J, Jarjoura D, Hazelett S. Blood samples drawn from IV catheters have less hemolysis when 5-ml (vs 10-ml) collection tubes are used. *J Emergency Nursing*. 2004; 30 (6):529-533.
- Stankovic A, Smith S. Elevated serum potassium values: The role of preanalytic variables. *Am J Clin Path*. 2004; 121:S105-112.
- Dugan L, Leech L, Speroni K, Coriher J. Factors affecting hemolysis rates in blood samples drawn from newly place IV sites in the emergency department. *J Emergency Nursing*. 2005; 31 (4):338-345.
- Infusion Nursing Standards of Practice*. Cambridge, MA: Intravenous Nurses Society; 2006.
- Lowe G, Stike R, Pollack M, Bosely J, O'Brien P, Hake A, et al. Nursing blood specimen collection techniques and hemolysis rates in an emergency department: analysis of venipunctures versus intravenous catheter collection techniques. *J Emergency Nursing*. 2008; 34 (1):26-32.

CLASS OF EBP RECOMMENDATION	CRITERIA	CLINICAL DEFINITION
Class I Definitely recommended	Supported by excellent evidence, with at least 1 prospective randomized, controlled trial .	Class I interventions are always acceptable, safe & effective. Considered definitive standard of care
Class IIa Acceptable & useful	Supported by good to very good evidence. Weight of evidence and expert opinion strongly in favor.	Class IIa interventions are acceptable, safe & useful. Considered intervention of choice by majority of experts.
Class IIb Acceptable & useful	Supported by fair to good evidence. Weight of evidence and expert opinion not strongly in favor.	Class IIb interventions are also acceptable, safe and useful. Considered optional or alternative interventions by majority of experts.
Indeterminate Promising, evidence lacking, immature	Preliminary research stage. Evidence: No harm but no benefit . Evidence insufficient to support a final class decision.	Indeterminate: Describes treatments of promise but limited evidence.
Class III May be harmful; no benefit documented	Not acceptable, not useful, may be harmful .	Class III refers to interventions with no evidence of any benefit; often some evidence of harm

Nursing Grand Rounds: Promoting Excellence in Nursing

By Susan Loushin, BSN, MA, RN professional development specialist

Nursing Grand Rounds (NGR) provides UH staff nurses with a forum for sharing clinical expertise and best of nursing practice. While NGR is not a new concept to UH nurses, the format is. The NGR are now a “Brown Bag” program that is repeated every 30min. over breakfast, lunch, and dinner breaks—providing more opportunity for nurses to attend the education. Nurses who attend will receive ANCC continuing education credit through MNA.



In August, the new “Brown Bag” format for NGR began with a presentation titled Wiping out C-Diff by Lisa Smith, BS, RN staff nurse on NHC. Lisa received her BS Microbiology (1994) University of Wisconsin – Madison which began a career in research at the University of Wisconsin and then the University of Minnesota. Her work in both the plant and animal realms culminated in 5 coauthored research papers published in Genetics, American Journal of Physiology, Endocrinology and Metabolism, Molecular Breeding and Plant Cell Reports. She left research to pursue her Associate degree in Nursing from the College of St. Catherine. After graduating in December 2006 she began working for United Hospital as a staff nurse. During her tenure here she has been nominated for the 2009 Excellence in Nursing Award, received a 2009 Evidence Based Practice Fellowship and written a grant to continue her love of research. Her work focuses on prevention of Clostridium difficile.

The objectives met during the presentation were:

- Define clostridium difficile (C-diff) and the impact
- Recognize the risk factors
- Identify nursing interventions

Nurses also had the opportunity to ask questions and reflect on nursing practice. Nearly 60 nurses attended one of the 30 minute presentations.

Requests were received to videotape the NGR presentations. Future NGR presentations will be videotaped and available on the Allina Learning Management System (LMS aka SABA).

United Hospital celebrated the 1st annual National CNS Recognition Week – September 1-7, 2009

By Susan Loushin, BS, MA, RN professional development specialist

There are an estimated 72,521 Clinical Nurse Specialists (CNS) practice in the U.S. They are licensed registered nurses who hold masters or doctorate degrees in nursing as a clinical nurse specialist, and are certified as a CNS by a national professional nursing organization.

A CNS is an expert clinician in a specialized area of nursing practice. The specialty may be identified in terms of a population (i.e. Geriatrics), a setting (i.e. Adult Acute Care), a disease or medical subspecialty (i.e. Cancer), or type of care (i.e. Obstetrical). The UH nurse clinician II is a BSN prepared nurse who is considered an expert in a nursing specialty and is in the process of obtaining a master of science in nursing; once graduated the nurse can test to become a CNS.

CNS practice improves healthcare by: improving the direct care of patients/clients, keeping nursing standards current and updating personnel and care delivery systems. In other words, as leaders CNSs drive innovation from care at the bedside to system wide improvements.

Meet the UH CNS and Nurse Clinician Group



Placeholder for picture

Back row (left to right):

Julie Sabo, MN, RN, CS-BC Director of Practice & Education
Christie Frid, BSN, RN, OCN Nurse Clinician II Oncology;
Katie Westman, BSN, RN-BC, Nurse Clinician II Med/Surg;
Maureen Smith, MSN, RN, CCNS Clinical Nurse Specialist
Critical Care & Nasseff Heart Center

Front row (left to right):

Mary Goering, MPH, RN-C Clinical Leader Birth Center; and
Melissa Fritz, BSN, RN Nurse Clinician II Neuroscience

Examples of CNS led initiatives and outcomes of CNS practice at United Hospital and at the Allina level are:

- Multidisciplinary Emergency Simulation sessions; “Shoulder Dystocia”
- Co-Chair Allina Pregnancy Care Council
- Leading Best Practice Initiative around Reducing Elective Births < 39 weeks gestation, and Best Practice in Induction of Labor
- CNS’ lead Allina Perinatal Orientation
- Core measure - Heart Failure
- Critical Care Course
- Advanced Topics in Critical Care
- Allied Health Professional Credentialing for Nasseff Heart Center
- Facilitation of clinical rounds on Nasseff Heart Center and Critical Care
- Standardization of walking care conferences (or care rounds)
- Proactive fall rounds
- Creation of holistic therapies council at United
- Coordination of the Community Acquired Pneumonia Core Measure
- Reduction in restraint usage
- Facilitation of Neuroscience Best of Practice Meetings
- Facilitation of Ischemic Stroke Meetings (review stroke cases and look for improvements that can be made)
- Creation of a stroke discharge phone call service for follow up with stroke patients discharged home to self care
- Stroke Education designed specifically for different units/areas
- Facilitation of nursing certification study groups

2008

Med/Surg (20 RNs)

Geriatrics (8 RNs)

2009

Med/Surg (12 RNs)

Cardiac Vascular (15 RNs)

American Cancer Society partners with United Hospital

By Christie Frid, BA, BSN, RN, OCN nurse clinician II Oncology

The American Cancer Society, in partnership with United Hospital, provides oncology patients and caregivers the opportunity to work with a Patient Navigator, to assist them throughout their cancer treatment. Ali Cain, United Hospital's Patient Navigator, is able to serve patients and caregivers accessing treatment throughout United Hospital, the Breast Center, and at the MN Oncology St. Paul Cancer Center. Services include:

- Referrals to support groups and support systems addressing the individual needs of patients, caregivers, and families.
- Coordinating transportation and lodging during treatment.
- Offering support and services through the Look Good, Feel Better program for women in treatment. Wigs, hats, and prosthesis are also available free of charge.
- Assisting in locating additional resources, including financial assistance, for cancer patients.

Referrals are appropriate at any point throughout patient's cancer journey. Ali is able to provide reliable information

about their diagnosis and resources for support and education. She is able to provide tangible services, like transportation assistance, free wigs, and enrollment in cancer education programs.

Also, if the nursing staff is interested in learning more about a particular diagnosis, or is looking for resources to provide a patient, please contact Ali. Ali has a variety of tools including, books, posters, and personal health manager folders, to offer patients.

Ali relies on the nursing staff to identify patients who may benefit from learning more about cancer related resources in the community. If you are working with a patient or family experiencing a cancer diagnosis, please contact Ali by phone, 651.241.6408, or pager, 612.654.8513, Monday through Friday from 8:00 a.m.- 4:00 p.m.



MRSA and Hand Hygiene

Recently some visitors have asked questions about MRSA. This is a good reminder that being aware of MRSA and how to prevent its transmission is not only vital for nurses; it is equally important to share with visitors too. Please share with visitors what we know about MRSA.

- MRSA is present in the hospital, as well as in the community
- The most effective way to prevent the transmission of MRSA is through the use of hand hygiene.

Please remember the five moments when hand hygiene is essential:

- before patient contact
- after patient contact
- exposure to body fluids
- before a sterile procedure and
- contact with a patient's environment.

Please note that while we know many of the organisms such as MRSA and VRE can withstand antibiotic treatment, hand hygiene is still effective. Soon hand hygiene kiosks, with signage, will be placed by every entrance to help remind visitors to clean their hands when entering the hospital for both the protection of themselves and patients.

Celebrations

CERTIFICATIONS

CCRN – Certified Critical-Care Registered Nurse

Renee Hillesheim, RN Critical Care

Melissa McLaren, RN Critical Care

Nancy McGillivray, RN Critical Care

Rebecca Seibenaler, RN Critical Care

Michelle Radtke, RN Critical Care

Marg Grittner, RN Critical Care

Deanne Lange, RN, DSC

CNOR – Certified Nurse Operating Room

Amanda Motter RN Main OR

Inpatient OB

Mary Ann Russo RNC Birth Center L&D

EDUCATIONAL ADVANCEMENT

AD

Kathleen LaTourneau (Birth Center Associate L&D) obtained her RN from Inver Hills College

BSN

Michelle Shultz (RN MHS) obtained her BSN from the College of St. Scholastica

Kelly Young (RN Oncology) obtained his BSN from Augsburg College

Master's

Barbara Jacobs, RN Care Coordinator
Masters of Health Care Administration University of Minnesota (put in Fall edition)

Linda Christinsen-Rengel RNC, MSN, CNP
Nurse Clinician United Breast Center
Master of Science in Nursing University of Minnesota and is certified as a Women's Health Care Nurse Practitioner

HONORS & SCHOLARSHIPS

- **Melissa Fritz BSN, RN** Nurse Clinician II Neuroscience 2009 MNAF Rose Dein Scholarship
- **Kristine Faschingbauer** and **Wendy Tempel** are both receiving scholarships from MNA for AD to BSN work
- **Susan Loushin, BS, MA, RN** professional development specialist 2009 Minnesota Organization of Leaders in Nursing scholarship for post-masters certificate work at Augsburg College

HOSPITAL RECOGNITION

- **Naomi English** Exceptional Care Award – Allina
- **Georgann Johnson RN** presented UH with a flag that flew in Iraq

PRESENTATIONS

Becky Braden and **Sue Reichow** displayed a poster presented the results of their research study, The use of essential oils to alleviate preoperative anxiety in surgical patients, at the National ASPAN (Association for Perianesthesia Nurses) conference in Washington D.C. April 17-22, 2009. The article has been accepted for publication.

PUBLICATIONS

Continuous ST-Segment Monitoring: Protocol for Practice. Full Text Available By: Sandau, Kristin E.; Smith, Maureen. *Critical Care Nurse*, Aug 2009, Vol. 29 Issue 4, p39-50, 12p, 4 charts; (AN 43479930)

Obtaining Blood Samples from Peripheral Intravenous Catheters: Best Practice? By Margo A. Halm, RN, PhD, CNS-BC, and Melissa Gleaves, RN, BSN. Published online <http://www.ajconline.org>. *Am J Crit Care*. Sept. 2009;18: 474-478 doi: 10.4037/ajcc2009686

Vertical Value

By Nancy Roberts RN staff nurse Surgical Services

As September is now upon us, my thoughts take me back to school ... watching the big yellow bus take children to a new year of adventures , making lunches, homework ... ah, yes, the memories. Yet, let's go further back. I remember teachers I had; both the valuable ones and the odd ones. I remember my school lunches, recess, and crayons (my favorite color in the box of 64 crayons was called "thistle"). I also remember geometry. I really liked geometry; it was so concrete and it made sense to me. I was at Mandatory Education day last week and I actually thought about geometry, if you can believe that, not in the usual way however. In the presentation they gave us nurses about conflict resolution, they included a "geometric" reference of sorts when they began talking to us about "Horizontal Hostility". This is something I hadn't thought about before. As they described it, I already know that I work in an area that contains a great deal of "Horizontal Hostility". In the Operating Room tensions can run high for a million reasons. We as health care professionals are no stranger to that. We deal with this interpersonal and inter-professional tension all the time. What came to my mind was perhaps another "dorky" acronym, but something I feel is worth the risk of sounding corny because I believe it works. What about looking at our co-workers with "Vertical Value"? I mean head to toe, and top to bottom; everyone has something to offer our workplace. From CEO, to HUC, to RN, to CRNA, to MD, to PHD, you name it, it does not matter who you are, but without being valued for what you do, or if your job didn't get done, United Hospital would grind to a complete halt. Yes, value is the name of the game, valuing individuals, work groups and people, that's what will keep this hospital United as we face tough economic times. "Vertical Value" combats Horizontal Hostility: *Let's work together at this geometry lesson shall we?*

Policy and Procedure Updates Fall 2009

Is there text coming for
this area?

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Design: Creative Services

Nursing Notes is the official newsletter of United Hospital nurses. *Nursing Notes* is published quarterly by the United Nursing Care Delivery Board.

Nursing Notes editorial board reserves the right to edit material based on content and space and to change this policy at any time.

United Hospital, 333 N. Smith Avenue, Mail Route 61760, St. Paul, MN 55102

Nursing Notes is also available under United/Employee Communications/Newsletters on the AKN.