

A quarterly publication for United Hospital Nurses

nursing notes



Vision for holistic nursing

by Sue Penque, RN, MS, Vice President of Patient Care & Operations

My vision for holistic health is a personal as well as an organizational vision for nursing. Personally I wish to gain knowledge in Complementary Alternative Medicine (CAM) and begin to utilize the information and skills for myself and family health. I believe we are missing a major component in healing when we rely solely on western medicine. Not only is the world split because of language and culture, but we are separated in our ability to heal with eastern and western medicine being so far apart. I would like to see the wisdom of the healing of the mind from eastern medicine and the wisdom of the healing of the body from western medicine unite to form a more holistic promotion and management of health problems.

On an organizational level at United Hospital, I envision that nurses will be

taught to incorporate CAM into their everyday practice. Self compassion and compassion for others is enhanced through mind body health. Only when nurses begin to practice holistic health for themselves, will they be able to offer it to patients and families. I envision that we will be able to develop an onsite course for United nursing and leadership to take as an entry and advanced nursing course to enhance our nursing practice. Through this work, nurses can gain national certification in CAM and create a new holistic nursing practice in our environment.

Specifically my vision includes:
1) offering a Mindfulness Based Stress Reduction program (MBSR) for nursing staff and leadership as well as other health professionals at United;

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summer 2008



UNITED
HOSPITAL

Allina Hospitals & Clinics

What is the scope of practice and the Nurse Practice Act?

by Julie Sabo, RN, MN, CNS-BC, Director of Practice & Education

The Minnesota Nurse Practice Act was enacted in state legislation in 1907. Only those who are duly registered in the state may use the title Registered Nurse. The Nurse Practice Act grants nurses the authority to practice and grants society the authority to sanction nurses who violate norms of the profession or act in a manner that threatens the safety of the public. The Nurse Practice Act defines nursing and professional boundaries, and gives authority to the MN Board of nursing to enforce the Nurse Practice Act. The nursing profession defines nursing practice. One avenue for definition is through the American Nurses Association and locally through the MNA.

Regulation of nursing practice is administered by the MN Board of Nursing. Regulation is intended to:

1. ensure that the public is protected from unscrupulous, incompetent, and unethical practitioners
2. offer some assurance to the public that the regulated individual is competent to provide certain services in a safe and effective manner
3. provide a means by which individuals who fail to comply with the profession's standards can be disciplined, including the revocation of their licensee (Schmitt and Shimburg, 1996)

What is a scope of practice? The 1995 Report of the Pew Health Professions commission Taskforce on Healthcare Workforce Regulation defined scope of practice as:

“Definition of the rules, the regulations, and boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability” (Pew report).

A framework for scope of practice decisions has basic assumptions:

1. the purpose of regulation – public protection – should have top priority in scope of practice decisions, rather than professional self-interest
2. changes in scope of practice are expected in our current healthcare systems
3. collaboration between healthcare providers should be the professional norm
4. overlap among professions is necessary
5. practice acts should require licensees to demonstrate that they have the required training and competence to provide a service

References:

Demystifying Occupational and Profession Regulation: Answers to Questions You May Have Been Afraid to Ask. Schmitt, K., and Shimberg, B., Council on Licensure, Enforcement and regulation, 1996.

Reforming Healthcare Workforce Regulation: Policy Considerations for the 21st Century. Report of the Pew Health Professions Commission's Taskforce on Healthcare Workforce Regulation, December 1995.

Policy and Procedure Update

Julie Sabo, RN, MN, CNS-BC, CCRN, Director of Practice & Education

- Assessment & Reassessment of Patients – Revised to include time frames for all disciplines on when to see patients after receiving a consult
- PCA policy – NEW! Education rolled out with PCA pumps
- Pain Management – Definitions added on comprehensive and focused pain assessment and requirement to document pain reassessment within 60 minutes of intervention
- Chest Suction, Chest Drainage System – Minor edits
- Apheresis, In-Patient – Minor edits
- Declotting Central Venous Catheters - Addition of use of tPA for sluggish catheters
- Passy Muir Valve (PMV) – Minor edits

Allina Be Fit program

by Kris Coleman, BS, MBA, Cardiac Rehab & Exercare Leader

The Allina Be Fit Program is available to all Allina employees. The five components of the program are the Wellness Assessment, Take Action Weight Management Program, Weight Watchers, Tobacco Cessation, and Fitness Center Discounts. Information on all of these programs can be found on your MY ALLINA page. Once on MY ALLINA click on the Wellness tab on the left side of the screen to access the above programs. If you do not receive your medical benefits through Allina you will not receive the Wellness Assessment tab and you are not eligible for this part of the program.

The **WELLNESS ASSESSMENT** component is completed each year at the annual benefit enrollment in the fall. You will need to complete the questionnaire, a blood draw and the treatment cost eliminator. If you complete all three components you will receive a \$5 per pay period reduction in your health premiums (currently). The Wellness Assessment can influence your personal health and well-being by helping you learn what you are currently doing right and what you need to work on. It will give you suggestions on how to maintain and improve your health. Your results are private and confidential. Quarterly wellness credits are also available; if you fulfill the required credits you can receive a \$25 quarterly gift card from Medica.

The **TAKE ACTION WEIGHT MANAGEMENT PROGRAM** is a weight loss program developed to help you lose weight and keep it off. The program includes exercise, healthy nutrition, lifestyle modification and weekly meetings. At the start of the this program you will receive a Fitness Profile, personal nutrition consultation, resting metabolism measurement, personal training session, comprehensive manual and pedometer. If you attend 10 of 12 sessions you are eligible for a \$75 reimbursement offer (only once per calendar year). The program currently costs \$349. For more information call 612-863-5178.

The **WEIGHT WATCHERS PROGRAM** is designed to help you lose weight and make healthy food choices. This program is available at numerous locations and some facilities throughout Allina. Allina does offer a reimbursement for this program as well. Currently Weight Watchers offers an online, 10-week and 20-week programs. You must attend 8 of 10 or 16 of 20 classes to receive the following reimbursement: \$20 for the online program, \$35 for the 10 week program and \$65 for the 20 week program. For more information on a location, call 800-651-6000.

The **TOBACCO CESSATION PROGRAM** is available to all Allina employees and their family members residing in the household. Eligible participants are allowed one free "Course of Therapy" per person per calendar year (generally considered 12 weeks) which includes one over-the-counter and one 12 week-supply of prescription Nicotine Replacement Therapy. Also available to you are counselors, individual plan for quitting, handouts, worksheets, assistance with cravings and follow-ups to check on your progress. For more information, call 800-934-4824.

The **FITNESS CENTER DISCOUNTS PROGRAM** offers you discounted rates at various facilities. Many Allina facilities offer fitness centers on site at a very good rate. At United Hospital, ExerCare Fitness Center offers a Limited Membership for \$14/mo (M-F, 12-7:20 p.m.) and a Full Membership for \$24/mo (M-F, 5 a.m.-7:30 p.m., Sat/Sun 8 a.m.-12 p.m.). Family members receive 30% off the community price. Bally Total Fitness, Lifetime Fitness and the YMCA also offer discounts to Allina employees - simply inquire upon joining.

Stories from the heart

by Rozann Reyerson, RN, MSN, MEd, CLC

As I begin my forty-sixth year as a Registered Nurse I reflect on reasons why I love what I do and why my passion for making a difference in the lives of my patients continues to energize my spirit. I know that at some point I will have to stop and thoughts of not practicing nursing bring feelings of loss to me as I cannot imagine what it will be like to no longer care for patients. In the meantime, I will continue my passion of helping others to heal, feel better, and have confidence in caring for their newborn as they become a mother for the first time. The affirmations I receive from patients fuel my passion to provide the best possible care. Following are some stories that continue to energize my spirit.

STORY 1

While at the Safety Fair, as I sat at the Safe Patient Moving display, I was approached by a young co-worker from the Neuro-Epilepsy Unit. She began by reminding me that in February I had taken care of her for several hours prior to her post-partum discharge. She thanked me again for all the attention and discharge teaching that I had provided to her and her husband. She said, "I had very good care during my hospital stay, but you were the best in making me feel ready to be discharged. You were patient in answering my many questions and you took the time to be sure we felt comfortable in caring for our baby. You made me feel ready to go home and I knew I would be able to care for my baby. I can't thank you enough".

STORY 2

I responded to a request from the Emergency Department to bring a fetal monitor for a patient that was 24 weeks gestation. The 21 year old patient was in Diabetic KetoAcidosis and semi-responsive. As she laid in a fetal position with her eyes closed I explained the procedure for fetal monitoring. She looked up at me and weakly asked, "Will you stay?" I assured her that I would stay and I sat by her, holding her hand. Occasionally she would give a weak squeeze, open her eyes, and then close them. After she was stabilized, I accompanied her to ICU and continued to stay with her. She had several abdominal skin lesions that were infected requiring incision, draining and packing, which created pain for her. I explained to her what we were doing and why, which seemed to reduce her tension and fear. As the shift progressed, her electrolytes improved, her glucose levels which had been over 500 began to drop, and she became more responsive. As we continued fetal monitoring the baseline began to rise and the variability decrease. The fetus was not tolerating the assault from the DKA and lack of pre-natal care. The patient began to talk about her fear of her grandmother's reaction in learning of the pregnancy when the ICU nurse informed the patient that her grandmother was in the waiting room. I assured her that I would not say anything as I was professionally obligated to HIPPA. I arranged the fetal monitor behind the privacy curtain and turned the volume off as I would sit by the monitor and watch the pattern. I then

went to tell the grandmother she could visit for a brief period. During the visit I sat by the monitor and we were able to provide the privacy of the patient's status. Toward the end of my shift the fetal heart rate changed to bradycardia with minimal variability. The patient responded to the slower heart rate by asking if her baby was dying, as tears rolled down her cheeks. I talked with her about the effects that DKA can have on the fetus and that there was a possibility her baby would die. She felt sad knowing the baby could die and guilty because she felt the baby dying was her punishment for becoming pregnant. She seemed very lonely and certainly displayed the symptoms of spiritual distress. Prior to leaving we said the Lord's Prayer together and asked for blessings on her baby. She said that helped her to feel a little better. I felt sad in leaving her at the end of my shift, but promised to visit the next day. After I left her bedside I made a referral for a social worker to visit with her and provide her with some resources prior to discharge. The next day before I stopped to visit, I learned that the baby had died about two hours into the night shift. In situations like this I believe that authentic presence is very therapeutic for the patient. The day she was discharged she stopped to see me and thanked me for being with her.

STORY 3

My first interaction with this patient occurred in Interventional Radiology where I viewed a patient 30 weeks gestation with hydronephrosis

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Stories from the heart

by Rozann Reyerson, RN, MSN, MEd, CLC

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and renal calculi waiting to have a nephrostomy tube replaced. It was obvious the patient was in severe pain as the nephrostomy tube was blocked. After an hour and a half of an unsuccessful procedure it was determined the procedure would be attempted the following day under general anesthesia. We returned to the unit and began the process of pain management. The patient had a PCA pump that required numerous changes in dosage in an effort to provide a level of comfort for her. The following day, I accompanied her for the nephrostomy tube replacement under general anesthesia and then to PACU for recovery, all the while maintaining continuous fetal monitoring. During the next four weeks she experienced several admissions and discharges and consequently, this time was very stressful for the patient and her family. At times staff became frustrated with her requests for pain medication and frequently underestimated her pain level. In the many hours I spent with her during this time, her pain management was a challenge. Eventually we were able to develop a plan that gave her a tolerable level of discomfort. During this time I felt a need to frequently explain the changes in her plan of care and be willing to answer family questions. I sensed that many of the questions stemmed from their anxieties related to the outcome of the pregnancy. Following the patient's C/birth at 34 weeks, additional challenges came when she developed septic shock and required

transfer to ICU. When the patient was stabilized she returned to our unit and I again provided care to her and prepared her for discharge. The patient and family thanked me profusely and appreciated the attentive care that I had provided. I felt touched by their affirmations and appreciation and once again felt energized in knowing my care had resulted in a positive outcome.

STORY 4 and more ...

I recall the patient admitted at 22 weeks gestation with pre-term labor who felt that it was up to God whether she would remain pregnant or not. She was determined to not bond with her baby refused to be compliant. Staff reluctantly provided care because of her frequent angry outbursts. I saw a challenge and volunteered to care for her. I became her primary nurse and was determined that we would have a positive outcome. Each day I reviewed her plan of care and together we would decide what the priorities would be. She was a heavy smoker and insisted on leaving the unit to smoke. I established boundaries with her and talked about respect and personal responsibility. No matter how irritable she became I continued to provide her with respectful, informative and collaborative care. Eventually she stopped being irritable and began to talk about her fears of losing this baby and how she had decided to not become attached since she knew that she would not continue her pregnancy as she had a history of 10 losses. She finally agreed to a Nicotine patch and I

requested the high dosage patch which proved successful. She also had three dachshunds who came to visit and then stayed overnight in the bathroom! This led to a clarification and enforcement of the Pet Visitation program. At 25 weeks she began labor which could not be stopped and delivered a baby boy who spent many weeks in NICU. She became very successful with pumping and eventually with breastfeeding. And she continued to be smoke free. After two years she and her husband return periodically to show off the development of their son and she remains smoke free and reports that no one is allowed to smoke in her house because it would be bad for Adam! This patient presented numerous challenges but responded well when she became participatory with her plan of care. I feel very touched by the positive outcome and it reminds me of how important it is to establish trust and consistency in a relationship and to demonstrate respect for the patient and their beliefs. I recall another patient that had a psychotic crisis and threatened suicide during labor and her risk for escape led to a Code Green ... evidence that a trusting relationship, a respectful relationship and establishing boundaries are helpful in calming a patient.

Vision for holistic nursing

by Sue Penque, RN, MS, Vice President of Patient Care & Operations

(continued from page 1)

2) using aromatherapy through evidence-based practice guidelines;
3) incorporating healing touch and massage into practice for patients and staff;
4) offering yoga and energy work for staff and patients. In addition, I believe we need to incorporate best of practice through healthy nutrition and natural foods.

I would like to see a council developed for spirituality for our patients and staff. The staff would speak to those things that center our spirits and cause 'good' in our organization. The practice of love and healing would be incorporated

into our mission and vision for staff. Each nurse would treat all with respect, compassion, love and caring. A forgiving environment would be created of loving kindness. Our chapel would be expanded and be available 24/7 for all and be easily accessible.

Music therapy would be part of our environment. Our lobby would have music playing for families and guests. Mental Health Services would utilize music therapy for their patients as a therapeutic milieu. The physical environment would be healing for our patients, families and staff. The use of artwork would create a healing presence.

Ultimately our physicians and senior leadership at United Hospital would embrace CAM and see the value for patients, families and staff. Our programs would flourish and be widely accepted as the appropriate choice of therapy. All staff would value the healing of the mind and the body and know they are not separate in function. We would be present for each other and treat each moment we are together as important and as the last moment on earth. This vision begins with aligning our leadership values with an organization that has proven to lead in spirituality and holistic health.

United Hospital commits to advancing nursing practice and you can help

by Sue Penque, RN, MS, Vice President of Patient Care & Operations

As you know, the Employee & Community Giving Campaign runs every year in September/October. This year's pledge card will include a new giving option: Nursing Education Fund. The purpose of the fund is to support nursing employees who are furthering their education, leading to bachelor degrees in nursing, and to support education for advanced

nursing practice at United Hospital. Your support of this fund during the campaign will help further clinical and professional development that may not have been otherwise possible.

We thank our staff who provides exceptional patient care in an environment that is supportive,

compassionate and healing and promotes professional and personal growth.

[Watch for additional information throughout the next several months on this giving option fund.](#)

NURSES as TEACHERS ... Magnet Force 11

by Linda Gfrerer, RN, MS, Learning & Development Specialist

This spring fifty staff Registered Nurses had the opportunity to serve as preceptors for nursing students, from eight schools, in their final clinical experience. The amount of time for the clinical experiences varied from 36 to 192 hours. The staff RNs provided mentoring and coaching to the students who are from both Associate Degree and Bachelor of Science in Nursing programs. Thank you to all the preceptors who so willingly contributed to the advancement of the nursing profession by sharing knowledge, skills, and expertise in relationship building. The support and guidance helped the nursing students gain confidence and competence as they transition from nursing student to the professional nursing role.

The following are the schools, students, and preceptors:

| School | Student | Preceptor |
|--|---|--------------------------------------|
| Bethel University-BSN (76 hours) | Nikki Umhoefer | Bridgett Tetreault, RN, CC |
| | Emily Mattsson | Kelly Gamble, RN, 3400 |
| | Okechukwu Ikechukwu | Anne Retter, RN, Float Pool |
| Chippewa Valley Technical College-ADN (88 hours) | Meghan Deery | Lynne Blomquist, RN, 2500 |
| | Amber Fortuna | Deb Purfeerst, RN, ED |
| | Andrea Guidaboni | Julie Fossell, RN, 3300 |
| | Mandy Gulich | Sonia Schaeffer, RN, 2500 |
| | Jessica Kruk | Therese Demay, RN, 3500 |
| College of St. Catherine-BSN (104 hours) | Amy Weiland | Wendy Dennis, RN, 3300 |
| | Sara Trevino | Amanda Moberg, RN, ED |
| | Elsbeth Helsblad | Jena Laessig, RN, 3400 |
| | Anastacia Huberty | Joyce Grosser, RN, 2600 |
| | Rebecca Giraldo | Kim Lyons, RN, 4500 |
| Inver Hills-Century College-ADN (64-80 hours) | Gina Glad | Rozann Reyerson, RN, 2300 |
| | Linda Flatten | Paula Wicker, RN, Day Surgery Center |
| | Tacey Scott | Shannon Lactorin, RN, CC |
| | Peter Waling | Melissa McNeil, RN, 3300 |
| | Mayra Campos | Jodi Tappella, RN, 3300 |
| | Callendre Noll | Kim Love, RN, 3500 |
| | Zephaniah Tariki | Michelle Matczynski, RN, 3400 |
| | Biruktait Tesema | Laurel Denny, RN, 3400 |
| | Heather Ricci | Patty Bice, RN, 3400 |
| | Peter Bilek | Lee Erickson/Jon Sippola, RN, 3500 |
| | Barb Lulic | Pat Difley, RN, 3500 |
| | Kevin Harty | Lynn Schuman, RN, Cath Lab |
| Erick Shaft | Susan Hancuh, RN, Cath Lab | |
| Phyllis Malenke | Dave Larsen, RN, Same Day Interventional Unit | |
| Richard Mossman | Kerri Cotten, RN, ED | |
| Sarah Hiatt | Andrea Collins, RN, ED | |

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NURSES as TEACHERS ... Magnet Force 11

by Linda Gfrerer, RN, MS, Learning & Development Specialist

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| School | Student | Preceptor |
|--|------------------|--|
| Inver Hills-Century College-ADN (64-80 hours) <i>continued</i> | Kate Johnson | Lisa Haviland, RN, Endoscopy |
| | Stefany Cruze | Anna Brennon, RN, Adolescent Partial Hospital |
| | Pam Kohlkoff | Erin Cooper, RN, Orthopedics |
| | Caroline Jackson | Molly St. Dennis, RN, Orthopedics |
| | Sara Schmidt | Carolyn Buth, RN, Labor and Delivery |
| | Susan Nelson | Mary Hoffman, RN, Float Pool |
| | Lisa Smith | Carissa Roach, RN, Float Pool |
| | Foncho Fobanjong | Jeff Roach, RN, Float Pool |
| | Joanie Sieben | Barbara Adelhelm, RN, Neurology |
| | Wendy Thomas | Julie Wynn, RN, Float Pool |
| North Dakota State School College of Science-ADN (36 hours) | Sarah Opsal | Minnesota Perinatal Physicians Clinic |
| | Courtney Thimjon | Mandy Keogh, RN, 2600 |
| University of Minnesota-BSN (144 hours) | Alyssa Schommer | Carol Arnold, RN, 3500 |
| | Jillian Sokol | Diane Sequin, RN, 3920 |
| | Holly Hagan | Tammy Quade, RN, 4500 |
| University of North Dakota-BSN (192 hours) | Brittany Roll | Stacy VanHorn, RN and Ross Patich, RN, ED |
| | Laura Bell | Lori Luther, RN, 2200 and Danette Silman, RN, 2300 |
| | Rachel Aune | Larry Himebaugh, RN, ED |
| Winona State University-BSN (80 hours) | Meghan Mace | Debbie Theiler, RN, Labor and Delivery |
| | Kara Wester | Rita Cunningham, RN, 2400 |
| | Wendy Jirik | Bill Larson, RN, 3500 |

Diabetes update

by Lisa Schipp, RN, Diabetes Clinician

Insulin Protocols:

- Remember there are several insulin protocols. Always double-check you have the correct protocol for your patient's clinical situation.
- The medicine protocol has a section for sub q insulin when your patient is not NPO (this is to cover the food your patient eats and prevent the frequent adjustment to the IV drip that would result if not given). Please remember that if you are giving the sub q NovoLog insulin post meal, it MUST be given within 15 minutes of when the patient starts to eat.

Insulin Knowledge Assessment

Throughout the next few issues we will be including questions for insulin knowledge assessment. This assessment was given as a survey to 377 nurses and MDs in four teaching hospitals in the Baltimore area. We will include the answers and stats on how well those health care professionals did.

PCX :

- When a patient using an insulin pump is admitted, they frequently bring their own glucose meter. They may test their own blood sugar but any dosing for insulin MUST be made using our PCX. This is part of the agreement that patients sign.
- There have been a few questions about "why does this meter result not match our PCX ?" The only completely accurate blood glucose result is a lab draw. Meters are tools to help manage but can have up to 20% difference in their results. So if

you lined up six different meters you would likely get six different results. Bottom line, don't compare meters. We will gladly check out a patient's meter for accuracy using control solution made for their particular meter.

- Remember when applying blood to the PCX test strips, you have only 30 seconds to add more blood to that test strip. If more time is needed, you must use a new strip.

1. HUMULIN IS:

- Rapid-acting insulin
- Intermediate-acting insulin
- Long-acting insulin
- An insulin brand name

2. IN GENERAL, NPH INSULIN:

- Peaks within 4-10 hours
- Peaks within 12-24 hours
- Peaks within 2-4 hours
- Has no peak

3. IN ORDER TO AVOID COMPLICATIONS, WHEN A TYPE 1 PATIENT IS NPO:

- Discontinue all insulin
- Continue basal insulin
- Continue only sliding scale insulin
- Continue only rapid-acting insulin

The answers are below:

1. HUMULIN IS AN INSULIN BRAND NAME (HUMULIN N & HUMULIN R)

65% of faculty MDs answered this one right, but only 21% of interns

2. IN GENERAL, NPH INSULIN PEAKS IN 4-10 HOURS.

Answered correctly by 64% of interns and 82% of second year residents

3. TO AVOID COMPLICATIONS WHEN A TYPE 1 IS NPO, CONTINUE BASAL INSULIN.

81% of third year residents got this one right, but only 12% of nurses with more than 10 years experience knew this

Celebrations

2008 NURSING EXCELLENCE AWARD RECIPIENTS

Excellence in Nursing Practice - LPN

Cheri Wiegand, LPN, 2400 Post Partum



Excellence in Nursing Practice & Service

Liana Land, RN, 4900/20/40 NHC Stepdown



Excellence in Teaching & Mentoring

Mary Jo Wolters, RN, 4900/20/40 NHC Stepdown



Excellence in Nursing Leadership

Linda Clute, RN, 2600 Post Surgical



Excellence in Community Involvement

Annie Retter, RN, Float Team

2008 NURSING EXCELLENCE AWARD NOMINEES:

- Connie Akins, RN, 4400 Medicine
- Hossein AliMohammadi, RN, Critical Care
- Mavis Antwi, RN, Critical Care
- Patrice Bennetts, RN, PACU
- Kristen Bentley, RN, Orthopedics
- Marcia Bergie, RN, Float Team
- Patricia Bolduan, RN, 3500 Cardiac Spec Care
- Sharon Christopherson, RN, 5940 Mental Health
- Debra Donndelinger, RN, NeuroEpilepsy
- Carrie Ecker, RN, Float Team
- Nancy Eells, RN, 4400 Medicine
- Eunice Eneanya, RN, Critical Care
- Joyce Flicker, RN, Float Team
- Wanda Foster, RN, 3400 NHC Stepdown
- Megan Garrity, RN, 3500 Cardiac Spec Care
- Joyce Grosser, RN, 2600 Post Surgical
- Sheila Hall, RN, Critical Care
- Marnie Helmerick, RN, 3400 NHC Stepdown
- Anna Herrmann, RN, 3400 NHC Stepdown
- Mary Hoffman, RN, Float Team
- Steven Horstmann, RN, 3400 NHC Stepdown
- Bruce Hudson-Bogaard, RN, Patient Care Support Services
- Susan Huehn, RN, 2200 Labor and Delivery
- Teresa Humphrey, LPN, 2400 Post Partum
- Laura Kelly, RN, 4500 Oncology
- Kristi Kelly-Raverty, RN, 3500 Cardiac Spec Care
- Cecily Lawson, RN, Emergency Department
- Michael Lutgen, RN, Critical Care
- Roberta Lutgen, RN, Float Team
- Rhonda Mandich, RN, Critical Care
- Sally McNellis, RN, Critical Care
- Edwin Mekenye, RN, Critical Care
- Clareen Metcalf, RN, Critical Care
- Julie Miller, RN, Float Team
- Mary Milligan, RN, Patient Care Support Services
- Sharon Minns, RN, Float Team
- Mary Olson, RN, 2300 Single Rm Maternity
- Kristie Ott, RN, Nursery
- Denise Oughton, RN, 2600 Post Surgical
- Cynthia Petty, RN, 2400 Post Partum
- Jackiann Pitzen, RN, Float Team
- Laurie Post, RN, 4500 Oncology
- Rozann Reyerson, RN, 2300 Single Rm Maternity
- Carissa Roach, RN, Float Team
- Laurie Robinson, RN, Gastroenterology Lab
- Nathan Scottum, RN, Float Team
- Nicole Sickmann, RN, 2500 Medicine
- Molly St. Denis, RN, Orthopedics
- Vivian Straumann, LPN, 2400 Post Partum
- Anita Sullivan, RN, 2600 Post Surgical
- Lori Voigtlander, RN, 2200 Labor and Delivery
- Dynese Weah, RN, Critical Care
- Maria Wingert, RN, 3500 Cardiac Spec Care

CERTIFICATIONS

Maternal Newborn or Low Risk Neonatal Nursing Certifications

- Kristie Ott, RN, 2400 & Newborn Nursery
- Cherie Young, RN, 2400 & Newborn Nursery
- Cheryl Runchey, RN, 2400 & Newborn Nursery
- Anna Uremovich, RN, 2400 & Newborn Nursery
- Lisa Tran, RN, 2400 & Newborn Nursery
- Meredith Klein, RN, 2400 & Newborn Nursery
- Angela Martin-Gross, RN, 2400 & Newborn Nursery
- Cindy Petty, RN, 2400 & Newborn Nursery

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Celebrations

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CERTIFICATIONS

Med-Surg Certification

- Nancy Ells, RN, BC, ACM, 4400

RNC

- Sue Farmer, RN, Inpatient OB
- Heather DeJarnett, RN, Inpatient OB

Emergency Nursing Certification

- Duane Turner, RN, Emergency Department

CSC - Cardiac Surgical Certification

- Megan Garrity, RN, CCRN, 3500

Rehab Certification - CRRN

- Barb Polkinghome, RN, 8940
- Sharon Zins, RN, 8940

EDUCATIONAL ADVANCEMENT

BSN - Augsburg College

- Edna Scott, RN, BSN, 2400
- Jennifer Stern, RN, BSN, Neuro-Epilepsy
- Becky Lopez, RN, BSN, Formerly 3300 (Now practicing in the ED)
- Christy Berryhill, RN, BSN, Formerly 2600 (Now practicing at ANW)
- Laura Hanson, RN, BSN, Formerly 3400 (Now practicing in New York)
- Blanche Ndangha, RN, BSN, Formerly Float Team

MA in Nursing - Augsburg College

- Cyndy Leas, RN, MA, 4400
- Annie Retter, RN, MA, Float Team

J.D.

- Barb Forshier, RN, completed law school this past winter and passed the Minnesota Bar Exam in March!

Service to Humanity honors Dr. Kennedy, Elaine Larson

by Janet Olariu-Tau, United Foundation

Get ready for yet another fabulous Service to Humanity Awards Gala on Saturday, September 27, 2008 at Saint Paul RiverCentre. This year's Gala features a raffle for 2009 Mercedes-Benz SLK 300, signature martini reception and live and silent auctions. Many items will be available for your bid in both auctions, including trips and cruises.

The 2008 Service to Humanity award honorees are Jerone Kennedy, MD, United Neurosurgery Associates, and Elaine S. Larson, a long-time donor and special friend of United Hospital Foundation. The Service to Humanity Award is presented to individuals associated with United Hospital who have demonstrated

selfless dedication and exemplary leadership in improving the health and welfare of St. Paul residents and the communities we serve.

Co-chairing this year's Gala are Jay Westwater, MD, JD and Ginny Kraus, Steve Tredal, MD and Pat Tredal, and Merle Hillman, MD and Anna Hillman. Proceeds from the Gala will benefit the United Emergency Department.

United Hospital's Emergency Department (ED) sees approximately 43,000 patients per year, almost twice as many patients as the ED was designed to accommodate. As one of the largest hospitals in Minnesota, United Hospital sees more critical care cases in one hour than many hospitals see in one day. And it does so with

the same 18 beds and two-stall ambulance garage that it has had for more than 30 years.

The 2007 Gala, ranked fifth out of 25 for metro-fundraising events, raised \$1.6 million to benefit the United Family Practice Health Center and United Emergency Department, and was attended by 1,600 people. Your sponsorship and silent or live auction donations will ensure another successful event and the promise of a new ED that will meet the needs of the St. Paul community well into the future. To purchase tickets, please contact United Hospital Foundation, at 651-241-8022 or visit our website www.unitedhospital.com/unitedfoundation.

The Acute Cardiac Network transforms the metro, care and becomes the Level One Cardiac Program

by Kathy Kamrowski, Director of Cardiovascular Service Line Development

The process that improved care and made St. Paul one of the best places in the country to have a heart attack began with the simple thought that time could be saved and outcomes improved if the process of transferring a STEMI (ST elevation myocardial infarction) patient to the cath lab could be streamlined. In 2001, an innovative protocol called the "Acute Cardiac Network" was developed by a multidisciplinary team including cardiologists, nursing leadership from the cath lab and the Nasseff Heart Center, and nurses and physicians from the ED. As part of the Acute Cardiac Network process, United's cath lab team, who all live within 30 minutes of the hospital, is activated by the referring facility (i.e. Regina or Lakeview Hospital) when a STEMI has been diagnosed. The goal of this program was to have the patient's artery opened 90 minutes from the arrival at the first hospital and in less than 60 minutes from arrival at United Hospital. The program was later re-named the Level One Cardiac Program and has been expanded to include empowering Emergency

Medical Services (EMS) paramedics to activate the cath team from the field. Upon arrival at a scene, medics quickly assess the patient and if appropriate, initiate an ECG. If the ECG shows 2mm or more of ST elevation in 2 or more contiguous leads, the medics call a special phone number, referred to as the "BatFone", to alert the cath lab team and their estimated time of arrival to the cath lab. As part of the process, a call to the BatFone automatically notifies the cath team, on-call cardiologist, ED charge nurse, nursing supervisor, patient placement, and security. Security will hold the elevator for the emergency and will be waiting in the garage to expedite the escort of the patient and medics to the cath lab. The process takes many people to work smoothly and we definitely appreciate the participation of all involved!

Training of community hospital staff, referring clinics, EMS personnel, and United Hospital ED staff (which encompassed well over 500 people overall) was a joint effort

of a number of people. Ongoing quality review of the protocols and advanced education is also done through a multidisciplinary team every week. The Level One Cardiac program at United Hospital raised the bar for the treatment of STEMIs across Minneapolis and St. Paul and the nation! When the program was first implemented, statistics from 1st quarter 2001 show our door-to-balloon time was 135 minutes (n=6). In 2007 we had 205 Level One Cardiac patients with the average door-to-balloon time of 44.5 minutes – ranking us in the nation's top 10% (for achieving door-to-balloon time under 60 minutes). The accomplishment of being in the nation's top 10% for the treatment of acute myocardial infarctions for the last 23 consecutive months has instilled incredible pride among the cath lab staff and cardiologists! Successes are acknowledged and celebrated and opportunities for improvement are evaluated. Overall, this is a fantastic program, and one that has put United Hospital among the elite!

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Graphic Design: Polly Morgan, Allina 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.