

A quarterly publication for United Hospital Nurses

nursing notes



United Nursing welcomes new Chief Nursing Officer: Jeff Wicklander, RN, MSN

Jeff comes to us from Abbott Northwestern Hospital (ANW) where he was the Director of Nursing, ED, CDART, Ortho & Spine.

As a nursing leader at ANW, he worked very effectively with the Minnesota Nurses Association, ANW leadership team, medical staff and employees to further the mission and performance of the hospital. Prior to his work at Abbott, Jeff was an RN at Fairview Southdale Hospital in the Emergency Department and Surgery.

Jeff received his Bachelor's of Science Nursing from Mankato State University and his Master's of Science Nursing from the University of Minnesota. He is also board certified as an acute care nurse practitioner and nurse executive. His strong training as a clinician positions him well to lead our patient care agenda at United Hospital.

Jeff is the father of two children and has been married for 13 years to his wife, Amy. He is a native of Minnesota having been born and raised in Apple Valley. Jeff is extremely excited and enthusiastic about being a part of the leadership team of our well respected organization.



Jeff Wicklander, RN, MSN

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spring 2009



UNITED
HOSPITAL

Allina Hospitals & Clinics

Practice corner

UNITED HOSPITAL'S NURSING PHILOSOPHY, CARE DELIVERY MODEL, THEORETICAL FRAMEWORK, AND PROFESSIONAL PRACTICE MODEL

by Susan Loushin, BS, MA, RN Professional Development Specialist

Nursing at United Hospital is an autonomous art and scientific discipline that takes a holistic approach to the diagnosis and treatment of potential and actual responses to disease. Nursing care is patient and family centered and is based on the RN establishing and sustaining therapeutic and caring relationships with patient and families. The goal of nursing is to lessen the effects of illness, promote comfort and healing, and assist patients and families whether helping them attain an optimum state of wellness or a dignified death.

Nurses support this philosophy and the professional practice model by:

- Strengthening their practice through a commitment to innovation and research theories
- Accepting professional accountability to patients, families, and community based on the Minnesota Nurse Practice Act and the American Nurses' Association Scope and Standards of Nursing Care and Professional Practice
- Building on relationships with co workers and collaborating with other health care professionals in treating and advocating for our patients and families
- Recognizing the uniqueness and cultural diversity of each person and respecting, protecting, and

advocating for the individual's right to self-determination, self-expression, confidentiality, and dignity

- Valuing the relationships we build that have an inherent capacity to promote health, healing, and wholeness for our patients, families, and ourselves
- Supporting, acknowledging and nurturing one another, thereby creating an environment of mutual respect and caring

Care delivery model

Outcome-based Relationships is an interprofessional, patient and family-centered care delivery model that is grounded in RN accountability for establishing therapeutic relationships with patients and families and collaborative relationships with co-workers.

The three key goals of outcome-based relationships are:

1. Knowing the patient: each patient is unique in cultural background and needs therefore patients and families are encouraged to participate in the planning of care
2. Focusing on quality outcomes
3. Assuring RN accountability in practice: Nursing practice is an autonomous art and a science. Nurses are the leaders at the

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Policy and procedure update

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

Anticoagulation Management Program: New pharmacy policy

Provides direction to meet Joint Commission NPSG- requires ongoing education for anticoagulation to care providers- initiated at UH in 2008

Arterial Lines: Minor revisions

Arterial Sheath Care & Removal: Minor revisions

Attendant Utilization: Minor Revisions

Continuous Subglottic Evacuation/ ET Tube: New Policy

Outlines management of subglottic continuous suctioning in intubated patients

ED Pain Policy: New policy

Provides a consistent approach to the practice of managing narcotics and sedatives in the chronic pain patient that presents to the Emergency Department.

Fall Prevention: Minor revisions

Malignant Hyperthermia: Minor revisions

Rapid Response: Minor revisions

Urinary catheter care, Suprapubic: Minor revisions

Warming of Blankets and solutions: New Policy

Provides safe use of warming units for blankets and solutions with outdates for solutions place in warming units.

Diabetes update

by Patricia Long, RN – Diabetes Clinician

An online survey commissioned by the American Association of Diabetes Educators (AADE) indicates patients with diabetes, who have seen a diabetes educator, are more positive about their knowledge of diabetes management and feel more confident about managing their diabetes.

Education about diabetes management requires help from physicians, bedside nurses, nutritionists and certified diabetic educators (CDEs). United Hospital offers a team approach in providing patients with tools to manage their

diabetes, and links the patient to out-patient resources.

Every United patient with diabetes needs a diabetes care plan, and patient education (diabetes must be initiated and completed before discharge). The patient will also need a diabetes discharge writer. The Diabetes Resource Staff is available Monday through Friday during day shift hours, excluding holidays. When entering a consult, per Excellian, please include a reason for the consult.

Unfortunately, there is a shortage of endocrinologists and CDEs in the U.S. According to the American Board of Internal Medicine, there are 6,085 board certified endocrinologists, while there are approximately 20,000 CDEs based on data from the American Association of Diabetic Educators. Although United has three nurses who are certified diabetic educators, currently there is one FTE dedicated to diabetes education.

(statistics from Diabetes Health Professional, Feb/Mar '09)

UNITED HOSPITAL'S NURSING PHILOSOPHY, CARE DELIVERY MODEL, THEORETICAL FRAMEWORK, AND PROFESSIONAL PRACTICE MODEL

(Continued from Page 2)

bedside and are encouraged to assume accountability for assessing, planning, implementing, evaluating, and administering care as well as working with others on the health care team.

The goals are actualized through two main principles:

1. The registered nurse (RN) is accountable for each patient's care: the RN assumes full responsibility for the plan of care and has authority to make decisions and delegate those aspects of nursing care the RN determines are appropriate based on the RN's assessment of the patient and skills of the person receiving the delegated task.
2. Practice is evidenced and enhanced by using plans of care that are individualized to

achieve outcomes: outcomes are customized to the patient needs that drive the plan of care. Processes supporting the model should increase the focus and time spent on discussion of quality patient outcomes. RNs actively use and customize the plan of care for the patients under their care. Interprofessionals are expected to add to the plan of care according to their discipline.

Nursing theoretical framework

OBR is based on the theoretical framework of Kristen Swanson (1993), 'Nursing as informed caring for the well-being of others', published in the Journal of Nursing Scholarship 25 (4), 352-357. The five concepts of Swanson's theory are:

1. Knowing
2. Doing for
3. Being with

4. Empowering
5. Maintaining beliefs

Professional practice model

The professional practice model for nursing at United Hospital incorporates all the components necessary for high quality and consistent nursing care that improves patient and family outcomes and communication, and advances the profession of nursing. Our belief is that integration of a nursing professional practice model validates the role of the nurse in optimizing patient and family outcomes.



Research and evidence-based practice corner

PATIENT SATISFACTION WITH NURSING CARE: A CONCEPT ANALYSIS WITHIN A NURSING FRAMEWORK

Wagner D & Bear M. J Advanced Nursing. 2008; pp. 1-10.

Synopsis by: Kathy Schowalter, RN, BSN, Staff nurse - DSC and Kim Love, RN, BSN, Staff Nurse - Unit 3500

Patient satisfaction with good patient outcomes has always been a high priority for nurses. Recently at the Nursing Research Council meeting, members discussed an article about Patient satisfaction with Nursing Care. This concept analysis paper was very enlightening. The author reviewed many studies on patient satisfaction through the eyes of a nursing model. This article helps to validate the role of the nurse and the elements of nursing we hold dear. As a group we felt the article was well written and would like to share the attributes that were identified in the article that lead to patient satisfaction.

Patient satisfaction was defined as "the patients' opinion of the care received from the nursing staff." Four attributes were identified:

1. Affective Support was the ability to calm fears through interventions and support. Patients were satisfied with care when they felt their care was personalized and unique, focused on them, friendly, courteous and meeting their needs. Other examples include promptness in answering call lights, assisting with pain management, giving the patient time to speak and really listening to them. Maintaining patient privacy and inquiry of family and friends was also very important.
2. Health Information was the

knowledge revealed to patients about their health conditions, its impact on their lifestyles and options to manage the health threat. Patients had high levels of satisfaction when the nurse provided information and education about their care, treatments, medications, tests and their overall condition.

3. Decisional Control was the patients' expectations of participating in decision making about their health care, including treatments, goals and behaviors to reach those goals. Patient reported high satisfaction when they were kept informed about their care and had better outcomes when they were actually involved in decisions regarding treatment.

4. Professional/Technical Competencies represented the technical skills nurses offer to meet patient needs. Patients view nurses as competent as they administer medications, perform tests and procedures and use their clinical knowledge. Quality of nursing care correlates directly to high patient satisfaction with nursing care.

These four elements are the key attributes of patient satisfaction with nursing care. Patient satisfaction is enhanced when the quality of these nursing elements is enhanced. Patient satisfaction with nursing care

actually determines the outcome of utilization of healthcare services. Patients who are satisfied with their nursing care are more likely to be adherent to treatment and therefore to have better outcomes. The article concluded stating that individualized nursing care increases patient satisfaction and promotes positive patient outcomes.

As staff nurses we frequently review our latest patient satisfaction scores and methods we can use to improve that score. This article helped shed some light on why a score would be so important to a bedside nurse. A few points we found valuable in the article are: studies found the more information and education a patient receives from the nurse the higher the level of satisfaction, patients were more concerned with the interpersonal relationship with the nurse rather than the technical skills of the nurse, and patients that are satisfied with their care actually are more compliant with cares and have better outcomes.

As nurses we are responsible for individualizing patient care, listening to our patients and their families, and informing and teaching patients about their care. We also help guide them in decision making, performing competent procedures and using critical thinking skills which correlate with the quality of nursing care we give to our patients here at United.

EVALUATION OF THE REVISED FACES PAIN SCALE, VERBAL DESCRIPTOR SCALE, NUMERIC RATING SCALE, AND IOWA PAIN THERMOMETER IN OLDER MINORITY ADULTS

Ware L, Epps C, Herr K, & Packard A.

Pain Management Nursing, Vol 7, No 3 (September), 2006: pp 117-125.

Synopsis by: Kristine Lindell-Madson, BAN, CCRN Staff nurse - Station 3940

This study addresses pain assessment in older, cognitively impaired, minority adults. Improvements have been made in assessing pain in the older population in general. However, very few studies have addressed pain assessment and management in cognitively impaired minority adults.

The authors felt as the older population increases in number and diversity, the number of older minority adults in need of acute and chronic pain management will increase as well. The authors chose to study the reliability of using various pain scales with this population.

The stated purpose of this study was to determine the reliability and validity of selected pain intensity scales including the Faces pain Scale Revised (FPS-R), Verbal Descriptor Scale (VDS), Numeric Rating Scale (NRS), and Iowa Pain Thermometer (IPT) with a cognitively impaired minority sample. A descriptive correlative design was used. A convenience sample of 68 participants admitted to acute care facilities in the South with an average Mini Mental Status Exam score of 23 comprised the sample.

African-American participants comprised 74% of the sample. 16% of the sample was Hispanic and 10%

Asian. The researchers found that the majority of participants, both cognitively intact and cognitive impaired, were able to use the scales. The numeric rating scale was preferred by the cognitively intact group. The FPS-R was preferred by the cognitively impaired group. African- American and Hispanic participants preferred the FPS-R when both race and cognitive status were considered. The study concludes the findings support the use of these scales with cognitively impaired adults. The researchers also felt because so few studies have addressed this issue, more research is needed.

New print and e-books offer advice on how to survive as a nurse and more!

by Allina Library Services, library e-mail: services@allina.com

Several new nursing books are available from Allina Library Services: both e-books on the AKN and print copies. The new items range from advice on being a nurse mentor or mentee to topics in mental health, med-surg, and disaster nursing. All e-books can be accessed from the Library page under the Education & Research tab on AKN. "Find an e-book" displays all of the over 200 titles; the link at the bottom left corner takes you to separate lists of the new e-books and print books for 2009.

Allina Library has selected the most relevant content from several e-book vendors, and that's why there are several different formats among the titles. The collection includes NetLibrary, R2Library, myiLibrary (ProQuest), Access Medicine, Books@Ovid, Stat!Ref, and more. Our hope is to meet most Allina employees' information needs in a comprehensive electronic collection, always current and updated, and available from all Allina desktops. New titles are coming soon! Library Services keeps a small print

collection; in addition, we can borrow books for Allina employees from other libraries.

For more information on accessing any library resource or service, e-mail library.services@allina.com, call 612-863-4312, or access <http://akn.allina.com/educationresearch/libraryservices/index.htm>.

Magnet corner

Magnet designation process moves forward with site visit in January

by Naomi English, RN, MPH, Staff Nurse – House Resource

Nurses and other employees who have been working to help United earn the prestigious Magnet Hospital award were enthusiastic about the four-day site visit in January. The three appraisers from the American Nurses Credentialing Center who surveyed United talked to more than 400 employees. They were very impressed by many of our programs and practices.

When United wins this prestigious national award, (we're hoping to hear later this spring) we will join a very exclusive group – only five percent of the hospitals in the country have earned the Magnet Hospital award. This award will increase the public's awareness that United is a terrific hospital. If one goes to the JCAHO Web site and looks up a hospital – the Magnet award will be listed right there by the hospital's name on the website. It's like free advertising!



United Nursing Staff welcoming Magnet site visit surveyors

Stories from the field:

- MNA leadership impressed the appraisers with their professionalism
- cultural diversity
- leadership's advocacy for safety and nursing
- impressed with the strong relationship with the community (key stakeholder lunch)
- retrieving a Hmong mans spirit in the OR with a chicken egg
- ICU- physicians spoke glowingly about the nursing staff and the strong relationships with nursing- commented the ICU nurses were aggressive in a good way and strong advocates for their patients
- impressed with the long tenure of nursing staff
- HF group pride and enthusiasm
- collaborative nature of the RN Pharmacy group
- nutrition rooting for nursing!
- all performance improvement teams were very impressive
- the physicians group came 30 minutes early for the session- and stayed! They were GREAT advocates
- Dr. Washburn's attendance at DSC
- pride shown at the BC
- Peggy Riley stated "You must really enjoy coming to work and have fun at work" while on Mental Health
- impressive teamwork and community service by ED staff
- the "wall of recognitions" was very impressive (certification) on NHC & 4500
- the appraisers commented on the preparation of the total join patient education room and enthusiastic welcome during the Ortho visit
- Susan Dean-Barr was impressed with the warm and welcoming atmosphere on Oncology
- Endo wowed Beth Pross with their involvement in their specialty nursing organization
- the multimodality and interdisciplinary approach in the Pain Center and the fact that the NP also makes in-patient visits

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MAGNET DESIGNATION PROCESS MOVES FORWARD WITH SITE VISIT IN JANUARY

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- very impressed with the nurse involvement in interdisciplinary rounds and plan of care on Rehab
- very impressed that RNs are in the CMT role and able to help with assessment of patient whereas the tech would only have specialized knowledge of equipment.

The Magnet Steering Committee and Magnet Champions would like to thank our co-workers for their hard work in getting us ready for the visit. Many people took time out of their busy days and we really appreciate all that you did.

Magnet Steering Committee members: Terri Dresen, Bunny Engledorf, Naomi English, Mary Gag, Margo Halm, Diane Le May, Susan Loushin, Kim Love, Sue Penque, Julie Sabo, Marie Stuewe and Marge Van Roekel

Magnet Champions: Kathy Adamski, Kelli Allen, Stephanie Andersson, Lauren Andrus, Lisa

Behr, Barb Bentley, Kristen Bentley, Becky Braden, Kim Diedrich, Deb Donndelinger, Nancy Eells, Bunny Engeldorf, Naomi English, Lynn Falk, Kris Faschingbauer, Natalia Feil, Melissa Fritz, Mary Gag, Kelly Gamble, Megan Garrity, Robin Henderson, Karin Herder, Deanna Hoehn, Kris Holm, Barb Jacobs, Heather Jax, Kathy Johnson, Carol Kelly, Daniel Kenewa, Joann Kopelke, Jena Laessig, Nicole Larsen, Patti Lashomb, Kim Love, Kathy Maiers, Nicole Mann, Jennifer Maresch, Jeanette Maruska, Debra Myhre, Corinna Nelson, Mary Olson, Cindy Petty, Linda Phalen, Natalie Pieper, Diane Pogreba, Laurie Post,

Leah Quick, Molly St Denis, Sonia Schaeffer, Coleen Scheffknecht, Nate Scottum, Kathy Shimada, Kathy Showalter, Rebecca Siebenthaler, Mary Ann Soldner, Michelle Staus, Wendy Struck, Kristin Swanson, Kelli Todd, Tina Wutsch, Claudette Whitney-Ventrella, Wendy Wimmer, Kelly Young and Shannon Zins.



Education corner

MNA AND ALLINA EMERGENCY PREPAREDNESS AGREEMENT

by Marie Stuewe RN, United MNA Co-Chair and Cultural Diversity Coordinator

In August 2008, Allina and MNA signed a Letter of Understanding (LOU) that allows for a volunteer group of nurses who would respond in an emergency response situation. These volunteers would be used to supplement scheduled staff when there is a community or region wide event that anticipates a rapid or prolonged influx of patients. It is not for weather related situations, i.e. blizzard; unless it meets the above standard or patients had to be evacuated.

National surveys of RNs after Katrina indicated that less than fifty percent would come in to work in a disaster because of fears related to personal and professional safety at work and also concerns for the safety of their family members. There is also the belief that hospitals will rely on mandatory overtime or “nurses will volunteer and come in”. The survey results do not substantiate that. ANA has also released a policy paper with guidelines and recommendations for health care professionals who respond to emergencies, disasters or pandemics.

Being on the teams is voluntary and training will be provided on paid time for those who volunteer. These volunteers would have a “go” bag that would have clothing, personal items and medications they would need here at the hospital for at least a 96-hour stay. The hospital/corporation will have adequate Personal Protective Equipment available and will provide training in

the use of such equipment. Training in infection control, hazardous chemicals, and harmful physical agents would also be provided. Hours of work, rest breaks and pay issues were also addressed.

All MNA bargaining unit members should have received a copy of the LOU after it was signed. Please read and become familiar with it. Consider volunteering for one of the teams when the call goes out. Watch for more information about the volunteering, training etc. Allina has recently revised its Emergency Response structure and it awaiting results of grant applications and will then determine how to move forward with this program.

MNA members of the team who negotiated this LOU were Denise Moreno RN, Cambridge Hospital, Patty Koenig RN, Mercy, Norma Doty RN, Unity, Chris Kissell RN, ANW, Arlene Simones RN, United, Marie Stuewe RN, United with Bettye Shogren RN, MNA Staff Specialist in Health & Safety. Representing Allina management were; Tim Caskey, Labor Relations, Marsha Studer RN, Allina Director of Employee Health and Safety, Sue Penque RN, United past Vice President of Nursing and Jeff Wicklander RN current United Vice President of Nursing.

WHAT IS YOUR PERSONAL PLAN SHOULD A DISASTER STRIKE?

Do you have a family plan for communications, extra food and medications, arrangements for day care for children or elder care should you not be able to get home?

These are only a small part of personal preparedness. We all think it isn't going to happen here, but think about the 35W Bridge going down or what could have happened here in the Twin Cities during the National Republican Convention (opportunity for acts of bioterrorism), or a pandemic flu striking. Resources for help in personal planning for emergencies can be obtained through the Red Cross, FEMA and local government/municipalities, or go to the AKN under emergency preparedness.

Education corner

WORKER'S COMPENSATION CHANGES

by Glenda Cartney RN, Nurse Advocate

My name is Glenda Cartney RN and I am the Nurse Advocate for ill and injured nurses at United. I am here to be of assistance to you and help guide you through the Work Compensation process (which includes getting you back to work in a safe and timely manner). I can also assist you with any leave questions (including FMLA, maternity, and medical leaves) and just be there for you to confide in and/or support you during any of these difficult times!

There have been some changes with the Transitional Work Budget and the following is what was sent out by Jim McGlade Human Resources Director:

“The United Transitional Work Budget (TWB) is used to allow employees with accepted workers' compensation claims to continue working in the event they are unable to safely perform their regular job duties. Due to the ongoing need to effectively manage staffing costs,

United Hospital Administration has decided to reduce the Transitional Work Budget to a maximum of eight FTEs. This change will take effect on February 1, 2009 and will continue throughout 2009. The use of the TWB will continue to be temporary, not to exceed four months.

In order to provide transitional budget support for the largest number of employees, transitional work will be provided at one half of the employee's regular FTE. For example, a full-time employee would work .5 under the transitional budget. As of February 1, 2009, all employees who are being paid through the TWB will reduce their FTE by half. We encourage leaders to consider accommodating the other half of the FTE within their home department cost center. If this is not possible, the employee will be placed on an intermittent leave of absence and receive workers' compensation benefits. Salary paid through

workers' compensation will ultimately be charged back to the unit's cost center”.

During this process staff will need to make a copy of their paycheck and timecard and send that to Gallagher Bassett. They will in turn make up the difference. It usually takes five to 10 days from the time they get this information before checks are received.

This process will be evaluated in June and November to see how it is working. I would appreciate if you have any concerns or issues with this process or workman compensation benefits to please call me at 651-241-7253 or David Dubovich at 651-241-5471.

INTERNATIONAL NURSES' NIGHT #2

by Annie Retter, RN, MA - Staff Nurse and Susan Loushin, RN, MA, Professional Development Specialist

The second International Nurses Night was held February 11, 2009. Nurses gathered to discuss how to make a difference in a culturally diverse workforce. With our declining economy and changes in healthcare reform, nurses discussed how we can make a difference in our own communities as well as the global community.

- Karen Argo, RN Float Team spoke of her work at the Dorothy Day Center and her experiences serving the homeless of St. Paul. Her presentation gave insight into the lives of the homeless that we see each day walking past United Hospital. Volunteer opportunities were discussed on how we can better serve our homeless community.
- Queen Obasi, RN Float Team spoke on the challenges that immigrants face working in healthcare. She emphasized the importance of not only accepting our cultural differences but celebrating and embracing what diversity can bring to healthcare and our patients and families.

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Education corner

INTERNATIONAL NURSES' NIGHT #2 CONTINUED

- Annie Retter, RN Float Team gave a report on progress made since the last International Nurses Night. A great deal of networking took place on that first night and Annie and Queen have combined efforts on their work in Africa. Namibia, Africa is now included as part of Queen's Non-Governmental Organization called African Community Health Initiative. Check out the Web site at <http://www.africancommunityhealthinitiative.org>.
- Doctor Mike Talberg took a group of nurses including Stephanie Veldman, RN Float Team, Kathy Shimada, RN 3500, Queen Obasi, RN Float Team and Robert Taylor HUC 4400 on a medical mission trip to Nigeria. We will be anxious to hear about the success of their trip. Queen Obasi will be returning to Nigeria in July for a medical mission trip.

Several units have been collecting expired materials management supplies as well as supplies that cannot be re-shelved for shipment to East and West Africa. The Endoscopy center has collected more than 200 used patient slippers that have been laundered and donated to the homeless at Dorothy Day Center and Augsburg Nursing Center in Mpls. Anyone interested in starting a collection box on their unit of recyclable/reusable supplies can e-mail Annie Retter at Leanne.retter@allina.com.

Many thanks to all those who have collected used supplies and those who donated to the Nigerian and Haiti medical mission trips. Thank you to Cathy Colletti, RN DSC who collected linens and a coffee-maker for the start of Sober House. The evening ended with a soup supper, sharing stories and ongoing dialogue of future opportunities. ANCC and MN Board of Nursing CEU's were given for the program. Watch for further information on the next International Nurses Night and ongoing events during Nurse's Week.

RN Survey is May 4-24, 2009

www.nursingquality.org/survey

RN Survey code: 4B48338

United Hospital RNs are invited to participate in the annual survey conducted by the National Database of Nursing Quality Indicators.

Why we need your participation

The survey helps us assess our strengths and pinpoint opportunities for improving United's nursing care environment.

Participation makes a difference

The RN Engagement Committee has been working on ways to continue building strong nurse-physician and nurse-nurse relationships for a positive practice environment.



- **The survey takes only 15-20 minutes to complete**
- **Survey may be completed on paid time at United**
- **Responses are anonymous**

Celebration corner

Certifications

CEN-Certificate in Emergency Nursing

Deb Raptis, RN, Patient Care, Manger, ED

CCRN

Erica Anderson, RN, Critical Care
Mary Hoffman, RN, Critical Care

Med-Surg Certification

Elaine Braun, RN, 4500
Lynne Blomquist, RN, 2600
Norma Roberts-Hakizimana, RN, 4500
Patricia Ball, RN, 4500
Lisa Savard, RN, 4500

ONC - Oncology Nurse Certification

Catherine Salchow, RN,
Care Coordinator

Nurse Executive

Nora Friederichs, RN, CV/SDIU
Patient Care Manager

Bachelor of Science in Nursing

Shannon Lacktorin, RN 3900/20/40

Rehabilitation RN

Mary Hoffman, RN, 8940

Inpatient OB

Ginelle Petrie, RN, 2300
Cheri Brazelton, RN, 2300

Certified Lactation Counselor

Rozann Reyerson, RN, 2300

Presentations

Ekua Taylor Kregal, BSN, RN, Birth Center L&D

presented at the UN World Urban Forum, Najing China in 2008.

Margo Halm, RN, PhD, Research & Quality Scientist

presented "Essential Oils for Symptom Management" as a keynote speaker at the International Evidence-based Complementary Therapies Conference hosted by the University of New England in Armidale, New South Wales - Australia.

Margo was also recently invited as a visiting scholar at Mass General Hospital in Boston. Margo participated in multiple unit rounds and a panel on evidence-based practice and presented two talks, "Family Presence during Resuscitation: State of the Science," and "Caregiver Burden and its Relationship to Health-Related Quality of Life Outcomes of Spouses of Coronary Artery Bypass Patients".

Nurses Week 2009 May 4-8



building a
healthy
community

Events will be held throughout the week in celebration of Nurses Week.

The Excellence in Nursing Awards Luncheon will be held from 11:30 a.m. to 1 p.m. in the John Nasseff Medical Center Conference Hall. A light lunch will be served for those in attendance.

Publisher: Margo Halm, RN, PhD, 651-241-8536, margo.a.halm@allina.com

Editor: Tanya Schally, marketing communications specialist, 651-241-8514, tanya.schally@allina.com

Editorial Board: Jeff Wicklander, RN, MSN, Margo Halm, RN, PhD, APRN-BC, CCRN; Glenda Cartney, RN, ACM; Nancy Roberts, RN, Julie Sabo, RN, MN, CCRN, APRN-BC, CNS; Tanya Schally

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United Hospital, 333 N. Smith Ave., St. Paul, MN 55102

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