



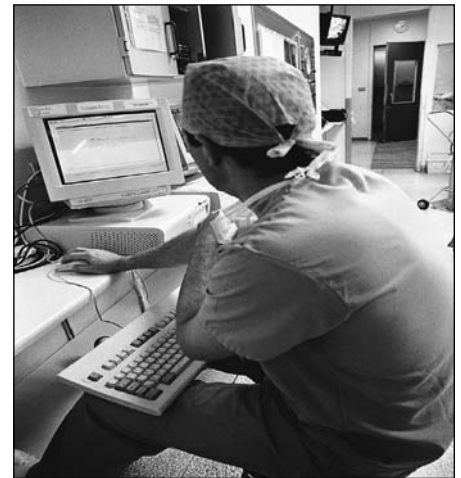
Lessons Learned During CPMOE Go-Live

Phase I of the **Computerized Prescriber Medication Order Entry (CPMOE) Go-Live** began on **July 24th** in the Shock Trauma Center and Women's & Children's Services units. Now prescribers in these areas electronically order and manage medications and some other patient care orderable services. And, nurses document the administration of these medications on electronic Medication Administration Records or eMARS.

Lessons Learned

Although we are still in the learning curve and will be as this Phase I continues, we have learned a number of critical lessons in this first deployment. They are:

1. Training and practice using the new software prior to Go-Live was **critical** and made a world of difference in how easy staff could begin to use it the morning of their first Go-Live day. Training was a major anti-anxiety intervention for all the staff involved;
2. Unit-based PowerUsers (staff who routinely work on that unit who attended advanced training) who were **out of the numbers and available to support** their co-workers had a major impact on success. These staff know the in's and out's of patient care delivery on their units and were able to help their colleagues rapidly transition to the new on-line ordering and documentation processes;
3. PowerUsers assigned to units **rounded with physician teams**. They helped the prescribers enter orders, answer questions immediately and provided on the spot assistance with unexpected issues;
4. Proactive Unit Manager involvement was essential in supporting the Go-Live. Managers who attended PowerUser training gained advanced knowledge of the system as well as a deep understanding of changes in work flow which in turn gave them the extra knowledge they needed support their staff in this transition;
5. Other PowerUsers (UMMC nurses in non-clinical roles), IT support and CPMOE Ambassadors (non-clinical staff who could summon support when staff needed it) were also considered vital to this first roll-out. The single most consistent feedback we heard was that clinician support and help in the early days made all the difference in building practitioner confidence.
6. Our pharmacists worked around the clock to pre-enter all medications orders into PowerChart beginning four days prior or Go-Live enabled clinicians to efficiently order and administer medications the morning of Go-Live.



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New Nursing Clinical Advancement Model

By Angie Amig, MAOM, RN, CNA-BC and Janice Delgiorno, MSN, CCRN, ACNP

Since 1990, nurses at UMMC have practiced under our Professional Practice Partnership Model that has included a *Career Advancement Program*. This program consists of three clinical nurse roles: Associate Partner, Full Partner and Senior Partner. In recent Employee Opinion and retention surveys, nurses have indicated they would like some changes to this *Career Advancement Program*. They want a model that offers:

- greater opportunity for professional growth and development;
- more flexible options for advancement without leaving the bedside, and
- reward and recognition for professional and clinical practice contributions.

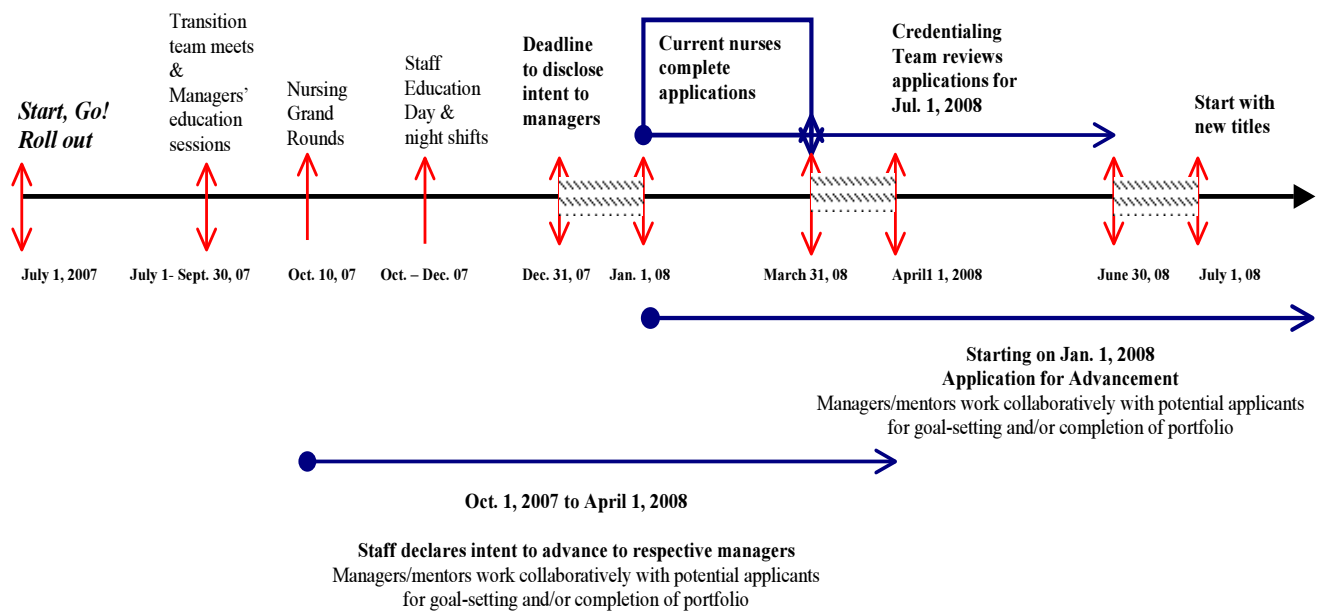
UMMC nursing leaders responded by including the development of a new Nursing **Clinical Advancement Model** into the Nursing Strategic Plan. In November 2006, a Clinical Advancement Design Team was formed with sixty direct care nurse members led by **Angie Amig**, MS, RN, Nurse Manager of CCU and PCU, and **Janice Delgiorno**,

MSN, CCRN, ACNP, Clinical Nurse Specialist in Trauma. This group worked steadily on designing a model that would provide the three features listed above and advance the practice of nursing at UMMC. The work of the Design Team is almost complete, and their model (see the four roles in this model on the next page) has been presented to the Staff Nurse Council, Magnet Champions, Nurse Managers, Directors of Nursing, and other nurse councils where it has generated excitement and positive feedback.

Implementation of the new model began in **July 2007** and it includes information, communication and education. Staff will be introduced to the model and its concepts through a variety of methods. Two groups are currently working on details of this implementation:

- The Transition team, led by **Kathe Campbell** and **Angie Amig**, are working with ten Nurse Managers on managerial preparation and strategies; and
- The Education team, led by **Anne Naunton**, is composed of members of the Office of Clinical Practice and Professional Development. This team is planning some

Clinical Advancement Model Roll Out Timeline – Working Document



6/20/07 Rev. 6/21/07, 6/28/07

New Nurse Clinical Advancement Model Which Will Replace the Former Career Advancement Model Developed in 1990

	Role I	Role II	Role III	Role IV
General Description	<p>Novice Nurse This role is reserved for the new grad or nurse with less than 12 months experience. The nurse will utilize this time to learn the institution and nursing practice. It is expected that a nurse in this role successfully pass the probationary period within 12 months (18 months maximum with a defined action plan developed with manager).</p>	<p>Competent Nurse This role is considered the minimum role for all nurses at UMMC who have greater than 12 months experience. This nurse will be competent in the skills/knowledge required and fully participate in unit governance. He/she will practice and adhere to the guidelines specified in the UMMC Professional Nurse Job Charter.</p>	<p>Role Model This role is aimed for the nurse who is a clinical and professional leader at the unit level. He/she advances evidence based practices, leads unit governance initiatives, and mentors others to achieve and grow in the role of the professional nurse.</p>	<p>Expert Nurse This role is designed for the nurse who has achieved expertise and leadership in the clinical and professional role, within the unit and beyond. He/she leads and evaluates evidence based practice, actively participates and/or leads organizational initiatives, mentors and coaches nurses and other disciplines, exemplifies the role of the professional nurses and demonstrates active involvement in clinical and professional nursing beyond the walls of the unit and/or organization.</p>
Core Requirements	<p>New hire/new graduate</p>	<p>“Competent” evaluation with successful passing of probation; current on all mandatory classes/training</p> <p>Maintenance of 10 contact hours of education/year.</p> <p>Member of a professional organization.</p> <p>Note: For all roles, continuing education can be achieved through conferences, in-services, formal unit education, Journal Clubs, Nursing Grand Rounds, training offerings through professional organizations, nursing college classes, etc. Does not include required education to practice (BCLS, PALS, ACLS).</p> <p>Calculated in hours such as 30 minutes = 0.5 hour. Proof of attendance required.</p>	<p>Maintenance of 20 contact hours of education/year.</p> <p>Member of a professional organization.</p> <p>Demonstrated evidence of professional growth and development through: enrollment in degree program, specialty certification, teaching in formal hospital programs or outside of hospital, board member of professional association, etc.</p>	<p>Maintenance of 30 contact hours of education/year.</p> <p>Member of a professional organization.</p> <p>Bachelor’s degree required. - Nurses on UMMC payroll by 7/1/07 must have a Bachelor’s * degree or active enrollment with graduation within 5 years of promotion - External candidates must have BSN.</p> <p>Note: *Bachelor’s degree can be in any field through June 2012, but BSN required for those applying after July 1, 2012</p> <p>In addition to Bachelor degree, must have one of the following:</p> <ul style="list-style-type: none"> • Specialty certification (current) • Master’s degree or enrollment in Master’s Program with graduation within 5 years of promotion date • Completion of Certificate program with a minimum of 12 credits.

exciting breakfast and luncheon sessions for nurses to learn more about the model, their choices, and the application process. The education sessions for the managers and staff will give more details regarding the timeline and the roles of each in the preparation and implementation of the new advancement model.

In 2008, nurses who are in roles delivering direct patient care will have the opportunity to review the role descriptions of the new model and make decisions based on their qualifications and their level of desired professional contribution.

The contributions are categorized according to areas of concentration which include:

- clinical practice/care delivery;
- professional development;
- quality/safety, and
- unit operations.

There is a place for all nurses who want to make a difference in the quality of care and service we provide to patients and their families. It is an exciting time for nurses at UMMC where we continue to “advance the practice of nursing every day”.



Special Topics in Trauma Care 2007

Save the Date:
November 3-4, 2007



MSTF Auditorium
University of Maryland
School of Medicine
685 West Baltimore Street
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- Advanced Practice Nursing Concurrent Sessions
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R Adams Cowley Shock Trauma Center
Francis X. Kelly/MBNA Professor of
Trauma Surgery
Director, Program in Trauma, University
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Paul E Pepe MD, MPH

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Christiana Medical Center

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Trauma Program Director
Atlanticare Regional Medical Center

Dany Westerband, MD, FACS

Lessons Learned

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Advice to Staff in Phase II Areas

On **August 21, 2007**, Phase II will Go-Live in all of the other remaining inpatient units in the Medical Center. Advice to staff in the Phase II rollout areas from staff in the Phase I rollout includes:

1. Get trained and stay current in your CPMOE training, which means practice online with the training viewlets available on the Intranet;
2. Have Unit based PowerUsers out-of-the numbers during Go-Live;
3. Make sure your prescribers get training;

4. Have PowerUsers support physicians during their daily rounds; and
5. Make sure all staff (part-time and supplemental) are trained.

PowerUsers will continue to play a significant role after the Go-Live. They will continue to keep up-to-date on the system as improvements are made as well as providing on-going training to their staff and prescribers. This conversion is a huge undertaking and staff support has made it go smoothly during Phase I.

AACN Members Get Free CE

The American Association of Critical Care Nurses (AACN) has announced a groundbreaking move that makes CE CREDITS from its print journals and online offerings FREE to all members on an **unlimited basis**.

AACN says their decision to discontinue the fees members previously paid for CE credit was possible, in part, because of the loyalty of AACN members, which has contributed to the association's financial stability. Making the CE credits free is one way we could reward that loyalty in a meaningful way.

At the same time, AACN has unveiled a new **Online CE Center** that will provide users special features, such as specialized sorting and personal transcript-keeping capabilities. And, they will be able to store their CE certificates for access anytime, anywhere.

Here are a few of the online features available to members:

- Test results are immediate. (instead of waiting 6-8 weeks to receive if the test is mailed in)
- You can print your own CE certificate.
- If you lose your CE certificate, simply print a duplicate.
- Maintain your own transcript by tracking your CE credits.

To learn more, go to the Continuing Education link at <http://www.aacn.org> .



Green Team Formed

Under the leadership of Leonard Taylor, Vice President of Facilities, University of Maryland Medical Center now has a **Green Team**. The mission of this team is to promote a culture of environmental awareness and conservation.

They are looking for interested RNs, PCTs and unit secretaries to represent their unit. As a Green Team member you will help implement Green Team initiatives on your unit and also have the opportunity to help design and shape initiatives the Team is considering. Team membership will consist of one 4 hour kick off conference where we will have a short



introductory lecture on hospital environmental issues, a brain storming session on what we think can be done on our units, and a chance to eat lunch and meet each other. The rest of the work will be done via e-mail.

If interested, please contact Denise Choiniere, BSN, RN at dchoiniere@umm.edu or Nicole Killion, RN at nkillion@umm.edu.

If you are not interested in being a unit representative but have ideas or suggestions on what can be done on your unit, please send them to Denise or Nicole.



We Discover: Nursing Research at UMMC

Current Nursing Research Studies

It's summer and it's sizzling hot in Baltimore and so is nursing research at UMMC! Here's an update on just a few of the nursing research projects that UMMC nurses are conducting.

Nurses from the CCU and Surgical IMC are collaborating on a study to determine if ECG lead wires are colonized with micro-organisms. The study investigators include **Barb Saia**, BSN, RN, and **Fatemeh Jorshari**, MSN, RN, from 7East; and **Priscilla Appleby**, BSN, RN, and **Colleen Shields**, BSN, RN, from the CCU. The research team is working in close collaboration with **Richard Venezia**, MD, Director of Clinical Microbiology. Data collection is complete and the team is anxiously awaiting the results of the data analysis.

Karen Kaiser, PhD, RN, Clinical Practice Coordinator, Clinical Effectiveness, is collaborating with **Deborah McGuire**, PhD, RN, from the UMB School of Nursing on a study, "Pain Assessment in Non-communicative Palliative Care Patients". Co-investigators include **Karen Soeken**, PhD, also from the UMB School of Nursing, and **Timothy Keay**, MD. The study, funded by the National Institute of Nursing Research, will test the reliability and validity of the Multidimensional Objective Pain Assessment Tool (MOPAT) for assessing acute pain in non-communicative patients in two types of palliative care settings: inpatient acute care hospital setting and in the inpatient community hospice setting. The study is in the pre-implementation phase, the research nurses are being trained and data collection should begin soon.

Lena Stevens, MSN, RN, Clinical Education Coordinator Perioperative Services and **Barbara Georg**, BSN, RN, are collaborating with **Eun-Shim Nahm**, PhD, RN, from UMB School of Nursing on a study, "Evaluation of a Web-based Preoperative Teaching Methodology". The purpose of this study is to evaluate satisfaction and compliance with instructions in patients who receive this method of preoperative teaching. The research team is currently evaluating quality improvement data. This will aid in the design of the research study. The research team plans to submit a proposal early this fall for external funding.

The Shock Trauma Center Nursing Research Committee is conducting a study, "Incidence of Cumulative Post Traumatic Stress and Compassion Fatigue in Trauma Nurses". Through this study, the research team hopes to



Barb Saia, BSN, RN, and Priscilla Appleby, BSN, RN, obtain a culture from ECG lead wire.

determine the incidence of severe cumulative post traumatic stress in nurses who care for trauma patients and to ascertain if the incidence of cumulative post traumatic stress is associated with working environment related variables and also to determine if there is a relationship between severe cumulative post traumatic stress and measures of compassion fatigue and burnout. Data collection is complete and data analysis is underway. The research team includes **Kathryn Von Rueden**, MS, RN, FCCM, Clinical Nurse Specialist (TRU) and UMB School of Nursing; **Karen McQuillan**, MS, RN, CCRN, CNRN, Clinical Nurse Specialist; Becky Gilmore, BSN, RN, and Ellen Plummer, DL, MJ, RN, CCRN, from the TRU; Theresa Logan, BSN, RN (5ICU); Mary Murray, BSN, RN (4ICU); Melissa Madsen, BSN, RN, CNOR (OR); Julie Norfolk, RN, (5IMC); Rosemary Rich, RN, (5IMC), Darlene Gray-Silver, RN, (6IMC/ICU); and Pam Watkins, RN, (PACU).

The nursing team that developed the nurse-patient safety program, "Ask Your Nurse About Your Medication" has now turned their efforts towards designing a research study to evaluate the impact of this program on patient outcomes. They are reviewing quality improvement data to identify potential outcome measures. The team, led by **John Preto**, MS, RN, CNAA, Director Patient Care Services, includes **Carol D. Hiteshew**, MS, RN, Nurse Manager 11E, 10E, 11D; **Kerry Sobol**, BS, RN, Nurse Manager 3D, 13E, 13W; and Senior Partners **Mary Jenkins**, BSN, RN; **Carolyn Bryant**, BSN, RN; **Jada Tiglao**, BSN, RN; and **Christina Gazaway**, BSN, RN. In addition to designing a research study, the team is also

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We Discover

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Oncology; **Nancy Gambill**, MS, CRNP, ONC, Manager Ambulatory Nursing; **Nancy Kennedy**, RN, BSN, and **Pam Miller-Zier**, RN, Radiation Oncology.

New! Nursing Research Education Series

Are you interested in doing a nursing research study, but don't know where or how to begin? If so, then plan on attending an education series presented by **Karen Johnson**, RN, PhD, Director of Nursing Research. The purpose of these sessions is to provide nurses with a practical approach for applying the research process to improve patient care outcomes. Lunch will be provided and the sessions are approved for nursing contact hours – but you must pre-register by calling 8-6257. See courses descriptions at the end of this article.

preparing a manuscript in which they describe the development of the program. They plan to submit it for publication early this fall.

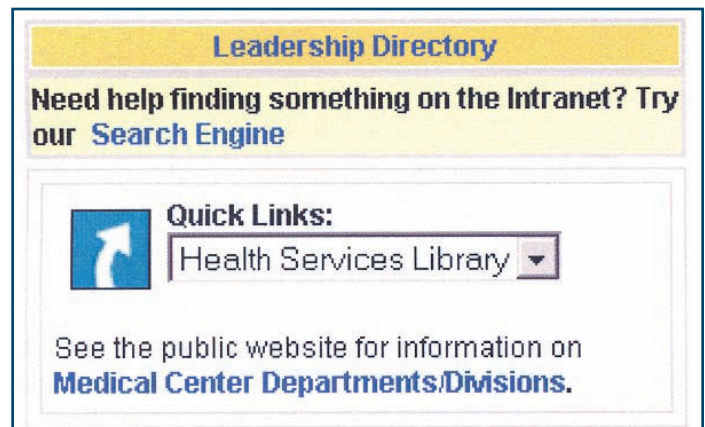
Journal Clubs

The topic for the May UMMC Nursing Journal Club was "Evaluation of Clinical Advancement Programs". **Janice Delgiorno**, RN, MSN, Clinical Nurse Specialist (Select Trauma ICU/IMC), was the facilitator for the day shift and **Yemi Olekan**, RN, BSN, (Senior Partner 13East/West) was the facilitator for the night shift. Both sessions were well attended.

The topic for the July UMMC Nursing Journal Club was "Working Conditions and Patient Safety". **Joan Hebden**, RN, MS, CIS, Director of Infection Control, facilitated discussion of the article: Stone PW, Mooney-Kane C, Larson EL, et al. (2007). Nurse working conditions and patient safety outcomes. *Medical Care* 45(6), p571-578. The night session was held on July 19 (Thursday to Friday) at 12:30 am and again at 1:30 am in the Learning Center, Rooms 6/7. Dinner was provided. The day session was held on July 31 at 12:15pm in the Patient Resource Center. Lunch was provided. A multi-disciplinary journal club was recently established for the Greenbaum Cancer Center. They meet the second Tuesday of every month at 7:00 am in the Cancer Center Conference Room A (N1W7). The journal club was organized by **Donnica Major**, RN, OCN, Radiation

Library Access

Access to the library to conduct literature searches or obtain articles is fast and easy. On the UMMC Intranet home page is a "Quick Link" to the Health Services Library (see adjacent graphic). On the library's home page, click on "Faculty, Students, Staff". If you need to do a literature search, click on "Data Bases". If you need to obtain a specific article from a journal, click on "Journals". Want to learn how to conduct a literature search and/or manage your references? The library offers several education and training sessions. For more information, go to <http://www.hshsl.umaryland.edu/services/training.html>



Quick Link to the Health Sciences and Human Services Library on the Intranet



Nursing Research Education Series Begins

The goal of these sessions is to provide a practical approach for bedside nurses to apply the research process to improve patient outcomes. Pre-registration is required to ensure lunch can be provided.

Session I: Research for the bedside nurse: Finding the clinical questions

Faculty: Karen L. Johnson PhD, RN, Director, Nursing Research, UMMC
Date: August 1, 2007 1230-1330
Approved: 1 CEU
Room: Weinberg Learning Center, Room 6/7 - lunch provided.
Register: Pre-register (required) by calling ext. **8-6257**.

This session is designed for the bedside nurse who would like to be involved in a clinical nursing research project, but does not know how or where to find the research question.

The goal of this session is to help nurses identify the types of clinical research questions that are most likely to result in successful completion of a research project.

Objectives:

1. Discuss roadblocks to completion of a research project on your unit.
2. Outline the characteristics of an ideal research question for busy clinicians.
3. Describe strategies that nurses can use to prioritize potential clinical questions.

Session II: Research for the bedside nurse: Getting from question to project.

Faculty: Karen L. Johnson PhD, RN, Director, Nursing Research
Date: August 15, 2007 1230-1330
Approved: 1 CEU
Room: Weinberg Learning Center, Room 6/7 - lunch provided.
Register: Pre-register (required) by calling ext. **8-6257**.

This session is designed for the bedside nurse who has an idea for a research study, but does not know where or how to begin the actual process.

Objectives:

1. Identify resources to support nursing research at University of Maryland Medical Center.
2. Outline the benefits of conducting research using a team approach.
3. Discuss pragmatic approaches to reviewing the literature.
4. Review the components of a research protocol.
5. Describe strategies to facilitate formal approval processes.
6. Identify resources to assist with data analysis.
7. Describe various mechanisms that can be used to share research findings.

This series will be repeated in the fall.



MASTRI Center: State of the Art Learning Simulation Center

Sheree Carter Chase, MSN/MBA, RN

MASTRI Center Training Specialist, Department of General Surgery

The Maryland Advanced Simulation, Training, and Research and Innovation (MASTRI) Center is located on the 7th floor South Hospital in the B wing adjacent to Labor and Delivery. It consists of four simulation rooms, a conference room, and offices that were converted from an area previously occupied by the Operating Room. Dr. Adrian Park, the center's founder and director, along with several other visionaries seized the opportunity to use the space donated by the hospital and helped to create this MASTRI Center that was designed for training of residents, medical students, military personnel, nurses, and allied health care professionals who are vested developing their clinical and cognitive skills. The beauty of simulation is that learners can make errors then correct them without jeopardizing patient safety. Currently, the Center has hosted courses for medical students, residents, physicians, nurse practitioners, nurses, and multi-disciplinary military personnel from the Center for Sustainment of Trauma and Readiness Skills (C-STARS).

The Immersion Accu-touch Endoscopy Simulator, Haptica ProMis virtual reality (VR) laparoscopic trainers, and Stryker laparoscopy training stands in OR-A simulation room are used by medical students and residents to practice a variety of skills which include: esphagogastroduo-

denoscopy (EGD), endoscopic retrograde cholangiopancreatography (ERCP), and basic and advanced laparoscopic skills. OR-B is a multi-purpose room that is often used for courses, like Airway Management, but can also be used as a classroom for didactic training. OR-C houses METI SimMan and TraumaMan, LaerdalStanMan, SimuLab TraumaMan, and CentralLineMan physical models that are used for team training to promote teamwork, effective communication, and exposure to crisis scenarios which help prepare for similar experiences that occur with live patients. Currently, the 12-camera Icon Motion Capture system in OR-D simulation room is used for ergonomic analysis research and other research projects are on the horizon. In addition, the state-of-the-art video-conferencing system and network infrastructure facilitates teleconferencing and teleproctoring in the conference room and this technology has been very useful with training for residents.

Ultimately, our goals are to improve patient safety, to function as a center for world-class clinical research, to effectively train the current and the next generation of health care providers, and to use our technologically advanced center to help pioneer the way surgery will be performed in the future.



Copyright Myth Debunked

If I am the author of an article, am I free to reproduce and distribute my article at will including posting it to the web?

The author of an original work, such as a scholarly article, is given the exclusive right to reproduce, distribute, adapt and publicly display their work--even on the Internet. An author, however, may lose these rights once they publish their work.

According to [SPARC](#), the Scholarly Publishing and Academic Resources Coalition, publishers often require a clause in their contracts that transfer some or all of the author's exclusive rights to the publisher. Once a transfer

agreement is signed, an author no longer has permission to reproduce or distribute their work at will.

If you have published an article, the safest thing to do is check your contract with the publisher before you use the article. If you are thinking of publishing an article, consider ways to retain your copyright right before signing your agreement.

To find out more about retaining author rights, visit the [Resources for Authors](#) section of the SPARC website.

Adapted from: Copyright Myth Debunked, published online in the HS/HSL's *Connective Issues*, June 2007, Vol. 1, No. 9.

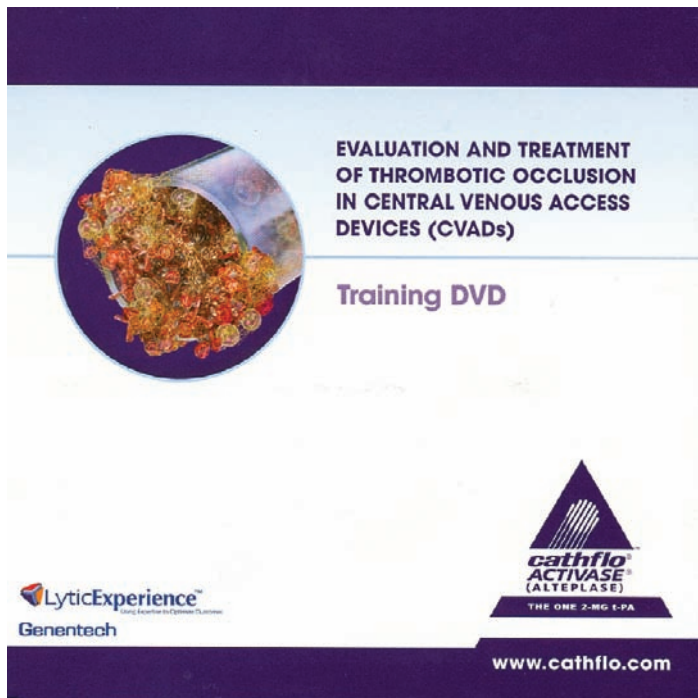


Alteplase® for Declotting Central Lines

Alteplase®, a form of recombinant tissue plasminogen activator, can be used in very small doses to re-establish the patency of central venous catheters (CVCs) obstructed with intra-luminal or extra-luminal blood clots or fibrin sheath. This agent dissolves clots and fibrin by triggering fibrinolysis. In the past Alteplase was dispensed in frozen syringes that required defrosting before use. In the future, units will get this low dose t-PA in vials labeled “Cathflo® Activase® 2mg”, which will need reconstitution with 2.2 ml of Sterile Water for Injection, USP; do not use Bacteriostatic Water for Injection, USP.

Drug information on this nurse performed intervention is available on-line on the UMMC Intranet. Click on Patient Care Resources → Clinical Services & Departments → Pharmacy → Formulary. Type in name of medication and click “Go”. Click **Catheter Occlusion Guidelines**.

Catheter obstruction or dysfunction is the inability to infuse fluid, sluggish flow and/or the inability to withdraw blood through a catheter. In dialysis or apheresis, catheter dysfunction is the inability to achieve adequate flow rates. CVCs include: tunneled catheters (i.e. Hickman), non-tunneled catheters (i.e. PICC), central line (i.e. single, double or triple lumen, pulmonary artery), implanted venous access device, hemodialysis and apheresis catheters. CVCs may have one or more lumens. The patency of each lumen must be considered when attempting to restore patency. Alteplase® is not intended and it **should not be used** with clotted peripheral IVs.



Rule Out Other Causes of Catheter Obstruction First

Alteplase® should be used:

- only by order of an authorized prescriber, and
- only after all of the other appropriate methods of ruling out catheter obstruction have been tried.

Staff Training held in May

A number of staff have attended the hands-on training or attended the contact hour approved lecture on **Treating Thrombotic Occlusion in Central Venous Catheters** held in May. Staff who missed that training can view the 13-minute training DVD shown here. This free DVD explains how to rule out other causes of catheter obstruction before considering using Alteplase. Also, it demonstrates the safe use of Alteplase® in dec clotting CVC; copies of the DVD are available from the Office of Clinical Practice & Professional Development in Room S10B02.

A *Practice Guidelines on Use of Alteplase® in Dec clotting Central Lines* is in development and will be available on the Intranet to supplement the existing Intranet guidelines mentioned above.

Remember that use of hemodialysis catheters in situations other than an emergency, require consultation with the Nephrology service.



New Competency and Training Offered on CRRT

By Paul Thurman, BSN, RN, CCRN, CNRN, Alicia Allen, RN, and Claudine Palmieri, BS, BSN, RN

Hemodialysis removes toxic substances and metabolic wastes from the bloodstream and is a common treatment for patients with kidney failure or renal failure. Hemodialysis is typically performed three days per week for two to three hours per treatment, but it can create fluid shifts and electrolyte changes during these treatments. Some critically ill patients cannot tolerate these changes, and such patients require a specialized renal replacement therapy which is slow, continuous and gentle. This therapy, known as **Continuous Renal Replacement Therapy (CRRT)**, is better tolerated by some critically ill because it reduces the chance of complications that may be encountered by conventional hemodialysis.



Workshop participants learning how to set-up the CRRT machine from Tamar Shirriell, RN, from CSICU.

CRRT is a complex therapy. Managing CRRT while concurrently providing other care to critically-ill patients is demanding. To support staff learning to manage CCRT, the CRRT Committee in collaboration with the Office of Clinical Practice & Professional Development developed the *Mastering CRRT Workshop* and *CRRT Competency Marathon*. Both of these experiences are also efforts to standardize the treatment across all intensive care units in the Medical Center. Both the workshop and the marathon are based on the newly approved population-specific CRRT Competency and the **CRRT Resource Manual**, both of which are available on the Intranet.

The *Mastering CRRT Workshop* is designed to provide ICU nurses with the theory and hands-on experience required to safely and effectively manage this complicated therapy. The workshop is approved for 7.5 contact hours. The *CRRT Competency Marathon* is a method of assessing staff nurse competency in managing CRRT, and this marathon uses a non-threatening environment to do so.

Feedback from nurses who have attended the first *CRRT Workshop* or *CRRT Competency Marathon* have reported a decrease in their anxiety in the use of the CRRT pumps and an increase understanding of their role in managing this therapy safely. Concurrently, Clinical Engineering staff has noticed a decrease in service calls related to CRRT pump problems.

If you are an experienced ICU nurse and want to learn more about CRRT, consider registering for the next *Mastering CRRT Workshop* scheduled for **October 25, 2007**. Call ext. **8-6257** to register.





Trends & Topics in Periop Today, Tomorrow & for the Future

Save the Date:
Tuesday, October 9, 2007
in the UMMC Auditorium in the
Shock Trauma Center.

Target Audience: RN's, Surgical Technicians and other health care professionals working in the OR, PACU, SDS settings.

Course Objectives: *Trends & Topics in Periop* is a one-day seminar in which participants will be able to choose topics from four tracks: **post-anesthesia care, operating room, ambulatory surgery and pediatric surgery.**

Sponsored by: UMMC Perioperative Education Council.

Cont. Ed. Credit: 6.0 Contact Hours Awarded

More Information: Brochure & registration information to be mailed in August – for more information, please contact **Lena Stevens** at **410-328-9881**



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