



Mobile Transport Team Formed

By Margie Stickles, PCS Manager of the Mobile Transport Team

In 2005, a design team began looking at safety issues related to transporting monitored patients. This group recommended a program that would provide highly skilled and experienced care providers to transport our higher acuity patients to and from different points of care and diagnostic areas within the Medical Center. The resulting program is our new Mobile Practitioner Team.

The Mobile Practitioner Team's (MPT) primary focus is to provide the clinical skills needed to sustain a continuity of care outside of the patient's room, addressing all patient needs while in transport. Each MPT includes a Registered Nurse, Patient Care Technician and Respiratory Therapist as needed. MPT nurses are experienced critical care nurses who hold certification in critical care and providership in ACLS. MPT PCTs also possess multiple years of critical care experience, ACLS providership as well as an EMS background.

After months of researching ideas and a couple of onsite visits to comparable programs including Johns Hopkins Hospital and University Hospital in Newark, New Jersey, our MPT pilot went live on Monday, April 3, 2006 in the NeuroCare ICU. Currently, pilot patients are being transported on weekdays from 8:00 am to 4:00 pm. This 9ICU collaboration is providing extremely valuable information on patient safety to both the MPT staff as well as the ICU



The Mobile Practitioner Team – pictured below from left to right, Audra Medley, PCT; Margie Stickles, Nurse Manager; Dana Roland, RN; James Drummond, PCT.

nursing staff. According to Brigid Blaber, Acting Nurse Manager for NeuroCare, "My staff's response to the MPT has been very positive. They have been very comfortable with turning over the care of their patients to our MPT and in their ability to maintain the same level of care for their patients that are typically left behind in the care of another nurse with a full assignment. MPT has been very receptive of our suggestions, implementing change when needed." The success of the pilot can be attributed to the collaboration of the staff in 9ICU as well as the Department of Radiology.

In FY07, the plan for the Mobile Practitioner Team is to expand the transport services hospital-wide as well as assess the need for a Rapid Response Team, an initiative supported by the Institute for Healthcare Improvement's 100k Lives Campaign. Providing support for the Pediatric population is also an area for further assessment.

Carl Shanholz, MD serves as the Medical Director for the MPT, which is temporarily housed on North 8West. Call extension 8-3011 to reach the MPT staff.

Library Offers Literature Review Courses

The Health Sciences and Human Services Library (HS/HSL) is offering the following classes during the Spring 2006 semester. The classes are **free**, however registration is required. To register complete the registration form available on the Library's Web site. You can find the spring classes by going to the HSHSL link in the *Quick Links* section on the Intranet or go to <http://www.hshsl.umaryland.edu/services/training.html>.

Selected research-related courses from the Spring Calendar are described here along with one of their Web-based tutorials.



- **Science Citation Index (SCI) Expanded** – May 11, 10:00 am to 12:00 pm
Learn to perform subject, author, and cited reference searches in SCI, and try out some of the advanced search features. The same search techniques apply to Social Science Citation Index.

Online Tutorial on Accessing and Searching MEDLINE

The MEDLINE database from the National Library of Medicine includes citations with abstracts from approximately 3,900 biomedical, dental and nursing journals. The HS/HSL has developed a Web-based tutorial to assist you in learning how to access the database from the Library's web site. This tutorial teaches you how to identify the steps needed to access the HS/HSL Databases-, and perform a literature search in **MEDLINE** and link to a full-text article.



Nurse Practitioner Practice Highlight: CT ICU

Patients at the University of Maryland Medical Center are sicker than patients at other hospitals and they require much more advanced critical care than ever before. **Robby Klawitter**, MS, CRNP observes and has a direct impact on that phenomenon on a daily basis. Robby is a nurse practitioner in the Cardiothoracic Intensive Care Unit. Working closely with intensivists, surgeons, and nurses Robby provides comprehensive care to this population of patients with extremely high acuity and multiple co-morbidities.

As a bedside nurse in the CT ICU, Robby laid his nursing foundation for years prior to returning to graduate school. Now as an advanced practice nurse, he is truly involved in every aspect of the patient's care during their stay in the unit. Robby's interaction with patients raises the level of

care by performing consistent, expert care in a timely fashion. He is continuously present on the unit performing focused patient examinations, highly technical procedures, serial evaluations of the quickly changing patients, and urgent and non-urgent therapeutics. He is an integral component in the education of fellow team members about both disease processes and system management issues. His work impacts the unit's outcomes on multiple levels including length of stay for patients as he facilitates flow in and out of the unit, nursing satisfaction by timely responses to the bedside clinical observation, and team cohesiveness among the panel of providers caring for patients in this area. He should be commended for his dedication to the unit's vision and for the service he provides to his patients.

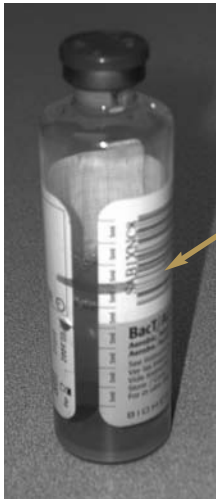


Blood Culture System Changes

In April, the Medical Center converted to a new blood culture collection system manufactured by BioMerieux. The reason for this conversion is the advantages of the new technology that comes with this new system.

- This technology allows for faster and more accurate blood culture results, and it is capable of tracking and running reports that allow the lab staff to identify in what areas false positive culture results are occurring.
- This data can identify areas where staff may need more training and supervision in drawing blood cultures.
- Also, the new culture bottles are plastic (non-breakable) and they meet current OSHA requirements.

The information below should clarify how to use this new system.



Culture bottle marked to indicate 10-ml level above the pre-filled fluid level.

Step 1: Bottle & Skin Preparation

1. Remove the protective flip top cap from the bottles.
2. Cleanse the non-sterile rubber surface with a 70% alcohol wipe.
3. Allow the rubber surface to **air dry** completely before obtaining sample.
4. **Mark** the bottles to indicate the 10-ml level above the pre-filled fluid level.

Step 2: Venipuncture and Bottle Collection

1. Select a venipuncture site.
2. Scrub the venipuncture site with Chloraprep for 30 seconds.
3. Allow the site to **air dry** before venipuncture. Do not re-palpate the vein.
4. **Obtain all blood cultures using the blood culture collection kit.**
5. Connect the Adapter Cap to the Luer-Lok™ connector of the Butterfly Needle Set.
6. Perform venipuncture. Secure the needle in the vein with tape.
7. Place the aerobic culture bottle in an upright position to observe the fill line, place the adapter cap on top of the bottle and press down to penetrate the rubber stop.
8. Obtain **10 ml of blood** for the **aerobic** bottle.
9. Switch to the Anaerobic bottle (*if ordered by the prescriber*) and repeat obtaining **10 ml of blood**.
10. After blood collection is complete, remove the Adapter Cap from the culture bottle and remove the needle from the patient's vein.



Adapter Cap connected to the Luer-Lok™ connector of the Butterfly Needle and set on top of the culture bottle ready for putting the blood sample into the bottle.

Step 3: Central Line and Bottle Collection

1. A blood culture should only be obtained from an existing catheter if ordered by the prescriber.
2. A venous catheter is preferred; use the most recently placed catheter.
3. Place the catheter port on a sterile barrier.
4. Cleanse the port with a 70% alcohol wipe for 60 seconds.
5. **Draw and discard 5 ml of blood.**
6. Collect **10 ml of blood** using a sterile syringe.
7. **Use the Blood Transfer Device** to safely transfer the blood to the blood culture bottle.
8. Flush the catheter port with sterile saline to prevent clotting.

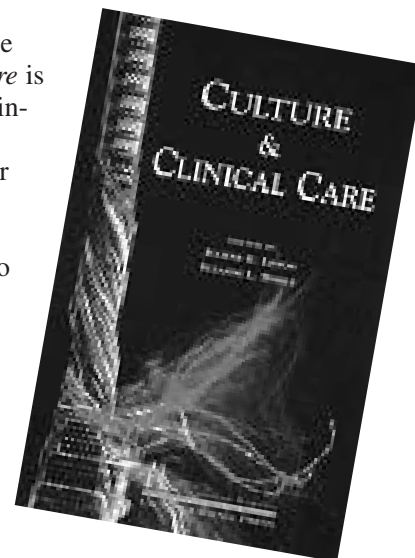
If you have any questions, please contact Trisha Fronczek at 410-328-7697.

Culture & Clinical Care Book Purchased for Clinical Areas

The Medical Center's Diversity Council has purchased copies of a cultural care guideline book to help staff provide culturally appropriate care. This book, *Culture & Clinical Care* is an updated, revised, and expanded edition of the best-seller, *Culture & Nursing Care*, winner of a Book of the Year Award from the American Journal of Nursing. The new book includes thirty-five cultural groups (see listing below) along with an introductory chapter on providing culturally appropriate health care.

The publishers do not offer an online version of this text and they would not permit us to make copies of selected chapters available to staff online. Without an online option, the Diversity Council decided to purchase book copies for our clinical sites.

Organized alphabetically, chapters range from Afghans to (Former) Yugoslavians, and are intended to help clinicians assess cultural group patterns and to acknowledge individual variation within a cultural group. In a clear, reader-friendly format, each chapter addresses issues related to health and illness, cultural/ethnic identity, communication, spiritual/religious orientation, family relationships, food practices, activities of daily living, developmental and sexual issues, birth and death rituals, symptom management, and other topics. Nearly all of the 55 contributors are members of the cultural group they write about in their respective chapters.



Printed by the University of California San Francisco (UCSF) School of Nursing Press, it is edited by **Julienne G. Lipson, RN, PhD, FAAN**, a professor emerita in the Department of Community Health Systems and the Department of Anthropology, History, and Social Medicine at UCSF, and **Suzanne L. Dibble, DNSc, RN**, professor at the Institute for Health & Aging, Department of Social and Behavioral Sciences at UCSF

Useful for health care professionals in a variety of settings, the comprehensive book provides guidelines to alert and assist clinicians to potential factors they should consider to provide good care.

The Medical Center has purchased one copy for each of the clinical areas at both UMMC and the University Specialty Hospital that provide direct patient care. Once these books arrive, managers of identified areas will receive e-mails that the books are in and they can send someone to room S10B02 to get their copy. If you have questions about these books, contact Bob Welton at rwelton@umm.edu

Cultural Groups Included

- Afghans
- African Americans
- American Indians / Alaskan Natives
- Arabs
- Brazilians
- Cambodians (Khmer)
- Central Americans (Guatemalans, Nicaraguans, & Salvadorans)
- Chinese
- Colombians
- Cubans
- Dominicans
- East Indians
- Ethiopians & Eritreans
- Filipinos
- Germans
- Greeks
- Haitians
- Hawaiians
- Hmong
- Iranians
- Irish
- Italians
- Japanese
- Koreans
- Mexicans
- Nigerians
- Pakistanis
- Polish
- Puerto Ricans
- Roma (Gypsies)
- Russians & Others From The Former Soviet Union
- Samoans
- Vietnamese
- Yugoslavians, Former



Night Shift Journal Club Starting in May

This past November and December, a sample of night shift nurses completed the *Night Shift Journal Club Survey*, which asked questions about night shift nurses' interest and feasibility in attending a journal club for night shift staff. The following analysis shows how the 67 nurses (convenience sample) surveyed answered these questions.

Night Shift Nurse Survey - Night Time Journal Club	Number of responses: 67				
	Strongly Disagree	Slightly Disagree	Makes no difference	Slightly Agree	Strongly Agree
1. I can leave my unit for 60 minutes, if know ahead of time.	31	14	2	12	7
2. I can leave my unit for 30 minutes, if know ahead of time.	8	10	1	24	24
3. I would prefer the meeting in the same building in which I work.	1	1	5	8	49
4. I would prefer it to be in the same central place that doesn't change.	1	1	14	12	36
5. I would prefer to attend the day shift journal club.	45	9	7	3	2
6. If we had a night shift journal club, it would be held in the	31-Learn. Ctr.	16-Gud. Bldg.	0-South Bldg.	13-Shock Tr. Ctr.	7-N. Bldg.
7. Circle which of the following times you would most likely be able to attend	2-8 to10 p	11-10p to 12m	25-12m to 2 a	27-2 to 4a	4-4 to 6a
8. We would like to know how often you work on the night shift.	55 - Always work nights	2 - Sometimes work nights	9 - Routinely rotate on & off nights	1 -Rarely work nights	

Additional Comments:

1. It would be much more convenient to have Journal Club meet on odd hours, we have a majority of Q2 vitals on our patients which makes even hours more difficult.
2. The way our unit is getting admissions and the acuity of our patients makes it difficult for staff to leave our unit.
3. Amount of time off floor depends on no. of RN's. If we have 3 on 30 min. is possible, if only 2 RN's on 0 time is possible.
4. Great idea! Thank you.

The Nursing Research Committee discussed the Night Shift Journal Club and they approved the following Night Shift Journal Club proposal:

Objectives of the Night Shift Journal Club are to:

- Engage night shift nurses in discussions and continuing education on relevant nursing topics;
- Increase awareness of night shift staff about clinical advances and best practices, through the review and discussion of healthcare research literature;
- Provide insight, guidance and experience on how to interpret and critique healthcare research;
- Discuss ways to integrate research findings into clinical practice;
- Introduce and sustain an “evidenced-based” approach to practice;
- Provide a forum for staff from various clinical areas to network, learn from each other, and discuss practice issues and change management.

Frequency: The initial goal is to offer the Night Shift Journal Club **every quarter**, and monitor attendance to see if more frequent meetings are justified.

When: First Journal Club – during Nurse’s Week – **May 13 – Saturday** – facilitated by Barbara Brady, Full Partner – CCU.

Target Audience: Registered nurses and other interested staff.

Time: Each Night Shift Journal Club meeting will be 30 minutes long with two sessions per night: 12:30 am to 1:00 pm and 2 am to 2:30 am; same topic discussed at both meeting times.

Topics: Topics will vary, but for this **first meeting** we will discuss **how to critique research articles**.

Refreshments: Sandwiches, salad, and sodas/coffee will be provided at both meetings.

If your educational background includes a bachelor’s, master’s or PhD degree, you feel comfortable critiquing research, and you would be interested in facilitating the Night Shift Journal Club meetings, please contact **Luiza Lima** at extension **8-7699** or **llima@umm.edu**. Luiza is available to mentor and coach all facilitators for a successful journal club discussion.



Why Magnet... What Does It Mean To Us?



In 1983, research by the American Academy of Nursing identified and described components of hospitals that were successful in attracting and retaining qualified nurses during a national nursing shortage. These components became known as the “Forces of Magnetism” and hospitals were called “Magnet” because of their ability to attract and keep good nurses.

In 1990, the American Nurses Credentialing Center (ANCC) developed a formal process for designating hospitals as Magnet institutions, and it has become a designation that hospitals use to market themselves. This process, called the Magnet Recognition Program®, identifies and designates health care organizations as Magnet hospitals that have shown they have the required forces of magnetism to attract and retain staff. Today, Magnet Designation is considered a top honor for nursing departments in the over 180 hospitals that have achieved Magnet Designation status nation wide.

Why Magnet?

Magnet designation is considered the “Gold Standard” or hallmark of excellence in patient care and nursing practice. Independent research has shown that when compared to hospitals without Magnet status, Magnet hospitals have:

1. Better patient outcomes;
2. Shorter lengths of stay;
3. Lower patient mortality rates;
4. Higher patient satisfaction rates;
5. Higher rates of nurse satisfaction;
6. Lower nurse burnout rates;
7. Lower needle sticks;
8. Better support services;
9. Increased staff morale;
10. Staff has greater control over their practices;
11. Greater staff participation in policy decisions;
12. Increased nurse retention; and
13. Improved physician satisfaction.

Research also documents that high quality nurses is one of the most important attributes in attracting high quality physicians. Also, achieving Magnet status creates a positive “halo” effect beyond the nursing staff that can permeate the entire healthcare team.

Schools of nursing advise nursing students approaching graduation to begin their careers at Magnet hospitals. And, experienced nurses who have worked at Magnet hospitals choose Magnet hospitals over non-Magnet when planning a career or job change. Also, consumers are advised to choose Magnet hospitals when planning for a hospitalization.

Some of Our Evidence of Magnet Forces at UMMC

- Our Evolving Relationship Based Care Delivery Model
- Establishing the Staff Nurse Council
- Electronic Plan of Care Improvements
- Patient Access Capacity Enhancement (PACE)
- Mobile Response Team
- 8-Safe Hotline
- Unit and Population Competencies
- Committee involvement – Clinical Practice Committee, Professional Development Committee, Research, Medication Management, PCS Board, and Unit/Department Committees
- Executive Patient Safety Rounds
- Town Hall Meetings with Senior Leadership
- Staff Communications – *UMMC Connections, News & Views*, Unit/Department Newsletters, and Intranet
- Patient and Family Education Development
- Nursing Strategic Plan Development
- Surveys – Employee, Culture, Safety
- Nurse Driven Research Committee
- Community Work and Involvement such as Race for the Cure®
- Professional Development Programs
- Computerized Physician Order Entry (CPOE)
- Unit Level Practice Improvements – efforts to improve patient outcomes, customer satisfaction, and retention
- Employee Recognition Programs

What Can You Do?

To support the Medical Center efforts to achieve Magnet designation, you can:

- Learn more about it by having Anne Naunton come talk to your unit staff during a staff meeting and read about it in *News & Views*; and
- Share positive clinical stories with others and send them to Anne Naunton at anaunton@umm.edu.



Resuscitation Newsletter April 2006



In an effort to improve our resuscitation process, documentation, and equipment issues, please review the following items with your staff.

Medical Emergency Response Plan

- A Medical Emergency Response Plan has been developed to provide medical care to any individual (employee, patient, visitor) in a non-clinical, public access area of UMMC.
- This plan applies to respiratory and/or cardiac arrests and medical emergencies (shortness of breath, chest pain, dizziness, major bleeding, inability to walk, imminent childbirth, seizures, etc.)
- Hospital employees becoming aware of the emergency should:
 - ⇒ Call the Stat Operator (8-2911) and provide the following information:
 - Cardiac/Respiratory Arrest or Medical Emergency.
 - Location of the emergency.
 - Indicate whether the patient is an adult or child.
- Appropriate personnel will be sent to the scene.
- For non-clinical areas above the first floor, medical response will be the responsibility of the closest nursing unit.

Crash Cart Changes

- Over the next several months, changes will be phased in to the various crash carts as they outdate and/or are returned for processing.
 - ⇒ Adult Carts
 - An additional three vials of amiodarone will be added to the top drug tray.
 - Nasal airways (7.0 mm and 8.0 mm) will be added to drawer three
 - Needle boxes will be mounted on the carts
 - ⇒ Pediatric Carts
 - Cuffed endotracheal tubes in smaller sizes than those currently stocked will be added.
 - Needle boxes will be mounted on the carts
 - ⇒ Neonatal Carts
 - New face masks, syringes, sterile gowns, and IV fluids added
 - Needle boxes will be mounted on the carts

Have You Seen Any “Lost” Airway Equipment?

Do you have any laryngoscope handles or blades on your unit that seem to be “lost”? Please contact Clinical Equipment at **8-5441** to arrange for pick up. Remember that dirty blades and handles should always be sealed in the zip lock bag supplied with the crash cart and returned with the cart.





Trends in Nursing Practice

7:15 – 8:00

Registration
Welcome Address: Sherry Perkins, PhD, RN

8:00 – 8:15

Keynote Address: **“Live, Learn, Lead”**
Mary Beth Esposito-Herr, PhD, RN

8:15 – 9:05

Tight Glucose Control: The Nursing Challenge
Badia Faddoul, MS, RN, CCRN, CNS

9:05 – 9:55

9:55 – 10:10

BREAK

10:10 – 11:00

Practicing What We Preach: Evidenced-Based Practice
Kristin Seidl, PhD, RN

11:00 – 11:10

BREAK

11:10 – 12:00

Acute Stroke Management: Approaches to Care and Future Trends
Mona Bahouth, MSN, CRNP

12:00 – 1:00

LUNCH

1:00 – 1:50

Bugs from the ‘Burbs
Harold C. Standiford, MD, MACP

1:50 – 2:00

BREAK

2:00 – 2:50

Heart Failure Treatment in 2006
Patty Uber, BS, PharmD

2:50-3:00

BREAK

3:00-3:50

Dimensions of Respiratory Distress
Caleb Rogovin, CRNA, MS, CCRN, CEN

3:50-4:30

Nurses, Nurse Thyself
Mary Tlasek-Wolfson, MScN, CS, RN

4:30-4:45

Closing and Evaluation

Registration Form

Please Print

Last Name _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Work Phone (Area Code) _____ Home Phone (Area Code) _____

E-mail _____

Employer _____ Clinical Area _____

Registration Fee

- No Charge – for all Nurses employed at UMMC
- \$30.00 – for all Nurses employed within the University of Maryland Medical System/VAMHCS
- \$30.00 – for all UMB Nursing Students who can provide a photocopy of their current Student ID
- \$60.00 – for Non-University of Maryland Medical System Nurses

*Registration includes continental breakfast, refreshment breaks, lunch, all conference handout materials, parking for non-UMMC employees and continuing education certificate. Registration and payment must be received by **April 20, 2006**. Registration is not complete until payment is received. If you are unable to attend, you must cancel your registration before **April 28, 2006** to transfer your registration to another person. Please contact the Professional Development office at (410)328-6257 to complete your registration transfer. No refunds will be made after **April 28**.

**Accommodations for disabled persons requiring special aids may be requested by calling (410)328-6257 prior to the program

Checks must be made payable to **UMBF, Inc.**

Mail or Fax Registration Form to:

Clinical Practice & Professional Development
University of Maryland Medical Center
22 S. Greene Street, S10B02
Baltimore, MD 21201
Fax: (410) 328 - 8258

Friendly Doll Teaches Kids about the Not-So-Friendly Dangers of Smoking

By Anne Williams, Manager of the Patient Resource Center

Capturing and keeping the attention of three and four-year old children is a challenge under most circumstances. But in a school setting facing 20-30 children in a classroom, creativity is a must. **Anne Williams**, Manager of the Patient Resource Center discovered this quickly as she visited Baltimore City public preschools and Head Start programs this winter. Williams was awarded a grant from the Baltimore City Health Department to educate three and four year old Baltimore preschoolers on the hazards of smoking. She has targeted 60 preschool sites around the City, which include public and private pre-schools and Head Start programs. To date, she has visited 45 classes with over 700 children.



To accomplish the task, Williams uses an age-appropriate video, activity books, and most importantly, **Organ Annie**. A 30-inch friendly-looking doll who has a secret inside. Kids love the outside appearance of the doll, but are amazed when she opens to reveal colorful, friendly organs inside. The organs each have their own fun name and personality. "Windy the Lungs" are the main characters since smoking is the focus of the presentations. Kids are fascinated to see the "clean" lungs of Annie when compared with brown, "dirty" lungs of a smoker. It is difficult to predict how many of these children will remember this early lesson, but for now, thanks to Organ Annie, they have learned that tobacco is trouble.



Anne Williams teaching kids in Baltimore City public schools with the help of Organ Annie, a 30" doll with removeable organs.



Update Your Information to the 2006 RN Demographic Database

All UMMC nurses are asked to access the demographic survey and update their educational & professional information in a quick 5-minute survey.

- Go to: <http://nursing.umms.org> or click on the **Nursing Demographic Survey** link in the upper left corner of the UMMC Intranet homepage.
- This survey is very similar to the survey from last year, so you will need to verify that any of your pre-filled data is correct. The link will only be live until Wednesday, April 26, 2006. So do it soon!

This survey is for **all UMMC nurses**, regardless of position. If you are an RN, but cannot enter your name in to the survey, please contact Tori Walker, x. 8-6257, or email your name and the last 4 digits of your social security number to: professionaldevelopment@umm.edu. You will be placed in the system within 24 hours.

This information will be used for recognition purposes during our Nurses' Week celebration.

All units with 100% of their nurses completing this survey will get a \$5 voucher for food at Subway or Mama Illardos for each nurse.



Nurses Week - May 8 -12, 2006

Kick-off for Nurses Week: Staff can attend our **Acute Care & Critical Care – Trends in Nursing Practice** Conference on **May 2** (one week before). Registration required – call 8-6257 for a brochure or to register.

- Sunday – May 7th** **Ice Cream Sundaes** delivered to units for weekend staff.
- Monday – May 8th** **Ice Cream Sundaes** delivered to units.
- Also, look for:
- **Thank You** ad in **Nursing Spectrum** and **Advance for Nurses**
 - **Nurses Week Posters** on units with photos of our nurses.
- Tuesday – May 9th** **Unit Poster Presentations** at Clinical Summit showcasing clinical excellence. First floor of the Weinberg Building.
- Wednesday – May 10th** **Nurses Week Breakfast** Breakfast in the hallway outside of the cafeteria for all nursing staff from 6:00 am to 9:00 am. Photos of nurses' nursing school graduation pictures posted near the breakfast area.
- Nursing Grand Rounds** – UMMC Auditorium –2:00 pm.
Relationship-Based Care in Action: Stories from the Bedside.
- Thursday – May 11th** **Celebrating Nursing Excellence**–UMMC Auditorium - 2:00 p.m. Nursing recognition program to highlight achievements in patient care, evidence based practice, innovation and professional development (certifications, publications, and presentations). Nursing's Unsung Hero's will be honored.
- Nurses Week Night Shift **gift distribution from 10:00 pm to 12 midnight** in lobby of the UMMC Auditorium - Bring your ID
- Friday – May 12th** Nurses Week **gift distribution for day shift from 1:00 pm to 4:00 pm** in the lobby of the UMMC Auditorium.
- Nurses Week **gift distribution for night shift –9:00 pm to 11:00 pm** Learning Center - Bring your ID.
- First Night Shift Journal Club** meeting 12:30 am and 2:00 am in Learning Center for staff working Friday night shift from 7pm to 7 am.
- Saturday – May 13th** Nurses Week **gift distribution for day shift weekend staff - 7:00 am to 9:30 am** - Learning Center - Bring your ID.

Changes to Interpretation Services for Sign and Foreign-Speaking Patients

These changes include:

- As of **Monday, April 24th** arrangements for on-site interpreters will no longer be made via the hospital operators. If an on-site interpreter is required, the healthcare provider can page **8-TALK** on the UMMC pager system. Staff from the Patient Advocacy office will be on call 24/7 and will make arrangements to accommodate your request.
- Special telephones are being distributed to all patient care areas, including in-service training on their use. The healthcare provider can use this specially designated phone to access **telephonic** interpretation services. The interpreter will not be physically on site with the patient but will provide the interpretation services via a conference call. Outpatient areas should page **8-TALK** (in

advance of the patient's scheduled visit) if an interpreter is needed.

- A monthly report detailing some key utilization data will be made available to the managers (in the next 30-60 days) to help monitor and manage the costs associated with these interpretation services.

For further information on this service, please refer to the Hospital Policy and Procedure PROE-010 on the UMMC intranet page under *Clinical Resources*.

If you have any questions, or if your unit/area has not received one of these special phones and the associated in-service training, please call Odetta James-Harlee in the Patient Advocacy office at 8-8777.

Nursing Research Committee Approves Family Study

The Nursing Research Committee approved the research proposal *Withdrawal of Life-Sustaining Therapy After a Life-Threatening Exacerbation After a Chronic Illness: The Family Experience* submitted by **Debra Wiegand**, RN, MBE, PhD, CCRN, Assistant Professor at the University of Maryland School of Nursing. She will be collecting data in our adult critical care units this summer. The information below is intended to inform staff what her research entails.

Purpose: According to Dr. Wiegand, little is known about withdrawal of life-sustaining therapy from patients with chronic illnesses. The purpose of her study will seek to answer the question: what do family members experience during the withdrawal of life-sustaining therapy (LST) from a family member with a life-threatening exacerbation of a chronic illness?

Setting: The setting of her study will be adult critical care units in two metropolitan medical centers; UMMC is one and the other will be the Hospital of the University of Pennsylvania. All adult critical care units within these hospitals will be included as potential study units, and a minimum of twenty families will be included. Tentative schedule is for her research to begin in July-August of 2006 and continue until April 2008, and she plans to apply for NIH funding.

Sample and Data Collection: Family members will be her sample. Dr. Wiegand will collect all data by observing and interviewing family members on multiple occasions over the days to weeks that they are involved in the withdrawal of LST process. She will observe interactions among family members and interactions among families and health care providers as well as family and health care provider conferences. At least one formal in-depth interview will be conducted and audio taped with each family. Formal interviews will be conducted in private family rooms or conference rooms. Informal interviews will be conducted with individual family members or with the family together.

Significance: Based on the results of this study nurses and physicians will have an understanding of the family experience as families participate in the withdrawal of LST from a family member with a life-threatening exacerbation of a chronic illness. This knowledge will provide the foundation for future work. Future studies will test interventions that health care providers can use to improve care to patients dying in critical care and their families. Improving end of life care can optimize the well being of families.



Her Background: After working as a critical care nurse, Dr. Wiegand graduated from the University of Pennsylvania with a master's in bioethics and PhD in nursing, and then went to Yale for her post doctoral work. Her dissertation was a qualitative study about family experiences participating in the withdrawal of life-sustaining therapy from a family member with an unexpected, life-threatening illness or injury. During her post-doctoral work, Dr. Wiegand conducted follow-up interviews with a sub-set of families from her dissertation study 1 $\frac{1}{2}$ to 2 $\frac{1}{2}$ years after their family member's death to learn additional insights about family experiences.

Debra Wiegand, RN, MBE, PhD, CCRN, Assistant Professor at the University of Maryland School of Nursing, will be studying families during the withdrawal of life-sustaining therapy from a family member with a life-threatening exacerbation of a chronic illness. Her study begins this Summer.



In Memory of Staff Chaplain Rabbi Edward Asher Freed, BCC

The Medical Center staff gathered for a memorial service on Friday, February 10th in memory of Staff Chaplain **Rabbi Edward Asher Freed, BCC**, who died January 1st after a five month battle with cancer.

Rabbi Freed's wife, Kayla, son Shlomo Shimon, daughters Shira and Sora, sister Cherry and son-in-law Yitz all participated in the service. Kayla Freed thanked everyone for the care extended to Rabbi Freed and his family. Shlomo Shimon reflected on his father's life-long love of pastoral care and the care that was returned to him by the Medical Center community. Staff Chaplain Rev. Charline Berry presented Kayla with a Memory Book containing tributes to Rabbi Freed by Medical Center employees.

Mary Herster, RN Manager of Transplant, Drs. Benjamin Philosophe, Nadar Hanna, and Mort Rapoport recognized Rabbi Freed's contributions during his three year tenure here.

Rabbi Mitchell Ackerson, director of pastoral care at Lifebridge Health System and Rabbi Tsvi Schur, director of Jewish Community Chaplaincy spoke about Rabbi Freed's accomplishment in completing his Clinical Pastoral Education (CPE) and achieving board certification with the National Association of Jewish Chaplains.

Rev. Susan Carole Roy, director of pastoral care thanked the Medical Center for their expressions of care to Rabbi Freed, his family and his colleagues. Staff Chaplains Job Alugula, Rev. David Harness, and Fr. Bill Spacek reflected on their colleague's ministry. Rev. S. Carole Jackson-Cochran opened the service saying "We come to remember the stories Asher told – stories with which he welcomed us, shared his life, and offered his care." She challenged those gathered "...to go forth having been called by Asher's life to continue the challenging work of caregiving...to call forth the good in others, and to offer the best of ourselves."



Rabbi Freed (standing in the center and wearing a bow tie) as a young boy with his family.



Rabbi Freed at his bar mitzvah, the ceremony that initiates and recognizes a 13-year-old Jewish boy as an adult and responsible for his moral and religious duties.



Rabbi Freed at 15 years old.



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