



Mobile Practitioner Team Reaches 1,000 Transports

By James Drummond, ADN, PCT on the MPT

On December 28, 2006, the Mobile Practitioner Team (MPT) at the University of Maryland Medical Center reached a milestone of 1000 intra-hospital transports within the Medical Center without an incident. Truly a monumental success for a department that did not exist ten months ago.

In response to recent data recommending the formation of a dedicated, specially trained team for the transport of critical care patients, the MPT stepped up to the challenge. Optimal care for critically ill patients often means transport to diagnostic and procedural areas and this transport can be associated with an increased risk for potential complications. The MPT addresses this concern in its mission to *“Maintain the high standard of care at UMMC for critically ill patients during intra-hospital transports while supporting the continuity of care at the bedside”*.

This mission is being accomplished by these specific goals:

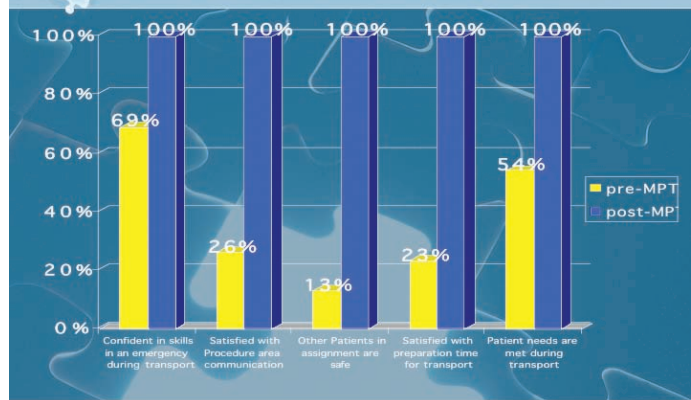
- Decrease adverse events by improving communication and efficiency.
- Decrease potential delays in patient care by increasing utilization of diagnostic areas.
- Collect 13-point quality assurance data tools for each intra-hospital transport.
- Conduct safety and RN satisfaction surveys.
- Increase nursing care hours at the bedside.

Has the new MPT been successful? Since beginning in April, 2006 the MPT has expanded from servicing patients in 9ICU with 10 beds to include SICU and MICU totaling 58 beds. In MPT’s first two months on one ICU, 126 intra-hospital transports were completed. In the first six months on two ICUs it managed 564 total transports. Within ten months in three ICU’s, the MPT managed **1000 total transports without an incident**. Nurse satisfaction and safety surveys regarding transports on the ICU’s serviced by MPT have increased 31-87% resulting in 100% overall satisfaction. Procedural and diagnostic departments have stated noticeably better communication, better patient flow, decreased delays and decreased patient safety concerns to name a few improvements.

By having established a highly specialized and competent team of critical care professionals working in conjunction with other departments, the MPT has been able to successfully measure and improve patient safety goals congruent with goals of the University of Maryland Medical Center. For more information about the MPT, contact the MPT Manager Margie Stickles, BSN, RN, CCRN at mstickles@umm.edu.



Pre and Post MPT Deployment Data on Patient Safety & Nurse Satisfaction



Tom Crusse Runs Boston Marathon for MS

By Susan Carey, MS, Professional Development Coordinator

On Monday, April, 16, 2007 is the 111th running of the world's oldest annual marathon – the Boston Marathon. To those who are marathon runners, this is the granddaddy of them all and one of the world's most prestigious road racing events. Marathon officials expect 20,000 runners to participate in this year's celebration. Although I am not a long distance runner, I have a keen interest in this year's running of the Boston Marathon.



Senior Partner Tom Crusse, BSN, RN, CEN, in our Adult Emergency Department, and Professional Development Coordinator Susan Carey, MS, collaborate on Tom running the Boston Marathon on behalf of the **Accelerated Cure Project**.

In early January of this year, I received an e-mail from Art Mellor, President and CEO of the **Accelerated Cure Project for MS (ACP)**, a national non-profit organization outside Boston, whose mission is to cure multiple sclerosis by determining its causes. Art was asking if I knew of anyone who might be interested in running in the Boston Marathon on behalf of the **Accelerated Cure Project**. A major corporate partner of **ACP** in their fundraising efforts is John Hancock Long Term Care, who had once again provided the **Accelerated Cure Project** with 15 bib numbers for the 2007 Boston Marathon. To round out their team, **ACP** needed only 4 more individuals who could run the marathon and who would each commit to raising \$5,000 for the organization.

Who did I know who might be interested at such late notice to run in this marathon? I immediately thought of Senior Partner **Tom Crusse, BSN, RN, CEN**, in our Adult Emergency Department, and an experienced long distance runner with three major marathons already under his belt – New York, Paris and the Twin Cities. It didn't take much arm-twisting to convince Tom to enter the race. Not only was this a marathon that he had always wanted to run in,

but it also provided an opportunity for him to support a friend and a very worthwhile cause. Within 24 hours Tom had sent in his registration check and filled out the requisite information on his running history and was now officially signed up for the 111th running of the Boston Marathon.

Soon after joining UMMC in 1996 I was diagnosed with multiple sclerosis, a chronic illness that causes the immune system to randomly attack myelin, the insulating

material surrounding nerve fibers in the central nervous system. Beyond my own personal needs and the desire to make a contribution to the larger MS community, it took me 10 years to find an organization that I wanted to support both financially and as a volunteer and that I truly believed would help find a cure for those of us who have MS. That organization is the **Accelerated Cure Project**. (www.acceleratedcure.org)

For those of you who know me and/or Tom, or who know of individuals who have multiple sclerosis, I hope that you will consider supporting Tom's run in the Boston Marathon on April 16th. We need to raise a minimum of \$5,000 before race day. To pledge online, you can go to www.expansion.acceleratedcure.org/bosmar07 and click on Tom Crusse's name. For more information on the race and the organization itself, please don't hesitate to contact me by e-mail - scarey@umm.edu or by phone on 8-2730. And, if you happen to see Tom Crusse, please make sure and give him a nice pat on the back for stepping up to the plate for a friend and colleague, and for countless others who have MS. Good luck, Tom, and I look forward to seeing you at the finish line on April 16th!

Congratulations!!!

Congratulations to two Cardiac Surgery ICU nurses, **Xiaobo Hu** in achieving **CCRN** credential, which shows she has earned certification in critical care nursing. Also, congratulations go to **Alicia Williams** for earning her Cardiac Surgery Certification, which is a new advanced critical care nursing certification for nurse who care for cardiac surgery patients. Alicia is the first nurse on the Cardiac Surgery ICU to sit for and pass this exam.

Effective Communication Among Caregivers at UMMC

Safe, effective clinical care depends on reliable and clear communication between all caregivers. At the national level and within our own organization, communication breakdown between health care providers is a common root cause in episodes of avoidable patient harm.

To streamline, clarify and standardize the way in which we hand off care at UMMC, it is important to define the types of hand offs we encounter throughout the institution and educate staff on effective communication strategies that have been successful for improving safety in other industries. **The goal is to ensure the overall safety of our patients.**

Although the goal is for a seamless transition, there are many obstacles we face as we care for patients with greater acuity and more complex needs. Due to patient complexity, there is often multiple care providers involved in the treatment of our patients. Although necessary, this oftentimes results in information that needs to be shared with multiple people and services. Since we are also working earnestly to increase family involvement in patient care, we have more people requesting and giving information. Furthermore, units are busy with patient flow, patient emergencies, and ongoing patient care activities. It is easy to see that patient care can be disrupted due to a variety of reasons:

- Interruptions
- Distractions
- Sensory overload
- Simultaneous information from multiple sources
- Noise

Additionally, there are process issues that can impact patient safety, including:

- Lack of clarity with the process
- Non-standardized technique
- Incomplete information
- Ineffective communication

According to the JCAHO 2007 Patient Safety Goals, there must be a standardized method of communication. Communication must be interactive and provide a means for each party to ask questions and clarify infor-

mation. Distractions should be minimized so information is not lost or misinterpreted. Examine the processes in your department to see if they meet these requirements. Involve your group in the assessment and development of improved methods of communication.

Information must accompany the patient so care providers have pertinent information in order to provide safe care. Send the medical record with the patient each time he/she leaves for a test, procedure, or any other reason. This allows a care provider to have the patient information needed to address any concerns or issues that may arise, as well as to document any pertinent information.

Situation Based Communication:

Because clinical teamwork often involves hurried interactions between human beings with varying styles of communication, a standardized approach to information sharing is needed to ensure that patient information is consistently and accurately imparted. This is especially true during critical events. SBAR is an effective communication strategy adopted from the nuclear submarine service that should be helpful.

S – Situation: What is happening at the present time?

B – Background: What are the circumstances leading up to this situation?

A – Assessment: What do I think the problem is?

R – Recommendation: What should we do to correct the problem?

SBAR creates a shared mental model for effective information transfer by providing a standardized structure for concise factual communications among clinicians — nurse-to-nurse, doctor-to-doctor, nurse-to-doctor, or from any member of the health care team to another. It is especially effective when communicating a change in a patient's condition.

Example of SBAR: RN contacts MD; informs the physician of a change in a patient's condition.

Situation: I am calling about Mr. Jones in Room 302 in the CCU.

continued on page 5

Effective Communication

continued from page 4

Background: He was admitted yesterday with acute MI and has been pain free without arrhythmias. He started complaining of SOB approximately 1 hour ago.

Assessment: His HR is 120, respirations 26, BP 90/70, and pulse ox 90%. He received Lasix 40 mg (IV) 12 hours ago with good results but his urine output has been 40cc for the past 2 hours and he now has crackles in the lung bases. He appears to still be fluid overloaded.

Recommendation: He needs additional diuresis. Can you order another dose of Lasix and a follow-up serum potassium.

Permanent Hand off

A permanent hand-off occurs when a patient's care is being handed off to another provider on a permanent basis, such as a transfer to another unit or a transfer to another facility. Sometimes the patient remains in the same unit but the direct care provider changes, such as shift change, patient assignment change, or coverage when assigned nurse leaves the unit for a block of time. **The 6 P's** is an effective, verbal method of communication in these circumstances:

- P - Patient** - Patient identification and current status- Who?
- P - Pertinent Patient History** - medical history, allergies, etc.
- P - Purpose** - Purpose of the patient hand-off. Why are we handing off care?
- P - Plan** - Plan for the patient, such as pending tests, procedures, new medications; identify anything that needs to happen for this patient within the next specified time frame: for example – 12 hours if it is shift report, 30 minutes if it is coverage for a lunch break, etc.
- P - Problems** - Examples: Abnormal VS or assessment findings, pertinent lab results, safety concerns, psychosocial concerns, anticipated or potential problems
- P - Precautions** - Examples: code status, advance directives, fall precautions, restraint status, suicide precautions, seizure precautions, sitters, aspiration risks, IV lines/tubes/, Isolation: reason and type

In addition to verbal hand offs, there are permanent hand-off situations that require written information. Currently, UMMC uses the Transfer Summary Note

(PG23) to document patient information when handing off care to another unit, department or facility. Effective March 5, 2007, there were some process changes made by the Multidisciplinary Process Improvement Team of the Clinical Practice Council. These changes were made in response to user feedback. This form is placed in the patient's medical record. Please note: The revised form has minor changes as we have successfully worked with all UMMS facilities to standardize this form for inter-facility transfers. Starting soon, you will see this form come to you when patients are transferred from another UMMS facility to your unit.

Patients coming from the ED to an inpatient unit will have a Transfer Summary Note form completed. The RN will give a verbal report to the receiving RN if the patient is going to a monitored bed. If the patient is not going to a monitored bed, the RN will fax the Transfer Summary Note to the unit and follow up with a telephone call to ensure the receiving RN obtained the report and to answer any questions. The form should accompany the patient's record to the unit and should be filed in the progress section.

The policy will reflect other situations that may have slight variations to the above; however, it is expected that interactive verbal communication between the sending and receiving nurses occur with all admissions and transfers.

Temporary (Episodic) Hand-Off

This occurs when the patient is leaving your care temporarily for a test/procedure and it is anticipated the patient will return to your care. If the patient's level of care is such that he/she does not need to be accompanied by a nurse on transport, pertinent information must be shared with those who will be providing care during the test/procedure. In this situation, the nurse will complete the Temporary Hand-Off form (PG#24). This form contains four stickers and should be kept in the front of the medical record. These stickers are designed with an area for the sending RN to give a brief overview of the patient, safety information and preparation for the test/procedure. There is also a designated area for the procedural area personnel to document completion of the test, and post-procedural instructions, as well as any notable occurrences or condition changes during the test/procedure.

continued on page 6

Effective Communication

continued from page 5

Process for completing:

- ALWAYS send the patient's entire medical record with him/her when the patient leaves the unit for any reason.
- Complete one sticker per Hand-Off
- Prior to sending the patient off the unit, complete the "Pre-procedure/Diagnostic Hand-Off" side of the sticker
- Keep the form in the front of the chart during the test/procedure
- Procedural area personnel will complete the "Post-procedure/Diagnostic Hand-Off" portion of the sticker
- Pull off sticker and place in the progress note upon patient's return.

Ordering Information:

Forms are available for ordering February 26. Order Transfer Summary Note (PG26) and Temporary Hand-Off Form (PG24). At the same time, discard previous forms (PG23).

For further information, you may contact Angie Amig at aamig@umm.edu

University of Maryland Medical Center Temporary Hand-Off Communication	
Purpose: Use when sending patients unaccompanied by a nurse to a procedural or diagnostic area, sending RN completes Pre-procedure section and sending area completes the Post-procedure section. Validate information; may use for multiple hand-offs.	
Name: <u>Love, Maya</u>	Date: <u>2/27/07</u> Time: <u>1400</u>
Diagnosis: <u>Pneumonia</u>	Allergies (list): <u>PCN</u>
Mental status <input checked="" type="checkbox"/> alert <input checked="" type="checkbox"/> oriented <input type="checkbox"/> confused	Isolation: <input checked="" type="checkbox"/> contact <input type="checkbox"/> airborne <input type="checkbox"/> other _____
Mobility: <input checked="" type="checkbox"/> steady <input type="checkbox"/> unsteady <input type="checkbox"/> deficits	Code status: <input checked="" type="checkbox"/> Full code <input type="checkbox"/> DNR <input type="checkbox"/> other _____
Pertinent clinical information: <u>Hard of Hearing</u>	Restraints <input type="checkbox"/> wrist <input type="checkbox"/> chest <input type="checkbox"/> other <u>N/A</u>
	Falls risk: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____
Pre-procedure/Diagnostic Hand off	Post-procedure/Diagnostic hand off
Destination: <u>CT Scan - 2nd Floor</u>	<input type="checkbox"/> Test complete <input checked="" type="checkbox"/> Test incomplete
Date/time leaving unit: <u>2/27/07 1500</u>	Reason incomplete: <u>Patient cannot lie flat</u>
<input checked="" type="checkbox"/> Consent signed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Report called to RN <u>N/A</u>
<input checked="" type="checkbox"/> Prep: <u>Oral contrast x 2</u> <input type="checkbox"/> Not applicable	<input checked="" type="checkbox"/> Report on chart
<input checked="" type="checkbox"/> IV type and site <u>R #20 PIV FA</u>	<input type="checkbox"/> Refer to post-procedure orders <u>N/A</u>
<input checked="" type="checkbox"/> IVF type/rate <u>0.9 NS at 100ml/hr.</u>	Special instructions: <u>Keep NPO</u>
<input checked="" type="checkbox"/> NPO since <u>12 noon</u> <input type="checkbox"/> Not applicable	Other information:
<input checked="" type="checkbox"/> Pertinent meds: <u>am insulin held</u>	
<input checked="" type="checkbox"/> ID bracelet verified <input type="checkbox"/> Chart sent with patient	
Other information:	
RN (print name) <u>S. Muna Harris</u>	Provider/status (print) <u>John Doe</u>
Signature <u>[Signature]</u> Extension: <u>83424</u>	Signature <u>[Signature]</u> Extension: <u>88191</u>



Lab Label Revised

Information was recently distributed to the clinical units by the Information Technology Group regarding revisions to several laboratory labels. These revisions are:

- Urine culture:** This label has an area to check to indicate how the specimen was collected, that is, is it from a catheter, clean catch or other source (e.g. suprapubic catheter). This information is very important for physicians in determining the significance of the culture result and for the infection control practitioners who calculate urinary tract infection rates.

New Urine Culture Label

LST/LN (01000)0000328-83-32 C3E C350-A 999999 TEST, LAUREN 000 M 01JAN60 ACCN# 01-06-317-0003 13NOV06 1104 TIME: _____ INIT: _____ REMEMBER: Write the time and initial the order	
99.9ML URINE CT RT/RT M URINE CLEAN CATCH URINE	
Clean Catch _____ Cath _____ Other: _____	
(01000)00000320-83-32 RT/R T TEST, LAUREN C3E C350-A 000 M 13NOV06 1104 01-06-317-0003 99.9ML URINE CT MICROBIOLOGY	
RT 01063170003 TEST, LAUREN M URINE	RT 01063170003 TEST, LAUREN M URINE

INDICATE

Clean catch _____ **X** _____

Cath _____ Other (write in text) _____

New Blood Gas Label

LST/LN (01000)0000328-83-32 C3E C350-A 999999 TEST, LAUREN 000 M 01JAN60 ACCN# 01-06-317-0001 13NOV06 1104 TIME: _____ INIT: _____ REMEMBER: Write the time and initial the order	
3.0ML HEP SYRN RT/RT ABG	
FiO2 _____	
(01000)00000320-83-32 RT/R T TEST, LAUREN C3E C350-A 000 M 13NOV06 1104 01-06-317-0001 3.0ML HEP SYRN CHEM STAT LAB	
RT 01063170001 TEST, LAUREN ABG	RT 01063170001 TEST, LAUREN ABG

INDICATE

The % of FiO2 by writing it next to

FiO2 _____ #%

- Blood culture:** This label has an area to check if the culture was drawn peripherally or from an existing intravascular line. The UMMC policy directs staff to draw all blood culture samples from peripheral venipunctures; drawing from an existing vascular line can occur only physician order. Blood cultures can become contaminated with bacteria that colonize the lumens of the intravascular line. Therefore, it is imperative that the slip indicate if the blood was obtained from an intravascular catheter. This may prevent a patient from receiving unnecessary antibiotic therapy. Additionally, it allows for more accurate surveillance for central line-associated bloodstream infections.

Please fill out these lab labels completely to promote patient safety and the accuracy of our infection control surveillance data.

- Arterial Blood Gas:** This label has a trigger to prompt the collector to write in the FiO2 on the slip to ensure entry of this information into PowerChart along with the ABG result. Physicians will use this information to guide therapeutic interventions and the infection control practitioners use the information for identifying patients with ventilator-associated pneumonia.

New BLOOD Culture Label

INDICATE

An **X** next to **Peripheral** _____ **X** _____

or

If the blood is drawn from a line e.g. R CVC, write the **site** next to

Other _____ (write in text) _____

LST/LN (01000)0000328-83-32 C3E C350-A 999999 TEST, LAUREN 000 M 01JAN60 ACCN# 01-06-317-0002 13NOV06 1104 TIME: _____ INIT: _____ REMEMBER: Write the time and initial the order	
6.0ML BLD CULT RT/RT 6.0ML BLD CULT RT/RT M BC BLD M BC BLD	
Peripheral _____ Other _____ REMEMBER: Check Peripheral or write in Site	
(01000)00000320-83-32 RT/R T (01000)0000320-83-32 RT/R T TEST, LAUREN TEST, LAUREN C3E C350-A 000 M 13NOV06 1104 C3E C350-A 000 M 13NOV06 1104 01-06-317-0002 01-06-317-0002 6.0ML BLD CULT MICROBIOLOGY 6.0ML BLD CULT MICROBIOLOGY	
RT 01063170002 TEST, LAUREN M BC BLD	RT 01063170002 TEST, LAUREN M BC BLD



Getting Ready for Prime Time: Electronic Medication Order Entry

By October 2007, almost 100 percent of order entry for all patient care orders including medications will be electronic completing a huge two-year project officially called Millennium Optimization. Computer-based order entry is already online for patient care orders, laboratory and radiology tests. Three units in Women's and Children's Health Division already have electronic medication orders. In July, all of the units in the Shock Trauma Center and the Pediatric Service will use the computer to enter orders and the entire Medical Center will be online by October.

Once implemented house-wide, the new order entry system will:

- Improve patient safety by:
 - Eliminating illegible handwritten orders;
 - Eliminating dangerous abbreviations;
 - Alerting prescribers to doses ordered outside recommended dose ranges, if the patient is already on a similar drug or has a relevant allergy;
 - Using evidence-based information on selecting the best drugs for certain diagnoses;
 - Enabling pharmacists to process and validate medication orders from any computer, instead of being tied down next to a fax machine where orders are currently sent;
 - Eliminating delays that can occur in faxing orders from units to the pharmacy, which will mean medications can get processed sooner and be sent to the units faster.
- Consolidate important patient information so that providers can more efficiently admit and discharge patients, conduct rounds, place or sign orders, and document care provided.

Teams are finalizing their design work, including reviewing all order sets, updating policies and procedures, determining the number of computers needed and developing training for all end-users. The 2007 training plans for physicians, nurse practitioners, nurses and pharmacists are shown here:

March	May	June	July	August	October
Managers receive training schedule, and additional computers purchased.	Training for Shock Trauma Center and Pediatric Services.	Training for the other Medical Center's in-patient staff.	Go live in Shock Trauma Center and Pediatric Services.	Go live in the other Medical Center's in-patient areas and ED.	No more paper-based medication orders!

According to 11 East Senior Partner **Ronetta Lambert**, BSN, RN, who is the lead nurse for the project, one of the goals is to improve unit work flow, which includes all of the steps involved from the time a physician orders a drug to when it is administered. "The work flow process varies from unit to unit, depending on the unique needs of each of our patient populations. As a result, the system is designed to accommodate the needs of clinicians in different units, and the design committee includes about 25 nurses representing different areas in the medical center," says Lambert.

Physicians, nurses and pharmacists had hands-on demonstration of the preliminary design of the electronic medication order system in mid-December. "These sessions were critical because they helped us to validate design decisions made by various committees," says **Anna E. Schoenbaum**, MS, RN, CCRN, senior project manager from the Information Technology Group. "We are using the input of these end-users to refine the system's design."

Instituting electronic medication orders throughout the Medical Center is a challenge, since these orders account for more than 95 percent of all prescriber orders in our hospital. But, doing so is a major step for improving patient safety. "When we implement Millennium Optimization, we will be among a small percentage of hospitals nationwide that are leaders in this important patient safety initiative," says **Timothy Babineau**, MD, MBA, chief medical officer and executive sponsor of the program.

Electronic order entry— Part of the Larger Picture

The Medical Center's electronic order entry is happening simultaneously with a Medical System-Wide effort to use advanced technology to improve patient care and access. The project, called **Portfolio**, will become the integrated electronic medical records system for patient care throughout seven of the Medical System's hospitals and School of Medicine clinical offices. A rolling launch of Portfolio will be underway in the fall of 2007—beginning with ambulatory care, patient registration and scheduling—close to the time that **electronic order entry** will be implemented as an inpatient tool in the Medical Center.



UMMC Staff Enrolled in New Nursing Leadership Graduate Program

In January 2007, 18 UMMC nurses became the first group of UMMC staff enrolled in the University of Maryland School of Nursing (UMSON) Master Degree in Health Service Leadership and Management program. This program blends traditional elements of nursing administration with specialty courses to assist students to practice in a variety of health care settings, support positive change in the health care industry, and collaborate with other health care professionals and managers.



All students complete the master's core courses and the Health Sciences Leadership and Management core courses, after which they concentrate their studies in a selected focus area and apply acquired knowledge, skills, and competencies in acute care, ambulatory, long-term or home health care settings, among others. The focus areas include education, executive practice, oncology, case management and informatics. The education and executive practice focus course can be completed online, and Web-based courses may be available for other focus.

Master's Core Courses		
Course	Title	Credits
NURS 622	Systems and Populations in Health Care	3
NURS 659	Organizational and Professional Dimensions of Advanced Practice Nursing	3
NURS 701	Science and Research for Advanced Practice Nursing	4

Leadership & Management Core Courses		
Course	Title	Credits
NURS 690	Managerial Health Finance	3
NURS 691	Organizational Theories: Applications to Health Service Management	3
NURS 736	Computer Applications in Nursing and Health Care	3

Focus Areas Courses		
	Focus course range from five to seven depending in the area of focus	17 to 23
	Total Credits	36

This program, funded through the state's Nurse Support Program, was developed through a partnership between staff at UMMC and UMSON. The program includes three groups of 20 UMMC nurses who began or will begin their education in the Spring 07, Fall 07 or Fall 08 semesters. These students are pre-registered for courses that are only available to them. All of the required courses are available as online courses. The students must complete four electives that may/may not be available online depending on their selections. The funding also allows for tutors when needed.

In order to apply, staff must have a bachelor's of science in nursing. For more information, please contact **Trisha Fronczek**, BSN, RN, CCRN, at tfronczek@umm.edu, UMMC Program Coordinator or go to the school's Web-site at <http://nursing.umaryland.edu/programs/ms/leader.htm>.



Karen Johnson Appointed Director of Nursing Research

Karen Johnson, PhD, RN, has been appointed the Director of Nursing Research and Evidence-Based Practice at UMMC. She will work in this 50% position while working the other 50% of her time at the UMSON. Although all of her responsibilities in this new role are too numerous to list here, her principle work will be to:



Karen Johnson, PhD, RN, has been appointed the newly position of Director of Nursing Research and Evidence-Based Practice at UMMC.

- Assist nurses in identifying patient care problems and processes that can be addressed through a critique and synthesis of literature.
- Assist staff in design and implementation of studies and dissemination of research findings.
- Assist in the preparation of abstracts, manuscripts, and oral/poster presentations.
- Act as the advisor/facilitator to the Nursing Research Council.
- Promote a culture of nursing research and evidence-based practice.
- Assist with the development of research grant proposals, acquisition of grant funds and administration of grant funds that support research and evidence-based practice initiatives.
- Act as a liaison between the UM School of Nursing (UMSON) and UMMC to facilitate research and evidence-based practice.
- Provide collaborative opportunities for UMMC nurses and UMSON faculty and students to participate in interesting and innovative research and evidence-based practice projects that build on their respective expertise.
- Provide opportunities for research collaboration with other disciplines.
- Assist in the implementation of evidence-based practice to promote quality care.
- Identify learning needs in relation to nursing research and evidence-based practice.
- Collaborate with Professional Development in planning and implementing innovative programs to meet learning needs of nursing staff about nursing research and evidence-based practice.

With a BSN from Niagara University, MSN from the University of Rochester, and her PhD from University of Kentucky, Karen has been at the UMSON since 2002 teaching in the trauma/critical care/emergency master's program. Prior to that she held joint appointments with the UMSON and medical centers at University of Kentucky and University of Arizona where she taught critical care and functioned as a Critical Care Clinical Nurse Specialist.

She has conducted clinical nursing research in the areas of endotracheal suctioning, use of neuromuscular blocking agents, influence of ventilator mode on measurement of pulmonary artery pressures, and the assessment and measurement of oxygenation.

Karen has presented her research nationally at meetings of the American Association of Critical Care Nurses and the Society of Critical Care Medicine, and her research has been published in American Journal of Critical Care, Critical Care Medicine and Journal of Cardiovascular Nursing. Also, she has authored over 40 textbook chapters on critical care.

Karen will be in-house at UMMC on Wednesdays and Thursdays, and her office will be on 10 West.



Changes to ACLS Renewal Requirements

On July 1, 2007, ACLS renewals will require a **current ACLS card** in addition to a current Health Care Provider card. The office of Clinical Practice and Professional Development will no longer offer a six-month extension on any ACLS card for renewal, but will offer renewals on a monthly basis for your convenience. Additionally, new textbooks are required for all participants for ACLS Provider and Renewal courses due to recent practice changes and a computer based self-assessment that must be completed prior to attending any course. If you have any questions, contact Chris Couchman at 410-328-6257.

First Cardiac Surgery Certification Exam Review Course Offered

The Medical Center is sponsoring a one-day Cardiac Surgery Certification Exam Review Course on **April 16th** for staff interested in advanced certification in this cardiac surgery specialty. This 6.5 contact hour course, schedule shown below, is designed for cardiac surgical ICU nurses interested in a review program for preparation for AACN's advanced Cardiac Surgery Certification Exam.

This course will be held in the **new** Learning Center in the ground floor of the **Paca/Pratt Building** at 110 Paca Street. This program has been approved by the American Association of Critical Care Nurses (AACN) for 6.5 contact hours, category A, File Number 070122-1. Course content includes:

- factors that influence cardiac output, oxygen supply and demand;
- medications used to enhance and support cardiac output;
- indications for cardiac surgery;
- types of coronary artery conduits, advantages and disadvantages of each;
- difference between biologic and mechanical valves;
- potential complications of cardio-pulmonary by-pass machine;
- alternatives to on-pump surgery;
- types of thoracic aneurysms;
- surgical repair for thoracic aneurysms;
- management of potential complications in the immediate post-operative phase; and
- management of potential complications in the late post-operative phase.

The course faculty includes **April J. Bahruth**, RN, MS, APN,C, CCRN, Clinical Education Coordinator, **Yolinda Moncada**, RN, BSN, Senior Partner, **Ann Acka'a**, RN, BSN, Senior Partner and **Robby R. Klawitter**, R.N., MS, ACNP, CCRN, Critical Care Nurse Practitioner, all of whom work in the Cardiac Surgery Intensive Care Unit.

Call **410 328-6257** if you would like a copy of the course brochure faxed or e-mailed to you.

Adult CSC Examination Review Course Schedule – Monday, April 16, 2007

07:30 – 07:50	Registration
07:50 – 08:00	Welcome and Course Overview <i>April J. Bahruth, MS, RN, APN,C, CCRN</i>
08:00 – 10:00	Pre-Operative & Intra-Operative Management of the Cardiac Surgical Patient <i>Robby R. Klawitter, MS, RN, ACNP, CCRN</i>
10:15 – 11:30	Hemodynamics in the Cardiac Surgical Patient <i>April J. Bahruth, MS, RN, APN,C, CCRN</i>
11:30 – 1:00	Catered lunch sponsored by Cardene IV, PDL BioPharma
1:00 – 2:30	Post-Operative Management of the Cardiac Surgical Patient, Part I <i>Yolinda Moncada, BSN, RN</i>
2:45 – 4:15	Post-Operative Management of the Cardiac Surgical Patient, Part II <i>Ann Acka'a, BSN, RN</i>
4:15 – 4:30	Evaluation and Distribution of Continuing Education Certificates



Cardiology Staff Offer Heart Disease in Women Program

The Division of Cardiology along with the American Heart Association (AHA) is holding an educational and fund raising program entitled **Heart Disease in Women** on **Saturday, April 28, 2007**. The program will be held in the new Learning Center in the Paca / Pratt Building and run from 8:30 am till 1:00 pm ending with a light lunch. The target audience is First-year Cardiology Fellows, Registered Nurses, NP's, and Technicians. The cost, including lunch, is \$35.00, which is tax deductible since all of the registration money will be given to the AHA. This program has been approved by the American Association of critical Care Nurses (AACN) for 4.0 contact hours, Category A, File number 070227-1.

Call **1-800-373-4111** to register or get a copy of the program brochure.

8:15 **Registration & Continental Breakfast**

8:55 **Opening Remarks**

9:00 **Heart Disease in Women**

Wendy Post, MD - Keynote Speaker

The remainder of the program will be divided into two (2) tracks. Each track will include three (3) forty-five minute lectures with a 10 minute question and answer session. These tracks will include the following topics; Electrophysiology, Cardiac Catherization and Echocardiography (ECHO). There will be an area on the registration form to check off which track you would like to attend.

TRACK I:

10:00 a.m. **Syncope - A Women's Problem?**

Robert (RE) Hood, M.D.

11:00 a.m. **Sudden Cardiac Death –
Gender Differences**

Stephen Shorofsky, M.D.

12:00 p.m. **Catheter Based Ablation
of Cardiac Arrhythmias**

Allison Richardson, M.D.

1:00 p.m. **Luncheon & Adjournment**

Lunch will feature recipes from the AHA cookbook. Attendees will also have the opportunity during this time to visit the vendors exhibiting equipment being utilized to diagnosis and treat heart disease.

TRACK II:

10:00 a.m. **Restenosis vs. Thrombosis:
The Role of Drug Eluting Stents**

Kelly Miller, M.D.

11:00 a.m. **Aortic Stenosis and Overview**

Christopher deFilippi, M.D.

12:00 p.m. **Beyond LOL: Tracking Cholesterol
Disorders in Women**

Elizabeth (Liz) Schilling, RN, NP



News & Views is published bimonthly by the
Department of Patient Care Services

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