Published bimonthly by the Department of Patient Care Services of the University of Maryland Medical Center

News & Views

Department of Patient Care Services University of Maryland Medical Center May-June 2007

New CNO and Senior VP, Lisa Rowen, DNSc, RN, Joins Medical Center

UMMC's new Chief Nursing Officer and Senior Vice President of Patient Care Services, **Lisa Rowen**, DNSc, RN, started here on April 9, 2007.

Our new Chief Nursing Officer and Senior Vice President of Patient Care Services, Lisa Rowen, DNSc, RN, started here on April 9, 2007, and since then she has been getting to know us through a hands-on approach. You may have seen her rounding in a variety of patient care areas, speaking with staff and faculty, or attending PCS Council meetings. Lisa's short term goal is to meet many people and round through our units as soon as possible. Initially, she has found that some of the most challenging aspects of the new job are learning the organizational culture; layout of the hospital and where clinical services reside; and what person, council or committee is responsible for specific outcomes. "There is usually a steep learning curve when you move to a different organization, but it is also an exciting opportunity to infuse a new environment and culture with a different perspective or way of doing things," says Lisa.

For the past eight years, Lisa served as director of surgical nursing at Johns Hopkins Hospital, where she began her career as a nurse in the '80s. At Hopkins, Lisa was responsible for one of the country's largest surgical care programs, which included 220 acute and ICU beds, 39 operating rooms, two large PACUs, and approximately 60 advanced practice nurses. Previously, she held senior leadership positions at Mercy Medical Center in Baltimore. Lisa also worked at the University of Maryland School of Nursing for five years and as a clinical nurse in our Float Pool. Holding an adjunct associate professor appointment in the University of Maryland School of Nursing, Lisa also holds adjunct faculty appointments in schools of nursing at Johns Hopkins University and George Mason University.

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New CNO

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When asked why she came here Lisa says, “The University of Maryland Medical Center is a world-class institution with tremendous potential for growth, and I look forward to being part of that.” Lisa speaks with passion about excellence in nursing practice and patient care outcomes, innovative safety programs, and the importance of patient and staff satisfaction. “We need to frame every patient encounter by asking ourselves what we would want if we were the patient and what we can do to surpass the patient’s expectations,” Lisa says.

Describing her goals for the first year, Lisa says our efforts will be focused on continuously improving patient and staff satisfaction, by weaving best practices for safety and satisfaction into all we do. Lisa also wants to continue to develop and strengthen the partnership between nursing at the Medical Center and the School of Nursing. She believes there is great value in collaboration with faculty at the School, and foresees increased joint efforts related to teaching, research and clinical practice. With an eye toward retention, Lisa says it is critical that we keep our excellent nurses through creative strategies for professional development and growth. Lisa believes working toward these goals over the next year will support our journey to Magnet status and looks forward to re-application in 2008.

Lisa Rowen, DNSc, RN, is an adjunct associate professor at the University of Maryland School of Nursing,and holds adjunct faculty appointments in schools of nursing at Johns Hopkins University and George Mason University.

Today,

we celebrate everything you are!

Skilled and capable...experienced and professional...compassionate and caring...what you are, and what you bring to your nursing career at UMMC, makes our care truly remarkable. As we celebrate National Nurses Week, we’d like you to know how much we appreciate the beautiful gifts you share...today, and every day of the year.

Thank you Nurses!

Advancing the practice of nursing, every day.

www.ummcnursing.com

University of Maryland Medical Center

UMMC is proud to support an environment of diversity and encourages inquiry from all applicants. EOE

NATIONAL NURSES WEEK 2007

Event Calendar for Nurses Week 2007

May 6/7 — **Leadership Rounds** to say *“Thank You”* (time varies) to all UMMC nursing staff with a treat!

May 8

2-3pm — **Nursing Grand Rounds -** “Family Witnessed Resuscitation” *UMMC Auditorium*

May 9

6-9am — **Nursing Staff Breakfast** *Courtyard Café*

7am — **Clinical Practice Summit** *Weinberg Atrium*

May 10

24 hrs — **“Sea of Blue” Day** Wear your blue nursing shirt!

1-3pm — **Annual Recognition Celebration** *UMMC Auditorium*

3:30pm — **Sea of Blue Photo** Show up for a huge group picture! *Weinberg Atrium*

May 11 — **Nursing Support Staff Salute Day** (time varies) *Unit based* events, planned by managers

12 noon — **Savvy Stove Top Cooking Demo** Denise LeBlanc, Patient Services Mgr., Food & Nutrition & Lisa Rowen, Sr. VP and CNO *UMMC Auditorium*

A Future in Healthcare?

The Biology class from the Barrie School in Silver Spring visited UMMC and Perioperative Services to get an inside view of some of the different careers available in healthcare today. The tour was organized by Dr. Ann Savarese, MD, Pediatric Anesthesiologist at UMMC.

Bilogy class from Barrie School in Silver Spring visited UMMC to get an inside view of healthcare today.

The students started off in the OR where they had a chance to talk to both surgeons & nurses. They were also given a demonstration of a cardiopulmonary by pass machine. Next stop was Shock Trauma with a visit to the TRU and the helipad. Before leaving, the class also visited the new simulation lab and the Gamma Knife Center.

The students left with many new impressions, and several expressed an interest in pursuing not only the traditional healthcare jobs, such as a registered nurse or physician, but some of those they had encountered through their day, i.e. perfusionist and medical physicist.

High school tours are available on a limited basis. Contact **Lena Stevens**, Clinical education Coordinator, Perioperative Services.

Nurse Practitioner: Practice Highlight

Meenakshi Khatta, MSN, CRNP, a Nurse Practitioner in the division of Cardiology, graduated from an Integrative Medicine Fellowship program offered by University of Arizona in December 2006. The Fellowship in Integrative Medicine is a two-year program designed for physicians, nurse practitioners, and physician assistants who want to incorporate the philosophies and techniques of integrative medicine into their clinical practice. The training program emphasizes clinical applications, utilizing case studies and collaboration to provide a broad conceptual and practical education in integrative medicine. The Fellowship also addresses the philosophy, techniques, and practical applications of integrative medicine with the personal values, beliefs and commitment of the health care provider.

Meena hopes to integrate her knowledge into her clinical practice emphasizing nutrition, mind body modalities such as meditation, guided imagery, and herbals. She believes that good health care uses a healing-oriented approach that takes account of the whole person (body, mind, and spirit), including all aspects of their lifestyle. This allows development of the therapeutic relationship and makes use of all appropriate therapies, both conventional and alternative. She will be speaking on the subject during this year's Nurse Practitioner Conference at the Marriott, BWI in June. Congratulations to Meena on this accomplishment.

Cardiology Nurse Practitioner **Meena Khatta**, MSN, CRNP, has been trained in integrative medicine and she will speak on this topic at the Second Annual Nurse Practitioner Clinical Workshop at the Marriott BWI Hotel on June 7 and 8, 2007.

Tell Us Your Stories

When we asked nurses to "Tell Us Your Stories", we wanted to know about a big moment, an inspirational time in their practice or an experience that left an imprint in their memory. We were interested in patient feedback about their practice, too. We got lots of stories. Here are just a few of the many stories that we thought you would enjoy reading.

"Several years ago I was approached by one of the senior nurses in my unit to participate in a video about an extremely ill patient we had cared for in the CCU who survived an episode of cardiogenic shock. The video was sponsored by one of the drug companies and scripted by the senior nurse in the unit as a case study. As I had been one of her primary care givers at the time I was asked to take on the role of primary nurse and one of the other nurses in the unit took the role of associate nurse.

"Little did I know what all this would involve! A production team was sent to UMMC from New York and we filmed this video over the course of 2 days. I knew the video would be shown around the Baltimore/Washington area through the drug company for educational purposes.

"Now, here the story gets even more interesting. This all occurred in the late '80's. That year I had studied for and passed the CCRN exam, and at that time I was one of the very few in our unit to have achieved that certification. As a reward for that accomplishment the hospital sponsored a large portion of my trip to travel to the National Teaching Institute (NTI) for critical care nurses which was being held in San Francisco that year. Imagine my surprise as I was walking through the exhibits at the NTI when I heard my voice coming through one of the audio speakers at one of the booths. I turned around and saw on a large screen, our video being played for nurses all across the country at the institute. The nurses were even able to obtain CEU credit from viewing the video. I was very proud to think that a project that had started in our ICU was being used as an educational experience and being shared with nurses across the country."

CCU

"I wanted to complement your staff and thank them for a very positive experience. Over the 21 years of my son's life and 17 of my daughter -- or 38 parent years, I have visited most ER's in Maryland. Between allergies, asthma, cardiac problems (Long QT) and various sports injuries we have visited Hopkins, Sinai, St. Agnes, GBMC, Franklin Square, Fallston, and Upper Chesapeake, not to mention a few out of state institutions. I must tell you that our experience on Tuesday evening was superior to all of these other institutions.

"While at dinner on Tuesday, through a unique set of circumstances, my daughter was exposed to peanuts. She has a known allergy and carries an Epipen--or so I thought, but this time she did not have it, so off we rushed to the ER. Fortunately, we were very close to UMMS. I arrived like something out of a movie and we rushed inside. We were immediately directed to the Peds ER where after buzzing the door, were ushered immediately to a treatment room.

"Within the first 10 minutes we were seen by Dr. Clausen, a nurse by the name of Nancy, placed on a monitor, had a line in, and was given albuterol and benadryl. The shift changed and we were introduced to the night nurse, Jude. Within about 20-25 minutes, my daughter had been given Prednisone, Phenergan and Zantac. She was observed regularly for the next two hours and discharged home, sleepy, but recovered from a potentially life-threatening event.

"She was also seen by one other physician and another nurse, who placed the IV. I apologize that I do not remember their names, but do not let my memory loss diminish their contributions to my daughter's care! Everyone we encountered was highly skilled, thoughtful and clearly knew the meaning of 'care'.

"I am a nurse practitioner, formerly in the UM Neurology Department. However, when my children are involved, I am no longer a health care provider, I am a mom. And as much as we parents and our sick children need medical expertise, we also need kindness, comfort and supportive care. We found all of these at the UMMC Peds ER on Tuesday evening. From triage to discharge the care provided was superior! Thank you to everyone!"

Letter written to the Pediatric Emergency Department

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Tell Us Your Stories

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"I had an inmate who had been in jail for a long time and was dying of lung cancer and not eligible for time and was not eligible for parole - even though he was dying. Initially he said that he had no family to notify. Something made me question this and on further digging he told me that he had family somewhere in southern Maryland.

"I called the chaplain at his prison and I was told no one had visited the inmate in years and that they did not have a contact number. The inmate gave me the name of the town and his relative's name, but there was no phone listing for the name. I then called the State police in the area to see if they could help. They directed me to the town's police department, who in turn, directed me to the local volunteer fire department.

"Finally I got a volunteer fireman who knew of the family and he went to the family's home and had them call me at the hospital. I then made arrangements with the police department for the family to come to Baltimore to see the inmate. I got the correctional staff to make arrangements for the family so they could stay at his bedside around the clock until he passed away. It was quite an ordeal to deal with the State Department of Corrections, Fire, and State police - but my patient died with his family at his bedside. Subsequently, I have been able to advocate for dying inmates and have been successful in obtaining permission for families to remain at their bedside until the inmate expires."

Correctional Unit

"I took care of a young man recently that really impacted me. He was only 21, an only child, had a very protective mother. He had an aggressive form of Non-Hodgkin's lymphoma and had many courses of chemo and radiation therapy, but had never obtained a remission.

"He came in for chemo treatment and he did not improve. It was evident that he would not make it home. I was able to help him, his mom and his family with the dying process. We gave him pain meds to make him comfortable and meds to help dry up his secretions. To make him comfortable the dose of the morphine was fairly high, but that is what it took. When he did pass away it was very peaceful. His mother paid us a huge compliment and said that we allowed her son to die with dignity. Even though this was a very sad moment, I did feel that this is why I became a nurse--to help others no matter what the circumstance."

N9West

Converting Our Intraoperative Skin Prep to Chlorhexidine Gluconate

UMMC is converting to chlorhexidine gluconate 2%/70% isopropyl alcohol formulation (ChloraPrep®) as the preferred skin preparation before most surgical and invasive procedures. Chlorhexidine gluconate has been shown to achieve superior reductions in skin microflora and maintains greater residual activity after a single application compared with other skin preparations. The American College of Surgeons and the Center for Disease Control and Prevention recommend its use as a best practice measure to prevent surgical site infections. As such, preferential use of this product has been approved as hospital policy.

However, it should **not be used for**:

- pediatric patients who are less than 2 months of age;
- pregnant women undergoing vaginal delivery;
- patients with known allergy/hypersensitivity to Chlorhexidine, and
- procedures that potentially involve exposure to mucous membranes; therefore, procedures involving the head are excluded due to potential ear and eye exposure.

The implementation date is scheduled for May 10, 2007. If you have any question call **Joan Hebden** at extension **8-5757.**

Karen McQuillen & Kerry Mueller Are Finalist in Regional Excellence Award

Karen McQuillen and **Kerry Mueller** were chosen as finalist in the *Nursing Spectrum/NurseWeek Excellence Award* program. This program honors regional achievements in nursing in the categories of managers, educators, advanced practice nurses, staff nurses and other RNs who have made significant contributions in education, professional development, and/or long term learning of nursing professionals. Karen McQuillan was chosen as a finalist in the educator category and Kerry Mueller was chosen for her achievements in management at UMMC.

Nursing Spectrum and *NurseWeek*, publications of the **Gannett Healthcare** Group, created the national Nursing Spectrum/NurseWeek Excellence Award program to recognize extraordinary contributions nurses make to their patients, each other, and the profession. The 2007 Nursing Spectrum/NurseWeek Excellence Award program includes nominations from 11 regions on the east and west coasts. We are honored to have two of the finalist from the Baltimore-Washington region here at UMMC. Congratulations to both of Karen and Kerry.

Karen McQuillan RN, MS, CCRN, CNRN has served as an advance practice nurse for almost 20 years with exemplary, dedicated service to the University of Maryland Medical System's Shock Trauma Center patients and nursing staff. She has gone before the State legislature to support the needs of the citizens of Maryland as it related to ensuring appropriate resources for traumatic brain and spinal cord injured patients. Karen was appointed by the Governor to serve on the Traumatic Brain Injury Advisory Board of the State of Maryland, supporting both the nursing profession and the needs of patients. She was instrumental in the site survey designating the Shock Trauma Center as the Primary Adult Resource Center for the state of Maryland.

Karen McQuillan RN, MS, CCRN, CNRN, is a Clinical Nurse Specialist in the Shock Trauma Center, and she is one of two UMMC nurses who were chosen as finalist in the 2007 *Nursing Spectrum/NurseWeek Excellence Award* program; Karen is a finalist in the educator category.

Karen served as a leader in the development of the Relationship Based Care delivery model at UMMC, and as an outcome of this important work she submitted an abstract to The American Association of Critical Care Nurses for their 2007 National Teaching Institute (NTI) conference. Additionally, Karen presented numerous lectures, research, pre-conference workshops and served on the planning committee for the NTI, while mentoring five Shock Trauma nurses to submit session abstracts for the 2007 NTI. Recently she is working with a peer to begin a new research project looking at the stress & compassion fatigue that nurses experience as a result of working in the trauma environment.

Karen coordinated two 3-day trauma courses sponsored by the United States Department of State and the University of Maryland School of Nursing in the spring of 2006 Karen is the lead editor of **Trauma Nursing: Resuscitation through Rehabilitation** (4th ed.) St. Louis: Elsevier. McQuillan KA, Flynn MB, Whalen E. (eds.), and served in this capacity for the 3rd edition as well. This text book is the most complete book of its kind.

Karen McQuillan was nominated by Gena Stanek, Clinical Nurse Specialist, Shock Trauma Center.

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Karen McQuillen & Kerry Mueller Are Finalist in Regional Excellence Award

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Kerry Mueller, RN, BSN, MBA, Patient Care Services Manager, MICU, Kerry Mueller is one of two UMMC nurses who were chosen as finalist in the 2007 *Nursing Spectrum/NurseWeek Excellence Award* program; Kerry is a finalist in the management category.

Kerry Mueller, RN, BSN, MBA, Patient Care Services Manager, MICU, is a multi-dimensional manager who continues to lecture as a Faculty Associate at the University of Maryland School Of Nursing (UMSON). She serves as a panel member for the School of Nursing, helping to guide students transitioning from their student role to role of professional registered nurse, and participated as a preceptor for the new master's degree program, Clinical Nurse Leader with UMSON. Kerry is a respected instructor in courses on delegation, critical thinking and critical care for oncology patients. As a good mentor, Kerry, consistently empowers others so their personal and professional growth is enhanced. She understands that successes and failures occur and has taken opportunity to learn from both experiences.

Recently, Kerry accepted a significant strategic challenge issued by our organization. That challenge was to design, build and plan the most modern and one of the largest Medical Intensive Care Unit (MICU) in the State of Maryland. Kerry demonstrated passion for the project with her intense desire to create an exceptional care environment. Even as a new manager, Kerry consistently showed the ability to accept and manage the challenges associated with such a critical and strategically driven project. Her ability to communicate a clear vision to the planning and implementation teams was a pivotal ingredient in the success of this project, and aided her in establishing strong partnerships with the entire multidisciplinary team, gaining their support. Kerry enabled the teams to see the end goal and understand the steps to achieve success.

This revolutionary challenge included the new care delivery model with a focus on safety and efficiency, requiring the involvement of the multidisciplinary team as a collaborative partner. Kerry was responsible to coordinate the hiring, orientation and training of all nursing staff for the expanded unit size. She had to incrementally open beds until full capacity was achieved and plan and implement all operational elements to have a fully operational unit ready and staffed to receive patients from the community. This required Kerry to hire and orient fifty (50) new registered nurses, fifteen (15) and thirteen (13) nursing students for the new unit.

To safely integrate an extended new team into practice, ensuring competency and minimizing risk, Kerry designed a mentoring structure that ensured all staff would have the confidence and ability to practice safely. Kerry supported the new incoming staff with a senior team of competent RN resources that aided in their development of critical decision making, ensuring their successful transition.

While planning to transition to new space, Kerry continued to work on patient care and safety initiatives - reducing blood stream infection rates below the national average, implementing new practices to reduce ventilator acquired pneumonia rates and promoted active staff participation in a multi-disciplinary, computer based, research project to tightly manage glucose control for critically ill patients. This work became a part of the culture of the new unit.

Kerry Mueller was nominated by John Preto, Patient Care Services Director.

Denise Choiniere Highlighted in *Health Care Without Harm's Luminary Project*

Denise Choiniere, BSN, RN was highlighted by *Health Care Without Harm's Luminary Project* for her environmental efforts in the CCU where she is a Senior Partner.

Recently, **Denise Choiniere**, BSN, RN was highlighted by *Health Care Without Harm's Luminary Project.* The Luminary Project is a Web-based effort to capture the illuminating stories of nurses' activities to improve human health by improving the health of the environment. The stories on the Website show how nurses are creatively and strategically addressing environmental problems and illuminating the way towards safe hospitals, communities with clean air, land and water and children born without toxic chemicals in their bodies. Denise has been highlighted on this Website for her efforts in creating CCU's Quiet Hour and implanting alkaline battery recycling.

Denise firmly believes that as a healing institution, hospitals should "first, do no harm" Currently, all of our waste from nursing units is sent to an incinerator. Incinerators burn waste, which has been linked to toxic air pollution and toxic ash. Air pollutants can affect both the local communities and can travel the jet stream to pollute distant lands and people. These dangerous pollutants are linked to cancer, learning disabilities and other illnesses. UMMC has a very good program to recycle re-chargeable batteries; however we did not have a program to recycle alkaline batteries.

Last fiscal year, UMMC purchased **97,000** alkaline batteries that are used for telemetry boxes, pacemakers, beepers, flashlights, digital cameras, and other devices requiring a portable energy source. And, all of these batteries were being thrown away in the trash, and sent to the incinerator. Denise initiated the alkaline battery recycling program at the unit level, which will decrease the amount of waste sent to the incinerators.

Recycling batteries keeps heavy metals out of landfills and the air. Recycling saves resources because recovered plastics and metals can be used to make new batteries.

Denise worked with **Leonard Taylor**, VP of Facilities, **Henry Smith**, Director of Facilities and with a representative from Hospitals for a Healthy Environment to make this process change happen. All units and departments have now been provided with white buckets with yellow stickers (see adjacent photo) to collect used batteries. Staff are encouraged to bring in their dead alkaline batteries from home and put them in these white buckets. Used batteries will be picked up by the Facilities Department. Feel free to contact Denise with any further questions or concerns at dchoiniere@umm.edu

For the complete story go online to: http://www.theluminaryproject.org/story.php?detail=131.

We Discover: Nursing Research at UMMC

The topic for the March UMMC Nursing Journal Club was "Verification of Nasogastric Tube Placement". **Karen Johnson**, PhD, RN, Director, Nursing Research, was the facilitator for the day shift Journal Club, and **John Haacke,** RN, Senior Partner (6 Select Trauma/Critical care IMC, was the facilitator for the night shift Journal Club. Both sessions were well attended and included participants from a wide variety of clinical areas. Both facilitators reported there were lively discussions as participants compared current practice with research findings. As a result of these discussions, participants agreed that a review of our current practice is needed to ensure our practice is based on the most current evidence.

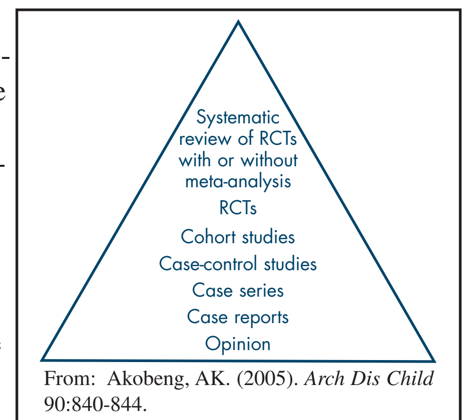
March Journal Club Articles

Methany NA, Meert KL, Clouse RE. Complications related to feeding tube placement. *Current Opinion in Gastroenterology* 2007; 23:178-182.

Bowman A, Freiner JE, Doerschug KC, et al. Implementation of an evidence-based feeding protocol and aspiration risk reduction algorithm. *Critical Care Nursing Quarterly* 2005;28:324-333.

Where is the Best Evidence for Changing Practice

We need to base our nursing practice on the best evidence available. Where do we find the evidence? We find the evidence in research studies published in professional journals. However, the quality of research articles varies and we must make sure we are not implementing practice changes based on unreliable evidence. Research evidence must be appraised before a decision is made to implement findings into practice.



From: Akobeng, AK. (2005). *Arch Dis Child* 90:840-844.

Some research designs are more powerful than others and results from those studies are often given more weight. There is a "hierarchy of evidence" that helps us rank the evidence. This figure is a nice illustration of the hierarchy of evidence we use in evaluating clinical nursing research. The ranking moves from simple observations on the bottom to increasingly rigorous research methods at the top. The top of the pyramid represents research evidence that is more likely to be closer to the true effect of an intervention than the findings generated by other research methods. Unfortunately, very few nursing research studies are conducted using randomized controlled trials as most of our research designs use case-control designs (see definitions in box).

It is really important that as we read research reports, we critically appraise the research and evaluate the evidence before we implement practice changes.

Definition of Terms

Meta-analysis: Data from individual studies are "pooled" and re-analyzed using statistics. By combining the individual studies, the overall sample size is increased. This improves the power of the analysis.

Randomized controlled trial (RCT): Type of study in which participants are randomly assigned to one of two or more clinical interventions. Most rigorous scientific method for evaluating the effectiveness of an intervention.

Cohort studies: Comprises patients at a certain stage in the course of the condition of interest. Some of the patients receive the intervention as part of their care, others do not.

Case-control studies: Rates of exposure to the intervention are compared for patients with and without the outcome/illness of interest.

Case series: Someone writes about their experience with a series of patients with the same condition or diagnosis.

Case report: Someone writes about an unusual case and reports it to others; usually a sentinel event.

Expanding Our Efforts To Prevent Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Infections

MRSA (Methicillin-Resistant Staphylococcus Aureus) is an extremely virulent pathogen and is responsible for considerable morbidity, mortality and cost among hospitalized patients. The increase in community-acquired strains (CA-MRSA) has significantly contributed to an expanding reservoir of infected patients in the hospital setting. As a result, a more aggressive control strategy to prevent transmission of the organism to other patients and healthcare workers is warranted.

The University of Maryland Medical Center has had MRSA reduction as a performance improvement initiative for many years. MRSA control measures that have been previously introduced include:

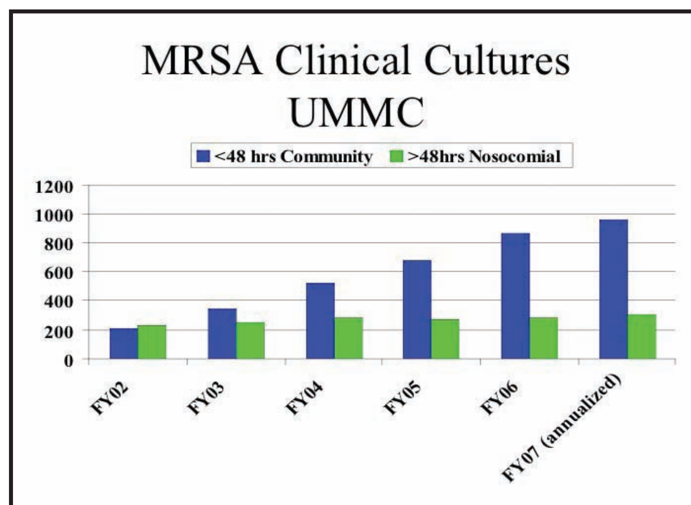
1) Contact Isolation precautions for all patients colonized or infected with MRSA,
2) Active surveillance culturing of the anterior nares on admission, weekly and at discharge for all patients in the SICU & MICU,
3) PowerChart alerts to identify patients with previously known MRSA,
4) Decolonization with intranasal mupirocin and chlorhexidine bathing of patients undergoing CABG and instrumented spinal surgeries, and
5) Preoperative bathing/showering with chlorhexidine for elective surgical patients.

Despite implementation of these measures, the incidence of MRSA has continued to increase (see graph shown here). In response to recommendations from the Society of Hospital Epidemiologists of America (SHEA) and reports of significant MRSA reductions experienced in several hospitals, we have

- Expanded active surveillance for MRSA to all of the intensive care units (Multitrauma and Neurotrauma in October 2006 followed by all other ICUs in January 2007) to include admission, weekly and discharge specimens.
- Beginning February 1, 2007, non-ICU inpatients identified as high-risk will have an anterior nares surveillance specimen obtained on admission only. A patient is considered at **high-risk** of having MRSA if they have been **admitted to any healthcare facility in the prior 12 months and/or has a skin infection - boil, abscess, cellulitis or spider bite (characteristic description for MRSA skin lesions)**. These patients will be identified during the nursing intake/triage assessment that is performed within the first 24 hours after admission. The active surveillance specimens are being processed in the Microbiology Laboratory using a rapid technology to provide for quick turn-around-time and prompt initiation of Contact Isolation precautions.

The expansion of active surveillance, which identifies patients colonized with MRSA who would otherwise remain undetected, is only one component of care which will contribute to MRSA reduction. Other components include: adherence to Contact Isolation precautions, use of gowns and gloves to enter the room, compliance with hand hygiene before and after each patient contact, disinfection of reusable equipment, ensuring proper insertion and maintenance of intravenous catheters, and implementing the best practices for prevention of ventilator-associated pneumonia, such as head of bed elevation and mouth care.

Although our objective is to reduce all MRSA infections, we will be tracking hospital-acquired MRSA bacteremia and have targeted a 50% reduction over the next 12 months. This aggressive goal and will require support from all staff.



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Expanding Our Efforts

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Frequently Asked Questions

1) **How will the nursing staff know if a patient is high risk?**
The Intake Triage form will have screening questions. A "yes" response to either or both questions will automatically write an order for a nasal swab and a task will appear on the PAL from which a label can be printed.
2) **What if a patient has an existing MRSA indicator (is already known to have MRSA in the past)?**
Screening questions still need to be completed, but an admission nasal swab is not required.
3) **What if the patient does not meet the high risk screening criteria?**
A nursing task order for an admission MRSA surveillance nasal swab will not be generated.
4) **What if a patient is admitted from another unit in the hospital?**
This procedure only applies to patients during initial admission, not to subsequent transfers.

What You Need To Know

1) MRSA nasal surveillance swabs are needed on **every admission** that meets the screening criteria on the Intake Triage form.
2) All swabs should be obtained ASAP after admission.
3) Do not place patients on presumptive isolation if they meet the "MRSA screening" criteria. However, presumptive isolation should be implemented on patients who tell you they have a history of MRSA, or it is written or verbally communicated when transferred from another institution.
4) We will audit collection of specimens by unit– we need to achieve 100% compliance.
5) Compliance with the specimen collection will be reported to the unit manager.
6) Nursing staff will be notified and asked to collect MRSA nasal surveillance swabs of patients that were missed.

Specimen Collection Procedure for Adults

1) Insert a dry culturette swab into the patient's nostril (tip must be inserted up to 2.5 cm (1 inch) from the edge of the nares). Roll the swab 5 times.
2) Insert the <u>same</u> swab into the second nostril and roll swab 5 times.
3) Label swab with computer label marked for MRSA surveillance culture and send to the microbiology laboratory.

Questions: Call 8-5757.

Thank you for all your efforts to prevent MRSA.

PTT Ranges Change

You may have noticed a recent change in the PTT ranges (PTT = partial thromboplastin time – a test of blood coagulation) for the heparin weight-based protocol accessed via PowerChart.

- This change is not an error.
- The change was made to ensure that we are consistent with recommendations from the CHEST guidelines for heparin management.
- The new therapeutic range is 72-113 seconds.

Pharmacy staff recently created a standardized heparin curve that provides PTT ranges which correlate to anti-factor Xa activity of 0.3 - 0.7 IU/mL. Anti-factor Xa activity of 0.3 - 0.7 IU/mL represents the therapeutic range for patients on heparin. As a result, the new PTT ranges are higher than previously used.

Please contact **Brian Grover** at bgrover@umm.edu or **Agnes-Ann Feemster** at feemster@umm.edu if you have any questions.

Nursing Recognition Program: Advancing the Practice of Nursing, Every Day

On May 10, 2007, UMMC will be recognizing nurses using the theme, *Advancing the Practice of Nursing, Every Day*. Please join the Medical Center and your colleagues on May 10, 2007, 1-3pm, in the UMMC Auditorium for our Nursing Recognition Program, to celebrate the contributions our nurses make to advance nursing as a profession and patient care, every day. For more information, contact **Carla Middleton**, RN, MS, Professional Development Coordinator, cmiddleton@umm.edu, **8-6257**.

On May 6, 2007, the University of Maryland Medical Center (UMMC) will be joining the American Nurses Association in celebrating **National Nurses Week**, which is held May 6-12, every year. The week ends on May 12, the birthday of Florence Nightingale, founder of nursing as a modern profession. In honor of the dedication, commitment, and tireless effort of the nearly 2.9 million registered nurses nationwide to promote and maintain the health of this nation, the ANA and UMMC are proud to recognize registered nurses everywhere during this week for the quality work they provide seven days a week, 365 days a year.

ANA, through its 54 constituent member associations advances the nursing profession by fostering high standards of nursing practice, promoting economic and general welfare, promoting a positive and realistic view of nursing, and lobbying Congress and the regulatory agencies on health care issues affecting nurses and the public.

Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which registered nurses, the largest health care profession, are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

Second Annual Nurse Practitioner Clinical Workshop Scheduled for June 7 and 8, 2007

Our Second Annual Nurse Practitioner Clinical Workshop will be held at the Marriott BWI Hotel on June 7 and 8, 2007.

- Attendance is free for all Nurse Practitioners and NP students currently practicing within the University of Maryland Medical System (a $50 refundable deposit is required at registration).
- Continental breakfast, lunch, syllabus, parking and CE certificate included. Approved for 20 nursing contact hours.
- Students need to provide a photocopy of their University of Maryland School of Nursing Photo ID with their registration and this ID must also be presented at registration at the conference.

Call **410-328-6257** for more information or a copy of the program brochure, which can be faxed to you.

When to Use Regular vs Redi-Pak Quik Combo Electrode Sets

Several types of pre-gelled, self-adhesive cardiac monitoring electrodes are available from Medtronic, the manufacturers of our Life Pak 9s, 12s, and 20s.

Quik-Combo electrodes are used for defibrillation, synchronized cardioversion, pacing and ECG monitoring. UMMC stocks two different packaging options for Quik-Combo pads:

1.) Regular Quik Combo Pads (Adult electrodes)
2.) Quik-Combo Pads with the Redi-Pak Preconnect System (Adult electrodes that allow pre-connection of the electrode set to the device while maintaining electrode shelf life and integrity).

The Quik-Combo electrode set is a substitute for defibrillation paddles. It provides a Lead II monitoring signal when placed in the anterior-lateral position. It quickly restores the ECG trace on the monitor following defibrillation.

The Quik-Combo electrode set is a substitute for defibrillation paddles. it should **not be kept** attached to defibrillators – use the RediPak pre-connect system instead.

Our Crash Carts are stocked with regular Quik-Combo electrode sets. The Quik-Combo set with the Redi-Pak Pre-connect System is available from Materials Management, for those units wanting to have their defibrillators ready for use at all times in case of a cardiac arrest.

There are two problems with keeping the Quik-Combo electrodes attached to the defibrillator cable all the time:

1) It does not allow the LifePak 12s and 20s to complete their 2:00 a.m. automatic self check. In order for these defibrillators to do the self-check the cable must be connected to the black self-test receptor (this is not a problem with the LifePak 9s and 9Ps, as they do not have a self-check option).
2) If you open the regular Quik-Combo package, the electrode gel will start to dry out and the electrode set may not be functional when needed.

If your unit wants to keep Quik-Combo electrodes attached to the defibrillator, please use the Redi-Pak Pre-connect System, as these pads are designed to be opened and attached, but still maintain the integrity of the electrodes. Remember, however, if your unit has a LifePak 12 or 20, to disconnect the electrodes and re-connect the self-test receptor on the cable, so that the monitor can do its automatic self-check.

Quik-Combo Pads Redi-Pak with a pre-connect system which provides adult electrodes that allow pre-connection of the electrode set to the defibrillator while maintaining electrode shelf life and integrity. Use this set of electrodes if you want to keep the Quik-Combo electrodes continuously attached to the defibrillator ready for use at all times in case of a cardiac arrest.

Ask Your Nurse About Your Medications:

A Unit-Based Nurse-Patient Safety Program

By Carolyn Bryant, BSN, RN, 10 East Senior Partner

The "Ask Your Nurse About Your Medications" program began in concept by John Preto (extreme left in this photo). The "Ask Your Nurse About Your Medications" Development Team included Senior Partner on 10 East; **Carolyn Bryant**, BSN, RN; **Carol D. Hiteshew**, MS, RN, Nurse Manager, 11E, 10E, 11D; **Jada Tiglao**, BSN, RN, Senior Partner 13 East and West; **Mary Jenkins**, BSN, RN, Senior Partner, 10 East; **Kerry Sobol**, BS, RN, Nurse Manager 3D, 13E,13W. **Christina Gazaway**, BSN, RN, Senior Partner on 3D is absent in this photo, but she was part of the design team for this program.

Every year, more than 1.5 million Americans are harmed by medication errors. According to the Agency for Healthcare Research and Quality, medical errors cause tens of thousands of deaths each year. Patient safety is one of today's most pressing health care challenges. Improving health care quality and reducing medical mistakes are of the utmost concern to all clinicians.

Motivated by the issue of patient safety, **John Preto**, MS, RN, CNAA, Director, Patient Care Services, presented an article on medication errors to a select group of medical nurses and charged them with identifying ways to reduce these errors. This charge became the catalyst for a local team of UMMC nurses to embrace this challenge and to make a difference. The team consisted of **Carol D. Hiteshew**, MS, RN, Nurse Manager, 11E, 10E, 11D and **Kerry Sobol**, BS, RN, Nurse Manager 3D, 13E,13W.

The challenge simply stated was to:

- develop a plan to reduce instances of medication errors which would;
- build upon nursing's relationship based care model;
- complement the medication reconciliation program, and
- improve patient satisfaction on the medical floors.

Carol and Kerry then formed a task force group with their senior partners, **Mary Jenkins**, BSN, RN, **Carolyn Bryant**, BSN, RN, **Jada Tiglao**, BSN, RN, and **Christina Gazaway**, BSN, RN, to develop a program to meet this challenge. The program "Ask Your Nurse about Your Medications" was developed and included enhancing patient and family involvement in the medication regimen by providing them with an open forum for questions, as well as improving educational efforts during the hospital stay and at the time of discharge.

The programs in the following way:

1. On admission, the RN will orient the patient and family to the "Ask Your Nurse about Your Medication" program.
2. Every RN will wear their "Ask Your Nurse" button (see example) as a reminder. Prior to each medication administration, the RN will provide education (drug name, dose, frequency, reason for taking, side effects, etc.) to the patient and family.
3. Prior to discharge, the RN will review discharge medications and assist the patient and family with completing their "Home medication list" card.
4. The patient will also be provided with an "Ask Your Nurse" pencil and pillbox to assist them in medication adherence and organization.

Our successful launch was held on March 7, 2007, and the initial response from our patients has been positive. The team will be monitoring our success through outcomes measures as this program becomes integrated into our respective units.

For more information about "Ask your Nurse about Your Medication" program look for our poster presentation at the upcoming Nursing Summit on May 9, 2007, or feel free to e-mail one of the Medical Nursing PCS Managers or Senior Partners listed above.

Trauma Team Needs Sponsors and Walkers for MADD Walk on June 9, 2007

By Janice Delgiorno, MSN, RN, Clinical Nurse Specialist and R Adams Cowley Shock Trauma Center Team Captain

The Shock Trauma Center has made a commitment to *Mothers Against Drunk Driving* (MADD) to participate in their new, nationwide walk event called ***Strides for Change***. I am asking for your help and support for this most worthwhile event.

MADD has a vision for Maryland and Delaware: ***A Region Without Drunk Driving!*** Much progress has been made to reduce the fatalities cause by drinking and driving, but there is still much to be done. In 2005, MADD's Board of Directors approved a realistic, but ambitious, three-year strategic plan focused on December 31, 2008 as the completion date. This plan provides a clear and concise approach that is dedicated to stopping drunk driving by accomplishing the following three goals:

1. **Reduce fatalities resulting from drunk driving by at least 25 percent**. In order to accomplish this goal, MADD has developed strategies that include forming strong alliances with law enforcement; achieving maximum seat-belt use; supporting the development of technology to prevent drunk driving; improving the performance and accountability of the DUI criminal justice system; and promoting alternative transportation strategies.
2. **Serve at least 20 percent more victims each year over the next three years**. To do that, MADD will increase public awareness of its free victim services; recruit and train more volunteer victim advocates; and, work with key community partners that often have first contact with drunk driving victims.
3. **Reduce by 5 percent the proportion of 16-to 20-year-olds who drink alcohol and/or engage in high-risk drinking.** To accomplish this goal, MADD's strategy includes forming strong alliances with law enforcement; reducing youth alcohol access; and decreasing the acceptance and support of underage drinking.

On June 9, 2007, a team from the Shock Trauma Center will be walking at Baltimore's Inner Harbor. We need your support in this event. You may register to join our STC team of walkers, volunteer to help at the event, sponsor a team member or you can donate online at www.stridesforchange.org. Simply use the "Find a Walker" tool to locate us. Your donation is completely tax-deductible and is a great way to show your dedication to creating a safer community. The path to stopping drunk driving is paved with much hope, and we wish you will join us on our journey. Thank you for you support of this important cause. If you ned for information or have any questions or more details contact me at jdelgiorno@umm.edu

Update On Our Journey to Excellence At UMMC

The pursuit of Magnet designation progresses on a daily basis at UMMC. Nurses involved in research, the Staff Nurse Council, Relationship Based Care, and the Clinical Advancement Program are just a few of the numerous accomplishments and initiatives that encompass our journey to excellence.

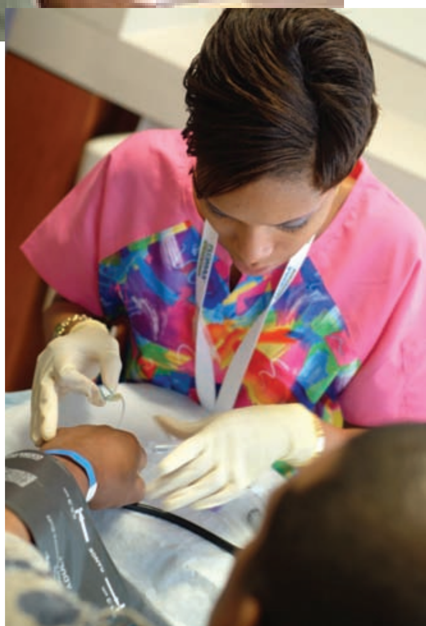
The plan is to continue to collect the examples and stories that describe how we meet the Magnet standards. The goal is to submit our documentation in early 2008, with a Magnet appraiser site visit to follow in about two to three months. At the same time, we will use all opportunities to educate and involve the UMMC health care team about the journey to excellence.

There are Magnet Champions representing all nursing units and patient care areas at UMMC. This group meets on a regular monthly basis. The focus of this group is to distribute Magnet information to all direct care nurses at the unit level. The key focus areas for nurses to prepare for Magnet designation are:

1) Nurses are able to discuss outcomes and action plans related to Nurse Sensitive Quality Indicators;
2) Nurses can provide examples of autonomy in nursing practice and involvement in decision making at all levels; and
3) Nurses can describe what they do to improve and advance the practice and profession of nursing every day.

If you would like further information about our Magnet journey, talk to your Magnet Champions, or e-mail **Chris Byerly**, BSN, RN_cbyerly@umm.edu , and **Anne Naunton**, MS, RN anaunton@umm.edu.

Event Calendar for Nurses Week 2007



May 6/7 (time varies) — **Leadership Rounds** to say *"Thank You"* to all UMMC nursing staff with a treat!

May 8

2-3pm — **Nursing Grand Rounds -**
"Family Witnessed Resuscitation"
UMMC Auditorium

May 9

6-9am — **Nursing Staff Breakfast**
Courtyard Café

7am — **Clinical Practice Summit**
Weinberg Atrium

May 10

24 hrs — **"Sea of Blue" Day**
Wear your blue nursing shirt!

1-3pm — **Annual Recognition Celebration**
UMMC Auditorium

3:30pm — **Sea of Blue Photo**
Show up for a huge group picture!
Weinberg Atrium

May 11

(time varies) — **Nursing Support Staff Salute Day**
Unit based events, planned by managers

12 noon — **Savvy Stove Top Cooking Demo**
Denise LeBlanc, Patient Services Mgr., Food & Nutrition & Lisa Rowen, Sr. VP and CNO
UMMC Auditorium

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

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