

# Nursing

# Outlook

## From the VP Chief Nursing Officer...

It's easy to get caught up with the distractions of technology in our daily practice of nursing such as computerized charting, barcoding medication, infusion pumps, bladder scanners, dynamaps, and on and on. Sometimes our focus on technology makes it harder for us to remember the importance and need for us to "connect" with our patients and get to know what is important to them.



We oftentimes think we don't have time. If we go into the patient's room and become focused on the computer or something else, this can be perceived as not caring. People want to feel respected and cared for, not treated as an unseen object.

So what can we do to connect with our patients in the time that we have?

For those few minutes when you are in the patient's room for any reason, focus your attention on the patient, get to know that person and create a bond between you.

- Make eye contact instead of just looking at the computer screen.
- Find out how they would like to be addressed, i.e. proper name versus shorter name, or a nickname. Put that on the grease board for the rest of the team to use. Using generic terms of endearment such as sweetie or honey do not portray a level of respect.
- Introduce yourself; explain what you are going to do and that you want to find out what is most important to them in the next few minutes. Stay present in the moment.
- Make every visit count.

From an article called Candid About Caring by Anne Boykin, PhD, RN, caring is about being intentional and being present. Learn to "nurse in the moment" and you will be amazed at how such a simple thing as connecting can make such a big difference to your patients.



*Dagmar*

Dagmar Raica, DNP, RN, NEA-BC  
Vice President, Chief Nurse Officer



## STAR AWARD

Linda Hammond, LPN, FBC Unit was awarded the "Star Award" by the Lake Superior State University Nursing Students for the 2010-2011 school year. They thanked Linda for being such a wonderful caring role model. Since this picture has been taken Linda has passed her boards to become an RN. **Congratulations Linda!**

Left to right: Georgia Riipi, RN; Kristen Smith, Clinical Director FBC/NICU; Linda Hammond, RN; Carol Lancour, RN.

# Unit Council Primer

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I often hear that councils are unsure of their role and don't feel empowered to make changes. Refocusing your time and energy on your own unit, your patients and your practice environment just makes sense.

- Align your unit's goals to the (hospitals and nursing division) strategic plans. If you haven't seen them ask your manager for a copy of both. Your unit council should collaborate with management and establish the goals and benchmarks for your unit. Develop the unit's dashboard and post it where all staff can see. Identify where the data comes from and how often you would expect to see it.

## MGHS Strategic Journey 2012

### Patient satisfaction: (measured by Press Ganey and HCAHPS)

- Understand the tools used to measure satisfaction
- What are your department's strengths and weaknesses according to PG and HCAHPS?
- What are the key drivers of satisfaction in your department?
- Look at your department through the eyes of patients and families. Try being a secret shopper. Consider developing patient focus groups to gain insight into things you can't see.
- Is staff friendly and responsive? Are the rooms kept neat and organized? Is the unit generally quiet?
- Are call lights answered promptly? Create expectations that no one passes a call light without acknowledging, create response time goals, and train **all** staff on how to respond to lights. Use the whiteboard to decrease call light use.
- Establish best practices and expectations in your department, from the time patients arrive on the unit (first moment of truth).
- Communicate with patients and the other members of the team.
- Establish what the patient can expect i.e. hourly rounds. Rounding must be consistent and standardized (predictable) to be effective.

- Speak the language of the satisfaction tool. Nurses might close the curtain for privacy, but patients don't always associate the action with the reason. It takes little effort to say... "I'm closing the curtain for your privacy"
- Utilize AIDET, and service recovery when needed.
- Address the patient's pain, Press Ganey asks... How well was your pain controlled? Consider using these best practices to improve results:
  - Manage the patient's pain expectations, (pain free vs. pain controlled)
  - Ask questions about pain, "what is a tolerable level of pain?"
  - Seek agreement of tolerable pain levels
  - Ask for alternatives to medication, position, cold therapy
  - Ask patient what measures reduced pain at home (if chronic)
  - Hourly rounds to address pain
  - Use whiteboard to record time until next dose.

### Financial Resources:

- Participate or lead in Lean projects in your department.
- Reduce waste of materials and time.
- Track your department's expenses, hours per patient day and overtime costs.
- Follow your departments staffing plan

### Physician Integration:

- Nominate a staff RN from your clinical area to represent nursing for service lines.
- Standards of care and practice/specialty practice standards. Are there nursing specialty standards for your clinical area? Is your areas standard of care consistent with these? Who is responsible for reviewing the standards and paying attention to the literature?

(continued on page 7)



**Joseph (Bill) Graham, RN and George Sobolewski, RN** of the Rehabilitation Unit have recently passed the National Certification exam in Rehabilitation Care Nursing. Bill has been a Rehab RN at MGHS since 2006. George has been a Rehab RN at MGHS since 2003. Both met all the requirements to take the exam as well as traveled to Sault Ste. Marie for an available test site for the exam. Bill and George are the 3rd and 4th RN's on the Rehab Unit to become certified in this specific nursing specialty. Congratulations, Bill and George for attaining your certification.

# Congratulations

**Natalie Prosser, RN CCRN:**

The ICU/CCU staff and management would like to announce that Natalie Prosser has successfully completed her testing for her CCRN and passed. She started here in ICU/CCU/IMC as a CCI in Jan of 2008. She has become an exceptional RN in Critical Care. She acts as preceptor for new staff and CCIs. She is competent in care of all types of critical patients and has also completed the Michigan Burn Surge training. She is an exceptional RN and one you would be glad to have looking over you if you were critically ill. Please all join me in congratulating Natalie in her achievement.



**Leslie Winkler, RN:**

We are so excited that Leslie has taken and passed the oncology nursing certification test. This certification shows patients that their nurse is very knowledgeable in oncology and they can rest easy knowing someone of such caliber is tending to their needs. The certification also gives Leslie confidence knowing that she has the knowledge base that she needs to practice in oncology. Leslie has always been a very attentive and caring nurse, now her certification shows everyone how smart she is too. The Medical/Oncology unit is very proud of Leslie.



## CE Opportunities- For Nursing Staff

- ◆ MGHSonDemand- we currently have 3000 registered users on MGHSonDemand with 16 available accredited programs <http://mghsondemand.mgh.org/portal/default.asp>
- ◆ Healthstream- mandatory education plus additional CE programs available. Link to access available on MGH net
- ◆ Pearls- certification review modules accessed through the Nursing Office
- ◆ MGH sponsored conferences and inservice <http://ww4.mgh.org/education/SitePages/Home.aspx>
- ◆ Journal club
- ◆ Professional organizations- Here is a link to a list those Professional Nursing Organizations that offer CE for nurses <http://www.aanp.org/AANPCMS2/AboutAANP/Links/ProfessionalOrganizations.htm> , ask your colleagues many of whom which belong to these organizations and would be willing to share journals.
- ◆ On the Education webpage the following information is located that includes more opportunities: [http://ww4.mgh.org/education/Shared%20Documents/Nursing\\_Ed08.pdf](http://ww4.mgh.org/education/Shared%20Documents/Nursing_Ed08.pdf)



**Linda Gallup, RN,  
Clinical Manager**

passed the Oncology Nursing Certification (OCN) exam in August. The OCN tests the knowledge necessary for the nurse to practice competently within the specialty

of oncology nursing. Linda has worked at MGH since 1982 with 13 years in ICU/CCU before taking the CM position in May 1999. Congratulations Linda!

## Employees of the Month

May – Sarah Sutter, RN, Cardiac Unit

August – Sara Gustafson, LPN, Cardiac Unit

# MGH ER Nurses Publish Article In Journal Of Emergency Nursing...



Ruth Ziel, BSN, RN and Gayla St. Onge, ADN, RN, CEN  
MGH Emergency Department

Marquette General Hospital Emergency Department Staff Nurses, Gayla St. Onge and Ruth Ziel have recently published an article in the Journal of Emergency Nursing concerning treatment of patients under the influence of a new designer amphetamine drug called "White Rush". The drug was being sold locally under the name of "bath salts". Gayla St. Onge was recently asked to publish an article in NURSE.com on "Bath Salts and How Nurses Can Treat Such Patients."

**Congratulation Gayla and Ruth!**

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CLINICAL NURSES FORUM

## REDUCING "WHITE RUSH" USE: EMERGENCY DEPARTMENT AND MULTIDISCIPLINARY COMMUNITY AGENCY COLLABORATION

**Authors:** Gayla St. Onge, ADN, RN, CEN, and Ruth Ziel, BSN, RN, Marquette, MI  
**Section Editor:** Susan McDaniel Hohenhaus, MA, RN, FAEN

On December 27, 2010, the ED staff of Marquette General Health System (MGHS) began to see patients who were under the influence of a new designer amphetamine drug, methylenedioxypyrovalerone, known as "White Rush." Patients who had taken this drug exhibited extreme paranoia, psychosis, violent behavior directed against themselves and staff, self-mutilation, compulsive behavior such as hand washing and water drinking, and delusions. In addition, they were observed to scratch and rub the skin on their extremities and at injection sites to the point of bleeding. Patients were noted to have symptoms of an

amphetamine high, such as tachycardia, hypertension, agitation, hyperthermia, and dehydration. However, results of urine screens for drugs of abuse to detect amphetamines were negative. One death documented at the MGHS emergency department was linked to the use of White Rush.

Emergency care providers at MGHS called the Detroit Poison Control Center and were told that only a few cases had been reported for consultation in the state of Michigan. On February 2, 2011, Marquette appeared to be an epicenter for abuse for this drug in the state of Michigan, with ED staff reporting 10 cases of White Rush intoxication in less than a 2-week period. White

Rush had been imported into our city by a local business emporium and marketed as “bath salts,” and it was being sold legally to consumers who requested it. The drug could be snorted, injected, or taken orally, with effects similar to those of methcathinone (“CAT”), a designer drug from the 1990s. These effects included loss of appetite, profuse sweating, dehydration, elevated heart rate and body temperature, and uncontrolled shaking, anxiety, and irritability.

In addition to adverse patient outcomes, the ED staff also reported an increase in violence primarily against nursing staff, in the form of aggressive verbal abuse (e.g., “I’m gonna hurt you” and “I’m going to kill you”), physical abuse (scratching and hitting), and physical violence (throwing Mayo stands, chairs, and garbage cans) requiring the increased presence of hospital security personnel to ensure staff safety.

MGHS is a 315-bed regional referral center in a rural area (technically referred to as a “micropolitan”) located on the southern shore of Lake Superior. MGHS is the largest receiving hospital of the Upper Peninsula of Michigan, and the emergency department is a designated level II trauma center.

The ED nursing and medical staff collaborated to generate a plan of action regarding patients under the influence of White Rush. Nursing staff conducted a literature review and developed an auditing tool to track this patient population. One nursing staff member contacted the state poison control center to assist with information gathering and obtained a tracking tool for the substance. Another staff member was able to verify the availability and cost of White Rush by inquiring if it was in stock at the establishment allegedly selling the substance.

The medical staff, which included a board-certified toxicologist, developed a treatment plan, which included laboratory screening for rhabdomyolysis (with serum creatine kinase evaluations) and physical examinations for hyperten-

sion, seizures, tachycardia, and hyperthermia. Pharmacologic measures ordered included lorazepam for hypertension, seizures, and tachycardia and cooling measures for hyperthermia.

An informational statement in the form of written communication regarding the dangers of White Rush was sent to the Marquette County Health Department (MCHD) by MGHS physicians. The Health Information Officer (HIO) for the MCHD collected data from MGHS ED medical and nursing staff, the substance abuse/behavior health unit at MGHS, the Michigan Department of Community Health, and local law enforcement agencies, including the City of Marquette, Northern Michigan University, and the Upper Peninsula Substance Enforcement Team, and presented the findings to the MCHD staff. The HIO declared White Rush a county health hazard and issued an emergency order to “Prevent Imminent Danger to Health and Lives” under section 333.2451 of the health code of the State of Michigan. The HIO then presented a notarized copy of the supporting data to the Marquette County prosecuting attorney for an authorization order to remove the drug. The order to remove White Rush (and its aliases) from the shelves was executed by the Marquette City Police Department and Northern Michigan University public safety officers.

As a result of the actions of the MGHS emergency department in collaboration with local multidisciplinary behavioral, law, and health department agencies, multiple counties in the Upper Peninsula have utilized the same process to remove White Rush from local stores. Since the original identification of a patient using White Rush, ED staff members have witnessed only isolated cases of White Rush intoxication. Although the drug is still available on the Internet, MGHS ED staff developed a community public health action plan that positively affected community health and safety by assisting with the removal of a locally sold, dangerous, and deadly stimulant drug.

# Emergency Department Receives Pulsar Award!

The Emergency Department is very deserving of the Pulsar Award. They have initiated many positive projects, some of which are customer focused, while others are cost effective.

## **Here are a few of the initiatives:**

They have reduced the average "door to doc" time from 35 minutes to an impressive 23 minutes by having the nurses and unit clerks do parallel processes in the exam room whenever there are open rooms. Just to give you an idea of how good that is, the national average benchmark that Emergency Departments strive for is 30 minutes, and we are at 23 minutes.

When asked to take on the task of making follow-up calls to discharged inpatients, the nursing staff took this on willingly knowing that it would be a significant patient satisfied as well as another opportunity for patients to ask any questions about their discharge instructions.

They also accepted the challenge of increasing point-of-service collections by changing the patient flow in the Emergency Department equating to about an additional \$100,000/year. With more than 26,000 patient visits a year to our Emergency Department, this staff has opportunity to make a positive impact on patients as our first impression with some of the higher patient satisfaction scores in our hospital.



Pictured from left to right are: A. Gary Muller, FACHE, Marquette General President; Dagmar Raica, DNP, Chief Nursing Officer; Gayla St. Onge, RN; Jason Doney, RN, Clinical Manager; Ramona Annelin, Clinic Manager; Sandy Gougeon, RN ; Katie Wares, UC; and Mike Phillips, RN, Clinical Director.

- Professional Development/ staff education: Develop the annual education plan for your units and plan how learning can be achieved. Focus on performance improvement initiatives and high risk areas.
- Review new employee orientation and training in your department; make recommendations to improve the process and outcomes. Seek input from new employees who are just out of orientation. How are floats handled on your unit, are they assigned a resource that ensures their shift goes well?
- Plan unit journal club, select a topic that is relevant to your unit
- Certifications: Monitor how many certified nurses are in the department, how many are preparing for the boards. Identify barriers and recommend improvements.
- Promote clinical inquiry, ensure staff understand and use electronic resources.
- Interdisciplinary relationships: Identify other departments that are key players for your department. How can the processes between departments be improved for our patients.

Our goal is excellence in customer service and superior clinical outcomes. Keep in mind there is no finish line.

*By Robin Waters, RN, NE-BC, Director of Nursing*

# MGH Foundation Fund-raiser



Terry Dahlstrom, Scott Blixt, Mike Phillips and Jason Doney participated in the MGH Foundation fund-raiser which helps support the Employee Helping Hand Fund. The guys decided to show up dressed in a days gone by golf theme to add some more fun to the day. Nearly \$3,000 was raised to support the cause.

## Welcome ~ Welcome Back

Kathleen Lynch	RN	Med/Onc	Sheenah Spagnolo	RN	Med/Onc
Jessica Joosten	RN	CCI/NICU	Leah Salcido	LPN	Cardiac
Stephanie Tarvainen	RN	CCI/NICU	Felecia Anderson	RN	Cardiac
Briana Usitalo	RN	CCI/NICU	Jennifer Miller	RN	Cardiac Imaging
Hayley Turino	RN	CCI/NICU	Marcia Rogers	RN	Adult Psych
Britney Terzaghi	LPN	Med/Onc	Kristin Rouleau	RN	Rehab
Hannah Ciesla	CA	Adult Psych	Aaron Hautamaki	RN	Cardiac
Kelly Horrigan	RN	Neuro/Ortho/Peds	Molly Wales	CA/UC	Rehab
Bridgette Jaakola	LPN	Adult Psych			

# NURSING COUNCILS – EXECUTIVE SUMMARY

## April / June, 2011

### Leadership Council

The Nursing Leadership Council worked on the May 6th through 12th Nurse's Week activities, which included a T-Shirt Sale, Flower Sale, and Health care Conference. There were 215 flowers sold, 108 t-shirts sold, and 100 people attended the Nursing Conference. The conference schedule will be re-evaluated for 2012 due to low attendance. The 1st Trillium Award – "Nurses Recognizing Nurses" was awarded to Karen Gimse, RN, NICU, which was presented at the Nurses Week Conference. The Council has been working on rescoring the Gap Analysis if we've improved and to see where we still need work. This should be completed by the end of Summer. Dr. Victoria George, ANCC Magnet Consultant, was here on June 15th and June 16th to conduct a Mock Survey. Dr. George explained that as a Leadership Council should promote self-regulation for nursing and create Nursing Bylaws to provide structure. The Council should look at ways to increase our BSN rate and set a realistic goal to achieve this. This Council should also look at how we are going measure the elements of our Professional Practice Model.

### Quality Council

The Nursing Quality Council has been working on a crash cart issue involving the Pharmacy Tech not replacing the film over the medication drawer on the Crash Cart when she is removing outdated medications. This confuses the staff as the film is supposed to be intact and if not, the drawer needs to be sent to the Pharmacy to be re-sealed. A memo was sent to the Pharmacy asking for clarification before the Crash Cart Inventory List is finalized. A response was received from the Pharmacy, stating beginning in June, the Pharmacy Tech will carry extra film covers and if an outdated medication needs to be removed (or is close to expiration), the tech will re-seal, date, and initial the new film. Alaris pump availability is another item that is being researched due to the constant need for these pumps throughout the hospital. Dr. Victoria George, attended the meeting and suggested the Council create a time table to review various quality measures, i.e., medication errors, NDNQI data, falls, core measures, etc. She stated the Council should be looking at the big picture and take the lead in determining quality improvement projects and establish goals for improvement.

### Education Council

The Nursing Education Council worked on setting up the new NMU Preceptor Training with training dates in May, June, and July. This year's Universal Skills Day was attended by 743 staff with ½ returning evaluations. Posters were made for Universal Skills Day showing Press Ganey numbers in color, which made them much easier to understand. Several suggestions were made for topics for 2012. Development of the 2012 Universal Skills Day is being discussed. The Council is discussing ways to encourage more staff involvement in 2012 to make this a true success.

### Practice Council

The Nursing Practice Council is working on possibly developing a tool for the Admitting Department to screen patients so they get admitted to the appropriate floor. Having the correct staffing and equipment is very important. IT reported they are continuing to review equipment options for the computer equipment because the WOW leases expire in December. Nursing should be included in providing input on equipment now that they know how it affects their work. IT will trial different options on different floors to gather input from staff. The ANCC Magnet Consultant suggested the Council add the hospital librarian to this council to assist in finding supporting evidenced based practice articles. The fundamental role of the Practice Council is to make sure the data says what we want our organization to implement.

### Research Council

The Nursing Research Council's current studies occurring are the Swallowing Study – J. Stebleton; a Fall Study – R. Nye; Family Present Study – T. Bough; Managing Effective Bed Control – K. December. The Chewing Gum Study is on hold. K. Thompson had the Bolus Study made into 2 posters. One will be displayed on the Surgical Unit and the other in the Skywalk by the Nursing Display. There were also various Journal Clubs presented on different units in April, May, and June. Mary Ellen Powers is still interested in helping to facilitate Journal Club. The Magnet Consultant feels we are doing well with our research and encouraged the Council to continue with their studies. She encouraged Research to assist the Practice Council to translate research into practice.



### Nursing Outlook

Oct 2011

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**Nursing Outlook** is a newsletter for and by nurses at MGHS. We hope to bring you information you need and improve communication among nurses. Let us know if there is something you would like included in our newsletter.

Contact us at (906)225-3460