



NURSING BEAT

THE PULSE OF NURSING AT MOSES CONE HEALTH SYSTEM

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Wipe Out Wounds

By Amy Dunbar, RN, MSN, CWOCN

Prevention of nosocomial pressure ulcers is a critical concern for healthcare providers. Pressure ulcers can be devastating to patients and families because of potential pain, possible limb loss and severe infections that can cause death. Pressure ulcers are present in approximately 1.5 million to 3 million adults in the United States, according to the "Guideline for Prevention and Management of Pressure Ulcers," 2003. Development of a pressure ulcer can increase both length of stay and cost.

Proactive pressure ulcer prevention programs are essential for acute care, rehab, long-term care and home-care settings. In October, a pressure ulcer prevention program was developed and piloted on Departments 5000 (Orthopedics) and 5100 (Acute Care of the Elderly) at The Moses H. Cone Memorial Hospital. The program, called *Wipe Out Wounds* (WOW), featured education for licensed and non-licensed staff on prevention and treatment of stage 1 and stage 2 pressure ulcers. The program also included revisions to the nursing shift assessment form and the development of a nursing protocol for pressure ulcers. This protocol allowed bedside nurses to treat stage 1 and stage 2 pressure ulcers independently.

Evaluation of the WOW pilot included weekly chart audits and staff surveys. Before WOW was implemented, both departments documented Braden scores and wound descriptions at 70 percent. After implementation of the program, both departments' documentation improved to 90 percent or greater.



Nurses in both departments say the WOW program has been very helpful to their practice. The most exciting outcome of the program, however, is that at the completion of the month-long pilot, no pressure ulcers developed on patients in either department. WOW!

As a result of the WOW pilot, the program is being implemented Systemwide. Mandatory education for all nurses working in acute care departments was completed in December. Staff unable to attend classes can take an online course through Computer Based Learning (CBL). Staff in other nursing departments, including nursing homes, as well as non-licensed staff, will be educated on the WOW program during 2004. As of January, all acute care nurses have been able to initiate a plan to prevent and treat stage 1 and stage 2 pressure ulcers by using independent nursing protocols. Ongoing evaluation of the WOW program will be provided through monthly department chart audits and pressure ulcer prevalence studies.

Photo: Sondra Tilman, Amy Dunbar and Kelly Corum spell out WOW on Department 5700.



MOSES CONE
HEALTH SYSTEM

Message from Joan

I am pleased and excited that we are launching our new nursing publication, *Nursing Beat!* I plan to use my column, "Message from Joan," to share stories and reflections about nursing and our work in the Health System. I intend to use this space to talk about our vision for nursing, our Magnet journey and our opportunities for professional growth and improvement.

As I write this first column, it is close to the end of my first year as the Chief Nursing Officer for Moses Cone Health System. It has been a busy, successful and fun year from my perspective. As nurses, we have contributed to the System's outstanding success in the 2003 fiscal year. We can be proud of our work and our accomplishments in the areas of patient satisfaction, employee satisfaction, quality service and financial performance. We are truly fortunate to be part of a System known for long-standing success and viability.

As nurses, we also have worked this year to develop and articulate our vision for nursing in this System. We want Moses Cone Health System to be the best place to practice nursing in the country! Making this vision a reality will ensure that nurses come here—and stay here—to practice, making staffing much less of a challenge. Making this



vision a reality will mean that the System is a better place to be a physician, a respiratory therapist, a social worker and so on. And most importantly, if the System is the best place to practice nursing, it will be a very good place to be a patient!

So what does the "best place to practice nursing" look like? We're just beginning to figure that out. I believe Magnet designation is a part of the answer. But, I also believe that to truly differentiate our practice culture, we have to excel at what I call "the three Cs": Caring, Competence and Celebration. *Caring* is the personal interaction between the nurse and patient and the demonstration of

specific behaviors that provide comfort and support and that patients and families perceive as making a difference in their health. *Competence* is having and using the critical thinking skills necessary to make timely decisions and interventions in patient care. It also means having staff nurses who possess specialty certification and/or advanced degrees. *Celebration* means we recognize the joy in our work as nurses, we talk about it with each other and we acknowledge the contributions and accomplishments of our peers.

Caring, competence and celebration—you will hear much more about these three "Cs" in the coming months. Together we will "flesh out" these concepts and work to make them very real in our practice culture. I'm excited about our future! I'm excited about working with each of you to create this future!

A handwritten signature in cursive script that reads "Joan".

Joan Wessman, RN, MS
Chief Nursing Officer

P. S. I want to say a very special *thank you* to Daria Kring and the Editorial Board of *Nursing Beat*. It takes courage to be the first!

Telling Our Stories: Eddie

By Alise Erental, RN, 3100

Human connection is the hallmark of nursing. Sometimes, however, nursing communication lacks that connection. Shift report is sterile and lacking in emotional detail. Case studies spell out only the facts. Conferences and formal presentations provide clinical insights while keeping the patient completely anonymous and unknown. Yet we are drawn to our patients because of who they are and how their health circumstances merge with their personal life journey. Knowing the patient's story is the key to passing on our tradition of human connectedness. The patient's story is what fills in all the details surrounding an illness, making the person whole and real. This connection stirs something inside us that fuels our passion for nursing. Here is a story written by a new graduate nurse participating in the Graduate Advancement Program (GAP) that celebrates our profession.

- The Editor

Eddie

I met Eddie* while I was still in orientation. He had a massive closed head injury and was very sick. He was 21 years old and had been full of life. A university student, he majored in biology in the hopes of becoming a veterinarian. To help his family, he worked a part-time job at an amusement park. One day while at work, Eddie was critically injured on a ride. When he came to us, it did not

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Magnet Forces

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GREENSBORO, NC 27401
By Debbie Grant, RN, MSN

The American Nurse Credentialing Center's Magnet Recognition Program recognizes excellence in patient care where a culture of professionalism, integrity, education, research, dedication and compassion are practiced by nursing and the multidisciplinary team.

There are 14 designated "Magnetic Forces" that form the foundation of the Magnet Nursing Services Recognition Program. The American Nurse Credentialing Center (ANCC) established this program in 1991 after studying hospitals that had succeeded in both retaining nurses and providing high quality outcomes during the 1980s nursing shortage. The first hospital was awarded Magnet status in 1993. To date there are more than 70 hospitals with this designation in the United States and one international hospital. Only five hospitals in North Carolina have this designation.

In 2002, Moses Cone Health System began the Magnet application process for The Moses H. Cone Memorial Hospital, Wesley Long Community Hospital and The Women's Hospital of Greensboro. We compared our nursing culture to the Magnet criteria and found that our nursing team's strengths included: productive shared governance councils, effective leadership support, evidence-based outcomes, high patient satisfaction, high employee satisfaction and education support for staff and patients. Therefore, we decided to pursue Magnet recognition status.

Committees were formed to work on the two major components to the process: submission of documentation to support meeting the 14 Magnet standards and a site visit by the Magnet Commission. We completed the first component in March 2002

THE 14 FORCES

- 1
Quality of nursing leadership
- 2
Organizational structure
- 3
Management style
- 4
Personnel policies and programs
- 5
Professional models of care
- 6
Quality of care
- 7
Quality improvement
- 8
Consultation and resources
- 9
Autonomy
- 10
Community and the hospital
- 11
Nurses as teachers
- 12
Image of nursing
- 13
Collegial nurse-physician relationships
- 14
Professional development

with five volumes of written documentation submitted to the Washington ANCC office. However, with the resignation of our Vice President of Nursing in April 2002, our application had to be suspended until a new Chief Nursing Officer was in place for 12 months. During this time, we have remained focused on practicing nursing around the Magnet forces.

Now it is time again to document our excellence in leadership, quality, practice and cultural/ethnic diversity based on the latest 2003 Magnet Standards. We will submit examples from the last 12 months which demonstrate the Magnet forces for all five of our acute care facilities: Moses Cone Hospital, Wesley Long Community Hospital, The Women's Hospital, Annie Penn Hospital and the Moses Cone Health System Behavioral Health Center. We also will begin preparing for the anticipated Magnet Commission site visit by the end of 2004. Magnet teams are being developed that involve each department in this exciting journey. I will serve as coordinator of the Magnet teams and look forward to working closely with many of you.

As I made rounds with our surveyors from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), I was reminded again of the excellent patient care you each provide and the teamwork that takes place every day. Obtaining Magnet designation will attest to this outstanding service.

Taking a Byte Out of Paper Charting

By Karen Gibson, RN, Clinical Information Systems, Project Coordinator, E-Chart Clinical Documentation

Moses Cone Health System launched a one-year plan beginning in December to implement E-chart capabilities across the System to ensure electronic capture of patient data and documentation consistency. Based upon the success of the pilot on Department 5100 (Acute Care of the Elderly), the Clinical Information Systems Steering Committee developed and approved the one-year plan. The plan also was approved through the Nursing Leadership Council.

The pilot on Department 5100 at The Moses H. Cone Memorial Hospital included electronic charting of all nursing assessments, interventions, vital signs, intake and output, admission histories, multidisciplinary clinical paths, problems lists, patient education and discharge plans. Department 5100 also has piloted wireless devices and mobile carts to provide bedside charting. Most nursing departments in Moses Cone Health System, with the exception of Wesley Long Community Hospital and Department 5100, have been using paper charts for these functions.

The intensive care units will not be included in the implementation of assessments, interventions, vital signs, and intake and output because of the frequency of graphic charting. The manual ICU flowsheet will remain in place. In the future, an information



system specific for intensive care areas will be selected.

The Clinical Information Systems Steering Committee's vision for the future encompasses a wireless, cross-continuum, multidisciplinary, integrated clinical and business solution. The system would provide access to up-to-date clinical information and include administrative and clinical data analysis. It would allow clinicians to provide higher quality care to patients in a more efficient and productive manner. The patient's clinical information would flow through the

entire care delivery system (outpatient and inpatient) with a common look and feel. Documentation of the patient's experience would begin in the patient's home, progress to the physician's office, and continue through the Emergency Department, critical care, the inpatient nursing department and all ancillary units associated with patient care.

Photo: Wanda Scott, RN, 5100, documents patient assessments online.

The E-chart plan includes the following implementations

Annie Penn Hospital	12-11-03	Assessments, interventions, vital signs, intake and output
Behavioral Health Center	12-11-03	Vital Signs and intake & output
All Hospitals	12-16-03	Braden Score
Oncology at Wesley Long Community Hospital	1-8-04	Assessments, interventions, vital signs, intake and output
The Women's Hospital of Greensboro	2-26-04	Assessments, interventions, vital signs, intake and output
Moses Cone Hospital	5-20-04	Assessments, interventions, vital signs, intake and output
All Hospitals	Fall 2004	Clinical paths, problem lists, patient education, and discharge plans

Revisions to Shared Governance

By Debbie Green, RN, MSN, GNP

Did you know that the Nursing Executive Council (NEC) reviews and revises the Bylaws of Shared Governance annually? This year, the revision process began in June and was finalized in October. All councils were involved in this year's revisions, including the:

- Professional Development Council (PDC)
- Nursing Leadership Council (NLC)
- Service Practice Councils (SPCs)
- Department Shared Governance Councils (DSGCs)

The bylaws were revised to strengthen our nursing staff's involvement in making decisions about nursing care, to strengthen council activities regarding quality improvement, and to focus council activities around preparing for Magnet certification. Magnet standards were assigned to each council as key accountabilities. Additionally, the Nursing Leadership Council (NLC) is responsible for developing a strategic plan for achieving a Magnet culture.

Other major changes allow all councils to form subcommittees that are organized around specific issues and then dissolved. The Service Practice Councils have been renamed "Service Practice and Quality Councils," and the Quality/Research Council has been dissolved. An additional consideration has been added for councils to follow when making decisions: Is this our decision to make?

Following is a brief description of the responsibilities assigned to each council.

- *The Department Shared Governance Councils (DSGCs)* address department-level clinical practice, quality, research/evidence-based practice, professional development/competency and patient satisfaction based on Magnet forces.

- *The Service Practice and Quality Councils (SPQCs)* address clinical practice, quality improvement, research/evidence-based practices, and patient satisfaction based on Magnet forces. The four SPQCs and the nurses who chair them include:

- *Med-Surg- **Wanda Scott, RN***, Department 5100, The Moses H. Cone Memorial Hospital.

- *Women/Infant/Children's- **Donna Coley, RN, C, MAU***, The Women's Hospital of Greensboro.

"The bylaws were revised to strengthen our nursing staff's involvement in making decisions about nursing care..."

- *Operative Services- **Diane Warden, RN, PACU***, The Women's Hospital.

- *Behavioral Health- **Toni Bartlett, RN***, Adult Unit, Moses Cone Health System Behavioral Health Center.

- *The Nursing Clinical Policy and Procedure Team* serves as a support team and communication mechanism for all councils regarding new and revised policies and procedures based on Magnet forces. The leadership of the SPQCs attend this meeting.

- *The Nursing Leadership Council* establishes a strategic plan for achieving and maintaining a Magnet environment and culture, which supports the Moses Cone Health System mission, vision, values and strategic objectives. This council is chaired by **Kay Newman, RN, MSN, CNA, BC**, Department Director, The Women's Hospital.

- *The Professional Development Council (PDC)* identifies and addresses any issues related to professional/collegial relationships, competencies and credentialing based on Magnet forces. This council is chaired by **Lanette Gaines, RN**, Care Management, The Women's Hospital.

- *The Nursing Executive Council (NEC)* oversees all other councils' activities, provides long-range planning, bylaw revisions, guidance for the chairpersons and a mechanism for sharing information between councils based on Magnet forces. This council gives final approval to all other councils' decisions, has the ability to veto other council decisions and serves as liaison to Medical Executive Committee. This council is chaired by **Brenda Taylor, RN, OB/GYN** Service, The Women's Hospital.

Shared Governance Bylaws can be found in the Outlook System under Public Folders. For any questions about Shared Governance, contact the leadership of any council or Debbie Green, Director of Nursing Practice, Education and Research, at debbie.green@mosescone.com.

Nurses Going Places

Awards

- **Hilda Nelson, RN**, Pre-Admissions, Wesley Long Community Hospital, earned the American Society of Perianesthesia Nurses Nurse of the Year Award at the North Carolina state conference.

Celebrations

- **Sharon Biby, RN, ANP, GNP** was featured on the cover of Nursing Spectrum Magazine, January issue. Sharon is the coordinator of the Moses Cone Health System Stroke Center. The article focused on emergent care for stroke victims.
- **Ann Clark, RN, MSN, CDE, Patti Hunsucker, RN, MSN, CDE, and Judy Hanks, RN, BSN, CCRN, CDE** authored the chapter, "Medication Management" in Current Trends in Diabetes Management: A Guide for Health Care Professionals, 2003.
- **Amy Dunbar, RN, MSN, CWOCN**, Wound, Ostomy, Continence Clinical Nurse Specialist, is president of the North Carolina Ostomy Continence Nurses.
- **Lola Furr, RN**, Hemodialysis, retired in December.
- **Kimberly Gordon, RN, BSN**, is president-elect of the North Carolina Nurses' Association, District 8. She was appointed to the NCNA Commission on Services and represented District 8 as a delegate at the state convention. She is also the NCNA Nurse Liaison representing the NC Girl Scouts of America. She participated in the NC Board of Nursing's ad hoc committee on Educational Standards for nurses.
- **Jacque Perkins, RN, IV Therapy**, is president of the North Carolina Nurses' Association, District 8. She represented District 8 as a delegate at the state convention.
- **David Rees, RN IV, MICU**, The Moses H. Cone Memorial Hospital, is president of the Gate City chapter of the American Association of Critical Care Nurses National Teaching Institute.
- **Cindy Shaw, RN, BSN** is secretary for the North Carolina Nurses' Association Council on Nursing Informatics for 2004-05. She made a presentation to the council titled, Informatics Implication in Clinical Oncology Research.
- **Mac Stroupe, RN, MSN**, Staff Educator, served as a delegate at the North Carolina Nurses' Association state convention representing District 8.
- **Joan Wessman, RN, MS**, Chief Nursing Officer, has been appointed a member of the North Carolina A&T State University School of Nursing Advisory Board. She also has been appointed to the Hospice and Palliative Care of Greensboro's Board of Directors, 2003-2006.
- **Tomika Williams, RN, MSN**, 2000, Moses Cone Hospital, was elected to the North Carolina Nurses' Association Nominating Committee.

- **Linda Dinwiddie, RN, MSN**, Educator, Annie Penn Hospital, graduated from UNCG with her master's degree.
- **Kimberley Greeson, LPN**, graduated from Guilford Technical Community College with an associate's degree in nursing.
- **Lisa King, RN, BSN**, Assistant Director, 3 West, Wesley Long Community Hospital, graduated with her bachelor's degree from North Carolina A&T State University.
- **Akeysha Mc Murrell, RN, MSN**, graduated from UNCG with her master's degree.
- **Molly Todd**, Annie Penn ED, graduated from LPN school.
- **Tomika Williams, RN, MSN**, 2000, Moses Cone Hospital, graduated from UNCG with a master's degree from the nurse practitioner's program.
- **Regina York, RN, MSN**, 4 West, Wesley Long Community Hospital, completed her master's degree from the nurse practitioner program at UNCG.

Promotions

- **Dana Bryant, RNFA, CNOR**, is the new Director of Operative Services at The Women's Hospital of Greensboro.
- **Stacey Duinick, RN**, was promoted to Administrative Coordinator at Moses Cone Hospital.
- **Tammy Early, RN**, is a new RN III on 4 West, Wesley Long Community Hospital.
- **Kimberly Gordon, RN, BSN**, was promoted to Assistant Director, 3100, Moses Cone Hospital.

Graduations

- **Lorraine Cardwell**, Annie Penn Nursing Care Facility, graduated from LPN school at Rockingham Community College.
- **Barbara Cooper, RN, MSN**, Assistant Director, 6500, Moses Cone Hospital, received her master's degree from the University of North Carolina at Greensboro.

Our Stories, Continued

By Viola McCoy, RN

- **Marion Martin, RN**, accepted the position of Director of the Emergency Department at Moses Cone Hospital.
- **Kelly Rasette, RN, BSN**, accepted an Assistant Director position at the Women's Outpatient Clinics.
- **Ed White, RN**, 3300, Moses Cone Hospital, was promoted to RN IV.
- **Jill Wine, RN**, Oncology, was promoted to RN III.
- **Jean Wolf, RN, OCN** was promoted to Assistant Director, Oncology.
- **Beth Wright, RN**, staff nurse at The Women's Hospital, accepted a part-time Administrative Coordinator position at the hospital.

Certifications

- **Karen Black, RN, MSN**, Director Flexible Resources, is certified as a Legal Nurse Consultant.
- **Kris Browne, RN, CPAN**, Wesley Long Community Hospital PACU, received her Peri-Anesthesia Nurse Certification.
- **Amy Call, RN, CCRN**, completed her Critical Care Certification.
- **Kristen Curio, RN, OCN**, received her Oncology Nurse Certification.

- **Tara Dark, RN, BC, BSN**, 3rd Floor, Wesley Long Community Hospital, passed the ANCC Medical-Surgical Certification exam.
- **Laura Johnson, RN III, CCRN**, 2100, Moses Cone Hospital, passed the Critical Care Certification exam.
- **Frostenia Milner, RN, MSN**, Service Director, Moses Cone Hospital, is certified as a Legal Nurse Consultant.
- **Jacque Perkins, RN**, IV Therapy, obtained her Sexual Assault Nurse Examiner Certification.
- **Tammy Robertson, RN, OCN**, Annie Penn Cancer Center, received her Oncology Nurse Certification.
- **Jenny Simpson, RN, BC, BSN**, 3 West, Wesley Long Community Hospital, passed the ANCC Medical-Surgical Certification exam.
- **Nancy Summerell, RN, CEN**, Wesley Long Community Hospital Emergency Department, received her Emergency Nurse Certification.
- **Shane Toomes, RN, CCRN**, 2300, Moses Cone Hospital, earned his Critical Care Certification.
- **Ed White, RN, CCRN**, 3300, Moses Cone Hospital, received his Critical Care Certification.

Please send information regarding promotions, certifications, graduations, awards, presentations and other celebrations to Daria Kring at daria.kring@mosescone.com. Please include name, credentials, job title, department and campus.

look good. Many weeks filled with ups and downs came and went. He became sicker. His temperature rose, he got Acute Respiratory Distress Syndrome on the vent, and he perforated his bowel and went into renal failure. During report we often would say that he was not going to make it. His family was always at his bedside, and tears flowed freely. I suggested the family bring in photos and favorite objects. His Dad remembered that he had a stuffed animal in his car. So he brought it in, and we hung it above his head. It helped us to see Eddie the way he was before his accident. It made him more real, more like a human being and less like just a patient.

One day one of the physicians went in to do his daily assessment. As usual, he asked Eddie to "stick up two fingers." I'm sure after asking this question at least 50 times he didn't expect much. But Eddie, ever full of surprises, surprised us this day. He raised two fingers and shook the doctor's hand weakly. He still wouldn't open his eyes but we finally knew that Eddie was "in there." Weeks went by and every day Eddie began to do more. He opened his eyes and started trying to speak. Rehabilitation staff began to work with him intensely. I worked all week and had a few days off. When I got back, Eddie was gone. But not in the way you think. He was on a step down unit with plans to transfer to Rehab.

As I was taking care of a patient in his room, I heard a great commotion at the desk. It was Eddie and his Dad! Eddie's trach was gone, and he was walking with just a little help from his Dad. I'll never forget these first words I heard Eddie say to me, "Thank you." This time tears flowed freely, but not tears of sadness, just tears of joy!

*The patient's name has been changed.

Please send your nursing stories to daria.kring@mosescone.com.

One-on-one with Joan Wessman and Debbie Grant

By Jackie Greenlee, RN, MSEd

Joan Wessman, Chief Nursing Officer, has been with us for approximately one year now, and Debbie Grant, Vice President of Nursing, has been in her current role for about five months. But who are these women and what is their vision for the future of nursing at Moses Cone Health System?

Joan can be described as an individual who exudes confidence and competence from the way she walks to the manner in which she speaks. "My vision is for Moses Cone Health System to be the best place to practice nursing in the United States," she says. Some might be skeptical about that statement, but the excitement and enthusiasm in her voice is convincing. You'll soon believe that the 2,100 nurses Joan manages have a leader who is ready, willing and able to make Moses Cone Health System the healthcare choice for both patients and employees. There are several key concepts that will help fulfill this vision and Joan calls them "The 3 Cs."

"We want to make sure that the community recognizes that Moses Cone Health System is the best place to practice nursing..."

—Joan Wessman

- Caring – "We have to be very sure that the care delivered by our nurses meets the needs of patients and families."
- Competence – "Our staff must have big 'C' competence with critical thinking skills. Our goal is to have many nurses with advanced certifications who are highly knowledgeable and specialized in a particular clinical area."
- Celebration – "Let's celebrate the joy of nursing. This includes our caring and competence. We need to share more of our stories of success."

When asked what has been the greatest challenge since arriving at Moses Cone Health System, Joan does not hesitate: "Staffing, staffing, staffing!" To retain staff, recruitment became the No. 1 priority on her agenda. "We have a well-defined recruitment plan, and we're trying to leverage our technology," Joan says. The nurse locator system and full implementation of E-chart by the end of 2004 will ensure that "every place in the System will have the same level of clinical documentation and functionality," she adds. More computer terminals and wireless computers and phones will offer great advantages for the nursing staff, she says. Joan also wants to strengthen the relationship that the Moses Cone Health System has with local universities and schools of nursing. "We want to make sure that the community recognizes that Moses Cone Health System is the best place to practice nursing and that it is a superb

See One-on-one, page 11

Pink Then and Now: Pepto-Bismol and CARE Reports

By Susan Coble, RN, C, MSN

I remember when I was growing up and had stomach aches that left me feeling queasy. If I mentioned how I felt, I knew I would see pink. My mother was a great believer in Pepto-Bismol, and a pink bottle would quickly appear from the medicine cabinet. Needless to say, pink is not one of my favorite colors.

You may feel that same nauseated feeling at the appearance of a pink CARE Report, in which you must document an untoward patient event. I recognize that queasy look in your eyes as you begin to fill it out. This is the same look my mother must have seen in my eyes as she came toward me with a tablespoon filled with Pepto-Bismol.

The good news today is that nausea relief is on the way. Moses Cone Health System is moving to a proactive rather

than a reactive model of incident management. This means that we should view the pink flag as an opportunity to address Systemwide issues so that similar events do not occur in the future. The plan is to make tomorrow safer so staff, patients and families do not continue to go through similar negative event cycles. The Risk Management staff will be working hard to help turn the sight of "pink" into an opportunity for positive change. In addition to massive in-service training that occurred in 2003, online reporting of incidents will occur in 2004. "Online reporting can increase ease of reporting, capture events sooner, provide timely access to reported events for a broader group of staff, and facilitate the detection of failures and trends," according to **Cheryl Koob**,

RN, BSN, Director, Risk Management. This online system will occur through the Moses Cone Health System Intranet via the *Safety Zone Portal*.

By the way, what color do you think the Electronic CARE Report will be in the Safety Zone Portal? I vote for purple!

Photo: Susan Coble thinks pink.



Hemo Is Doing Research

By Holly Sorrell, RN, BSN

What is the first thing that comes to mind when you hear the phrase "nursing research"? Maybe you remember conducting frantic literature searches in order to write papers in nursing school. Perhaps you think about professors who formulate theories, collect data and make groundbreaking conclusions. Or maybe you think of nurses working toward advanced degrees and scraping together research proposals for their theses. Do any of these scenarios describe your image of nursing research?

It is probably safe to say that few nurses give a second thought to nursing research in a normal day's work. Shifts are filled with more than enough work to keep us busy. However, evidence-based practice is not possible without research to show which interventions improve patient outcomes.

The Hemodialysis Department recently started a study of its own. In the Hemodialysis Department, blood transfusions are common. The potential risks of clotting the dialyzer (artificial kidney) and/or the tubing during transfusions are an ongoing struggle in managing the hemodialysis treatment. The method of blood transfusion was identified as an area for potential improvement since a different procedure of blood transfusion might reduce the risk of clotting and blood loss.

The Department Shared Governance Council (DSGC) was charged with looking at the current policy. The council began with a literature review, but found no studies to support or



disprove a particular method of blood transfusion during dialysis. Hemodialysis Units at other hospitals also were contacted, and their practice was consistent with the current policy and procedure.

Rather than accept the status quo, the council agreed that a research study could potentially improve patient outcomes. A research committee was formed which included: **Robin Joyce, RN; Betty Hopson, RN; Holly Sorrell, RN, BSN; Director Joanie Thomasson-Waters, RN, MSN;** and Clinical Nurse Specialist **Daria Kring, RN, BC, MSN.**

The first hurdle was to submit a proposal to the hospital Institutional Review Board (IRB) for approval. The purpose of the IRB review was to ensure safety and confidentiality of all patients involved in the research study.

Since receiving approval from the IRB, we have begun collecting data. In the next few months, we will interpret data, form a conclusion and publish our findings.

While it's easy to classify nursing research as time consuming, boring or irrelevant, that's an unfair description. Think about this: How often do we notice the potential for improvement and do nothing? Wouldn't it be wonderful to act on our ideas and change our practices accordingly? While it's not appropriate for all clinical issues, research offers a unique opportunity to improve nursing care. Nursing research is a challenging and empowering process that provides an avenue for professional growth.

Photo: Sandra Tedder, RN hangs a unit of blood in Hemodialysis.

Nursing Grand Rounds Calendar

Date	Time	Place	Focus
February 12	Noon - 1 p.m.	The Women's Hospital of Greensboro Classroom 1 & 2	Postpartum Cardiomyopathy
March 4	11 a.m. - noon	The Moses H. Cone Memorial Hospital AHEC 1040	Diabetes Management in the Cardiovascular Patient
April 14	Noon - 1 p.m.	Moses Cone Health System Regional Cancer Center	Oncology/ Critical Care

Moses Cone Health System Addresses the Nursing Shortage

By Debbie Green, RN, MSN, GNP

In an attempt to increase enrollment at local nursing schools, Moses Cone Health System has established joint collaborative projects with the University of North Carolina at Greensboro and North Carolina A&T State University. We are also working on a project with Guilford Technical Community College.

The project with UNCG is one in which select Clinical Nurse Specialists (CNSs) work in an Adjunct Clinical Faculty role. The student nurses for this project were selected based on academic achievement. Since most have scholarships from Moses Cone Health System, this group of eight students has been designated "The Cone Scholars." They do all of their clinicals in the System with our CNSs. The CNSs participating in this project are: **Daria Kring, RN, BC, MSN; Gretchen Delametter, RN, MSN; Amy Fisher, RN, C, BSN; Maryellen Paton, RN, MSN, CCRN; Brenda Murphy, RN, MSN, GNP-C; and Waqiah Ellis, RN, MSN.** Also, **Deb Stanford, RN, MSN, CCRN,** Clinical Instructor at UNCG, is assisting with this year's clinical at The Women's Hospital of Greensboro. According to Megan Myrick, a Cone Scholar who has completed her Med-Surg and Behavioral Health rotations, "Clinical instruction at one institution allows me to focus on my clinical learning experience and its challenges without the additional stress of learning the organizational and documentation differences of multiple institutions. The small clinical group allows me to form working relationships, while at the same time providing peer support, encouragement and even enthusiasm as I embrace new educational challenges and develop new skills through my clinical experience."

In the project with A&T, titled *Up to*



Speed, RNs with BSN or MSN degrees serve as clinical preceptors. The six students in this program were selected by a joint committee. Each student has his or her own clinical preceptor, making it a one-on-one precepted experience. Students contract for clinical hours within their preceptor's work schedule, making clinical hours flexible. Preceptors completed an all-day training course at A&T to learn about course requirements and how to balance a full patient load with precepting a student nurse. Preceptors for the spring semester are: **Barbara**

Cooper, RN, MSN, 6500; Jocelyn Bryant, RN, BSN, 2100; Rita Mintmier, RN, BSN, 3100; Debbie Stowe, RN, BSN, 3100; Margaret Ann Martin, RN, BSN, 3W; and Cassandra Galloway, RN, BSN, 4W.

The project with GTCC is still under design. Stay tuned for more details as this program develops.

For questions, e-mail Debbie Green at debbie.green@mosescone.com.

Photo: Daria Kring coaches UNCG student Kristi Kelly on medication administration.

"The small clinical group allows me to form working relationships, while at the same time providing peer support, encouragement and even enthusiasm as I embrace new educational challenges and develop new skills through my clinical experience."

– Megan Myrick

One-on-one, continued



place for students to do their clinical training. We will continually work to get better and better."

On a personal note, Joan, a fervent Ohio State Buckeye, is married and the mother of six children ranging in ages from 19 to 29. She is enthusiastic and passionate about her job. "My job is to ensure that nurses throughout the System have the time, talent, skill and understanding to do the incredible job of taking care of patients and families in this System." Her respect for nurses at the bedside is enormous. "I can't imagine having done anything else with my career."

Debbie Grant describes her philosophy of nursing as one in which nurses have been the "hub of the wheel." "I've always seen nursing as a collaborative

effort – one in which we as nurses have to work together with our patients, physicians, physical therapists, lab, radiology, etc. Nursing is the conduit to make sure that everybody understands the patient in a holistic fashion." Debbie began her career at Moses Cone Health System in 1980 as a Professional Nursing Assistant (similar to an extern). She has seen many changes and renovations during her tenure. She says the Moses Cone Health System culture allowed her to grow and not become stagnant. Twenty-four years later, Debbie is now a nursing administrator, and believes that she has the capacity to influence nurses to become involved professionals and patient advocates. "I want to promote pride within Moses Cone Health System—pride that we're going to provide the best care we can, in a very caring spirit and in a financially sound way. Our focus right now is on the bedside caregiver. Budget is important, but it's also about how we retain and train nurses so that they get what they need in order to do their jobs," Debbie says.

On a personal level, Debbie describes herself as an individual who commits

time to her home, community, church and career. This is quite a balancing act for someone who has been married 25 years, has three children and recently received the Guilford County PTA President of the Year award. Her focus echoes Joan's vision: "We want to be the best nurses in the nation."

While Joan and Debbie perform many tasks together, they also have distinct roles. According to Debbie, "Joan does a lot of work in developing goals and the big vision, while I am involved in the daily operational activities and the Magnet journey. She is great to work with. She has an emotional energy that helps to move ideas through the organization." Together, they focus on the four pillars for System excellence:

- Financials
- Quality
- Patient Satisfaction
- Employee Satisfaction.

"Every thing we do and say must reflect these pillars," Debbie says. "They are very important to the advancement of our goals, and we must re-visit them periodically."

Photo: Joan and Debbie pause to reflect on their vision for nursing.

From the Editor



As you read the premier issue of *Nursing Beat*, a new era has arrived at Moses Cone Health System. We will look back on 2004 as the year Moses Cone's employee parking garage was built, computer documentation swept the departments, Magnet was a major force, and our newsletter was born! We will look through back issues of *Nursing Beat* and ask, "Remember that?" This newsletter will be our written history. Forget committee meeting minutes and archived Policy and Procedure books. These stories will serve as a documented tribute to our daily work.

Nursing Beat will be a quarterly publication written by nurses featuring upbeat, positive articles highlighting nursing activities. We want to profile nursing initiatives, accomplishments, best practices, quality outcomes, and shared governance activities. We want your nursing stories, pictures and successes—all that makes you passionate about your work.

Thanks to all of you who authored stories and submitted news items. And thanks to the Editorial Board and our Marketing Department who worked hard to get this first issue to press. We look forward to hearing everyone's comments and feedback. And if any of the stories rekindled a spark deep within, a celebratory beat of pride, that's the *Nursing Beat: The Pulse of Nursing at Moses Cone Health System*.

Daria

Daria Kring, RN, BC, MSN, Editor, daria.kring@mosesccone.com

Creating An Environment for Retention

By Dianna Young, RN, MSN and Daria Kring, RN, MSN

According to the American Association of Colleges of Nursing (AACN), as many as 114,000 jobs for nurses will be unfilled by 2015. Furthermore, about half of the nursing workforce will reach retirement age in the next 15 years (Sigma Theta Tau International, 2000). Because of the near-crisis staffing shortage of nurses, it is important to focus both on recruitment efforts and retention.

In an effort to retain nurses within Moses Cone Health System, a part-time Retention Nurse Coordinator position was created. **Dianna Young, RN, MSN**, became the Retention Nurse Coordinator in July. She has been with Moses Cone Health System for about eight years, including stints with CareLink and as Department Director for the Wesley Long Community Hospital ICU/SD and The Moses H. Cone Memorial Hospital CICU/TCU. "I have thoroughly enjoyed this role thus far. It has allowed me to get to know staff across all campuses," Dianna says.

She began her role by performing multiple literature reviews to discover what retention issues, ideas and efforts exist. She has an exhaustive list that can be used as a resource for nursing departments needing action plans focusing on departmental retention. Research shows that retention efforts should include compensation, creation of a supportive and caring environment, recognition for outstanding nursing care, flexibility with scheduling and implementation of tools that allow nurses more time at the bedside with their patients and families.

Dianna has worked with several departments Systemwide in regard to employee satisfaction surveys. She also has worked with nurses who have had specific issues, which threatened their retention within the System. Fortunately, all these cases had positive outcomes.

Dianna is chairperson of the Nursing Recognition Committee, which is



responsible for Nursing Excellence and Nursing Week activities. They meet every other week to plan activities. She also is forming a second committee to implement strategies that address nurse burnout. One strategy is a "sabbatical" for burned-out nurses. This concept would allow nurses to transfer into another department for a "break" but would not force nurses to lose their seniority and positions with their primary department. The committee will begin meeting early in 2004. Bedside nurses, department directors, service directors and a representative from Nurse Recruitment serve on these committees.

"Retention is everyone's responsibility," Dianna says. "It's creating an environment where patient care drives our decision-making and where respect abounds. Many nurses leave nursing because they don't feel supported in doing what they truly want to do—care for patients. We need to create an environment in which nurses are able to meet their own needs partially through work. It is our goal to support our nurses in this way. This will be the true retention strategy—allowing nurses to nurse."

Photo: Dianna Young discusses retention with Ron Flack, Administrative Coordinator.

"Retention is...creating an environment where patient care drives our decision-making, and where respect abounds."

— Dianna Young

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