NURSING BEAT

THE PULSE OF NURSING AT MOSES CONE HEALTH SYSTEM

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Inside This Issue

MOSES CONE HEALTH SYSTEM

Saving Backs and Keeping Patients Safe

By Susan Moore, RN, BSN, CVN

About one year ago, the American Nurses Association and the Occupational Safety and Health Administration directed hospitals to address the issue of high-risk patient handling tasks. These tasks, such as bed-to-chair transfers and pulling patients up in bed, create significant mechanical stressors on the body, often placing caregivers at high risk for injuries. In fact, an American healthcare worker suffers a back injury every 30 minutes, and back pain is second only to the common cold as the most frequent cause for sick leave. In addition, awkward or forceful handling can result in patient discomfort, anxiety, skin tears and even falls.

Tanya Shelton, RN, 2900, and Danny Thomas, RN, IV Therapy, demonstrate the "Stedy," a favorite piece of equipment for many staff.

A safe patient handling task force was formed that included many disciplines throughout the Health System. The first assignment was to determine best practice. Following an extensive literature review and analysis of current procedures, they determined that a wide gap existed between what was actually being practiced and expert recommendations.

The next step was to identify companies that had patient lift equipment and ample educational and training support. Following site visits and evaluations, a proposal to purchase state-of-the-art lift equipment was written and approved for this fiscal year.

The equipment will cost nearly $2 million for all campuses, but we anticipate a 200 percent return on investment. What does this mean? Safer patient handling and fewer back injuries will result in fewer absences and workers' compensation claims.

"This is one of the biggest and most positive practice changes to impact both patient and staff safety," says **Debbie Green, RN, MSN, ANP/ GNP**, Director of Practice, Education and Research. "We are creating cultural change and must hold each other accountable for the change."

All healthcare workers who move patients will attend a transfer mobility class. In addition, coaches will be selected to attend an advanced class and then will assist others in using the equipment. It is state-of-the-art equipment and will replace outdated equipment, such as Hoyer lifts. The new transfer and mobility devices also will help patients to feel more secure.

Twelve different types of equipment have been purchased. They range from a simple moving/transferring device to a 1,000-pound capacity ceiling lift.

See Saving Backs, page 9

Message from Joan
"My Heart Is Still Pounding"

On a recent Saturday, a baby boy was born at The Women's Hospital of Greensboro. Business as usual for us, life-changing event for this family.

The next day, Dave – the baby's father – was visiting his wife and new son when he developed "heartburn," accompanied by diaphoresis and pallor. The Women's Hospital nursing staff recognized that this was not heartburn and arranged for CareLink staff (who happened to be on site) to transport Dave to The Moses H. Cone Memorial Hospital. He arrested en route, but was successfully resuscitated and taken to the cath lab. A stent was inserted, he recovered well and was discharged home. Business as usual for us, life-changing event for this family.

Upon reflection of the events of the past several days, Dave put pen to paper to express his thoughts. I am so pleased to be able to share his words with you:

"I look at my wife in the delivery room, Nurse says everything is looking good, and your new son will be out in no time. "My heart is still pounding."

I look at the Nurse, she says Dave I think you should sit down. You look pale and you are sweating. "My heart is still pounding."

I look over to my wife with her oxygen on her face. Nurse says we are paging the doctor since the baby's heart rate is dropping. My heart races, saying a little prayer to myself that everything is going to be all right. "My heart is still pounding."

I look over to my wife with my oxygen on my face. EMT says his heart rate is dropping. EKG doesn't look good, Dave we are here to help you. I keep telling them it is heartburn. They tell me different. I say a little prayer to myself. "My heart is still pounding."

Doctor tells my wife to push, he is almost here. I see a head, a body, *our baby boy*. "My heart is still pounding."

EMT asks me Dave are you still there? "Heart stops." They bring me back to life. Into the Trauma room I go. Doctor comes in, says I had a heart attack. "My heart is still pounding."

Dave's heart is still pounding after life-changing events.

Snip the umbilical cord. His blood gets on my hands. Doctor hands him to me and says here is your son. "My heart is still pounding."

Head to the operating room, everybody is running around. See my wife, give her a kiss, tell her everything is going to be OK. Doctor says we have to go, *time is muscle*. "My heart is still pounding."

Head to the nursery with my new son. So proud, looking at the little clone of me. Can't wait to tell everyone. "My heart is still pounding."

Doctor shows me pictures of my heart. Artery clogged 98%, need to go in and put a stent. Burning in my chest. Can't wait for it to go away. "My heart is still pounding."

Get measurements of our baby boy. Nurse says he is fine, and to come back in three hours to get him. Don't want to leave him. "My heart is still pounding."

Feel balloon catheter in my leg. Get rid of the burn, can't stand it anymore. Feel it in my chest, burn going away. Thinking about my family, my new baby boy. Don't want to leave them. "My heart is still pounding."

Go back to tell my wife baby is fine, give her a kiss, tell her I love her. "My heart is still pounding."

Come out of the operating room. See my wife, she gives me a kiss, tells me she loves me. "My heart is still pounding."

Finally home now. Open the door, pick up my son, give him a big hug and kiss, *"Our hearts are still pounding together forever."*

My Guardian Angels worked overtime on the weekend of March 18-20. These Guardian Angels were the doctors, nurses and EMTs who were there to "keep my heart pounding." Whether through the joy of the birth of my son, or the burn I felt during my heart attack, "My heart still pounded." It might have lost a few beats, but thanks to the nurses at The Women's Hospital, and the doctors and nurses at Moses Cone Hospital, especially the EMT crew who just happened to be there, I would have lost a lot more and probably wouldn't be here to write this today.

I don't know everyone's names but you know who you are and I hope to meet with you all in the near future. You have given me a second chance on life and I am grateful, especially since adding a new addition to our family. I know God played a major role in all of this, and I believe he had all of you in place to do what you all are trained to do, and it showed.

You gave me joy with our new baby boy. You gave me hope when you got rid of the burn. You gave me life by being the best at what you do.

My family would like to thank you, especially my little son Tanner, who gets to have his daddy around for all of his special moments and occasions growing up."

Never forget how business as usual to us is life changing to our patients and families. Never forget the incredible impact our work has on the lives of others. This is why we do this work – never forget.

Joan

Joan Wessman, RN, MS
Chief Nursing Officer

We need your stories! Send your amazing, humorous, or life-affirming stories to daria.kring@mosescone.com

Nursing Residents Exemplify Evidence-Based Practice

By Sabrina Graham, RN, BSN

New graduates in the Moses Cone Health System Nursing Residency Programs have started their orientation by doing research projects, a new requirement for completing the residency program. In each of the residency programs, new employees were instructed to work in teams, identify and agree on topics for their research, and then present their results. Here are highlights of the projects from each residency program.

The nurses in the operating room residency program selected "Generational Differences and Leadership Styles in Nursing" as their topic. They developed and distributed surveys to operating room nurses on each campus. Survey questions asked for the nurse's current position, length of nursing career, assigned generation, interest and participation in leadership positions, and opinion about whether leadership positions should be based on seniority or qualifications and skill. Results indicated that the majority of nurses in the operating rooms fit the baby boomer description, but they also blended with the other generations. On the issue of leadership, they believed positions should be based on skills and qualifications rather than seniority. Many operating room nurses indicated that they were not interested in participating in leadership roles. They had a perception that nurse leaders lacked support, but, most importantly, many operating room nurses preferred more patient contact to paperwork.

Amber Middleton, RN, (left) and Elizabeth Tinsley, RN, OR Residency Program, are building generational bridges.

"Throughput" was the topic selected by the nursing residency program in the Women's Health departments at The Women's Hospital of Greensboro. According to their observations, the majority of patients at The Women's Hospital receive care from more than one department's staff during their stay. Based on their observations, there are differences in patterns of communication and interaction. As a result, they designed a small, qualitative survey to collect more data on this topic. Thirty nurses from six departments answered the survey. Questions included: What is your perception of how nursing departments at The Women's Hospital interact with one another? Describe a typical day for a staff nurse in your department. What would you like nurses from other departments to understand about your department/job/role? What behaviors by nurses foster positive relationships and what hospitalwide changes would facilitate better inter-department relationships? Results indicated that most nurses at The Women's Hospital think their units interact well. All agreed that positive communication between nurses impacts morale and patient care, especially during high census. One recommendation was to implement a communication tool called "Anticipatory Communication." This is used when there are difficult department or patient care issues.

Julie Potts, RN, (left) and Lakisa Ballard, RN, Women's Residency Program, are concerned about interdepartmental communication.

Participants in the ICU/Cardiology residency program had opportunities to observe several nursing units. As a result of their rotations, the nursing residents found inconsistencies in EKG lead monitoring and electrode placement. This became the topic of their project. They discovered that electrodes were not placed in the same anatomical location, and they wanted to investigate why. As a result, a tool was created to collect, interpret and present their findings. Data collection centered on the patient's history of cardiac arrhythmias, the type of lead monitoring and the correct placement of electrodes. Each patient's nurse was asked to explain why he or she monitored the patient in the current lead. Results indicated that 67 percent of patients had the correct lead placement. The majority of patients, 81 percent, were being monitored by lead II. Fourteen percent of patients with a history of atrial dysrythmias and 78 percent of patients with a history of ventricular dysrhythmias were not being monitored in the clinically indicated lead. This project increased awareness of correct lead monitoring and the importance of the correct electrode placement.

The graduates of the Nursing Residency Program wished to express their gratitude to all members of the nursing staff who they worked with during their experience.

The 2005 Nursing Residents were:
Amber Middleton, RN, BSN; Melissa Tewkbury, RN, BSN; Tanya Smith, RN, BSN; Crystal Meyers, RN, BSN; Tina Talbott, RN, BSN; Lakisa Ballard, RN, BSN; Julie Potts, RN, BSN; Carolyn Ward, RN,BSN; Mindy Anderson, RN, BSN; Kimberly Huggman, RN, BSN; Olga McLeod, RN, BSN; and Corey Roman, RN, BSN.

Nurses Going Places

Awards and Honors

American Organization of Nurse Executives Board Advisory Committee

- **Joan Wessman, RN, MS,** Chief Nursing Officer

Publications and Presentations

AACN National Teaching Institute and Critical Care Exposition, Anaheim, CA, May 22-25.

"Development of an Adult ICU Hyperglycemia Protocol" poster presentation

- **Cindy Carter Cole, RN, MSN,** Pulmonary/Critical Care Medicine CNS, Director Piedmont Respiratory Research Foundation, and **Jenny Simpson, RN, MSN, BC-ADM,** Diabetes Coordinator

Southern Nursing Research Society Annual Conference, Memphis, TN, Feb. 1-4.

"African American Women's Perception of Heart Disease" poster presentation

- **Daria Kring, RN, BC, MSN,** Magnet/Retention Coordinator; **Sharon Starr, RN, MSN; Patricia Crane, RN, PhD; Debra Wallace, RN, PhD; Susan Letvak, RN, PhD**

Eta Psi Western Carolina University MAHEC Research Symposium, Cullowhee, NC, April 18.

"Progressive Patient Orientation (P20): A Paradigm for the New Millennium" presentation

- **Kim Mays, RN, MSN, MBA,** and **Ruthie Pompey, RN, MSN,** Director Department 4700

Third annual Sigma Theta Tau Research and Scholarship Day, Winston-Salem, NC, March 21.

"A Hospital Case Study in Achieving Medical Patient Satisfaction: Nursing Service's Effect" poster presentation

- **Barbara Mueller, RN, MSN,** Director, Department 5500; **Mary Anne Amos, RN, MSN,** Director, Department 3-West; and **Mary Watkins, RN,** Interim Director, Department 3700.

Graduations

Associate Degree in Nursing

- **Keela Beasley, RN,** Wesley Long Surgical Center, Guilford Technical Community College (Best Overall Student and GPA Award)

Bachelor of Science Degree in Nursing

- **Sheila Lilly, RN, BSN,** Director of Nursing, Moses Cone Extended Care Center, University of Phoenix

Master of Science in Nursing Education

- **Thresa Brown, RN, MSN,** Emergency Department, Annie Penn Hospital, East Carolina University
- **Jean Ann Trull, RN, MSN,** Intensive Care Unit/Stepdown, Wesley Long Community Hospital, University of North Carolina at Greensboro

Promotions and Leadership Positions

Assistant Director

- **Tamara Caple, RN, MSN,** 6700, ACE/Admissions Department

RN III

- **Stephanie Dillon, RN,** Wesley Long Community Hospital, ICU/SD

Certifications

Certified Childbirth Educators

- **Wendy Apple, RN, CCE,** Perinatal Education, The Women's Hospital of Greensboro
- **Vicki Nichelson, RN, CCE,** Perinatal Education, The Women's Hospital
- **Miralee Ackerson, RN, CCE,** Perinatal Education, The Women's Hospital
- **Letitia Elks, RN, CCE,** Birthing Suites, The Women's Hospital
- **Michele Taylor, RN, CCE,** Birthing Suites, The Women's Hospital

Certified in Infection Control

- **Mary F. Faint, RN, MA, CIC,** Annie Penn Hospital

Certified as a Sexual Assault Nurse Examiner

- **Quinta Cunningham, RN,** Operating Room, Annie Penn Hospital

Critical Care Registered Nurse

- **Robin Roberts, RN, CCRN,** 2300, SICU

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Shared Governance

By: Peggy Eller, RN

Nursing Executive Council

Reporting: **Teresa Farr, RN,** Chairperson


Teresa Farr, RN

- **Karen Lynch, RN,** was chosen as Nursing Executive Council's new chair. **Teresa Farr, RN**, is leaving the organization.
- **Susan Hamilton, RN, MSN,** presented results of the RN/MD survey. **John Campbell, MD**, will join nursing and other physicians to look at RN/MD relationship results and discuss ways to make improvements.
- Length-of-stay goals were met at The Moses H. Cone Memorial Hospital. Measures to meet goals will continue on all campuses.
- A "State of Nursing" address was presented by **Joan Wessman, RN, MS**, at all campuses.

Professional Development Council

Reporting: **Karen Lynch, RN,** Chairperson


Karen Lynch, RN

- **Dianna Young, RN**, presented the Suitcase for Success Program. She showed the small black box filled with cards, gifts, generational information, stickers and certificates for shout-outs to be used for on-the-spot recognition.
- **Brenda Murphy, RN**, and **Susan Hamilton, RN**, reviewed the number of RN II, III and IV positions per department. Because of the limited numbers of positions, it was recommended that other ways be developed to recognize these nurses. **Karen Lynch, RN**, will take this information to the Nursing Excellence Council's next meeting.
- Topics on the "State on Reflective Practice" have been scheduled for April 26 at Annie Penn Hospital and April 27 and May 4 at Moses Cone Hospital. All of these meetings are scheduled from 10 to 11:30a.m.

Med-Surg Service Practice and Quality Council

Reporting: **Gretta Frierson, RN,** Chairperson


Gretta Frierson, RN

- The Code Stroke Protocol was presented for inpatient strokes at Moses Cone Hospital.
- The CBL "Labeling Medications," a JCAHO mandate, was made available on Dec. 5.
- The Critical Care Nursing Residents presented a QI program on lead placement.
- Multi-dose medications expire 28 days after they are opened. We must ensure that they are dated after being opened.

Women/Infant/Children Service Practice and Quality Council

Reporting: **Kelly Tuggle, RN,** Chairperson


Kelly Tuggle, RN

- **Kathy Morrison, RN**, and **Karen Olson, RN**, presented a motivational video from Ross Laboratories to kick off the WIC float policy and core competencies. The presentation was well received. Karen and Kathy were invited to present at staff meetings
- Policies and procedures are being revised.

Operative Service Practice and Quality Council

Reporting: **Pattie Schenk, RN,** Chairperson


Pattie Schenk, RN, CPAN

- Patient satisfaction was discussed. Outpatients are handed surveys as they leave to complete and mail back. It was recommended that a stamped, self-addressed envelope also be provided. Inpatients are currently being called. The survey's contents will be discussed at the next meeting.
- Operative Service's policies and procedures are now on the Intranet. The Intranet search engine is easy to use. Go to Citrix/MCHS Homepage Intranet/Admin Policies. If the physician handwriting is unclear, call the physician. Abbreviations are not allowed on consent forms, procedures or operating room records.

Behavioral Health Service Practice and Quality Council

Reporting: **Donna Shimp, RN,** Chairperson


Donna Shimp, RN

- The SBAR form was revised to meet the needs of the Moses Cone Behavioral Health Center patient.
- The emergency cart contents have been revised.
- Additional items have been added to E-chart for behavioral health patients.

Nursing Leadership Quality Council

Reporting: **Mona Easter, RN,** Chairperson


Mona Easter, RN, MBA

- There are plans to present Nursing Grand Rounds at each campus during Nurses Week, May 8 – 12. Nursing technicians and secretaries will celebrate separately in April and June.
- Various groups met to discuss issues related to peak census. After working extra hours during peak census, drawings from the pool of names were held and prizes awarded. Non-nursing departments also worked on various plans for peak census.


Special Message

"I joke that 'I love nurses.' But when you are married to a nurse, your daughter is a nurse, and your sister and two sisters-in-law are also nurses, you REALLY do love nurses! It has been a great experience for my wife and I to see our daughter start her career in the nursing profession, with all the joys and sorrows, highs and lows that one experiences. It has helped keep me connected to direct patient care."

– Tim Rice, CEO

Nursing Beat salutes our nurses whose contributions change lives daily, whose smiles reflect the way we want to feel, whose humor makes us laugh when we feel like crying, and whose advocacy allows us to sleep soundly at night.





Bordering these pages, dedicated to the celebration of Nurses Week 2006, are the faces of just a few of our Moses Cone Health System nurses. We honor each and every nurse in our System for the daily miracles you perform, the listening skills you perfect, and the ways in which you make a difference. In response to a *Nursing Beat* survey, you sent us some of your favorite nursing memories and humorous anecdotes. Thank you for sharing.



Nursing "Wreck-a-lections"

"Before becoming a nurse, I was a nursing assistant and very eager to do anything I could to help the nurses on my floor. During my first week, the charge nurse asked me to check on the patient in Room 204. Anxious to please, I went immediately to the patient's room. I was astounded to see a box-like contraption surrounding the patient's head (halo). I slowly and carefully assisted the patient to the bathroom, and I returned to the desk for my next assignment. The charge nurse smiled, knowing what I had encountered, and asked, "How did it go?" I looked at her woefully and said, "Well, it was great, considering the patient is still under construction."

-Joan Hildebrandt, RN

"While working as a nurse at our Family Practice Center, we had a patient whose name was quite difficult to pronounce, as it contained no vowels. Mr. Nln had been coming to the clinic for many months on a regular basis, and each time I called him to come back to the examination room, I struggled with the pronunciation of his name. Not one to give up easily, visit after visit I would roll up my tongue into an unnatural posture and slur out his name "Mr. Enellen, we are ready for you." Speaking very little English, he would smile, nodding agreeably and proceed to the exam room. Finally, the nurses at the front desk asked me, "Why do you always call the patient by that name?" I answered thoughtfully, "You know, I never have been able to pronounce his name correctly, how would you pronounce N-L-N?" "We would pronounce it, 'No Last Name.' " I can still hear them laughing.

– Donna Albright, RN











By Joan Hildebrandt, RN, CNOR

Patients Remember Nurses


Patients send hundreds of letters each year expressing heartfelt thanks for the excellent care they receive at Moses Cone Health System. These are some of their comments about you.

"Some of the most friendly and concerned staff, and very helpful in all ways possible."

"The nurse and techs were wonderful. No one could have been nicer or more courteous or as accommodating as these nurses. We want to thank all of them from the bottom of our hearts."

"The nurses were all sweethearts. You have the nicest staff. I was a basket case, and they calmed me down. Everyone was very helpful."

"Everyone in the Emergency Department was exceptionally nice and good to me. I think the nurses work very hard and were very helpful to me."

"You have a wonderful staff of nurses, techs, etc. Everyone wanted to be sure I was comfortable and pain-free."






Nurses Remember Patients

"In the late '60s, I recall working for a physician with a terrific bedside manner. He was so caring and kind that his elderly female patients eagerly awaited his rounds. Once, my 85-years young patient asked me to help her draw on her eyebrows (with a # 2 pencil no less), and apply lipstick and rouge in preparation for his visit. It tickled me to assist with her feminine wiles."

-Hilda Nelson, RN

"I am both humbled and honored to be at the bedside when a patient of mine is dying, being able to assist the patient and the family with this last transition. My goal is for the experience of death to transcend sadness and fear and be reckoned with gracefully, peacefully, and with dignity."

-Susan Roberts, RN

"I have always believed that I was called to be a nurse. Like a minister, I felt called by God. Once, while transporting a patient suffering from severe depression, a tear slowly and silently slipped down his cheek. His suffering was so intense and numbing that he didn't even attempt to wipe it away. His sadness was palpable, and I prayed for a way to ease his pain, if only for a moment. I set my hand upon his shoulder and realized my prayer had been answered ... God had made me this patient's nurse, someone who cared about and recognized his pain. I am forever grateful."

-Kathy Allman, RN
















Remember When We Did it That Way?

By Janice Brown, RN

Do you remember those golden days when we did things the old-fashioned way before technology changed everything? Here are some reminiscences from several staff members on how times have changed. Many of our newer nurses may have even read about them in their nursing history classes.

Gloria Lucas, RN, remembers when respiratory therapists were not available around the clock. When a ventilator patient had problems, the nurse had to call the respiratory therapist at home to get suggestions on changing the ventilator settings.

According to **Jane Buchanan, RN,** there was a time when all nurses and nursing technicians at Wesley Long Community Hospital wore caps and starched uniforms with clean, white polished shoes.

Wilhemia Hedrick, RN, can recall when nurses stood up as the doctor entered the nurses' station. Nurses collected the charts and accompanied the physician during rounds, writing verbal orders as they went, then waited as the doctor completed the progress notes before moving on to the next patient.

Judy Griffith-Rogers, RN, enjoyed living at the Wesley Long Community Hospital nursing apartments, better known as "Menopause Manor." Rent was $35 a month, including linens, soaps and towels.

Betty Bogus, RN, hates to remember when only the doctor could take a blood pressure.

Susie Dalton, RN, and **Susan Womack, RN**, are happy that they no longer wash sponges and suction tubings, sharpen needles, and sterilize those glass syringes and needles in the operating room. Back then the suture needles were sharpened and hand-threaded.

Regina Newman, RN, vividly remembers the day when the nursing supervisor informed her that she had forgotten "her dignity," meaning her nursing cap. She was sent home to get it before working her shift.

Janet Chilton, RN, recalls when there were no IV controllers or pumps. All IVs, including pronestyl, pitocin and lidocaine drips, had to be hand-regulated and checked often. IV fluids were in bottles and were "time-taped."

Candy Colglazier, RN, still remembers when the recovery room closed at 5 p.m. and the patients went straight up to the nursing unit for post-operative care.

Sarah Marshall, RN, recalls when

Wesley Long Community Hospital nurses (from left) Jane Buchanan, RN; Judy Griffith-Rogers, RN; Linda Jobe, RN; and Regina Boswell, RN travel down memory lane.

ICU RNs extubated their patients and provided respiratory treatments. Before computerized monitoring, critical care data was calculated by hand. Those "green birds"-better known as the respiratory treatment machines-also functioned as back-up ventilators.

Stephanie Dillon, RN, has vivid memories of the MA-1 ventilators and the bellows and of crushing pills using the mortar and pestle.

Lois Bailey, a retired RN, and now a volunteer, remembers working in a 20-bed open ward and wearing long, starched uniforms. She sharpened needles for injections.

See Remember When, page 9

Introducing the Admission Nurses

By Janice Brown, RN

Kim Hodgin, RN, and **Carleane Edwards, RN**, team up to provide much needed clinical support as the admission nurses at Wesley Long Community Hospital. Many times they are found in the Emergency Department welcoming patients as they complete the admission health history process.

Often they provide uninterrupted attention by listening to the patient's initial needs and concerns. At the same time they meet our regulatory requirements by distributing and reviewing the Patient Information Guide and completing the DVT risk assessments and vaccination screens. They quickly identify consultation needs and refer patients to the appropriate departments such as care management, social services, nutritional services and chaplain support.

Kim Hodgin, RN, (left) and Carleane Edwards, RN, take a quick break in the Emergency Department before admitting the next patient.

They also enter patient information-such as advanced directives, allergies, heights and weights, and other key information-into the computer.

Kim and Carleane facilitate communication with the healthcare team and streamline the nursing admitting process. As a result, staff is more receptive to taking another patient from the Emergency Department or from the physician's office because they know that admitting assistance is available. But that is not all that they do. With their combined 42 years of nursing experience and knowledge of regulatory guidelines, Kim and Carleane provide quarterly chart reviews. They distribute a newsletter every other month called "Admitting Power" that provides updates related to the health history form and E-Chart documentation. In addition, the telemetry-trained admission nurses often accompany patients requiring EKG monitoring to various procedures. For their efforts,

See Admission Nurses, page 12

Back-to-School Series: Mastering the Science of Nursing

By Peggy Hewitt, RN, BSN

It is probably safe to say that all nurses, no matter what area of practice, have several things in common. One of those common factors is our love of learning more about nursing. Continuing our education is an integral part of nursing. And there are some nurses in our own Health System who are carrying this to the, well, the master's degree.

Robin Farmer, RN

Anne Brown, RN

Sabrina Graham, RN

Robin Farmer, RN, 2900-A, will graduate in 2007 with a master's of science degree in nursing (MSN) as an Adult and Geriatric Nurse Practitioner. Robin began her nursing career as a nursing assistant in the 1970s, continued on as a licensed practical nurse, then completed an associate degree in nursing. In 1999, Robin enrolled at the University of North Carolina at Greensboro in the bachelor's program and is continuing in the master's program. Robin has seen many changes in nursing education over the years. She has gone from having to scrub and starch her cap to computers in the classroom. "I carry eight books on my Palm Pilot, not on my back," Robin says. "Best of all, the instructors want you to succeed." When asked if she would continue to the doctoral program, Robin says, "My mouth started to water when I heard about the new doctoral program at UNCG, and I'm certainly considering it!"

A master's degree in nursing administration is the track **Anne Brown, RN**, Interim Department Director, 2300, is taking. Anne first received her bachelor's degree in English 15 years before returning to school for her BSN. Six years later, she decided to return to graduate school. In graduate school, she says, the classes are smaller with more meaningful interaction among students. In fact, what she likes most about school is meeting people from other institutions. According to Anne, "It makes you appreciate what you have here." What advice would Anne give others who might be considering advancing their degree? "Don't wait. There is never a convenient time. Going back to school pushes you to grow professionally and personally. It is very gratifying."

Sabrina Graham, RN, Wesley Long Nursing Center, also selected UNCG for her graduate studies. She will graduate from this 50-credit hour program in December of 2007 with a MSN degree as an Adult and Geriatric Nurse Practitioner. Sabrina's post-graduate plans are to practice in a clinical setting and eventually provide services to underserved populations. When asked how graduate school is different from undergraduate, Sabrina says, "Classes have many Web components. The reading is triple the amount for an undergraduate, but it's more degree-oriented. And, yes, there are more papers to write. But writing papers requires research, comprehension and formulation of thought. It is more analytical in nature." Sabrina adds that her 13 years of long-term care experience have been very beneficial for her graduate education.

Saving Backs, Continued

Amazingly, it only takes one person to operate any of the devices. In addition, all lift equipment can go to the floor. If a patient should fall, the lift equipment can be used to easily and safely maneuver the patient off the floor. "I am very excited about the mobility equipment," says **Tanya Shelton, RN**, 2900. "I think it will impact the patient as well as reduce the backaches at the end of the day."

The Moses H. Cone Memorial Hospital began using the equipment in April. Eventually the other campuses will be phased in and trained to use the equipment.

"We anticipate the number of falls to be reduced," says **Marsena Pardee RN, MSN**, Clinical Nurse Specialist. "It is all about saving our backs, safely moving and ambulating our patients, as well as reducing length of stay."

Remember When, Continued

Tammy Campbell, RN, remembers those little medicine cards with the kardexes and how she poured medications for 15 patients and placed all those cards in the metal medicine tray.

Debbie Hunsucker, RN, was told not to use gloves in caring for patients because that would make them think that we believed they were dirty.

Ann Claire Warren, RN, can't forget when patient wards had metal charts that hung at the end of each bed. Bedpans and emesis basins were metal, and if you dropped them and the patient did not respond, that was a very bad neurological sign.

Magnet: One Year Later

By Daria Kring, RN, BC, MSN

"If your success is not on your own terms, if it looks good to the world but does not feel good in your heart, it is not success at all."

-Anna Quindlen, author

It has been well over a year since we received notification of our successful quest for Magnet designation. Have we remained true to the Magnet spirit, or was it just a thrilling joy ride that ended in February 2005 with our designation?

Each year that we maintain our Magnet status, we must file a report with the American Nurses Credentialing Center (ANCC). Our report outlining our successes from 2005, as well as areas needing improvement, was filed in February. The response letter from ANCC stated, "The Commission on Magnet Recognition (COM) has reviewed your Interim Monitoring Report... We are pleased to advise you that the Commission on Magnet confirms your continued Magnet designation."

This document – tangible, impressive evidence of our continued Magnetism – is not what makes us Magnet, however. I believe evidence of our Magnet spirit can be found entwined within the professional souls of our nurses. This Magnet presence is deep within us, shaping who we are and how we care for patients. We know that Magnet is not a means to an end. It is an ongoing discovery of what is right for nursing and what is right for patient care. This philosophical stance carries with it the burden of risk and, at times, failure, but it also carries with it the hope for our discipline to realize its full potential.

It is not unusual for nurses and nursing departments to be at different points along this journey. There has

See Magnet, page 12

Magnet Champions at The Moses H. Cone Memorial Hospital display a new reserved parking sign to thank one lucky Champion each month for his or her dedication to the Magnet spirit. The sign was unveiled at the Magnet anniversary party in the Atrium.

Loretta Wise, Service Director, assists Gorgy Saad, Central Sterile Processing, with his Magnet Champion bracelet during the Magnet anniversary celebration at Wesley Long Community Hospital.

Re-licensure: Easy as A-B-C-D

By Connie Rankin, RN, BSN, and Brenda Murphy, RN, MSN, GNP-C

Starting July 1, North Carolina will join more than 20 other states that mandate evidence of continuing competence for nurses applying for re-licensure. A reflective practice approach will be used for nursing license renewal or reinstatement. Reflective practice is a "process for the assessment of one's own practice to identify and seek learning opportunities to promote continued competence" (Benner, 1984).

Applicants will be asked to complete a continuing competence process. This process involves a self-assessment of practice, the development of a learning plan based on one or more objectives pertinent to the applicant's individual practice, and the selection and implementation of a learning activity to meet the objectives.

It's as easy as A-B-C-D:

Carol Huckabee, RN (left) and Jichelle Gray, RN check out the new Board of Nursing relicensure requirements on the Web.

A – Assess your practice. Use the four dimensions--professional responsibility, knowledge-based practice, legal/ethical practice, and collaboration.

B – Base your practice on standards. Use professional/specialty standards or agency policies in your area of practice.

C – Collect feedback. Use feedback from others to help you identify strengths and opportunities for further development.

D – Develop a learning plan.

Once the learning plan is developed, the applicant has two years to complete the plan. **Carol Huckabee, RN-C, BA**, Department 5700, sees the benefit of the new process and believes that this process makes the nurse more aware of his/her professional responsibilities. "It may prevent the nurse from waiting until evaluation time before trying to get CE credits. Nurses move around frequently and are in need of many clinical skills to care for such a diverse patient population. We, as nurses,

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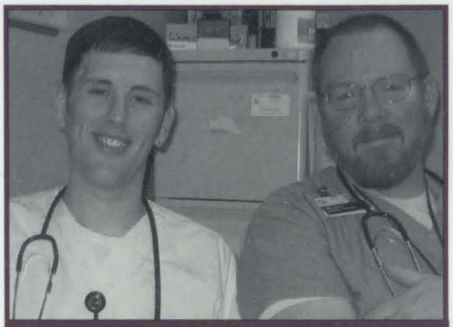
From the Editor: Where are the Men?

Lately I have noticed several newspaper and journal articles about men in nursing, which discuss why there is a relatively low number of men entering the field. In 2000, the 146,902 male nurses constituted only 5.4 percent of all registered nurses in the United States. At Moses Cone Health System, we are higher than that with 7 percent of all our nurses being men.

Let's look at women going into medicine. In 1970, 7.6 percent of the physicians in our country were women. In 2003, the most recent data available indicates that women constitute 25.8 percent of all physicians. That's a 300 percent increase. Something is not quite right. While I am very pleased that more women are choosing medicine, it doesn't make sense with today's economy and job shortages that men haven't started to make the run toward nursing.

I've had 30 years in the profession, and I can't image a better one. Perhaps the recruiters need to talk to me. So what about nursing hooked me? I got into nursing by accident. I worked in a small community hospital the summer after my college graduation. Working in that small operating room, my eyes were opened to what nurses really did. I saw very knowledgeable and professional nurses directing and running that operating room. My initial image of nursing was very positive. I saw nursing as a gender-neutral profession that relied upon skill, competence and leadership. By the end of that summer, I was on my nursing journey. With some hospital experience and a degree in biology, I enrolled in a local nursing program to start my career.



Tim Smith, RN, Wesley Long Community Hospital ED, and Kenny Miller, RN, Wesley Long Community Hospital Oncology, take a break during bed meeting.

So why haven't we really seriously marketed nursing to men? To get the attention of guys we need to do things differently. Where are the ads in Sports Illustrated? Where are the nursing commercials during halftime of a sports event on television? And for all the moms who are nurses, let's not keep the nursing profession a secret from our sons.

Mac

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Profiling our Staff Nurse Leaders

By Frostenia Milner, RN, MSN

Enclosed are profiles of staff nurses who have stepped up to take on additional leadership roles. What makes them tick? Here, we profile four nurses who have accepted shared-governance roles in their departments.

(From left) Mary Topp, RN, Christy Johnson, RN, and Kameka Totten, RN, are Shared Governance leaders.

Christy Johnson

Workplace: The Moses H. Cone Memorial Hospital

Education: ADN

Occupation: Registered Nurse

Years of Experience: 7

Work History: Medicine, Medical-Surgical, Pediatrics and Cardiology

Current Work Setting: Cardiac Progressive Care Department/3700

Why I became a Nurse:
While growing up, Christy assisted with the care of her mother and grandparents because of their illnesses. Christy enjoyed caring for them, and her mother often told her that she had a gift for caring for the sick.

Why I became a SG Leader:
Christy believes that becoming a shared governance leader allows her to be a change-agent in her work environment.

Mary Topp

Workplace: The Women's Hospital of Greensboro

Education: BS, ADN

Occupation: Registered Nurse

Years of Experience: 23

Work History: L&D, ICU

Current Work Setting: Labor and Delivery

Why I became a Nurse:
Mary always wanted to be a nurse, but she initially began her career as a physical education instructor since she was fascinated with the body and health.

Why I became a SG Leader:
Mary became a shared governance leader because she has always been opinionated. This opportunity enabled her to examine what's new and exciting in her practice area and challenged her to incorporate these ideas into her current work setting.

Ruby Johnson

Workplace: Wesley Long Community Hospital

Education: BSN

Occupation: Registered Nurse

Years of Experience: 29

Work History: ICU, CCU, Neuro and Endoscopy

Current Work Setting: ICU

Why I became a Nurse:
Of all of Ruby's job choices, nursing was the profession that she believed best matched her skills and abilities and would also provide her with lifelong satisfaction.

Why I became a SG Leader:
Ruby became a shared governance leader because she understood that the decisions made by the shared governance committee directly affected her and she wanted to have a voice in those decisions.

Kameka Totten

Workplace: Annie Penn Hospital

Education: ADN/BSN Candidate 2007

Occupation: Registered Nurse

Years of Experience: 5

Work History: ICU, Step-down, Telemetry

Current Work Setting: ICU

Why I became a Nurse:
Kameka developed a passion for nursing when she was 13 while watching nurses care for her mother in a compassionate, caring and competent way.

Why I became a SG Leader:
Kameka became a shared governance leader because she likes challenges and enjoys the positive results from achieving them.

Re-licensure, Continued

have to be continuous learners."

Effective July 2008, the nurse will be required to attest that the plan was completed before renewal. If selected for audit, proof of the continuing education will have to be presented. There are eight acceptable learning plans:

1. National certification or re-certification by a national credentialing body recognized by the N.C. Board of Nursing.

2. Thirty contact hours of continuing education (CE).

3. Completion of a Board-approved refresher course.

4. Completion of a minimum of two semester hours of post-licensure academic education related to practice.

5. Fifteen contact hours of CE and completion of a nursing project as principal investigator.

6. Fifteen contact hours of CE and authoring or co-authoring a nursing-related article, paper, book or book chapter.

7. Fifteen contact hours of CE and developing and conducting a nursing CE education presentation or presentations totaling a minimum of five contact hours.

8. Fifteen contact hours of CE and 640 hours of active practice within the previous two years.

Jichelle Gray, RN, BSN, Department 5500, says she can see the pros and cons and agrees that there needs to be personal accountability. "At the same time, nurses have so much to do already and it seems like this is just one more thing to do," she says.

Each nurse is responsible for documenting his or her learning plan. For more information on continuing competency requirements, go to the N.C. Board of Nursing Web site at www.ncbon.com/prac-contcomp.asp. Worksheets and other information can be downloaded for assistance with this process.

Magnet, Continued

not been a Magnet hospital yet that has claimed full actualization of its pre-eminent nursing vision. But the Magnet agenda gives us access to untold resources, including networking with some of the best-for-nursing hospitals in the country. It gives us courage and power to move forward on initiatives because we, too, are one of the best-for-nursing hospitals in the country. In fact, several hospitals from North Carolina and even a delegation from Hawaii have made site visits to our facility to see firsthand what makes us Magnet.

To assist our System with its ongoing Magnet journey, I have taken the position of Magnet/Retention Coordinator. When I interviewed with Chief Nursing Officer **Joan Wessman**, she summed up the job description this way: "To keep us honest." This means that when our culture does not reflect the forces of Magnetism, the question is called and new strategies are implemented. It also means that when we achieve, the bar is raised one notch higher. Accounting for these successes and monitoring for dissatisfaction and frustrations will require a flow of input and ideas from you and encouragement and motivation from me. We will continue to challenge ourselves in this way, not because ANCC gave us a stamp of approval, but because in our hearts we know it is the right thing to do.

Please let me know your Magnet peaks and your un-Magnet valleys. Both are critical for growth and success. Contact me at: daria.kring@mosescone.com or 832-0311.

Admission Nurses, Continued

Carleane has been recognized as Employee of the Month and both have been honored with GEM awards.

The benefits of these positions have been effectively demonstrated at The Moses H. Cone Memorial Hospital by the clinical nurse specialists and staff educators in their peak census staffing project. The results were so successful that **Joan Wessman, RN**, Chief Nursing Officer, has posted two admission nurse positions for Moses Cone Hospital.

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