



# NURSING BEAT

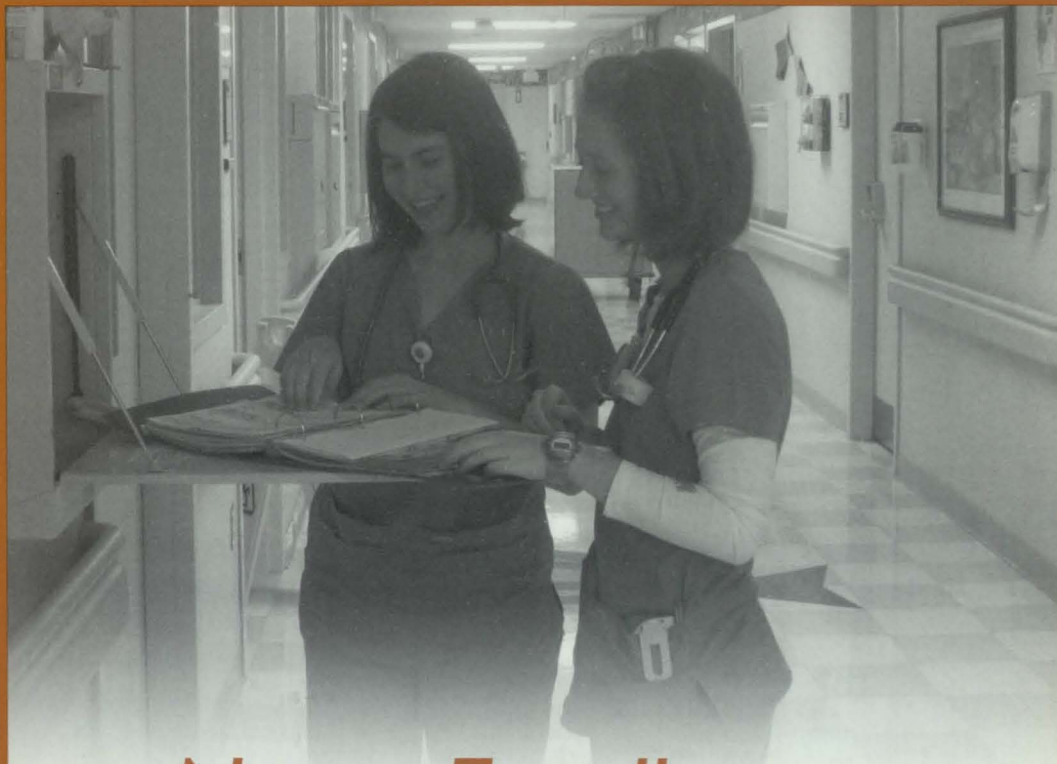
THE PULSE OF NURSING AT CONE HEALTH

Vol. 8 No. 4

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## Nurse Excellence

By Belinda Hammond, RN, MSN, CEN, CCRN and Kelly Dietzen, RN, BSN, CPN

*We serve our communities by preventing illness, restoring health and providing comfort, through exceptional people delivering exceptional care.*

How do you define nurse excellence? What are the specific characteristics of an excellent nurse? Is nurse excellence just one of those things that you know when you see?

A review of nursing literature fails to reveal a definition of nurse excellence. The Magnet Recognition Program promotes a work environment and exemplary processes supporting excellence in nursing practice but does not include specific characteristics of an individual excellent nurse.

Why is it so difficult to define nurse excellence? Do we use criteria based on patient outcomes, such as lack of pressure ulcer formation or knowledge of self-care by the patient at home? How is excellence defined beyond what we do? Can we determine excellence other than by observing actions, behaviors or patient outcomes?

*See Nurse Excellence, page 10*

# Message from Theresa Brodrick



I want to share some great news with you! We recently made a new nursing scholarship available to Cone Health registered nurses who are interested in advancing their nursing education.

In addition to the current Academic Scholarship Program that provides educational assistance for students enrolled in nursing or allied health programs, the RN Educational Advancement Scholarship will assist registered nurses obtain advanced degrees in nursing. In addition to our current tuition reimbursement, this scholarship will provide up to an additional \$6,000 toward RN to BSN degree programs, MSN degree programs, DNP or PhD programs in nursing-related fields. Please call Lisa Boland at 832-7403 for more information.

We want to make it as convenient as possible for nurses interested in obtaining

their RN to BSN degrees to go back to school. The University of North Carolina at Greensboro has agreed to allow us to provide their RN to BSN program in the Northwood Building beginning in the fall of 2012. Our own Cone Health experts who have met the requirements for UNCG adjunct faculty will be teaching the program. A group of students who meet the UNCG enrollment requirements will meet once a week for classes in the Northwood building. Although this is an incredible opportunity for Cone Health nurses, we need to determine if there is enough interest among all of you to hold the program. We will need to have at least 25 to 30 students in the program to be able to provide it on The Moses H. Cone Memorial Hospital campus. Therefore, we need to know who might be interested. If you or any of your peers are interested in this type of program, please let us know by sending an e-mail to Cheryl.Hausner@conehealth.com

As always, thank you for all you do to provide excellent service to our patients, each other and our communities.

Sincerely,  
Theresa

**Transformational  
Leadership**



THE CONE HEALTH  
UNIVERSITY OF NORTH CAROLINA

# Saving Lives in the First Five Minutes: Best Practice in Code Blue Management

By Anita Sherer, MSN, RN, PCCN and Danyel Johnson, MSN, RN

Nothing strikes fear in the heart of a nurse like the words "Code Blue." The nurses on Department 4700/ Heart Failure and Telemetry, Moses Cone Hospital, certainly felt that way. To combat these fears, four nurses attended an evidence-based workshop called "The First Five Minutes" offered by our Rapid Response Team (RRT). The RRT nurses reviewed critical steps staff can take during the first five minutes of a Code situation to facilitate a smoother process and optimize patient outcomes.

Feeling empowered, these bedside nurses collaborated with RRT to take the training to their own department. Using a train-the-trainer approach, these nurses shared best practice strategies with their peers. Not long after the training, there were three Codes on their department. Two of the Codes were performed very effectively, with one patient being defibrillated before the Code Team even arrived.

The third Code was not as efficient. After analyzing the approaches taken in each of the three Codes, they realized the staff who responded to the first two Codes had attended the training class that emphasized workshop content, whereas the staff responding to the third Code had not. Clearly, the training made a difference.

Since this program effectively transformed the delivery of care on their own department, the next step was to take this valuable training to other



departments. The Department 4700 nurses collaborated with a clinical nurse educator and the Simulation Center coordinator to develop a Mock Code station at the Moses Cone Hospital Med/Surg skills fair. Using a simulation manikin, they incorporated workshop content, as well as Advanced Cardiac Life Support and evidence-based interventions into their drills. The Code Blue station was a huge success. Many of the participants liked the mock Code experience much better than previous methods of competency validation. The Code Blue team encouraged and supported the participants in learning about the concepts. Through education, practice and support, the words "Code Blue" became a lot less scary for many nurses.

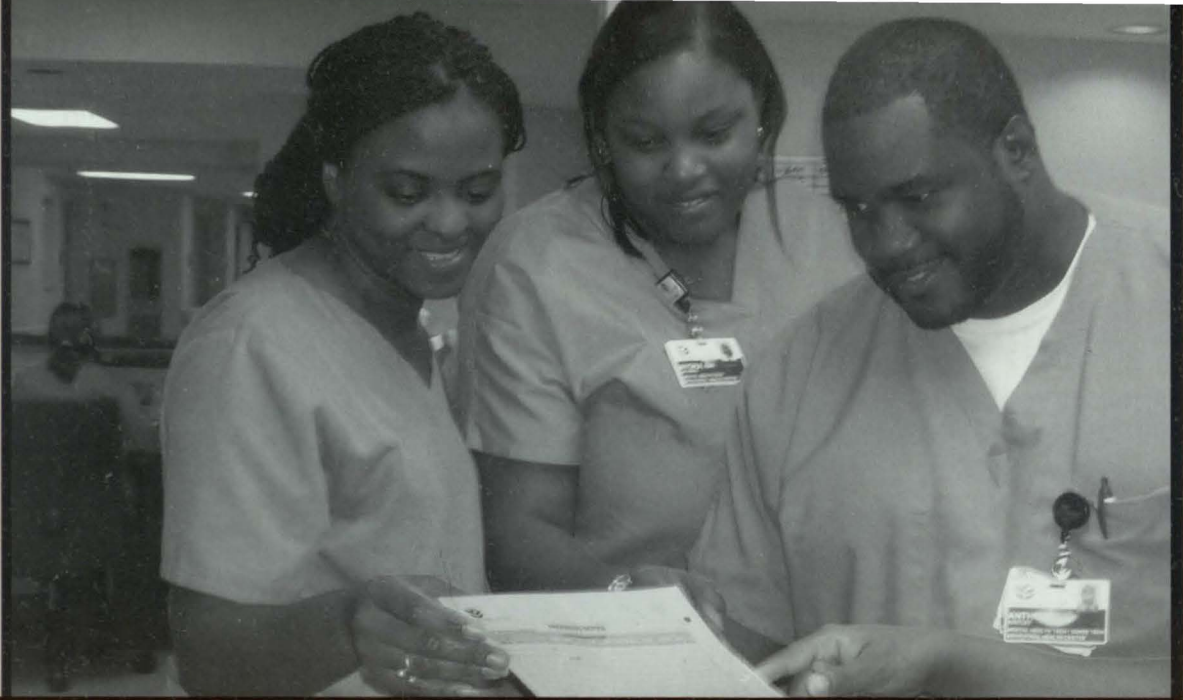
The success of these approaches spawned systemwide training by RRT nurses to incorporate these best practices in Code responses on all nursing departments and to recommend use of Code simulation as a method for annual competency revalidation. When a patient requires

emergency lifesaving care, nurses need to provide interventions quickly and confidently.

The First Five Minutes classes and Code Blue simulations demonstrate "New Knowledge, Innovations and Improvements" within our Magnet Model. The Department 4700 nurses actively collaborating with the RRT and nurse educators to facilitate the programs that enhance nursing development and demonstrate "Structural Empowerment." We see beneficial "Empirical Outcomes" through the improved delivery of care provided by Department 4700 staff during Codes on their department.

These successes weave Magnet components and innovation together to address the need for skill with a high-risk, low-frequency event. As a model for implementing department-based education, it is hoped that this format will promote beneficial outcomes for Code events across the Cone Health network.

**MAGNET**  
Structural  
Empowerment



Jewel Monroe, BSW/MHT, Ayoka Baldwin, MHT and Anthony Whitley, MHT/NT discussing the content of the life-skills group they will lead that day.

## A Day in the Life of a *Mental Health Technician*

By Wendy Hicks, RN, MSN, CAPA

Mental Health Technicians (MHT) for Cone Health's Behavioral Health Hospital assist patients with daily therapeutic activities and personal needs as an integral part of the mental healthcare team. Technicians work closely with the team by making careful observations and recording patient treatment, behavior and progress.

**Ayoka Baldwin, MHT**, Behavioral Health Hospital, says she has two main priorities when working with patients: building a therapeutic relationship and maintaining patient safety. "Building the therapeutic relationship is the biggest challenge of my job and also the most rewarding," Ayoka says.

Ayoka works with another technician to care for patients on one hall of the Adult Health Unit. On average, she works with about eight patients each day; however, she emphasizes the team approach to patient care on her unit.

Her day begins in report with the night shift nurses and technicians. She focuses on each patient's diagnosis and any difficulties a patient may have. Mornings are busy on the Adult Health Unit just as in many nursing departments. Ayoka likes to spend time with each patient while assessing his or her morning care needs in order to continually build a therapeutic relationship.

This relationship is crucial for the next part of the day: escorting the patients to therapy. Patients may not always want to participate in daily therapy groups. Ayoka and the other technicians use strong interpersonal and communication skills to encourage patients to attend their assigned therapy groups. Patients attend three morning groups. The first is a discharge planning meeting with Case Management. The second is a diagnosis-specific therapy group and the third is a life-skills

See *Mental Health Technician*, page 10



# Reflections on being a Nursing Research Intern

By Elisa Haynes, RN IV and Nancy Summerell, RN, MSN, CEN

five

**Elisa Haynes, RN IV**, Perioperative Services at Annie Penn Hospital, remembers well the day she took the step toward being involved in the Nursing Research Internship Program. "My director read an email regarding the program and said it had my name all over it. I have long understood that 'they' were dictating how I practiced nursing. Well, who were 'they,' how did 'they' go about shaping nursing practice and did 'they' really have the evidence to back change?" "You know, the 'they' say to do this or that a certain way because that is the way we have always done it.

In early 2010, the Nursing Research Committee (NRC) selected ap-

plicants to participate in the year-long Nursing Research Internship, designed to support and mentor nurse research interns through the research process. A subcommittee of the NRC - **Thresa Brown, MSN, RN, ACNS-BC; Amanda French, MSN, RNC-OB, CNS; Smita Glosson, MHA, RN, PCCN; Denise Rhew, MSN, RN, CEN;** and **Nancy Summerell, MSN, RN, CEN** - developed and implemented the program. Serving as faculty advisor was Dr. Laura Fero, RN, Assistant Professor, the School of Nursing, University of North Carolina at Greensboro.

One of six selected for the internship program, Elisa saw the internship as an opportunity to pursue

aromatherapy as an alternative or additional treatment for patients with perioperative nausea and vomiting. "My experience has been that some people are looking for alternate ways to combat perioperative nausea and vomiting other than taking medicine," she says. "Patients' desire to be more involved in their care led us to look for an alternative treatment."

The interns began the program in May 2010 by attending the annual system-sponsored Nursing Research Symposium and an eight-hour orientation. After exploring research topic

See *Nursing Research Intern*, page 12

Handwashing and gelling.

Work with homeless in Mental Health.

Taking the time to communicate with the patient and families.

Includi



Helping patients & families with directions in the halls.

# MAGNET C

## What Does Your Department



SIX

We show compassion.

Use Relationship Based Care and put people first.

We hire excellent new graduate nurses and work as a team.



Pain control for our patients

Do it right the first time!

Treat every patient with respect.

Treat each patient as if they are our only patient!



family in the plan of care. Informing the patient and family on how to do hand washing and what to do when a patient is on contact precautions.



# CEBRATIONS ent Do Especially Well?

Teamwork and hourly rounds.



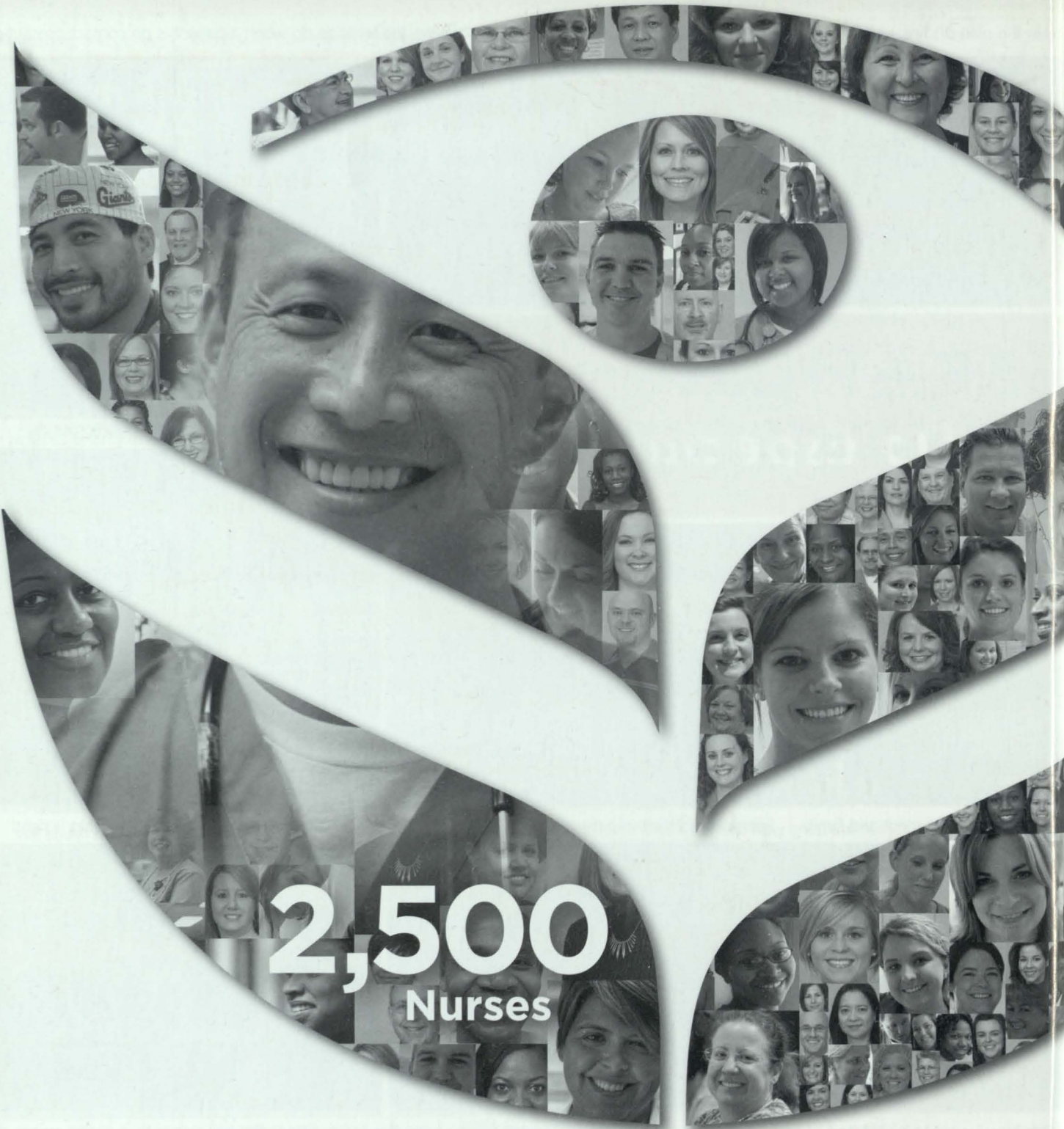
making ourselves to patient and family. Everyone matters in patient care. We treat our patients like family and friends. Do what is right!



patients, how I want to be treated. Staying close to the patients to prevent falls by using the computers in the hall rather than at the nurses station.



And over and over again – Communication and Teamwork!



**2,500**  
Nurses



**The Network for Exceptional Care. CONE HEALTH**

The more than 2,500 nurses at Cone Health heal the sick, celebrate new life, treat illness and provide a hand to hold or shoulder to lean on. They're exceptional people, providing exceptional care.



MOSES CONE  
HEALTH SYSTEM

# PACEMAKERS

## PUBLICATIONS/PRESENTATIONS

American Association of Heart Failure Nurses Annual Meeting, Seattle, WA, June 22-26

Podium Presentation: "Predictors of Heart Failure Readmissions," **Anita Sherer, MSN, RN, PCCN**, Clinical Nurse Specialist, Telemetry, Cone Health.

**Awarded 3rd place in Oral Abstract Competition**

Poster Presentation: "Electronic Medication Reconciliation: The New Prescription for the Meds Matching Headache," **Anita Sherer, MSN, RN, PCCN**, Clinical Nurse Specialist, Telemetry, Cone Health.

**Top 5 Finalist in Poster Abstract Competition**

With the increased volume and complexity of Pacemaker information now coming to the Nursing Beat Editors, we must require that this information be submitted in a standard format. Please return your information in this form:

Name:  
Credentials:  
Department:  
Campus:  
Nature of celebration:  
If graduating: name of school:

Please include all information, and place it IN THIS ORDER. Unfortunately, if information is not submitted in this way it cannot be included in Nursing Beat. Congratulations, and Thank you!

## PROMOTIONS & LEADERSHIP

### Registered Nurse Level III

**Melanie Bradsher, RN**, Endoscopy-Surgical Services, Annie Penn Hospital.

**Leslie Cardwell, RN**, Emergency Services, Annie Penn Hospital.

**Tonya Ferguson, RN, FNE**, Emergency Services, Annie Penn Hospital.

**Joanna Keith, RN, CEN**, Emergency Services, Annie Penn Hospital.

## CERTIFICATIONS

### Certified Operating Room Nurse

**Stella Rockers, BSN, RN, CNOR**, Surgical Services, Women's Hospital.

### Certified Oncology Nurse

**Jamie Tracy, RN, ADN, OCN**, Inpatient Oncology, Wesley Long Hospital.

**Sara Pugh, RN, BSN, OCN**, Inpatient Oncology, Wesley Long Hospital.

**Monica Martin, RN, BSN, OCN**, Inpatient Oncology, Wesley Long Hospital.

**China Hollis, RN, BSN, OCN**, Inpatient Oncology, Wesley Long Hospital.

**Kim Osborne, RN, BSN, OCN**, Inpatient Oncology, Wesley Long Hospital.

**Fred Herndon, RN, BSN, OCN**, Inpatient Oncology, Wesley Long Hospital.

### Certified Hospice and Palliative Nurse

**Cheryl Poteat, RN, BSN, CHPN**, Palliative Care, Wesley Long Hospital.

**Shannon Parrish, RN, BSN, CHPN**, Palliative Care, Wesley Long Hospital.

### Certified Inpatient Obstetric Nursing

**Joyce (Joy) Berrong, RNC-OB**, Maternity Admissions Unit, Women's Hospital. RNC-OB

New Knowledge, Innovations,  
**MAGNET**  
and Improvements

## Nurse Excellence, *Continued*

Maybe one reason there is no hard and fast definition is that nursing care involves a team. All patient care requires the nurse be supported by the nurse tech, unit secretary, respiratory therapist, pharmacist, members of environmental services, radiology and many others. If we use patient outcomes as an indicator of nurse excellence, how can we separate the excellence of the nurse as an individual from the excellence of the team?

In 1968 the noted nurse leader Virginia Henderson listed the pre-requisite characteristics for an excellent nurse: personal integrity, sane mind and healthy body, more than average intelligence, and a social conscience and civic interest. She added, "The excellent nurse is the one who remains compassionate and sensitive to patients, who has thoroughly mastered nursing's technical skills ... (and meets) the unique needs of the patient." Are these thoughts still valid 43 years later? If so, how do we measure these characteristics?

Nurses now assume a variety of roles within healthcare systems. Are the characteristics of the excellent nurse practicing at the bedside the same as those of an excellent nurse whose main role is education or information systems or risk management? Do we need to define different, unique criteria for nurse excellence in the many different areas in which nurses practice? This is a point to ponder and discuss in our professional practice groups as we move toward our Triple Aim Goals and solidify our status in the community, region and country as a leader in healthcare excellence.

## Mental Health Technician, *Continued*

group. The technicians escort the patients to group, assist in group therapy and lead the life-skills group.

Based on astute observation, the team decides what the daily topic of the life-skills group should be, such as basic conversation skills or other struggles that the technicians have observed. Ideas for these sessions are also generated from the relationships that have developed between the technicians and the patients.

The afternoon is a little more relaxed for the patients but not for the technicians. After escorting patients to the cafeteria, Ayoka observes her patients' behaviors and their food choices if she knows they need to follow a special diet. Once again she uses the therapeutic relationship she has developed with her patients to talk about their choices and encourage more healthful ones. Occasionally, as many as two staff members will join the patients at lunch while the remaining technicians observe to ensure everyone's safety. Documentation is required on each patient every 15 minutes.

The afternoon concludes with a wrap-up group led by Ayoka and the other technicians. The patients discuss their assessment of the day and what they would like to improve or do differently the next day. Ayoka likes to keep this group focused on constructive feedback and focused on successes so patients can end the day positively. In this group the technicians display strong leadership, strong interpersonal and communication skills, organizational skills and attention to detail. They do all of this while maintaining a patient-centric attitude. The skills Ayoka and her co-workers demonstrate in this group and throughout the day ensure their valuable place on the mental health team.

Exemplary Professional  
**MAGNET**  
Practice



My parents always told me I was a trial-and-error learner. I loved to interact with the world on my terms and discover what it gave back to me. It made for some interesting adventures. I think it was really just my need to be creative that drove me away from reason and into perpetual experimentation, much to my parents' dismay.

When I grew into adulthood, trial and error did not work so well anymore. Like the time I mistook poison ivy for a weed, pulled it furiously across my face and ended up on steroids to clear up the systemic reaction—all while nursing my second child. Or the second time I “weeded” poison ivy and ended up on steroids to clear up the systemic reaction. Learning by trial and error became uncomfortable and inconvenient. It may cater to our creative sides, but it can sure use up a lot of time and energy, not to mention sometimes being dangerous.

The scientific process is like trial and error. There is a hypothesis, facts are gathered, and what works and what does not builds a body of evidence. The great thing is, once there is evidence, we do not have to take all the time and energy to figure out the same thing all over again.

How many of you remember that hamburger commercial where the quaint, frail old woman challenges the burger guy with “Where’s the beef?” As we look at our practice environments and try to solve the problems we face, our first phrase needs to be “Where’s the evidence?” With such easy access to online sources of information, scholarly inquiry and verifiable conclusions, can we really justify reinventing solutions that may have already been tried and tested? Imagine the comfort of knowing that a solution you are about to implement will really work. No wasted energy or time, just positive results.

Evidence-based practice does not have to stunt our creativity. It can actually become a jumping-off point for our own inquiry and experimentation. We can launch our own ideas right from the base that’s already been built—a solid base of reliable fact. Nice.

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

**Sarah Lackey, RN, MSN, CNS, Co-Editor**  
sarah.lackey@mosescone.com

## Nursing Research Intern, *Continued*

interests, the interns formed teams. Elisa partnered with **Joanne Crowley, RN, BSN, MA**, former Assistant Director of Orthopedics Unit, Wesley Long Hospital, to explore the question "What effect does the use of aromatherapy have on perioperative nausea and vomiting in patients undergoing abdominal surgeries?"

Working in teams provided a variety of experiences. "Joanne and I came from different areas of practice," Elisa says, "but we each brought something to the table to make the process work." Each month the interns met with team members and the faculty advisor to work on their projects step-by-step through interactive discussions and real-time problem solving.

"The internship was such a positive experience in that it gave me a deeper appreciation of the work involved in an evidence-based or research study. We quickly learned nursing research studies are rarely an individual effort," Elisa says.

**Pam Tate, RN IV**, ICU, Annie Penn Hospital, and a certified aromatherapist, provided support and expertise to the study. Pam joined even though she was not part of the internship because she shared their vision. The perioperative staff of Annie Penn Hospital and the Wesley Long Post Anesthesia Care Unit also supported the team by collecting data.

Elisa and Joanne are in the final steps of the study, waiting for the statistician to finish data analysis. They hope to write an article to submit for publication before the end of the year. Ultimately, the purpose of nursing research is to share what has been discovered.

New Knowledge, Innovations,  
and Improvements

### NURSING BEAT MISSION STATEMENT:

*To communicate and celebrate the dynamic power  
of Nursing innovations and enduring values*

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