

THE PULSE OF NURSING AT CONE HEALTH

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**WAGING WAR
ON WOUNDS
WITH WTAs**

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CONE HEALTH[®]
The Network for Exceptional Care

GNET

Message from the CNO

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



I hope you all had a wonderful holiday season and start to 2014.

As I reflect back on my Christmas and New Year's celebrations this year, I am grateful for time with family and friends. I was glad to be able to celebrate new life, with the arrival of three new grandnieces in my large extended family. I also spent some time remembering special moments with those I have lost. I hold these memories of my mother, my father and my brother very close.

Family traditions and memories at the holidays are really important to me because they remind me of how fleeting life can be - and how precious it is. I cannot help but think how similar this is to what we do in nursing every single day.

We celebrate new life with families and, many times, we are here for people at the end of life's journey. Along the way, we invest ourselves deeply in keeping people healthy and in caring for them when they are sick.

It is noble work, and as nurses, we are privileged to fulfill our calling in this very sacred space. What a beautiful gift we have to be a part of life's most significant moments.

Thank you so much for all you do every day to Care for Our Patients, Care for Each Other and Care for Our Communities. It is my honor to work with each of you, and I wish you and your families the very best in 2014.

Respectfully,

Theresa Brodrick, RN, PhD, CNS, CNA



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DID YOU KNOW?

Did you know you can also read *Nursing Beat* online?

From Cone Connects go to Departments and Teams, Nursing, then Publications and Presentations.

There is an icon at the top of the page.

Waging War on Wounds with WTAs

By Sarah Clark

Most of us take wound healing for granted, but many of our patients suffer from non-healing chronic wounds. The Wound Ostomy and Continence Nurses Society (WOCN), the professional organization for nurses who specialize in wound, ostomy and continence care, is now offering a course for licensed nurses to earn a certificate as a Wound Treatment Associate (WTA). Nurses who complete a continuing education course to become a WTA work with a collaborative wound care team to provide care for patients with acute and chronic wounds. The course consists of 21-contact hours of continuing nursing education including a demonstration of specific competencies. Nurses learn cutting edge information regarding wound care physiology, pressure ulcer prevention, dressings, and assessment and management of acute and chronic wounds.

Twenty Cone Health nurses formed the inaugural cohort to pursue this certificate. **Laurie McNichol, RN, MSN, GNP, CWOCN**, served as the Course Coordinator and **Dawn Engels, RN, MSN, CWOCN**, and **Melody Austin, RN, BSN, CWOCN**, served as Clinical Skills Instructors. Participants attended on-line lectures, completed clinical scenario case studies and participated in a clinical skills component. Each nurse was required to demonstrate three essential clinical skills and successfully complete the final exam. In October, all 20 nurses were successful in earning this certificate. They have brought their expertise back to the bedside and have served as resources to improve wound care for patients across the health system. **Tina Scronce, RN**, noted, "I have applied what I learned many times, to assist with the healing of skin tears and pressure ulcers."

Erin Browning, RN 3, BSN, attended this course and had high praise for the course and the instructors. "I could never have made it through the course without our AMAZING facilitators - Laurie McNichol, Melody Austin, and Dawn Engles. How could a class not be fun and interesting with such fabulous, energetic ladies leading it!"

Another course began in January 2014. A third course will be offered in the summer of 2014 and will be available to nurses at Cone Health, and in the community. Course fees collected from external participants will be directed to the REACH scholarship fund.

On the cover from left to right: Ann Councilman, RN, MHA, Director of Orthopedics, 6th Floor Wesley Long, taking a photo of Lancia Clark receiving her skin pin from Laurie McNichol. Sharain Carter, RN, BSN, MHA, Assistant Director of Orthopedics, 6th Floor, Wesley Long Hospital, Lancia Clark, RN, BSN, and Laurie McNichol, RN, MSN, CWOCN, Wound Care CNS.

"I have applied what I learned many times, to assist with the healing of skin tears and pressure ulcers."

— Tina Scronce, RN

Clinical Pearls

- Prevention of skin breakdown is much easier and cost effective than treating breakdown.
- Turn bed bound patients every two hours.
- Reposition chair bound patients every hour.
- Obtain a registered dietician (RD) consult ASAP for patients, if indicated.
- Derma Therapy linens wick moisture away from draining wounds, preventing the excess drainage from being "held" against the patient's skin causing breakdown.

h.i.c.c.u.p.

Highly Involved Compassionate Caring Uniting People Skills

By Laine Tousey, RN

The Department of Patient Experience now focuses on discharge phone calls to patients. We make it a priority to contact patients quickly after being discharged home, recognizing this as a vulnerable period of time for them. After triaging any clinical, emotional, community or educational needs they have, we ask how they felt about the care they received. During this conversation, we make a point to ask about any concerns they had during their hospitalization.

Handling complaints is kind of like weeding a flowerbed. Looking from a distance, what you see is the beautiful color, and you don't really notice the weeds growing amongst the flowers. Unless regularly and closely inspected and tended, weeds will quickly take over and choke out what should have prospered, leaving an unsightly and unwanted mess. Asking for feedback about what didn't work so well during someone's hospitalization is a proactive way to get at the weeds.

Before beginning discharge calls last year, the clinical staff of our department solely handled patient complaints. Our goal was conflict resolution, gathering information to share with our leaders and contributing to subsequent process improvement. No two complaints are ever exactly alike. Each week, it was common to hear something completely new and different. What I have discovered about fielding complaints

is that if I listen to the concerns empathetically and offer an immediate apology, along with sharing that what is said will be reported to our leadership team and addressed, patients are usually satisfied. Most accept that their complaint is being taken seriously and will help other patients.

I have learned that the timelier our response, the less anger patients feel. This is especially true when patients tell us that their concerns were addressed while they were still hospitalized. Direct caregivers are always dealing with concerns of patients. From the results of the patient satisfaction surveys, and from what they tell us during discharge calls, it is clear that we are all getting better at this important part of our job.

Weeding is not really my favorite gardening job. Handling patient complaints may not be your favorite task. Yet, both are essential in reaching the desired objective, whether with a garden bed or a patient in one of our hospital beds. This hard work strengthens our bond with patients and keeps the focus where it should be -- on the exceptional and compassionate care we strive to deliver.



Certification Woes?

Do you work in a subspecialty area that does not have its own certification exam? There is good news. The American Nurses Credentialing Center (ANCC), the subsidiary of the American Nurses Association (ANA) that oversees the Magnet Recognition Program and ANA certifications, has an alternative for you.

Through "portfolio review," the ANCC will guide nurses who work in subspecialties through the development of portfolios that demonstrate mastery of the body of knowledge in their areas. ANCC then will designate a credential around the portfolio review product. Voila! Specialty certification.

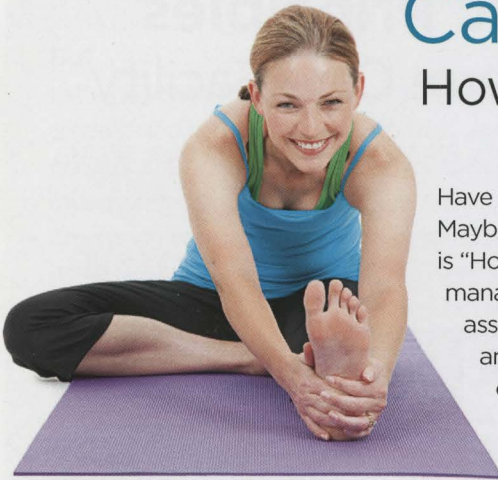
The new program is being developed in response to the large numbers of inquiries for certification credentials in subspecialty areas. The program was announced in an interview with the ANCC president in the October 2013 Journal of Nursing Administration.

You can check for progress, ask questions and find out more information at the ANCC website:
<http://www.nursecredentialing.org/certification>.

Adams, J. "Influencing the Nursing Commitment to Workforce Satisfaction and the Origins of Magnet." Journal of Nursing Administration 43.10 (2013): 491-494. Print.

Caring for Self:

How to Handle the Stress of Being a Nurse



Have you felt stressed lately? Maybe a better question is “How can we, as nurses, manage the daily stress associated with providing and supporting patient care”? Most of us realize that the key is to care for ourselves.

Marlienne Goldin, RN, BSN, MPA, Department Director on Department 3100, Neuroscience ICU at The Moses H. Cone Memorial Hospital, was the keynote speaker at Carolinas Medical Center’s 2nd Annual Nursing Research Day on Sept. 27, 2013. She shares some of the content of her presentation here.

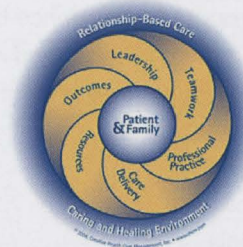
When we experience increased stress, the hormone cortisol is released, resulting in higher blood pressure, lowered immunity and an increase in abdominal fat stores. Our “bad” cholesterol (LDL) may become elevated and “good” cholesterol (HDL) levels decrease, making us more likely to experience a heart attack or stroke.

Dealing with Stress

Two major changes are necessary to improve our abilities to manage stress—changing our thinking or perspective, and living a healthy lifestyle. Focus on the positive things in your life: spend less time thinking negative thoughts and acknowledge and celebrate your strengths, be “in the moment” and look for opportunities to learn from a stressful situation. Concentrating on the positive requires discipline, yet it can become a habit. We teach our patients how to live a healthy lifestyle—now is the time to follow our own advice! Drink plenty of water, avoid fatty or sugary foods, maintain a healthy weight, and get plenty of exercise and sleep. Again, discipline is required to make lifestyle changes.

Practice relaxation techniques such as those listed below.

- **Guided imagery** can also promote relaxation by directing your thoughts and imagination toward a peaceful and focused state. Your thoughts influence your feelings. For example, an athlete uses guided imagery to visualize the winning play and affect performance.
- **Yoga** is a mind, body and spirit practice that strengthens the body through stretching exercises and promotes relaxation through controlled breathing. Yoga poses (asana) increase blood circulation. Deep breathing and visualizing a target area of the body send an extra life force (prana) to that area. Toxins are eliminated and a state of high vitality and rejuvenation result.
- Another example of the mind-body connection, **meditation** can produce a deep sense of relaxation and decrease anxiety, depression, irritability and moodiness. Its use results in lower levels of cortisol and lactate—two chemicals associated with stress. Free radicals, unstable oxygen molecules that may be a major factor in many disease processes, are also reduced following meditation.
- **Pet therapy** reduces stress-induced symptoms. Pets entertain and give unconditional love. Interacting with a pet can boost peoples’ mood and enhance their social interaction. Petting a dog has been shown to lower blood pressure. Studies have shown dog owners require much less medical care for stress-induced aches and pains than non-dog owners.
- Working on many levels at once, **music therapy** may significantly change moods and relieve stress. Listening to certain music can intensify enjoyment and assuage turbulent thoughts. It can stimulate brain growth and help you memorize things. Classical music in particular enables us to concentrate more easily and assimilate more information in less time.
- **Aromatherapy** uses inhalation or topical application of essential oils. When you inhale a scent, it is immediately transported through your olfactory system directly to the brain’s limbic system, which controls moods, emotions and memories. There is an immediate effect on both the alpha (relaxing) and beta (stimulating) brainwaves. For example, inhalation of lavender essential oil stimulates alpha brainwaves and you’ll begin to feel calmer and more relaxed. A more stimulating essential oil, such as lemon or spearmint, is likely to make you feel more alert and invigorated.



Care Delivery System:
RBC-Caring for Self

MAGNET
STRUCTURAL EMPOWERMENT

Focused Education of Geriatric Principles to Improve Clinical Quality at a Long-Term Care Facility

By Thresa Haithcock, RN, DNP, ACNS-BC; Brenda Clark Murphy, RN, MSN, GNP-BC; Lobel Lurie, RN, MA

What.

Reducing readmissions is a focus for every hospital, from large tertiary facilities to small community hospitals. There are many documented successful interventions, and anyone who has worked in health care for a while realizes that the interventions that work must be individualized for each institution. Nursing leadership in our small community hospital, Annie Penn Hospital, felt that readmissions and emergency department visits from nursing homes could be reduced with an increased knowledge of geriatric nursing, focusing on early recognition of patient deterioration.

Literature specific to this topic reveals little information to support or dispute a focused intervention related to education for nursing home clinical staff. We thought a focus on early recognition of deterioration in a patient would prevent readmissions and emergency situations. We created an educational initiative based on knowledge of adult learning principles, a needs assessment of the staff and a review of the reasons for readmission during the previous six months.

And?

That all sounds like a great plan, right? But how would we know if this effort made a difference? What would we measure? We decided to measure emergency department visits, readmission rates, falls, infection rates and nurse knowledge related to geriatrics. These would be the empirical outcomes of our education efforts.

What did we do? We proposed an evidence-based practice project to the Nursing Research Council and it was approved. Our group prepared a four-hour class presentation covering:

- Age-related changes.
- Urinary tract infections.
- Heart failure/pneumonia.
- Nutrition/hydration.
- Falls/delirium.

The class was accompanied by a two-hour simulation session in the simulation lab.



The didactic class speakers were comprised of clinical nurse specialists and a dietitian. The content was developed in collaboration with staff education (through an identified need for education captured from a learning needs assessment in 2013) and Penn Nursing Center staff.

So...

To date 29 clinical staff have completed the class (held in July and August 2013) and 10 have completed the simulation. We have had a delay in completing the second set of simulations for the last group. The director of nursing at the Penn Nursing Center transitioned to a new role after implementation began; therefore, staff were not confirmed for the Nov. 1, 2013, scheduled simulation. We are currently rescheduling this effort.

Evaluation will consist of readministering the knowledge assessment at three, six and nine months after class and simulation completion. The reassessments are currently scheduled for March 1 for the six-month evaluation and June 1 for the nine-month evaluation. The three-month evaluation was held Dec. 1, 2013. We realize that the results will not be as scientifically stringent as we would like because participants will be reassessed at different stages of their education. Some have not been able to complete the simulation, and at times we have to stagger education because of staffing needs.

Continued on page 7

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But...

Let us go back to our outcome measures: (emergency department visits, readmission rates, falls, infection rates and nurse knowledge related to geriatrics) Our readmission rate fell to below our target for three of the four months of measure. Falls are looking good at the time of this writing. Emergency department visits specific for Penn Nursing Center residents were not formally tracked. However, we have started a process for that measure. We have some room for improvement for Urinary Tract Infections (UTIs).

Post intervention data:

	July 2013	August 2013	September 2013	October 2013	Baseline 2013	Target 2013
UTIs	4.8	4.84	5.61	5.08	4.23	4.0
30-day Readmits	4%	19%	13%	12% 1	4%	14%
Falls	0	2	0			0

To disseminate our findings, we are in the process of scheduling presentations for Nursing Research Council and Nursing Grand Rounds, we plan a lunch and learn at the nursing home to provide results and solicit feedback, and we are working on a publication submission and poster presentations.

The Human Element

Feedback from the Penn Nursing Center staff has been very positive. They were complimentary of the effort. The active participation from the classes was encouraging to the educators. The written feedback was overwhelmingly positive. **Annette McNeill, RN, MSN**, Licensed Home Administrator, states, "The education our nurses received was very important. The additional knowledge and skills ensure the residents' needs are met, the nurses are comfortable delivering care to our residents, and the residents trust the care they receive. The nurses felt confident, excited, engaged and amazed about the education. They are still talking about how much fun they had."



Good News!

Nursing Education School hours now count for continuing education requirements for employment. According to the Professional Development Council for Nursing:

"Successful completion of three credit hours of college-level coursework toward a nursing degree will fulfill 75 percent of the required Cone Health contact hours annually."

Proof of successful completion of coursework must be submitted to the director at annual performance appraisal."

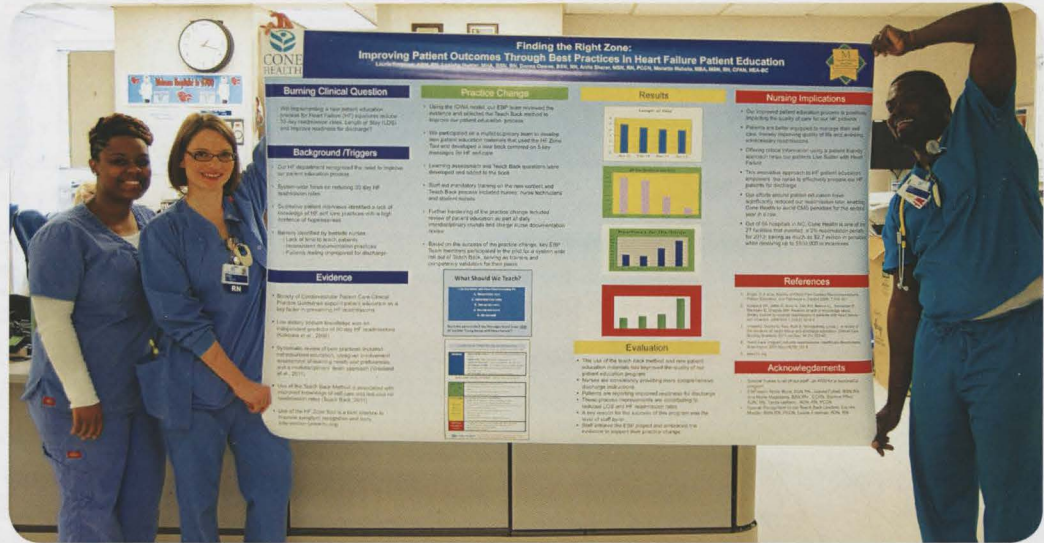
Continuing education requirements for annual performance:

- RNs: 10 hours per year
- RN 3s: 20 hours per year
- RN 4s: 30 hours per

Cone Health's 2nd Annual Nursing Research and Evidence-Based Practice Symposium: Successful Outcomes of Shared Governance

By Cone Health Nursing Research Council

2013 Poster: Cone Health's 2nd Annual Nursing Research and Evidence-Based Practice Symposium. Poster Winner: Department 4700 at The Moses H. Cone Memorial Hospital.



Get inspired!
If you are interested in being a part of the Nursing Research Council, please contact Jenn Zinn or Anita Sherer through Cone Health email.

With the nation's attention increasingly focused on quality, safety and cost-effective care delivery, nursing's role in the future of health care has never been more influential than it is today. Nursing plays an important and prominent role in translating research into practice, driving patient care outcomes that are expected and demanded in the current health care environment.

- Who performed groundbreaking research that helped put the Magnet program on the map?
- What same person co-directs a European Union-funded study of nurse workforce and quality of care across Europe, China and South Africa?
- Who conducted award-winning research for the National Institutes of Health that demonstrated relationships between nursing care and patient outcomes?
- Who was the keynote speaker for Cone Health's 2013 Nursing Research and Evidence-Based Practice Symposium?

Linda Aiken: Keynote speaker of international acclaim

Cone Health's 2nd Annual Nursing Research and Evidence-Based Practice Symposium: The Link to the Future of Healthcare, featured Linda Aiken, PhD, FAAN, FRCN, RN, as keynote speaker. The symposium drew more than 380 participants from across the region. Director of the Center for Health Outcomes and Policy Research, and The Claire M. Fagin Leadership Professor of Nursing and Professor of Sociology at the University of Pennsylvania, Philadelphia, Dr. Aiken is internationally acclaimed for her work with causes, consequences and solutions of nursing shortages in the United States and around the world. Dr. Aiken struck a powerful chord with the audience as she discussed the impact nurses can and do have on patient care. Theresa Brodrick, PhD, RN, CNS, CNA, Executive Vice President and Chief Nursing Officer of Cone Health, described introducing Dr. Aiken at the October event as "one of the greatest honors of my career so far."

You can view the posters from Cone Health's 2nd Annual Nursing Research and Evidence-Based Practice Symposium: The Link to the Future of Healthcare at conehealth.com/nursing-research-symposium

In addition to Dr. Aiken, podium presenters for the symposium brought nursing research from across the state. The afternoon concurrent sessions presented timely topics such as bullying, alternative therapies and new treatment modalities. Anna Tampagna, the dynamic closing speaker, sparked a question in all of us: "Why did we become nurses?"

Cone Health leaders and physicians supported the event not only by attending the conference, but also by participating as poster judges, podium presenters and introducing speakers. Attendees included students, direct care nurses, advanced practice nurses and physicians. Organizational sponsors, in addition to Cone Health and Area Health Education Center, were Carolinas Medical Center, Vidant Medical Center, and Wake Med Health and Hospitals.

Behind the scenes

The symposium's success was a crowning achievement for its planners—the Cone Health Nursing Research Council (NRC) supported by the staff of the Area Health Education Center (AHEC). The symposium represents the high-caliber quality of the council's work. The NRC is an approved council of the Cone Health Nursing Shared Governance structure and boasts members from a variety of roles. All proposed evidence-based practice (EBP) and nursing research projects at Cone Health are presented to the NRC for guidance, support and approval prior to submission to the Institutional Review Board. Yearly objectives of the council focus on activities to infuse EBP and nursing research into the nursing infrastructure of Cone Health.

The first event coordinated by the NRC was the Cone Health Nursing Research Day in 2006. Cone Health nurses were ready for this event only after concerted and dedicated efforts to educate, mentor and guide nurses about EBP and nursing research through the use of workshops, in-services, enculturation in the Iowa Model, nursing department activities, and lots of "face time." Held in a classroom at Wesley Long Hospital, 19 departments submitted posters for review. In sharp contrast, only seven years later, 49 posters from across the state lined the halls of the Koury Convention Center at the October 2013 symposium.

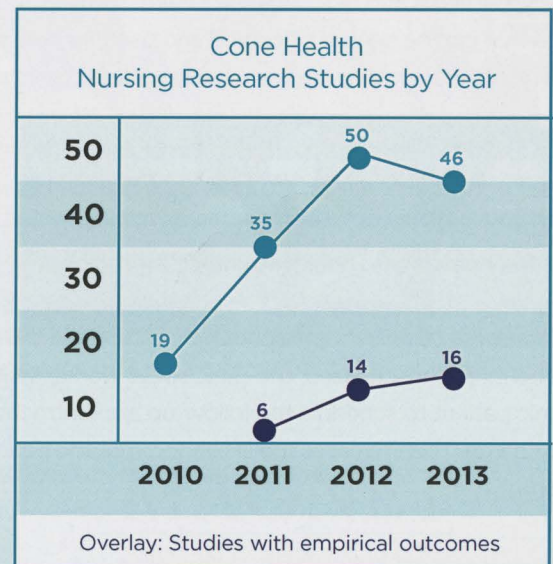
Thanks to continued leadership support during the last 10 years and broad representation on the council by direct care nurses, clinical nurse specialists, clinical nurse educators, nursing leaders and faculty from local universities, nursing research at Cone Health has grown to be a strong component of our nursing culture. During the last four years, nursing research and EBP studies have more than doubled. The quality of nursing research has also shown an upward trajectory. Studies with empirical outcomes have increased every year since 2010.



Cone Health's 2nd Annual Nursing Research and Evidence-Based Practice Symposium planning committee: Brenda Murphy, Anita Sherer, Jessica Scheer, Danyel Johnson, Eva Hyde, Kathleen Kearney, Shawn Houck, Cheryl Hausner, Jenn Zinn, Barbara Deskins.



Front row, left to right: Theresa Brodrick, Linda Aiken, Linda Hofler, Senior Vice-President-Nurse Executive, Vidant Medical Center. Back row, left to right: Ana Tampagna, closing speaker; Cindy Boily, Chief Nursing Officer & Senior Vice President, WakeMed Health & Hospitals; Mary Ann Wilcox, System Senior Vice President and System Chief Nurse Executive, Carolinas HealthCare System; Mary Ellen Wright, PhD(c), MSN, APRN, CPNP, Nurse Researcher, Women's and Children's Health, Mission Hospital, Asheville, NC.



Nursing at Its Finest and Most Challenging: The Internal Medicine Center

By Sarah Clark, RN, MSN, CCRN and Dawn Whitmire, RN-BC, MSN



Internal Medicine staff are dedicated to serving their patients despite many challenges. They care for the indigent with creativity and focus.

More than 2,000 indigent patients call the Internal Medicine Center located on the ground floor of The Moses H. Cone Memorial Hospital, their primary care provider. Meeting the primary care needs of this population is not easy. Often human needs must be met first.

- To meet the needs for basic food and personal items, the clinic staff maintains a food pantry for patients. The Purchasing Department and Contract Administration Department assist with periodic food drives. At Christmas, clinic staff members construct goody bags for patients that provide food and personal items and rice bags. These are cloth bags filled with rice that can be heated or cooled and used for sore muscles, painful areas, etc. The bags are handmade by clinic staff.
- A lack of knowledge is often a barrier for these patients. To meet educational needs, an up-to-date bulletin board provides patients and visitors with information ranging from resources for the homeless to health insurance for seniors.
- Making it to follow-up appointments can be a challenge. If patients are hospitalized, the clinic social worker visits each clinic patient to schedule the follow-up appointment after discharge. This increases the likelihood that the patient will comply.

- Many times patient care is not completed by the Center's official closing time. In order to provide accessible services, the team coordinates a schedule with staggered shifts to cover early and late operating hours. By rotating to cover these times and being flexible, they ensure that the scheduling needs of their patients are met. Scheduling patient referrals is done early in the morning, often before the clinic opens.

Team dedication and focus

Dedication and *focus* are two words that describe the pervasive work ethic of the Internal Medicine Center. Teamwork is vital if healthcare providers hope to meet the ongoing acute and chronic needs of such a large and needy population. Nationally certified as a Patient Centered Medical Home (PCMH) through the National Committee for Quality Assurance, the Internal Medicine Center, under the nursing leadership of **Sharon Powers, RN-BC, BSN**, Assistant Director, has successfully transformed the delivery of primary care. The principles of a PCMH are woven throughout every interaction in the clinic. Doctors have been known to say, "If you're not sure if it's done, give it to the clinic staff. They will make it happen." Powers, dedicated to creating a quality environment for patients and staff, often says, "The team can do better than just 'I.'" A focus on the team and what the team members can produce as a group is a predominant theme in Powers' leadership philosophy. The center staff strongly believes leadership is shared horizontally, not linearly. Being in the clinic and watching the daily workflow is evidence that this is true.

Enhancing the hours that services are provided and addressing urgent healthcare needs in a timely fashion are important components of PCMH. Meeting the health care needs of this patient population requires creative and innovative thinking, as well as flexibility and sacrifice. As a primary care clinic, many customary healthcare services are not available for patients. To compensate, referrals are made to specialty clinics across the state. This is a complex, time-consuming process for staff. Dedicated to their patients, the clinic staff members cheerfully provide this service, assuring that their patients receive the coordinated care they need.

Continued on page 11

“If you’re not sure if it’s done, give it to the clinic staff. They will make it happen.”

To guarantee complete and comprehensive care for their patients, staff have divided tasks and responsibilities. “Go-to experts,” identified for different subjects or tasks, increase the smooth flow of information among professionals. Monthly team meetings are valued and well attended by the entire interdisciplinary team. The successful integration of the team has led to increasing employee satisfaction scores over the last three years, despite the challenges of providing care for this challenging patient population. Teamwork and work-related scores have been 95 to 100 percent positive in every question but one in each category of the patient satisfaction survey for the past two years.

Nurses, certified medical assistants (CMA), nurse techs (NT), a social worker, internal medicine residents, front desk staff and many others staff the center. Everyone on the team works to meet or exceed the five core principles of PCMH, which are:

- Comprehensive care.
- Accessible services.
- Quality and safety.
- Coordinated care.
- Care that is patient centered.

Patient Centered

Staying focused on patient-centered care helps keep the team unified. Each patient is regarded as a unique and valued individual and the clinic uses the principles of Relationship-Based Care. Patients are involved as active members of the team. Each visit includes a discussion of how the patients are self-managing their health. This helps them learn to be accountable for their own care and provides an opportunity for staff to teach about care management. Documentation of these conversations in Cone Health Link helps staff track patient progress and celebrate patient successes.

From human needs to healthcare needs, it is the policy and practice of the Internal Medicine Center to give careful attention to all aspects of the patients’ health and quality of life. The work of the staff represents the finest performance in the most difficult of situations.



Sharon Powers RN, Assistant Director, packing supplies for indigent patients.



Glenda Palmer, RN, coordinating specialty services across the state to get patients needed care.



Staying focused on the patient helps the interdisciplinary team stay unified.

Letter to Theresa Brodrick Regarding BSN Education

From: Todd, Robert
 Sent: Wednesday, September 18, 2013 1:41 PM
 To: Brodrick, Theresa
 Subject: MC—short stay

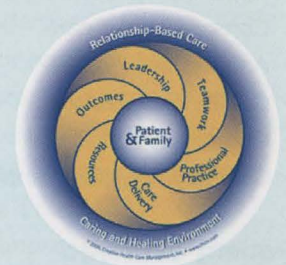
Dear Ms. Brodrick,

I am writing to let you know about the incredible team we have at Moses Cone Short Stay and how they have thus far helped me in working towards getting my BSN. I am currently enrolled in the RN-BSN program at The University of North Carolina at Greensboro. I will finish in May. The department leadership has supported me by allowing me to get off early on Thursdays to go to classes. Additionally, on several occasions when I have had major projects due and our unit has had to flex staff off early, staff members have allowed me to leave early instead of them so that I could complete school work. This has been a tremendous support. Starting in January I will be in clinical one day a week. Despite having PAL hours, I do not have enough to cover 15 weeks of clinical. I was worried. Two staff members who work 10-hour shifts stepped up to the plate and are going to trade every other week with me so I can go to clinical without having to use PAL. The staff members helping are **Kristi Moore, RN**, and **Deborah Altman, RN**. Both staff members work about 45 minutes away so this is a true sacrifice with the price of gas and time on their part. They say it takes a village to raise a child; however, this unit has shown it takes a unit to get a co-worker through school. The above does not begin to tell the full story of support and encouraging words they have provided thus far. I know that come May, I will not have done this alone but with the support of my unit. It shows Magnet in action.

Thanks,

Robert B. Todd, RN II
 Cone Health
 Moses Cone Short Stay

Currently 82 Cone Health nurses are enrolled in RN to BSN programs and are using the REACH scholarship program for financial support. There have been 19 graduates.



Care Delivery System:
 RBC-Caring for Each Other

The Office of Fund Development launched a matching campaign to raise money for nursing scholarships in fall 2013. The goal was to raise enough to fund 100 scholarships to help Cone Health move toward the goal of 80 percent nurses with BSN degrees. Among those donating, The Moses H. Cone Memorial Hospital Emergency Department physicians contributed an amount that led to four Registered nurse Educational Advancement for Cone Health (REACH) scholarships.



Emergency physicians pictured with nurses who have benefitted from REACH scholarships: Sam Jacobowitz, MD; Michael Ghim, MD; Sabrina Newsome, RN; Tony Allen, MD; Lindsay Roberts, RN; James Hoekstra, MD; Kristi Johnson, RN; and John Bednar, MD



Thinking Outside the Boom Box:

Karaoke Therapy Research at Cone Health Behavioral Health Hospital

By JoAnn Glover, RN, MHA

We found that karaoke used at Cone Health Behavioral Health Hospital might be providing more than entertainment.

Background:

Although many studies demonstrate the benefits of music therapy on physical and emotional states, there is little research that examines the use of karaoke and none that examines its use and effect among psychiatric patients in an acute inpatient setting.

From the dawn of civilization, music has been used as a tool for healing. In the Old Testament Saul was healed by the harp of David. Greek philosopher Plato discussed the effect music had on soldiers preparing for battle. In the 16th century, scholar Robert Burton wrote in his classic work *The Anatomy of Melancholy* that music and dance were critical in treating melancholia. Later in the 20th century, music was used in Veterans Administration hospitals to treat soldiers suffering from the trauma of war.

Karaoke was first introduced in Japan in the 1970s and spread to the United States in the 1990s. The word *karaoke* means "empty orchestra." Participants use a microphone to sing. Background music is used to produce a live concertlike sound. Since its introduction, karaoke has been a popular form of entertainment at parties, clubs and other social gatherings.

At Behavioral Health Hospital karaoke is a form of relaxation and music therapy that allows patients to release their stress and emotions. Feelings that are difficult to express can be articulated through the words of a song. Karaoke helps improve the mood of the participants whether they sing or just listen to others. Relaxation helps to reduce fatigue and can lower blood pressure and heart rate. Karaoke therapy improves social interactions and provides a socially acceptable outlet for any narcissistic impulses. Holding the microphone, for some, symbolizes power and control that they are missing in their lives and offers a sense of security.

Another therapeutic effect observed during karaoke was that it seemed to elevate the pain threshold. Less pain medications seemed to be administered during or directly after karaoke. Fewer anxiety and sleep medications were requested. These observations led to a formal evidence-based research project. The purpose of the study was to evaluate the effects karaoke has on pain, anxiety and sleep for adult patients in an acute care, inpatient psychiatric hospital.



Who, What, When:

After an informal survey of 100 patients over six months, we presented our findings to Shared Governance to get support from the multidisciplinary team and leadership to make karaoke a formal relaxation group offered every Thursday evening. About a year later we were still experiencing positive results, so we launched an evidence-based research project to examine the effect karaoke had on psychiatric patients in an acute inpatient setting.

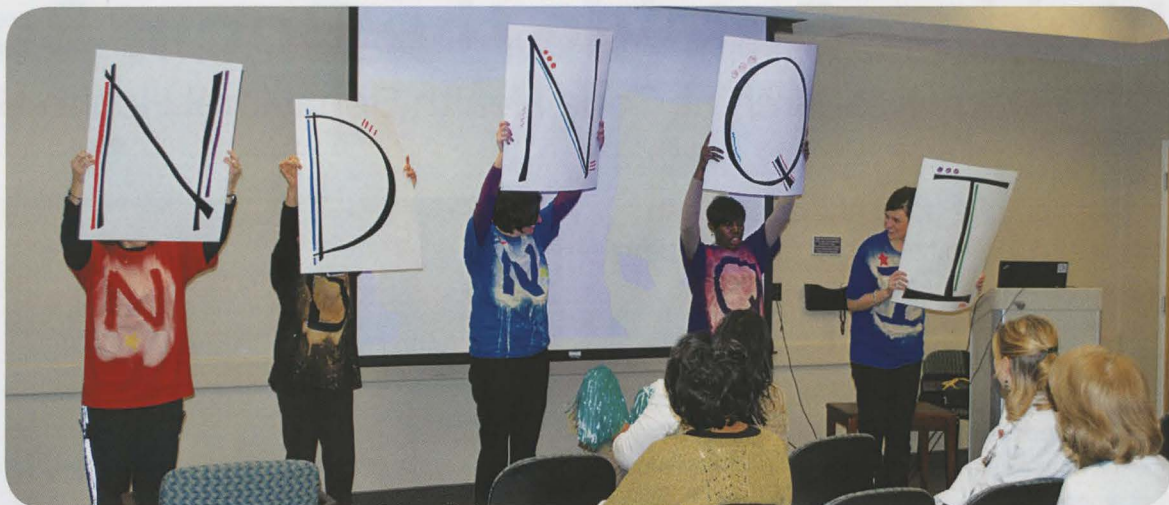
Sixty-one random participants were asked to complete a pre- and post-karaoke survey of sleep, relaxation, mood and stress. Review of medication administered 24 hours pre- and post-karaoke were recorded. Counselor group therapy notes pre- and post-karaoke were also reviewed.

Results:

Based on analysis of our data by a statistician, karaoke has a positive, therapeutic effect on patients in an acute inpatient psychiatric hospital. We found

- Significant decrease in anxiety levels.
- Decrease in the need for PRN medication directly after karaoke.
- Increased participation levels in groups.

If patients are less anxious and more involved in their treatment, this could contribute to milieu stability, have a positive impact on their treatment and contribute to shorter length of inpatient stays. Further research is needed in order to test this hypothesis.



RN SURVEY OPENING IN APRIL: Your Opinion About Nursing Care Matters

By Lisa Boland, Miranda Hill and Julie O'Neal

What is NDNQI? Alphabet soup?

The National Database of Nursing Quality Indicators® (NDNQI) is the only national database that uses a confidential survey of hospital registered nurses to collect information on nurses' perceptions of nursing care and job satisfaction. In addition to the annual RN survey, NDNQI also collects data quarterly on "nurse sensitive indicators" that measure how the quality of nursing care impacts patient outcomes. (See box).

Why is the RN survey important?

Because your opinion matters. Results of this important survey allow for hospitals to identify opportunities for improvement and to address quality initiatives and relationships between nurse staffing and patient outcomes. Without adequate RN survey participation, our leaders have limited information about the changes in nursing that would be helpful. The survey also provides information so that we can compare ourselves to other hospitals across the nation.

NDNQI RN SURVEY OPENS IN APRIL



The bottom line:

In the current health care climate, the need for information to evaluate nursing practice and its impact on patient outcomes is more important than ever. Our goal for the 2014 RN survey is 100 percent participation—we really want to hear from everyone. "Nurses have all the influence to improve NDNQI measures and patient outcomes," says **Theresa Brodrick, RN, PhD, CNS, CNA**, Executive Vice President and Chief Nursing Officer for Cone Health.

When you see the signs for the RN survey in April, please remember we need this vital information to plan for our future. We don't know what you think unless you tell us.

Quarterly NDNQI "Nurse Sensitive Indicators" include:

- HAPU: Hospital Acquired Pressure Ulcers
- CLABSI: Central Line Acquired Blood Stream Infections
- CAUTI: Catheter Acquired Urinary Tract Infections
- VAP: Ventilator Associated Pneumonia
- Restraint use
- Falls

From the Editor



Everywhere there is talk of the changes occurring in health care—changing reimbursement, changing health care coverage, the need to change what we do and how we do it. Difficult decisions have to be made so we can adapt. We are learning to be aware that every day we may face yet another challenge. In all of my reading, the message is the same: there is a lot we do not know and cannot anticipate. Who would have known that the government would

give hospitals less than two weeks' notice when they changed the definition of an "observation" patient? Terry Akin, Chief Operating Officer for Cone Health, said in his blog in November, "One of the biggest challenges we face in health care today is how much is unknown and unclear."

In the midst of all this change, it helps me to realize that a lot is staying the same. Our organization remains strongly committed to quality care for our patients and community. We continue to receive awards for our services across many clinical and ancillary areas. Our leaders continue to be committed to receiving and responding to employees' perspectives and work hard to stay informed about what we think. Most important is the strength of the talented teams we work with to care for our patients.

In their book *Quantum Leadership*, Tim Porter-O'Grady and Katherine Malloch remind us that we each have the ability to read signals and anticipate challenges. Regardless of our position or role, we can anticipate and respond to what we face. Keeping communication open and relationships strong strengthens our ability to function as a whole. As a whole, we have much better odds of remaining fluid and adaptable. It's the "new normal."

One change you'll see in this issue of *Nursing Beat* is that we have relocated the "Setting the Pace" section. We received feedback about the lack of timeliness in recognizing our nurses' accomplishments. Instead of a quarterly print format, we plan to institute another kind of recognition. See below to weigh in on the changes.

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Porter-O'Grady, T., & Malloch, K. *Quantum Leadership*. Massachusetts: Jones & Bartlett Learning, 2011.

SOMETHING MISSING in *Nursing Beat*?

Nursing Beat will take on a leaner posture in the months ahead. We will publish three times a year instead of four, using the resources previously allocated to the fourth issue to publish the Cone Health Nursing Annual Report.

Notice anything missing in these pages? We have moved the "Setting the Pace" section out of *Nursing Beat* and onto the nursing website. Your recognitions will still be recorded and celebrated for all to see, only now the site will be updated monthly instead of quarterly. Your accomplishments are important, and timely recognition is too.

Continue to send your presentations, promotions, graduations, accolades and honors to Lisa Boland.
Lisa.Boland@ConeHealth.com

Check the nursing website at Cone Connects>Departments and Teams>Nursing>Celebrations or
<https://sharepoint.conehealth.com/nursing/celebrations.aspx>.

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Nursing Beat

MISSION STATEMENT

To communicate and celebrate
the dynamic power of
nursing innovations and
enduring values.

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