



Nursing Newsletter

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ACHIEVEMENT. SUCCESS. OUR STORIES.



5K Color Run

by Kathryn McKinney

Each year the second Saturday of October marks Union Hospital's Race for the Ribbon 5K Fitness Run/Walk, a fundraiser for the Hospital Breast Health Center. This annual event attracts hundreds of people who come out to show their support for the Center, for breast cancer survivors, for those currently undergoing treatment and for those at risk for the disease.

This year's event, a Color Run 5K, in which cornstarch powder dyed pink that, is safe for runners and the environment, was showered over participants as they made their way through the race route. With a starting and finishing point at Union Hospital, the race included music, food, and health information at a variety of vendor tables. It's a day of pink fun!

This was the tenth year for the event, which attracted more than 400 participants and raised \$12,281 for Union Hospital, which will be used to support the Breast Health Center's mission in providing high quality health care. The funds raised help patients cover basic needs such as utility bills and groceries. Funds from past races have also helped increase technology at the hospital, most notably through the addition of a tomosynthesis-imaging machine, which allows for 3D mammography. 3D allows for a more comfortable experience, earlier detection and fewer callbacks.

Above: Teams of pink cheer in the 5K Color Run this October

Nursing Teamwork

by Christine Hooper, RNC

Teamwork. When people hear "teamwork" they often think of sports teams or maybe a group project. As nurses, we may think of our direct coworkers involved in answering a call light or administering a medication when we are busy. Unfortunately, we do not think of teamwork across units, disciplines, or skill levels. However, it is this art of teamwork that has the greatest impact upon our patients and patient outcomes.

In order for a patient to be cared for, a network of individuals must come together for a common goal. Dietary must bring the appropriate tray for that person. Housekeeping maintains a clean environment, which facilitates healing. Physicians perform assessments, review labs and imaging to determine disease processes. Nursing assistants, unit clerks, and monitor techs are vital eyes and ears, observing and obtaining essential information. Nurses lie at the core of this network, the teamwork leader. The primary nurse for a patient must maintain open lines of communication with all other team members (while performing 80 million other things in a given shift).

Interdisciplinary teamwork may be most evident during an emergent or critical situation. Think back to an experience you had. Chances are the level of teamwork was obvious. Nurses must communicate effectively with the team while simultaneously carrying-out a multitude of tasks and relying on other nurses, nursing assistants, and various

other disciplines of work towards a common outcome. Physicians are relying on these individuals for information, critical thinking, and cooperation. In order to have a successful outcome, every individual present must work as a team with a common goal.

As nurses, we often get caught-up in our daily tasks. Next shift, take a moment to appreciate the level of teamwork around you and realize everyone working that day is working to help your patient get better. Because, when it comes down to it, the common goal is the patient and the only way to get there is through teamwork.

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PROFESSIONALISM

Rapid Response Team

by Jen Gardner, MS, BSN, RN, NE-BC

In 2004, the Institute for Healthcare Improvement (IHI) launched the 100,000 Lives Campaign, which included 6 strategies to improve patient outcomes. One of those strategies was the formation of a Rapid Response Team (RRT) in hospitals. In 2008, the Joint Commission included a National Patient Safety Goal that addressed "Improved recognition and response to changes in a patient's condition" by selecting "a suitable method that enables health care staff members to directly request additional assistance from specially trained individuals when a patient's condition appears to be worsening" (Revere & Eldridge, 2008).

A patient's baseline condition can start to deteriorate 6.5 hours prior to an unexpected critical event, and 70% of these events are preventable (Thomas, et al, 2007). Rapid Response Teams should be activated with any significant change in the patient's condition, including a change in mental status, acute changes in vital signs or oxygen requirements, or even if the nurse is uncomfortable with the patient condition and/or situation.

At Union Hospital, pressing the "Staff Assist" button in each room, or calling 2000 with your location activates RRTs. The responders to the RRT call are: ICU or ED RN, Respiratory therapist, House Supervisor, and Hospitalist. Once the RRT is called, the primary nurse should provide a recent set of vital signs, code status, allergies, recent accucheck and/or EKG, and any other information that is helpful to the first responders for the RRT. The primary nurse also completes the Meditech documentation form for the RRT that includes background information and arrival time of the team.

When the RRT team arrives, the primary nurse's duties include the following: explain the [S]ituation, provide the [B]ackground (history) of the patient, assist the RRT in completing an [A]ssessment and together formulate [R]ecommendations or a plan for the patient.

The Rapid Response Team should never take the place of notifying a physician, but is always available as an additional resource. Together, the responder and primary nurse can assess the patient and communicate with the physician when the call is returned.

We have monthly RRT meetings to review our data from the previous month's RRT cases. Over the last three years, our annual number of RRTs has steadily increased. In FY15, there were 325 RRTs called, averaging 27 calls each month. During that time period, 47.1% of the patients involved with an RRT were moved to a higher level of care, while 52.9% stayed on their unit of origin. The most prevalent reason for calling an RRT in FY15 was a change in oxygen saturations (almost 30%), followed by a change in mental status.

Early recognition of signs of deterioration and activation of the Rapid Response Team is intended to prevent deaths from occurring outside the ICU setting, by providing a critical care resource team that can be called to a patient's bedside anytime. The Rapid Response Team at Union Hospital is ready to help you in any critical clinical situation.



Union Team Welcomes New Managers

by Jen Gardner, MS, BSN, RN, NE-BC



Sheelagh Stewart, MPH, RN, AE-C is the Nurse Manager of the Breast Health Center. Sheelagh started her career in England, and has also worked in Australia and the United States. Throughout her 30+ years of career as a nurse, Sheelagh has worked in many different settings within Pediatric and Women's Health departments. She is excited to start her new role at Union Hospital because it combines a focus on both clinical and population health, and she proudly states the team here is "Phenomenal"!! One fun fact about Sheelagh: she loves llamas and intends to be a llama pet therapist one day.



Zanet Lester, MSHA, BSN, RN, CKHS is the Nurse Manager for MIC and Peds. Zanet's background is mainly in Maternal-Child Health. She has experience in Labor and Delivery, Post-Partum, and acute care Nursery, as well as being a childbirth educator and perinatal loss counselor. Most recently she served as a Magnet Program Director, which instilled a passion for nurturing the professional growth and development of nurses, it motivates her to improve processes to streamline patient care for improved safety and efficiency. One fun fact about Zanet: she loves spring, nature, flowers and gardening.



Hilda Nimako, MSN, BSN, RN is the Nurse Manager for MSU, SSU, and Vascular Access Team. Hilda was born and raised in Ghana (West Africa). Her desire to become a nurse was innate, as many of her family members worked in the healthcare field. She decided to become a nurse after watching nurses take care of her sister after an unanticipated surgery to remove a brain tumor. She graduated from the University of MD School of Nursing in 2003, and has worked in areas of Med-Surg, General Surgery, Labor and Deliver, Maternity, and Orthopedics. She has worn many hats throughout her nursing career, including Charge Nurse, Clinical Coordinator, Assistant Nurse Manager, and now Nurse Manager. One fun fact about Hilda: Becoming a mother is Hilda's most rewarding yet perplexing job, and in 2010 she decided to allow Jesus Christ to be her Lord and Savior.



Finally, my name is **Jen Gardner, MS, BSN, RN, NE-BC**, and I'm the nurse manager for ICU/PCU. In my 20+ years of nursing, I've worked in multiple areas caring for adult patients in acute and critical care settings. I've been a nurse manager for 10 years, and love helping nurses build leadership skills that are needed in various nursing roles. One fun fact: If you have visited U-Connect, you may already know I'm a huge football fan and love the Ravens. I was a member of the Baltimore Ravens Marching Band for the 2011 football season.

Nemours Partnership Program

by Hagop Poshoghlian, MD, FAAP

Dear friends,

First, I would like to introduce myself. My name is Hagop Poshoghlian. I am a hospitalist pediatrician with Nemours/A.I DuPont Hospital for Children, primarily stationed at Union Hospital.

I joined the group in July, 2014 to become part of Nemours partnership program's hospitalist group at Union Hospital, which includes Dr. Haytham Hamwi and Dr. Sagar Bhandary. I see our group as an energetic, collaborative group of pediatricians whose goal is to provide excellent care for babies and children of the community at Union. Our work has become much easier and enjoyable working alongside Union Hospital's pediatric, MIC, ED nurses and ancillary services personnel.

Every new job is a challenge, sometimes the social aspect being more demanding than the professional one. Our transition as Nemours pediatricians at Union was smooth and memorable. Melting into one family team was easy. That was a great start for great teamwork.

We always hear that every successful, recognized institution owes its success to its members', all members', teamwork. This fact is very obvious at Union Hospital's Pediatric and Maternal Infant Center (MIC) too.

The best translation of that teamwork is seen on the face of mothers leaving our hospital with their newly arrived babies. Our team rejoices every baby born at Union Hospital and their parents, providing mothers with a professional and motherhood-worthy exceptional care.

Therefore, I must express my appreciation to all our teammates, especially the nurses and nurse assistants for setting high standards of patient care. Your extra efforts and dedication to make this organization look better are greatly appreciated.

This dedication becomes evident when a newborn baby needs extra care beyond the regular nursery. It is not just our professional, but also our moral duty to do our best not to separate the mother from her baby. Even though we do not have NICU setting yet we have its "spirit". Our dedicated MIC nurses go above and beyond their "regular nursery" capabilities to monitor babies who need short periods of oxygen support, IV fluids, frequent vital signs monitoring, etc., knowing that Nemours NICU and transport team are always ready to accept, transfer and receive babies whose clinical status mandates them to be transferred to a higher level of care without risking their health. That "spirit" of high commitment is not a stranger on the Pediatric floor as well as the Emergency Department.

If teamwork was a puzzle then each individual of that team represents a piece of that puzzle no matter how small that piece is. The integrity and conjunction of all those pieces sets the value of that art. Henry Ford once said: coming together is a beginning, staying together is progress, and working together is success. That success at Union Hospital is our mission made possible by all of us.



Dr. Hagop Poshoghlian



Dr. Haytham Hamwi



Dr. Sagar Bhandary



Baskets of Hope

by Beth Money,
BSN, RN, OCN

The cancer program has three fundraisers- Baskets of Hope, Rally of Hope and Cruzin for the Cause. Baskets of Hope is a fundraiser that supports all of the other cancers but breast (head and neck, lung, colon, rectal, blood, and so on).

100% of the money raised for baskets of hope goes to the patient assistance fund. We pay for many things that the patient is not able to take care of financially such as pain meds, anti-nausea meds, nutritional supplements, oxygen, physician or treatment copay, heat, electric, gas cards, taxi vouchers. We paid over \$29,000 this year in patient assistance, that is why it is important for all of the fundraisers to be successful.

Total raised at Baskets of Hope this October: \$28,441.00



“Keys” to Joy

by Holly Wieser, CNA

- Both my mother and grandmother play the piano.
- During elementary school I took private lessons, I got burnt out going for lessons so my mother decided to teach me mornings before school.
- I learned the basics and did not get back into playing till later in life during high school.
- I wanted to play like my mother so I started back and now I'm addicted to playing the piano.
- I always said, "If I can study my school books as much as I play the piano I would be a straight A student."
- Playing the piano is my meditation... It can be Individual or group therapy.
- Express your feelings by the songs you play and how you play them.
- Playing piano can set the mood in a room. It's fun when you have friends and family over and get whaling on the keys and liven up the room and have everyone singing or dancing.
- Two types of playing piano; by ear or reading music... I have to read piano music. I only have a handful of songs I can remember playing without music.
- My piano tuner plays piano at several hospitals and nursing homes for patients and residents.
- Playing piano is my brain exercise and destresser. It's like stepping away and taking 10 breaths
- Playing the piano is my therapy like people who listen to music for therapy or do other activities.
- It is self-rewarding when you learn and conquer a new song.
- Music is what feeling sounds like, it soothes the savage beast.



Holly Wieser, Employee at UHCC for 5 years, Played piano most of her life

Behind the Scenes

by Kimberly Copen, BSN, RN, CCRN



"4901". This is the extension that probably comes up more times during your shift than any other. Sitting in the corner of a converted patient room on the 3rd floor, surrounded by multiple monitors all emitting different sounds and messages is, you guessed it, the monitor tech. But their role is so much more than just sitting behind a screen, calling staff, alerting them that a lead is off, a battery needs replaced. They watch and listen to the heart beat of the hospital.

I had the opportunity to sit with one of our Senior Monitor Techs, Kathy Hilaman, and asked her a few questions about this role. "I really like working as a Monitor Tech" said Kathy, "It's stressful but important and I like the knowledge sharing that I can provide to the nurses." Kathy has been an employee at Union Hospital for about 14 years. First, as a CNA, then a Unit Clerk/Monitor Tech on the PCU; but the role has evolved since her start. "When I first began as a Unit Clerk/Monitor Tech on PCU, I had two responsibilities. I was the Unit Clerk and watched the monitors at the same time. Now the role has separated and we are able to devote our attention to the monitors alone," remembers Kathy. And it's a good thing too. In a 24 hour period, calls can average approximately 406, while monitoring, measuring, and interpreting as many as 8 ICU monitors, 24 cardiac monitors, and 32 preface monitors. Certainly not to forget keeping track of transfers, admissions, and discharges.

After receiving report from the off going Monitor Tech in order to attain a baseline knowledge of all the patients, the oncoming Monitor Tech is fast at work running strips and interpreting rhythms. According to Kathy, "Communication with nurses is a must. In order to provide safe, consistent care, we have to be on the same page and I realize that there are times where I am calling the nurses and CNA's multiple times about the same issue but it's necessary. I can't see what's going on with the patient. I only can see their rhythm and if a pulse ox is off, or their monitor isn't picking up a rhythm, I can

no longer provide my part of the care to them, and the chain of safe care is broken."

The Monitor Techs receive specialized training consisting of a basic arrhythmia class and a rigorous orientation process. "I learned the most, though, after orientation was complete. I have learned a lot just by collaborating with the ICU/PCU Charge Nurse, bouncing off questions and sharing ideas."

So, remember the next time your phone is ringing and that "4901" extension appears up on the screen, it's the Monitor Tech, reconnecting the link in the patient care chain.



Behind the Scenes in the Monitor Tech Room

Apple Quinoa Bake

by Brenda O'Connor, RD

This Vegan, Gluten Free and No Added Sugar recipe was featured in the October issue of Today's Dietitian. Enjoy it for breakfast or lunch with Greek yogurt or cottage cheese for extra protein, or as a snack or dessert.

Nutrition Analysis Per Serving

Calories: 160 Fiber: 6g Protein: 3g
Total Fat: 4g Carbohydrates: 18g Sodium: 35mg



Ingredients

- ¼ cup raisins, packed
- 3 medium-large Gala apples (cored and sliced with peel on)
- ¼ cup sunflower seeds
- 1 tsp cinnamon
- 2 T uncooked quinoa
- ½ cup water

Directions

1. Preheat oven to 350°F. Spray a 9x9-inch pan with cooking spray.
2. Spread one-half of the raisins on bottom of pan.
3. Add apple slices and spread evenly over pan.
4. Sprinkle cinnamon over apples.
5. Add remainder of raisins and sunflower seeds.
6. Sprinkle on the quinoa.
7. Pour water into the corner of pan so that it coats the bottoms; don't pour over apples.
8. Bake 50-60 minutes, taking care not to burn the raisins. Enjoy!

Get App-y

by Caroline Booze, RD,
LDN, CDE, NASM-CPT

Excellent wellness apps that provide tips, tools and resources to help you achieve good health!

1. Pact

Bet on yourself! Make a pact to eat healthier, exercise, or log your food. Assign a dollar amount to your goal. If you achieve it, you get that money! If you do not achieve your goal, the money is taken away from you. How motivating! The app has a few mechanisms to keep users honest in their endeavors.

2. Zombies, Run!

The zombie apocalypse has occurred. You are on a helicopter being flown to a military base. Your helicopter is shot down and crashes. The zombies are closing in on you. What do you do? You RUN!

This app weaves an engaging narrative and periodically prompts you to run or sprint to escape being captured by zombies. The story keeps you distracted and the prompts to run faster provide motivation to work intervals in to your training.

3. Fit Radio

This radio station is much like Pandora or Spotify, but with music that has beats per minute to match the pace of a variety of workouts!

4. 30 Day Butt Challenge

This challenge progresses you through a plan with squats, lunges and hip bridges that increase in number throughout the next 30 days. By the end of the challenge you will have glutes of steel!

5. 7 Minute Workout

This app offers a full body workout in just seven minutes. Seven minutes!!! The app tells you what exercise to do and has a timer to count down how long to do it. No equipment required! If you complete the workout everyday for a month, you unlock more workouts for upper body, core, etc..

6. Nike+ Training Club

Personal trainers are expensive, but this app is free! The Nike Training Club tells you what exercise to do and for how long. It includes over 100 workouts to help you reach your specific fitness goals!

7. C25K

This app can turn you from a walker into a runner in just eight weeks! C25K has a plan that includes intervals of walking and running which gradually shift from walking to running! Become a runner with the commitment of thirty minutes three times per week!

8. Stop, Breathe and Think

Create a "force field of calm and peace" with this meditation app. Choose a meditation based on how you are feeling. The programs generally last five to ten minutes, which is enough to instill a sense of peace, calm and mindfulness. If you've never tried meditation before, I would highly recommend that you try it as a tool to bring calmness to your mind. This helpful app features the voice of a person who guides you through the meditation process.

Personal Empowerment

by Simmie Shergill, BSN, BS, RN

The success of an organization hugely depends on the culture that dissipates the environment of an organization. The individual success of employees is deeply rooted in the processes of an organization that nourish, support and inculcate professional growth. Structures have to be in place that promote personal empowerment for employees to personify leadership and act as agents of change.

According to Kanter's Theory on Structural Empowerment six conditions are required for empowerment to take place. These conditions include (1) opportunity for advancement, (2) access to information, (3) access to support, (4) access to resources, (5) formal power and (6) informal power. According to research by organizational behaviorists, the presence of these conditions creates an environment of trust, commitment, increased job satisfaction and decreased job burnout. The efficacy of employees and teams is co-dependent on the presence of strong leadership that supports empowerment.

Currently healthcare exists in a dynamic cosmos where turnover of employees can be costly to an organization and creates an imbalance of momentous growth. As we face a huge influx of millennials in the workforce and the challenges to retain their talent in an ever-changing work environment, Kanter's theory pulsates a deep nerve of

thought to the importance of empowerment. Shared Governance serves as an important pedestal to let nurses voice their concern and advocate for change. The need to feel empowered has to come from within, the voice must arise in all of us to lead the way and garner support from our organization to create the change.

As nurses we are instrumental in creating change and advocating for change from the bedside and beyond. The impetus lies upon us to be the voice of our fellow nurse's concerns, frustrations, challenges, and employ ideas to pave way for processes that address solutions. At this juncture of time where we have the ability to lead the way in process changes that affect outcomes, it is critical that we partake in shared governance to empower ourselves.

Nursing embodies all of us who are actively engaged in it, and there is an art to nursing which can only be justified by the passion and the reason we all chose to embrace the art of caring and giving for the rest of our lives. Hence I urge all of you to take that passion forward and find purpose in what you do each day every day, as that truly will define you and your nursing legacy. The personal empowerment journey begins with personal exploration of purpose and passion for doing what you do and most importantly "why" you do what you do as that personifies the art of nursing.

Pathway Re-Designation

by Alex Wells,
BSN, RN, CEN

Did you know we were the first hospital in Maryland to obtain the designation for "Pathway to Excellence" in 2013?

We are now up for re-designation in April 2016. Pathway to Excellence recognizes health care organizations for positive practice environments where nurses excel. It is *for* nurses and *by* nurses which means we need your support and help in accomplishing this re-designation!

We must meet 12 practice standards essential to an ideal nursing practice environment. Many of the standards need narratives or exemplars to validate what the standards of practice stand for.

In the near future, you will be learning more about Pathway to Excellence, what it truly means to be designated, and how you, the front line nurse, plays a pivotal role for this designation.

More to come about this exciting journey... Stay TUNED!!



A VISION IS NOT JUST A PICTURE OF WHAT COULD BE;
IT IS AN APPEAL TO OUR BETTER SELVES, A CALL TO
BECOME SOMETHING MORE.

- ROSABETH MOSS KANTER