

Procedure Center Procedures

By Peggy Link, RN, CRNI

The procedure center at Community Hospital is known for endoscopic procedures (colonoscopy, EGD, bronchoscopy, and ERCP's), PICC line insertions and maintenance, and comprising the hospital IV team.

However, did you know this department does lumbar punctures, bone marrow biopsies, PEG tube insertions, chest tube insertions, circumcisions, and many IV therapies (such as antibiotics, Remicade, Boniva, and Pamidronate)?

We also do blood and blood product transfusions, injections and therapeutic phlebotomies. Plus, we assist our cardiac patients with TEE's (transesophageal echocardiogram), cardioversions, and Dipyridomole stress tests.

Our committed staff invites you to call or visit for questions concerning any of the procedures we do and we will be happy to assist you.

A Lesson Learned

By Katherine Cholet, MSN, RN

Early in my nursing career, I had the wonderful opportunity to be chosen as a preceptor for first and second year nursing students. The healthcare facility where I was employed was top-notch, Joint Commission accredited, and very busy. RNs had 10 to 12 medical/surgical patients as a normal assignment with LPNs, nursing students, CNAs, and volunteer team support. The RN had to oversee a plethora of events, learning scenarios, and learning opportunities (both internal and external experiences).

A learning experience I would never have expected to happen began while supervising a second year nursing student. When it was time to hang a Total Parenteral Nutrition (TPN), he brought me the TPN solution and we verified it against the physician orders and then checked it against the Medication Administration Record (MAR). This student had to pass medications on only one of his patients during the entire shift. Prior to hanging the TPN, the student also found his instructor and completed the same process for checking the TPN formula and medication MAR.

Students at this facility were allowed to administer/hang medications on their own once they had been observed and checked off for this skill/competency. This student had completed the IV medication administration competency successfully in previous clinical hours.

About 45 minutes later, another primary RN approached me and asked, "Why did your nursing student hang TPN on my patient?" I think the world stopped spinning in space for that moment because everything went black and I started running down the

Keeping an Eye on Magnetism

In a study in 1983, organizations that were best able to recruit and retain nurses had 14 attributes in common, which became the ANCC Forces of Magnetism that now are used in the Magnet™ appraisal process.

These characteristics exemplify excellence in nursing and demonstration of all fourteen forces is the requirement for designation as a Magnet facility.

In our quest for Magnet designation, Community Hospital is highlighting Force 13:

Interdisciplinary Relationships

Collaborative working relationships within and among the disciplines are valued.

Mutual respect is based on the premise that all members of the healthcare team make essential and meaningful contributions in the achievement of clinical outcomes. Conflict management strategies are in place and are used effectively, when indicated.

hallway to see where the TPN had been placed. I heard the IV pump alarm sounding in my patient's room because the TPN bag/IV tubing was empty. In the other patient's room was my patient's TPN with my patient's name clearly marked in black and white. Wrong patient, wrong room. I was devastated as was the nursing student and the nursing instructor.

Later, the student explained that while he was headed down to the room to hang the TPN on the correct patient, a call bell from another room sounded. He said, "We were always

See *Lesson*, pg. 2

February, 2008
Issue Eight
Volume 2

Magnet Council Meetings

Recruitment & Retention
2nd Wednesday • 3 p.m.
February 11 • Board Room

Education
2nd Thursday • 3 p.m.
February 12 • Board Room

Evidence-based Practice
3rd Tuesday • 3 p.m.
February 17 • Board Room

Nurse Leadership
3rd Wednesday • 3 p.m.
February 18 • Board Room

Nurse Practice
1st Wednesday • 3:30 p.m.
March 4 • LLCR 1 & 2

Quotable Quotes

"Were there none who were discontented with what they have, the world would never reach anything better."

~ Florence Nightingale



Community Hospital Nurses:
*Driven to Excellence,
Compelled by Compassion*
Non Sibi Sed Omnibus (not alone, but together)

Lesson, continued from pg. 1

instructed to answer call bells as not to let them ring for too long. Once I was in the room, the patient needed assistance to the BSC and I got busy. I do not know what happened, but I decided to hang the TPN. I just made a big mistake.”

Ultimately I was responsible because the nurse who supervises students caring for patients is accountable for the patient’s care.

Lesson learned: Staff must consistently oversee the supervision of students when they provide patient care, treatment, and services.

*The Joint Commission standard:
HR.01.02.07, EP 5, 2008, p. 73*



ED Nurses Receive Certification

As of January 1, three emergency department nurses have passed the Certified Emergency Nurse examination. This is a 150 question exam that takes years of experience and months of studying to prepare. Hospitals that have ED nurses with CENs have better patient outcomes and fewer patient returns. Congratulations to:

Erik Cox, RN, CEN
Kay Warner, RN, CEN
Jackie Nishiya, RN, CEN

Free Scales

The American Heart Association has given Community Hospital a number of scales for CHF patients who do not have a way to monitor their weight.

When teaching CHF patients about the importance of weight monitoring, please ask them if they have a working scale, and if not, ask if they would like to have one free of charge. The scales are located on east wing. If you have any questions, please contact Sheryl Kleven at 257-2150.

Mosby Offers Continuing Ed

Mosby Consult now offers Continuing Education (CE). Please go to Mosby Skills and read the announcement on accessing continuing education. If you have any questions please contact Clinical Education Manager, Katherine Cholet at 256-6197.

Annual Competency/Skills Day Schedule

Nursing staff, CNAs, & Techs:

March 2, 3, 12, 13, 16, 17, or 26

Please sign up through Meditech:

In Mox Mail, choose Library

In Library, double click on Nursing Education

Highlight Annual Competency/Skills Days by clicking once on the title, then at the top of the page, click edit

Scroll down with the arrow keys and follow the instructions for adding your name to the list.

Home Health:

Wednesday, March 4

09:00 – 13:00

Home Health Department

There is no sign up sheet.

Surgical Services & First Choice:

Saturday, March 28

08:30 – 17:30

Canyon View Vineyard Church, 736 24 1/2 Road

There is no sign up sheet for these departments; however, if any staff member from surgical services or First Choice would like to attend a different session, please use the Meditech sign up process.

Moderate Sedation or End of Life Care

If you have not taken the one time, 1 hour course for Moderate Sedation or End of Life Care, please sign up through Meditech:

In Mox Mail, choose Library

In Library, double click on Nursing Education

Highlight either 2009 End of Life or 2009 Moderate Sedation by clicking once on the title

At the top of the page, click edit

Scroll down with the arrow keys and follow the instructions for adding your name to the list under a specific date/time.

Nurse Musings Around the Table

by Kathy Olsen, RN, BSN

Last week about ten nurses were sitting around a table talking about nursing and the future of nursing. We chatted about what makes one institution different from another, one nurse different from another, and for that matter, what really defines excellence.

The question arose, “Are nurses able to articulate to non-nurses what exactly they do that makes a difference in patient outcomes and our work environment?” This question was followed up with a hearty conversation about work environment. We laughingly acknowledged how work environment is influenced by those with whom we work. We mused about how we often perceive our day based upon who we would be working alongside. Many times, nurses dread coming to work, or love coming to work, based upon the team composition! This stimulating conversation lead us to all agree on one point: **attitude matters!**

Reflecting back, important questions for nurses to ponder are: Which person am I? Is there confidence within the team that I will pull my weight? What about my attitude - is it consistently positive and encouraging? Is the team stronger because of my presence? Am I critical of others, or do I choose to focus on the strengths of my teammates? Do I make time to care for my teammates?

It seems that when all is said and done, the path to nursing excellence truly begins with a personal reflection of attitude and responsibility.

