The Pulse of Nursing at Cone Health

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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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I want to set the record straight about something. But first let me tell you about the greatest role model of a nurse that I ever met. She was a diploma nurse, the epitome of professionalism, and though I only knew her a short time (she died when I was a teenager), she effectively role modeled everything I ever aspired to be as a nurse. She was my mother.

She died in 1980. Since then, times have changed. Our colleagues at the bedside have well surpassed us in the educational requirements needed to practice in their profession. To enter into their profession and practice at the bedside, pharmacists, physical therapists, occupational therapists, speech therapists and registered dietitians all have greater educational requirements than nursing.

In 2010, The Institute of Medicine published a book called The Future of Nursing: Leading Change, Advancing Health. This book, based on evidence, challenges the nursing profession to step up to the plate and respond to the need to assess and transform the nursing profession and consider the challenges that face the nursing education system in this country by giving solutions to advance the system. The call to increase the number of BSNs to 80 percent by 2020 was one of them. As patient care and our healthcare industry become more complex, nurses need to obtain additional competencies such as leadership, health policy, research, evidenced-based practice, systems improvement, new technologies, community and public health knowledge to keep up with the increasing demands on our profession.

Since this book was published and since my arrival at Cone Health, the senior nursing leadership team has attempted to make it easier for Cone Health nurses to go back to school, if they want to, so we can meet these new nursing challenges. This is why all newly hired ADNs are required to return to school and earn their BSN degrees in four years. When nurses leave Cone Health, I have always said that it is hardest to see the experienced nurses go. That includes all nurses: diploma, ADN and BSN nurses. Those years of experience are not replaceable. I want to believe that my own years of experience have helped me care for patients and staff with a level of care and expertise that newer nurses have not yet learned.

So let me set the record straight. For the past year I have heard (through the grapevine), that based on our practices and policies to hire more BSNs at Cone Health, I do not respect or value ADN or diploma nurses. This is the farthest thing from the truth. I certainly value and respect experience. Remember the nurse who inspired me the most was a diploma nurse. At the same time, I have also accepted a role and a responsibility to move Cone Health forward for the future of nursing in North Carolina.

The greatest resistance I have encountered to improving nursing education at Cone Health has been from the nursing community. I know many other hospitals in North Carolina have not yet put this structure in place. We are very fortunate at Cone Health that we work in an environment that supports, encourages and enables continuous advancement, growth and development. So if there are any Cone Health diploma or ADN nurses who are questioning their value, please accept my deepest apologies. It was never my intention to communicate this, and I am truly sorry! Your knowledge and expertise are irreplaceable. I respect and value all that you do for our patients at Cone Health by providing such exceptional care.

Respectfully,

Theresa Brodrick, RN, PhD, CNS, CNA

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**Humphrey Dumpty Award**

The Humphrey Dumpty Award goes to the department that has the greatest reduction in the number of falls from quarter to quarter. These results are a comparison of 2nd to 3rd quarter.

**Department 3rd floor Oncology, Wesley Long** (total reduction of 7 falls from 2nd-3rd quarter). They used the following strategies to help reduce their falls:

- Hourly rounding
- Patient education

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**From the Editor**

Many nurses use the phrase “drowning” when they talk about that horrible, overwhelming feeling that comes when you have more to do than you have time. You want to do even more than just what is needed, but you cannot. I used it all the time. It seemed such a good word to describe that feeling.

Well, I was doing rounds the other day and got a bit of an epiphany—“drowning” has such a desperate, deadly connotation. Deaths by drowning, to me, would seem to be one of the worst ways to go — total submersion and lack of control, no results no matter what you do, covered over with no hope of recovery. I started thinking about the feeling that comes when using that word and challenged myself to find a different word that would still express the feeling without being quite so dire.

After a time, one came to me — it was “underwater.” Now I am overwhelmed and feeling panicked by how much there is to do and how little I think I can accomplish, I remind myself that I am not drowning, I am underwater. It brings a whole different perspective to my situation. Rather than being out of control, as with drowning, I am still covered over, but I can navigate. I have to hold my breath and plan carefully where and when to come up for air. I have to be deliberate in my actions so my energy doesn’t give out, and it is completely essential that I pace myself until I can get the next good, long breath of fresh air. I know I will not be underwater forever — I will not die from it. It is still intense, I still have to prioritize to the max, there is still more to do, and more I would like to do than I can, but the whole situation is finite.

One thing that has been constant in my more than three decades as a nurse is that this feeling of being overwhelmed never retreads permanently. It may go for a time, but it always comes back. For us, there will always be situations where the needs of humanity are more than we can meet, as individuals and as a group. I have resigned myself to accepting the fact that there will always be days when I want to revert to using the word “drowning.” At least now I can catch that and redirect my thinking with another word and maybe liberate some of that much-needed energy to meet the situation at hand.

Nursing is not for the faint of heart. Yet it is one of the most rewarding, gratifying, intellectually stimulating work one can do, challenging us to use all we have to pull it off. For all the changes it offers and all the rewards we gain, we have to continue to be creative in how we talk to ourselves so we have energy to do what we do. Is that not the first element of our care Relationship Based Care delivery model? Caring for Self, so we can care for others.

Sarah Lackey, RN, MSN, CCNS, Editor-in-Chief
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Cone Health Congregational Nurse Program Life-Changing Care to Refugees in Our Community

By Leila Moore, RN

After a long hospital-based nursing career with Cone Health, Patricia Settle, RN, MSN, became a Congregational Nurse. She works within the Guilford County refugee community trying to address health disparities. Patricia will tell you that it has been some of the most rewarding and challenging work of her professional career.

Several months ago, an African woman in obvious distress was brought to Patricia’s refugee center office by a friend who spoke little English. After a quick assessment, Patricia knew that she had to get the woman to the Emergency Department for evaluation. For the patient who did not understand the language or the medical system, this was terrifying. Patricia reassured the patient through her calm, nurturing presence, and the patient was transported by ambulance to The Moses H. Cone Memorial Hospital.

When the patient returned to her small apartment, she had no way to purchase her medications and no knowledge of how to take them. She also did not understand the need to check her blood sugars. Patricia used community agencies and resources to help obtain the patient’s medications. She also arranged for interpreters to assist with teaching so the patient could understand the new diagnosis and required lifestyle changes. The relationship between Patricia and the patient grew out of mutual trust, and Patricia is in regular contact with her diabetic patient.

What would have happened if Patricia had not been in the refugee office, we can only guess.

Since 2009, grant funding from the Cone Health Foundation has allowed the four Congregational Nurses to work at different sites with refugees from all over the world. There are more than 150 languages and dialects spoken in Guilford County, creating a challenge in pure logistics for the delivery and oversight of healthcare for those community-based clinicians.

The Congregational Nurses working with the refugees are Lois Baitzel (New Arrivals Clinic, Maureen Flack (Church World Services and Glen Haven), Brenda Gregory (Behavioral Health Center for refugees) and Patricia Settle (Avalon Community). Building a trusting relationship in the midst of so many different cultural norms and languages is one of the largest hurdles the nurses face as they offer care. Through collaboration with UNCG Center for New North Carolinians, Church World Services, the New Arrivals Clinic and the African Coalition, the Congregational Nurses provide personal counseling, health screenings, educational programs and health care management. For many refugees, the interventions of the Congregational Nurse have been life changing.
For mothers, breastfeeding decreases the risks of breast and ovarian cancers, diabetes, rheumatoid arthritis and cardiovascular disease.
Pam Tate, RN, BSN, CA, ICU, Annie Penn Hospital, credits aromatherapy for turning her life around following her husband’s death in a traffic accident.

Pam did not think she could continue to live without him. In an attempt to heal her own spirit, Pam discovered aromatherapy. “I wanted an alternative to taking medication. I used aromatherapy to decrease depression, help me sleep and get rid of the nightmares as I began to pick up the pieces from my broken life.”

Pam also sees the possibilities for improving patient outcomes with aromatherapy. She and the nurses in the Annie Penn Intensive Care Unit have been practicing aromatherapy with patients for more than five years. They have seen patients report relief from pain, nausea and vomiting, edema and anxiety following aromatherapy. “There is not a day I work that I don’t use aromatherapy with my patients,” Pam says.

Aromatherapy is a complementary therapy; it does not replace medical treatment. Pure essential oils are extracted in concentrated form from plants. These essential oils can be inhaled (a drop or two on a cotton ball or in a room spray) or applied topically in a “carrier” oil, or dissolved in bath water. The North Carolina Board of Nursing declares aromatherapy to be within the scope of nursing practice, upon completion of a 10-hour course such as the one Pam and Winnie Jarell, RN, BSN, Annie Penn Hospital, frequently teach.

Interest in aromatherapy is growing within the Cone Health network. Not long after attending the aromatherapy class, Ginger Gleason, RN, BSN, and Diane Celano, RN, Department 5500-Medical/Telemetry; The Moses H. Cone Memorial Hospital, identified a patient who might benefit from their new knowledge. The patient had experienced multiple hospital admissions over the last year for ongoing cellulitis of both lower legs. Her right leg, in particular was red and painful with weeping areas. With the patient’s permission, Diane applied wet compresses that contained several drops of lavender essential oil to the leg. By the end of her 12-hour shift, Diane noted a decrease in redness, and the outer edges of the wound had returned to a normal color. Within two days, the leg was much improved, and the patient could lift her leg without pain. Even the physician was impressed and encouraged further use of aromatherapy.

In addition to its anti-inflammatory properties, lavender essential oil decreases anxiety and promotes relaxation and rest. Margaret Gilchrist, RN, BSN, CCNRN, and the staff of Department 2100-Medical/Surgical Intensive Care Unit, Moses Cone Hospital, are conducting nursing research on the use of lavender to reduce restraint use. Nurses on Department 4500, Palliative Care and Medical/Surgical, Moses Cone Hospital, are developing a study to determine if the inhalation of lavender essential oil will decrease the nurses’ stress levels. And Operating Room and Post- Anesthesia Care Unit nurses at Annie Penn Hospital will soon publish the results of their research using peppermint oil to relieve post-operative nausea.

More than 150 nurses, chaplains, physical therapists and social workers within Cone Health are currently qualified to use aromatherapy at the bedside. Patients are now often requesting aromatherapy with their renal dialysis treatments, nurse-patient interactions, and oxygen treatments. The nurses are simply adding several drops of a calming scented oil to a warm-water bottle. “Our patients and families respond very well to aromatic smells,” says Margaret.

Can I Have Some Privacy, Please?

Until recently, the inpatient oncology units of 3 East, 3 West, and Palliative Care at Wesley Long Hospital all share one all-purpose family room, which can sometimes be a bustling place. Nursing staff of the Palliative Care Unit knew this space was not always conducive for the needs of families gathering to say goodbye to a loved one (sometimes in cases where relatives haven’t seen each other in a long time). So they recently converted an underutilized storage room into a “Serenity Room,” to offer families a place for quiet privacy, and closer proximity to the Unit beds.

Nursing staff initially proposed the idea of converting the storage room to then-Department Director, Yoveland Williams, RN, MSN, NEA-BC, and Assistant Director, Jean Wolf, RN, BSN, OCN, who met the idea with enthusiasm. Funding was still a stumbling block until an anonymous donor made a timely $2500 gift to the Unit. With funding in place, the department leadership empowered staff to make their own decisions about outfitting the room. Staff decided to go with a beach theme; to tie in with the existing seascape mural in the third floor hallway. Sue Ellen Grounds, RN, CHPN, went shopping at Rooms ‘R Us, and chose a couch, rugs and accessories in neutral, calming colors.

Staff and families alike have expressed appreciation for the space. “The ‘Serenity Room’ has really had an impact,” said Amy Ray, Nurse Tech. Cheryl Potratz, RN, BSN, CHPN, agrees: “The room has been a godsend, and we only hear positive things.” In addition, the Palliative Care services physicians now have a place to hold small and important conferences with family members about end of life issues. The room makeover serves as an inspiring reminder to all of us that when we put patient/family needs first, and work as a team, good things result at Cone Health.
In 2010, the Institute of Medicine released a report which recommended the number of baccalaureate-prepared nurses increase from 50 to 80 percent. The report - The Future of Nursing: Leading Change, Advancing Health, - further suggested that the number of nurses prepared at the doctoral level should double by 2020.

Currently, less than 1 percent of nurses have doctoral degrees. A better educated nursing workforce is needed to respond to the changing demands of today’s complex healthcare environment. Nurses with doctorates are needed to conduct research, implement research into practice and to teach future generations of nurses. Cone Health has embraced the IOM report and actively supports nurses seeking higher levels of education through tuition reimbursement.

Two nurses from Annie Penn Hospital are among the growing list of Cone Health nurses with higher levels of education. Thresa Brown, DNP, RN, ACNS-BC, Clinical Nurse Specialist, and Debbie Green, DNP, RN, CENP, Vice President, recently graduated from the University of Alabama with their Doctor of Nursing Practice (DNP). The following interview with Debbie and Thresa explores the role of the DNP and why this level of education is important for nursing.

Who did you decide to pursue a DNP?

Debbie: “I am an advanced practice nurse, with a master’s degree from the University of Virginia as a Clinical Nurse Specialist and a post-master’s degree from the University of North Carolina at Greensboro as a nurse practitioner. The DNP is a clinical doctorate, and it really spoke to my passion for improving care at the bedside.”

Thresa: “I had a desire to advance my education for many years. I have a master’s degree in nursing education and a post-master’s degree from the University of Virginia as a Clinical Nurse Specialist and a post-master’s degree from the University of North Carolina at Greensboro as a nurse practitioner. The DNP is a clinical doctorate, and it really spoke to my passion for improving care at the bedside.”

Why did you decide to pursue a DNP?

Thresa: “The DNP is a natural extension of the role as a CNS. The curriculum is an expansion of the knowledge I have gained while practicing as a CNS. I echo Debbie’s sentiments about the curriculum expanding my knowledge and comprehension of how the APN can effect change.”

Who should consider a DNP program?

Debbie: “Nurses who have a desire to achieve a clinical doctorate, who want to improve care through the vigorous use and analysis of evidence, who want to take nursing research and implement it into practice, who desire to be change agents on an organizational, local, national or international level. Other Cone Health nurses with their DNP are Sue Pedino, DNP, RN, Vice President, Women’s Hospital, and Brandon Bennett, DNP, RN, CNOR, CNE, NECB, Executive Director Operative Services, The Moses H. Cone Memorial Hospital.”

Thresa: “Again, I agree with Debbie’s statement. The nurse who wants to excel in her/his clinical practice on a doctoral level should consider the DNP. The education provided will allow you to further your education and put that education into practice in the clinical setting.”

What are you doing with your DNP in your work today? How does having the DNP preparation have an impact on your practice?

Debbie: “The curriculum for the DNP program has enhanced my knowledge in my administrative practice. I am more aware than ever about evidence-based practice, research, informatics, policy and how to change practice from a very global level.”

Thresa: “The DNP is a natural extension of the role as a CNS. The curriculum is an expansion of the knowledge I have gained while practicing as a CNS. I echo Debbie’s sentiments about the curriculum expanding my knowledge and comprehension of how the APN can effect change.”

Thresa Brown, DNP, RN, ACNS-BC and Debbie Green, DNP, RN, CENP

Cone Health is getting organized. Using a Japanese model referred to as a “Kaizen,” which means “improvement in change for bet- ter,” several nursing units can now locate things more easily and efficiently, with less frustration. Nurses and staff whose units have implemented S-S have expressed greater job satisfaction.

“It even makes everything look cleaner and more attractive,” says Brandi Beasch, RN, Pediatrics and the Pediatric Intensive Care Unit. Nancy Caddy, RN, appreciated the chance to inventory ev- ery box to check for expired products. It turns out that all expired product got tossed – just in time for the mock Joint Commission survey.

So what exactly is “S-S”? S-S is a system of organization with a focus on visual order, using five Japanese words (see below). The technique, developed by Hennayuki Hirano for Toyota Motors, aimed to minimize the time workers spent looking for tools, gauges or even paperwork. This time is considered “muda,” or waste, in the realm of “kaizen.” Ironically, the S-S process also creates more “zen” (i.e., a peaceful environment), and improves the looks of storage areas.

Seiri - “Sorting, or putting like things together in the supply closet, is the first step and, for many (including the author), the most overwhelming one.”

Seiton - “Stabilizing or straightening, refers to organizing, identifying and arranging. All supplies, equipment and paperwork included in the project are more easily located. A color guide or list is placed in a prominent area to aid in retrieval.”

Seiso - “Sweeping or shining, refers to maintenance and cleaning. This step provides the opportunity for deep cleaning that can only be accomplished when the shelves are bare.”

Seiketsu - “Standardizes making the system easy to maintain by simplifying and bringing order to chaos.”

Shitsuke - “Sustaining, is the last step, meant to keep the process going. This requires ‘buy-in’ from everyone who uses the closet and from the person who restocks the supplies.”

Department 5700-Medical/Surgical at The Moses H. Cone Memorial Hospital initiated S-S under the leadership of Candace Hughes, RN, in 2006, then repeated the process when the department moved to their new space on Department 5100. Their experience was presented at Wesley Long Hospital’s Nursing Leadership Council and at the Institute for Hospital Improvement national conference as part of 5700’s “Transforming Care at the Bedside” program.

Department 3700, Cardio Telemetry at Moses Cone Memorial Hospital also initiated a 5-S project in early 2012 and recently presented their results during Research Day as well as to Cone Health’s Nursing Leadership Council. This project stemmed from employee surveys showing the nurses felt their unit was “disorganized and cluttered.” They organized all large equipment, the cardiac monitor room, paper forms, and supply closets. The best thing about S-S is the “ability to better care for patients by reducing the response time to call bells,” says Tammy Melbune, RN, citing her department’s unanimous agreement on this point. Carol Harris, RN, Director, notices increased employee pride as well as improved productivity and cost savings. Next on the bandwagon: Ashley Jarrell, RN, BSN, Department 2300 Surgical ICU, says her department’s assistant director, Kathleen Ross, RN, is in the early stages of trying to roll out S-S on 2300. Who will be next?

Oh, and about that mock Joint Commission Survey… When the surveyor walked into the Pediatrics supply room, he praised the unit. “I love the way you use the closet,” said the surveyor. “Oh, and about that mock Joint Commission Survey… When the surveyor walked into the Pediatrics supply room, he praised the unit. “I love the way you use the closet,” said the surveyor. “Shitsuke,” several nursing units can now locate things more easily and efficiently, with less frustration. Nurses and staff whose units have implemented S-S have expressed greater job satisfaction.

“The Spread of 5-S at Cone Health

The Spread of 5-S at Cone Health

By Haley Summerell, RN, MSN, CEN; Debbie Green, DNP, RN, CENP, and Thresa Brown, DNP, RN, ACNS-BC

MAGNET Structural Empowerment

The Moses H. Cone Memorial Hospital

The Moses H. Cone Memorial Hospital

The Moses H. Cone Memorial Hospital

The Moses H. Cone Memorial Hospital

The Moses H. Cone Memorial Hospital

The Moses H. Cone Memorial Hospital

The Moses H. Cone Memorial Hospital
Healing Spaces: Using Color in Care at Cone Health Behavioral Health Hospital

By Akeyshia McMurren RN, MSN

Whether we realize it or not, we use color in our lives to affect or reflect the way that we feel. In a healthcare environment, color sends interesting nonverbal messages. For example, nursing uniforms are often pastel shades in pink, green, blue and lilac. These colors are said to convey nurturing, devotion, caring and a love for humanity, characteristics that are encouraged and supported in the Cone Health network.

Cone Health Behavioral Health Hospital has also been applying the “psychology” of color theory to its recent redecorating efforts. In June 2012, the Behavioral Health Hospital implemented a color change on one hallway of the Adult Inpatient Unit, which houses primarily patients with mood disorders such as depression. The goal of the new color palette, which uses variations of orange tones, is to positively impact the mood and behavior of patients.

The Journal of Nursing and Residential Care, September 2007, reports research findings that suggest environmental factors such as color, have the potential to affect mood on a subconscious level and can also impact us physically as well psychologically. Color can help to enhance people’s experiences and emotional states. Certain colors, like orange, are said to encourage activity and increase energy levels.

Feedback about the new colors on the Unit has been positive. “I think it’s cheery. I like it,” says Teri Wright RN, BSN, Administrative Coordinator, Behavioral Health Hospital. Nicole Pettine, RN, BSN, Adult Unit, agrees, “It seems to have increased the patients’ energy levels.” Essentially, this redecorating effort was neither arbitrary nor just about picking the trendiest new color – it actually had patients’ best interests in mind.

MAGNET
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

The Professional Nurse Advancement Program

After completing the PNAP CBL staff members wishing to become new RN 3 or RN 4 clinical ladder participants can meet with their Department Director to discuss interest in the PNAP program beginning October 1. Completing the PNAP application (leadership signature required) and enrolling in the PNAP class through CBL begins the process, within 6 months a completed portfolio must be submitted, after which a meeting with leadership to complete the Applicant Checklist is required. The PNAP review committee will then schedule a date for an interview with the committee. See specific RN 3 and RN 4 requirements at Homepage/Resources/Reference Documents/PNAP.

Having never traveled overseas, my level of excitement was hardly conceivable. I dreamed for months about how my friends and I would fly into the City of Hope in Tanzania, provide much-needed medical care and education, save lives and build life-changing relationships. I would leave with tons of stories about how I had played a valuable role in changing the lives of others for the better by sharing Relationship-Based Caring in a foreign land.

We arrived at the City of Hope to a very warm welcome with more than 100 children singing and dancing. This is the way that they show appreciation in their culture – singing songs and praising God for bringing people in to help. After receiving our assignments for clinic, I could hardly sleep that night. I awoke the next morning just after dawn to the sound of children singing and working. They were completing chores, feeding the animals and working in the fields, all before the school day began.

Upon our arrival at the clinic on our first day, we saw a sea of people who had come from miles around. They had walked for hours just to see the doctors and nurses from the United States that were here to “fix” their ailments. There were more than 500 people waiting to be seen as we walked up to begin our first clinic day! Unfortunately we had to turn over half of them away, but many of them stayed overnight with friends in surrounding villages so that they could come back the next day.

There were many people who touched my heart as I helped care for patients and families. One family who especially stood out had a little boy who was only 7 months old. His eyes were sunken, his fontanel (soft spot) was sunken and he had very little life (literally and figuratively) in him. I remember looking at the doctor, her eyes met mine and we were thinking the same thing, “Is he going to make it?” He was so severely dehydrated that he could not move. I nodded as if she needed that brief moment of encouragement, that connection – one mother to another – to help her in that moment.

A few days after our return, the little boy perked up and was even beginning to wiggle around in his mother’s lap. We all shared a sigh of relief and a silent hope that he was going to continue to get better. By the end of the day he was able to nurse on mom’s milk, and they were given another cup of the mixture for their long journey home. We hugged and said our good-byes and received many thanks for what we had done to help this family.

While I may never see them again, that family touched my heart. They helped me to reconnect with my caring and nurturing self. In those critical moments of caring for this tiny patient and his family, I remembered why I became a nurse and why I choose to stay in this noble profession. It’s all about building relationships of a lifetime – even on the other side of the world – with the simple and universal language of caring.
Knot so Fast: Let’s Avoid Restraints

Imagine you are fast asleep. It is the middle of the night. You are lying in bed, and you get the feeling that your back is tightening up. You begin to shift your weight to turn on your side when you realize that your arms are tied down. This was the reality for 58 percent of patients in critical care areas.

The continued infringement of freedom and autonomy through the use of restraints is a serious matter and prompted the creation of a Restraint Reduction Task Force at Cone Health. The members are staff nurses, Clinical Nurse Specialists and leaders from across the system.

The group’s purpose is to explore ways to reduce and eliminate the use of physical restraint, seclusion and isolation. 88 percent of patients report the restraint experience to be unpleasant, and several studies reveal restraints do not prevent the removal of IV lines or reduce patient falls.

The Cone Health task force began by obtaining policies and making site visits to other facilities, reviewing evidenced-based practice and consulting The Joint Commission. This work resulted in the creation of the “Knot So Fast Algorithm.” The algorithm is a quick and effective way to evaluate the need for restraints having insightful discussions with co-workers before any patient is placed in restraints. Staff and physicians were educated about the importance of restraint use reduction and the benefits to patient care. This initiative has yielded remarkable outcomes.

“We are doing our patients a wonderful service by not using restraints, and we observe our patients so frequently that the families really appreciate it,” says Crystal Rice, RN, Department 2900-Cardiac Intensive Care, Moses Cone Hospital.

Effective networking also led to the discovery of less-confining equipment options, such as sensory mitts, which fit like a glove and allow the patient free movement, posey pillows that conceal medical lines, and activity blankets as effective diversion.

“Our leadership and Theresa Brodrick, Chief Nursing Officer, challenged us to reduce restraints by 50 percent this fiscal year,” said Maryann Pdeo, RN, BSN, MHA, Clinical Nurse Specialist. “Not only were we challenged, but she also provided us with the resources to reduce restraint use – i.e., sitters, site visits and new products.”

Several departments are now using aromatherapy in lieu of restraints, in which the inhalation of essential oils works on the patient’s limbic system resulting in a calmer, more relaxed feeling.

The Restraint Reduction Task Force and all those involved in this initiative have enjoyed positive outcomes. After eight months of education and implementation of the “Knot So Fast” Algorithm, restraint use has been reduced from 22 to 3 percent.

Keeping patients restraint-free at 3 percent will require everyone’s efforts. Using creative tools and strategies will ensure success.

Using restraints can be directly related to these significant health complications:

• constipation
• incontinence
• pressure ulcers
• loss of bone mass
• loss of muscle tone
• decreased mobility
• skin abrasions
• edema
• asphyxiation
• falls

The algorithm is a quick and effective way to:

1. Patient’s RN & Charge Nurse Assess the Behavior and the Cause

   Touilting? Patient Hot or Cold? Hypoxia? Hypotension? 
   Hypothermia?

2. Restraint Reduction Algorithm

   • Alternatives: Family at bedside, Activity Apron, Object/Stuffed Toy to Hold or Cuddle, Music through the TV, Magnets, Chaplain, Volunteer to visit, Massage, Aromatherapy, Sister

   3. If All Else Fails: 2 RN’s MUST Confer On Restraint Application

   a. Patient’s RN & Charge Nurse

   b. Patient’s RN & Charge Nurse

   c. 2 RN’s MUST Confer On Restraint Application

   d. Patient’s RN & Charge Nurse

   e. 2 RN’s MUST Confer On Restraint Application

3. Constructing Magnet Outcomes

I Purpose and Background

What was the problem?

Evidence: What evidence shows the problem? (numbers, feedback, scores, complaints, patient care inefficiency, etc.) Attach actual documents below in attachments section I.

II Solution

How did you come up with the solution you tried? (discussion, survey, literature, etc.)

Evidence: Show evidence of your methods (discussion, surveys, minutes, survey, copy and results, literature-article references, etc.)

What was the solution and how did you implement it?

Evidence: Attach actual documents below in Solution section II.

III Evaluation

Did your solution work? Discuss briefly.

Evidence: Evidence of the solution working: improved numbers, feedback, surveys, scores, etc. Attach actual documentation in section III below.

Discuss why the results were significant.

Evidence: What difference did it make to patients, families, staff, work flow, efficiency, safety, etc.? IV Enculturation

Did your solution become permanent?

Evidence: Attach department protocol, policy, photos of permanent change, etc, section IV below.

Did the solution spread?

Other departments

Other campuses

In Nursing Through publications or presentations?

Evidence: Provide evidence by indicating presentation time, date and participants; publication reference information, actual articles, section IV below.

V Who was involved?

Evidence: Name people, departments and titles. Attach in section V.

VI Time frame

Over what time frame did your work take place?

Evidence: Start date and finish date.

As the work proceeds for the writing of the 2,000-page Magnet redesignation document, information about projects, initiatives and evidence-based activities is needed from bedside clinicians who are directly involved in patient care. One reporting form to represent the Magnet culture is a Measure of Magnet submission, available from the Magnet website and set up for electronic submission. As we move into writing Magnet items that require concrete and measured outcomes, the “Constructing Magnet Outcomes” report will be the template to use for submitting information.

Recipients of the first “Constructing Magnet Outcomes” (CMO) were Operative Services. They submitted a CMO report outlining their signature research in wound classification. They submitted a report and all the evidence needed to represent their project in the New Knowledge, Innovations and Improvements section of the document. Their project was sizable; they identified a discrepancy; audited more than 14,000 charts, conducted multidisciplinary education, tracked results, and disseminated findings locally, regionally, nationally and internationally.

The Operative Services team was presented with their certificate at the Sept. 12 Nursing Leadership Council meeting.

From left to right: Theresa Brodrick, RN, PhD, CCRN, CNA; Jessica Schoen, RN, BSN; Jennifer L. Zinn, RN, MSN, CRN-BC, CNO; Vangela Swifflord, BSN, RN/SAQ-CSSBB; Ruth Sappenfield, MA; David H. Newman, MD, FACS.

Submit your evidence-based projects for inclusion in the Magnet Redesignation document. The simplified template can be accessed from the Magnet icon on the homepage. Click the Resources tab and see the file for the Constructing Magnet Outcomes link. Contact Sarah.Lackey@Conehealth.com for help or guidance.

By Nicole Ballazar-Hubert RN, BSN, MSN

 Constructing Magnet Outcomes

Magnet Certificates awarded for Outcomes reports

By Sarah Lackey, RN, MSN, CCNS

MAGNET EMPIRICAL OUTCOMES

MEMORIAL HOSPITAL

Benefitting Cone Health

MAGNET EMPIRICAL OUTCOMES

By Sarah Lackey, RN, MSN, CCNS

Ruth Sappenfield, MA; David H. Newman, MD, FACS

Pictured here with Theresa Brodrick, Kristie Payne, Director, Department 5100-Surgical, and Jan Teal, Director, Department 4000/4100-Interventional rehabilitation, accept a CMO recognition for the work on a Coude Catheter protocol. Their teams devised a competency and training format for nurses on off-shifts to insert catheters for patients who cannot wait for a urologist. The initiative involved staff at Wesley Long Hospital and The Moses H. Cone Memorial Hospital.