



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

This is the fourth and final article about compassion fatigue where we've explored questions such as, "What does it mean? Are we vulnerable? What are the signs and symptoms?" In conclusion, the focus is on available resources.

Compassion Fatigue?

How It Impacts Our Patients (Part 4)

By Katherine Cholet, MSN, RN; Lloyd Davis, ThD, LPC; Sheryl Kleven, BSN, RN; Erica Eng, education director; Steve Rauch, medical librarian

Welcome to the final discussion regarding compassion fatigue. We have discussed what it means, who is vulnerable, and the signs and symptoms. This month we look at the resources available.

The Compassion Fatigue Awareness Project web site provides interesting insight. For example you can find background information, self tests, articles, resources, an online forum, and much more.

The Nursing Link web site lists steps nurses can take to combat compassion fatigue. (The web address is long, so we suggest that you Google search *6 ways nurses can beat compassion fatigue.*)

Some approaches suggested in the literature include a group of nurses playing music together, a nurse who paints a watercolor of the moon every night for a month following a move and a difficult time in his life, and some choosing to seek professional help. Different people will find different solutions; use whatever works for you. It likely will not be a one-time fix, but rather a change in your daily reaction to the stressors of nursing and your life.

*American Nurses Association (2001). Code of ethics (1). www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CodeofEthics.aspx. Aycock, N., & Boyle, D. (2009). Interventions to manage compassion fatigue in oncology nursing. *Clinical Journal of Oncology Nursing*, 13(2), 183-191. Barnard, D., Street, A., & Love, A.W. (2006). Relationships between stressors, work supports, and burnout among cancer nurses. *Cancer Nursing*, 29(4), 338-345. The Compassion Fatigue Awareness Project (2009) www.compassionfatigue.org. Press-Ganey (2009). *Press-Ganey Patient Satisfaction Survey: Intranet* <http://intranet/pressganey/Results%20Poster%20Aug%2009.pdf>.*

Colorado Quitline

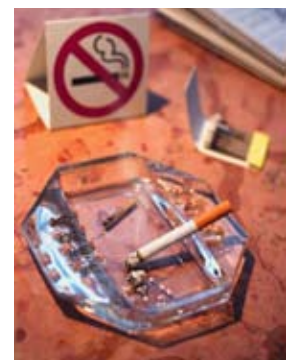
By Jerry Colby, BS, SBIRT Health Educator

Colorado Quitline is a service that offers free confidential telephone coaching services in English or Spanish, and is available to anyone calling from a Colorado area code. The Colorado Quitline is designed to assist people in their goal to quit smoking, or using other tobacco products like cigars and chewing tobacco.

If your patients are not committed to end their tobacco use immediately, Quitline staff can help them identify next steps to take in preparation for quitting.

Quitline staff is also available if the client wants information about how to keep children free from secondhand smoke. Quitline participants can receive a free supply of nicotine

patches. To be eligible for patches, people need to meet a few cautionary requirements and be at least 18. To learn more about the Colorado Quitline, call 1-800-784-8669.



The Community Hospital SBIRT program (Screening, Brief Intervention, and Referral to Treatment) will be facilitating the smoking cessation for Community Hospital. When a patient presents positive for smoking on the Brief Screen, we will contact them to see if they are interested in smoking cessation and offer to fax a referral to Quitline for them or give them information to contact Quitline themselves. This should assist nurses who are already under time constraints and have not had time to talk to their patients about different options for smoking cessation or methods of cutting back on tobacco use.

Community Hospital
Nurse to Nurse

January 2010
 Issue 1
 Volume 3

Recruitment & Retention

2nd Wednesday • 3 p.m.
 January 13 • Board Room

Evidence-based Practice

3rd Tuesday • 3:30 p.m.

January 19 • LLCR 1 & 2

Nurse Leadership

3rd Wednesday • 3 p.m.

January 20 • Board Room

Education

4th Wednesday • 2 p.m.

January 27 • Board Room

Nurse Practice

1st Wednesday • 3:30 p.m.

February 3 • LLCR 1 & 2

February 2010 Nursing Skills Days:

2/3 8 - 10 a.m.

2/8 11 a.m. - 1 p.m.

2/11 1 - 3 p.m.

2/15 3 - 5 p.m.

2/17 2 - 4 p.m.

2/25 9 - 11 a.m.

Please have your director

sign you for the date you plan

on attending.

Nursing Education Calendar in Outlook

Lists nursing events and

educational opportunities.

Diabetes Resource Team

Available on the intranet, in

the Mosby black folder, a

list of individuals who have

completed a 2-day course

about diabetes and are

available as a resource.

TB Mantoux Tuberculin Administrators

Available on the intranet, in

the Mosby black folder, a

list of individuals who can

administer the Tuberculin

Mantoux TB test.

A Legacy Remembered

By Kathy Olsen, BSRN, MGH, MHA

In 2010 it will be 100 years since Florence Nightingale (1820-1910) died, leaving an inspirational and enlightening legacy for us. In the century that followed her death, we came to respect this woman for her contributions to nursing theory, education, practice, research, statistics, and public health. She showed us how one nurse can lead healthcare reform boldly and courageously. She was unafraid (or if she was afraid, kept it to herself) when she challenged the thinking of the day. She was a woman from a wealthy family; openly despising their idle, sheltered existence, believing that God's calling to serve society was much greater than any comfort she might find in the wealth of her family. She gallantly braved to challenge the conditions of the poor, oppressed, and infirmed, as a woman in what was then a man's world, refusing to succumb to a victim's mentality.



One can't help but to be moved by reading her biography. She made brave choices that cost her comfort, public opinion, and made her physically vulnerable. What a woman! She willingly left a life of luxury to work in a hospital that was built on a cesspool. Her efforts made such a difference that the death rate among patients fell by two-thirds. The families of these men probably never knew the difference she made. In fact, many of the soldiers themselves likely did not know the difference this woman made in their lives as she worked behind the scenes and actively empowered the nurses working alongside her to provide care. She reportedly refused to respond to public praise and wisely used her influence in high places, even with the queen, to fight for effective healthcare reform for military hospitals and medical care. Her daily choices proved to change the course of medical care; little realizing that she would be leaving a legacy that would come to fruition after her death. What a challenge for us today.

To read more about Florence Nightingale go to www.notablebiographies.com/Mo-Ni/Nightingale-Florence.html#ixzz0aLC42BCo.

Encyclopedia of World Biography.

A Word From Beth...



It is the end of a tumultuous year with a national recession in full swing and while Grand Junction seemed to be escaping the effects of the recession a year ago, we now find ourselves in its throes.

Because of that, the senior leadership at Community Hospital had the very daunting and saddening task of announcing a staff reduction.

In my past career I sent folks to war, headed up court marshals, and took hard-earned stripes away....all of which were

Nurses Receive Top Honors

The Gallup annual survey of professions has once again announced that nurses were voted the most trusted profession in America, for the eighth consecutive year. According to findings 83 percent of Americans believe nurses' honesty and ethical standards are either high or very high. It is interesting to note that since 1999 nurses have consistently received the highest ranking every year except in 2001 when top honors went to fire fighters. ANA News Release, Dec 9, 2009 www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2009-PR/Gallup-Votes-Nurses-Most-Trusted-Profession.aspx

Which is Which? Oxygen or Air?



For those of you answering Oxygen is GREEN and air flow meter is YELLOW, you are correct.

The Respiratory Therapy department reminds us that the only time that the air flow meter is utilized is when a COPD patient is unable to tolerate or benefit from extra O₂ during a nebulizer treatment.

CAUTION: Be careful to connect O₂ tubing only to the green connector for O₂ delivery.

very unpleasant, but I never had to deliver the message of a lay-off to so many people in such a short period of time and it devastated me in a profound way. I wasn't sure I could even carry out what I knew I had to do.

So I cannot tell you how surprisingly stunned I was with the gracious response of so many people. I was in utter awe as they voiced their selfless understanding of the hospital's position. This building is chocked full of truly good people. We've lost some of them and we will feel the effect of their absence for quite some time.

May 2010 bring a healing to our nation and to Community Hospital.