

Scholars Among Us!

Community Hospital expects nurses to be active learners and is committed to the professional development of their employees. The organization mandates that the CNO be, at a minimum, masters prepared (which of course Beth is!) and nursing directors are to be baccalaureate prepared by 2010. Our goal for bachelor prepared direct care nurses is 66 percent.

Directors and staff are committed to supporting students through mentoring and scheduling, and by attempting to accommodate class schedules and requirements. Additionally, the hospital offers some tuition assistance for employees tenured for one year or more and many eligible employees take advantage of this benefit.

In January 2007, Community Hospital stepped up to assist Mesa State College during a severe faculty shortage. A clinical scholar program for LPN students was designed to support the formal nursing education process and provided a bridge from education to employment. The hospital hired ten of the LPN students, and of these, six continue to work at Community Hospital. Five have completed their RN, and the other starts the RN program in August 2009.

This commitment to developing nurses in formal career ladder nursing education included three Community Hospital CNAs and a secretary who entered and graduated as practical nurses in May 2008, all of who are enrolled in the LPN to RN program and expect to graduate December 2009.

Further examples of organizational commitment to formal education include:

- Five nursing directors pursuing their bachelor's degrees. Each is scheduled to complete their degree by 2010.
- Three direct care nurses from medical surgical services obtained BSN degrees with one direct care nurse pursuing an MSN degree and another nurse an MBA.
- Two direct care nurses from ICU are pursuing their RN to BSN online and anticipate completion in 2010.
- A surgery tech from peri-operative services will begin the BSN program in fall 2009; an LPN is advancing to RN in fall 2009; an RN is advancing to BSN with anticipated completion in 2010; two direct care nurses and the clinical educator are pursuing master's degrees; the OR manager is enrolled in an AAS to MSN program.
- One ER direct care nurse completed her BSN in 2008 while another nurse begins a bachelor's program in fall 2009; an ER Clerk completed her BSN December 2008, another begins a practical nursing program in the fall 2009, and yet another will complete her BSN in December 2009.
- A home health direct care LPN is pursuing her RN.
- A physician relations representative begins her nursing education in fall 2009.
- A physical therapy medical assistant is pursuing nursing education.
- A clinical administrative assistant is pursuing a nursing education.
- The nursing systems specialist completed a master's degree in geriatric health and health administration in June 2009.

Community Hospital's commitment to professional growth through formal education is clearly demonstrated in these examples. Congratulations to those involved.

We are proud of you, and proud of what you bring to the practice of nursing at Community Hospital.

More Hints from the Documentation Committee

By *Connie Shales, RN, BSN*

- Telephone orders must be timed, dated, and signed with the nurse's name, the name of the ordering physician, and documentation showing the order was read back and verified (RBTO).
- Use spell check. Spelling reflects our professionalism.)
- Report the facts. Use patient quotations whenever possible, avoid labeling the patient, and avoid judgmental statements.
- Take time to proof read your notes right before you file.

Community Hospital Nurses:

*Driven to Excellence,
Compelled by Compassion*

Non Sibi Sed Omnibus (not alone, but together)

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American Association for Respiratory Care Webinars.

Nursing is invited to participate in the following one hour sessions, which have been approved by the Magnet Education Council for one hospital education hour:

July 29
Effective use of Capnography
Featuring Ira Chiefetz, MD, FAARC

Each session will be held in LLCRs 1 & 2 from 5:45 to 6:45 pm.

Magnet Council Meetings

Nurse Leadership
3rd Wednesday • 3 p.m.
July 15 • Board Room

Evidence-based Practice
3rd Tuesday • 3:30 p.m.
July 21 • LLCR 1 & 2

Education
4th Wednesday • 2 p.m.
July 22 • Board Room

Nurse Practice
1st Wednesday • 3:30 p.m.
Aug 5 • LLCR 1 & 2

Recruitment & Retention
2nd Wednesday • 3 p.m.
Aug 12 • Board Room

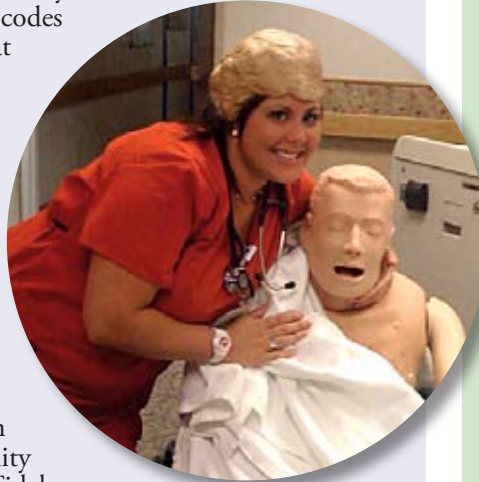
Mock Codes at Community Hospital

By Katherine Cholet, MSN, RN

During the months of January through June 2009, mock codes have been very successful at Community Hospital.

Fidel Garcia from Professional EMS Services provided us with six interactive mock codes in PACU, ICU, Med/Surg, First Choice and ED. His evaluations were positive and several participants said they got great interactive experience, hands-on time, medication updates, and the opportunity to discuss situations with Fidel about past resuscitative scenarios. Fidel reported that with each mock code, the participants are improving their skills and confidence. Look for future mock codes coming soon to your department for continued learning experiences.

Thanks to each of you for your active participation and professionalism during these mock codes.



Free Continuing Education... Anywhere

By Steven Rauch, Medical Librarian

While clinical staff have to be at Community Hospital to access the full content of Mosby's Nursing Consult, we have discovered that you can login to the Continuing Education section of the Clinical Updates from any internet computer.

The entire process has been documented:

- Create/Login to your account
- Locate the article
- Take the test
- Evaluate the article
- Print your certificate

To read this document, go to the Community Hospital intranet, select the *Library Resources* link on the bottom of that page, and then the *Continuing Ed* resource list on the left side of that page. Look for the *Clinical Updates with Continuing Education* document.

Once you've read that document and created your account, you can access the continuing education offerings through www.mcstrategies.com/cuce.



Community Hospital's Medication Administration Standards of Care

Community Hospital's medication administration policy has been updated in Lucidoc with many standards of practice of which nurses will want to be aware. Here's a quiz to identify how well you know the medication administration standards at Community Hospital:

1. True or False? Time ranges such as "every 2-3 hours prn" are acceptable.
2. True or False? When a dose medication range order is given, the medication will be administered starting with the lowest dose possible based on nursing assessment of the patient's needs.
3. True or False? Staff does not need to co-sign a student's entry on the patient's MAR.
4. True or False? The nurse signature MUST be legible on the MAR.
5. True or False? Nurses are to always question and clarify with the physician any unusually large doses of medications (ie; Morphine 14mg IVP).
6. The ordering physician is to be contacted by the nurse or pharmacist if the medication order is incomplete, which includes which of the following?
 - a. Failing to include drug name, dose, route, and/or frequency
 - b. Use of unapproved abbreviations
 - c. Use of leading decimals or trailing zeros
 - d. Unclear indication
 - e. All the above
7. Scheduled medications are to be administered
 - a. no earlier than one hour before and no later than one hour after the scheduled time
 - b. no earlier than 1/2 hour before and no later than 1/2 hour after the scheduled time
 - c. it must be given within 15 minutes of scheduled time
 - d. it doesn't matter...just give it!
8. True or False? Whenever a physician is notified for medication changes, notification must be documented in the medical record.
9. Select all true statements regarding an independent double check second nurse verification:
 - a. Insulin and heparin dosages (except sub-therapeutic heparin and pre-filled single dose syringe), IV hemodynamic drips (i.e., Dopamine), as well as PCA/PCEA orders including doses and settings will be independently verified by a second licensed nurse.
 - b. When teaching a patient about administering his/her insulin, a second licensed nurse is not necessary as the nurse is the patient's second verification.
 - c. A nurse that is working in an area independently will contact the house supervisor or another nurse within the system for second nurse verification.
 - d. All the above
10. True or False? The nurse must observe the patient's response to the first dose and any signs or symptoms of an adverse drug reaction and record in the patient's medical record.

Answers: 1) False; 2) True; 3) False; 4) True; 5) True; 6) E- all the above; 7) A- no earlier than one hour before and no later than 1 hour after the scheduled time; 8) True; 9) D - all the above; 10) True