



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

Community Hospital

# Nurse to Nurse

**June, 2009  
 Issue Six  
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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:

June 24  
**New Modes of  
 Mechanical Ventilation  
 Part II: Patient-Ventilator  
 Synchrony During  
 Volume and Pressure  
 Ventilation**

Featuring Bob Kacmarek,  
 PhD, RRT, FAARC

July 29  
**Effective use of  
 Capnography**

Featuring Ira Chiefetz,  
 MD, FAARC

August 26  
**Corticosteroid Therapy  
 and Chronic Obstructive  
 Pulmonary Disease**

Featuring Neil MacIntyre  
 MD, FAARC

October 28  
**The Difficult to Control  
 Asthmatic**

Featuring Jay I Peters, MD

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

## Continuing Education Alphabet Soup: What's the Difference?

By Katherine Cholet, MSN, RN

Lately, I've heard phrases such as contact hours, continuing education, in-service training, formal education, continuing education units (CEUs), and continuing nurses education (CNEs) being used interchangeably. Therefore, I decided to do a literature search to find out the difference.

Historically, contact hours were 50 minutes sessions that provided one contact hour for the content. In 2007, the American Nurses Credentialing Center changed this equivalent to 60 minutes of content to provide one contact hour. The Colorado Board of Nursing does not require a set number of contact hours for license renewal. However, other states across the U.S. do require an annual number of continuing education hours for license renewal. In addition, the ANCC requires specific contact hours for specialty credentialing.

Continuing education is professional development exercises designed to enrich the nurse's contribution to health. Don't confuse continuing education with continuing education hours. Continuing education is a formal education program designed to promote knowledge, skill, and professional attitudes. Continuing education hours are a specific point system awarded professionals by a professional organization for attending an educational program.

Formal education is a process that educates an individual by developing their critical thinking processes and professional attitudes over a period. This process is conceptually broader than continuing education and supports development of the person.

In-service training or Just in Time educational experiences are designed to increase understanding of a specific skill of nursing staff. These sessions involve learning a specific nursing skill or new piece of equipment. These sessions may be 5 to 15 minutes hands-on experiences. Both in-service training and formal education are part of the staff development process.

CEUs are offered through courses, seminars, and workshops by a college, university or CEU hospital provider and can be used to meet the nursing continuing education requirement for license or certification renewal. Nursing CEUs or CNEs are specific points or units of educational programs that may or may not make up contact hours. These units are smaller than contact hours. A value is established for the course and the number of points is provided. The value is based upon actual teaching time. For example:

- 1 contact hour = 0.1 CEU/CNE = 60 minutes of education content
- 1 CEU/CNE = 10 contact hours = 600 minutes of education content

Currently Community Hospital does not have the ability to provide contact hours, CNEs, or CEUs. The Magnet Education Council has decided to permit certain educational opportunities with Community Hospital Education Credits towards the clinical ladder. They are only applicable towards our clinical ladder and cannot be submitted towards state licensure or certification renewals.

*References: Russell, S.S (2006) Continuing education changes affect medical surgical nursing. Med Surg Nursing Online. October, vol15/no.5*  
*Mosby's Medical Nursing and Allied Health Dictionary (6th ed) (2002) St. Louis, MO: Mosby, Elsevier.*  
*ANCC (2009) American Nurses Credentialing Centers. <http://www.nursecredentialing.org>*  
*Marquis, B.L., Huston, C.J (2008) Leadership roles and management functions in nursing theory: theory and application (5th ed). Philadelphia, PA: Lippincott Williams and Wilkins*  
*LeMone, P., Lillis, C., Taylor, C. (2004) fundamentals of nursing: the art and science of nursing care (4th ed) Philadelphia, PA: Lippincott*



### Community Resources: WestCAP and AIDS Testing

The Western Colorado Aids Project (WestCAP) offers walk-in HIV testing at a discounted rate of \$25 at the 805 Main Street office during the following times:

- second Friday of each month, from 9 a.m. to 1 p.m., and
- fourth Monday of the month, from noon to 4 p.m.

The testing rate on all other days is \$100. Patients and family members can call (970) 243-2437 for more information or for an appointment.

Marillac patients can obtain a coupon to get HIV testing free at the WestCAP office. For more information on this project, see the WestCAP web site at [www.westcap.info/](http://www.westcap.info/).

Congratulations to the following employees for successful completion of the Diabetes Resource Training Program. These individuals can be your resource contacts for Diabetes questions, concerns or processes. When you see them, give them a smile.

- Marisa Hurt, Nutrition Assistant
- Diane Toolen, PACU
- LeAnn Pankey, PACU
- Patty Kearns, PACU
- Diane Nydell, Home Health
- Adam Nelson, Emergency Department
- DJ Harry, Emergency Department
- Tonjia Tweedy, Emergency Department
- Jana Akers, Med/Surg
- Gloria Brito, Surgical Services
- Joan Dorrance, First Choice
- Kathy Olsen, Clinical Specialist
- Emily Graham, ICU
- Robin Jenkins, Med/Surg
- Tina Peterson, PACU
- Melissa Hart, Home Health
- Sheryl Kleven, Med/Surg

## Pain Resource Team

By Sheryl Kleven, RN,BSN

Unrelieved pain remains a critical problem in healthcare, even here at Community Hospital. Contributing to this factor is the lack of education of healthcare professionals related to effective pain management. Traditional strategies directed toward educational interventions are seldom adequate in attempting to change our practice for the better.

Pain Resource Nurse (PRN) programs have been proven to make significant improvements in the knowledge of practicing healthcare professionals, reducing turnover of nursing staff, improving patient satisfaction and ultimately patient outcomes. Establishing a PRN program is an evidence-based way to improve the state of pain control.

Community Hospital is looking for nurses who are interested in being part of a PRN team. Please contact Sheryl Kleven, RN at 255-2150 if you are interested.

Also, check out this link to see comedian Brian Regan in a funny YouTube video about pain control at [youtube.com/watch?v=UM-HWkbnDfg](https://www.youtube.com/watch?v=UM-HWkbnDfg)

## Medication Administration Policy Updated

The Medication Administration policy has been recently updated. Important changes for nursing include:

1. A link to the LPN scope of practice has been included to assist with questions that might arise.
2. The medication administration window is no earlier than one hour before the scheduled time and no later than one hour after the scheduled time.
3. Isolation room techniques are included.
4. Medication administration principles are delineated.
5. Second nurse verification for insulin, heparin, PCA/PCEA, and IV hemodynamic drips.

The new Medication Administration policy is available in Lucidoc. Take a minute and check it out!



## Abbreviation Concerns

by Robin Watson, RN

If the doctor wrote *HL the HL*, what would you do? Would you know to *heparin lock the hickman line*?

How about if the CNA wrote *300cc pwisotf*, how much time would you waste before finding out that it meant *300cc plus what I spilled on the floor*? While it might be worth a good laugh at the time, would you laugh if a jury thought the staff was trying to hide something?

The less space you have for documentation, the more inclined you may be to abbreviate. Abbreviations can cause legal nightmares if not used appropriately. Does *HA* stand for *heart attack* or *headache*?

When using abbreviations be extremely careful and use them as little as possible. Please use only the approved abbreviations for Community Hospital, which can be found on Lucidoc.

As a reminder, SBAR is a permanent part of the chart and needs to be filled out as completely as possible. This includes but is not limited to pt's sticker, date and time, names of nurses, current medical complaint or diagnosis, past medical history, code status, vs, brief assessment, IV's, and meds given.

If receiving a patient from the ER, please review the ER record for all medications given to the patient in the ER before giving the patient additional medications.

The Documentation Committee would like to give a special thanks to Mary Jean and Twilla on EW for taking the time and completing the most chart audits, we truly appreciate your efforts!

## Magnet Council Meetings

**Evidence-based Practice**  
3rd Tuesday • 3:30 p.m.  
June 16 • LLCR 1 & 2  
**Nurse Leadership**  
3rd Wednesday • 3 p.m.  
June 17 • Board Room  
**Education**  
4th Wednesday • 2 p.m.  
June 24 • Board Room

**Nurse Practice**  
1st Wednesday • 3:30 p.m.  
July 1 • LLCR 1 & 2  
**Recruitment & Retention**  
2nd Wednesday • 3 p.m.  
July 8 • Board Room