

It's Here and It Matters!

By the Medication Administration Team

Medication reconciliation forms and its process have changed and we are going through the challenges of transitioning to a new system. The challenges aren't merely a matter of getting used to a new format, but they represent a much larger issue of embracing the process as an important interdisciplinary process to protect our patients when handing off patient care to another care provider.

Medication reconciliation matters.

It mattered to the patient who was transferred from one hospital to another and received a duplicate dose of insulin because the receiving nurse didn't know the medication had been given before transfer. The patient's medication history had not been provided to the receiving facility until several hours after the patient's arrival.

It certainly mattered to the patient who, shortly after admission, reportedly became light-headed and fell in the bathroom after a physician

prescribed TOPROL XL (metoprolol extended-release) at a dose larger than she took at home. The patient required telemetry monitoring and hydration for 24 hours.

In another report, an emergency department patient with chest pain received a 7,000-unit heparin bolus prior to starting a heparin infusion. Upon admission to the critical care unit, the heparin bolus dose was repeated in error, delaying the patient's cardiac catheterization. Once again, the patient's safety was compromised and it mattered!

Therefore, while we go through the transition period and find frustration in the changing processes, we should consciously remind ourselves that this really does matter to patient care. It's not a matter of busy work, nor is it the outside accrediting body that should be our motivation, it should be all about patient safety, and that matters!

Community Hospital Nurse to Nurse

Community Hospital Nurses:

**Driven to Excellence,
Compelled by Compassion**

Non Sibi Sed Omnibus (not alone, but together)

**March, 2009
Issue Nine
Volume 2**

Magnet Council Meetings

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

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

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

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

Nurse Practice
1st Wednesday • 3:30 p.m.
April 1 • Board Room

Education Reminder:

Remember to sign up for March Annual Competency/Skills Days via the Mox system.

Nursing Staff, CNAs, & Techs:

3/2, 3/3, 3/12, 3/13, 3/16, 3/17, 3/26

Surgical Services & First Choice:

3/28

Calling for Help!

By Niccole Soden, RN, BSN

“Do I call a Code Blue or do I call a Rapid Response?”

This can be the dilemma when we are in a stressful situation and recognize the patient is not doing well.

Emergency Department Medical Director, Dr. Kupets, suggests that if a patient is in (or could be in) imminent danger (unresponsive, respiratory distress, collapse, etc.) a Code Blue is appropriate by dialing 100.

If the patient doesn't look right and you need assistance in evaluation, a Rapid Response is appropriate by dialing 6400.

As a reminder, the criteria to call a Rapid Response are:

- Staff concerned
- HR less than 40 or greater than 130
- RR less than 8 or greater than 24
- SpO2 less than 90%
- SBP less than 90mmHg
- Acute mental status change
- Seizures
- Failure to respond to treatment
- Acute significant bleed



Congratulations to the following for passing NCLEX RN:

Emily Graham, BSN, RN
Amanda Piquette, BSN, RN
Heather Sarten, RN
Heather DiGiulo, RN
Dana Orme, RN
Kim Tracy, RN
Janey Kostur, RN

Congratulations to the following on Career Ladder Level Advancements:

Jackie Nishiya
Kay Warner
Terri Thompson
Melissa Hart
Lee Baltzell- annual renewal

The Eyes Have It

by Kathy Olsen, RN, BSN

Vision and eyesight are often likened to a person's window to the world. What impact is there on our patients when their window becomes cracked, distorted, or covered? The National Institute of Health has provided examples to give us insight into what our patient's might be experiencing when suffering from vision impairments. For example, a scene as it might be viewed by someone with normal vision looks like this:



Normal Vision

This same scene, viewed by someone with:



Myopia



Cataract

Truly, understanding and education are the keys to positive nursing care for patients with vision impairments. For more information, visit the National Institute of Health website <http://www.nei.nih.gov/health/examples/index.asp>

Quotable Quote

"I think one's feelings waste themselves in words; they ought all be distilled into actions which bring results."

~ Florence Nightingale

Beth's Corner



If you are a nurse at Community Hospital then you may be aware that RNs in this facility enjoy the benefits of our nursing clinical ladder. Your awareness and understanding may vary from being well versed to not having a clue. I am amazed at the lack of understanding some nurses have of the clinical ladder. This is surprising since it is tied to career progression and hourly wage.

The N2N is not the place to launch into a dissertation on the clinical ladder, but I would like to give you some brain ticklers that will motivate you to seek an understanding of something that could increase your career potential as well as your pocketbook:

Did you know that advancement on the clinical ladder is the responsibility of the nurse? You may be missing advancement if you are waiting for your director to submit your package.

Did you know that the clinical ladder goes up and it goes down? You don't automatically stay at any level except level I.

Did you know that research has shown that nurses with advanced degrees and clinical certification have higher job satisfaction and better patient outcomes? Get a copy of the ladder and see what you might be missing!

Number 1, Again!

For seven consecutive years nurses have been voted, by Gallup in their annual honesty and ethics of professions survey, as the most trusted professionals in America. According to the American Nurse (Jan/Feb 2009), 84% of Americans surveyed rated nurses' honesty and ethical standards as either high or very high.

Clearly, as nurses we are stewards of our patients' trust when each day we demonstrate compassion, respect, and excellence in the care we deliver.

In other professions, among the top five most trusted were pharmacists, high school teachers, physicians, and police officers. At the other end of the spectrum, the lowest ranking professionals included lobbyists, telemarketers, car salespersons, congressmen, and stockbrokers.

It's All In The Name

By Lorrie Danford RHIT, CCS

With the new OPTIO software system, care providers are able to print forms with patient names attached instead of having to write the name or affix a printed label. However, it is critically important that the care provider choose the correct name. In addition, when choosing names consider spelling, first name, and birth date.

Imagine the patient safety issues, as well as the documentation nightmare that would occur if an order set in the medical record reflected one patient's name (chosen in OPTIO to print needed forms), but the actual order set was carried out on a different patient with a similar last name.

When printing forms out of OPTIO your choice counts, so for patient safety, please choose the name accurately.