

THE NURSES' STATION

Volume I, Issue 2
September-October 2009

CONTEST WINNER!

Lois Polt is the winner of the "Name This Newsletter" contest and has won \$25 in chamber bucks! Congratulations Lois!

THE MAILBOX

Editor, Maggie Schwarck, MSN, RN

Beginning with this September-October 2009 issue, the Nursing Division Newsletter will be known as the *The Nurses Station*. Practically every function of the hospital intersects at the nurses station at some point. It is the center of activity and the hub of the health care team. With that in mind, *The Nurses Station* has been chosen as the name that most accurately reflects nursing interest at MMSC.

The purpose of this nursing division newsletter is to inform, announce, promote, advocate and connect nursing staff at MMSC. We hope that you enjoy it and learn something that enhances your nursing practice.

NURSING NARRATIVE

In our last issue, I asked if any of you would share your story of why you became a nurse. I would like to encourage you to submit them so we can share your stories with others. Please think about that ☺.



La Rae Schelling
MHA, RN, CPHQ

Our choice as nurses makes it important for us to realize we must take charge of our professional image. Laura Morgan Roberts tells us, "If you are not managing your own professional image, someone else is" (Roberts, 2005). As a nurse in a hospital, we must remember that we are constantly on stage, being watched and under constant observation. This, in turn, creates perceptions about our competence as well as our character. This also is

important in representing and portraying our hospital values.

We need to be in charge of our image. Our image can be reshaped by initiating improvements and evaluating the effect of our change.

As individual nurses, we should agree on what is acceptable for our image as nurses:

- When you do a mirror check on your way out, are you proud of what you see—or just comfortable? (Do a mirror check every day.)
- What do you consider acceptable behavior from you as a professional and from your peers?
- When you are on and off duty, are you proud of what you say, do and elect not to do?

- Do you introduce yourself as a nurse?
- Do you recognize the value you bring to the healthcare system/team?
- Do you validate your work and value through the documentation process in your work environment?
- Do you work on your communication style, ask for feedback to insure a positive reflection?

The real issue is that people believe what they see and hear. Their perception is reality and is what is discussed and shared in the community. They need to see and hear more of the greatness of nursing. Nurses are on stage continuously, and we cannot let our guard down.

Reference: Roberts, L.M. (2005), "Creating a Positive Professional Image".

THE CALL LIGHT

Did You Know? The International Council of Nurses (ICN) is a federation of national nurses' associations representing nurses in more than 129 countries. Founded in 1899, ICN is the world's widest reaching international organization for health professionals. Operated by nurses for nurses, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.



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NURSES and HEALTH CARE REFORM

MAKING ROUNDS

Nurses are significantly impacted by the policy and politics of health care legislation; including the laws and regulations that govern our practice, the nursing shortage, and the consumer view of our profession. As advocates for patients, families, and communities, nurses must also be advocates for their nursing profession. This should be demonstrated through our practices, research, education, policy, politics, and most importantly by our own example. Advocacy can begin as easily as going to a Web site to become educated on the issues affecting nurses. The next step is to challenge our representatives in Congress to fight for nurses and the future of health care.

USEFUL HEALTH CARE POLICY WEB SITES

- * Legislation active in Congress: <http://thomas.loc.gov> (search nursing, healthcare)
- * American Nurses Association: www.nursingworld.org
- * Iowa Nurses Association: www.iowanurses.org
- * U.S. Department of Health and Human Services: www.hss.gov

**"For us who
Nurse, our
Nursing is a thing
which, unless we
are making
progress every
year, every
month, every
week, take my
word for it we
are going back."**

~ Florence Nightingale

DO YOU NEED CEU'S?

THE SCOPE

The Iowa Board of Nursing (IBON) mandatory continuing education requirements are as follows:

- For renewal of a three year license, the requirement is 36 contact hours or 3.6 CEUs.
- For renewal of a license that has been issued for less than three years, the requirement is 24 contact hours or 2.4 CEUs. This applies to the first renewal after any one of the following:
 - Initial Iowa licensure by examination
 - Initial Iowa licensure by endorsement from another state
 - Reactivation from an inactive status
- All live courses attended within the State of Iowa and those that come into Iowa via satellite or teleconference are required to be offered by an approved Iowa Board of Nursing provider.
- Self-study and on-site courses attended outside of Iowa are acceptable if they qualify as appropriate subject matter (call the IBON if unsure) and are either covered by an approved Iowa provider, or have been granted special IBON approval, or are approved by one of the following:
 - The American Nurses Association (American Nurses' Credentialing Centers (ANCC))
 - The National League of Nursing
 - The National Federation of Licensed Practical Nurses
 - National Association for Practical Nurse Education and Service, Inc.
 - A Board of Nursing in any other mandatory continuing education state.



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<http://www.state.ia.us/nursing/>

Office Hours:
8:00 a.m.–4:30 p.m.
Monday – Friday

Options for Obtaining CEUs

- Attendance at MMSC educational offerings (must be at least 1 hour in length)
- MMSC's "Educational Opportunities" bulletin board (located just outside of the cafeteria)
- Search your Iowa Board of Nursing Newsletter
- Nursing journals such as: AJN, RN, Nursing Outlook (all can be found in the MMSC Library)
- Online options, e.g. MyFreeCE (<http://www.myfreece.com/welcome.asp>)



Wound Care Clinic

The MMSC Wound Clinic is celebrating its 10th anniversary this year. Established in August 1999, the Wound Clinic serves a wide variety of patients with acute and chronic wounds. Other services include ostomy care and counseling and lymphedema care. Wound and ostomy care services are provided to the inpatient population as well. The clinic is staffed by Kathi Petersen, BSN, CWOCN, Marijke Carson, PT, CWS, and Stacey Stover, PTA/COTA. The clinic serves 40-50 outpatients with more than 110 visits per month. A steady increase in business has been seen by the Clinic every year since its opening. The Wound Clinic is located on the 3rd floor on the NW corner of the hospital and referrals are accepted from all area providers by calling 754-5666. Clinic hours are Tuesdays and Thursdays from 9:00am to 4:30pm.

E-MAIL Messaging For All

SHIFT REPORT

No modern industry is complete without email and healthcare is no exception. Email is now an official means of communication for every individual and group at MMSC—from those on the front lines of patient care to those who oversee the daily management of business operations.

E-Mail Benefits To All Co-Workers at MMSC

Significant Savings

E-mail messaging increases our productivity and efficiency, speeds up our activities and improves processes that contain the key information needed to fulfill our responsibilities. Besides the time saved, we also save on paper, envelopes, stamps, and personnel required for traditional mail.

Availability & Speed

It is available 24-7, allowing us to connect at all times to inform and to be informed. E-mails travel faster than faxes or couriers. Recipients get our messages almost immediately, and we receive their responses just as quickly.

Freedom to Send and Respond to Messages

E-mail is an "asynchronous" medium. Meaning that the people involved don't have to coincide in time to communicate.

Multiple Recipients & Documents

One of its greatest benefits is that we can send the same message to more than one person at a time, and we can include multiple attachments (policies, memos, reports, etc.)

Documentation

Whenever information is exchanged, e-mails leave a record of each communication allowing us to follow-up and provide written evidence of what was said and to whom. Every message can also be read as many times as we want.

Re-Transmission

We can forward messages without changing their original content, avoiding the distortions than can be implied in verbal translation.

When e-mails are timely, concise and to the point, and use the good practices of written communication, they are tremendously effective. Be sure to maximize the benefits of e-mail messaging.

THE BREAK ROOM

You can read this Newsletter on the MMSC web site under "CAREERS" & "Nursing Division"

www.everydaychampions.org

Less paper copies of this newsletter will be sent out as people become more accustomed to reading it on the MMSC web site.



NURSES' NOTES

Council News

The QI/ED Council has created the following kits for use by those who want to learn and/or review their skills.

- Thoracentesis, Paracentesis, Chest Tube
- Lumbar Puncture
- NG Tubes

These kits are located in the 2nd Floor Learning Lab. Watch for more kits.

The Professional Practice Council has researched and approved these new products for use:

- **BARD Fecal Incontinent System** diverts and collects liquid or semi-liquid stool in bedridden patients
- **InterDry Ag** is a antimicrobial cloth designed to manage moisture, odor and inflammation in skin-to-skin contact areas.

The Peer Review Council is developing competency statements designed to encourage employee self-assessment and learner input, establish required learning options and validation methods, and standardized the performance validation documentation.

Talk to one of your council reps for information on Special Recognition.

Guidelines for Hospital Acquired Conditions

CHART REVIEW

At the Competency Fair last month you learned about the following Hospital Acquired Conditions: *Surgery performed on wrong body part / wrong patient / wrong procedure; Retention of a foreign object in a patient after surgery / procedure; Air embolism; Pressure ulcers, stages III & IV; Catheter-associated urinary tract infections; Vascular catheter-associated infection; Manifestations of poor glycemic control; Deep Vein Thrombosis and Pulmonary Embolism following knee and hip surgeries; Falls and Trauma which includes burns, electric shock, dislocation, intracranial and crushing injury; Blood incompatibility; and Surgical site infections.*

You also learned that if any of these conditions are acquired after admission, CMS will no longer pay for all hospital services related to these conditions. The "Hospital Acquired Conditions Team" has developed a quick reference guide to provide you with direction on the prevention, identification, and treatment of these serious, costly conditions. These guides are located: (1) On the Intranet under "Departments" and "Nursing Administration"; (2) In your department (ask your director); and (3) with the Nursing Supervisor.

If you would like to recognize a colleague, highlight activities on your unit, provide a special interest story or have suggestions for upcoming issues, please send to the Education Department or call 754-5004 or send to: mschwarck@marshmed.com

Congratulations to our summer intern preceptors!

Dee Dee Boike, WCC

Alisha Neuroth, ER

Susan Schill, ER

Heather Ward, Med/Surg/Tele



Each one provided their intern with a great learning experience and made a significant contribution to MMSC and the nursing profession!