

North Texas AMSN Chapter 205

AMSN - Academy of
Medical-Surgical Nurses

Volume 5, Issue 2
April, 2007

Keeping US Connected

Presidents Message

It's Almost Summer!

A dash of spring flowers, a cup of summer breezes, the smell of late evening showers, all add up to a recipe for lots of smiles and happy thoughts. As we turn our thoughts to a little *"me time,"* let's contemplate on the finer values in our lives. Make time *"to be"* with your family, take overdue naps and late evening walks. RESURRECT your *"free spirit."* As we look forward to summer and then fall, recall how each new season refreshes, uplifts and motivates us to *yet again* be the BEST that WE CAN BE! ***Nursing is our profession!*** It's a part of us that is *always there* to fill our days with the ability to provide a need that only a true professional can give. So, as you look forward to great summer days and some "me time," take time to CONTEMPLATE on the PASSION that first bought YOU to NURSING. Relive the JOY, the PRIDE, the EAGERNESS you felt when you received your nursing pin, 1st "professional" stethoscope or 1st paying RN job! Refresh yourself this summer and ***"Raise the Bar!" Take pride,! Have joy! Regain your eagerness for Patient Care!***

.... Medical Surgical Nurses



Raise the Bar in
Nursing Excellence!

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SAVE the DATE!

- **Fall '07: CMSRN Certification Review Course**
Sept. 7 & 8, 2007 (Friday & Saturday)
Presbyterian Hospital -Dallas,
8200 Walnut Hill Lane,
Dallas, TX 75231
- **16th Annual AMSN Convention**
October 24-29, 2007
at Las Vegas Hilton
Las Vegas, Nevada

CE Opportunities.....

▶ **"West Nile: Community Strategies"**

When: May 17, 2007 6:30 pm - 7:45 pm
Registration & Dinner: 6:00—6:30 PM
Where: Medical City—Dallas' City Hall
.....2nd floor, E-Tower
.....7777 Forest Lane Dallas, TX 75251 ...
Who: **Don Read, MD**

▶ **"Transfusion of Blood and Blood Products: Guidelines, Risks, Alternatives"**

When: Aug. 16, 2007 6:30 pm - 7:45 pm
Registration & Dinner: 6:00—6:30 PM
Where: Restaurant Location ,TBA
Who: **Joseph Thomas, BSN, RN**

▶ **"TNA: Legislation Impacting YOU!"**

When: May 17, 2007 6:30 pm - 7:45 pm
Registration & Dinner: 6:00—6:30 PM
Where: Location TBA
Who:

▶ **Promote YOUR CE event!**

Contact Barbara Warren. She is the KEY contact to your Chapter's website. Contact information:
www.BarbaraW@NTMEDSURGNURSE.ORG.

▶ **CIVIC event needing help?**

Contact Halbert Te, Chair NTAMSN's Community Service Committee Contact information:
www.Halbert.Te@hcahealthcare.com

Increasing Nursings' Workforce.....

Article by Barbara Warren, MSN, RN, CS



Realizing the increasing need for **more nurses** in the Dallas-Ft. Worth metroplex, the **Dallas-Ft. Worth Hospital Council** invited several institutions to participate in an effort to produce more nurses for our communities.

A collaboration of different institutions was produced which included **Baylor University Medical Center (BUMC), El Centro Community College, Methodist Health System and Texas Health Resource.**

Art Signo, MSN, RN, AMSN member

Through this collaboration, hospitals were allowed to select from their own pool of employees who meet the admission criteria of El Centro College to be enrolled in the Nursing Program at El Centro. All classes are taken in a **distant format** provided in **each of the hospital campuses**. A theory instructor from El Centro College lectures from one site and the image/voice of the instructor will be projected to multiple distant sites through the use of modern technology. Exams can be administered through the Internet. Skills Labs and clinicals are accomplished at each separate distant hospital.

Art Signo, MS, RN – AMSN and NTAMSN—Chapter 205 member says, "We are very happy with this program knowing that Baylor University Medical Center is directly involved in the development of new nurses." As a collaborative of hospitals, the **program graduates 30 to 50 students per semester**. Mr. Signo stated with much pride, "We have a **100% pass rate** on the **NCLEX – RN Board Exam** from our recent group of BUMC students!"

The Distance Learning Program for Nurses was recently introduced to **Gov. Rick Perry's office** for consideration to receive funding from the State level. Our hats are off to a NTAMSN nurse who is developing our next generation of nurses and nurse

So, it is with pride that North Texas AMSN salutes **Art Signo, MSN, RN** as a **North Texas AMSN—205 chapter member** *Making a Difference*. He is the first Liason to El Centro Community Colleges' RN Distance Learning Program. The **second group** of 8 hospital employees have met admission requirements and are near completing their **2nd semester**.



Art the hard-working, diligent and 'hands-on' instructor –coordinator.



Distance Learners using the latest in learning technologies, such as tele-conferencing, on-line skill simulation previews and examinations.



AMSN 205 Nurses.....Making a Difference

AMSN member **Remy Bacani, CPAN** and **Ging Luz, RN, BSN, CPAN** have made a *Lasting Difference*. **Remy and Ging** were instrumental in assessing the need and developing the 1st **Internationally Educated Nurse (IEN) Orientation Program** at Baylor University Medical Center, Dallas, TX. At the inception of this focused orientation, Remy was still a Nurse Educator at Baylor University Medical Center.



These days, AMSN and NTAMSN member **Tess Magalong, BSN, CMSRN** and **Ging Luz** continuously improve and coordinate this highly rated nurse satisfier. Class sizes are larger! Feedback gets better all the time! Often another AMSN and NTAMSN-205 member **Stacie Bailey (CMSRN)** is involved assisting in skill reviews and validations with this highly motivated group.

Current AMSN and NTAMSN—205 member is Vice-President and BUMC M/S Nurse Educator, **Lettie Smith, MN, RN**, understood and foresaw the importance of both **experienced and inexperienced** IEN's participating in facility internships most closely related to their unit's population. Over the past 2-years, she and other Nurse Educator colleagues (also AMSN—NTAMSN members) **Debra Mabrey, MSN, RN, Barbara Warren, MSN, RN, CS** (Marketing-Publicity Chair) *as well as ...Ging and Tess...* continue to successfully reduce the stress and improve the preparedness of IENs as they transition to being 'The Nurse' in the U.S.A.

All of these and hopefully many more NTAMSN -205 members will continue to *Make a Difference !*

"The single biggest problem in communication is the illusion that it has taken place."

George Bernard Shaw



Epidemiology....Fast Fact

Staph infection rates on rise at U.S. hospitals

At this week's Society of Healthcare Epidemiology of America meeting, researchers presented data indicating that *Staphylococcus aureus* infection rates are increasing among patients in U.S. hospitals.

Annual increase in *Staphylococcus aureus* infection rates from 1998-2003 among...



Source: *Infection Control Today*, 4/16

Staph-related inpatient stays cost \$14.5B annually

The economic burden of *Staphylococcus aureus*-related inpatient stays increased at a rate of 11.9% annually between 1998 and 2003, according to data presented by Northwestern University researchers.

Economic burden of all staph-related inpatient stays in...

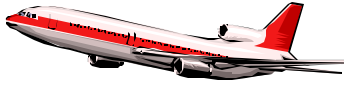


Source: *Infection Control Today*, 4/16

"When you talk, you repeat what you already know; when you listen, you often learn something."

Jared Sparks





“ An event such as a airplane crash shocks us. We demand improved processes to prevent another such catastrophe. A jumbo jet liner can hold ~300 people.

FACT: EVERYDAY
~ 350 inpatients die needlessly in hospitals as a result of **MEDICATION ERRORS !!!**

Make the Difference!

SAVE 127,750 LIVES in 2007

MEDICATION ERROR! Failure to Understand your Assessment...

Situation:

Amphotericin B is ordered for Mr. ABC, who has Aspergillus. VS before administration were: BP - 110/68; Pulse, 92; Respiratory Rate, 18; and Temperature, 98.8° F. Laboratory results indicated K+ 3.2 mEq/L; Na+ 140 mEq/L; Hemoglobin 14 g/dL; Hematocrit 43%; blood urea nitrogen (BUN) 48 mg/dL; and Creatinine 3.5 mg/dL. You pre-medicate Mr. ABC at 1130 AM with Meperidine and Diphenhydramine I.V. He has a central line and the I.V. Amphotericin is diluted in 500 mL to run over 2 hours. You set the I.V. infusion pump for 250 mL/hour after you check the site and see that there is no redness. Urine Output @ 1400 ~ 150mL

Recommendation:

- Amphotericin is nephrotoxic!
- Lab results are a window into the internal body.
- Notify MD when BUN and Creatinine levels are high. BUN & Cr are good indicators of renal impairment.

Source: *Clinical Drug Therapy: Rationales for Nursing Practice*, 8th ed., AC Abrams, Lippincott Williams & Wilkins, 2006.



MEDICATION ERROR! Dose Differences — Oral vs/ IV ...

Situation:

Many drugs are available in oral and parenteral forms, however, doses are often quite different. Be aware of the following drugs with oral and I.V. dosing differences. Drugs named below are an abbreviated list:

- Diltiazem
- Enalapril
- Hydromorphone
- Labetalol
- Levothyroxine
- Metoprolol
- Morphine
- Nicardipine
- Propranolol

Recommendation:

- Failure to adjust dosages when converting from one form to another can have catastrophic consequences.
- Consult a current drug reference for dosing information on these and other drugs..
- Consult facility pharmacist with any and all drug & dosing questions



Twin Towers NYC, NY
NEVER FORGET 9-11-2001

Humor Bite...agh!

Nurstoons

by Carl Elbing



Humor Bite submitted by Tammy Shaw, RN, CMSRN 7-Roberts (GI & General Medicine, BUMC)
Courtesy of Nurstoons by Carl Elbing

Legislative Updates....

Hospitals! Standardize your wristbands!

Aiming to avoid confusion and prevent adverse events, a growing number of hospitals are working to standardize the color-coded wristbands that serve as “visual cues” to alert providers to patient allergies, risk factors, and do-not-resuscitate orders, the *Wall Street Journal* reports. Although intended as a patient safety measure, the wristbands may actually place patients at greater risk of harm because of a lack of standardization across hospitals, leading to confusion when patients are transferred between facilities or providers rotate through various care settings. A group of northeastern Pennsylvania hospitals last year launched the “Color of Safety” taskforce after a Pennsylvania Patient Safety Authority report recounted a near-miss event in which a patient

almost died during cardiac arrest because providers incorrectly interpreted her wristband color to mean do-not-resuscitate. The 11-hospital taskforce developed five standard color designations and produced brochures explaining the system to providers and patients. In addition, the New Mexico Hospital Association last month drew on resources from the Western Region Alliance for Patient Safety to implement a voluntary statewide initiative to standardize wristband colors at 41 member facilities. Commenting on such programs, an official from the Arizona Hospital & Healthcare Association says that although the wristbands “don’t replace the medical record,” they can serve as a valuable “first line of communication” to prevent errors.

(Courtesy of *The Advisor*, 04/06/2006 [Landro, 4/4])

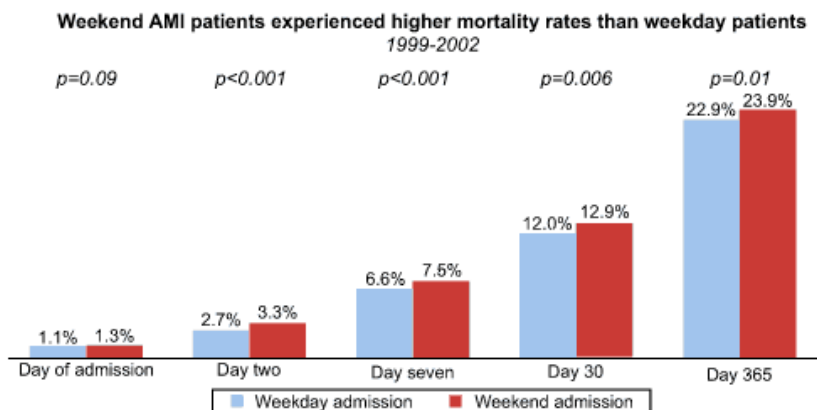
How Safe is Patient Care on the Weekends?

Although some hospitals staff their cath lab team around the clock, the practice is not cost-effective because of significant downtime on the weekends; moreover, such scheduling on a widespread basis would “raise the cost of health care for everyone.” Lee primarily attributes the AMI care disparity to weekend hospital staffs not being aggressive enough in summoning the cath lab team (*New York Times*, 3/15/07). To improve weekend AMI patient outcomes, Lee says ED staff members must hesitate less to initiate the cath lab, noting that hospitals that have empowered ED physicians to activate the lab tend to experience faster door-to-balloon times (*NEJM* website, accessed 3/16/07).

In light of the study’s findings, researchers conclude that a Monday through Friday hospital workweek is not ideal for AMI patient care. In an accompanying editorial, Drs. Donald Redelmeier and Chaim Bell of the University of Toronto say casual observations of hospital parking lots affirm that the “intensity” of weekend health care is not equivalent to weekday care. “It’s not just that there are fewer people around, but those who are around are often spread thinner,” he said in an interview with *The New York Times*. “And there is a shift in seniority, as well. The most skilled and savvy people don’t work weekends.” To close the care gap, Redelmeier suggests making weekend work more appealing to staff by increasing weekend pay or adding premiums to Medicare reimbursement for weekend AMI treatment, a standard practice in Canada. In the six years since Redelmeier and colleagues published an article outlining the shortfalls of Canadian weekend hospital care, one of the weekend special visit premiums has increased by 63% (Redelmeier and Bell, 3/15/07; Kolata, *New York Times*, 3/15/07).

One expert from the Institute for Healthcare Improvement says the situation may have already improved, noting that the study’s most recent data was collected in 2002 and that many hospitals’ AMI care protocols have changed since then. One major impetus has been the ACC’s initiative, “Door-to-Balloon (D2B): An Alliance for Quality,” which aims to increase hospitals’ capacity to provide PCI for ST-segment elevation MI (STEMI) patients within the 90-minute window recommended by the ACC/AHA (Peres, *Chicago Tribune*, 3/15/07). That program—which

promotes use of several proven time-saving strategies such as having an ED physician activate the cath lab, requiring the cath lab team to arrive within 20 minutes of being paged, and empowering EMS responders to diagnose STEMI en route to the hospital—has already created lower D2B times at hospitals nationwide. Also supporting faster weekend reperfusion times, Jersey Shore Medical Center in Neptune, N.J., relaxes its weekend parking regulations, allowing cath lab staff members to park next to the cath lab in the physicians’ lot (Stewart, *Newark Star-Ledger*, 3/15/07).



Source: Kostis et al., *NEJM*, 3/15/07.

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Nurses Nurturing Nurses
Building the Foundations
of Medical-Surgical Nursing

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NEW Email Server ?



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How Safe is Patient Care on the Weekends?

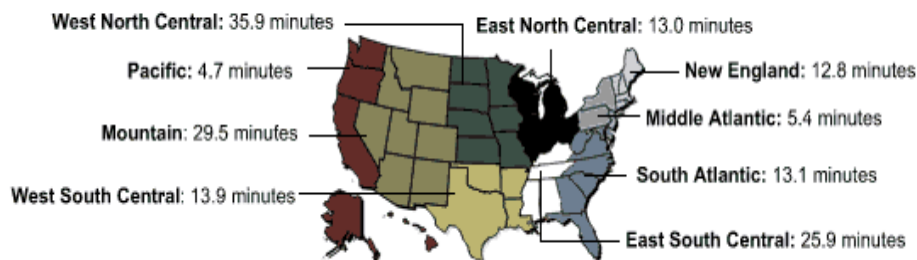
(continued from page 5)

The *NEJM* researchers also suggest that regionalizing AMI care—bypassing hospitals that do not offer interventional services and transporting patients to designated cardiac centers—may also have the potential to prevent weekend deaths. New Jersey is considering such a regionalized system for AMI care, a move that would likely spark controversy because of the intense competition in cardiac care. Suggesting that regionalized ST-segment elevation MI (STEMI) patient triage may be feasible, a study published in the March 7 *Circulation* finds that the majority of U.S. adults live less than 60 minutes from a hospital with primary PCI services. However, researchers also note that access to PCI varies “substantially” by region and caution that community resources and geography will be “vital” factors in designing policies to optimize reperfusion therapy. Moreover, the authors contend that successful regionalization policies will hinge on “well-organized pre-hospital triage protocols” sensitive to the implications for hospitals without PCI capabilities (Nallamothu et al., *Circulation*, 3/7/06; Jacobs, *Circulation*, 3/7/06; *Medical News Today*, 3/3/06).

While the study findings suggest that many U.S. residents have timely PCI access, the authors caution that availability varies “substantially” both within and among regions. For instance, researchers calculated that if patients living in urban, suburban, and rural areas were routed to a PCI facility rather than the nearest hospital, patients would experience treatment delays of 3.2 minutes, 8.7 minutes, and 27.8 minutes, respectively. PCI access also varied by U.S. region; residents of West North Central states, which include many rural communities, would face the longest travel delays under a regional PCI triage system, while residents of Pacific states, which house more suburban and urban communities, would have the shortest average commutes.

Implications of pre-hospital PCI triage would vary by region

Average delay in time-to-treatment when patients transported only to hospitals with PCI



Source: Nallamothu et al., *Circulation*, 3/7/06; U.S. Census Bureau website, accessed 3/30/06.

Courtesy of Cardiovascular Watch,
www.Advisory.com

- AMI: Study suggests patients presenting on weekends have worse outcomes (3/23/07)

- PCI access, part 1: Regionalizing STEMI care a viable but complex option (4/07/06)