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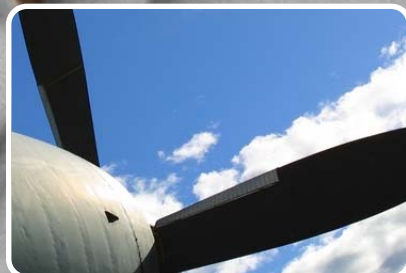
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A portrait of Thomas Bour, Jr., RN, a middle-aged man with dark hair and a slight smile, wearing a dark button-down shirt. The background is a soft, out-of-focus brown.

Thomas Bour, Jr., RN

Resource Utilization

Tom started his career at Athens Regional in 1985 as a staff nurse on Neuro. He then worked in ICU for 10 years (from 1988 to 1998), and has been in RU ever since!

I have worked with Tom for about five years now. Tom is a good person always willing to listen and always looking for the best instead of the easiest way to solve problems. One of finest attributes Tom brings to ARMC is the ability to look at the "big picture" in all that he does. He will go out of his way to do whatever he can for anyone needing assistance.

-Jamie Smith

Tom is a wonderful resource and mentor to me, both professionally and personally. From the very beginning of my employment with Athens Regional, I recognized Tom was a "silent giant" within the RU Department. By this I mean that his expertise, knowledge and abilities were not flaunted about for others to admire...they were just quietly available for me to gain from. Tom is very focused on patient outcomes and the financial viability of the Medical Center. Tom is a genuine patient advocate. He is consistent with his approach to others, always respectful and willing to help you learn. I consider it an honor to work along side of Tom and appreciate him very much.

-Titus Gambrell

I have been the Director of Resource Utilization for three years now. Tom has always been someone I can count on. He accepted the challenge of being one of the first four Clinical Documentation Specialists at ARMC. Tom has performed exceptionally in this role and is now the Lead Supervisor for the group. Tom takes pride in quality outcomes, and the DRG Assurance Program has displayed this with a continual increase in the Medicare Case Mix Index. He has worked side-by-side with Dr. Lucas and Dr. Marx to develop queries that assist the physicians in documentation to capture the true severity of illness and risk of mortality. Tom is also an outstanding individual in the private sector, supporting and speaking at many events in the Athens community. I am honored to have him on my team. ARMC is fortunate to have him in their employment.

-Barbara Taylor



Magnet Journey Reflections

By: Deena Futris, RN, BSN - Improvement Analyst, Clinical Analytics and Support

I have been with ARMC since May of 2009. Upon interviewing and starting my time here, I was very excited to see the initiation of the Magnet Journey. In my previous position, I had the opportunity to come to ARMC as an outsider and visit my patients on the floors. I was impressed by a charge nurse on the Seasonal Care Unit that took ownership of a delay in service, addressed the issue and proceeded with the best care for the patient. This to me was not unusual because before living in Athens, Georgia, I had worked in a Magnet Hospital in Ohio.

2 During my tenure with The Ohio State University Medical Center in Columbus, Ohio, I was fortunate to see the Magnet Journey achieved. In 2005 OSUMC was awarded Magnet Status. Since that time, the Institution has gone on to become part of only 2 percent of hospitals in the United States re-designated as a Magnet facility (<http://nursecredentialing.org/Magnet.aspx>). Currently, there are 378 Magnet facilities in the world! (<http://nursecredentialing.org/Magnet.aspx>). The United States, Australia, Lebanon and Singapore hold these facilities (<http://nursecredentialing.org/Magnet.aspx>). Approximately 6.48% of all registered hospitals in the United States have achieved ANCC Magnet Status (*AHA, Fast Facts on US Hospitals, 2010*).

Becoming a Magnet hospital is a tremendous undertaking at any time, but particularly now in this ever changing health care environment. All of the requirements and regulations will actually provide ARMC with the tools and training to succeed during this time of change. I have seen how the standards of care that were set in place five years ago in Ohio by that Magnet Journey are now becoming requirements with healthcare reform and quality initiatives. If we don't embrace the change now on our terms, it will be mandated later.

So Why Magnet? Think of a patient coming to the hospital because they are sick, scared, disoriented by a strange environment. What if that person was your child, husband, wife, mother, father, family member or friend? How would you want them cared for? Wouldn't you want a nurse that was held to a high standard of practice? A nurse that was satisfied with the environment and felt that he/she was heard?

Whether the community knows the value of a Magnet Hospital or not, we as nurses know. You see it every day in the care and compassion you and your co-workers provide to the sick and vulnerable patients we care for. You provide a gentle touch and an ear that listens in addition to the medical interventions. We do the work, let's continue the journey!

Transformational Leadership

Unit-based Council of the Year: Cardiology!



Congratulations to Cardiology for being selected as the inaugural annual "Unit Based Council of the Year". Six departments submitted nominations: Cardiology, CICU, Home Health, L&D, Med A and NICU. Members of the Nursing Leadership Council made the selection. You are all winners because of your effort to develop shared governance in your departments and the effectiveness you have achieved.

Nomination submitted by Lekesha Bennett, RN

The Cardiology Unit-based Council consists of the main council with 5 sub-councils – Reward & Recognition, Education, Documentation, Scheduling, and Practice. This unit-based council has worked very hard to make many changes, both with patient process as well as nurse satisfaction. In fact, they were the unit that was most improved over last year's NDNQI RN Satisfaction Survey.

Structural Empowerment

Our council is open to everyone and takes suggestions at all levels. Every employee is encouraged to have a voice through unit council. The councils are goal oriented and focused on delivering quality outcomes, which in turn, promotes better care to our patients and a more satisfying work environment with increased professionalism. The focus is on involving the whole team: registered nurses, nurse techs/aides, and secretaries.

Exemplary Professional Practice

On all levels, Cardiology encourages and empowers nurses to provide individualized care through professional relationships. Our staff is grounded in providing excellent service and nursing care to families. When changes are made, they are evidenced based and highly researched and, collectively, we gather a consensus before making any changes. All nurses are encouraged to have autonomy over patient care. Our nurses have professional relationships with the doctors and are competent in providing an excellent service, which in turn, improves patient satisfaction. The Cardiology team works together and unit council has provided a voice for professionalism so each person feels empowered and has a resource to support them as we grow together.

New Knowledge, Innovation & Improvement

Cardiology is proud of the improvements made this year through unit council. The unit council was able to make important decisions versus the Director of Nursing. We were able to cut our budget down on missed items being scanned by utilizing one of the committees on unit council,



*Some members of the Cardiology UBC:
Left to Right: Kristina Sabonaitis, Beth Herring, Pam Mabry,
Chris Dudley, Therese Farmer, Haley Witcher, Helen Kuekes*

which was the Practice Committee. The committee created a power point presentation showing the staff concerns about not being proficient on scanning and asking for help to improve outcomes. The support was great!!! Everyone was encouraged to help and share ideas; but it was a small group that came together to research the problem and come up with suggestions.

Another improvement made by Cardiology is the status board, which is a clinical informatics board that was initially developed on paper. Charge nurses originally had to keep up with clinical information on paper/computer and this form was to be updated on every shift by the charge nurse. Now, Cardiology has been chosen to pilot a new system where it automatically collects data through a computerized system. The charge nurse and staff nurses can look on this system to keep up with clinical data. The status board gives important information at a glance. The unit council presented this informatics system to our staff and asked for our input. If successful, this informatics system will go out house wide.

Transformational Leadership

All employees are encouraged to be leaders by setting the bar and providing excellent care to our patients. Our nurses are encouraged to SOAR, be involved in community and continue education. The unit council has given a voice to our staff as a whole. So many nurses have been empowered and helped our floor by giving their input and ideas. It has been a wonderful journey and our team is excited about all the growth made in such a short time frame.

The Cardiology team has exemplified leadership and commitment as a unit to come together in a professional manner to transfer more autonomy and accountability in our staff by restructuring our unit-based council. A year ago, the unit council did not have any direction or purpose, but the Cardiology staff came together to form cohesive, structured council to support professional practice at all levels.

Structural Empowerment



"Four Paintings"

By: Laura Hollifield, RN, Neonatal ICU

In our hospital, upon the third floor
Lies a small unit behind locked doors.

If you enter, you will know

There are tiny and sick babies lined up in a row.

The NICU is crowded and it's a busy space.

Monitors and pumps all keeping pace.

No sun shines in, through the windows painted green

And at night time here no stars are seen.

Our parents look at curtains,
as they hold their wee ones.

It would be so nice to look at something fun.

So along came an artist with a passion, a gift.

He came up with four paintings and to us he sent.

Now the NICU seems pleasant,
as we go through each day.

Cute lion cubs and giraffes march their own way.

Zebras have blue strips and tigers have cute paws

And elephants spout water with a happy call.

It's so delightful, to see them all

When we get our new unit,
they'll move down the hall.

The paintings are awesome in the windows of green.

They bring lots of hope as their smiles are seen.

Thanks to Jamie Calkin from all of us here.

Our staff and our parents

Hold this act very dear!

Jamie Calkin is an Athens area artist who paints points of interests for our community. He took on this project for the ARMC Neonatal ICU. It was a true act of kindness and caring. We appreciate it very much. We will enjoy it for many years to come. On the darkest of days when we are very busy in the NICU, the paintings will absolutely make a difference to our staff and our parents.

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Bundles of Joy

By: Mindy Laughman, RN, NICU

On Saturday, November 14th, the Neonatal Intensive Care Unit was honored to receive three paintings from the Bundles of Joy Junior Board, which is comprised of young adults in and around the Athens/Clarke County area. These paintings were drawn by three former premature infants, Kate Goggin, Emily Hansford and Cameron Walters. Their names and gestational ages at their time of birth are engraved on a template at the bottom of each individual painting. These pieces of precious artwork will be placed in the family and visitor waiting area outside of the NICU and in the NICU nesting room, where families stay just prior to discharge home to better learn to care for their baby. Our NICU here at ARMC is very honored to be one of the hospitals to be included in the Bundles of Joy Program for our families. Bundles of Joy is a non-profit organization founded by Sherri Goggin. For more details, please go to www.sherrigoggin.com/BundlesofJoyProgram.



Cameron Walters and Emily Hansford are pictured above holding their paintings.

Structural Empowerment

Continuing Education

Employees are encouraged to take advantage of external continuing education to maintain and enhance clinical knowledge and skills. The Nursing Department reimburses eligible employees for some of the costs. See the Nursing Continuing Education Policy in Nursing Manual for further information.



Tina Patton attended the **CVSU-Society for Vascular Nursing Convention** and provides the following overview:

- She was inspired by the presentation, "Improved Patient Care and Provider Productivity in a Large Rural Vascular Surgery Practice".
- Speakers from the Raymond G. Murphy VA Medical Center in Albuquerque, New Mexico discussed the recent implementation of a new referral system for vascular surgeries.
- This hospital serves over 99,000 veterans from six different states covering approximately 352,000 miles.
- That results in long travel distances for some, including overnight stays to receive the medical care needed.
- The prior referral system was typical for a VA hospital – referrals from the VA Center and outside sources of patients not educated on the process.
- Patients often missed visits, had incorrect workups and were very uninformed about their plan of care.
- Patients were frustrated with the lack of timely communication (always put on hold, shuffled from one automated system to another, never able to speak to a real person), which resulted in patients not seeking care in a timely manner.
- Now the Vascular Center takes every opportunity to assist patients and prevent loss of time and money.
- In the new referral system – patients are contacted soon after the referral, education is started early, a history and physical are taken to include any previous workup, patients are assisted with making appointments to receive any pre-physician appointment workup.
- This pre-preparation ensures that the physician has all the information needed to make the best diagnosis and treatment plan and that patients are educated on everything from start to finish of their care (labs, tests, follow-up visits).
- One key feature is that patients are given a direct line to call and speak with a real person (no automated system).
- Outcome is that patients are much happier.

Jan Firth and Amy Young recently attended a **PESI Skin and Wound Care Conference**. Here are their thoughts:

Jan Firth



- This was a good overview of recent trends in wound care.
- Through information shared, I realized that our Wound Center is state of the art and we set the bar for advanced wound care – we are already using treatment modalities recommended.
- One protocol not being utilized here is warming cleaning solution. After a unit discussion of this protocol, it was determined not to be advantageous for our center and beneficial for our patients.
- I received a handout that will serve as a good information resource and mentions other resource available.

Amy Young



- I am new to wound care although I've been a staff nurse for 25 years.
- I was concerned with being overwhelmed with too much information, but the speaker was well versed in wound care and gave a great presentation.
- Everything from basic physiology of wound healing to extensive explanations of treatments options was provided.
- As a new wound care nurse, I found this was a good wrap-up of all the excellent teaching I have received from my preceptor, Jan Firth and other co-workers.
- When comparing our wound center with the treatment recommendations, it was apparent that we offer top of the line care.
- I would recommend this for anyone interested in a one-day cram course.

Exemplary Professional Practice



"Almost" Only Counts in Horseshoes and Grenades!

By: Beth Warner - Patient Satisfaction Coordinator, Office of Professional Excellence

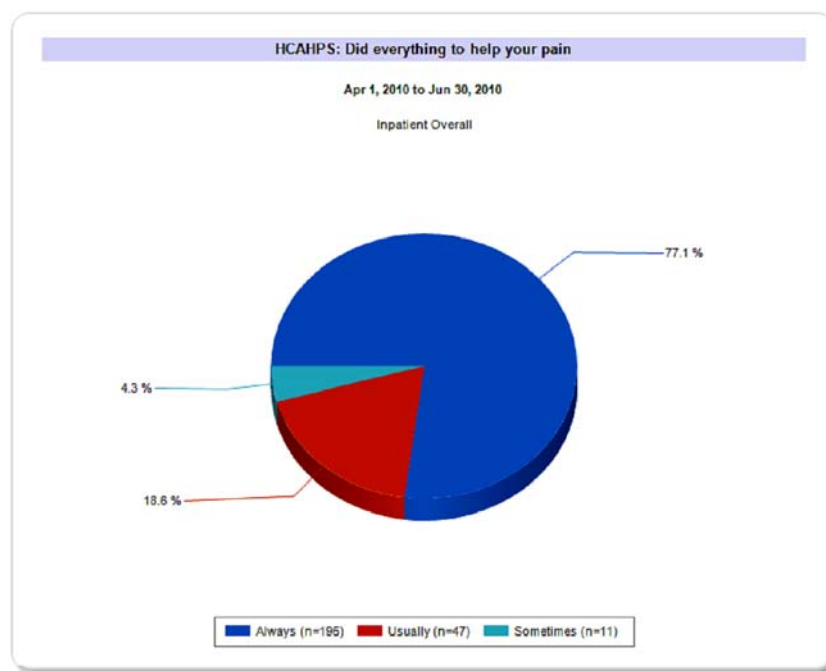
Here's the scene:

You've been working really hard on something – you put forth a solid effort. But the outcome wasn't quite perfect. "Arrggh! You say in frustration ... I *almost* got it this time!" And then, a cheerfully obnoxious friend leans in and says, "*Almost*' only counts in horseshoes!"

The same philosophy applies to our patient satisfaction surveys. Our 2nd Quarter inpatient score for "... how often did the hospital staff do everything they could to help you with your pain" was 77.1%. This means that 77.1 % of the respondents said we **always** did everything we could to help them with their pain.

What about the "usually" responses? Don't we get any credit for usually? Do we really expect that staff can **always** do everything possible to help patients with pain?

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Here's the scene:

Your loved one is a patient at Athens Regional: someone you love dearly; someone experiencing pain. Staff are using multiple strategies to make your loved one more comfortable: turning down lights, lowering voices, adjusting the patient's position, occasionally rubbing the patient's neck and shoulders.

You step into the hallway to discuss your loved one's care. As the conversation ends, the staff member asks one last question:

"Do you want us to usually (*almost always*) do everything possible to help your loved one with pain, or do you want us to **ALWAYS** do everything possible to help?"

New Knowledge, Innovation & Improvement



Unit-based Journal Clubs: *Evidenced-based Practice*

By: Reghan Watkins, RN, CCRN, Innovation Council Member

Journal Clubs have been well established as an important part of quality improvement in the health-care field; but why? Systematic reviews of the most current practices through the evaluation of research journal articles can ensure that a hospital's or a unit's practices are current and supported by the evidence available. We as health care providers are always striving to improve patient outcomes and the utilization of recent research can aid us in the care of our patients.

Having already seen the positive effects of having a successful hospital-wide Journal Club (e.g. IV team development), members of the Nursing Innovation Council felt it was important to develop unit-based journal clubs. Each unit at Athens Regional Medical Center is unique with its own goals and set of patients. Thus, while surgical/urology may be concerned about the rate of surgical site infections, oncology may find that pain control at the end of life is a more important focus. Seeing the need for more of a unit based approach to the review of practices, the Innovation Council established a Unit-based Journal Club Task Force. Since its inception in January 2010, the UBJC Task Force has assisted in the creation of two new UBJCs and is in the process of developing another.

As a goal for 2011, the Innovation Council would like to continue its work in this area and is striving to initiate two new Journal Clubs. To work towards this goal, the Innovation Council, and specifically the UBJC Task Force, has developed a Journal Club Facilitator training class. This class will help those new to this concept, as well as more experienced leaders, develop the skills needed to lead a journal club and will also provide tips for making it a success. The class will be held on **Monday, January 24 in MSB Classroom A from 12 noon to 1:30pm. Lunch will be provided and all are welcome to attend. Please RSVP to Reghan Watkins via outlook e-mail or i-mail by January 17th if you are interested in attending.**


With Magnet recognition right around the corner, continued improvement in patient outcomes and satisfaction through the "translation of new knowledge into practice" (from Sources of Evidence for Magnet) is important for all units. Unit-based Journal Clubs are one method of ensuring that our practices are supported by the most current nursing research. Join the movement by attending the class on January 24th, and see how easy it can be to make Athens Regional a better place for patients, families, and employees.

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ARMC Library Highlight

By: Pamela Queen, ARMC Medical Librarian

Have you noticed this database link on the Portal pages?  (Visual DX)

It is a very helpful source of dermatologic information and photos. Access is available on the left of the Nursing Portal Home Page, on the right of the Physicians' Portal Page, or on the Medical Library IAN page. In this database, you may search for general clinical information, specific dermatologic diagnosis aids, and patient care information.

Most recently, photos from Visual DX have been incorporated into UpToDate for helpful illustrations.

Contact Pam Queen, ARMC Medical Librarian, X3416 or pqueen@armc.org, if you need assistance with access or searching.

Last month's 'Question of the Month' responses:

What is your New Year's Resolution going to be this year and how likely are you to keep it?

I am finally going to go back to school! I have been wanting to go back since I graduated but alas, life/work has gotten in the way. No more excuses! Fall 2011 I will be in school one way or another.

-Reghan Watkins, RN CCRN Med/Surg ICU

Weight Loss. I will keep I have a personal trainer.

- Samuel Latimer, RN, CVICU

Obtain my Master Diver certification safely and with confidence by February 2010. This WILL happen, 100% confidence.

-Laura Thigpen, Administrative Director of Nursing

My new years resolution is to maintain my weight, walk off stress, try to hold onto the idea of "not knowing"; staying open to possibility, being curious, as a way to try & understand people.

-Julie Buffalo, RN, Educator, Health Education

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Prioritize, stay organized and get more sleep!

-Nancy Arata, Magnet Project Coordinator

Work less!!!! Doubtful. Kids are always in need of something.

-Jana Sallee, RN, BS, Med B

Here is what I would like to change in 2011: weigh less, more exercise, more organization, more doing for others. How likely am I to follow through? We'll all just have to keep a check on me!

-Linda Lewis, Nursing Administration

I am going to lose 25 lbs and get back into a regular exercise schedule...it is VERY likely that I will keep it!!

-Bob Kepshire, Administrative Director of Nursing

Question of the Month:

If you could visit anywhere in the world, where would it be?

Click [here](#) to answer via IAN (you must be logged in).
Responses to be published in the February issue of Nurses' Notes.

Work/Life Balance

Unplug!

"Just as your car runs more smoothly and requires less energy to go faster and farther when the wheels are in perfect alignment, you perform better when your thoughts, feelings, emotions, goals, and values are in balance."

-Brian Tracy

Plan to unplug. Your time is precious, and since a majority of your week tends to be dedicated to work, you need to be sure you're allocating whatever spare time you have left when you're not sleeping to something enjoyable. Mark the dates and times on your calendar when you're going to shut off your computer and your smartphone so that you can do something that gets your mind off work. Planning your downtime makes it easier to stick to.

How to maintain your work/life balance
Simple tips to get some relaxation
By Meridith Levinson | CIO US
Published: 14:15 GMT, 04 February 10

Nursing Vision

To be a nursing organization nationally recognized for its quality patient outcomes and professional nursing culture.

Nursing Mission

To provide high quality, compassionate, and innovative nursing care within a supportive environment of mutual respect, collaboration, and accountability that promotes autonomy and professional growth.

Nursing Values

S.E.R.V.I.C.E.



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MEDICAL CENTER

where care comes first.

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Editors

Helen Kuekes, BS, RN
Nurse Editor

Linda Lewis,
Managing Co-Editor
Nursing Administration

Wendy Trott,
Managing Co-Editor
Staff Development

Featured Nurse

Nursing Reward &
Recognition Committee

Contributing Writers

Deena Futris, BSN, RN

Lekesha Bennett, RN

Laura Hollifield, RN

Mindy Laughman, RN

Tina Patton, RN

Jan Firth, RN

Amy Young, RN

Beth Warner

Reghan Watkins, RN

Pamela Queen

Production

Misty Canup,
Corporate Communications

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