



C-Notes... (notes from the CNO)

Susan Brown, PhD, RN, CNAA



Susan Brown

Spring is around the corner. I don't know about all of you but I had a good dose of spring fever back in January! Hopefully tulips, daffodils and iris will be in bloom before we know it.

As I look toward spring, I not only think of the spring flowers but also think of renewal

and new life. What does that have to do with us you might ask? We are oncology nurses not OB nurses. New life is generally not our thing. However, I just attended a conference where I received at least 25 new ideas of what we could be doing that we are not. I indulged in some much needed self care (the best massage I have ever had). I also realized that renewal and new life is just what the doctor, or nurse ordered for The James.

Many of you have attended our Reigniting the Spirit of Caring workshops. The general consensus, from what I'm hearing, is that participation has indeed renewed our spirit and reignited our passion for the care of our cancer patients. I would like to be sure that the inner renewal experienced by the participants is translated into exquisite care for our patients and their families. I would ask that each one of you review The James mission, vision and values and renew your commitment to exceeding our patient's expectations.

That covers renewal, how about new life? New life to me is the birth of new ideas

including new ways to do things and new innovations. When it comes to "new" there is much going on at The James. We are still dealing with a new Electronic Medical Record on the inpatient side. We are focusing on a new quality initiative around Catheter Associated Urinary Tract Infections (CAUTIs). I also attended a meeting recently about developing a geriatric oncology specialty within the James.

Renewal and new "life" are constants around here. Nothing stays the same. We are continuously renewing interest, commitment and passion. We are forever coming up with new programs and projects! Life is grand here at The James. I hope that each of you are as excited to be a part of this progressive change as I am. Keep up the great work!

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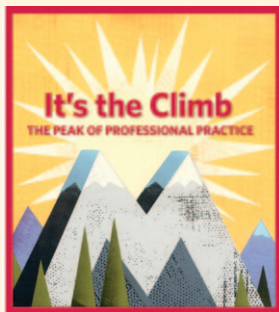
Magnet Council Update

Louise Williams, BSN, RN,
CNOR, SNIV

The Sixth Annual Gallery Hop will be held Wednesday, May 30, from 1 - 8 p.m. in 518 James. Start creating and be ready to showcase your talents at the Gallery Hop!!

The Magnet Council Community subgroup collected items and delivered them to Star House, a shelter for homeless youth in Columbus. Items were also delivered to shelters in Lancaster and Marion.

The 2012 Excellence Award Ceremony will be held Tuesday, May 8, from 1-3 p.m. in 518 James.



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Clinical Practice Council Update

Cindy Watkins-Hensley, RN, OCN

Clinical Practice Council is currently involved in initiating and/or completing bedside report auditing on all nursing inpatient units. During this time we would like to reflect on the benefits of bedside report and its role in supporting our Relationship -Based Care model. Implementing relationship-based care provides nurses with the opportunity to develop positive relationships with patients/families/ staff and improve patient satisfaction. Bedside report is an excellent way to build employee teamwork, ownership, and accountability. In addition, bedside reporting supports a number of The Joint Commission's National Patient Safety Goals, including:

Goal 1 : Improve the accuracy of patient identification

- We check the patient's armband and ask the patient his/her name and birth date as identifiers

Goal 2E : Improve the effectiveness of communication among caregivers: managing hand-off communications

- We give attention to ensuring the opportunity for asking and responding to questions

Goal 13 : Encourage patients' active involvement in their own care as a patient safety strategy

- We promote enhanced dialogue between patient and nurse

A way to transfer trust, bedside shift report increases patients' involvement in their plan of care in many ways. They see and hear from the team of professionals who are providing their care. As a result:

- The patient feels more comfortable asking questions or voicing concerns
- Reassurance is provided that everyone is receiving the necessary report about what is going on with their care
- The patient becomes more informed about their care, which can decrease their anxiety and increase compliance with the plan of care
- Increase in patient satisfaction occurs as the patient knows how their care is being monitored throughout the shift
- Knowledge is enhanced of who their nurse is on every shift
- Bedside shift report reduces the perception that "no one is around" during shift change when sentinel events are more likely to occur!

The key to successfully hardwiring of bedside reporting is to implement processes that clearly define the responsibility from one caregiver to another. This standardizes the communication process and allows for an interactive exchange between the parties involved. Bedside shift report decreases the potential for near misses through a transfer of responsibility and trust as well as use of standardized communication.

Shared Governance

Professional Development Council

Vicki Lamer, RN, CNOR, SN IV

What are you doing to further your individual professional development? That is not a question we ask ourselves very often. We are all extremely busy with our lives outside of work. In addition, we come to work each day and take on the emotional and physical load that oncology nursing requires. We are all extremely busy with our lives outside of work. In addition, we come to work each day and take on the emotional and physical load that oncology nursing requires. Just as we need to take care of our patients the best we can, we also need to take care of ourselves. This includes keeping our professional development growing. It is too easy to get in the rut of "not enough time for everything." Are you aware that there are several ways to continue your growth, education and development in nursing right here and many are FREE?

- **CNE website** — can be accessed from *OneSource* 24/7, even from home. If you are unable to attend Nursing Grand Rounds you will find the recordings here. You can view the programs, fill out the evaluation form online and obtain nursing contact hours. Access the site directly by visiting <https://cne.osu.edu>
- **OCN review classes** — small study groups led by expert OCN certified James nurses.
- **GRE prep classes** — scholarships are available to assist in payment
- **Clinical Ladder program** — The Clinical Ladder Program was developed to promote professional development and recognize and reward those experienced registered nurses who excel in clinical practice. The objectives for the clinical ladder program include: 1) Promote excellence in clinical practice; 2) Enhance job satisfaction and promote retention of staff; 3) Provide a motivational tool for professional growth; and 4) Promote a professional practice environment. The framework for development of the Clinical Ladder Program is based on the Drefus Model of Skill Acquisition. Benner (1984) adapted the Drefus Model to describe the development of nursing expertise over time. This model takes into account increments in skilled performance and clinical decision making based upon experience as well as education. It also provides a basis for clinical knowledge development and career progression in clinical nursing.
- **ONS or AORN** — educational programs are available on their organization website to help keep you informed of new drugs, equipment, etc.
- **Journal Clubs** — available on some nursing units
- **Unit presentations** — some units have nurses give short presentations at staff meetings about new drugs or equipment on their units
- **Disease line education** — clinical nurse specialists are great resources for information
- **OSU College of Nursing** — information sessions are available for those who are interested in furthering their degrees

So reach out there and look for ways to increase your knowledge base and keep growing. Getting involved with a council is also a wonderful professional development activity.

Please note that the revised Clinical Ladder program has been removed from *OneSource* while we are working on some modifications to the program. If you plan on applying for a Clinical Ladder promotion in 2012 using the revised program, please notify Diana McMahon at 3-4960 or diana.mcmahon@osumc.edu.

Quality Council Update

*Danette Birkhimer, MS, RN,
CNS, OCN
Praise Mary Thomas BSN,
RN, OCN*

The Quality Council would like to welcome the new Director of Nursing Quality, Carol Colussi, MHA, BSN, RN, NEA-BC to The James! We look forward to working with Carol.

You should have already received the first Nursing Quality Newsletter. We conducted the first nursing Mishaps & Mending (M&M) of 2012 on January 10. In order to get more participation, we are looking at the timing of M&Ms, possibly scheduling them on the same day as Mandatory Education Days. Stayed tuned for the date and time of the next M&M. We would like to thank the quality representatives for their hard work in preparing staff for the recent successful Joint Commission survey.

Mid-Level Provider Council

Mollie Moran, MSN, CNP, AOCNP

A reminder that if you use any printed forms (i.e., not in IHIS) you must include the DATE AND TIME with your signature.

Post procedure notes must include all of the SEVEN REQUIRED ELEMENTS. Please refer to *OneSource* for details.

The Mid-Level Provider Council meets on the fourth Wednesday of each month. The next meeting is March 28.

Shared Governance
continued

PE Notes

Joyce Hendershott, MSW, ACSW, LISW-S

Document creation and review are essential to providing patients with current information. Patient education materials are developed and reviewed with clinicians to ensure that the information provided to patients is evidenced-based and meets the current standard of practice.

If you are participating in a clinical ladder and would like to create a new patient education handout or participate in the review of an existing patient education handout (Clinical Ladder Education Activities E8-10), please contact the James Patient Education Department at 293-3259 for more information. The guidelines below outline the process for submitting a request.

Creating a New Patient Education Handout

Sometimes there is a need to create a patient education handout if the information is not currently available on the Patient Education website or MicroMedex. The James Patient Education Department will guide you through the process for developing new materials, but here is some basic information about how to create a new handout.

1. Submit your request to develop new material to the James Patient Education Department via email or by contacting Joyce Hendershott, associate director at Joyce.Hendershott@osumc.edu
2. The James Patient Education office will verify if any similar materials exist, and confirm if another group is working on a related project to avoid duplication.
3. After approval of your request, we encourage you to do some content research and to consult with your medical team about the treatment/ care information that should be included in the handout. The Library for Health Information (located in the Atrium on the 5th floor) is available to help you find information for your research. You can contact the library at 293-3707 or health-info@osu.edu.
4. To get started, outline the key points you want included in the document. Below are key teaching points that are useful in a handout.
 - The purpose of the handout should be clearly stated in the introductory paragraph and reflected in the title.
 - Include information on how to prepare for a procedure/surgery and tell the reader what to expect afterward.
 - Talk about what the reader will experience while in the hospital and the resources available to them during his or her stay.
 - Provide information about what the reader needs to know or do before coming to the hospital and after he or she leaves the hospital.
 - Include other "need-to-know" information and contact numbers, so the reader knows whom to call with a question.

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5. Complete a draft of the handout using MS Word, so that it can be electronically saved and processed. Email your draft copy to Joyce Hendershott, associate director, James Patient Education Department at Joyce.Hendershott@osume.edu.
6. The James Patient Education staff will assist you by refining the text to meet the language and readability standards applied to all patient education handouts (Joint Commission standards require a fifth grade reading level). The James Patient Education Department will also format the text and illustrations on a standard template that meets branding requirements.
7. The revised handout will be sent back to the clinician for review, and then it will be evaluated by the James Patient Education Liaison (PEL) multidisciplinary review team.

Other tips for creating a new document:

- Use conversational language.
- If you use medical terms/words, define them simply.
- Do not include information that can change frequently. Blank lines or a check box format can be used for this information.
- Refer to the other education materials that the patient/family may receive.
- Group the information in meaningful segments.
- Less is often more when writing a patient education handout.

Revising an Existing Handout

Review of patient education documents for content accuracy is required every three years per Patient Education Materials policy # 03-13. The James Patient Education Department maintains a log of documents and their review date. The James Patient Education Department initiates document reviews based on the review date. Staff may also initiate reviews by submitting a request to the James Patient Education Department.

1. Documents may be updated sooner, if there is a change that impacts the patient immediately (e.g., new standard of care, new location for services, unit/service name change).
2. The James Patient Education Department will send the document to the original author(s) first, if available.
3. Clinicians familiar with the handout topic are invited to participate in the review of the document and submit revisions.
4. The James Patient Education Liaison (PEL) group provides a multidisciplinary review of the document to ensure that the information is current, complete, accurate and meets patient care standards.
5. If a department has an internal review process for documents specific to their clinical area, the PEL member representing that discipline or the designated department representative initiates the process and submits their comments to the James Patient Education Department.
6. Revisions will be shared with the individuals involved with the document review. This provides the opportunity for discussion on any of the changes.
7. When the content is finalized, the James Patient Education Department will apply the language and readability standards applied to all patient education handouts (Joint Commission standards require a fifth grade reading level) before the final version is posted to the Patient Education website.

Creating a New Patient Education Handout

Revising an Existing Handout



Jill Beavers-Kirby, DNP, ACNP-BC, presented a poster presentation titled: *The Frequency of Interval Surveillance in the Adult Hematopoietic Stem Cell Transplant Survivor* at the ASBMT 2012 Tandem Meeting in San Diego. Jill is a nurse practitioner in the Blood and Marrow Transplant Unit.

Jennifer Cooper, MS, ACNP-BC, presented a poster presentation titled: *Improving Vaccinations of Patients Pre and Post Blood and Marrow Transplant* at the ASBMT 2012 Tandem Meeting in San Diego. Jennifer is a nurse practitioner in the Blood and Marrow Transplant Unit.

Cancer Survivorship Care Course

Joanne Lester, PhD, CRNP, AOCN

Are you interested in learning more about **Cancer Survivorship Care**? The OSU College of Nursing is offering an oncology



elective for Spring 2012 Quarter. This course is an online offering with interactive online weekly seminars. Students are able to view the course lectures at their convenience, then join together online every Monday evening for a live discussion using your personal computer and a microphone headset.

Who is eligible for this graduate course?

1. If you have a bachelor's degree, you are eligible to enroll and take this course. If you are not currently enrolled in the graduate program at The Ohio State University, you may apply for non-degree graduate status. This enables you to take up to 10 hours of graduate course work for personal enrichment and professional development. (<http://gradadmissions.osu.edu/nondegree.html>).
2. After you obtain graduate status, contact Tamara Dunaeff, graduate program manager at Ohio State's College of Nursing, (dunaeff.2@osu.edu) to enroll in the specific course: Cancer Survivorship Care (Spring Quarter 2012).

This graduate nursing course is an elective that can be applied to any health-related graduate degree. If you hold a national certification, this three-credit hour course will provide credits for your recertification. For example, this course will earn 45 ONCC-PRO points for your ONCC oncology certification (http://www.oncc.org/getcertified/docs/ONCPRO_QuickGuide.pdf) and/or 37.5 academic credits for ANCC advanced practice or specialty recertification (<http://www.nursecredentialing.org/Documents/Certification/RenewalofCertification.aspx>)

Questions: Contact Joanne Lester, PhD, CRNP, AOCN, course head, at 293-0010 or joanne.lester@osumc.edu.

Congratulations!

Patient Advisory Council

Sharon Cross, LISW

The James Patient Advisory Council continues to meet on a bi-monthly basis to provide feedback to staff on various topics, initiatives and programs. This is a great resource for staff who are interested in an immediate response from patients/family members. Previous agenda items have included quality and patient safety, chaplaincy materials, James design, patient navigation and top priorities for patients/families.

All staff are welcome to present topics. For more information, please contact Sharon Cross, patient/family experience advisor program manager, at sharon.cross@osumc.edu or 293-0526.



Relationship- Based Care

Linda R. Johnson, MS, RN

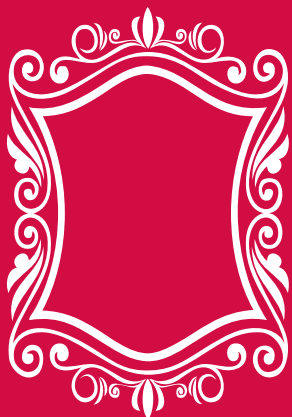
Appreciate is a verb that means to feel thankful or grateful for; to value highly. Synonyms include treasure and cherish.

When staff attending Reigniting the Spirit of Caring (RSC) Workshops were asked what they appreciate about their work here at The James, they generated the following list:

- Going to work every day
- Privilege and responsibility of caring for patients/families
- Giving people hope
- Sharing patient joys and sorrows
- Focusing on what is important
- Caring for diverse patients across the continuum
- What I learn from patients about life
- Adapting to the needs of patients and families
- Knowing that I make a difference
- Working with an awesome group of colleagues
- Teamwork and supportive staff
- The people I work with...like a family
- Colleagues across all shifts
- Help from the float pool staff
- Unique gifts and talents each staff member brings
- Colleagues who are willing to help and to learn
- Supportive managers and directors
- Humor and laughter
- Learning opportunities and mentoring
- Getting to attend RSC to remember why I do this work
- My supportive family

What/who do you appreciate, treasure, or cherish?

How can you express your gratitude?



It's coming...

The 6th Annual James Nursing Gallery Hop

Wednesday, May 30

1 - 8 pm

518 James

Start creating and be ready to showcase your artistic talents!

James Mid-Level Provider Cluster Leads

Heather Brom, MSN, RN, OCN

Aaron Begue, MS, CNP

Jan Sirilla, MSN, RN, OCN, NE-BC

Over the past year, the administrative model for nurse practitioners and physician assistants has been developed. The nurse practitioners (NP) and physician assistants (PA) are divided into nine clusters based on disease site and service line. Each cluster also has an NP or PA who is their lead. The leads are clinicians within his/her cluster who will collaborate with their directors on quality, education, practice and professional development for his/her assigned cluster. The leads came together January 18 for their first Cluster Lead Retreat where they learned about initiatives related to NP/PA practice, educational and quality needs, and leadership competencies. Please welcome the following Cluster Leads to their new roles:

- BMT/HTC - Dareth Gilmore
- Hem2/3 - Mandy Krouse
- Outpatient Hem - Weihong Chase
- Inpatient Medical Oncology - Liz Arthur
- Consults, etc - Chad Walker
- Women's Health - Julia Garrett
- Thoracic Oncology - Scott Cackler
- GI/GU - Yahna Smith
- Head & Neck and Melanoma - Jody Knisley

A Wellness Program to Manage Low Back Disorder Risk in Nurses

James Onate, PhD, AT

Sue A. Ferguson, PhD

A group of The Ohio State University researchers are doing a research project to develop a wellness program to prevent low back injuries in nurses. Any nurse at The Ohio State University is eligible for the study. The study consists of two one-hour visits. During the first visit, you will complete the consent and a questionnaire asking about your back health and activities. You will also perform a low back functional assessment using the lumbar motion monitor developed at the Biodynamic Laboratory. You will then be placed in one of four groups: controls, education, education and physical therapy, or education and ergonomic assessment of the job. In four to six months, you will return for a follow-up visit to repeat the questionnaire and low back functional assessment.

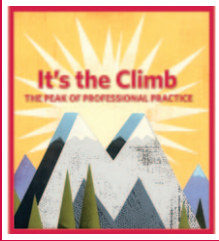
If you are interested please contact Sue Ferguson, PhD at ferguson.4@osu.edu or 614-537-4508 for more information or to schedule an appointment.

James Mandatory Education 2012

Room 518 James June 11, 11:30am - 11pm
 July 31, 7 am - 7 pm
 October 16, 7 am - 7 pm

COMPLETE EARLY! THERE WILL BE NO MAKEUP SESSIONS!
 Please note, we will accept staff up to one hour before close time. If you have any questions, please contact DeAnna Lybarger, BSN, RN, in James Nursing Education at DeAnna.Lybarger@osumc.edu





The James Nursing Magnet document will be submitted to the American Nurse Credentialing Center by February 1, 2013. This document will illustrate a variety of ways our extraordinary nurses climb toward a cancer-free world, the peak of professional practice. We would like to share with you some of the fabulous stories being shared with us for possible inclusion. Magnet requires that we include exemplars of our commitment to community involvement. The following story by Robert (Bob) Davis, RN, MS, BC, demonstrates his generosity and caring on a global level.

This Year - Why Not Try a Volunteer Vacation?

Robert (Bob) Davis, RN, MS, BC



Not sure where to go on vacation this year? Why not consider taking a volunteer vacation? Like most of you, I became a nurse because I wanted to help others. Volunteer vacations are an excellent way to make a difference in the world. Several years

ago, I joined a group of professionals like myself when I became the newest member of the **Hearts Across Romania (Hearts)** team. Hearts is a non-profit organization founded in 2003 by three friends who came together to assist orphaned Romanian children.

We headed to Romania armed with supplies, including donated cardiac supplies, children's Tylenol, vitamins, cold medications, school supplies, eye glasses, shoes, slippers, toys, candy and money. There are thousands of orphaned children residing in Romanian orphanages. When young people reach the age of 18, they are required by Romanian law to leave the orphanages. Our primary mission was to transform living quarters into a transitional residence for teenage boys who were leaving the local orphanage. While there, I also had the opportunity to provide toddlers and young children with much needed socialization and to provide monetary support to orphans, abandoned children and struggling families.

We spent time touring communist-era hospitals and clinics. We witnessed care being provided by an overwhelmed but very dedicated staff in an archaic environment. According to one source, Romanian nurses made an average salary of \$300 per month. When Romania joined the European Union (EU), a large percentage of nurses migrated to other European countries where wages were much higher. Due to the lack of trained staff, it is customary to

have a family member present at all times to provide hospital care. The medical staff is making the best of their situation and the EU is doing what it can to assist in modernizing the healthcare system.

On one occasion we visited a gypsy camp where we saw homes built out of sticks. The entire camp had one source of fresh water — a tap located next to a road. It was a very eye opening experience. We visited with a young boy and his family to check on their progress as Hearts had assisted them previously.

The team met its goal as together we transformed four rooms to proudly house 16 orphaned boys. While I never provided hands-on care during my visit to Romania, I participated in a project that greatly improved the psychosocial status of young men and children residing in orphanages.

My two weeks in Romania were filled with so many unforgettable experiences. It was life changing for me and a great learning experience. The trip, the culture and history of the people, the struggling social and healthcare delivery systems are just a few examples of my Romanian experience.

The following websites are examples of a few volunteer vacation resources:

- heartsacrossromania.org
- info@globalvolunteers.org
- healthcaretraveler.modernmedicine.com/healthcaretraveler/article/articleDetail.jsp?id=377211
- goworldtravel.com/ex/asp/ articleguid.%7B16400421-fe1d-4024-b44d-fce07e284292%7D/xe/article.htm



STEMI Alert

Taletha Askew, MS, RN, CNS, CCRN

Coronary Artery disease (CAD) is the leading cause of death in the United States in both men and women. As CAD progresses, it can lead to a blocked coronary artery, which causes a decrease in blood flow to the heart and thus can be a medical emergency. Acute Coronary Syndromes (ACS) is the term used for conditions where the blood supply to the heart is being blocked and includes: Unstable Angina (USA), Non ST segment elevation Myocardial Infarction (NSTEMI) and ST segment elevation Myocardial Infarction, (STEMI). A STEMI is the most severe form of ACS as the coronary artery is nearly 100 percent occluded. Identification of a STEMI is based on patient symptoms and ST segment elevation of 1 mm or more in two or more contiguous leads on the 12-Lead ECG.

Our patients may experience an acute MI in the course of their cancer treatment. Patients who have a history of cardiac stent placement and who have been on anti-platelet medications that have been stopped may be at a higher risk for developing a STEMI. Once a STEMI is identified, facilitating timely transport to the cardiac catheterization lab in order to restore blood flow to the affected heart muscle is crucial. The national goal for door to treatment (time of onset of symptoms to when blood flow is restored) is 90 minutes. The Medical Center's goal is 30 minutes or less from onset of symptoms!

Restoring blood flow to the heart can occur via different interventions. One of the most common is placement of a coronary stent in the occluded vessel. However, the best intervention is determined by the Interventional Cardiologist in the cardiac catheterization lab. Once symptoms are identified, obtain a 12-Lead ECG stat and get a physician or mid-level provider to the bedside **within 10 minutes of reported symptoms**. It is also imperative that our physicians and mid-level providers utilize the STEMI hotline (6-8111) to get an **immediate** cardiology consult with an Interventional Cardiologist. The Interventional Cardiologist will determine whether or not to activate the STEMI alert.

Early symptom identification, obtaining a 12-lead ECG and getting a physician or MLP at the bedside within 10 minutes are essential in the rapid diagnosis and treatment of the patient with a STEMI. By utilizing the STEMI hotline and facilitating rapid transport to the cardiac catheterization lab when appropriate, we can get our patients the proper treatment in order to salvage as much heart muscle as possible.

Remember: TIME IS MUSCLE!!!

see the Acute Coronary Syndrome flowchart on the next page for more information



Possible Acute Coronary Syndrome RN Intervention



Symptoms of ACS

- ◆ Chest discomfort with or without radiation to the left or right arm, neck, jaw, back or epigastric area.
- ◆ Short of breath
- ◆ Weak or diaphoretic
- ◆ Nausea, vomiting
- ◆ Atypical:
 - √ **Female** - fatigue, toothache, pain between shoulder blades or epigastric area, jaw pain, sleep disturbance.
 - √ **Diabetics** –may be short of breath only.

Females more likely to have atypical than typical pain patterns.

RN Assessment and Intervention

- ◆ Obtain vital signs, symptoms, 12 Lead ECG STAT and call physician – Have physician report to bedside immediately.
- ◆ While on phone with physician obtain orders for:
 - √ Aspirin **81 mg x 4 to be chewed-hold if allergic.**
 - √ NTG sl – **hold if hypotensive**
 - √ Oxygen 2 liters nasal cannula
 - √ IV access
- ◆ Activate ERT

12 Lead ECG Obtained – Physician at bedside.

Goal: Physician interprets ECG within 10 minutes of onset of patient symptoms



Bedside Physician calls STEMI Hotline @ 68111.

Bedside Physician and Interventional Cardiologist Consult.

- ◆ If needed the bedside physician faxes the ECG to the cardiologist.
- ◆ Decision made by the interventional cardiologist whether to call the STEMI alert

STEMI Alert is Activated

- ◆ **Cath Lab Staff on Site** – Cath Lab Charge Nurse will call the charge nurse on patient’s home unit. Cath Lab Nurse will assist in the transfer of the patient to the cath lab.
- ◆ **Cath Lab Staff not on Site** – 2 Ross STEMI Nurse will call the charge nurse on patient’s home unit. 2 Ross STEMI Nurse will assist in the transfer of the patient to the cath lab.

Patient Transported to Cath Lab accompanied by bedside physician, Cath Lab RN or 2 Ross STEMI RN and patient’s RN.

Goal: Patient in Cath Lab within 30 minutes or less after onset of symptoms.



500 Heart Cells Die Every Second During a Myocardial Infarction



Antimicrobial Stewardship Program and Clinical Epidemiology *Clostridium difficile* Infection (CDI) Reduction Plan

Julie Mangino, MD

Karri Bauer, PharmD, BCPS

The Antimicrobial Stewardship Program (ASP) in conjunction with Clinical Epidemiology and the Evidence-Based Practice Committee recently approved an update to the clinical practice guideline on the prevention and management of *Clostridium difficile* (*C. difficile*) infection (CDI).

Prevention

- Risk factors for CDI include: exposure to antibiotics and acid-suppressive medications (PPIs and H2 blockers), gastrointestinal surgery, prolonged lengths of stay in healthcare settings, immunocompromised and advanced age (60 years of age or older).
- **Antibiotics represent the major risk factor for CDI; so antibiotics and acid-suppressive medications should be minimized when appropriate.**
- Targeted strategies in units with a higher number of health care-associated cases are being developed to optimize and limit antimicrobial use. Clinicians should regularly review prescribed antibiotics and acid-suppressive medications to determine indication, dosing and duration.

Testing

Testing for *C. difficile* should be ordered on patients with 3 or more unformed stools in a 24-hour period and risk factors, as above. Patients may also have associated symptoms such as fever, loss of appetite, nausea, abdominal pain/tenderness, but rarely, ileus, associated with CDI.

- Only one stool specimen for *C. difficile* should be ordered per diarrheal episode.
- Once a CDI diagnosis is made, it is not necessary to perform additional testing as the PCR assay is not a test of cure.
- Due to the high sensitivity of the PCR assay, if diarrhea persists, a repeat assay on a patient with a previously negative *C. difficile* result can be considered at 7 days.
- Consider alternative causes of the diarrhea prior to sending the stool sample. These include initiation of tube feedings, laxatives and stool softeners, lactulose, chemotherapy or other medications.

Contact Precautions

- Patients with suspected/known CDI should be placed in contact precautions; “clean in and clean out” of each patient’s room to avoid any cross transmission.
- Hand hygiene should be performed with soap and water prior to leaving a CDI room.
- Alcohol hand rub is not effective against *C. difficile* spores.

For additional information, please contact Julie Mangino, MD, at julie.mangino@osumc.edu, Karri Bauer, PharmD, BCPS, at karri.bauer@osumc.edu or Kurt Stevenson, MD, MPH, at kurt.stevenson@osumc.edu. Specific microbiology questions can be directed to Preeti Pancholi, PhD, at preeti.pancholi@osumc.edu or Joan-Miquel Balada-Llasat, PhD, PharmD, at joan-miquel.balada-llasat@osumc.edu.

2012 | Nursing Research Day

Nurturing Excellence Through Nursing Research



March 27 • Biomedical Research Tower Auditorium

Attend the third annual The James/Ohio State's Health System Nursing Research Day: Nurturing Excellence Through Nursing Research.

Attendees will explore opportunities to engage in the nursing research process.

Nursing Research Day

Tuesday, March 27, 7:30 a.m. - 4:15 p.m.

The Ohio State University Biomedical Research Tower
460 W. 12th Ave.

Visit OneSource for a complete agenda and to register for the event via the CBL Class registration system. Registration deadline is March 11.

Topics will include:

- The "So What" Factor in a Time of Healthcare Reform: Conducting Research & EBP Projects that Impact Healthcare Quality, Cost and Patient Outcomes
- Improving Health Outcomes with Innovative Research and Collaborative Partnerships
- Value of Nursing Research
- Pediatric Health Outcomes Research
- When Does Quality Improvement Become Research?
- Optimizing Research Funding Opportunities

Contact Information

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Co-chair, Nursing Research Day Committee
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Research Scientist and Oncology Nurse Practitioner
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CNE Web Site

To provide nurses with more educational opportunities and nursing contact hours, a Continuing Nursing Education Web site is available. This Web site offers access to CBLs and recorded programs, such as Nursing Grand Rounds. The site is accessible from any computer, 24 hours a day.

- Free to OSUMC nursing staff
- Convenient; accessible 24/7, even from home
- Assists in meeting nursing relicensure requirements
- Continuing education is an important component of professional development
- Oncology specific CNE programming to assist in oncology recertification
- Easy to access/use

Please visit our site at <https://cne.osu.edu>.

2012 Medication Safety Update

The third annual Medication Safety Update seminar is scheduled for Tuesday, March 13 in the Ross Heart Hospital auditorium. Attendees will receive updates on quality, diabetes management, EMR legal requirements and IHIS barcoding.

The morning session runs from 7:30-11:45 a.m. and the afternoon session is from 12:30-4:45 p.m. Attendees can choose to attend either session; speakers and presentations are the same for each. Select continuing education credits will be available and light refreshments and snacks will be provided. Registration is available via the CBL/Class Registration System.

If you have questions or would like additional information, please contact Shirley McCoy, nursing staff development specialist, at shirley.mccoy@osumc.edu.



Welcome New Employees and Transfers

NAME	DEPARTMENT DESCRIPTION	JOB CODE DESCRIPTION
Anthony,Stephanie D	ASU	Unit Clerical Associate
Auble,Sarah Elizabeth	MMMP 3 - EXAM	Clinic Nurse-B
Banks,Michelle	Ambulatory Svcs. Admin.	Patient Care Associate
Bond,Lisa	MED/SURG - 10E DOAN AND 10S	Patient Care Associate
Boney-Woodall,Yvette	MMMP 3 - EXAM	Clinic Nurse-B
Buoni,Danielle Lindsey	Medical - 7 South	Patient Care Associate
Burns,Kathy	ICC	Clinic Nurse-B
Caffee,Jeffrey William Spenser	MMMP 3 - EXAM	Patient Care Associate
Cavezza,Sherry Lynn	1st Floor O/P Services	Clinic Nurse-A
Chieves,Christopher Cale	Nursing Float Pool	Patient Care Associate
Crabtree,Amber Marie	MED ACUTE LEUK 10E	Patient Care Associate
Craig,Kristy Lynn	Surg Onc - 9 East & South	Patient Care Associate
Dienno,Anthony Joseph	MED/SURG - 10E DOAN AND 10S	Patient Care Associate
Dixon,Chantel	1st Floor O/P Services	Patient Care Associate
Hoschar,Taylor K	Nursing Float Pool	Patient Care Associate/SNA
Houston,Sherelle Monique	MMMP 4 - EXAM	Patient Care Associate
Keller,Erin	MED/SURG - 10E DOAN AND 10S	Staff Nurse-B
Krumlaw,Jody Renea	Medical Progressive Care - 7 E	Patient Care Associate
Kuhl,Ashley Nicole	MED/SURG - 10E DOAN AND 10S	Patient Care Associate
Leisring,Madeline Rose	MED/SURG 9E DOAN	Patient Care Associate/SNA
Marcelain,Jennifer J	Medical Progressive Care - 7 E	Patient Care Associate
McConnell,Maureen Louise	2nd FLR OP SVCS - CHEMO	Patient Care Associate
Metzger,Adam Michael	BMT - 3 James	Staff Nurse-B
Montgomery,Traci Jo	MED/SURG - 10E DOAN AND 10S	Staff Nurse-A
Morgan,Chelsie Ciara	Medical Progressive Care - 7 E	Patient Care Associate
Patnoe,Elizabeth Louise	MMMP 10 - EXAM	Clinic Nurse-A
Powell,Katie Marie	MED ACUTE LEUK 10E	Patient Care Associate
Preston,Richard Lee	MED/SURG - 10E DOAN AND 10S	Patient Care Associate
Ratliff,Stephanie Joann	Medical - 7 South	Unit Clerical Associate
Ries,Kathleen Mavourneen	SSCBC - Medical	Clinic Nurse-B
Salvato,Julie Suzanne	2nd FLR OP SVCS - EXAM	Clinic Nurse-B
Schlatter,Joyce Ann	Nursing Float Pool	Staff Nurse A-Float
Scott,Denise Converse	Inpatient Midlevel Provider	Nurse Practitioner
Severs,Diana	Medical Progressive Care - 7 E	Staff Nurse-B
Simmons,Maggie Martha	MED/SURG - 10E DOAN AND 10S	Patient Care Associate
Steele,Ashley Ann	ASU	Staff Nurse-B
Stevens,Troy James	Medical - 7 South	Patient Care Associate
Swierkosz,Natalie Marie	MED/SURG 9E DOAN	Patient Care Associate/SNA
Tilus,Diane Allyn	Nursing Excellence	Clinical Nurse Specialist
Tirado,Deyannira	Surg Onc - 9 East & South	Patient Care Associate
Ward,King H	MMMP 10 - EXAM	Patient Care Associate
Warner Jr.,Edward Roth	MED/SURG - 10E DOAN AND 10S	Staff Nurse-B
Watts,Jaimie C	Radiation Oncology	Patient Care Associate
Weller,Monica Renee	2nd FLR OP SVCS - EXAM	Clinic Nurse-B
White,Jade N	MEDICAL 8E and 8S	Patient Care Associate
Whittaker,Jennifer Kathryn	2nd FLR OP SVCS - EXAM	Internal Resource Pool Nurse
Wilkins,Brittany Amanda	BMT - 3 James	Patient Care Associate