

# Nursing CONNECTION

SPRING 2008

A Publication for and  
About the Compassionate  
and Caring Nurse Colleagues  
of Northern Michigan  
Regional Hospital

## Dear Colleagues,

In honor of Nurses Week 2008 - May 6 - 12, I would like to thank you all for everything you do each and every day. The American Nurses Association's (ANA) theme for Nurses Week this year is *Nurses: Making A Difference Every Day*. This is what you do. I sincerely hope that you pause for a moment and remember that you are a shining light to each person you care for. You care for your patients like they *are* your family. Beyond that, you are caring for your community. This is what nursing is all about. This is our profession's commitment to society (ANA Nursing's Social Policy Statement, 1998).

Nursing is a complicated profession, a blend of art and science. The art of nursing is humanistic in nature, as shown by the compassion we convey to our patients. Embedded in the science of nursing is knowledge and expertise. I believe that those who are most passionate about our profession have found a balance between both. The ANA strongly supports the personification of knowledge and expertise as evidenced in Nursing's Code of Ethics and the Scope and Standards of Practice. Both are available in your clinical department and in NMRH's Medical Library/Center for Creative Learning.

At this time I want us all to focus our efforts on the science of nursing with a special emphasis on evidence-based practice. In the Medical Library/Center for Creative Learning and on the Intranet, you'll find a collection of evidence-based practice guidelines, textbooks, and journals. Please, use these wonderful resources.

As we are well into 2008, I encourage us all to advance our collective knowledge and experience as part of our Journey to Excellence. This year, our continuing education support was raised from \$1,800 to \$3,000 annually. Our Foundation actively cultivates donors who desire to enhance nursing education through ongoing scholarships, and we are very grateful for this donor support. We recently



announced the launch of a unique Web-based continuing education program, Mosby's Essential Nursing CE. These interactive lessons are based upon professional nursing practice standards, and it is available to all of us through Net Learning. Finally, we have initiated evidence-based practice and nursing research at NMRH. This is all a direct result of Nursing's Strategic Plan for 2008 - 2012.

To continue our Journey to Excellence, I strongly encourage each of you to inquire about the evidence that supports your clinical practice. I encourage you to continue your education. Take advantage of our tuition reimbursement through Human Resources. In addition, apply for a scholarship through the Foundation. I also encourage you to pursue your clinical certification. This signifies expertise beyond that of your licensure. It is clearly a part of our Journey. Currently, we have 43 nurses certified in their area of specialty. I challenge us to increase this by 25% (54) in 2008 and another 25% (68) in 2009. If you are interested in exploring this level of achievement, learn more at [www.ana.org](http://www.ana.org) or inquire through your clinical nurses association, such as the AORN, ENA, or AACN. Feel free to contact me at 7.4016, your nurse manager, or any member of the Clinical Education Department.

Again, thank you for all you do each and every day. Remember, you make a difference. I look forward to seeing and talking with you as we celebrate nursing at NMRH. Happy Nurses Week.

Sincerely,

A handwritten signature in black ink that reads "Mary Anne D. Ponti".

Mary-Anne D. Ponti,  
RN, MSN, MBA, CNAA  
Chief Nurse Executive

See  
Inside  
Front Cover  
for Nurses  
Week Activities

# Celebrate With Your Colleagues During Nurses Week

*This year, our annual nurses week will celebrate "Nurses Making a Difference Every Day," and will feature guest speaker Katherine Vestal, PhD, at the Nurses Celebration Dinner on Wednesday, May 7.*



*Katherine Vestal, RN, PhD, FAAN, FACHE*

*Dr. Vestal is a healthcare expert who has had the privilege of practicing, administrating, teaching and consulting to health systems all over the world. She is committed to finding the best ways of delivering care. She is passionate about nurses advancing the practices that*

*make them unique providers in the health system.*

*Take a look at the week of activities the Nurses Week Committee has planned for you!*

## **MONDAY, MAY 5**

Cake and Punch in the NMRH Cafeteria

- 11 a.m. – 1:30 p.m., 4:45 – 6:15 p.m. and 12:30 – 1:30 a.m. (Tuesday)
- Sponsored by Medical Staff

## **TUESDAY, MAY 6**

Gift Distribution

## **WEDNESDAY, MAY 7**

Annual Nurses Celebration Dinner and Featured Speaker – NMRH Cafeteria

- 6:30 – 8 p.m. Buffet dinner will be available to those who pre-register for this program via NetLearning "Enroll in a Class" by Wednesday, May 2
- 7:30 – 9 p.m. Guest Speaker, Katherine Vestal, PhD, speaks on "Nurses Making a Difference Every Day: A Call to Action"
- Speaker sponsored by Northern Michigan Regional Hospital Foundation
- Dinner sponsored by Northern Michigan Regional Hospital
- Hosted by Nurses Week Committee

## **THURSDAY, MAY 8**

Guest Speaker, Katherine Vestal, PhD, will tour units on informal rounds with mini-presentation:

- 9:30 a.m. WCCC Conf Room
- 10:30 a.m. 2N/2S Waiting Room

## **FRIDAY, MAY 9**

Drawings for nurse raffle prizes

## **What I like about Northern Michigan Regional Hospital...**

*"I have always been able to continue to grow as a nurse due to the many (part-time) job opportunities. This has helped me maintain a balance with a very busy family and continue to work."*

*René Bieganowski RN, BSN, BBA  
Clinical Education Specialist  
NMRH Colleague since 1986*

## The Nursing Research Process

- I. Issue Identification
- II. Literature Searches
  - Researching the identified issue with scholarly journals
  - Using comprehensive, unbiased literature that supports strict scientific design
  - Obtaining statistics from multiple resources and studies that identify the issue consistent with nursing care
- III. Nursing Intervention
  - Using the researched findings and incorporating them into nursing practice through individual practice, interdisciplinary practice, protocols, institutions, or organizations that monitor care outcomes
  - Clinical decision making – Drawing conclusions based from evidence and practice, along with other findings to implement into their patient interventions to improve patient care, patient satisfaction, and safety
- IV. Evaluation of the interventions used by using a research model that has proven merit and validity within the scientific community
- V. Publication of your findings in reputable nursing or medical journals

To contact Linda Schofield, please call 7.3042 or email her at [lschofield@northernhealth.org](mailto:lschofield@northernhealth.org)

### Nursing Scholarships Available

Scholarships are available through the Hospital Foundation for RNs who are going back to get their Bachelor's or Master's Degree in Nursing. Scholarships also are available for Colleagues who are in the nursing program or are about to enter the nursing program.

Please contact Kathy Hutchinson at 7.3137 or email [khutchinson@northernhealth.org](mailto:khutchinson@northernhealth.org)



## Q&A

# A Conversation With NMRH's First Nursing Research Consultant



Linda Schofield, RN, BSN, MSN, PhD

In March, ICU nurse Linda Schofield, RN, BSN, MSN, PhD, began another role as the first nursing research consultant for Northern Michigan Regional Hospital (NMRH). In this new position, Linda will oversee nursing research programs and help educate nurses about advancing the nursing profession through research. We took the opportunity to talk to Linda about her new role:

**NURSING CONNECTION:** So this is a new role for you, but you are not new to NMRH, right?

**LINDA SCHOFIELD:** That's right. I worked here a long time ago as a staff nurse, educator, and manager, but moved to the Detroit area in 1989. I returned to NMRH in 2005 as a staff nurse and team leader on the med/surg unit. Then I moved to ICU in 2006, and I'm still there.

**NC:** How did you get to know so much about nursing research?

**LS:** I've been involved in quite a bit of research throughout my professional career, including as a teacher and educator at the University of Detroit Mercy Nursing School and here at NMRH in the ICU and Emergency Department. I also was the heart failure coordinator at Memorial Hospital in South Bend, IN, and served as a graduate research assistant when I was a graduate student at Wayne State University.

**NC:** What will you be doing in your role as Nursing Research Consultant?

**LS:** This role is so new that I'll be defining my responsibilities as I work in the position. Mainly, this is an opportunity to educate Colleagues about the important role nursing research plays in advancing the nursing profession. I aim to get Colleagues involved in doing research at the bedside. So I'll be creating programs to help teach Colleagues how to go about the process of conducting research. I'll also oversee two major research projects each year. And, I'd like to reach out to other hospitals in the area and collaborate on some projects so we can obtain a broader research sample.

*continued on page 4*



**NC:** What kind of research projects do you have in mind?

**LS:** First, we want our fellow nurses to create research projects based on their own ideas and experience. Colleagues may see a need to research a particular protocol or care guideline based on something they see every day on their unit. Colleagues should feel engaged and invested in their own research.

Right now, there has been some discussion of researching repositioning slings and patient transfer protocols, safety orientations in the ICU, and particular protocols for heart failure patients.

**NC:** Why is nursing research so important?

**LS:** The nursing profession uses research findings to improve the way we practice, improve the way we care for patients and their families. Nursing research also uses a proven, objective protocol to help us strengthen nursing practice through scientific processes. And, the Magnet process requires us to continuously learn more, seek knowledge and advance our profession. Research plays a big part in this.

**NC:** How long does it take to complete a nursing research project?

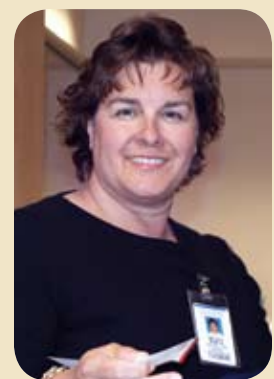
**LS:** Well, that depends upon the project and what is being studied. After identifying a problem or patient care concern, we have to first conduct a literature review to find what information currently exists. Then, we collect data based on patients we treat who meet the criteria we are studying. It can take many months to get the right patients and collect data. Then there's the summarization of data, and the process of submitting an article idea for publication in the nursing literature. This whole process can take more than a year.

**NC:** Do you think nursing research will impact the reputation of NMRH?

**LS:** Yes. The nursing research we conduct and publish here will have a positive impact on our reputation as a healthcare leader. In addition, I hope to create a research consortium where we can present our findings to other nurses and care professionals throughout the state. ■

## Council Day March 18

*Council Day was the kickoff of Shared Governance at Northern Michigan Regional Hospital to introduce the members of the councils and provide these members with a sense of purpose and engagement.*



*Top Left: New Shared Governance Council members.*

*Top Right: Michele Adaline, RN, BSN, CCRN Clinical Nurse Manager (ICU).*



*Bottom Left Photos: Lisa Hoover, RN, BSN, Nurse Manager of Clinical Education; Cheryl Gunther, RN, BA, Diabetes Educator, Chair Person, Professional Nurse Council.*

*What's a celebration without cake?*

# As The World of HUC Turns

By Deb Allerding, Inpatient Health Unit Coordinator Supervisor

With special thanks to Andrea Cooper, HUC, CVU, and Cathy Hammond, HUC, ICU.

**C**erner Phase II is a huge process change that will impact the world of Health Unit Coordinators (HUC) very soon. Cerner Phase II is scheduled to go live on May 19.

Although the role of a HUC may change a little when Cerner Phase II is implemented, including Cerner Physician Order Entry, HUCs will always be needed on the units. The HUC will continue to process orders, manage the medical record from admission to discharge, answer phones, monitor the patient call system, greet and guide visitors, coordinate the care of the patient with the nurse for scheduling of diagnostic testing or treatments, coordinate the electronic transfer of patients, and maintain the overall workflow of the Unit.

Cerner Phase II offers many benefits to the care team and outpatients. In addition, it fits in with our Magnet Journey

to Excellence. In fact, Magnet Force 13: Interdisciplinary Relationships states, "all members of the healthcare team make essential and meaningful contributions in the achievement of clinical outcomes."

The Cerner system has been designed to make daily tasks more efficient for HUCs, nurses, ancillary staff, and physicians. The Patient Care Summary is electronic and will replace the current Patient Kardex. When the physician writes orders in the patient's medical record, the orders will appear on the Patient Care Summary as soon as the HUC has processed them. Tasks may be generated onto the Patient Access List (PAL) for nursing or ancillary departments. Physicians will have the ability to view the overall status of their patients from their offices or homes.

*continued on page 6*

## Mornings with Mary-Anne

**P**lease join me for an open discussion. There will be no agenda ... just an open forum for you to stop by, tell your stories, share your issues or concerns, take a break, grab a cup of coffee and talk.

Please come to any of the following Open Forum dates listed below.

<b>May 2, 2008</b>	10:00 – 11:00 a.m.	2 South Conference Room
<b>May 7, 2008</b>	9:00 – 10:00 a.m.	Old ED Lobby
<b>June 2, 2008</b>	12:15 – 1:00 p.m.	Cardiac Rehabilitation Conference Room
<b>June 5, 2008</b>	2:00 – 3:00 p.m.	Acute Rehab Conference Room
<b>June 17, 2008</b>	8:00 – 9:00 a.m.	Infusion Center
<b>June 20, 2008</b>	10:00 – 11:00 a.m.	Lockwood – 2nd Floor Conference Room
<b>June 23, 2008</b>	9:00 – 10:00 a.m.	Diabetes Center Conference Room
<b>June 27, 2008</b>	2:00 – 3:00 p.m.	OR Conference Room
<b>June 30, 2008</b>	9:00 – 10:00 a.m.	Endoscopy Conference Room
<b>July 14, 2008</b>	9:30 – 10:30 a.m.	CVU Conference Room
<b>July 28, 2008</b>	9:00 – 10:00 a.m.	2 North Conference Room



Cerner reduces or eliminates the duplication of work. For example, in our current system, the HUC places an order, then adds the orders by free texting onto the patient Kardex. With Cerner, once such orders are placed into the system, the orders will automatically appear on the Patient Care Summary and populate any tasks to the PAL, saving a step for each order.

Another benefit is the order sets (Single Phase Power Plans and Multi Phase Power Plans) that have been built into the system. Order sets will reduce the time it takes for the HUC to place orders into the system. The HUC will compare what the physician has written in the medical record to the “Power Plan,” marking the appropriate orders. Each Single Phase Power Plan and Multi Phase Power Plan has been designed to have the appropriate orders match the “paper” order sets we are currently using.

For easier patient education, Cerner Phase II has been designed to link test preparation instructions to diagnostic test orders. When you enter an order, you’ll see an icon of a “sheet of paper” next to the test. Click on the icon, and a window will open with the instructions for the prep. This should reduce errors and time delays due to a missed prep. The HUC will not have to free text preps onto the patient Kardex, resulting in a reduced risk for error.

In addition, if a HUC is unfamiliar with a lab, diagnostic test, or doctor orders, the HUC can use a search field to find options. There are also “Generic or Miscellaneous” orders to use with the ability to free text under “special instructions.” This will reduce the stress the HUC has when floating to other units or coming across orders one does not see often.

Some HUCs may be concerned about learning the new program. Fortunately, Molly Cassidy, HUC-II and Lisa Rogers, Patient Access Scheduler, have been teaching the classes for HUCs. Each HUC is required to attend two four-hour “End User” classes (HUC I and HUC II). The first class includes overall instructions for the new program. The second class includes a review with practice time. During these sessions there will be “Super Users” available to assist with any questions.

The biggest benefit the HUC may find with Cerner Phase II is improved communication with the nursing staff. Simply by looking at the Patient Care Summary, nurses will be able to see what has been ordered, what has been completed, and who is taking care of each patient. There will be less room for error. And using Cerner is as simple as a point and click of a mouse. ■

## Final Stages Before May 19 Go Live Date

By Pamela Harris, RN, BSN

With Cerner Phase II scheduled to go live on May 19, we are now in the final stages of preparation and training. We have completed several formal rounds of testing and have one more round of formal testing to go with the new system before “Go Live.” Testing occurs across the board between departments and looks at patient scenarios from registration to patient care to capturing of charge services. We have been educating trainers, super users and end users on how to use the new electronic health record (EHR). We have also started to include Cerner training in new Colleague orientation.

The last steps in preparation for “Go Live” include:

- Reviewing downtime processes for the EHR
- Development of the conversion “Cut Over” plan for the week of “Go Live”
- Updating policies and procedures
- Medical staff training development and roll out
- New installation of computers for some departments and areas
- Analysis of our wireless capabilities for all NMRH locations with improvements of wireless coverage, if a need is identified
- Outlining what Quality Monitoring should do after we go live
- Reviewing job descriptions and updating, if needed
- Continuing to communicate about Cerner throughout NMRH
- Completing end user training classes
- Preparing for label distribution at the unit level
- Preparing for workflow changes around intra-hospital transfers and discharges
- Improving upon the disease alert notification upon admission

*If you have any questions or concerns regarding Cerner Phase II, please check with your manager, trainer, or contact Pamela Harris at 7.5576.*

# My Cerner Journey

By Sue Keith, RN

**M**y journey began almost a year ago, when a multidisciplinary team was pulled together to start the process of changing to an electronic patient health record.

Although I really didn't know what I was getting myself into, I applied to a posting for a nurse from the med/surg patient care areas and was chosen to represent the area. It was a big undertaking to represent all three med/surg patient care areas, but I felt that I could do this with support from the staff.

The multidisciplinary team includes representatives from all areas of the Hospital, both inpatient and outpatient.

In January 2007, we began meeting weekly, because we had very short deadlines to complete assignments. The extra workload seemed impossible, but we all pulled together.

In those weekly meetings we reviewed the content Cerner had and looked at how it fit into our current workflow (job). The biggest challenge was learning the Cerner language. Team members had varying levels of computer experience, which made us aware of the challenges our Colleagues might face.

We reviewed massive computer spreadsheets that outlined every aspect of what we do. We then needed to determine how to combine the electronic version and the paper version. We determined how the content would fit into the electronic document (e-chart), discussing every detail with every scenario we could surmise. We looked at who comes into contact with the patient chart now, and who will need to have computer access to the e-chart in the future, including physicians, licensed and non-licensed caregivers, all therapies, social services, pastoral care, dietary, all diagnostic testing, pharmacy, lab, registration, and billing.

Then, we created workflows, which are flow charts that map out everything we do for the patient from admission to discharge. We looked at policies and identified discrepancies. When, as a group, we could not make decisions, we presented these issues to a management council for assistance.

As this journey continued, we welcomed Julia Gron, RN, to the team, providing another med/surg representative.

We also made several trips to the Cerner headquarters in Kansas City, to learn first-hand how to design, build, test and train staff on the system. These trips were exhausting, requiring long days



*Sue Keith, RN*

of meetings, detailed workflow review and much decision-making. Many of us continued working after we returned to our hotel rooms. We felt like marshmallows with our brains on overload.

After nine months, we could finally begin building the e-chart. The team was excited to see what the e-chart looked like and how it was going to function. Now, we had to work to complete the chart and all of its functionality.

Toward the end of the year, we were asked to write scripts (scenarios) to be used to test the system. We needed multiple patient scenarios to script out for testing from registration to discharge, and coding for billing. I was assigned to write scripts for patient types including total knee, back surgery, and stroke.

The intricate details of this project required so much time that we needed to put in extra hours just to meet our deadlines. It felt like when we are short staffed on the patient care units. But we needed to be ready for the Cerner visit, when we would test the system and squash any potential problems.

Test week was a l-o-n-g week. The Cerner consultants were here going through every part of each script, logging problems and attempting to fix them. Then we would retest to verify that it was fixed. It reminded me of an assembly line. We had to complete each day of testing in the script before we could leave, because the next day was dependent on the documentation from the previous day. By the end of the week, we were ready for the holiday break. Cerner tells us we were very productive and found some major problems that usually don't get caught until after "go live."

Now we are meeting twice a week. We are reviewing the problems logged from the test week and testing to verify that they have been fixed. In some cases, the design decision needs to be altered. We are reviewing all the power forms to document how the workflow will be impacted.

We are working with Jim Douglas, RN, to develop the training materials for Colleagues. Everyone must be trained before we go live May 19. Training details are still being worked out and schedules will be forthcoming.

We also need to write more scripts for two more testing weeks before we go live. Multiple patient scenarios, both simple and complex, will be needed to give the system an accurate testing.

*continued on page 8*





*Back Row: Karen Safko, RN (CVU), Anne Matzka, RN (ED); Sue Keith, RN (2S); Wendy Davidson, RN (CVU); John Libertine, RN (MHU); and Julia Gron, RN (L3).*

*Front Row: Sharon Bryant (AR); Rebecca Sewell, RN (Ambulatory Surgery); and Kim Westrick, RN (Pediatrics).*

So as this journey continues, I have been asked if I'm glad I did this. Personally, the experience has been a good one. It has been challenging both professionally and personally. I feel I have grown in many ways. I know more about computers now than before, probably more than I want to know.

I feel privileged to represent med/surg on a project that will impact our futures. I am honored to be part of a team that has worked well together and been supportive of each other throughout our journey. I feel good about the work that I have done with this team. My hope is that Colleagues will see the benefits of this change, and the improvement it will have on our workflow. ■

For more information or to comment, please contact Sue Keith at 7.4020 or [skeith@northernhealth.org](mailto:skeith@northernhealth.org)

## KUDOS CORNER

Karen Doherty, RN-BC, Team Leader, Cardiovascular Rehabilitation, has successfully completed the requirements for the American Nurses Credentialing Center's (ANCC) Cardiac/Vascular Nurse Certification. An active participant in wellness activities in the community, Karen also serves as the Chairperson of the Northern Lakes Cardiac Rehab Professionals Network.

Pat Woodside, RN, Heart Failure Telehealth Program, Cardiovascular Rehabilitation, is currently pursuing her Bachelor of Science in Nursing Degree through Indiana University.

Kari Curtis, RN, of Level 3 will be graduating in April with her BSN from the University of Michigan.

Patty Fredricks, PCT, Float Pool, will be graduating from North Central Michigan College this May as a new graduate nurse.

Lisa Hoover, RN, BSN, Manager of Clinical Education, and Paula Jo Shingler, RN, BSN, Cardiovascular Unit, will receive their Master of Science in Nursing Degrees from Michigan State University on May 2.

### Nursing Continuing Education and Conferences

**July 10 – 12** – Northern Michigan Regional Hospital and Beaumont Hospitals present Lub, Dub & Splash 2008. This Heart and Vascular Conference will be held at the Boyne Mountain Civic Center, Boyne Falls, Mich. Visit [www.northernhealth.org/lubdub&splash](http://www.northernhealth.org/lubdub&splash) for more information.

**July 30 – 31** – The Michigan Center for Nursing will host the Michigan Nursing Summit. Radisson in Laurel Park (Livonia). A Nursing Research Day will be held on Tuesday, July 29. For more information, go to <http://michigancenterfornursing.org/>

*Please forward any news items for Nursing Connection to René Bieganowski, [nbieganowski@northernhealth.org](mailto:nbieganowski@northernhealth.org)*



## Finding Our True North ... The 14 Forces of Magnetism

- |         |                                 |          |   |
|---------|---------------------------------|----------|---|
| Force 1 | Quality of Nursing Leadership   | Force 8  | Consultation and Resources                |
| Force 2 | Organizational Structure        | Force 9  | Autonomy                                  |
| Force 3 | Management Style                | Force 10 | Community and the Healthcare Organization |
| Force 4 | Personnel Policies and Programs | Force 11 | Nurses as Teachers                        |
| Force 5 | Professional Models of Care     | Force 12 | Image of Nursing                          |
| Force 6 | Quality of Care                 | Force 13 | Interdisciplinary Relationships           |
| Force 7 | Quality Improvement             | Force 14 | Professional Development                  |