

SIXTH ANNUAL NURSING RESEARCH CONFERENCE

More than 310 nurses and other disciplines from all over the state attended the *Capital Area Alliance for Nursing Research and Research Utilization* Conference this year!! The conference was held on Friday, October 4, 2002, in the Heublein Hall at Hartford Hospital. The theme for this year's conference was, "Partners in Care: Applying Best Practice to Enhance Relationships in Health Care". Conference participants were able to select from 16 offerings including skill-building workshops for nursing research and research utilization and view 10 poster presentations in the informal lounge.



Keynote speaker, Dr. Betty Ferrell FAAN, (above) spoke on "Improving Care at the End of Life". Dr. Ferrell is a Research Scientist at the City of Hope National Medical Center, Duarte, CA and she received the Distinguished Nursing Research Award from the Oncology Nurses Association in 1996. Purdue Pharmaceutical L.P sponsored her presentation.



Dr. Sally S. Cohen FAAN, (below left) Associate Professor and Director for Health Policy and Ethics at Yale University School of Nursing was the plenary address on, "Health Care Relationships: The New Frontier". Dr. Cohen is the Project Director for the "Partnership" Study funded by the Patrick and Catherine Weldon Donaghue Medical Research Foundation. Hartford Hospital's ambulatory medical service is one of the project sites for this grant and their poster were on display. Johnson & Johnson sponsored this presentation.

This year's poster awards were:



(Left to right: Lynn Allchin, Laura Scarpa, Carol Williams, Anne Durkin)

First place: *What Would it Mean to Owners to Have Their Pet(s) Visit in the Hospital: A Qualitative Study.* Lynn Allchin, RN Ph.D. Assistant Professor, UCONN School of Nursing, Storrs, CT. Laura Scarpa, RN, Lawrence & Memorial Hospital

Second place: *Comfort Levels of Nursing Students and Faculty Regarding Clinical Assignment to a Patient with AIDS.* Anne Durkin, Ph.D. RN BC Associate Professor, Quinnipiac University Hamden, CT

Third place: *Care Maps Interventions Versus Traditional Home Care Visits for Managed Care and Medicare Clients with CHF.* Carol Williams, D.N.Sc. RN, Associate Professor, CCSU, New Britain, CT. Mary Thompson



Hartford County

Operation Heartbeat/Stroke

Dawn Beland RN, Stroke Center Coordinator and Chairperson of the Community Education Committee has been highlighted in the colunteer spotlight for the Hartford County Operation Heartbeat/Stroke.

Dawn is being honored for her “dedication and persistence” in getting the Community Education Committee for Operation Heartbeat/Stroke off the ground and productive.

Hartford Hospital’s Maria Tackett (right) Director of Nursing for Neuro, Ortho, Rehab and Trauma presents Dr. Joanne Roy, Nurse Educator this year’s research award.

Dawn has been active with Operation Heartbeat/Stroke since December, 2001. Dawn is not only an advocate for educating the community regarding stroke but has been a speaker on behalf of the American Stroke Association and organized the first ever Stroke conference, “Living! With Stroke” for the Greater Hartford area. This conference was aimed at stroke survivors and their caregivers.

Special thanks go to members of the conference planning committee: **Hartford Hospital:** Janice Bartis, Dawn Beland, Cindy Belonick, Pamela Burris, Laura Caramanica, Janice Lamb, Joan MacRae, Peg Moynihan, Amy Schroder and Lynn Satherlie, **Connecticut Children’s Medical Center:** Sally Strange, **UCONN Health Center:** Ann Cinnotti, **Middlesex Hospital:** Kathy Stolzenberger, **MidState Medical Center:** Cindy Russo, **New Britain General Hospital:** Arlene Morin, **Capital Community College:** Joanne Anfinson, **Central Connecticut State University:** MaryJane Williams, **Quinnipiac College:** Anne Durkin, **Southern Connecticut State University:** Barbara Aronson, **St. Joseph College:** Virginia Knowlden, **University of Connecticut:** Deborah Dillon McDonald, **University of Hartford:** Karen Breda and MaryBeth Mathews.

Her goal: To improve stroke care through education and prevention not only for patients at Hartford Hospital but also for the entire Hartford County area.

“I was honored to be asked to Chair the Community Education Committee and really feel that we can make a difference in the Hartford Community. One of our main goals is to fill in the ‘gaps’ that exist pertaining to specific target audiences including corporate America, seniors, and the minority populations. We also plan on tracking our progress by using American Heart Association’s new SMART database. Using this database will be vital in seeing where we are, what progress we have made, and where we still need to go.”



The most recent Community Education Committee meeting was held on September 9, 2002 after the Operation Heartbeat/Stroke Quarterley meeting at the American Health Association in Wallingford, CT.

ASK NURSE IVY

IV INFILTRATIONS

Infiltrations happen everyday, right? They're no big deal, right? WRONG! Although this is one of the most common IV complications, it can pose serious problems. Your role and how you respond to an infiltration are paramount. They can mean the difference between a minor inconvenience to the patient when detected early, and legal action in other cases. How can you protect the patient and yourself?

Carefully monitor all IV access. Know what an infiltration is and how it looks. Respond to your patient's complaint even though "the site looks fine". Educate your patients about IV therapy and when to notify the nurse that there is a problem. Likewise, educate your PCAs since their time at the bedside affords more opportunity to perform skin inspections. Following these guidelines can minimize the chance of infusion complications, which can cause the patient discomfort, pain and upset.

An infiltration occurs when there is fluid leakage into the surrounding tissues due to:

1. improper tip placement of an IV catheter, or
2. migration of the catheter out of the vein wall.

Catheter migration can occur in one of several ways. We have all seen the catheter that has become dislodged (sometimes with the patient's help). Sometimes the infiltration is actually a secondary complication. The patient may have developed a mechanical phlebitis from movement, which is commonly seen when an IV is placed at a joint. The process may also begin with a chemical phlebitis caused by an irritating medication. Further IV complications can be prevented by removing the catheter at the first sign of a problem. Besides palpating the site, watch your patient when you flush the catheter. You may see the patient grimace or flinch when the catheter is flushed. If your patient demonstrates or states that it hurts, remove the intravenous. Sometimes, this is the first indication of an IV complication. If the IV is left in place, I can guarantee the pain will become progressively worse and/or an infiltration will occur. Frequently, patients comment, "I told the nurse this morning that it was hurting and she said it was fine!" Then, the patient shows me an infiltration that is tender and sometimes pink. Interestingly, this scenario is frequently described on Patient Satisfaction Surveys.

The infusate also determines how much discomfort the patient will experience with an infiltration. Fluids that are alkaline, acidic or hypertonic, are more irritating. So, it follows that any infiltrate involving these fluids would cause a more painful infiltrate. Often, the patient is unaware that the infiltrate is occurring, because there is no pain.

Often a nurse will call and say, "I think the IV is infiltrated. Can you check it out?" How could this nurse tell if this complication is occurring? 1) Look for swelling at or above the insertion site. Compare the size of the arm with the suspected infiltrate to the other arm. 2) Test for discomfort or pain @ the site. 3) Check for a feeling of tightness or decreased temperature around the catheter. 4) Blanching may be present. 5) There may be an absent back flow of blood. This is not always a positive indicator of an infiltration. A more indicative test is to apply pressure with two fingers to the vein above where the tip of the catheter ends. Then, gently attempt to flush. If it is difficult to flush, this generally means the site is fine. However, if you do not meet any resistance, the fluid is infiltrating into the surrounding tissue and not traveling through the compressed vein.

So, now you have an infiltration. What is the first thing you should do? **TURN OFF THE INFUSION!** Do not use this IV or you will worsen the infiltration. Leaving the IV in "just in case" you need it is like leaving a triple lumen that has been partially pulled out just in case you need that. **NEITHER** line is functional! **REMOVE** the intravenous site. Measure the size of the infiltrate or estimate the volume that has infiltrated. There is a scale used to rate IV complications that can be found in the Journal of Intravenous Nursing article by Beth Fabian listed @ the end of this article. Traditionally, we have always applied warm soaks to the infiltrate. Literature now recommends that ice compresses be applied for the first 24 hours and warm compresses afterwards to increase absorption. Elevate the limb and periodically assess the circulation by checking the color, pulse and capillary refill. Document the patient's condition including the size of the infiltrate and your interventions. One should note that some IV complications require an incident report. (Refer to the policy on the HH Web) The next IV is placed above the old infiltrate or in the opposite arm.

One must take into account the infusate at the time of infiltration. Vesicants often require special

treatment, so the pharmacist and physician need to be contacted. Vesicant-like medications are commonly given. These include:

Dilantin
Milnerone
Dobutamine
Amioderone
Vancomycin
Azithromycin
Erythromycin
Unasyn
Nafcillin
Zosyn
Pipercillin
KCL
Sodium Bicarbonate
Calcium Chloride
>10% Alcohol
>10% Dextrose (Including D50 Bolus)

Severe complications from an infiltration can include compartment syndrome where the infiltrate compresses nerves leading to pain, numbness and even paralysis. Arteries can be compressed and lead to compromised circulation, ischemia, and tissue death. I have seen the infiltration of vesicant-like medications lead to local tissue damage, ischemia, and necrosis. The treatment can include surgical interventions such as vein dissection and skin grafting.

As you can see, an infiltration can pose serious problems. The skills and knowledge of the nurse can make the difference in the patients' outcome. Practice safe infusion therapy!

Sources:

1. IV THERAPY MADE INCREDIBLY EASY by Springhouse, Lippincott, Williams, Wilkins
2. "INTRAVENOUS COMPLICATIONS, INFILTRATION" By Beth Fabian, BA, CRN in THE JOURNAL OF INTERVENOUS NURSING, VOL 23 NO.4- July/August 2000 pg. 229-231

SENIOR NURSING STUDENTS ENJOY A DAY AT SIX FLAGS, NEW ENGLAND

Senior Nursing Students enjoyed a day at Six Flags New England in Agawam, Massachusetts (despite the rainy weather), on Saturday, October 12th. Our Nurse Education and Human Resources Departments invited all nursing students (and their Preceptors) who participated in our 2002 Summer Nurse Intern Program for a day of fun, food, rides (a bit wet!), shows and conversation. The annual Fright Fest celebration was on display that day, featuring "The Haunted House" and frightening characters strolling through the park. A good time was had by all!





Above: Sarah Dzialo, Sr. Nursing Student from UCONN. Sarah participated in our Summer Nurse Intern Program this past summer.

Below: Marlene Harris, Nurse Educator with Sarah Dzialo



(HOW DID MARLENE GET SO WET????!!!)



Above: Sophia Waite, (middle), Sr. Nursing Student at Capital Community College, who also participated in our Summer Nurse Intern Program this past summer. The other ladies in this photo are her friends/school-mates from the school of Nursing at Capital Community College who Sophia invited to join her on that day.

Best of luck to all our nursing students!!!

WINTER WATCH

This year's Winter Watch begins December 30, 2002 and runs through January 18th, 2003.

Please call Marlene Harris at 545-2819 for further information.

RESOURCE ROLE: ATTENTION UNIT MANAGERS

The Education Council is conducting a survey on the Resource RN Role. We are asking every nursing unit manager to complete a short, nine-point questionnaire to determine: (1) How we are training our resource nurses; (2) What orientation entails; and (3) What are the role expectations?

The survey was sent via e-mail as well as hard copies mailed to each manager. Please take a few minutes to answer. Your input is appreciated and essential, as the Education Council is looking to create a standardized HH Resource RN Training class. Please send completed surveys to Maryann Steed RN at CB5, tube 64 or via e-mail. Responses **MUST** be in by December 1, 2002.

Thank you! Submitted by: Maryann Steed & Margaret Wilkinson

**THIS YEAR'S 2002
ANNUAL NURSING RETREAT -- NOVEMBER 13 & 14, 2002
"MARCHING TOWARD MAGNET"**



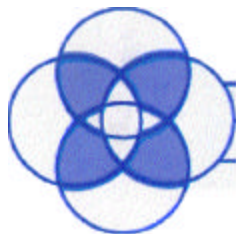
Guest Speaker: Tim Porter-O'Grady, PhD
Internationally recognized Nursing Leader who has paved the way for shared governance in healthcare workplace settings.



DAY ONE – NOVEMBER 13, 2002
COUNCILS ONLY -- INDIVIDUAL GROUP CONSULTATIONS WITH TIM PORTER-O'GRADY, GILMAN AUDITORIUM

OPEN TO ALL: OPEN, GENERAL SESSION NOVEMBER 13, 2002 at 3:30 P.M.
GILMAN AUDITORIUM. Tim Porter-O'Grady to present on what is Shared Governance and Relevance today (also comment on HH progress and learnings from day's discussion -- future direction

DAY TWO – NOVEMBER 14, 2002
COUNCILS, HUMAN RESOURCES CONSULTANTS, VICE PRESIDENTS
HARTFORD ROOM, COMMONS BUILDING, IOL CAMPUS



Outcome Research in Nursing Administration Project (ORNA)

Hartford Hospital has joined forces with the University of North Carolina at Chapel Hill and 160 other hospitals nationwide, to be a part of a new research study. The study, titled “Outcomes Research in Nursing Administration Project” (ORNA), will investigate the relationships among the adequacy of RN staffing, professional nursing practice and administrative and patient care outcomes. This project will not only measure the proportion of RN’s to total staff on a unit and the number of RN care hours, but it will also consider the education, experience and level of expertise of the nursing staff, as well as the extent to which nurses are willing to go beyond minimal requirements to advocate for their patients. The study is funded by the National Institute of Nursing Research for \$25 million.

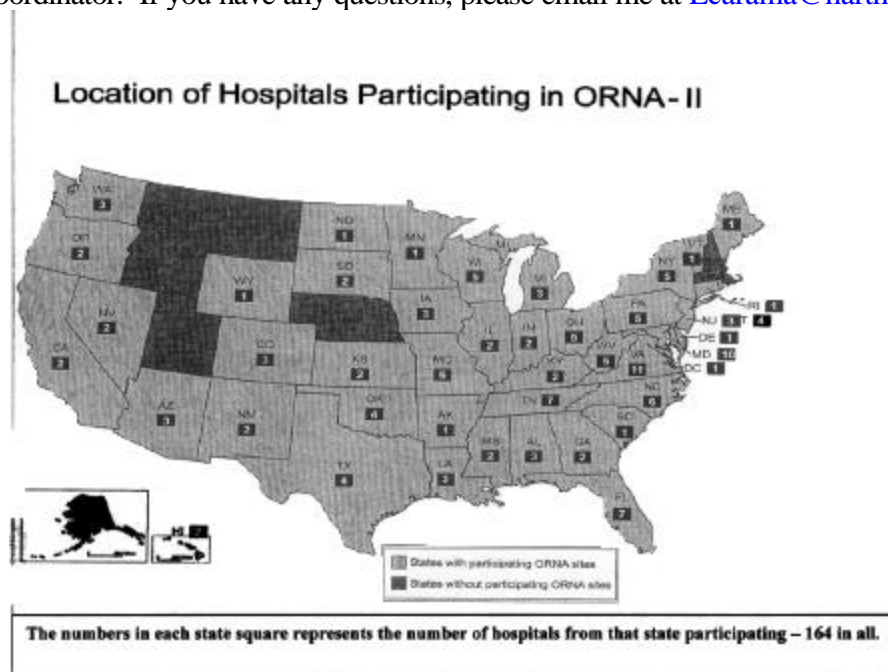
The project will investigate the impact of several variables on the above stated relationships. Some of these variables include the hospital location, whether the hospital is located in an urban or rural area, and the level of the hospitals managed care. The second category of variables describes the hospital itself. It looks at the numbers of beds, teaching and integrated delivery systems status, as well as the level of high tech care the hospital provides.

Very little research exists to help the nurse manager’s decision-making process. The findings of this study will help improve nurses’ work environments and address cost and quality issues.

Two nursing units in each hospital will participate in the study. At Hartford Hospital, North 12 and Bliss 8 will be in the study. (Thank you!). All RN’s with greater than three months work experience on the unit will be asked to participate. A random sample of ten patients will also be asked to participate. All staff and patient data will be collected anonymously.

On any unit where more than 90% of the staff nurses complete their questionnaires, pizza and soft drinks will be provided for all three shifts. In addition any nurse who completes all three rounds of questionnaires will be eligible for a prize of \$25! The Hospital will also receive \$2,000 to participate in this project.

I will serve as site coordinator. If you have any questions, please email me at Lcarama@harthosp.org.



VALIDATION DAY 2003

Validation dates for 2003 – which runs October 2002 through September 2003 - are:

October 17, 2002	November 7, 2002	December 19, 2002
January 9, 2003	February 6, 2003	March 6, 2003
April 3, 2003	May 15, 2003	June 5, 2003
July 10, 2003	August 7, 2003	September 4, 2003

Stations are open 7:00-11:30AM and 12:00-3:30PM

It is recommended that all employees be pre-registered several weeks ahead of the date they plan to attend. Registration can be done via e-mail to “nursing ed & research” or via the educator for your unit. Complete registration information must include: employee name (first and last) and status/title (RN, PSA, etc), employee ID number, department name and number. Please include the date you plan on attending. Though pre-registration is recommended, walk-in registration is acceptable for last minute registrations. Pre-registration enables us to have a pre-printed log available (makes the process, especially sign in, go much more quickly and smoothly), as well as adequate supplies and help.

Healthstream Testing Requirements for Annual Validations

ALL employees must complete assigned tests on Healthstream (computer) BEFORE September 30, 2003 (unless otherwise directed). Please print a certificate when each test is completed. Submit certificates to your Manager for your files. There WILL NOT be paper copies of these tests available to take. There is information in the Validation 2003 Book, pages 17 – 22.

Directions to access Healthstream:

At computer click on **HH Web Services** (blue folder & globe icon), then click on **Healthstream**. (If a Novell Border Bound Screen pops up asking for log-on, type in “Healthstream” for User ID, no password required) **User ID** is your employee number, **password** is your employee number. Do all the tests required of you – only courses/ tests you are assigned will be listed. PA = preassessment tests; option to test out without reviewing materials. If you are not successful with preassessment test you will be guided to the full course.

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Printed Quarterly Due Date Reminders: Due: **December 1** for January 1 publication; Due: **March 1** for April 1 publication; Due: **June 1** for July 1 publication; Due: **September 1** for October publication. Non-quarterly monthly publications will not be printed for distribution. All publications will be loaded to and can be printed from the Intranet.