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From the Chief Nursing Officer

Welcome to the spring 2008 edition of Notable Nursing. In this issue, you will learn about how we make an impact on the community through our outreach efforts. As the largest employer in Cleveland and one of the leading healthcare providers in the area, Cleveland Clinic is uniquely positioned to impact the health status of our community.

As nurses, this is part of our daily mission as we deliver the highest quality patient care. However, our immediate and surrounding communities are in need of our attention. Because nursing is a profession that reaches out and cares for others, we are uniquely qualified to do exactly that outside the walls of our institution.

I am proud to report that the Nursing Institute is taking a leadership role in community outreach efforts. As the largest single institute at Cleveland Clinic in number of employees, we have the manpower to make a positive impact. Our nurses and support staff have the skill set and the mindset to help people where they live through education, health screenings, intervention and direct care. When you combine our numbers with our talents, it’s an unbeatable combination for making a difference in our community.

The relationship between the Nursing Institute and the Department of Community Outreach is strong and growing. Together we are creating a powerful force for change. I hope you will enjoy and be inspired by reading about our efforts in this issue of Notable Nursing.

Sincerely,

Claire Young, MSN, MBA, RN
CHIEF NURSING OFFICER
Cleveland Clinic Collaborates with Area Nursing Schools to Help Reduce the Shortage of Nurses

In 2005, nursing leadership at Cleveland Clinic met with the deans of nursing schools to discuss how we could work collaboratively to solve the nursing shortage.

Nursing school faculty shortage issues consistently surfaced as the leading problem facing schools. In an effort to address these issues, the Deans’ Roundtable Faculty Initiative (DRFI) was formed. This collaborative effort among Cleveland Clinic, 14 participating nursing schools, and five major hospitals and hospital systems in Northeast Ohio is dedicated to aggressively addressing the nursing and nursing faculty shortages.

Now in its third year, the DRFI has helped to fill more than 50 nursing faculty positions, helping at least one area nursing program increase its capacity by 15 percent and helping other programs fill vacancies in skills lab, classroom, online and clinical settings. The DRFI scope is now expanding to include more participants.

The Goals of the Deans’ Roundtable Faculty Initiative
The DRFI determined that the following actions would help alleviate the shortage of nursing school faculty:

• Increasing awareness of the nursing faculty shortage in Northeast Ohio
• Identifying, recruiting and supporting area nurses who may be interested in serving as faculty
• Identifying teaching opportunities for nurses
• Offering ongoing faculty development programs

How the Deans’ Roundtable Faculty Initiative Works
In simple terms, the DRFI developed a website that matches potential faculty with available teaching opportunities at participating schools.

Nurses who are interested in teaching simply log on to the website and submit a professional profile. To date, more than 260 clinical nurses have entered their profiles. Participating nursing schools log on to the website and post course profiles for which they need faculty. The website compares selected data fields entered by nurses and nursing schools and assigns matches.

The DRFI provides ongoing support through a series of educational offerings including one-day faculty development programs, continuing nursing education programs and quarterly newsletters, which prepare potential faculty to become nurse educators.

The DRFI website is open to all eligible nurses and all teaching venues (i.e., clinical, classroom, skills lab, preceptor, research environments). Similar efforts select nurses by committee and limit positions to clinical faculty.

Nurses have the flexibility to manage their profiles and can temporarily deactivate their profiles when they are not available to teach, even if just for one semester.

Email comments to kavanaj@ccf.org.

The following organizations are currently participating in the Deans’ Roundtable Faculty Initiative:

Akron Children’s Hospital | Aultman College of Nursing | Bryant & Stratton College | Center for Health Affairs | Cleveland Clinic
| Cleveland State University | Cuyahoga Community College | Frances Payne Bolton School of Nursing at Case | Hiram College
| Huron School of Nursing | Kent State University | Lakeland Community College | Lorain County Community College | Louis Stokes Veterans Administration Hospital
| Marymount School of Nursing | MetroHealth Medical Center | Notre Dame College | Ohio League for Nursing
| Summa Health System | University of Akron | University Hospitals of Cleveland | Ursuline College
Beyond the Bedside –
Cleveland Clinic Nurses Serving the Community

Cleveland Clinic nurses have been turning up in some unexpected places: serving meals at a local soup kitchen, pounding nails at a Habitat for Humanity house, reading with kids at an inner-city elementary school.

These activities represent the Nursing Institute’s expanded concept of community service, part of an institution-wide heightened awareness of outreach as an integral element of Cleveland Clinic’s mission. Expanding the Nursing Institute’s long-standing community outreach, Chief Nursing Officer Claire Young, RN, MSN, MBA, has created a staff position devoted exclusively to identifying service opportunities for nurses and recruiting volunteers to participate in these activities.

Doug Tayek, the new Community Outreach Coordinator, shares Young’s passion for giving back to the community. “Cleveland Clinic is taking a leadership role in benefiting the surrounding community,” he says. “As a major employer and healthcare provider in the region, we want to demonstrate our commitment to and investment in Northeast Ohio.”

Donating School Supplies and Tutoring Time
The Nursing Institute’s first coordinated outreach project was the adoption last fall of Giddings Elementary School, a school located within a few miles of the Cleveland Clinic campus in one of Cleveland’s poorest neighborhoods. Inspiration for the project came from Barbara Wilson, RN, MSN, CNOR, CNAA-BC, the Surgery Institute’s Director of Nursing.

“On my way to work last spring, I would see the kids walking to school, through neighborhoods of boarded-up houses, and I thought how difficult it must be for them to learn in such a harsh environment,” Wilson recalls. That image stayed with her through the summer.

“One evening I was sitting on my porch and thinking about nursing, Cleveland and the community, and I thought maybe we could help those children.”

Wilson approached Young with a proposal for the Nursing Institute to adopt an area elementary school. With Tayek on board to recruit volunteers and coordinate the logistics of such an undertaking, Young readily approved the idea. The Cleveland Municipal School District quickly paired the Nursing Institute with Giddings Elementary in time for the start of the school year.

For the first project, each nursing unit committed to providing school supplies for one class at the school. The response was overwhelming. By the first day of school, 30 nursing units had donated more than 7,000 supplies valued at $5,676. When cold weather started in November, 36 nursing units donated 1,200 winter hats, scarves, mittens and gloves for the students.
Later that month, 13 nurses volunteered at the school to help children and parents prepare for state-mandated proficiency exams. In February, another team of nurses assisted with a math-help night, and a career night is in the planning for the 7th and 8th graders before the end of the school year.

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“The success of this small project shows that nurses are eager to participate,” Wilson says. “I think nurses have something different in their DNA that makes them want to help others.”

Helping with Holidays, Homes and Healthcare
Encouraged by the success of this first experience, Tayek has continued to search out projects throughout the area that offer an opportunity for nurses to interact with the community. Like the Giddings Elementary project, the service does not have to be directly related to nursing. For example, in December nurses volunteered to cook a meal for families staying at Ronald McDonald House and made Christmas cookies with the children there.

“Whenever possible we try to connect people with a primary provider.”
– Michelle Berkley, RN, CNP

Other volunteer experiences have included working on a Habitat for Humanity house, serving meals to the homeless at a local soup kitchen and sorting and packing food at the Cleveland Food Bank.

“Wherever we go, we are representing the Cleveland Clinic Nursing Institute,” Tayek says.

These new efforts complement Cleveland Clinic’s established leadership in community healthcare outreach. Nursing has long been involved in health screenings, classes and health fairs in Cleveland neighborhoods with the common objective of improving health care for disadvantaged residents.

Neighborhoods surrounding Cleveland Clinic that have received federal designation as areas of poor or limited access to healthcare are a primary focus of these endeavors,
“I think nurses have something different in their DNA that makes them want to help others.”

- Barbara Wilson, RN, MSN, CNOR, CNAA-BC

explains Michelle Berkley, RN, CNP, Director of Clinical and Educational Outreach. “We work closely with the Free Clinic, MetroHealth Medical Center and other community resources to identify the needs and help people in these neighborhoods access appropriate healthcare resources,” she says.

Her department also provides direct patient care at five locations, including three primary care sites and two screening sites. “We can provide acute care, but the key is prevention and early diagnosis,” she says. “Whenever possible we try to connect people with a primary care provider.”

Connecting People with the Medical Services They Need

Heidi Madsen, RN, client care coordinator, works toward that goal on a daily basis as she follows up on a one-on-one basis with people who have abnormal test results from screenings at local health fairs. Examples include individuals who have had blood pressure, cholesterol or diabetes screening.

“I provide information about the importance of following up on these problems, and try to determine if the person has a primary care physician and health care coverage,” Madsen says. “If not, I start trying to connect them with a physician and insurance.”

She works with a diverse population, ranging from people who are unaware of their health status to those who are unemployed and have lost their health insurance. The program’s goal is to help people connect with the healthcare that they need, at Cleveland Clinic or through other resources in the area.

Madsen also works with outreach sites around the city, such as a homeless women’s shelter to provide urgent healthcare and medical screenings. “We are all working together to meet the needs of the community surrounding Cleveland Clinic,” she says.

Providing Health Education and Testing

The Neighbor-to-Neighbor program is an intergenerational health and wellness education program that serves approximately 300 low-income residents each month. Community Health Educator Natalie Rudd, RN, BSN, and her volunteer staff present “A Healthy You” at 14 locations every month, from senior centers to libraries to the YMCA.

“It is an interactive class that tries to plant the seeds for living a healthy lifestyle,” she explains. “Then we follow up with
people who have been through the class to see if they have made any changes." Rudd has been gratified over the years to see participants making an effort to eat better, read food labels, increase their activity and reduce stress.

They are small successes, but each one is meaningful, she says. "This is where my heart is. My goal is to make a difference in at least one person’s life."

The Agape program, an AIDS awareness and testing program that is one of Cleveland Clinic’s longest running outreach efforts, also emphasizes prevention and early detection. Established in 1999 in cooperation with the Antioch Development Corporation, Agape provides individualized AIDS testing, counseling and education for prevention and early intervention at four sites around the city. Spiritual counseling and referral for additional care are also part of the program.

Agape currently serves some 1,500 people a year, but could expand, according to Client Care Administrator Angela Wilson, RN, BSHA. “Our biggest need is to get information out there about our services so that we can work with other agencies in a more coordinated effort,” she says.

Volunteering into the Future

To support programs like Agape, Tayek would like to see more interaction between the Department of Community Outreach and the Nursing Institute to encourage nurses to volunteer and get more involved. “The relationship between the Nursing Institute and the Department of Community Outreach is strong,” he says. “The greatest challenge is communicating with nurses to determine their interests and letting them know about available volunteer opportunities.”

Nurses who have participated in volunteer opportunities like the soup kitchen and events at Ronald McDonald House during the past eight months have become “ambassadors” for volunteering, Tayek says. They talk about their positive experiences to co-workers and recruit them for future events.

He believes that enthusiasm from volunteer participants will help achieve the goal he has set for 2008: to involve 5 percent of Cleveland Clinic nurses in outreach endeavors. “From there, we will keep building every year,” he says. “Our best resource is our people. Nurses have a mindset of serving others. Through community outreach programs, they can impact our neighborhoods to everyone’s benefit.”

Email comments to tayekd@ccf.org, wilsonb3@ccf.org, berklem@ccf.org, madsenh@ccf.org, ruddn@ccf.org, or wilsona2@ccf.org.
Many Cleveland Clinic nurses take their compassion and dedication to service beyond the hospital doors and out into the world to lend a hand for causes that touch their hearts. A few of those nurses are profiled here. Many more can be found in “Beyond the Bedside: Nurses Serving the Community,” Cleveland Clinic’s 2008 calendar dedicated to all nurses who serve as volunteers to the community and the world at large.

**Luann Capone, RN, MSN, APN**, Nursing Quality, spent a week helping to rehab damaged homes in Bay St. Louis, Miss., following Hurricane Katrina.

Why volunteering is important to her: “Not only did we support an important cause, but I learned so much and made some great friends. I only wish I had more time to devote to this; it keeps me healthy mentally, physically and spiritually.”

**Jackie Smith, CNP**, Advanced Practice Nursing, who believes providing for others is fundamental in life, spends Saturday mornings at The West Side Catholic Center preparing meals for more than 150 homeless people.

Why volunteering is important to her: “With the simple act of feeding those in need, I feel like I’m contributing. We are blessed with so much; it’s important we give some of it back.”

**Lea Claus, RN, BSN**, Emergency Department, has helped build shelters and gut houses in areas such as Mississippi, Louisiana and West Virginia since she was young.

Why volunteering is important to her: “My family and I have been doing this since I was a kid. It’s the humane thing to do. It’s what you’re supposed to do. Help out a brother.”

**Brian Kissinger, RN, BC**, Internal Medicine, works with the Red Cross in aiding people struck by disaster. Among several other volunteer efforts, he has traveled to Indiana and Kentucky after devastating tornadoes, helping local residents replace lost medicines and medical equipment.

Why volunteering is important to him: “Helping people who have gone through a disaster, no matter how big or small, just makes you feel good.”
Chris Valigore, RN, BSN, Beachwood Ambulatory Surgery Center, brings her certified therapy dogs to children who have trouble reading. Because the dogs are non-judgmental and caring, they create a comfortable and open learning environment for the children. Making frequent visits to schools, hospitals and libraries, it gratifies Chris to see children smile at the sight of these animals.

Why volunteering is important to her: “It is so rewarding to see my therapy dogs bring joy and comfort to others, especially children. Their unconditional love and acceptance offers happiness and healing.”

Jennifer Elaine King, RN, BSN, Surgical Acute Care, orchestrates a Women’s Ministry at Grace Tabernacle Baptist Church. Her primary role is missions locally and overseas. As an advocate for Children Youth and Ministry, she conducts a quarterly health information forum. She also purchases groceries and necessities for families in need, as part of the Cubby Hole Ministry.

Why volunteering is important to her: “My mission involvement with the Women’s Ministry gives me a sense of completeness. To help those families in need and make a difference in their lives — there’s nothing like it.”

Judy Knirnschild, RN, BSN, MBA, Regional Medical Practice, works with the Girl Scouts on an art project for Veteran’s Day. She is content when she’s assisting, teaching, guiding or providing for others.

Why volunteering is important to her: “Nothing beats the twinkle in a child’s eyes when she’s completed her art project. If I’m responsible for this in some small way, then it is well worth it.”

Catherine Skowronskey, RN, BSN, Nursing Education and Professional Practice Development, has been riding her bicycle the 150 miles back and forth between Cleveland and Cedar Point Amusement Park in Sandusky every year for the past three years. She does this with a team of people as part of “Pedal to the Point,” a fundraiser for the National Multiple Sclerosis Society. Her best friend was diagnosed with the disease 10 years ago.

Why volunteering is important to her: “This ride is meaningful to me because, as a nurse, I’ve seen a number of patients with Multiple Sclerosis. I’m doing this for them. And my best friend’s life has been changed by MS. It’s very personal and important for me to join her in her fight.”
Decreasing Stress and Anxiety for School-Aged Children Undergoing MRI Using a Photo Diary

School-age children undergoing MRI often have stress and anxiety related to the procedure. Many require sedation in order to lay still. Jane Hartman, MSN, RN, CPNP, pediatric nurse practitioner in radiology, thought there might be a better way.

“I felt that, with better preparation, children might have less stress and anxiety and could possibly undergo an MRI without sedation.”

She developed a photo diary of the Cleveland Clinic neuroradiology MRI area. The diary contains 26 photos of a child getting a MRI, spanning from the time she enters the area until the procedure is completed. Pictures are accompanied by written descriptions. The diary was designed to help children become familiar with what will happen during the encounter. Hartman set up a randomized controlled study, which is ongoing. Her goal is to assess whether education about MRI before the procedure would help diminish children’s stress and anxiety. Subjects are children undergoing an MRI and their parents.

To participate, children must be able to read English and have the intellectual ability to comprehend the photo-diary and the research tools, surveys that measure children’s stress and anxiety. Children also can be in the study if they have had prior MRIs before age 5 and whose parent(s) are not participating. Children who have previously had an MRI at age five or older and those not willing to participate were excluded.

Surveys are administered to children prior to their MRI. One survey is administered to one parent as well. In the study, all children who agree to participate have their stress and anxiety measured after their arrival in the area. “They are then randomized into the control group or the intervention group,” Hartman explained. “Children in the control group receive usual care, which might include verbal instructions from a nurse or technologist. The intervention group children receive usual care, plus the photo diary to look at with a nurse. All children have the opportunity to ask questions. Then, before undergoing the MRI, children in both groups and parents complete surveys.

“Based on pre-and post-survey responses, the results from our preliminary data analysis indicated that children in the intervention group had a decrease in anxiety compared to the control group,” Hartman reported. Also, children in both groups had a decrease in stress in the time between the two survey periods while awaiting the MRI procedure.

“In terms of practical application, we can develop better ways of communicating with children having an MRI, and, by implementing changes, we can diminish children’s stress and anxiety and can decrease sedation rates. Preliminarily, study results indicate that children and their parents may benefit from personal education prior to MRI.”

Email comments to hartmaj2@ccf.org.
Cleveland Clinic’s First Enteral Access Nurse

Jeanmarie Campana, RN, is Cleveland Clinic’s enteral access nurse. She is an integral part of the hospital’s nutrition support team, which comprises physicians, nurses and dietitians who support enteral and parenteral nutrition.

When enteral feedings are preferred, a feeding tube is positioned in the patient’s stomach or small bowel via nasal or oral route. Many doctors and nurses perform this technique using the “blind” approach. Often this practice can cause a misplacement of the feeding tube and can increase complications. The need for an increased number of abdominal X-rays to confirm proper placement of the tube can delay initiation of necessary nutrition.

Campana uses an electromagnetic device called a Cortrak. The Cortrak allows her to view on a monitor via a camera that is positioned on the patient’s chest when she begins placing the feeding tube. This decreases the likelihood that misplacement will occur. A final X-ray is required at the end of Campana’s placement per hospital policy. She is the only person on the hospital’s main campus who uses the Cortrak. She performs between up to 11enteral placements a day, and had completed 900 placements by the end of her first year.

At the present time, Campana places most of her feeding tubes in critically ill patients in the ICUs. Her data hopes to support a decrease of time between placing a feeding tube and initiation of feedings. This can improve a patient’s outcome and decrease length of stay and the need for TPN when small bowel feedings can be initiated.

Email comments to campanj@ccf.org.

Cleveland Clinic Nurses Awarded National Grant for Work on Order Set for Withdrawing Life-Sustaining Treatment

The American Association of Critical Care Nurses (AACCN) has awarded the Clinical Nurse Specialists supporting the adult ICUs a small projects grant for the quality improvement project: Evaluating the Impact of a Standardized Order Set on the PROCESS of Withdrawing Life-Sustaining Treatment from Patients in the Adult ICUs. The award is given to only two recipients each year for projects focusing on end-of-life care outcomes in critical care.

This project is the result of a nurse-led initiative to improve consistency in the way end-of-life care is provided and involves all of the adult ICUs (heart failure, medical, surgical, cardiothoracic, cardiac, and neuro) on the main campus of Cleveland Clinic. Clinical Nurse Specialists directing the project are Sharon Dorsey, Kathy Hill, Debbie Klein, Renee McHugh, and Marian Soat. Lucia Wocial, CCNS, PhD, program leader for Ethics in Nursing at Clarian Health Partners, is a consultant. Physicians, nurses, pharmacists and respiratory therapists collaborated together to customize a published order set to meet the specific needs of Cleveland Clinic. The project was reviewed by the Institutional Ethics Committee and the Institutional Review Board. It includes a pre- and post-intervention survey of the nurses, physicians and respiratory therapists who work in the adult ICUs. The “intervention” is the implementation of a standardized order set for the withdrawal of life-sustaining treatment from patients in the adult ICU.

The grant, and how it has evolved, addresses AACCN’s priority areas of creating a humane environment, processes and systems that foster the optimal contribution of critical and acute care nurses, and effective approaches to symptom management. The order set provides healthcare professionals with principles and guidelines that were used in the development of the order set, as well as helpful information and resources to guide them during the process of withdrawing life-sustaining treatment.
Patient Education: An Essential Intervention

Patient education is an essential element of the Cleveland Clinic nursing practice model – equally as important as patient comfort and safety. This institution-wide commitment inspires Cleveland Clinic nurses to apply the latest educational research and cutting-edge technology to their patient education mission.

“In addition to the bedside nurse, HVI resource nurses are an essential element to the success of the patient education program,” notes Betsy Stovsky, RN, MSN, Manager, HVI Website and Resource and Information Center. These experienced nurses are dedicated to answering patient questions about heart, vascular and thoracic topics by telephone, through a secure, one-on-one online chat function and via secure webmail through the HVI website.

Among the HVI’s most ambitious efforts is a series of videos created for Cleveland Clinic’s closed-circuit television station. They cover a wide range of heart-related topics, including pre-and postoperative issues, cardiac catheterization and angioplasty, high cholesterol, nutrition, smoking and heart disease, and pacemakers.

Now available on-demand through the hospital’s closed-circuit television system, the HVI videos are among the most popular of the hundreds of patient education videos available. Other video topics include diabetes, kidney disease, arthritis, pain management and many other disorders.

“The on-demand feature allows patients to watch videos that they need to view in a comfortable setting, at their convenience, and even repeat them if necessary,” explains Jody Reid-Demarco, Health Education Coordinator, Center for Consumer Health Information. Conventional, scheduled programming is still offered on the hospital’s seven closed-circuit channels.

Through a recent innovation, the closed-circuit television system is now linked with the electronic medical record.
for more effective monitoring of patient education. When a patient watches a prescribed video, a notation is made automatically in his or her electronic medical record. “This helps ensure that patients are meeting education goals prior to discharge,” Reid-Demarco explains.

**Educating Patients Before They Are Treated**

In addition to inpatient education, Cleveland Clinic also recognizes the importance of preadmission education. When postoperative surveys revealed that joint replacement patients needed more information prior to their surgery, inpatient orthopaedics implemented a 90-minute preadmission class. Presented by preoperative, inpatient and discharge nurses and physical therapists, it includes discussions, a virtual tour of the recovery room, the unit and the rehabilitation area, handouts and a question and answer period.

“Our goal is to help patients manage their experience so that they know what to expect after surgery and how to manage the pain,” explains Sarah Bixler, RN, BSN, Inpatient Orthopaedics Nurse Manager. Patients report that the class improved their knowledge about postoperative pain and reduced anxiety.

Preoperative education is also important for adherence and patient satisfaction after bariatric surgery. Nurse Manager Kitty Ribar, RN, Clinical Coordinator Angela Roth and the team of bariatric nurses use a variety of techniques to educate patients about bariatric surgery. “This is a major lifestyle change that will affect them 24/7 and will impact their family and support network,” Roth says. “We need to make sure patients understand that and have the necessary coping skills.”

The education process begins several months prior to a patient’s scheduled surgery with an intensive orientation session. Patients and their families hear presentations by a bariatric nurse and the surgeon, a discussion of insurance eligibility, what to expect after surgery, and lifestyle changes. In 2007 nearly 950 people attended these sessions.

Patients also participate in a series of nutrition classes with registered dietitians, and the bariatric nurses maintain phone contact with each patient between orientation and their scheduled surgery. “We rely on the nurses to educate patients before surgery about the lifestyle changes they must make after surgery,” Ribar says.

A few days to a week before surgery, each patient has a final one-on-one education session to review diet, nutrition and lifestyle information and have any last questions answered. Postoperatively, dietitians, psychologists, social workers and nurses on the unit reinforce the dietary and medical instructions and help patients resolve family, social or lifestyle issues they may have related to the procedure. Following recovery, patients can participate in a comprehensive “life after bariatric surgery” program at Cleveland Clinic.

**Help for Cancer Patients**

In addition to inpatient efforts, the Taussig Cancer Institute also reaches beyond Cleveland Clinic with its education initiatives. Clinical nurse specialists Josette Snyder, RN, MSN, and Ruth Fritskey, RN, MSN, staff the toll-free Cancer Answer Line daily, fielding questions from cancer patients and family members nationwide. Established in 1993, the line handled more than 5,300 calls in 2007.

“It’s an open forum,” Fritskey says. “When people hear from the doctor that their diagnosis is cancer, they often don’t hear anything else the doctor says. When they call us, we help them put the pieces of the story back together.”

Fritskey and Snyder also maintain Chemocare.com, a chemotherapy information website sponsored by the Scott Hamilton Cancer Alliance for Research Education and Survivorship (CARES). Through the generosity of a patient’s family, the site was recently translated into Spanish. Similar to the HVI’s web-based initiatives, Taussig Cancer Institute physicians also conduct live webchats on the institute’s website.

Helping patients be informed and safe are the ultimate goals of every patient education initiative at Cleveland Clinic, Modic says. “Patients make changes when we help them solve problems. We don’t simply educate patients, we empower them.”

Email comments to modicm@ccf.org, stovskb@ccf.org, reidj2@ccf.org, bixlers@ccf.org, ribark@ccf.org, snyderj@ccf.org or fritskr@ccf.org.

“...We don't simply educate patients. We empower them.”
– Mary Beth Modic, RN
In conjunction with the 5th annual Neurocritical Care and Stroke Conference, the Cleveland Clinic Nursing Institute held its 10th annual neuroscience nursing conference October 4-6 at Cleveland Clinic’s main campus. A group of experts from around the world gathered to review the latest information in neurocritical care, cerebrovascular disease and neuroscience nursing.

Awake Craniotomy

William Bingaman, MD | Vice Chairman, Neurological Institute, and Vice Chairman, Department of Neurosurgery, Cleveland Clinic

Approximately 20 percent of individuals with epilepsy experience seizures that can’t be controlled by medication. This situation is most common in children and younger adults.

An awake craniotomy can offer hope for such individuals. Awake craniotomy surgery is very similar to a standard craniotomy. The major difference is that in an awake craniotomy, the patient receives local pain medication and is only lightly sedated so as to be awakened during the procedure. Once the brain is accessible to the surgeon, the anaesthetic level is dropped, and the patient returns to full consciousness.

In the case of epilepsy, brain mapping is used to remove a lesion or abnormality in an area that controls language function. The language function must be protected before the abnormality can be removed.

To ensure that protection, the patient must provide critical real-time feedback. The patient is required to talk, count, recognize pictures and perform other basic tasks while the brain mapping takes place. The awake part of the procedure typically lasts between 10 to 40 minutes. With local anesthetic, the patient experiences no pain while awake, and there are no pain receptors actually in the brain.

Other conditions, such as Parkinson’s disease, chronic pain, or tremors also may benefit from awake craniotomy. Once the brain is exposed, electrodes are placed in specific locations. Again, the patient is awakened to provide feedback to the surgeons, so they can determine whether or not the tremors or pain have lessened.

Awake craniotomies require teamwork above and beyond other surgical procedures. The surgeons are busy working in the exposed brain, and the anesthesiologist must concentrate on the light sedation and pain control-medication. Under these circumstances, neuroscience nurses play an extremely important role.

In addition to performing their regular surgical duties, they must give the awakened patient emotional support and a safe and comforting environment, as any unanticipated movement can have disastrous consequences.

Although not a common procedure, awake craniotomy is an important option that allows a difficult group of patients to have access to potentially beneficial surgical treatment.
Neuroscience Nursing: Where We Have Been and Where We are Going

Kathy Baker, MBA, BSN, RN, CCRN, CNRN, CNA-BC | Nurse Manager of the Neuroscience Intensive/Intermediate Care Units, Penn State Hershey Medical Center

The field of neuroscience nursing has gained tremendous recognition and respect in the past four decades. The primary reason is the establishment of the American Association of Neuroscience Nurses (AANN) in 1968. The AANN champions the role of nurses caring for neurological patients, provides special education and promotes accreditation.

The significant issues and challenges in neuroscience nursing today include genetics and prevention, an aging population, cross-cultural concerns, a shift in care settings, and payment for healthcare. In addition, with more of the world’s population aging, neuroscience nurses are now caring for patients with age-related illnesses, such as Alzheimer’s disease, Parkinson’s disease and stroke. There is also an increase in chronic neurological diseases, such as MS, Cerebral Palsy and head injuries affecting younger individuals.

Work force challenges include the aging of nurses and nurse educators and a nursing shortage that is expected to reach severe proportions. The average nurse is now 42, and nurse educator is 55. The nursing shortage is due to a number of factors, with the greatest being the lack of nursing faculty and space in nursing schools.

AANN’s overall strategy for addressing these challenges is active involvement in mentoring a new generation of nurses and nursing faculty and increasing incentives for nurses. AANN also has mapped out specific recommendations for other major issues facing neuroscience nursing today and in the future. Some of these issues and AANN’s observations include:

• Collaboration in care among nurses and physicians, care assistants and multidisciplinary teams is a major JCAHO imperative. The greatest need for change may be in physician perceptions, but nurses must demonstrate their expertise.

• The mapping of the human genome puts us on the verge of a major explosion of genetic applications to disease prevention and treatment. Nurses must understand genetic applications and participate in ethical issues.

• With the expansion of the Internet, it’s important that nurses are Internet savvy to find the latest information on all aspects of healthcare. Patients, however, are increasingly searching the Internet to research their diseases, treatments, physicians and nurses by talking to others through chat rooms. This is a tremendous challenge to healthcare providers. Nurses must be aware of what’s out there, educate patients on what is and isn’t accurate information and then explain the valid information to them.

• Healthcare consumers are increasingly demanding proof of diagnosis and treatment efficacy. There isn’t a strong framework for evidence-based healthcare in nursing, so a culture of questioning how we do things and what happens must be developed.

• With cross-cultural impacts in our global world, nurses must increase their cultural knowledge about disease and care issues that may be different.

There will be significant treatment advances for vascular disorders, tumors, epilepsy, spine surgery and functional neurosurgery. More than ever, continued education is vital for addressing the many issues facing neuroscience nurses. The AANN will continue to play a key role in advancing neuroscience nursing.
Neuromuscular and Neurodegenerative Diseases

Lorraine B. Fields. MSN, CNS, CNRN, CCRN, CCNS  |  Neuroscience Clinical Nurse Specialist, Summa Health System, Akron, Ohio

In diagnosing neuromuscular diseases (NMD), the onset – abrupt, subacute, or chronic – is important in identifying the probable cause. An abrupt onset is usually a vascular disturbance, probably a stroke or toxic metabolic disturbance. With subacute, the onset occurs over days to weeks and is probably neoplastic, infective or inflammatory. Chronic NMD develops over a period of months to years and is probably genetic, degenerative, endocrinologic or neoplastic in nature. Imaging, electrodiagnostics, muscle biopsy, serum and gene therapy are used for diagnosing NMD.

Neurotransmitter functions can be affected in neuromuscular diseases. The type of neurotransmitter function that is affected can dictate the treatment of the condition.

- **Acetylcholine**: Respiratory rate, heart rate, movement, memory and learning
- **GABA**: General inhibitor
- **Glutamate**: Major excitatory (general stimulatory)
- **Serotonin**: Sleep, food and metabolism
- **Dopamine**: Learning, memory, emotion and motor functions
- **Norepinephrine**: Pleasure and mobility

Guillain Barre, myasthenia gravis, and amyotrophic lateral sclerosis (Lou Gehrig’s disease) are all neuromuscular diseases, whereas Multiple Sclerosis, Alzheimer’s and Parkinson’s are neurodegenerative diseases.

Guillain Barré (GBS) is rapidly progressive with signs of weakness, paralysis, and involvement of both proximal and distal limbs, typically more severe proximally. Treatment must begin immediately, as it is not effective if administered after two weeks of symptoms. Several courses of high-dose immunoglobulin (IVIG) or plasmapheresis may be needed.

The hallmarks of myasthenia gravis include fatigue, increased weakness of voluntary muscles, flat smile, droopy eyes, and nasal speech. It is worse at night and worsens with exhaustion. Treatment methods are thymectomy, IVIG, steroids-prednisone, plasmapheresis and anticholinesterase drugs. Strict adherence to medication is critical.

Amyotrophic lateral sclerosis (Lou Gehrig’s disease) is painless and a rapidly progressive weakness of local nature that spreads to contiguous groups. Limb involvement includes weakness, easy fatigability, muscle wasting, sensory complaints and weight loss. Initial signs begin with weakness of bulbar muscles, resulting in difficulty swallowing, chewing, coughing, breathing and dysarthria, ultimately leading to death.

Contrary to popular belief, Alzheimer’s, which is neurodegenerative, is not a single disease but a collection of symptoms. Alzheimer’s usually progresses in three stages. In stage one, the patient experiences short-term memory impairment and difficulty learning new material. Aphasia, apraxia, agnosia, wandering, sundown syndrome and personality changes are all part of the second phase. In stage three, the patient is dependent for all activities of daily living, confined to bed, and incontinent. Medications can keep the patient in a holding pattern for a longer period of time, but are not a cure.

Nerve demyelination is at the heart of multiple sclerosis (MS), which has an average onset age of 30. There are four types of MS: relapsing remitting, primary progressive, secondary progressive and progressive relapsing. Disabling symptoms include numbness, visual impairment, fatigue, tremor, spasticity, bladder and bowel dysfunction, pain and depression. Treatment with ABC drugs, interferons, IVIG and anti-inflammatories are standard.

With clinical trials being conducted on numerous aspects of neuromuscular and neurodegenerative diseases, progress is being made toward new treatment options. The use of IVIG, gene therapy and new drugs offer hope for previously unmanageable diseases.
Neuro Trauma

Christopher Manacci, MSN, ACNP | Acute Care Nurse Practitioner in Emergency Services and Critical Care with the Cleveland Clinic Critical Care Transport Service

Head trauma can occur at any age. In infants, however, frequency of occurrence is more significant because the head represents a larger percentage of their body surface area (BSA). Because it’s difficult to detect head trauma in infants, they have the highest mortality rate from these injuries.

Head trauma involves the primary injury — the sheer force of the impact and subsequent bleeding — and then secondary injuries, including inflammation, cerebral edema, infection, hypoxia and acidosis.

Acceleration and deceleration forces affect the brain, disturbing white matter, disrupting myelin sheaths and tearing the axons. The brain is enclosed in a fixed vault that contains three substances — the brain, blood and cerebral spinal fluid. An increase in one of these substances results in a decrease in another. Bleeding, therefore, results in the compression of brain tissue.

Skull fractures are primary head injuries, and temporal bone fractures can result in hearing loss (82 percent), hemotympanum (81%), loss of consciousness (63 percent), intracranial lesions (58 percent and bloody otorrhea (58 percent).

Head trauma inevitably induces hemorrhage — subdural, epidural or intracrani al bleeding — which constitutes the space occupying lesions. Subdural hemorrhage is the most common and presents as lethargy, drowsiness, irritability, seizure and the classic steady decline in level of consciousness. Epidural hemorrhage leads to increased intracranial pressure and is arterial in nature, resulting in amniosocoria, hemiparesis or hemiplegia. It is characterized by transient periods of unresponsiveness and contrasting periods of lucidity. If space occupying lesions are removed early, a reasonable outcome can be expected. Subdural hemorrhage is ten times more common than epidural hematoma in children.

In a “coup-contracoup” injury, the brain is damaged at both the point of impact and also at the opposite side of the brain, which can present with mixed pathology and confusing clinical presentations. Treat the patient, not the disease. Clinical interventions should always be guided by physical examination and patient presentation.

The Glasgow Score has the best prognostic value related to survival outcomes for head trauma. The score provides rankings in three categories — eye response, verbal response and motor response. It is a very effective tool for determining the progress of the patient.

Post-traumatic seizures in head traumas are not as ominous as they may seem. If the seizure is immediate, which is the result of diffuse depolarization, recurrence is rare. If the seizure appears one week out, reoccurrence is approximately 25%. Seizures that happen more than one week after injury could represent scarring, possibly making seizure reoccurrence more frequent.
PRESENTATIONS

EPIC Nursing Advisory Council
March 2007 | Madison, Wisconsin
An Evolution to eMAR
Terri Wimms, RN, Director Nursing Informatics
Vicki Kanka, RN, BSN

American Nursing Informatics Association (ANIA)
April 2007 | Las Vegas, Nevada
Training, First, Last, Always
Vicki Kanka, RN, BSN

National Teaching Institute
American Association of Critical Care Nurses
May 4, 2007 | Atlanta, Georgia
Airway Management in Advanced Practice
Christopher Manacci, MSN, ACNP
Emergency Services and Critical Care, Critical Care Transport

Challenges in Cardiology
May 2007 | Cairo, Egypt
Preventing BSI and VAP in the ICU, and “Using National Patient Safety Goals in Clinical Practice
Monica Weber, MSN, RN, CIC

Taking the Long View: Nursing Education Capacity and Effectiveness
June 2007 | San Francisco, California
The Other Shortage
Joan M. Kavanagh, MSN, RN, Education Administrator, Nursing Education and Professional Practice Development
Michelle Dumpe, PhD, MS, RN, Associate Chief Nursing Officer and Director of Nursing Education

Celiac Disease
June 2007 | Cleveland, Ohio
Gary Ryan Vanburen, RN, BSN

5th Annual Conference of State Nursing Workforce Centers
The Dean’s Roundtable Faculty Initiative
June 2007 | San Francisco, California
Nursing Education Capacity and Effectiveness
Michelle Dumpe, PhD, RN, Associate Chief Nursing Officer
Joan Kavanagh, MSN, RN, Education Administrator

SOBECC 8th Congresso Brasileiro de Enfermagem em Centro Cirurgico, Recuperaaco, Anestesia e Centro de Material e Esterilizacao
July 2007 | Sao Paulo, Brazil
Hand Hygiene Compliance - The United States Experience
Monica Weber, MSN, RN, CIC, Patient Safety Officer, Division of Nursing

United Ostomy Associations of America Annual Conference
August 2007 | Chicago, Illinois
It's all about the “A” Attitude
Paula Erwin-Toth, MSN, RN, ET, CWOCN, CNS

Reaching Beyond Catastrophe
August 2007 | Cleveland, Ohio
The Sociology of Trauma
Christopher Manacci, MSN, ACNP
Emergency Services and Critical Care, Critical Care Transport

2007 Scholarship of Teaching and Learning (SoTL) in Nursing Conference
August 2007 | Cincinnati, Ohio
CNS Student Competencies in Outcomes Planning and Evaluation: Curricular Considerations and Exemplars
Ronald Rock, MSN, CNS-BC
Rose Coughlin, MSN, APRN-BC, Clinical Nurse Specialist

Nursing Management Congress 2007
September 2007 | Chicago, Illinois
Effect of Ceiling Lifts on Patient Safety
Maureen Palmer, BSN, MBA, CRNN, Director Division of Nursing; Surgical Acute Care
Ronald Rock, MSN, CNS-BC, primary author of paper presented

Emergency Nursing Association Scientific Assembly
September 2007 | Salt Lake City, Utah
What are Joint Commission Core Measures and How Do They Apply to the Emergency Department?
Nina M. Fielden, MSN, RN, CEN, Clinical Nurse Specialist

13th Annual Trauma Symposium
Select Topics in Trauma Management
September 2007 | Cleveland, Ohio
The Management of Penetrating Injury
Christopher Manacci, MSN, ACNP
Emergency Services and Critical Care, Critical Care Transport

3rd Middle East Forum Information Technology in Healthcare
September 2007 | Abu Dhabi
Nursing Informatics – Improving Nursing Practice through the Creative Use of Technology
Terri Wimms, RN

Nursing Management Congress 2007
September 2007 | Chicago, Illinois
Promoting Access via Hospital Transfer Unit: A Strategy to Manage Capacity (Poster)
Barbara Morgan, MSN, RN, CAN, Director
Nemy Vargas, MSN, RN, CCRN, CEN

Team Nursing: Will this be the Model of the Future? (Poster)
Ruth Rivera, RN, C, Nurse Manager

Patient Safety and Change of Shift on a Palliative Medicine Unit (Poster)
Julie Fetto, RN, BSN, MBA, Nurse Manager

Nurses Versus Patient – Perceptions of Why Call Lights are Initiated
Terri Murray, RN, MSN, Nurse Manager

Improving Heart Failure Education; The Role of Unit Management
Madeline Gronsky, RN, ANM

Epic User Group
September 2007 | Verona, Wisconsin
Re-Discovering EpicCare-SmartTools and Beyond
Cynthia Crawford, LPN
Michelle Grub, RN, C
Cheryl Sarapa, MA

Leveraging Electronic Patient Education to Improve Care and Facilitate Collaboration
Ken Goodman, MD
Michelle Grub, RN, C

Mexican Association for Holistic Wound Care and Healing
September 2007 | Veracruz, Mexico
Skin Complications in Ostomies and their Management; What’s New in Fistulae and Ostomy Management
Paula Erwin-Toth, MSN, RN, ET, CWOCN, CNS

Annual Emergency Nurses Association Scientific Assembly
September 2007 | Salt Lake City, UT
What are Joint Commission Core Measure and How do they Apply to the Emergency Department?
Nina Fielden, MSN, RN, CEN
OSANA Fall Meeting
September 2007  |  Columbus, Ohio
4 Generations Working Together
Kathleen Massoli, CRNA, MSN

Quest for Excellence Conference, The Ohio State University Medical Center
September 2007  |  Columbus, Ohio
What’s in a Name? Specialized Cardiac Surgery Procedures
Kathleen Hill, RN, MSN, CCNS-CSC, Clinical Nurse Specialist

Association of Rehabilitation Nurses (ARN) 33rd Annual Educational Conference
Reshaping Our Future
October 2007  |  Washington, D.C.
Effect of Ceiling Lifts on Patient Safety
Dannilly Perdion, BSN, RN, Nursing Manager: Center for Rehabilitation
Ronald Rock, MSN, CNS-BC, Primary Author of Poster Presented

American College of Surgeons 93rd Annual Clinical Conference
October, 2007  |  New Orleans, LA
Tips for managing difficult Enterocutaneous Fistulas
Crina Floruta, CNP
Ronald Rock, MSN, CNS-BC, author of slide presentation of work with ECF and VAC

ITNS 5th Annual Focus on Transplantation
October 2007  |  Cleveland, Ohio
The Transition from Primary Care Nursing to Team Nursing: A New Model of Care in the Transplant Special Care Unit
J. Mccoy, RN, Nurse Manager
T. Clarke, Assistant Nurse Manager
S. Paschal, BSN, ANM
J. Ronjak, Assistant Nurse Manager
K. Tripepi-Bova, CNS
P. Lock, RN
C. Foster, RN
D. DiCello, Patient Service Associate

Development of a Living Donor Liver Transplant Program on G111
J. Mccoy, RN, Nurse Manager
S. Paschal, BSN, ANM
K. Tripepi-Bova, CNS
S. Pengel, RN, BSN

SUNA Search Session
October 2007  |  Phoenix, Arizona
Keeping the Disabled Patient Free of Indwelling Catheter
Pat Young, Women’s Health Nurse Practitioner
Angela Williams, CURN

Society of Urological Nurses and Associates National Conference
October 2007  |  Phoenix, Arizona
Effect of Visualization of Cystoscopic Examination in Relation to Pain Scores in Men and Women
Michelle Anglie, RN, BSN, CURN

Chest 2007
October 2007  |  Chicago, Illinois
The effects of continuous lateral rotation therapy
Nina M. Fielden, MSN, RN, CEN, Clinical Nurse Specialist
Linda J. Lewicki, PhD, RN, Institutional Review Board
Kathryn H. Meyer, MS, Biostatistician
Carla Wollens, RRT, Clinical Specialist
Alessandro C. Arroliga, MD, Medical Director MICU

Association of Pediatric Hematology/Oncology Nurses 31st Annual Conference
October 2007  |  Milwaukee, Wisconsin
The Nurses’ Role in Chemotherapy Ordering
Meredith Lahl, RN, MSN, CNS, CPON, Pediatric Clinical Nurse Specialist

Academy of Medical-Surgical Nurses 16th Annual Convention
October 2007  |  Las Vegas, Nevada
So you want to be an APN?
Kathleen Hill, RN, MSN, CCNS-CSC, Clinical Nurse Specialist

Venice Arrhythmia’s 2007
October 2007  |  Venice, Italy
The Cleveland Clinic Experience
Barbara Thomas, RN Manager EP Labs and Center for Atrial Fibrillation

Anatomy of the Heart and Information about Imagining
Stacy Poe, RN Nurse Clinician Center for Atrial Fibrillation

Education of the Electrophysiology Patient
Phil Kozell, RN, CTS, SMC

The Essentials of Nursing Research
Kristin Forbes

5th Annual Neurocritical Care & Stroke Conference
Cleveland Clinic Neuroscience
October 2007  |  Cleveland, Ohio
Management of Head Trauma
Christopher Manacci, MSN, ACNP
Emergency Services and Critical Care, Critical Care Transport

14th Annual Pediatric Nursing Conference
October 2007  |  Akron, Ohio
Pediatric Peripheral Intravenous Therapy
Care: Improving Practice & Involving Families
Meredith Lahl, RN, MSN, CNS, CPON, Pediatric Clinical Nurse Specialist

New Jersey Statewide Conference on EMS
November 2007  |  Atlantic City, New Jersey
Carbon Monoxide Poisoning
Penetrating Trauma
Christopher Manacci, MSN, ACNP
Emergency Services and Critical Care, Critical Care Transport

Society of Pelvic Surgeons Annual Meeting
November 2007  |  Cleveland, Ohio
How to deal with complicated wounds
Tracy L. Hull, MD Department of Colorectal Surgery
Ronald Rock, MSN, CNS-BC, creator of slide presentation of work with complicated wounds, enterocutaneous fistulas and VAC therapy

World Congress on Pacing and Electrophysiology
December 2007  |  Rome, Italy
Ablation of Atrial Fibrillation, Techniques and Outcomes
Barbara Thomas, RN Manager EP Labs and Center for Atrial Fibrillation

Education and Counseling of the Electrophysiology Patient
Charlene Bielic, RN Assistant Nurse Manager EP Labs

Moderator, Ablation Techniques
Stacy Poe, RN Nurse Clinician Center for Atrial Fibrillation

Institute for Healthcare Improvement 19th Annual National Forum
December 2007  |  Orlando, Florida
Unit Audits and Timely Feedback Improves Pain Indicators
Luann Capone, RN, MSN
Sandy Maag, RN,
Phyllis Parish, RN, BSN
**PUBLISHED WORKS**

**PRINT JOURNALS**

**Adler PA**
Rogerian Scholars Seminar
Effect of Tai Chi on disability in older adults with osteoarthritis: Transition to a unitary model.
Case Western Reserve University, Cleveland, Ohio
October 2007

Sigma Theta Tau
International 39th Bicentennial Convention
Conceptual mapping workshop alternative for undergraduate nursing students of geriatrics.
Baltimore, Maryland
November 2007

**Carter T, Riegel B**
Care of Patients with Pericardial Diseases
Cardiac Nursing: A Companion to Braunwald's Heart Disease
2008; pp 1159-1166 Canada, Saunders/Elsevier

**Fielden NM, Leavitt V**
Update on Antibiotics for ED
ED Nursing
July 2007

**Hall D**
Detect Compartment Syndrome in Time
The American Nurse Today
July 2007

**Hill K**
Surgical repair of cardiac valves
Critical Care Nursing Clinics of North America
2007; 19: 353–360

**Klein DG**
Current Trends in Cardiac Transplantation
Critical Care Nursing Clinics of North America
2007; 19(4); 445-460.

**Mitchell KL**
Migraine Headaches Come to Camp
CompassPoint

**Nieman CT, Manacci CF, et al.**
Academic Emergency Medicine
The Use of the Broselow Tape in Pediatric Resuscitation
2007; 14: 501-502

**ONLINE JOURNALS**

**Canfield C; Skowronosky C**
Clinical Update; Treating Patients with COPD
Mosby's Nursing Consult

**Hill K**
Careful assessment and diagnosis can prevent complications of DVT
Mosby's Nursing Consult
June 2007

**BOOKS (PRINT)**

**Hill K (Contributing Editor)**
Chapter 3, Cardiovascular Disorders in Manual of Medical-Surgical Nursing Care: Nursing Interventions and Collaborative Management

**Manacci C**
Neurological Emergency (chapter) Transport Certification Review Manual II
Air and Surface Transport Nurses Association
2007 Greenwood Village, CO

**AWARDS**

**Patricia A. Adler, PhD, RN, CNS**
Hartford Geriatric Nursing Research Scholar
New York University July, 2007

**Linda Docktor, RN, C**
Non-Physician Clinical Education Award

**Christopher Manacci, MSN, ACNP**
The Barbara A Hess Award
Association of Air Medical Services
Sikorsky Corporation
Tampa, Florida | September 2007

**Barbara Reece, RN, MSN, Clinical Director**
Fitzpatrick Award for Distinguished Service
Far West Center
Cuyahoga and Lorain Counties

**APPOINTMENTS**

**Iyaad Hasan, RN, Nurse Practitioner**
Director, Tobacco Treatment Clinic

**Christopher Manacci, MSN, ACNP**
Director, ACNP Flight Nursing Program
The National Flight Nurse Academy
Frances Payne Bolton School of Nursing
Case Western Reserve University

**Nancy May, MSN, RN, BC, Director, Ambulatory Nursing**
President of the Cleveland Academy of Care Nursing

**Judy Pearce, RN, BSN, CCRN, Nurse Manager**
Lt. Colonel, United State Air Force Reserves
Flight Nurse, 445th Aeromedical Evacuation Squadron at Wright-Patterson Air Force Base
Dayton, Ohio

**Terri Wimms, RN**
HIMSS Nursing Informatics Task Group

**Nelita Zytkowski, MSN, RN-BC**
Board Member
CARING (Capital Area Roundtable Informatics Nursing Group)

**Correction:** The fall 2007 issue of Notable Nursing contained an article entitled “Rearranging the GI Tract: Esophageal Surgeries.” The article was part of a series of articles stemming from the 26th Annual Dimensions in Cardiac Care Conference. We regret that the article published contained some errors.

To read the corrected article, please visit clevelandclinic.org/nursing. Click on Notable Nursing Newsletter and the fall 2007 issue.
Do Educational Videos Improve Self-Care of Chronic Heart Failure Patients?

Chronic heart failure (CHF) is a predominant cause of hospitalization and mortality in the United States. Researchers in one study found a 44 percent readmission rate within six months of patients' initial hospitalization.

According to Nancy Albert, PhD, RN, Director of Nursing Research and Innovation and Clinical Nurse Specialist in heart failure (HF), poor self-care behaviors can lead to re-hospitalization. “Self-care includes taking medications as prescribed and adhering to recommended lifestyle behaviors, such as following a low-sodium diet, monitoring weight and symptoms of worsening conditions — especially fluid retention — smoking cessation, and getting regular activity.”

Patients must be properly educated before they can adhere to the treatment plan. Standard education while hospitalized consists of a verbal education session with a nurse and a handbook describing HF self-care. This may not be enough, however.

Albert notes that nurses may have many patients in their care, not allowing for an ideal amount of time in which to provide education. “In addition, instructions can be overwhelming or intimidating, and patients may be tired or confused, so they can’t absorb the information,” Albert explains. “Once patients are discharged, they may not understand why self-care is important, may forget the things we asked them to do, or they may be unsure if they are doing things correctly. Too often, patients develop congestion or too much fluid in their body, leading to repeat hospitalizations.”

Albert wondered if an HF educational video might help, as it could be viewed multiple times at home and watched with family and friends as well. She located a professionally developed educational video available on the market. The hope was that adding video education to the standard CHF education would lead to an improvement in symptoms and a decrease in hospitalization.

Albert initiated a study in 2000 to see if it would. The study comprised 112 hospitalized patients with congestive heart failure. Fifty-three patients received the standard CHF education. The other 59 received the standard education plus the educational video to take home and watch.

The patients were surveyed 90 days after their hospital discharge. The addition of the video did not lead to a decrease in future hospitalizations, but there were positive results in other areas. “Patients who had received the video improved in some aspects of self-care, specifically knowing when to take an extra diuretic pill for excess weight, decreasing fluid intake when having breathing difficulties and decreasing sodium when swelling increased,” Albert said. “Edema, profound fatigue with exertion and the need for heart failure telephone advice all decreased. Also, the patients with the video made more requests for additional CHF literature and had less need to be told to take an extra diuretic.”

In terms of practical application, Albert notes that “video, compact disc or other mixed-media education is a useful adjunct to oral education and written handouts. While it does not replace verbal communication, it may be useful in providing repeat messages, and the demonstrations may make it easier for patients to understand self-care expectations.”

Email comments to albertn@ccf.org.
Cleveland Clinic Nurses Producing Second Book By and About Themselves

"Without Whose Aid – Wisdom, Compassion and Courage; Cleveland Clinic Nurses Tell Their Stories" is the second volume in a set of books profiling nursing at Cleveland Clinic. The first volume was a historical perspective of 75 years of nursing. This latest book, which covers the time period from 1996 to 2006, is a collection of clinical practice stories. To protect their identities, all patient names were changed. In its foreword, the book says its stories are “written in a language that could be understood by individuals who might be interested in becoming a nurse and by others who are curious about what nurses actually do. Nurses would explain the assessments they make as they provide care and why the assessments and the nursing care interventions that follow are critical to the well-being of patients and of their families.”

Work on the book began in the summer of 2006. A task force of nurses from various departments worked on the book. The task force was chaired by Michelle Braunscheidel, RN, BSN, Judy Pearce, NM, and Sandra Shumway.
A straightforward passion for patient care has motivated Pat Ginley, RN, throughout a career spanning more than 30 years at Cleveland Clinic. “What keeps me going is the opportunity to make a difference in a person’s life every day,” he says.

After beginning his career at Cleveland Clinic as a physician’s assistant (PA), Ginley returned to Cuyahoga Community College in 1978 to earn an Associate’s Degree in nursing. “It was a way to create a bridge to nursing at a time when there was a gap between PAs and nurses,” he reflects. Always open to new learning opportunities, Ginley quickly found that nursing courses complemented the knowledge he already possessed from his advanced practice degree.

Ginley’s bedside nursing career has taken him throughout Cleveland Clinic and, in 2007, to Iraq. An Air Force reservist for 21 years, he was called last year to serve for five months at a hospital north of Baghdad to treat war casualties. “I functioned like a civilian ER physician, using my PA and surgical nurse skills to provide direct patient care,” he explains.

Back at home, Ginley’s most recent mission temporarily removed him from bedside patient care to lead a Throughput Team along with Jennifer Levine, RN, BSN, BA, which is dedicated to improving bed utilization and patient access. The team started with two buildings on Cleveland Clinic’s main campus with the goal of getting surgical patients to the right floors.

Meeting that objective involved changing processes. It was a long and arduous project that involved revamping many aspects of the in-hospital culture that affected patient flow, he says. “I give the nurses a lot of credit. With their help, we showed we could optimize patient care by getting the most critical patients to the right floors, reduce hospital stay and increase patient satisfaction.”

Through the efforts of Ginley and the Throughput Team, 90 to 100 percent of patients in the two buildings they were working on are now on the correct floor. “Nurses are more satisfied also because, with patients where they should be, nurses can deliver the best care,” Ginley adds. Following this success, the bed utilization project has been expanded to the rest of the hospital.

As part of his personal philosophy of helping others, Ginley has been a long-time supporter of MedWish International, an organization dedicated to recovering, recycling and redistributing medical supplies for humanitarian relief. The simple system he devised for collecting discarded sterile, unused needles, bandages and other supplies from surgical packs for this organization has been running smoothly at Cleveland Clinic for more than 20 years.

Now, after a lifetime spent in caring for patients in a multitude of ways, Ginley is ready to pass the torch. “I will be here for the opening [of the new heart center in fall of this year]. After that, I will be turning the day-to-day responsibilities over to very qualified people,” he says. “I hope to remain in some part-time capacity, possibly teaching or mentoring.”

In a long and rewarding career that includes being named 2007 Nurse of the Year, the greatest testimony to Ginley’s ability to lead by example comes from his family. “Both my son and daughter are nurses at Cleveland Clinic,” he says. “I am so proud that they both made that decision on their own.”

Email comments to ginleyp@ccf.org.
Save the Date

4th Annual Urology/Gynecology Nursing Conference
Saturday, April 12, 2008
Intercontinental Hotel and Bank of America Conference Center
To register, visit clevelandclinic.org/nursing

Enterostomal Therapy/Wound, Ostomy, Continence Nursing – 50 Years of Excellence
Join us as we celebrate historical events and milestones that changed the field of ET/WOC nursing around the world.

Monday, April 14 and Tuesday, April 15
Intercontinental Hotel and Bank of America Conference Center
To register, visit ccfeme.org/etwoc08 or call 216.448.0770 or 800.238.6750

4th Annual Nursing Research Conference
Thursday, May 8, 2008
Intercontinental Hotel and Bank of America Conference Center
To register, visit clevelandclinic.org/nursing

Red Carpet Program
Cleveland Clinic introduced a welcome program for 1,000-plus student nurses who affiliate with Cleveland Clinic each year. Newly hired and experienced nurses are given the tools and support they need to thrive in their environments. For more information, visit clevelandclinic.org/nursing and click “Students.”

Heart and Vascular Institute Nursing and Neonatal NICU Internships
Cleveland Clinic has created internship programs specifically to develop new graduates into the finest cardiac and NICU nurses in the nation. As an intern, you can work alongside some of the best nurses and physicians in the country with state-of-the-art therapies and treatments.

Applications are no longer being accepted for spring 2008, but please visit clevelandclinic.org/nursing for future internship opportunities.

The American Nurses Credentialing Center has recently re-designated Cleveland Clinic a Magnet-status facility. Congratulations to our nurses.