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**Timepiece** is a publication of Good Samaritan Hospital’s department of nursing. If you’d like to become a member of Timepiece’s editorial team, participate in this publication or submit items for consideration, please contact Jo or Kathy. Remember: It’s your Time!

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Evidence-Based Practice and Nursing Research

Shirley A. Roth, RN, MSA, CHE

Over the many years I have practiced nursing, I have witnessed how nurses change the lives of patients, families and the nursing profession through improvements in their nursing practice. Their commitment to nursing drives them to assure they and other nurses always ask the question: Does the way I care for a patient with a particular set of problems still result in the outcomes I expect? If the answer is no, they then look to the nursing literature to see if others with similar concerns have done research.

In the early years, most nursing research was performed in academic settings where there were more resources and expertise. Today, we realize that nurses in the community hospital setting are in an ideal situation to perform nursing research.

At Good Samaritan Hospital, the Nursing Evidence-Based Practice and Nursing Research Council has grown from a little over a half dozen interested nurses to a group representing every nursing area. Much progress has been made over the last five years. Two PhD nurse researcher consultants, Dr. Sandy Dunnington and Dr. Mary Packard, provide their expert knowledge and skill in nursing research. These experts have helped us define what nursing research is, and how to read a research article to determine if it is “good research” or not.

The council has provided educational programs on the research process for its members, as well as all nurses at GSH. These educational activities include Dine and Discover lectures, Journal Jazz article reviews, development of the “EBP tool kit” and the very successful Evidence-Based Practice poster presentations.

We have matured in the research process to the point we are ready to tackle performing research studies. Our latest research project, “An Exploratory, Descriptive Study of Hospital Nurses’ Health Habits,” was recently completed by Karen Kansler, Community Outreach Nurse. Karen has presented her research findings to our nursing staff and is planning to disseminate her research findings further at the upcoming MedStar Research Institute Symposium in March.

Today we have the knowledge, compassion, and commitment to perform nursing research here at GSH. In January, Investigative Review Board [IRB] approval was received to perform a research study titled “Influencing Nursing Satisfaction Through the Implementation of Bedside Shift Report.” This research is designed to answer the question of nurses’ satisfaction with shift-to-shift hand-offs performed at the bedside with the patient participating in the report. The bedside shift report team, with Carol Hiteshew as principle investigator, chose this topic because as they prepared to implement bedside hand-offs, the literature review revealed little research regarding nursing shift reports and hand-offs. Another nursing research project is currently awaiting IRB approval. JoJo Romero de Slavy is the principal investigator. Her project, “Nurse Residency Program: An Effective Tool for Retention,” is designed to determine if new graduate mentorship programs result in higher retention rates.

It is my hope that each of you take every opportunity to support the nursing researchers conducting our two new studies. Your participation in completing surveys, being interviewed, and sharing your expertise in nursing practice is vital to the success of our nursing research here at Good Sam. Take pride in being part of these exciting projects.
Delirium: The Truth and Consequences

Ruth Bertuzzi, RN, MSN

Delirium, or acute confusion, is a frequent complication of illness for many older adults. The American Psychiatric Association [1994] defines delirium as an acute disturbance in consciousness with a reduced ability to focus, sustain or shift attention; a change in cognition; or the development of a perceptual disturbance. The three subtypes of delirium are: hyperactive, hypoactive and mixed. The mixed hyperactive-hypoactive type is the most common delirium in older hospitalized patients.

Knowledge of predisposing and precipitating factors for delirium [see table below] can help clinicians better understand this syndrome and take early actions aimed at preventing and managing the condition.

The prevalence of delirium in hospitalized patients is estimated at 14–56 percent. Our Nursing Quality and Safety Council is measuring the prevalence of delirium and has found our rates at GSH to be 20–26 percent. Researchers have found that despite the high prevalence of delirium, it often goes unrecognized by physicians and nurses.

It is important for clinicians to recognize and treat delirium promptly and to provide care to at-risk patients to prevent its development. Delirium can be a life-threatening and life-altering experience for patients. The literature shows that some patients may suffer long-term cognitive impairment plus a decline in their functional capabilities. An episode of delirium can predispose patients to complications such as MI, pneumonia, pulmonary embolism, pressure ulcers and falls.

The National Institute for Health and Clinical Excellence published “2010 Recommendations for Prevention of Delirium in At-Risk Adults.” These guidelines are aimed at diagnosing and treating the underlying causes of delirium and creating a plan of care that addresses the patient’s needs related to environment, pain, immobility, sensory impairment, nutrition, sleep, bowel and bladder function.

In April of 2010, a task force was established at GSH to evaluate how to improve care for our patients with delirium. In reviewing the literature, our team was intrigued by a study that was done at Massachusetts General Hospital. The researchers hypothesized that delirium contributes to patient falls. They wanted to determine the prevalence of delirium in a population of inpatients that fell. The researchers conducted retrospective chart reviews to look for a diagnosis of delirium or evidence that diagnostic criteria had been described. After establishing a data collection tool and accounting for inter-rater reliability, the team gathered and analyzed the data. A primary finding of this study was that 96 percent of the patients that fell showed evidence of delirium.

The Delirium Task Force is planning to undergo a similar study here at GSH to explore how delirium contributes to falls. Stay tuned for more information about delirium and our planned research project.

For references related to this article, please contact Ruth Bertuzzi.

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<td>Fecal Impaction/Urinary Retention</td>
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Starting a Research Project at Good Samaritan
The Road to Implementing Bedside Shift Report

Carol Hiteshew, MS, RN, NE-BC

On the surface, it seems like such a simple change in practice, but nurses have been giving report pretty much the same way [excluding the patient] for many, many years. The idea of giving shift report at the bedside and actually including the patient in the hand-off is often met with great resistance by the nursing staff. The objections to this change in practice include fear of sharing protected health information, violating patient privacy and having to tend to patients’ physical needs during report. Most nurses agree that communication breakdowns are the cause of most errors in patient care.

The Joint Commission agrees and has identified that accurate information during hand-off communication is vital to ensure quality of care.

In the spring of 2011, a task force of nursing leaders was asked to plan and implement bedside shift report on all the inpatient units at GSH. What started out as information gathering and moved into a challenge has now morphed into a research study. We discovered there is very little nursing research on nursing shift reports. As we began to map out our implementation plan, we realized that we had a great opportunity to do a research study at the same time. It seemed pretty overwhelming as none of us had ever been involved in developing a research study. One of the first requirements was to take the on-line Collaborative Institutional Training Initiative [CITI] that reviews the history of research, ethics, and research rules and regulations.

After much discussion, we formulated our research question. The question is: “How does an education program affect nurses’ attitudes, perceptions, and beliefs about a change in practice where the nursing report is moved to the patient’s bedside and includes the patient/family in this report?” The independent variable is the education presented to the sample nursing staff population and the dependent variable is the change in the individual nurse’s perception about bedside shift report. We learned that the measurement tool is critical to the success of the study.

We were pleased to quickly identify the “Healthcare Team Vitality Instrument [HTVI]” as the tool that we would use for our data measurement. We contacted the nurse researcher who developed the HTVI and Dr. Valda Upenicks [2009] graciously granted us permission to use the tool.

In November, our research proposal was submitted to the MedStar IRB for approval, and on January 31, 2012, we received notification that our proposal is approved for study at Good Sam. The task force members, Nadja Muchow, Lisa Leyrer, Ruth Bertuzzi, Debbie Wagner, Princess Deal-Cook, and myself, Carol Hiteshew, are busily working to start the study. The actual study will involve RN nursing staff on three units. Look for bedside shift report coming to your unit SOON!

References
Clinical Ladder Dinner
Community Outreach
Meet Our Patient Care Coordinators

Jo Eich MSN, RN-BC

Jessa arrived at GSH as a new graduate from Cecil Community College in 2004. As someone transplanted to the suburbs of Baltimore City from the rural atmosphere of Cecil County, she found the “small town” environment at Good Sam to be very inviting. In her first position on 4 East, she learned a lot about the care of rheumatology, medical and oncology patients. She successfully achieved her oncology certification and transferred to outpatient oncology where she worked for three years. In 2009, Jessa returned to inpatient bedside nursing on 5 East and then moved to 5 West when the newly renovated unit opened in 2011. She was promoted to PCC in 2010. Jessa says, “I love the community of teamwork on this unit. Everyone brings their best, and I am so impressed with their professionalism.” Jessa completed her Bachelor’s degree in 2009 and her Master’s in Nursing in 2011, from Notre Dame of Maryland University.

Latanya Gaddy – Emergency Department
Latanya started as an eager Unit Assistant in the Emergency Department in 2004. While completing her BSN, she stayed in the GSH ED and worked as a Student Nursing Assistant, Nursing Extern, and Multifunction Tech. She completed her BSN at Coppin in 2007, and started as a novice RN in the emergency department. As she gained clinical knowledge and skill, her night-shift co-workers encouraged her to apply for the PCC position. “We are like family here,” says Latanya. “It is great to have co-workers who are always looking out for you.” Latanya is committed to continuing education for all staff and would like to see more ED certified RNs, and more RN staff working on advanced degrees. Latanya will complete her MSN at Notre Dame of Maryland University this spring.

Jessica Zittle – Emergency Department
Jessica, who is a Carroll County native, came to Good Sam eight years ago after a good friend encouraged her to apply. She did a share day that she describes as a “great experience” in the Emergency Room, and she was hooked on the ED. Jessica completed her LPN at Carroll Community College and completed her RN Associate Degree at Frederick Community College. When she arrived at Good Sam in 2003, Jessica completed our first Emergency Department Residency Program. Jessica is currently pursuing her BSN at Notre Dame of Maryland University and anticipates graduating in 2013. Jessica, always eager for new experiences, appreciated the opportunities to be the night shift charge nurse and decided to apply for the PCC role. “Being the PCC is an incredible eye-opener,” says Jessica. “You see both sides of the picture! You know the staff nurse side, and now I am learning so much about leadership, and why things happen and how decisions are made,” concludes Jessica.

Mylene Leckner – 4 East/IMC
In 1996, Mylene, traveling alone from the Philippines, arrived in New Jersey. She had recently graduated from the Mabini College in Daet with her BS in nursing, and started
her first nursing job in the U.S. in a long-term care facility. In 1999, Mylene moved to Maryland and began work as an RN on 3 West [4 East/IMC]. Her goal was to gain acute care experience in a hospital setting. Two years ago, Mylene was promoted to the PCC role on 4 East/IMC. “We take care of medical-surgical patients, cardiac, respiratory, and patients who have had CVAs. I really like the blend of med-surg and Intermediate Care,” says Mylene. “This unit provides great learning opportunities for staff with all levels of experience. It offers a great bridge for novice nurses to step into caring for more critically ill patients,” Mylene continues. “I learn new things about leadership, commitment, and teamwork every day,” concludes Mylene.

Lisa Leyrer – Rehab 2 East/ 2 West When Lisa graduated from Towson University with her BSN 20 years ago, she had not considered Rehab nursing as her first career choice. When she arrived at Good Sam, she was offered a job in Rehab and has been there ever since. Lisa learned all aspects of Rehab nursing by working with a variety of spinal cord injury patients and medical patients, but her clear specialty became care of CVA patients. About a decade ago, when Good Sam was helping Union Memorial manage their Rehab program, Lisa served as the Patient Care Manager at Union Memorial, and then returned to Good Sam as the PCC. “We have a very collaborative leadership team in Rehab,” says Lisa. “We work closely with many disciplines, and we have to be in sync to achieve the best patient outcomes.” Lisa is certified in Rehab nursing, and is active on the Nursing Research Council.

Kathryn Abby Ross – O’Neill 4 Abby always wanted to be a nurse, and in 2003, Sharon Bickauskas, ADN at GSH, and a neighbor of Abby’s, suggested she apply for a nursing unit assistant position. While Abby was studying nursing at CCBC, she worked in Good Sam’s medical records department. “I worked with MRDI and did a lot of indexing and scanning,” recalls Abby. Abby completed her RN program in 2009 and was hired as a new graduate on O’Neill 4. During her first two years as a novice nurse, Abby worked hard to learn new skills and increase her nursing knowledge. “I especially like the quality piece. I like getting data together to determine how we are doing with things, and how we can continuously strive for excellence,” says Abby. “I didn’t have a lot of experience when I was promoted to PCC, and I value Cathy’s [Rossetti-PCM] guidance and trust in me.” She is like my “work Mom,” Abby said with a smile. Abby values the blend of young and seasoned nurses on O’Neill 4. “It is a great balance,” says Abby. “It is great for our teamwork and our patient care.” Abby is currently pursuing her BSN as a member of Notre Dame cohort 218 and is expecting to graduate in 2013.

Folasade [Sade] Sekiteri – HCU Sade arrived in Baltimore over 18 years ago from her native Nigeria. Sade graduated with a BSN from the Obafemi Awolowo University. Although Sade was a nurse midwife, she started her career at GSH in Med-Surg on 3 West in 1993. One year later, she transferred to HCU, and has been there ever since. Sade worked hard to gain the knowledge and skill she needed to care for telemetry and heart disease patients. She completed a respiratory care course, a critical care course, and ACLS. In 2003, Sade became the first RN on HCU to be promoted on the Clinical Ladder. “I liked being in charge, and many of my PCMs had asked me to consider applying for the PCC position,” says Sade. “I resisted because I was a little afraid of the responsibility.” Finally, in 2011, Sade decided to give it a try. Sade is excited about her role as PCC, and says, “Our staff is very professional, dedicated, and competent. Our patients are very complicated and they need our very best care,” continues Sade. “I try to be a good role model, and to lead by example. Our goal is to be the best unit in the hospital,” ends Sade with a smile.
Empowering Nurses: Evidence-Based Practice and Nursing Research

Jessalyn Barbour, MSN, RN, OCN

Evidence-based practice (EBP) and nursing research are essential to the profession of nursing. Nursing research is a systematic and formal process of inquiry that uses rigorous guidelines to produce unbiased and reliable answers to questions regarding nursing practice. From these answers, professional nurses use critical thinking to make informed practice decisions. EBP stems from this concept. EBP practice looks beyond the answers and makes up the essence of nursing practice. Essentially, EBP uses three intertwined concepts to provide professional nursing care: (1) the best evidence; (2) clinical experience; and (3) patient values and preferences.

So you may ask yourself, why is this so important; why do I need to know this; why now? EBP is the wave of the future and the future is here. Nursing research is no longer just for the academic setting, and nursing practice is no longer dictated by only books and policies. EBP gives every nurse the power to make changes and improve nursing care in every setting. This is important because approximately 85 percent of current nursing practice is not scientifically validated. EBP and nursing research are vital elements in the American Nurses Credentialing Center’s Magnet Model. It is important for all nurses to understand the nursing research and EBP process [see above graphic]. Good Samaritan Hospital’s Nursing EBP and Research Council [EBPRC] is committed to supporting the journey to understanding nursing research and EBP and obtaining Magnet designation.

The EBPRC at Good Samaritan Hospital is a hospital-based nursing council which provides education, training and collaboration for the conduct, review and application of EBP and nursing research. Council members include both bedside nurses and nursing leaders. In order to advance EBP in nursing, mentors are needed at all levels to help guide the development of EBP through active engagement at the front line. Council members help to fill this role by acting as mentors for nurses in their work areas. Nurse leader support is also needed to advance EBP and among the EBPRC members are the chief nursing officer, the magnet coordinator and director of education, all who actively champion nursing research and EBP. The EBPRC strives to create a safe and supportive environment for nursing research and EBP. The council hopes to create this atmosphere through its members and council-sponsored presentations.

The council will sponsor at least two Journal Jazz presentations this year. Journal Jazz helps to foster EBP by increasing nurses’ awareness of current research, educating nursing to critique and appraise research literature, and subsequently, encouraging research utilization. Journal Jazz empowers nurses to make sound decisions, make a difference and promote the concept of shared governance. The GSH EBPRC works in collaboration with the MedStar Nursing Research Council to maintain an online EBP toolkit and up-to-date library resources. The council is currently recruiting EBP projects and plans to sponsor an EBP Fair during Nurses’ Week 2012. The EBP Fair will be a station-like event in which the nurses will display their EBP project as a poster presentation. Please contact us if you are interested in participating in this fair.

For references related to this article, please contact Jessalyn Barbour.
Kudos & Other Good Things to Know

Graduations

**Master’s degree 2011 graduates**
- Jessalyn Barbour [5W]  
  MSN Education
- Joy Burke [Education]  
  MSN Education
- Tracy Collins [ED]  
  MSN Administration
- Johanna Romero deSlavy [Education]  
  MSN Education
- Carolyn Eddington [2E]  
  MSN Education
- Sonia Galvin [ICU]  
  MSN Education
- Robin Holt [ASU]  
  MSN Informatics
- Vergie O’Garro [2E]  
  MSN Administration
- Carol Zeller [Rehab]  
  MSN Administration

**BSN 2011 graduates**
- Althea Bailey [HCU]
- Laurie Demers [OR]
- Kristen Filer [SSU]
- Jennifer Gunter [ICU]
- Nadine Hamilton [O’Neill 3]
- Joan Isenhour [ICU]
- Camilia James [ED]
- JoAnn Kennedy Hoyte [ADN]
- Keisa Moore [ED]
- Barbara Richmond [ASU]
- Amber Sentz [2W]
- Nia Squire [ED]
- Tina Vest [Case Management]

**RN 2011 graduates**
- Traci Brocht [2E]
- Julia Cash [SSU]
- Lizzy Kabwe [TCU]
- Venus Ricks [5E]
- Sally Steadman [4E]
- Adenike Thomson [TCU]
- Lia Wilson [4E]

Congratulations, Orthea McDaniel, on passing the LPN boards.

*Congratulations also go out to all the nurses who have received certification in their specialties this past year. Way to go! Please make sure your picture is posted for all to see on the recognition board.*

New Nursing Leaders

Good Samaritan welcomes Kevin Platt as the new senior director of comprehensive integrated inpatient rehabilitation [CIIR] where he will oversee CIIR and acute hospital rehabilitation operations.

Recognition

The October Daisy Award was presented to Jackie Tela from O’Neill 4. **Congratulations!**

Megan Van Hoy and Nadine Stewart, along with Dr. Lemma’s research team, have submitted their research article for publication in *The Journal of Bone and Joint Surgery*. The article is titled “Incentive Spirometry Use in Postoperative Orthopaedic Patients.”

Clinical Ladder

The nursing department is pleased to announce Clinical Ladder advancements and renewals for October and December 2011:

**OCTOBER 2011**

**New Applicants**
- Joyce Estrella, RN III – ED
- Baby KuriaKose, RN III – 5E
- Mabel Mbelli, RN III – O’Neill 4

**Promoted from RN III to IV**
- Megan Van Hoy – O’Neill 3

**Renewals**
- Rey Alagon – Renal
- Bernie Donnenberg – ASU
- Carolyn Eddington – Rehab
- Lakita Godsey – O’Neill 3
- Angel Suff – OR
- Dawn King – OR
- Janet Knight – SSU
- Oliver Macale – HCU
- Cleopatra Manuel – HCU
- Kara Rites – OR
- Nora Rosas – Renal
- Nadine Stewart – O’Neill 3
- Gina Walzl – SSU
- Karen Zielinski – ASU

**DECEMBER 2011**

**New Applicants**
- Rachel Schwarz, RN II – O’Neill 4

**Renewals**
- Clin III
  - Althea Bailey – HCU
  - Elsa Cain – SSU
  - Kildia Cepeda – 3W
  - Surya Chacko – SSU
  - Megan Cox – ED
  - Jennifer DiFatta – O’Neill 4
  - Cyprian Ekwunaza – HCU
  - Misty Escalona – O’Neill 4
  - Mishele Faune – ICU
  - Brenda Griffths – Endo
  - Leila Ignacio – ICU
  - April Irving – O’Neill 3
  - Jackie Johnson – IVT
  - Terry Johnson – 4E
  - Jeanette Nimon – ONC
  - Anne-Marie Popoka-Tebong – 4E
  - Saddah Raddar – ICU
  - Diane Rafferty – 2E
  - Andrea Ramoy – Renal
  - Anita Sipes – Cardiology
  - ray Widmark – ICU

**Clin IV**
- Jennifer Gunter – ICU

Congratulations to all!

The Professional Development Council reviews the Clinical Ladder applications quarterly. Please see your Professional Development Council Rep to learn requirements for joining the ladder.
Mary Humeniuk-Smith – O’Neill 3
Mary, who has 25 years of service with GSH, started on the rheumatology/orthopaedic unit after completing her RN associates degree at CCBC. When rheumatology and orthopaedics split, Mary began her long-term dedication to the specialty of orthopaedics. Mary’s knowledge and skill in the care of post-orthopaedic surgery patients makes her a vital resource for all the staff on O’Neill 3. Mary says, “I really like the blend of leadership and patient care that is built into the PCC role.” “It gives me a great perspective and understanding about working on both sides,” continues Mary. Mary achieved certification in medical-surgical nursing five years ago, and is currently preparing to sit for the orthopaedic nursing certification. She has also been actively involved in the MedConnect phase I, and now phase II, task force. “It is exciting to be part of this huge project,” says Mary. “I really like having some influence on how MedConnect changes our nursing practice,” concludes Mary. Mary is also encouraging the O’Neill 3 staff to work toward orthopaedic certification and pursue clinical ladder promotion.

Elizabeth (Beth) Worden – 5 East
Beth started at Good Samaritan in 1987 as a student nursing assistant. Coming to Good Sam seemed like a perfect fit for the nursing student who attended St. Matthew’s grade school and Mercy High School. When Beth graduated with her BSN from Towson University, she started her first job as an RN on 4 East. Beth became passionate about oncology nursing and soon became certified in the specialty. “These patients are so kind, giving, and gracious,” says Beth. “As the years go by, you realize what a privilege it is to care for oncology patients and their families,” Beth continues. Beth did assume the PCM role for a short period of time, but found that she appreciated the “best of both worlds” that the PCC position allows, with a blend of direct patient-care hours and advancement in the leadership role. When asked about future goals for 5 East, Beth says 5 East is eager to participate in the Magnet journey. She also hopes to see more RNs certified in oncology, and more RN staff advancing on the clinical ladder.