The Cath Lab recently underwent a change in how supplies are stocked, charged, and distributed. Before Pam Jones and her Six Sigma Team came on board, the Cath Lab had a labor-intensive method for charging supplies. A team led by Performance Excellence Master Blackbelt Pam Jones included: Amanda Cohron, Coding Specialist; Fred Genter, Vice President of Corporate Purchasing; Brad Ward, Director of Corporate Purchasing; Garry Ragland, IT Applications Manager; Jason McCoy, IT; Betsy Hester, Cath Lab Inventory Leader; Linda Bratcher, Surgery Buyer; and Marita Hockstedler, CCL Clinical Manager. This group formed about two years ago to start the process of improving the charge capture processes involved in cath lab supplies.

The newly renovated cath lab included the purchase of a new monitoring system, which had integrated charge capture software that could interface with Meditech. There were issues that our IT department (Garry and Jason) worked through to enable the interface to function properly, but once that was accomplished, we were on our way to automation.

Some of the issues that were recognized included a need for charging and tracking of consignment items (expensive items that are actually owned by the product company which we do not actually pay for until the item is used) and items that come from the storeroom, or items in Cath Lab inventory that are specific to our area. At one time, charging of these items required many steps and lots of paperwork, but not anymore! We are excited to announce that this process has been streamlined and is much more accurate.

When you involve many people from different areas of expertise within the organization in one group, you can work on multiple problems at one time, which is what happened. Not only was the charge capture streamlined, but Fred Genter, Shaun Etheridge and Tim Howard worked to improve our system for getting supplies to the Cath Lab from the Storeroom. We now have a Cath Lab supply room that has set PAR levels and is replenished daily by the Storeroom staff. This has helped reduce the amount of items stored in the Cath Lab and allowed Cath Lab to spend more time providing patient care because they are no longer have to keep up with supplies and inventory items.

The Cath Lab staff would like to give a big thank you to everyone involved for taking on this project, improving our work environment and allowing us more time with our patients!
February is the month that is designated Heart Month. The annual Heart Reunion was held on Sunday, February 13 at the Knights of Columbus to honor our patients who had surgery in the past year as well as in years past. Dr. Moore spoke to the group about improvements in our course of care with patients being able to transfer to a private room on their first post-op day. He also told the group about the benefit of the Hospitality House for those patient families who live out of town.

This is a reminder that this is the year for our Joint Commission visit and once again it will be unannounced. Please make sure your units are ready on a daily basis. Georgena Brackett, Director of Health Information Management, continues to coordinate tracer activities so we can remain focused on the standards and correct any issues that may be found.

We are getting ready to start a pilot project on 3D, ICU and CRSH regarding a pressure ulcer prevention program. It will include a required education program for both nurses and certified nursing assistants in the prevention of pressure ulcers as well as introduction of new products to improve our pressure ulcer incidence.

Our education project for congestive heart failure has just finished. I would like to thank Pam Jones, Master Blackbelt with Performance Excellence, for chairing the workgroup that developed the education materials and the test questions for this project. With the completion of this education, the expectation is for the nursing indicators to be at 100 percent in the coming months. This is an important project because it will drive our reimbursement for CHF patients.

March 19 is Certified Nurse Day and we will once again celebrate with those nurses who have attained their certification. Please let your manager know if you have maintained your certification and also if you have recently attained your certification so we may have a current list of all of our certified nurses for the celebration.

Thanks to everyone who participated in the employee engagement I C.A.R.E. survey in the last couple of weeks. We will anxiously await the results of the survey to determine if we will be filing our application for the Magnet Certification.

I believe we are all looking forward to the warm weather of spring. I am also looking forward to the projects each unit will be working on this year to improve our patient outcomes. Everyone is in tune with evidence-based nursing practice and is making it happen on their units. Accountability for evidence-based practice is everyone’s responsibility and is quickly becoming the norm throughout the hospital. Kudos to everyone for making this happen. Nursing excellence is our goal, and we will continue to strive for that goal throughout the year.

Betsy

**“Comforting Bowling Green” Quilt and Blanket Drive** by Anne Afton, BSN, RN, CNIV

“Comforting Bowling Green” was the theme of the first ever quilt/blanket drive held in honor of the new Nursing Professional Practice Model for The Medical Center. On Thursday, January 20 a celebration event was held in the auditorium. The aroma of fresh popcorn was enticing to anyone in the area. A specially-designed cake decorated with our new Model was enjoyed. Boxes of cookies and bags of popcorn were delivered to all nursing units for our night shift staff by the Magnet Champion Team.

All of the quilts, blankets, throws and baby blankets from the nursing units celebrated the patchwork quilt motif of the new Model. A total of 153 items were collected and taken to the Salvation Army! This was a splendid achievement for our first effort.

The event featured a video presentation that explained the components of our Nursing Professional Practice Model. This video can be viewed on the hospital education channel. Thanks to Debbie Smith, RN, MSN, CNIV and her crew for the creation of this video.

Nursing excellence is the overall goal of the Model. The Nursing Department’s mission is to care for people and improve the quality of life in the communities we serve through our practice, education, research, innovation, and collaboration. On each nursing unit during the month of February, you will find a bulletin board with a display of our new Professional Practice Model. Review its components and you will find that indeed it is our practice! You are part of the “quilt” that is our hospital! You care for patients, family and the community throughout the life span, giving comfort and compassion along with your expertise.

Share in the elements of our Practice Model and begin collecting now for our next quilt/blanket event. Enjoy sharing comfort!

Pictured with some of the quilts and blankets collected are (front row, left to right): Pennie Ritchie, RN (SB) and Mary Ford, RN (4A). Back row, left to right: Ruth Gott, RN (NICU); Sarah Harrison, RN (Labor & Delivery); Anne Afton, RN (Emergency Department); Carie Cosby, RN (NICU); and Kevin Taylor, RN (PACU).
Notes from the Councils

Nursing Development Council
Most of discussion centered around the upcoming nursing competencies for 2011. Council members responsible for helping develop their unit’s competencies have until the end of April to complete the forms and enter them into the computer. Vivian mentioned a Medical Terminology course that will be available to a limited number of enrollees in the near future. This course could be very helpful for unit clerks and monitor techs, especially. Registration for this class can be done through NetLearning.

Recruitment, Recognition, & Retention Council
Discussions began regarding the Annual Nurse and Clinical Support Employee of the Year project. A list of the various subcommittees was distributed and specific duties assigned. It was decided that the subcommittees for Nurse of the Year and Clinical Support Employee of the Year get together to coordinate activities and share information and insights.

Research Council
An article on “Nursing Journal Club Thrives Through Shared Governance” was presented to the council and discussion ensued on the merits of having a journal article presented monthly. The group agreed this would be an excellent start to encouraging the reading of research articles and promoting evidence-based practice in our hospital. Steven Alvey, RN, of Open Heart Recovery volunteered to bring in the article for next month. A subcommittee was formed to work on getting the abstracts from the Poster Presentation Day into a shared file so they will be easily accessible to all and maintained over time.

Nursing Quality Improvement
Unit 3B presented their CHF Performance Improvement data. From a nursing standpoint, documentation has continued to improve. It was noted that the CHF committee is making a PowerPoint presentation to show new employees during orientation to help them understand the required elements of CHF compliance. Pressure ulcer data was presented to determine what fundraisers we could do as a team to raise money for our goal. Once our outline was initiated, we needed to seek approval from Nursing Administration and CHC to approve our efforts. Our fundraising efforts included nacho mania, spaghetti supper, bake sales, gift basket raffles, yard sale, and a silent auction. Members of the team spent personal time and money to organize, cook, and prepare for the fundraising events. Many hours were spent going to local businesses and organizations to request donations to build the gift baskets for the raffles and the silent auction. In addition, many hours were given freely to prepare and hold the event. In fact, just the preparation for the event made the team members closer and gave us a feeling of accomplishment and pride.

On October 24, 2010, our journey was coming to a close. The team members met in Louisville down by the riverfront to begin a day of festivities. At the beginning of the event, our team signed in and donations were recorded. There was a survivor tent and special recognition was given to those that had endured breast cancer. We saw grandmothers, mothers, sisters, friends, and co-workers taking part. There was a huge paper cake made for the breast cancer survivors to place their candle marking their survival. There was

Part of the Journey is to Make a Difference
by Renee Donaldson, RN

As we journey from 2010 into 2011, we reflect on our accomplishments from the previous year and dream of opportunities that face us in the upcoming year. In 2010, a dream of one individual developed into a team that would raise money for a worthwhile cause — breast cancer research. In addition to our personal journey, our professional journey is in progress as well. As we look to the future for Magnet accreditation, we are encouraged to take hold of our profession and to improve it with the tools that we have acquired. One of the model components of the Magnet model is the component of Structural Empowerment. Within this component are forces that deal with community participation and the image of nursing. Through our personal endeavors we have touched both of these components by becoming positive nursing influences around those who we serve and by being a positive image within our community. Additionally, I believe that any endeavor that we feel strongly about is a representation of us — personally and professionally. By participating in these types of events, we not only raise awareness of the cause but also encourage those around us to stand up for the important things and remind us that a few people can make a difference.

The Triage TaTas was formed among co-workers and friends with a goal to raise $2,500 for Making Strides Against Breast Cancer. Through team efforts, we held brainstorming sessions...
dancing, laughing, reminiscing, sharing, and reliving those moments. Sadly, there was a time of silence — to remember those who had lost the fight and for those of us participating to say our prayers and give remembrance to those who had impacted our lives but could no longer fight the fight.

As the walk began, it was a breath-taking experience to see the thousands of people who came to participate in the event. The teams that had worked diligently to raise money for such a worthwhile cause were represented by matching shirts and signs, and some had a little fun by getting their hair sprayed pink, and wearing wigs and hats. It was a journey for us to embark from the starting line and make our way to the finish line — as team members and observers cheered us on. As a team, we raised $4,100 — and every minute that we poured into this event was worth the effort. As a co-worker and a friend, I encourage you to become involved in our organization, our community, and fight for those causes that you believe so strongly in. You can see through our success — a few people can make a difference.

As for 2011, we are already talking about the things we learned, the things that we will do differently and how we as a team can raise more money for such a worthy cause. Be on the lookout — because this team of individuals will be raising money again for breast cancer research and awareness. We want to say thanks to CHC, the community, and to every one of you who supported our cause!

Campinha-Bacote Model by Jenny Goad, RN, BSN

As we embark on our journey to become a Magnet hospital, we developed a Professional Practice Model to help aid in this process. In our Professional Practice Model, we assessed and voted on the healthcare models and delivery systems that best helped us to achieve our goal. To help aid in the ever-changing population seen in patient care, we chose the Campinha-Bacote Model to assist in becoming culturally competent. This model represents the necessity in becoming culturally competent, which helps us to deliver excellent care to all our patients without bias or boundaries.

“The Process of Cultural Competency in the Delivery of Healthcare Services” is a culturally conscious model of care that defines cultural competencies, the process in which the healthcare professional continually strives to achieve the ability and availability to work with a client [family, individual, community] effectively. This model views cultural awareness, cultural knowledge, cultural skill, cultural encounter, and cultural desire as the five components of cultural competence.

Cultural Awareness is the process of conducting a self-examination of ones own biases toward other cultures and the in-depth exploration of one’s cultural professional background.

Cultural Knowledge is the process in which healthcare professionals seek and obtain a sound educational base about culturally diverse groups.

Cultural Skill is the ability to conduct a cultural assessment to collect relevant cultural data regarding the client’s presenting problem, as well as accurately conducting a culturally-based physical.

Cultural Encounter is the process that encourages the healthcare professional to engage in face-to-face interactions and other types of encounters directly with clients from culturally diverse backgrounds in order to modify existing beliefs about a cultural group to prevent possible stereotyping.

Cultural Desire is the motivation of the healthcare professional to “want to” engage in the process of becoming culturally aware, knowledgeable, skillful, and seek encounters, not to “have to.”

By using this model of care, we embark on our journey to becoming culturally competent.
Our community now has more availability for care since The Medical Center at Bowling Green expansion. In addition to the new 3D and 4D floors above the Emergency Department for orthopaedic and cardiac care, the main building made some renovations as well. This involved two units relocating to different floors. The location of these departments may have moved, but the great care each unit provides has remained the same.

“We built an expansion project that was needed,” said Bridget Kilpatrick, RN, Clinical Manager on 4C and 4B. “The post-partum unit (2B) has needed an overflow unit for sometime. With 2A moving to 4B, those needs can now be met for expectant mothers and gynecological patients.” The change in the location of 2A has become convenient for Bridget, as she is the Clinical Manager for 4C. “I love it. Both units are together,” Bridget explained. “More computers are accessible to me, and I can give both units more of my time. I am more available now for 4B.” 4C and 2A have always been sister units sharing the same Clinical Manager. It is nice to see each other just down the hall and share occasional waves.

“I think the Clinical Manager should be near their floors side by side. It creates better morale between the supervisor and the employees,” Jennifer Lindsey, CNA on 4C commented.

“I think it is more convenient for the Clinical Manager,” Julie Burba, CNA said. “It will be a big help to help each other out.”

I will admit that as part of the 2A team, the move was a little terrifying.

Women and Heart Disease Facts

Heart Disease is STILL the number 1 killer of women.

- 8.6 million women die each year worldwide from heart disease.
- 42% of women who have heart attacks die.
- Women under the age of 50 who have heart attacks are twice as likely as men to die.
- Heart attacks kill 6 times as many women as cancer.
- Two thirds of the deaths from heart attacks occur in women with NO history of chest pain.
- Heart disease in African American women is 72% higher than Caucasian women ages 55–64.

Compared to Men

- Women wait longer to go to the ER than men when having a heart attack.
- Physicians are slower to recognize heart attacks in women due to the “uncharacteristic” pattern of chest pain and EKG changes that are atypical or less obvious.
- Women are twice as likely as men to die within the first weeks after a heart attack.
- After heart attacks, women are less likely to receive beta blockers, ACE inhibitors, aspirin, and therapies known to improve survival.
- 38% of women to 25% of men will die within the first year of a recognized heart attack.
- Women's hearts respond better than men's to healthy lifestyle changes.
- Women comprise only 24% of participants in heart-related studies.

LEARN how to fight heart disease in women at GoRedForWomen.org

Facts from WOMEN’S HEART FOUNDATION – www.womensheart.org

Change is sometimes not good, but overall this idea has not been so bad. In respect of patient care and availability of services given to the people of our community, the transition has served an efficient purpose. Our unit will expand as well to accommodate rooms for patients. Eventually, after staffing needs are met, 4B will grow to an 18-bed unit.

“I don’t think it has affected us that much,” Carol Lawrence, CNA on 4B said. “I am excited to welcome new staff to join our team and make our unit bigger.”

The old 4B unit was a telemetry floor. They have moved to 5B, the old orthopaedic/neurology unit. “It is awesome to have both floors near me,” stated Willa Miller, RN, Clinical Manager on 5A and 5B. “Being in the middle of both of my units allows me to visit each unit freely and better meet my staff’s needs.”

“We have a few extra steps to walk,” Sulejman Hasarovic, RN on 5B said. “I have been with our unit for five years. We are the same team just in a different scene.”

As a telemetry unit, monitors are needed to screen heart rates of individual patients. The monitors are now in a clear open view, which is better for the clerk and nurses to observe. “To me, it is better. The unit now is larger, more organized and labeled,” said Naressa Roberson, Unit Clerk on 5A and 5B.

In adjusting to the move from one floor to the other, the toughest hurdle to jump is in answering the phones and paging the doctors and therapists. For years, people on both floors have punched in their unit’s specific extension. It has become a mutual dilemma for 4B and 5B. We just transfer calls intended for the prospective floor. It has become a bit humorous, but eventually we will adjust.
We are proud to announce that the Hospitality House is now open. We understand that many employees are unsure about the purpose of the House, the qualifications needed to stay, and the referral process for inquiries.

Here are some answers to the most frequently asked questions about the Hospitality House. We hope this will help better inform you and others who might need this information.

**What is the purpose of the Hospitality House?**

The Hospitality House is a lodging facility, designed to temporarily house qualified families of critically ill or injured patients at MCBG or CRSH, as well as qualified outpatients who are receiving intensive therapeutic care at the hospital.

**What is the main difference in a hotel and a Hospitality House?**

A hotel can be used by anyone for any reason when a fee is paid for its use. Hospitality House guests must meet certain criteria and are not required to pay for their stay, although donations to help support the operation of the Hospitality House are gratefully accepted.

**What are the qualifications for a stay at the Hospitality House?**

Family members of hospital inpatients or patients receiving intensive outpatient therapy will be evaluated based on the following criteria; however, each situation will be looked at individually:

- Distance from home of 25 miles or more
- Acuity of the patient in the hospital
- Transportation difficulty
- Lack of local support systems
- Financial difficulty

**Can multiple guests in the same family stay at the Hospitality House at the same time?**

Only one guest room can be assigned per patient admission at either MCBG or CRSH. Each guest room is designed to accommodate two adult guests; however, a roll-a-way bed is available allowing three people to share a single room if necessary.

**What is the process to determine if someone would qualify to use the Hospitality House?**

We hope that all of our MCBG/CRSH staff will help identify families of patients or outpatients who might benefit from a temporary stay at the Hospitality House. Each staff member is encouraged to put the identified family in touch with the patient’s social worker, or the social worker on call after 4 p.m. Referrals after 6 p.m. are discouraged; however, if appropriate, a late referral can be requested through the hospital social worker on call.

**How should a family member or outpatient be approached about using the Hospitality House?**

To avoid any misunderstandings about a family’s qualifications, room availability, or their interest in using the Hospitality House — we suggest that staff use the following script when approaching a family member who might benefit from the Hospitality House.

“Our Hospitality House might be able to help during this difficult time. Would you mind if I made a referral on your behalf to see if you might qualify?”

For more information, please call the Hospitality House at 780-2700 or at ext. 2700.

---

**Upcoming Events**

**March 18**
8:30 a.m. – Noon
The Journey Towards Cultural Competence in Healthcare Delivery: A Culturally Conscious Approach to Patient Care presented by Dr. Josepha Campinha-Bacote, PhD, MAR, PMHCNS-BC, CTN-A, FAAN
at The Carroll Knicely Center
2355 Nashville Road, Bowling Green
Registration fee will be paid for CHC employees. Send completed registration form to Nursing Administration by March 9 (see pages 7–8)

**March 24**
Sigma Theta Tau students will have their induction at Mariah's.

**March 24–25**
2nd Annual Kentucky Health Literacy Summit at the Holiday Inn University Plaza.
For more information or to register, contact Charles Jackson at 502-580-1245 or cjackson@humna.com.

**Reminders**

Information will be sent in March to nominate Nurse of the Year and Clinical Support Employee of the Year!

Patient Education Council needs representatives from each unit — All units are urged to participate.
Program Objectives

1. Discuss the need for cultural competence in the health professions

2. Articulate a practice model of cultural competency in healthcare delivery

3. Discuss the five constructs of cultural competence in healthcare delivery

Continuing Education Information

Social Work: Credit pending review by the Kentucky Board of Social Work.

Nurses: 3.7 hours

The South Central Kentucky Area Health Education Center (AHEC) is approved by the Kentucky Board of Nursing (KBN) as a provider of continuing education under the Provider Number 5-0026, expiration date 12/31/12. 3.7 contact hours will be awarded after attending the entire offering and completing evaluations. Nursing participants are required to have license number and Social Security numbers available. The Kentucky Board of Nursing approval of an individual Nursing Continuing Education provider does not constitute endorsement of program content.

KBN # 5-0026-12-31-12-715

The Journey Towards Cultural Competence in Healthcare Delivery: A Culturally Conscious Approach to Patient Care

Friday, March 18, 2011
8:30 a.m. — 12:00 noon CST

The Carroll Knicely Center
2355 Nashville Road
Bowling Green, Kentucky
(270) 745-1908
Registration

Payment is expected at the time of registration. The registration fee includes breaks, CE credit and conference materials.
- Professionals $30
- Students - $10
Electronic registration with credit card payment - $40

Registration Deadline: March 9, 2011

Registrations that are canceled will not be refunded; however, substitution is permitted. There will be no refunds for no shows.

Program Description

“The Process of Cultural Competence in the Delivery of Healthcare Services” is a culturally conscious model of care that defines cultural competence as “the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of a client” (family, individual or community). It is a process of becoming culturally competent, not being culturally competent. This model of cultural competence views cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire as the five constructs of cultural competence.

Jospeha Campinha-Bacote, PhD, MAR, PMHCNS-BC, CTN-A, FAAN is President and Founder of Transcultural C.A.R.E. Associates, providing clinical, administrative, research, and educational services related to transcultural health care and mental health issues. She received her B.S. from the University of Rhode Island, M.S. from Texas Women’s University, M.A. in Religion/Theology from Cincinnati Christian University, and her Ph.D from the University of Virginia. She has given more than 1,000 national and international presentations on issues concerning transcultural health care and transcultural psychiatry and has published numerous articles in these specialty areas. She served on the National Advisory Committee to the U.S. Dept. of Health and Human Services Office of Minority Health to develop standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. Dr. Campinha-Bacote currently serves as a consultant to the National Center for Cultural Competence (NCCC) in Washington, DC and on several HRSA grants focusing on cultural competence in the health professions.

Conference Parking:
Free parking is available directly in front of the Carroll Knicely Conference Center. You do not need a WKU parking tag for the conference area of the lot.

Note: Conference facilities are often cool and temperatures are not easily controlled. It is recommended that attendees bring a sweater or jacket to ensure their comfort during the sessions.

Program Faculty

Registration by Mail
WKU School of Nursing
Attention: Continuing Education Coordinator
1906 College Heights Blvd. #11036
Bowling Green, KY 42101-1036
(270) 745-3391
(270) 745-3392 (fax)

Registration: Cultural Competence
(PLEASE PRINT)

Name__________________________________________
Credentials____________________________________
SS # XXX – XX –______________ (last 4 digits only)
Home Address____________________________________
Phone # to contact in case of program change
____________________________________
E-Mail __________________________________________
Employer ______________________________
License # (Required for CEU’s)____________________
Please Check:   _____ Nurse $30           _____Electronic $40
                _____ Social Work $30          _____ Social Work $30
                _____ Student $10          _____ Student $10
Please Distribute
[For Electronic Version click below]

Registration

Schedule—Central Time

8:00 – 8:30 a.m.  Registration

8:30 – 9:00 a.m.  Introduction & Campinha-Bacote’s Model of Cultural Competence

9:00 – 10:00 a.m.  Clinical Application of Model
* Cultural Encounters
* Cultural Desire
* Cultural Awareness

10:00 – 10:15 a.m.  BREAK

10:15 – 11:30 a.m.  Clinical Application of Model
(continued)
* Cultural Awareness
* Cultural Knowledge
* Cultural Skill

11:30 – 11:40 a.m.  Conclusion, Q & A

11:40 – 12:00 noon  Evaluations & Certificates

“Western Kentucky University is an equal opportunity employer and education institution.”