



Ochsner Nursing is in the process of adopting a new practice model called “Relationship Based Care.” Many of you have already had the opportunity to become acquainted with the model and its components by reading the book **Relationship Based Care - A Model for Transforming Practice** (Mary Koloroutis) and participating in one of the numerous book clubs currently being conducted across the system. If you haven’t, I would encourage you to read it, share the ideas with your colleagues and begin thinking about applying some of the practices to your own work setting.

Relationship Based Care (RBC) is comprised of three crucial relationships: the nurse’s relationship with the patient and family; with self; and with colleagues. The essence of caring is experienced in the moment when one human being connects with another. When compassion and care are conveyed through touch, a kind act, through competent clinical interventions or through listening, a healing relationship is created. This is the heart of Relationship Based Care.

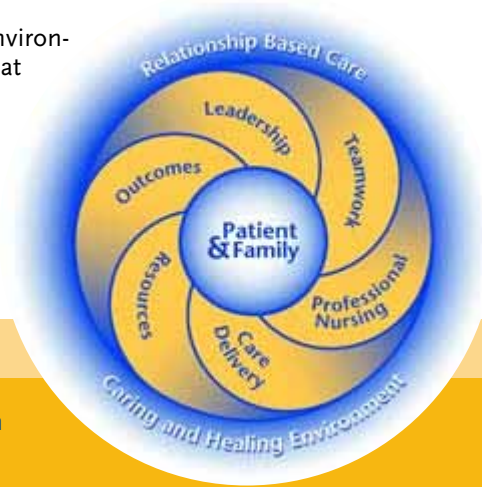
In using RBC, the nurse knows that each person’s unique life story determines how he or she will experience an illness. The nurse also conveys unwavering respect and personal concern for the patient, tries to understand what is most important to this particular patient and family, and safeguards their dignity and well-being.

The second crucial relationship is the nurse’s relationship with self. Effective self-care means that the nurse has the skill and knowledge to manage his or her own stress, articulate personal needs and values, and balance the demands of their work with personal, physical and emotional health. In order to optimally care for patients, nurses must first care for themselves.

The third crucial relationship is among members of the health care team. Giving compassionate care requires all members of the team to maintain healthy interpersonal relationships, to respect and affirm each others’ unique contributions and to cooperate with and support each other.

We believe the RBC model is designed to help us transform our work environment in order to achieve our organizational goals. We are convinced that much of the stress and pressure we can experience in our roles will be minimized when we truly focus on the patient, care for ourselves and commit to others.

Nancy L. Davis, MA, MN, RN
Sr. Vice President & System Chief Nursing Officer
Ochsner Health System



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OCHSNER MEDICAL CENTER – NEW ORLEANS



Greetings to all at OMC.

The first few months of a new year are always full of exciting changes and transitions as we refocus our energy on the goals and priorities of that year; thus far, 2009 has been no exception. Although we continue to anticipate great things over the coming months, I would like to take a moment to reflect on a few of OMC's outstanding accomplishments in 2008.

On May 13, 2008, we received news of our Magnet re-designation. The appraisers had fabulous things to say about our nursing teams and cited 40 exemplars. We could not be more proud of this prestigious accomplishment.

Last year marked tremendous growth for our nursing family. Our centralized Nurse Recruitment Department hired 414 nurses that you helped train and precept. Once again, we welcome our newest nurses and recognize the contributions that you have already made to Ochsner nursing excellence.

We initiated best practices in 2008 for both the inpatient and

ambulatory settings and participated in a record number of scholarly works. Our commitment to process improvement, professional development and education help to set us apart from other local and national healthcare facilities. These accomplishments and others have created a strong foundation to bring us to new heights in 2009.

In order to continue to be successful, we must remain focused on our goals of high patient satisfaction, high employee morale, clinical excellence, and financial stability. We set our targets high, so it will not be easy, especially with all the various daily and external challenges. With your input and all of us working together, I am optimistic that we can reach these goals.

So again, to those of you who are new, welcome aboard and for those of you who have gotten us to where we are, thank you for all that you do.

Nattie Leger, MSN, RN
Vice President, Nursing & Operations



OCHSNER BAPTIST MEDICAL CENTER

Baptist is Back!! That is the statement our President of the Medical Staff proudly announced at our grand opening of the Emergency Department and Clara Wing expansion on January 12, 2009. We began our facility under Ochsner ownership on October 1, 2007 and our progress has not stopped since then. We opened with a ten bed inpatient unit on that day and as of January, 2009 we have 26 inpatient beds, a 12 bed ICU, and a 14 bed Emergency Department. By the end of February, we have a total of 52 inpatient beds. Our management team, as well as staff, has not stopped.

The Nursing department restructured leadership by promoting Operations Coordinators and Clinical Coordinators. We are very proud of our new leaders. Look for a list of their names in the next issue.

With our expansion, our leadership team will assist in making our facility stronger. Our goal this year focuses on Quality and Patient Satisfaction. With our growth, it is important for us to maintain satisfaction, and our quality metrics will be impacted with the addition of our Emergency Department and the addition of a large number of new staff.

With each newsletter, we will keep all abreast of all that is happening at Ochsner Baptist and we welcome anyone to come visit!

Donna Martin, RNC
Chief Nursing Officer



OCHSNER MEDICAL CENTER – WEST BANK



It is with great pleasure that I write the first CNO address for Ochsner West Bank. Below are some of our accomplishments in 2008:

- Elimination of contract agency
- Nursing turnover 11.5%
- Two Press Ganey Compass Awards: Emergency Department and Inpatient areas. The Compass Award is a National award for the most improvement in patient satisfaction scores within one year.
- Nursing satisfaction scores above national benchmark by the National Database of Nursing Quality Indicators (NDNQI) survey
- Improved employee morale
- Improved quality metrics
- Improved community image and involvement with the community
- Dramatically improved Emergency Department operations: LWBS <2%; Patient Satisfaction 95%; Door-to-Doctor time <30 minutes; and length of stay 2.5 hours! The best in the Ochsner system!

In 2008, we were also able to align with System Nursing to pro-

vide standardization of processes, procedures and education. Most importantly, we successfully converted our computer system to the Invision™ system while simultaneously aligning with the main campus under a single Medicare provider number.

One of the most impressive experiences for me was the incredible teamwork demonstrated during Hurricane Gustav. Our nursing staff rose to the occasion and assured that our facility was staffed despite reports that extreme flooding was expected on the West Bank.

So, where do we go from here? I am so proud of our nursing department and wish to assure that they obtain the recognition that they deserve. We plan to implement the RN Clinical Ladder by July, 2009 and have begun our Journey to Magnet. We hope to determine when we will officially submit our Magnet application sometime very soon. The Journey to Magnet will assist us in solidifying processes and practices to move us to the next level of professionalism within nursing. I look forward to more wonderful things in 2009.

Lisa Colletti, MN, RN-BC, CNAA
Vice President



OCHSNER MEDICAL CENTER – KENNER

Fresh Beginnings: New Year, New System Nursing Newsletter, New Leader...

It is my privilege to be writing this article as the newly appointed VP of Nursing for OMC-Kenner. As I begin in this role, I am aware of the many accomplishments here to date. You all should be proud. At the same time, I realize there are many challenges ahead and look forward to being a contributing part of the team as we bring OMC-Kenner Nursing to new heights.

Ochsner Health System's vision is to "set the standard for healthcare delivery." I ask that you remain open to setting the standard by improving performance in all areas and advancing the practice of nursing at OMC-Kenner. Some of our goals this year include: a successful Joint Commission survey, improving patient satisfaction scores, reducing employee turnover, and improving our quality metrics (such as fall and pressure ulcer rates, compliance with CORE measures, etc.).

One key to achieving these goals is for you to stay informed and as up-to-date as possible. Reading the articles in this system newsletter is a start. Another way is to attend required classes. Finally, getting involved within your departments to improve processes will enhance the work environment and ultimately improve patient outcomes.

In the upcoming months, I plan to meet as many of you as possible. If in the meantime you need to speak to me, do not hesitate to call or stop by my office. I have no doubt that we will be able to accomplish much together. I am thrilled to be part of this team!

Sylvia Hartmann, MN, RNC
Vice President/Chief Nursing Officer

OCHSNER ST. ANNE GENERAL HOSPITAL



Greetings from the Bayou!! Isn't it hard to believe that we are already into the second quarter of 2009? Time just goes so quickly, so we must make good use of the time we have. This year promises to be an exciting and informative year for us. We are entering our third year as part of a major health system. We are learning and sharing much and it is working out to be a win-win for us all. Our patient satisfaction scores took a dip in the fourth quarter so we have to get them right back up to that 90%. We are starting hourly rounding, which is a proven "Best Practice" to improve patient satisfaction. This rounding is "rounding with a purpose." It is about speaking with the patient to identify their needs and letting patients know that we do have time for them. According to the literature, hourly rounding also decreases patient falls and decubitus ulcers. It is proven to be cost effective in that it decreases the time spent by nurses and nurse assistants answering call lights. Imagine one procedure that improves all these processes! We will be presenting a power-point presentation on this important process soon.

We are also participating in the "Daisy" award program. This is a formal way to provide "thanks" to nurses and reward great patient care. This award program was established by the parents of a son who was gravely ill and lost his life to Idiopathic Thrombocytopenic Purpura. They were moved by the education, training, and brainpower possessed by nurses. Even more, they recognized the caring spirit of nurses. A 'celebration' is held for the honored nurse's entire unit, recognizing that all patient care requires teamwork. Kelly Dufrene is the person heading up this important initiative; be on the watch for more information.

The Service Recovery Program will be introduced to you in the next couple of weeks. This program empowers staff to "soothe" less-than-optimal situations. Each toolbox used in this process contains apology cards, gift cards for the gift shop and food vouchers.

With all these activities going on, it proved to be an interesting and exciting "first quarter" of the year!

Until next time.....

Marsha Arabie, MSN, RN, CNA
Vice President, Nursing & Support Services



OCHSNER MEDICAL CENTER – BATON ROUGE

As we begin 2009, we must take a moment to look back at all of our accomplishments over the previous year. It is because of your efforts that we have been able to reduce agency staff at the bedside, develop and implement clinical ladder, establish a new preceptor program, and stabilize charge nurses and their development.

While we have made significant accomplishments, we must now focus on other areas of opportunity. Our goals for this year include: patient satisfaction (including agency reduction which has significant impact on our patients), employee retention, and quality improvements (this involves core measures, a successful JCAHO survey, and overall quality indicators such as falls, ulcers and medication variances).

YOU are the key to our success. Your participation in committees, unit meetings, and community events is vital to our achievements. Please make sure that you are doing your part to stay informed of upcoming changes and processes.

As we focus on our opportunities, we must also prepare for more integration with the Ochsner System. Education will be required for all staff members as we begin to integrate information systems such as Invision and SIS. This is why staying abreast of the most up-to-date information is vital.

Working with each of you over the past year has been a true pleasure. I look forward to continuing our progress together for many years to come. We have a great team here at Ochsner Medical Center-Baton Rouge. Having the right people, which we have, and the right focus will ensure success.

Dawn Pevey, BSN, RN
Vice President/Chief Nursing Officer

Ambulatory Nursing Corner

AMBULATORY CARE UNIT

COMMUNICATION TIPS TO IMPROVE PATIENT SATISFACTION

Communication tools are responsible for keeping the mean patient satisfaction scores above 90% at Ochsner Baptist. However, staff continually works at identifying new and creative ideas to improve scores. A spirit of unit competitiveness is also an asset! Strategies found to be effective in improving patient satisfaction scores include:

- Use of communication boards in all patient rooms:
 - Identification of Staff
 - Information that the patient and/or family members may need to know (delay in surgery and approximate time frame, for example)
- Development of “Tip” cards posted in various places on the unit reminding staff of the importance of effective communication:
 - Information regarding delays
 - Information nurses give to family after surgery
 - Phone tips placed by all phones, such as “smile while answering phone”
 - Pain Management tips
- Completing post-op phone calls:
 - Special touch that patients appreciate
 - Way to discover any issues patient may have had during their visit
- Developed QI button in SIS:
 - Collecting data regarding reasons for the delay in surgery
 - Helps identify and correct issues

Joan Condon, RN
Ambulatory Care Unit Director
Ochsner Baptist Medical Center

TIP CARDS:

COMMUNICATION BY PHONE TIPS

- Smile while answering the phone.
- Do not become distracted while speaking.
- Answer promptly; avoid placing on hold and/or multiple transfers.

PAIN MANAGEMENT TIPS

- Assess patient’s pain; review the pain scale.
- Review the probability of having pain; set the expectation.
- Offer pain medication and if applicable offer any alternatives that may accompany the pain medication.
- Reassess after pain medication given. This will ensure patients’ perception of the staff being very diligent to assist with their pain.

INFORMATION REGARDING DELAYS

- Immediately inform patient and family members if there will be a delay in surgery time and provide an explanation for the delay.
- Provide frequent updates to patient and family members at least every 30 minutes. Place information on white communication boards.
- Frequently giving updates will ensure the patient and family members that they are not forgotten.

INFORMATION NURSES GIVE TO FAMILY AFTER SURGERY

- Ensure family members have spoken with the physician post surgery. If not, assist with this issue.
- Involve family members with patient’s care if okay with patient.
- Have family present if possible for reviewing the discharge instructions.

Ambulatory Leadership Address

I am so pleased to be able to write to you in our first shared Nursing Newsletter for Ochsner Health System. I wanted to let you know how proud I am of Ambulatory Nursing; we really excelled in 2008. I want to thank our Ambulatory Nursing Leadership Team: Sheila Reynaud, MSN, RN-BC, from Baton Rouge; Sandra Palmisano, BSN, RN-BC, on the North Shore; and Mary Ann Levy, BSN, RN-BC, in New Orleans. Each leader works every day to ensure Ambulatory Nursing is supported. Attendance at our regional Ambulatory Nursing meetings has been great. I hope all of you will make sure your department is represented at the meeting. It is a great place to share ideas and network with other ambulatory nurses.

Our Joint Commission survey was a great success for ambulatory. The surveyor suggested that we develop a way to display to all clinics the patient’s barriers to learning. Our patient factors section of the OCW patient summary screen was perfect for this display. We are able to easily document and alert all clinics if the patient is hard of hearing or vision impaired.

The implementation of the Ambulatory fall prevention program has been associated with a reduction in patient falls in the clinic setting. We need to continue the focus on improving awareness of patients at-risk for falls, documenting this in OCW patient factors and assisting patients before, during and after examinations to ensure their safety.

In 2009, we will be working to incorporate all of the national patient safety goals into our daily practice. It is imperative that all nurses and medical assistants identify patients with two patient identifiers. This means when we call the patient to the exam room, we ask them to tell us their name and date of birth. We can then verify the patient’s name and date of birth matches the patient’s information in OCW.

Ann Lockhart, MN, RN, C
Director of Ambulatory Nursing & Nursing Informatics

Ancillary Corner

For Medical Assistants, Unit Secretaries, and Patient Care Technicians

Practice Update: A Healthcare Practice Change: Foley Balloon Pre-testing – No longer required

Pre-testing urinary catheter balloons is commonly recommended as a way to prevent insertion of a defective catheter. However, some catheter manufacturers no longer recommend pre-testing because their balloons are pre-tested during the manufacturing process. Pre-testing silicone balloons is not recommended because the silicone can form a cuff or crease at the balloon area that can cause trauma to the urethra during catheter insertion. Because of the potential formation of a cuff or crease, in-dwelling urinary catheter balloons no longer will be pre-tested prior to insertion.

Ray Sheward, BSN, RN
OMC-Kenner

Patient Safety: Two Patient Identifiers Who Are You???

Use Two Patient Identifiers

“What is your full name and what is your date of birth?”

Patient identification is buzzing in the air - and for a good reason. Did you know that many errors found in healthcare are related to not identifying patients according to the hospital policy? At Ochsner, your role is very important in the delivery of quality and safe care.

The Ochsner policy is designed to ensure the best practice by ALL caregivers. The purpose of the “Patient Identification Policy (OCF.PTCARE.OO1)” is to “provide guidelines for healthcare providers to ensure that the correct patient is identified when providing care, treatment or services.” The policy requires three actions: (1) patient identification MUST be confirmed by ASKING the patient his/her FULL name and by CHECKING what the patient told you against the identification (ID) band the patient is wearing or the band you will put on the patient; (2) FULL name and date of birth are the two patient identifiers that must be used when providing care, treatment or services; and (3) “in the care of multiple births, name and clinic number are the patient identifiers.” [NOTE: Ochsner St. Anne’s policy is to ask Full Name and Account Number since the birth date does not print on the armband.]

So, what do you do when you are caring for your patient? Do you ASK the patient to state his/her full name and date of birth while comparing their answer to what is on the ID armband (or patient information sheet)? If you have to remove an ID armband, are you immediately obtaining a new ID armband and going through the same process to verify the information?

If you said ‘Yes’ to both questions, then give yourself an A+. Example of proper patient identification: You have been asked to obtain a urine specimen from Mrs. Ima Sick. Mrs. Sick has a foley catheter. You have retrieved the lab specimen label and proceeded to Mrs. Sick’s room. You knock on the door and the patient says to enter. In preparation for obtaining the specimen, you know that you must confirm the identification of the patient against the specimen label. You ask the patient her name and she says “Ima Sick.” Then you ask her to state her birthday and she says, “April 1, 1950.” While the patient states her name and birth date, you are checking the lab specimen label. You have verified the identification of this patient. You proceed to wash your hands and explain what you are going to do. You proceed to collect the specimen according to hospital procedure. This scenario is set up to demonstrate the right way to identify the patient. You should avoid statements such as: “Are you Mrs. Ima Sick?” and “Is your birth date ...?” Let the patient respond.

So keep singing “who, who, who, who...” and be a champion in providing patient safety through proper identification of the patient.

Below are websites you may be interested in:

National Network of Career Nursing Assistants: www.cna-network.org
American Association of Medical Assistants: www.aama-ntl.org

Janet Simoneaux, MN, RN Director, Nursing Professional Development	Mary Ann Levy, BSN, RN-BC Manager, Ambulatory Nursing
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ANCILLARY PRACTICE COUNCIL INFORMATION

Ochsner Medical Center – New Orleans

Contact person: Tara Jerez (504-842-2066)

Meeting dates: April 24, May 22, June 26, July 31, August 28, September 25, October 23, November 20, and December 18

Location and Time: Brent House Tyrone Room from 10 am to 12 noon

Ochsner Medical Center – West Bank

Contact person: Cindy Burke (504-212-7006) or Betty Miller (504-391-5137)

Meeting dates: April 15, May 20, June 17, July 15, August 19, September 16, October 21, November 18, and December 16

Location and Time: Cyprus Room from 8:30 am to 9:30 am

2009 PCT and US Workshops: Please contact your Nursing Education Department to learn of upcoming workshops in 2009. A flyer announcing workshop dates will be sent by each facility.

Research Corner

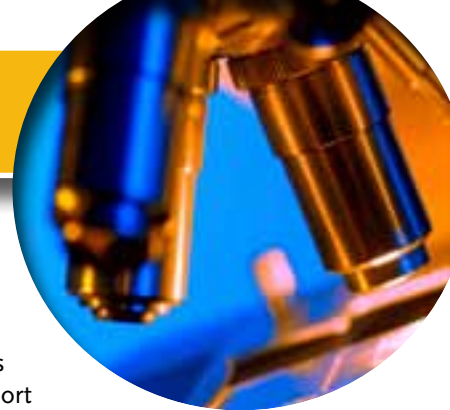
A Comparative Analysis of Complexity Compression and the Staff Nurse Work Environment

Complexity Compression (CC) occurs when nurses assume additional, unplanned, unexpected responsibilities while they simultaneously conduct their existing, multiple other responsibilities. CC goes hand-in-hand with Healthy Work Environment Standards (HWES) and together they impact patient safety, quality outcomes and the cognitive complexity of the work of nursing. The purpose of this prospective study was to survey staff nurses' perceptions of CC and HWES. The perceptions of 395 staff nurses working at three OHS hospitals (Jefferson, West Bank, & Kenner) were measured using a 76-item survey. Data analysis was completed using Chi-square and Fisher's exact to test for differences in categorical data between the three hospitals. One-way analysis of variance (ANOVA) was used to test for differences between groups for CC and HWES indicators. Nurses' characteristics as predictors of CC and HWES were tested using logistic regression. Data analysis identified 10 high impact / high frequency CC indicators that included: effectiveness of communication, bed turnover, unit-based support staff, unit cohesiveness, documentation expectation, nurses' organizational skills, medication delivery system, 24/7 support services, physician relationships, and bedside technology. Significant differences between the three hospitals were identified for two CC indicators (24/7 Support, $p < 0.0001$; Documentation Expectation, $p < 0.01$). Indicators ranked as having minimal impact on CC and occurring infrequently included: impact of academic students, productivity of aging workforce,

generational differences, and staff turnover. Grouped indicators of CC for Intradepartmental Support ($p < 0.01$) and Care Environment ($p < 0.05$) for Kenner had a greater impact than for Jefferson. Physician practices ($p < 0.01$) were found to impact CC more in the Kenner hospital vs. the Jefferson and Westbank hospitals. The impact of HWES was higher at the organizational level vs. unit level ($p < 0.0001$) for all hospitals. Content analysis of qualitative data identified themes related to workload, staffing, and leadership. Workload subthemes included care practices, technology, communication, and demeanor. Leadership subthemes were mistrust, disengagement and poor leadership. Overall, findings support a difference in perceptions of CC at Jefferson and Westbank hospitals. CC and HWES are diagnostic measures that can be used at the unit level of any size and any type of organization. Data and information from such a diagnostic survey can be shared with unit staff to plan interventions that help diminish CC and improve HWES.

Karen Rice, DNS, APRN, ACNS-BC
Director,
The Center for Nursing Research

Sharon Cusanza, BSN, RN, CPHQ
Director,
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Leadership Corner

Leveraging Unit Leadership: Announcing Enhancements to Our Frontline Leadership Teams

In today's complex health care environment, nurse managers are accountable for an enormous amount of hospital functions that include such things as patient throughput, care quality, patient satisfaction, physician relationships, finance, resource allocation, education, and research. Ochsner RN Unit Directors are juggling more and more responsibility. Best practice articles support positions and models that aid the nurse manager with the above functions.

After several meetings and reviewing feedback from staff over the last year or so, Ochsner system nursing is unveiling two "new" roles this year in the patient care areas. One is the Clinical Coordinator (CC) and the other is the Operations Coordinator (OC). The expectations of each are defined in new job descriptions. Furthermore, joint performance metrics (targets) will ensure they are held accountable for specific departmental goals and allow Unit Directors to share accountability. The number of people occupying each role depends on the size and scope of the unit.

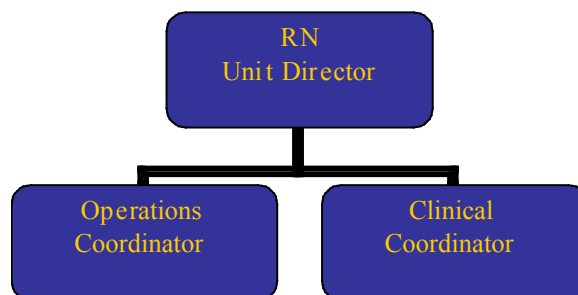
The CC role is most closely related to the former Patient Care Coordinator (PCC) position utilized at OMC–New Orleans. This leader is responsible for driving quality through duties such as facilitating the plan of care, rounding with physicians, and mentoring new staff. They are the clinical experts on the unit. On the other hand, the OC role is a formal, permanent position that includes essential functions of the shift-to-shift Charge Nurse. The OC will be responsible for duties such as throughput, staff assignments, supervision of staff, hiring, and disciplinary action.

Additional benefits of the change are leadership development and succession planning. Those nurses choosing the CC role will be our clinical leaders and could easily move into educational (adjunct faculty), clinical nurse leader, or clinical nurse specialist roles with additional training. They will play an important role in retention by providing new and experienced nurses with a skill set to competently manage all aspects of patient care. With competence and expertise comes satisfaction and engagement within the workplace.

Just as the literature suggests, there is a significant nursing shortage and such is the case for nursing leaders as well. By selecting an OC who is interested in administration and providing that individual with leadership courses, we are growing our future managers or directors. Those in OC roles will participate in the on-line coursework developed by the American Organization of Nurse Executives in conjunction with the American Association of Critical Care Nurses. This e-learning will be augmented by classroom discussion and case study presentations.

This is transformational leadership at its best. Nursing's new leadership model focuses on uniting both manager and employee(s) to pursue a greater good and driving change. It also makes a dedicated effort to nurture the clinical nurse to grow into an effective, motivating leader pursuing either the clinical or administrative track. Congratulations to those selected for these new and exciting roles! Look for a list of the coordinators in the next issue.

Sylvia Hartmann, MN, RN
Vice President/Chief Nursing Officer
Ochsner Medical Center – Kenner



Wound Care Resource

Best Practices-Wound Care

It is a combination of teamwork and education that has prevented hospital-acquired pressure ulcers (HAPU) at OMC-BR for six consecutive months. Although it is impossible to identify any one factor contributing to this quality outcome, several strategies are responsible. This multi-faceted program includes wound care as a part of Orientation for all new staff members and agency nurses, and an emphasis on the importance of the Braden scale in directing use of the Pressure Ulcer Prevention (PUP) protocol.

The PUP protocol defines the definitive actions to be taken by a nurse to prevent pressure ulcers. Float heel signs and turn clocks signs are hanging signs that Nursing uses in the patient's room as a reminder to all staff that enter the room. Random rounds are made and impromptu inservices are completed on units to reinforce and correct any problems that are found (e.g. heels not floated, patient not being turned appropriately).

OMC-BR staff are strongly encouraged to consult a Wound Care nurse at any time. If a HAPU occurs, the staff are educated on how and why it happened and how to prevent future occurrences. HAPUs are tracked by the location on the patient, the unit where it occurred, and staff involved. Unit managers and staff are notified and action is taken by discussing the incident with the staff and re-educating if necessary. A trend has been identified between increased HAPUs and care by agency staff.

A sense of pride and responsibility has been associated with this quality outcome, which has also spurred unit competitiveness. Individual unit recognition has played an important role in facilitating success. Recognition strategies have included: congratulatory flyers, commendations, and verbal praise. Everyone is ALWAYS reminded that this is a TEAM effort!

Patricia Rider, RN, WCC
OMC-Baton Rouge

Best Practice – Wound Care

Walking into a patient's room to perform your initial wound assessment should be comprehensive as well as time efficient. The removal of the dressing and documentation of the type of wound or ulcer is now a critical component of your initial nursing assessment to ensure appropriate hospital reimbursement. There are many types of wounds: pressure ulcers (PU), arterial ulcers, venous ulcers, traumatic or surgical wounds and skin tears. If you are not familiar with wound care, it can be daunting when trying to determine which products to choose that best fit a patient's wound care needs. The exudate, type of wound, whether free of infection, and wound bed color all lead to determining the wound care product best suited for that particular wound. The goal is to have a moist wound environment, but not too moist. Hydrogels put moisture into the wound bed; whereas, calcium alginate dressings are used to absorb excess exudate. Antimicrobial/bacteriostatic dressings or products are used when a wound shows signs and symptoms of critical colonization, infection or if the wound is not progressing. Silver impregnated dressing, cadexomer iodine ointment or bacteriostatic dressings are commonly ordered to address these types of issues. Topical ointments and gels can aid in debriding a wound through enzymatic or hypertonic products. Many advanced wound products can be left on the wound for up to seven days, depending on strike through of exudate. Working with your wound care nurse in your hospital to learn more is critical in building your skill and confidence in caring for a patient's chronic or acute wounds. Asking questions is the best way to become more proficient and efficient in your wound care skills. In addition, web-based resources are available at <http://ochweb/page.cfm?id=1661>.

Lisa Laurendine, RN, CWS
Clinical Director
OMC-Kenner HBO & Wound Center

Geriatric Resource Corner

Nutrition in the Older Adult

According to the U.S. Administration on Aging, 87% of older Americans have one or more chronic diseases that could be improved through nutrition. An estimated 78 million baby boomers started turning 60 in January 2006. As the baby boomers continue to age, more Americans than ever will be at risk for conditions associated with poor nutrition. This is a group of people who can not blame a lack of knowledge. So why do we have so many elderly with insufficient or poor nutritional intake? The age-related changes that impact physical, cognitive, and functional decline in the elderly place them at a significant risk for malnutrition. Healthy eating can reduce the negative effects of anemia, confusion, infections, hip fractures, hypo/hypertension, Alzheimer's, arthritis and wounds. A healthy diet combined with regular physical activity may reduce the risk of several chronic diseases, like osteoporosis, NIDDM, heart disease, stroke and some cancers. However, poorly fitted dentures, poor dentition, gum diseases, depression, and diminished sense of smell and taste may also lead to poor nutritional intake. Medications may also negatively impact nutritional status because of associated decreases in appetite, and alterations in food and nutrient absorption. Limited incomes and difficulties getting to a grocery store may also play a role. Yet, this vulnerable population is more susceptible to health risks from a nutrient-poor diet, rather than a limited food intake.



Older adults need a variety of nutrient-rich foods like fruits, vegetable, whole grains and fat-free or low-fat dairy products. The 2005 Dietary Guidelines also recommends a diet low in saturated and trans fats, and rich in lean meats, fish, beans and nuts. The bulk of the foods should be high fiber like whole grains, breads and cereals, beans, fruits and vegetables. These foods can prevent constipation as well as lower the risk for chronic diseases. Milk products are high in calcium and vitamin D, which help bones remain strong. Reduced lactose milk-products are a good alternative for the lactose intolerant. Metabolism slows down about 30% in the elderly, so they need to be getting more nutrients from fewer calories. They require more protein to prevent decline in lean body mass. Carnation Instant Breakfast, Ensure and Boost are examples of nutritious supplements which will increase nutrients and protein in the diet. Foods to avoid or seriously limit are sodas, candies, processed foods and fast food.

In a report on better nutrition among the elderly, Dr. Ranjit Kumar Chandra, an immunologist at Memorial University of Newfoundland, demonstrated that a nutrient supplement with 18 vitamins and trace elements could improve cognitive function in apparently healthy people over 65. Those who took the supplement showed significant improvement in short-term memory, problem-solving ability, abstract thinking and attention. However, most dietary supplements are just what they say they are - supplements, not a substitute for an inadequate diet.

Healthy aging for all Americans requires adequate nutrition to maintain good health, prevent chronic diet-related disease, and treat existing disease. Seniors who regularly eat nutritious food, take a good multivitamin, and drink adequate amounts of fluids are less likely to have complications from chronic diseases that may require hospitalization or nursing home care. It is extremely important for health care professionals to emphasize nutrition, including the importance of supplements, nutrition education, screening, counseling and assessment by dietitians for our elderly patients. Nutrition screening can identify problems before they become life threatening. The total cost of nutrition intervention, which includes meal planning, food preparation, and diet enhancement is far less costly than even one day in the hospital.

Ann Haug, BSN, RN, CRRN
Ochsner Hospital-Elmwood

Pain Management Corner

Pain in the Hospitalized Patient

In modern healthcare, effective pain management is an achievable goal. With better understanding of neurophysiology and advances in therapeutic pharmacological agents, it is possible for patients to be treated more effectively for pain during hospitalization. However, due to misconceptions and a lack of understanding by healthcare providers, patients continue to suffer physically and emotionally. It is only through proper assessment, planning, evaluation and teaching that healthcare providers can achieve an acceptable level of comfort for the patient. The assessment of pain should be focused on the patient as a whole. Patients are to be evaluated for intensity of pain as well as the level of suffering and loss that occurs while in pain. The healthcare provider should also determine if the pain is acute or chronic (Manias & Williams, 2007).

Acute pain is identified as discomfort caused by injury, trauma, surgery or acute illness. It is most often time-limited and responds well to opioid and non-steroidal therapy. Chronic pain, however, is “not time-limited and may be associated with long term intractable medical conditions or disease” (Cahill, 2003, p. 4). Acute and chronic pain can coexist and should be treated separately. For example, a patient with chronic back pain has abdominal surgery. You should expect the patient to have pain from the surgical site along with back pain from the chronic condition.

Effective pain management requires the health care provider to understand the effects pain has on a person. Often pain is only evaluated on a scale of intensity, which is important, but not all-inclusive. The healthcare provider must be willing to listen to the patient at length to determine what emotional effects are involved. Is the patient anxious, angry or depressed? These could be signs of ineffective pain control. The financial burden associated with poor pain management should also be considered. A patient under-treated for post-operative pain is at risk for “extended hospitalization, a compromised prognosis, higher morbidity and mortality and the development of a chronic pain state as a result of neuronal plasticity” (Stephens, Laskin, Pashos, Pena, & Wong, 2003, p.40). The direct and indirect cost would have a significant impact on the patient and family.

Development of a treatment plan for pain management in the hospitalized patient should be in place at the earliest possible time. A multi-disciplinary approach is recommended. The involvement of a pain specialist may be required for more complex cases. The role of the nurse is no longer to simply give medications, but to be the communication link between the treatment team. Proper documentation of reported pain levels, changes in behavior and effects of interventions is vital (Bajwa, Warfield, & Wootton, 2008). An example of how it all comes together can be seen in a recent patient on MSU. We received a 65 year-old male from the recovery room on the day of extensive abdominal surgery. Initially, he expressed good control of his pain by PCEA. However, he expressed an increase in pain over time. PCEA dose adjustments produced only short term relief. Increased anxiety interrupted sleep but Ambien and Ativan did not have a positive effect because of ineffective pain management. The patient was offered a sound machine to use for relaxation therapy. An hour later, he was sound asleep. He awoke after two hours of sleep and expressed tremendous relief in his pain. He was amazed at how something so simple could have such a huge impact on his comfort.

It is through a better understanding of patients’ pain experiences that the best care is provided. Nurses have multiple opportunities to champion the cause and become more understanding of patients’ needs. Pain is a unique experience for each patient, and each patient should be heard.

Darrin Carroll, RN, OC
OMC–New Orleans

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- Stephens, J., Laskin, B., Pashos, C., Pena, B., & Wong, J. (2003). The burden of acute postoperative pain and the potential role of the COX-2-specific inhibitors. *Rheumatology*, 42(Suppl 3), 40-52.



Nurse Recruitment & Retention Update

The partnerships that have developed within our department and with human resources, nursing leadership and staff nurses over the past year have resulted in great success in RN recruitment and retention efforts. Some of the accomplishments from 2008 include:

- More than 700 RNs were hired and new grads are on a waiting list
- Decreased RN system turnover from 15.36% to 11.75%
- Reduced RN vacancy from 7.85% to 5.13%
- Reduced agency utilization

The Nurse Recruitment and Retention department staff is very excited to continue collaboration and receive feedback from the unit with the rollout and launch of new recruitment and retention initiatives in 2009. To spotlight a few:

- Unit Retention Visits - The recruiters enjoy meeting the staff and will continue to partner with retention officers and unit directors.
- MATCH – Ochsner’s new applicant tracking system allows current staff to submit a profile and be alerted of any new career opportunities of interest within the system.
- Cheers – This is a new social networking group to encourage ongoing social relationships and the pursuit of personal recreational interests.

- Ochsner Nursing Connection – Congratulations to Candace Melancon and Kryshonda Alleyne for submitting the name of our new system-wide nursing newsletter.
- Alumnae Recruiting – Staff nurses and VPs of nursing are invited join us on the road to recruit at nursing schools (please see recruitment calendar on HR website if interested and to RSVP).
- All new RNs are asked to participate in a new hire survey on Survey Monkey. Please take a few minutes to share your experiences about the hire and transition process to help us improve! We appreciate your time.
- The summer Nurse Tech Internship team is currently processing applications for senior nursing students. The Internship will be available system wide this year to give nursing students a hands-on learning experience with experienced mentors.

Please feel free to contact Nurse Recruitment and Retention at 504-842-9964 for additional information.

Yvette Bertaut, BSN, RN
Director of Talent Acquisition



SPIRIT OF ATTENDANCE UPDATE

The Spirit of Attendance program is a reward and recognition initiative that is being piloted at the OMC–New Orleans facility.

GOALS

- Recognize staff with perfect attendance
- Improve staffing and teamwork through decreased absences

CRITERIA

- 24/7 main campus inpatient nursing units
- Includes RNs (full/part-time regular staff and full-time unit-based SSP), LPNs, PCTs, and US
- Call-ins will be determined according to the definition of “unscheduled absence” in the Attendance Policy (500.1)
- Pilot started July 1, 2008

OUTCOMES:

- 3rd quarter 2008: 529 and 4th quarter 2008: 494 - staff with perfect attendance
- Call-ins reduced from 362 RNS / 561 unscheduled absences to 244 RNS with 442 unscheduled absences
- All staff with perfect attendance for the quarter spotlighted on their unit
- All staff with perfect attendance for the quarter were entered into a drawing for 8 prizes

AND OUR WINNERS ARE:

Denise Angelica - Mother Baby
Jennifer Bearfield - Rehab
Kenneth Chavin - Acute Dialysis
Jennifer Dryer - ED
Ryan Fulton - Psych
Amanda Gregoire - IMTA
Elise Givens - CCU
Israel Henry - ICU
Angele Holsi - ED

Frederick Mallini - ICU
Anna Parfait - MSU
Rhonda Poulus - Post op S 9th floor
Gina Schmidt - MSU
Erica Tindall - IMTA
Armando Tolliver - Acute Oncology
Tara Young - Mother Baby

At the conclusion of the trial, if this program proves to produce a positive impact, other hospitals interested in developing the program may contact Yvette Bertaut, Director of Talent Acquisition at 504-842-9964.



Ochsner Health System is honored to have been selected to participate in a new nursing recognition program.

ABOUT THE DAISY AWARD

The DAISY Award was established by the DAISY Foundation in memory of J. Patrick Barnes who died at 33 of ITP, an auto-immune disease. DAISY is an acronym for Diseases of the Auto Immune System. The Barnes Family was awestruck by the clinical skills, caring and compassion of the nurses who cared for Patrick, so they created this national award to say “thank you” to nurses everywhere. Each month or quarter (depending on facility), a nurse will be selected by nursing administration to receive The DAISY Award. At a presentation given in front of the nurse’s colleagues, physicians, patients, and visitors, the honorees will receive a certificate commending her or him for being an “Extraordinary Nurse.” The certificate reads: “In deep appreciation of all you do, who you are, and the incredibly meaningful difference you make in the lives of so many people.”

Each nurse will also receive a beautiful sculpture that is hand-carved by artists of the Shona Tribe in Zimbabwe. The sculptures, named “A Healer’s Touch,” are especially meaningful because of the profound respect the Shona people pay their traditional healers. Due to the desperate political situation in Zimbabwe, the purchase of the artwork is a tremendous help to the artists and their families. UnitedHealthcare has generously agreed to sponsor the costs of all recognition materials for Ochsner’s DAISY program.

Please see the Human Resources website on the intranet for more information and facility specific nomination forms. Below are some excerpts from some of Ochsner’s DAISY winners for the first quarter of 2009.

“...she goes beyond her everyday clinical duties with her caring and compassionate approach.”

“...he (patient) became increasingly calm and comforted by her gentle nature. Throughout the day, she stayed by his side caring for him and assuring him that she was going to do everything she could to make the situation less frightening for him.... Needless to say, when she called us at home the next day to check on our son and wish him well, we were not surprised.”

“...She went out of her way to reassure my mother (patient) and myself concerning her procedure. Her sensitivity and caring was magnificent.”

“...She was determined that this baby’s short life would involve love and caring. She also embraced the family and listened to their concerns, brought them Thanksgiving dinner and in the end – came to the unit at 4 am to be with them as their baby died. She portrays the good that our unit is meant to be even during the death of a baby. She is an inspiration.”

“..Her soft spoken voice just eased their minds and hearts concerning their son receiving a tracheostomy.”

We are proud to present the 2009 winners from two facilities that are awarding on a monthly basis. The first quarter winners will appear in the next issue of “Ochsner Nursing Connection.”

The nurses were recommended for the DAISY Award based on the following criteria:

- True patient advocate
- Sensitive caregiver
- Leads by example
- Expert clinician
- Anticipates patient needs
- Individualizes patient care

Ochsner Medical Center – New Orleans
 January – Jackie Briggs, DOSC
 February – Paula Gaudet, NICU

Ochsner Medical Center – West Bank
 January – Kim Guidry, Emergency Department
 February – Amy McDonald, ICU



Jackie Briggs, Ochsner Medical Center's first DAISY winner, proudly displays her personalized banner and “Healing Touch” sculpture in the Day of Surgery Center on Jefferson Highway.



Ochsner West Bank's first DAISY Award winner, Kim Guidry (center) is presented with a certificate, banner and sculpture on the unit by VP/CNO Lisa Colletti (second from right) and ED Director Rosa Judd (holding certificate) as co-workers join the celebration.

In the News

CERTIFICATIONS / DEGREES

Ambulatory

Kim Milner, RN, Ambulatory Case Manager, Covington, recently achieved certification as a CCM (Certified Case Manager) granted by the Case Management Society of America.

Mary Ellen Gallagher, MHA, BSN, RN-BC was awarded Nursing Informatics Certification on February 20, 2009.

OMC – Jefferson

Danielle Fricke, RN and **Don Meyer, MS/MBA, RN, CPHQ** recently achieved CCTN (certified clinical transplant nurse) certification.

OSAGH

With 22 years of LPN experience, **Joanna Benoit** returned to school and successfully completed her RN degree from NSU.

OMC-WB

Carmel Bocage, RN (L&D) received certification as a Childbirth Educator through the Council of Childbirth Educators (CCE).

Wendy Nicholls, RN, IBCLC, received certification as a Lactation Consultant through the International Board of Lactation Consultant Examiners (IBLCE).

An LPN for 16 years in the NICU/Nursery, **Lyanne Pazos** graduated from Charity-Delgado on December 15, 2008.

PRESENTATIONS

At the National League for Nursing 2009 Leadership Conference in January, **Shelley Thibeau, MSN, RNC (NICU)** and **Karen Rice, DNS, APRN, ACNS-BC, ANP** (Nursing Research) represented OMC with 2 posters: Stimulating Staff Nurses' Spirit of Inquiry through a Mentored Research Practicum and Linking Relevant Research to Change: The Research Collaborative Practice Model.

PUBLICATIONS

Debbie Goodlett, BSN, RN; Christy Robinson, RN; Tricia Carson, RN, CMSRN; and **Linda Landry, RN, CMSRN** published an article about a PI project on IMTA. The article citation follows: Goodlett, D., Robinson, C., Carson, P., & Landry, L. (2009). Focusing on video surveillance to reduce falls. *Nursing*, 39(2), 20-21.

PROFESSIONAL ASSOCIATIONS

Jacqueline Parks Warren, RN, CMSRN (Emergency Department-WB) is a Member-at-Large Board Member with New Orleans District Nurses Association (NODNA). As Chairperson of the Awards Committee, she communicates the availability of awards to students at area nursing schools.

Ochsner Nurses Recognized by The Louisiana State Nurses Association's 2009 Annual Nightingale Awards

We are pleased to announce the recognition attained by Ochsner nurses who were nominated in the 2009 Awards:

Outstanding Nurse Researcher; Karen Rice, DNS, APRN, ACNS-BC, ANP: OMC, Research

Rookie of the Year

- Christine Blanchard, RN: OMC-BR, Cath Lab
- Renee Bulen, RN: OMC-WB, Medical/Surgical
- Ashley Chiasson, BSN, RN: OMC, Oncology
- Rebecca Cobb, RN: OMC, Medical/Surgical
- LaShawn Doss, MSN, RN: OMC, Medical/Surgical
- Kim Guidry, RN: OMC-WB, Emergency Department
- Alexis Vise, RN: OMC, Medical/Surgical

Mentor of the Year

- Julie Castex, BSN, RN, CMSRN: OMC, Medical/Surgical
- Amanda Martin-Sanchez, Med, BSN, RN, CNOR: OMC-WB, Surgery

Clinical Practice Nurse of the Year

- Leslie Wingerter, RN: OMC-WB, Mother/Baby Unit

Nurse of the Year

- Andrea Matthews, BSN, RN: OMC-WB, Surgical Services

Ochsner is delighted to have these highly motivated individuals as part of the Ochsner team.

To submit information for the next issue, please email your local facility representative.

Ambulatory

Mary Ann Levy, BSN, RN-BC

Ochsner Medical Center

Maureen Gomez, BSN, RN, WOCN

Ochsner Baptist Medical Center

Joan Condon, RN

Ochsner Medical Center – Baton Rouge

Katherine Haygood

Ochsner Medical Center – Kenner

Ray Sheward, BSN, RN

Ochsner Medical Center – West Bank

Kelly Q. Seeling, MSN, RN

Ochsner St. Anne General Hospital

Mae Hitt, RN

Nurse Recruitment

Michelle Blow, RN, CMSRN

Heather Bretz, BSN, RN

Upcoming Events

SYSTEM NURSING EDUCATIONAL EVENTS: APRIL through JUNE, 2009

Registration in OH! (Healthstream) is required for all educational events. Please refer to OH! for confirmed dates, times and locations as class information is subject to change.

OMC: Contact Nursing Professional Development Department (504-842-7299)

- 4/16: Catheter Class; Elmwood 5th floor, 8a-12p
- 4/23: Prof. Dev. for Nurses Forum - Healthy Work Environment; BH Lejeune Room, 2-6 p
- 4/24: Prof. Dev. for Nurses Forum - Healthy Work Environment (repeated); BH Caldwell Room, 11a- 3p
- 5/6: Management of Arrest; Elmwood 5th floor, 8a-12p
- 5/14: Catheter Class; Elmwood 5th floor, 8a-12p
- 5/18 & 5/19: Basic EKG (Rhythm & Clues); Elmwood 5th floor, 8a-4:30p both days
- 5/20: Preceptor Workshop (for new preceptors); Elmwood 5th floor, 8a-5p
- 5/21: Prof. Dev. for Nurses Forum - Managing the Unexpected; BH Lejeune Room, 2-6p
- 5/22: Prof. Dev. for Nurses Forum - Managing the Unexpected (repeated); BH Caldwell Room, 11a-3p
- 5/28: Nursing Skills Fair Roundup; BH Conference Center, 7:30a-3:30p
- 6/11: Catheter Class; Elmwood 5th floor, 8a-12p
- 6/25: Prof. Dev. for Nurses Forum - Striving for Excellence; BH Caldwell Room, 2-6p
- 6/26: Prof. Dev. for Nurses Forum - Striving for Excellence (repeated); BH Caldwell Room, 11a-3p

OMC-WB: Contact Betty Miller, MPH, BSN, RN, CHN (504-391-5137)

- 4/1; 4/15 & 4/29: Code Review; 10:30-11:30a
- 4/6: Prof. Dev. for Nurses Forum - Healthy Work Environment; River Room, 7-11a
- 4/17: CPI; River Room, 8a-4p
- 5/13 & 5/27: Code Review; 10:30-11:30a
- 5/14: Preceptor Workshop (for new preceptors); River Room, 8a-1p
- 5/18: Prof. Dev. Nurses Forum - Managing the Unexpected; River Room, 7-11a
- 6/2; 6/16 & 6/30: Code Review; 10:30-11:30a
- 6/8: Prof. Dev. for Nurses Forum - Striving for Excellence; River Room, 7-11a

OMC-K: Contact Ray Sheward, BSN, RN, (504-464-8260)

- 4/8: HIS Initial Training; 7th Floor MOB, Room 704-B, 8a- 5p
- 4/14 & 4/15: Basic EKG (Rhythm & Clues); 7th Floor MOB, Room 705C, 8a- 5p
- 4/29: Prof. Dev. for Nurses Forum - Collaborative Practice; Creole Room, 7-11a
- 5/6: HIS Initial Training; 7th Floor MOB, Room 704-B, 8a-5p
- 5/18: Prof. Dev. for Nurses Forum - Healthy Work Environment; 7th Floor MOB, Board Room, 7-11a
- 5/20: Management of Arrest; 7th Floor MOB, Room 705C, 8a-12 p
- 6/3: HIS Initial Training; 7th Floor MOB, Room 704-B, 8a-5p
- 6/9 & 6/10: Basic EKG (Rhythm & Clues); 7th Floor MOB, Room 705C, 8a-5p
- 6/17: Prof. Dev. for Nurses Forum - Managing the Unexpected, 7th Floor MOB Auditorium, 7-11a

OSAGH: Contact Mae Hitt RN, (985-537-8350)

- 4/28: CPR Healthcare Provider, 12-4p
- 5/26: CPR Healthcare Provider, 12-4p
- 6/30: CPR Healthcare Provider, 12-4p

OBMC: Contact Joan Jarreau, BSN, RN, (504-894-2350)

- 5/8: HIS Order Entry, Audubon Room, 8:30a
- 5/21: HIS Order Entry, Audubon Room, 8:30a
- 5/28 & 5/29: EKG course Audubon Room 8:30a
- 6/4: HIS Order Entry, Audubon Room, 8:30a
- 6/10: Preceptor Workshop (for new preceptors), Audubon Room, 8:30a
- 6/18: HIS Order Entry, Audubon Room, 8:30am
- Last week of June, 2009: Skills Fair

OMC-BR: Contact Steve Fava, AD, RN, (225- 755-4478)

- 4/14: Emergency Severity Index - Triage Know Your Role, Plaza 2, Classroom 109, 8-9a and 5-6p
- 4/14: Prof. Dev. For Nurses Forum - Collaborative Practice, Plaza 2, Classroom 109, 9a-1p
- 4/21: VHA Nursing Leadership Excellence Series, Hospital Boardroom 11:15a-12:30p. (Please arrive on time. This series is a live webcast.)
- 5/12: Prof. Dev, for Nurses Forum - Healthy Work Environment, Plaza 2, Classroom 109, 9a-1p
- 6/9: Prof. Dev. For Nurses Forum - Managing the Unexpected, Plaza 2, Classroom 109, 9a-1p

Community Training Calendar

APRIL 2009 Community Training Center

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		1 PALS Renewal OMCNO	2 ACLS Initial Day 1 OMCNO CPR Initial OMCK	3 ACLS Initial Day 2 OMCNO CPR Renewal OMCK
6	7 CPR Initial OMCNO PALS Renewal OMCWB	8 CPR Renewal OMCNO	9	10 HOLIDAY
13	14 ACLS Renewal OMCNO	15 PALS Initial Day 1 OMCNO	16 PALS Initial Day 2 OMCNO CPR Renewal OMCWB	17 BLS Instructor Class OMCNO CPR Renewal OHCBB
20	21 PALS Renewal OMCWB ON-Line CPR Check – Off OMCNO – Elmwood Bldg. B(appt only)	22	23	24
27	28 CPR Initial OSAGH ACLS Renewal OMCK	29	30 CPR Renewal OMCK	

MAY 2009 Community Training Center

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4	5 CPR Initial OMCNO	6 CPR Renewal OMCNO ACLS Renewal OMCWB	7 CPR Renewal OHCBB	8
11 ACLS Initial Day 1 OMCNO	12 ACLS Initial Day 2 OMCNO ACLS Renewal OMCK	13 PALS Renewal OMCNO	14 PALS Renewal OMCK	15 PALS Instructor Course
18	19 CPR Renewal OMCK	20 ACLS Renewal OMCWB	21 CPR Initial OMCNO CPR Renewal OMCWB	22
25	26 PALS Initial Day 1 OMCNO CPR Initial OSAGH CPR Renewal OHCBB CPR Renewal OMCK	27 PALS Initial Day 2 OMCNO	28 SKILLS FAIR 7:30am – 3:30pm Brent House Conference Ctr.	29 ACLS Renewal OMCNO

JUNE 2009 Community Training Center

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	2 ACLS Instructor Course OMCNO PALS Initial Day 1 OMCWB	3 PALS Initial Day 2 OMCWB	4 CPR Renewal OMCNO	5 CPR Initial OMCNO CPR Renewal OMCK
8	9 PALS Renewal OMCNO	10 ACLS Initial Day 1 OMCNO	11 ACLS Initial Day 2 OMCNO	12 CPR Renewal OHCBB
15	16	17 ACLS Renewal OMCNO	18 PALS Initial Day 1 OMCNO CPR Renewal OMCWB	19 PALS Initial Day 2 OMCNO
22	23 ACLS Renewal OMCK	24 ACLS Initial Day 1 In-Coming Residents Only OMCNO	25 ACLS Initial Day 2 In-Coming Residents Only OMCNO	26 ON-Line CPR Check –Off OMCNO – Elmwood Bldg. B (appointment only)
29	30 PALS Renewal OMCWB CPR Initial OMCNO CPR Initial OSAGH CPR Renewal OMCK			

Ochsner Medical Center - NO (OMCNO): 504-842-6684
 Ochsner Medical Center - West Bank (OMCWB): 504-391-5138
 Ochsner Medical Center - Baton Rouge (OMCBB): 225-755-4854
 Ochsner St. Anne General Hospital (OSAGH): 985-537-8350
 Ochsner Medical Center - Kenner (OMCK): 504-464-8260
 Ochsner Health Center - Covington (OHCNS): 985-875-2756
 Ochsner Baptist Medical Center (OBMC) 504-894-2350
 Ochsner Health Center Bluebonnet (OHCBB): 225-761-5507