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DMC

CARING

NEWS AND VIEWS FROM DMC PATIENT CARE SERVICES

*“I have found among its
other benefits, giving liberates
the soul of the giver.”*

Maya Angelou

In This Issue: PNC • Pressure Ulcer Report • Kudos • Education Beat

A QUARTERLY PUBLICATION OF THE DETROIT MEDICAL CENTER

DMC
DETROIT MEDICAL CENTER

Dear Colleagues



This issue of *DMC Caring* explores the act of “giving.” I hope that you find a perspective that adds to your own practice of giving. We are all in the business of giving of our caring ability, our skills, our attention and our compassion because we are professional nurses. If we think of those acts of “giving” as both purposeful and deliberate, we elevate the giving above our job and enrich our professional lives and those of our team.

One way to think about giving implies that when I give something to someone else, I have reduced my own supply of that thing, thus have caused a lack of that element in my own situation. Continuing along that line, the giving-debiting point of view means that I give only when it is alright that my position after the gifting will be less than before; it means that I give from a position of evaluation of MY situation, then act if the giving is to MY advantage. This viewpoint also looks at giving as a material event: I give money, clothes, food. In this framework, I give expecting that the gift will be appreciated by its recipient and may feel disappointed when the response is not one of gratitude.

Contrast the “me” giving with a gifting process that really has two parts: the giving and the receiving that are experienced by the donor. When I give something, I receive something too. My heart expands and I feel my connection to another person or to the environment. This view of giving is rooted in generosity...giving without calculation, giving without expectation and giving without need for recognition.

Gifts of time, energy and work are gifts of service - the roots of patient care.

These gifts are precious because they are irreplaceable. I cannot replace the hour I gave volunteering. That time will never be available again. But as the time, energy or work are given, they are transformed into the feeling of having done something for someone else. This feeling is NOT pride or self-congratulation. It is a feeling of connection that resonates and swirls around inside us, gets larger, and often causes us to recognize the privilege it is to give, and we give again.

I invite you to live this week from generosity, as though you have everything you require in the moment, reaching out to others when you see their need. Enjoy and become inspired by the acts of giving that you will read about in this issue. Thank our colleagues as you learn about their gifts to others. It is a great feeling! The DMC has many people who make giving and generosity a way of life.

Sincerely yours,

Patricia Natale, RN, MSN, NEA-BC
Senior Vice President
and Chief Nursing Officer
The Detroit Medical Center

DMC Caring is a quarterly publication produced by DMC Patient Care Services. For information, contact an Editorial Board member.

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Promotions

Chioma Barnes, RN, ADN, HUH, to 8WS clinical nurse preceptor

Maria Bobo RN, MSN, WHNP-BC, RIM, to an expanded role as CNS and Magnet program manager

Larry Campbell, to Sr. GM/Multi-Services Sodex, and CHESP executive director environmental services at the DMC. He is newly certified as a healthcare environmental services professional

Denise Desmarais, RN, BSN, HUH to PCS program coordinator

Deborah King, RN, BSN, MA/MS, HUH, to specialty services administrative director

Theresa Kramer, RN, ADN, HUH, to perioperative services team leader

Robin Mazur, RN, MSN, DRH, to geriatric nurse practitioner

Mark Muroski, GN, DRH, to graduate nurse

Elizabeth Neumann, GN, DRH, from student nurse associate to emergency department graduate nurse

Stephanie Perez-Montelongo, RN, HUH, to Magnet rep for the Harper ED

Kinga Rudnicki, RN, MSN, RIM, to manager of the SCI Unit

Mary Wilson, RN, ADN, HUH, to program coordinator of acute care services

Georgia Young, RN, ADN, HUH, to clinical manager of the ED

Certifications

Annette Adams, RN, BSN, DRH 4Q, became certified in critical care nursing

Patricia Bradley, RN, RIM, became a certified rehabilitation registered nurse (CRRN)

Danuta Braun, RN, RIM became a certified rehabilitation registered nurse (CRRN)

Lori Brown, RN, BSN, HUH, became certified in critical care nursing

Scott Brownlee, RN, HUH, became certified in TNCC

Sandra Buchanan, RN, MSN, DMCSH, received emergency nurse certification (CEN)

Suzanne Carpenter, RN, RIM, became a certified rehabilitation registered nurse (CRRN)

Eileen Clark, RN, BSN, DMCSH, received emergency nurse certification (CEN)

Nancy Foley, WIH, SGH, received SANE (sexual assault nurse examiner) certification

Kathy Goll, RN, HVSH, received nursing executive certification (NE-BC)

Lovie Hunter, WIH, SGH, received SANE (sexual assault nurse examiner) certification

Geri Koby, RN, HVSH, received nursing executive certification (NE-BC)

Sharon Juillet, BSN, MHSA, NE-BC, DMC, received nursing executive certification

Priscilla Leverette, WIH, SGH, received SANE (sexual assault nurse examiner) certification

Beth Leon, RN, HVSH, received nursing executive certification (NE-BC)

Michelle Mills, MSN, MSBA, RN, CPHQ, DMCSH, passed the nurse administration advanced exam (NEA-BC)

Stephanie Perez-Montelongo, RN, HUH, new Magnet rep for the ED, became certified in critical care nursing

Alita Pitogo, RN, BSN, DRH-ED, became certified in emergency nursing

Sharon Pruder, RN, BSN, HUH, received NNP certification

Sarah Pulcifer, RN, HUH, became certified in TNCC

Stephanie Schorsch, RN, HUH, became certified in TNCC

Jo-Ann Smith, RN, HVSH, received nursing executive certification (NE-BC)

Robert Stempek, RN, HUH, became certified in critical care nursing

Janet Tucker, RN, HVSH, received nursing executive certification (NE-BC)

Melissa Wisniewski, RN, RIM, became a certified rehabilitation registered nurse (CRRN)

Nursing Boards Passed

Amberleen Brackins, RN, SGH

Patrice Brazill, RN, SGH

Charissa Bryant, RN, BSN, HUH and SGH

Amanda Calkins, RN, SGH

Mary Crowe, RN, SGH

Tamika Davis, RN, SGH

Dean Deason, RN, SGH

Emily Derengoski, RN, SGH

Jessica DiVirgil, RN, SGH

Colleen Dreher, RN, DRH

Samantha Gardiner, RN, SGH

Cortney Gramer, RN, SGH

Tricia Hosraymi, RN, BSN, RIM

Wachauna Johnson, RN, SGH

Ann Kraemer, RN, RIM

Tina Lang, RN, SGH

Kevin Le Forge, RN, RIM

Sonya Lockett (Sitter), LPN, RIM

Sarah Marsh, RN, RIM

Jeffrey Marty, RN, DRH

John Mazur, RN, SGH

Jacquelyn Merecki, RN, SGH

Lydia Muller, NP, HUH

Monet Murphy, RN, BSN, RIM

Jamie Plunkett, RN, DRH

Richard Redlin, RN, DRH

Mary Riley, RN, SGH

Nicole Stokes, RN DRH

Kennedy Veronica, RN DRH

Izabela Wilewski, RN DRH

Jennifer Zillich, RN, SGH

Graduations

Lavora Cook, RN, MSN, CHRN, DRH-PACU completed a master's of science in nursing from the University of Detroit Mercy

Michael Leimann, RN, BSN, DRH completed his BSN from Eastern Michigan University

Sonya Lockett (Sitter), LPN, RIM, graduated from Healthcare Career Center

Laurie Norris, PT, DPT, MTC, senior physical therapist at RIM Lakes, graduated from the University of St. Augustine with a transitional doctorate degree and manual therapy certification.

Also Notable

Jennifer Broginski, SGH, has been inducted into Sigma Theta Tau International

Michelle Cameron, AP-RN, MSN, SGH, published in Davis' Drug Guide for Nurses 11th edition: Davis' Psychotropic Medication Tutorial

Sandra Holland, DMCSH, received the most positive comments from the "At-Your-Service surveys.

Laura Kovie, RIM, is the 2nd quarter DAISY Award Winner.

Jennifer Langston, RIM, is the 2nd quarter TULIP Award Winner.

Experiencing Generosity



In the course of her day, Donna Braun, far right, meets with members of RIM's management team, from left, CFO Kevin Smith, VP of Operations Patty Jobbitt, and President William Restum.

Many foundations and corporations consistently make large gifts to the Detroit Medical Center. Their financial support is essential and allows the DMC to provide cutting edge health care in our community. The impact of their contributions can be felt throughout the DMC – in critical care, in pediatrics, in neurology, in geriatrics, in cardiology, in orthopaedics, in emergency medicine and more.

There is another group of donors, however, whose generosity also impacts the quality of care at the DMC. They are the nurses, therapists, technicians, pharmacists, unit clerks, pastoralists and custodians who share their financial resources, through the Employee Giving Program, in addition to sharing their considerable professional skills. Who are they? Why do they give? How are they rewarded? It is our pleasure to introduce just a few of them to you in the following paragraphs.

Donuta Braun's passion for her work is as obvious as her long blond hair and welcoming smile. An RN certified in case management and rehabilitation nursing, Donna, as she is known by most people, came to nursing after a successful accounting career. She made the decision to go back to school to become a nurse after watching her 3-year-old nephew's struggle with cancer, and the impact of that struggle on his family. "Through nursing," she says, "I knew I could help in a more direct way."

Braun has been at the DMC since 2004 and now works at the Rehabilitation Institute of Michigan as a trouble-shooter for the catastrophic program. She regularly contributes to the RIM Tribute Fund because she sees first-hand how it benefits the patients with whom she interacts.

"Catastrophic in this context refers to the nature of the insurances, which are auto insurance and work comp insurance, and not to the nature of injuries sustained," she explains. "Patients who qualify under the catastrophic program are fortunate to have benefits and services that go beyond what health insurance provides, and it is my pleasure to assist them. However, RIM has many patients who are not catastrophic program patients, but who have sustained catastrophic injuries and illnesses, and may be uninsured or underinsured. At the time of discharge, they lack the resources to get the needed medications, equipment and services they need.

"These patients are helped with their needs by the RIM Tribute Fund," she continues. "I am a passionate believer in equality for all, so in my small way I work toward that ideal by donating to the tribute fund in order to have a more

equitable allocation of benefits. One of the most important reasons I work at the DMC is because we do accept indigent patients and treat them equally.”

Although a step removed from direct patient care, Donna O'Connor, DMC system executive director of legal affairs, recognizes and appreciates what it means to work for a non-profit health care organization. She came to the DMC in 2007.

“Charity is integral to the DMC’s mission,” she says. “We serve not only the insured, but also the uninsured and the underinsured. It is what we do here. It is part of the deal when you work for a health care non-profit organization. This is something I recognize professionally and personally.”

O'Connor has an undergraduate degree in political science from the University of Michigan and a law degree from Wayne State University. She worked in private practice for 15 years before joining a firm in 1996 that worked exclusively in health care.

“I believe strongly that people who are lucky enough in these hard times to be employed have a responsibility to help others in the community who are in need,” says O'Connor. “Through the Employee Giving Program, I have the opportunity to choose where the money is used.” O'Connor designates Detroit Receiving Hospital as the recipient of her contribution.

“Giving to DRH is meaningful to me because to a large extent the hospital takes care of the uninsured and medically underserved.”

Sherrie Killebrew, director of patient relations at Sinai-Grace Hospital, is a bundle of energy as she goes about her daily routine. She began working as a clerk typist at Sinai Hospital in 1985. When Sinai became part of the DMC and then was combined and relocated to Sinai-Grace Hospital, Killebrew also moved, working in rehab, internal medicine, the residency program and social work. In 2004, while volunteering on the Employee Activity Committee, Conrad Mallet, Jr., president of SGH, offered her the patient relations position.

“I was in school working on a bachelor’s degree in management and organizational development and just jumped into the new job feet first,” she laughs. “I was honored by the offer and took it as a challenge.”

Giving to those in need is something Killebrew learned as a child from her mother, a teacher. She always contributed to the United Way and the Black United Fund but in the past few years, began to realize “how important it is to give to the institution I work at,” she says. That realization ignited a fire in me.”

Killebrew’s job gives her the unique opportunity to hear from patients about what might be lacking in their hospital experience. But she also understands the need for additional funding to fill gaps that may exist. Her contribution is helping to fund a new emergency room at SGH.

“The emergency room is our front door and where most of our patient/clinician relationships begin,” she says. “It is where almost 90 percent of our patients form their first impressions about who we are as an organization. I get satisfaction out of knowing I am part of this project.”

Patty Danhoff, a rehab services office assistant, also began her career at Sinai Hospital and then moved to Sinai-Grace, where she continues to work in the rehabilitation department. She prepares the consult documents for the physicians and takes care of billing and all the other paperwork involved. She designates her employee giving contribution to the Rehab Reach Fund, which provides equipment and other rehabilitation needs for patients without insurance.



Donna O'Connor likes being able to choose where the money she donates is used.

DMC CARING



Growing up not far from Sinai-Grace Hospital has given Sherrie Killebrew insights into the needs in the community.



The reward for Patty Danhoff's generosity is the good feeling she gets from knowing that her contribution is providing needed help for the people treated in her department.



Liana Allen's job on 4V/4U gives her insight into the financial challenges patients face.

“We are like a family here in this department,” she says. “And it is a nice feeling to see firsthand the results of my contribution. I support the SGH Rehab Reach Program because it gives the underinsured patients on the 1 West rehab unit an opportunity to have the equipment they need to improve their health and their lives.

Like Killebrew, Danhoff also learned the value of giving and sharing from her mother. “My grandmother had leukemia for 20 years and my mother encouraged me and my two brothers and two sisters to donate blood through the Red Cross. We all have been doing that for years and I will continue as long as I can.”

As a DRH patient care associate, Liana Allen is involved with all aspects of patient care. She takes care of people with a variety of illnesses, mostly acute.

“My job is to keep my patients as comfortable as possible while they are here,” she says. “Having been raised in a foster home, I think, influenced me in choosing a career in which I could take care of people. And my foster mother taught us ‘you’ve got to help people in need.’”

Allen says it is easy to overlook all the appeals for money. But when she realized she could designate her employee giving contribution to DRH, where she works, it made sense to her.

“It allows my patients to get something they need but wouldn’t get otherwise,” she says. Through this fund I can say, ‘this is what I have. You spend it where it is can do the most good.’ I am witness to some of the patient needs. If I can contribute just a little, imagine what else can be done to help the less fortunate.”

DMC’s EMPLOYEE GIVING CAMPAIGN GROWS

Gifts and pledges to the Employee Giving Campaign increased in 2008 by 711 pledges and \$51,024 over 2007.



Facility	2008 Gifts/Pledges	2008 Participants
Children’s Hospital of Michigan	\$85,589	439
Detroit Medical Center Corporation	\$89,736	642
Detroit Receiving Hospital	\$53,753	423
DMC Surgery Hospital	\$ 6,644	37
Harper University Hospital	\$28,631	179
Huron Valley Sinai Hospital	\$40,172	343
Hutzel Women’s Hospital	\$ 7,747	83
Rehabilitation Institute of MI	\$29,348	220
Sinai-Grace Hospital	\$54,208	370

What’s New at the DMC

DRH Receives Magnet Designation

Since August Detroit Receiving Hospital has been patiently awaiting the results of its Magnet visit. On October 12 employees gathered in Crockett B for a conference call that would reveal the Magnet survey results. The room quickly filled with DRH employees anticipating the forthcoming call. Then, over a speakerphone was the voice of the ANCC Magnet president and commissioner on Magnet

recognition, Gail Wolf, DSN, RN, FAAN. “This is Gail Wolf calling to congratulate DRH on our unanimous decision for Magnet recognition status!,” she said. “DRH - you should be proud of this remarkable accomplishment especially given the depressed economic conditions in Michigan. Although this is a nursing recognition it could not have been achieved if everyone did not work together for the good of the patient.”

The room erupted into cheering and applause as the announcement was made. Detroit Receiving Hospital is the second Detroit Medical Center hospital to receive this prestigious recognition. It is among the 5 percent of hospitals in the country to receive this honor.

Congratulations!

Sailing Our Ship

By Sue Duff, RNC, Chairperson, DMC PNC

The DMC Professional Nurse Council has been graced with the presence of staff nurses who represent their peers in a forum of shared decision-making. Their authority encompasses several levels: decision making, information sharing and provision of recommendations. We are thankful for the opportunity to sail our ship through the spectrum of nursing practice issues.

At times we experience some angst - questioning our power, investigating the evidence and experiencing conflicts over issues. M. Scott Peck says in *The Road Less Traveled*, "The truth is that our finest moments are most likely to occur when we are feeling deeply uncomfortable, unhappy, or unfilled. For it is only in such moments, propelled by our discomfort, that we are likely to step out of our ruts and start searching for different ways or truer answers."

We are thankful for these navigators of our practice world who champion shared decisions. Collectively, this group of professional nurses has more than 300 years of nursing experience.

Caitlyn Besaw, RN, BSN, at HUH and an associate member of DMC PNC

Laurie Campbell, RN, at CHM and DMC PNC secretary

Eileen Clark RN, BSN, CEN at DSH

Kathy Code, RN, at SGH

Sue Duff, RNC, at HVSH and chairperson of DMC PNC

Liz Knight, RN, CRRN, at RIM

Julia Libcke, RN, MSN, nurse executive liaison to DMC PNC

Jane Lyons, RN, BScN, at HUH/HWH

Melissa Mayes, RN, BSN, OCN, at HVSH

Jane Okress, RN, MSN, at SGH for nurse pharmacy issues

Marci Simon-Burrell, MSN, RN, WHNP, at HUH/HWH and the APN resource person to DMC PNC

Roz Thompson, RN, MSN, MBA, at SGH and 2004-past chair of DMC PNC

Janet Tucker, RN, MSN, MBA, at HVSH and chairperson of the system manager group and manager representative to DMC PNC

Jacqueline Ward, RN, BSN, at DSH

Also contributing to the work of the PNC:

Sue Ellen Bennett

Karen Braun

Barb Lander

Cordelia Tucker

"I'm not afraid of storms for I'm learning how to sail my ship."
Louisa May Alcott

On Deeper Reflection

By JoAnn Maklebust, MSN, RN, NP, ACNS, AOCN, FAAN



Ms. Smith had been transferred to our geriatric unit while I was in clinic. Her lengthy medical record looked painfully familiar to many others I had read. She was 87 years old. Her chart said she had dementia, pressure sores, incontinence, diabetes mellitus and malnutrition. She was bedridden and responded only to painful stimuli. A Foley catheter and a gastrostomy feeding tube were in place. Her serum albumin was 1.5. She had been in this condition for at least three months. The nurse informed me that she was both hypoglycemic and hypothermic.

Her temperature was 94.8. She cried out when we turned her onto her left side. She had many pressure sores including large ones on both heels that were covered with thick black eschar. "My names is Dr Sachs, Mrs Smith." I placed a hopefully reassuring hand on her shoulder. Her skin was clammy and cool. She cried out as I touched her. "I am one of the doctors on the floor. I am going to examine you to see what we can do to make you feel better." I began to examine

an open wound over her right trochanter. The hip sore was two by three centimeters on the surface but was extensively undermined. As I moved forward to look deeper into the sore, I saw movement within the wound. I immediately felt repulsed as I thought there might be maggots in the hip. I saw no organisms and the wound looked clean. There was a strange clearness in the center of the crater. Once more I noted movement within the sore. I moved closer and to my horror, I saw my own reflection glaring back at me. As more of the wound was revealed, I realized the poor woman had a hip prosthesis and the shining head reflected the image of my face. I took one more look at myself and left the room. Seeing oneself in a pressure sore is a stark and frightening vision. Frequently as I progress through my geriatric fellowship I find myself praying that I do not contract any of the horrible diseases that I see. Now, mostly I pray, "Dear Lord, please do not let me die with pressure sores."

Used with the permission of Greg A. Sachs, MD, from JAMA, April, 1988

The Education Beat

The following educational opportunities will be available in 2010.

More information will be found on the DMC Intranet, nursing page, 2010 calendar.

Critical Care Test Prep

Date: Monday and Tuesday
March 1st and 2nd, 2010
Time: 8 am- 4 pm, (lunch provided)
Location: Kresge Auditorium
Cost: See your manager
Credits: CEUs Pending
Information: Watch for brochures & registration information!

Med Surg Test Prep

Date: Wednesday and Thursday
March 3rd and 4th, 2010
Time: 8 am- 4 pm, (lunch provided)
Location: Sinai-Grace Auditorium
Cost: See your manager
Credits: CEUs Pending
Information: Watch for brochures & registration information

CEN Test Prep

Date: Tuesday and Wednesday
April 13th and 14th, 2010
Time: 8 am- 4 pm, (lunch provided)
Location: PRUS Auditorium (Harper)
Cost: See your manager
Credits: CEUs Pending
Information: Watch for brochures & registration information

Magnet Matters

Our Journey to Clinical Excellence

By Toni Grant, MSN, RN, ACNS-BC, ACNP-BC,
Director Practice Environment, DMC

Clinical excellence can be considered care that is delivered to individuals and groups who need our attention through the expertise of professional nurses and other health care providers. This care strives to meet the quality outlined by the best evidence.

The components of processes to deliver this level of care and services to patients needs an infrastructure, work environment and care delivery model that is optimally designed to be efficient, effective, interdisciplinary, and above all, centered on the patient and family.

The purpose of clinical excellence is to enhance professional growth through practice, career development, education and research. On our journey to excellence in nursing, we have aligned ourselves with the American Nurses Credentialing Center five model components for Magnet and the 12 Practice Standards for Pathways to recognize the excellence in our practice environment.

So what is the difference between these two recognition programs?

The Pathway to Excellence Program™ recognizes the essential elements of an ideal nursing practice environment. Standards are focused on the workplace, a balanced lifestyle for nurses, and policies and procedures that support nurses in the workplace. A Pathway to Excellence designated organization is committed to nurses, to what nurses identify as important to their practice, and to valuing nurses' contributions in the workplace. Confirmation of the essential elements is obtained through written documentation and an online nurse survey.

The Magnet Recognition Program® recognizes excellence in nursing and patient care, and innovations in professional nursing practice. It requires the development, dissemination and enculturation of meeting standards in nursing leadership, structure, professional practice and development, innovation and research, and outcomes.

The Magnet Recognition Program is based on quality indicators and standards of nursing practice. Confirmation of the Magnet Standards is obtained through written documentation and a comprehensive site visit.

Being recognized by one of these programs is a way of being thanked for providing excellence in your profession.

