A Dream Come True: Denver welcomes first hospital of its kind

Children’s Hospital Network of Care location serves as role model

Poised for Growth after 5 Years

The Children’s Hospital at Parker Adventist Hospital is celebrating its five-year anniversary in February. Since opening in 2004, the location has seen significant growth and is now looking to expand even more.

“When I came on board in 2005, two months later in Jan. 2006, we took the emergency department (ED) to a 24/7 operation, and now, we see more than 12,000 patients in the ED per year,” explained Andrea Ferretti, director, The Children’s Hospital at Parker Adventist Hospital.

The Children’s Hospital at Parker Adventist Hospital’s ED, staffed with fully trained children’s medical emergency physicians located in a community-based emergency program, allows The Children’s Hospital at Parker Adventist Hospital to provide full range of urgent and emergent care cases.

“As a community-located department, we see the same urgent emergent needs, from minor bumps, bruises and falls to medical life-threatening emergencies,” Ferretti noted.

If a child arrives with critical needs, the team works closely with Children’s main campus to quickly stabilize and transfer the patient to receive the appropriate intensive care unit and level of care at the main hospital.

Ferretti credits the medical leadership of Drs. Allison Brent and Douglas Scudamore, medical directors of the ED and inpatient unit, for The Children’s Hospital at Parker Adventist Hospital’s community integration. “In addition, the medical team coverage has helped solidify the team and provide the highest level of expertise in an offsite location,” she added.

Today, her team's goal is to augment the services of community pediatricians and family physicians in the surrounding south metro areas. “Our support provides care-appropriate facilities to maintain their practices and patients’ needs with short-stay medical conditions and offers an avenue for complex consultations and interventions as necessary,” Ferretti noted.

“We are as active in care as possible to eliminate the need for parents to go to Children’s main campus, thereby keeping their child close to home,” she added.

The team is exceptionally proud of her team today: 40 percent of the nursing staff hold more than 20 years of pediatric clinical expertise; nine of the initial registered nursing staff have a cumulative 200 years with Children’s. The numbers speak volumes for a Children’s Network of Care (NOC) location that is only five years old.

“When our site opened in Feb. 2004, a significant number of Children’s main campus nurses joined our team, and they have worked at The Children’s Hospital at Parker Adventist Hospital ever since,” explained Ferretti.

This year, the location celebrates its five-year anniversary, the team includes 23 registered nurses, eight clinical medical techs, and 11 service specialists.

Patient Volumes:
- Inpatient Admissions (5-Year Total): 1267 admissions
- Growth of 48 % from 2004 first-year operation stats
- Emergency Department

My Funny Valentine

by Elizabeth Bussey Sowdal

I have received some wonderful gifts from my children over the years. I have received many different things, necklaces, bracelets, fairies, angels, boys and girls, made out of macaroni. I have received glazed and fired clay elephants, rhinos, fairies, angels, boys and girls. Once David found a big heavy “gold” chain with a gigantic “diamond” encrusted dollar sign pendant in the street near the high school and it had only been run over a few times. He said that I looked beautiful in it and he agreed with me that I should only ever wear it in our house because it was so fancy and valuable that it would be a terrible, terrible shame to lose it.

Once, while I was in nursing school and Katrina was in kindergarten she made me a beautiful card. On the front it said, “I no, I no, I no” and on the inside it said, “I no things has been ruf.” I will never get a better card than that one!

One Mother’s Day I had made me a beautiful card.

Laughing with Elizabeth

See Dream, Page 3
Children's

Continued from Page 1

MCR enrols first patient in Platinum clinical trial

The Medical Center of the Rockies has announced it is one of a few select sites worldwide to enroll patients in the PLATINUM clinical trial.

The first U.S. patient was enrolled last week at the Medical Center of the Rockies in Loveland, Colorado by Chad Stoll, M.D. The first Japanese patient was also enrolled last week. The trial compares Boston Scientific’s third-generation PROMUS Element Everolimus-Eluting Coronary Stent to the second-generation PROMUS Eversolimus-Eluting Coronary Stent, marketed internationally since October 2006 and in the United States since July 2008.

The trial is expected to enroll approximately 1,700 patients at 200 sites worldwide. Stents are tiny mesh tubes doctors use to prop open clogged arteries, allowing blood to flow freely to the heart.

The third-generation PROMUS Element Stent platform being tested in this clinical trial features a proprietary platinum chromium alloy designed specifically for coronary stents.

The PLATINUM clinical program will evaluate the efficacy and safety of the PROMUS Element Stent in three studies. The first and largest is the PROMUS PLATINUM Workhouse study, measuring the safety and efficacy of the PROMUS Element stent compared to Boston Scientific’s PROMUS Stent in lesions from 2.50 to 4.25 mm in diameter and less than or equal to 24 mm in length. The second and third studies will evaluate PROMUS Element in small vessels and long lesions.

The PROMUS Element Stent is an investigational device and is limited by Federal law to investigational use only and is not available for sale.

The Medical Center of the Rockies Foundation cardiac research department located at the Medical Center of the Rockies, in Loveland, Colorado was established in June of 2007. It supports the hospital’s mission to deliver research and education to the residents of Northern Colorado.

The department is affiliated with the largest cardiology group in Northern Colorado, Heart Center of the Rockies. Heart Center of the Rockies physician investigators have overseen numerous drug/device trials over the last 20 years as part of their practice. They continue to grow and explore new areas of cardiovascular medicine and are very interested in continuing to offer the latest technology and pharmacological advances to the patients they serve.

Elizabeth

Continued from Page 1

girls showing me which dinosaurs were herbivores and liked to eat dandelions and then demonstrating this. It was very sweet, a very touching moment you know, which actually turned into a touching forty-five moments before it was dark enough that I had to insist we all go inside for supper.

But I wanted to tell you about my best Valentine. Andy, my youngest, came home from school one day when he was in the fourth grade. He got all the money that he had been saving up – much of it in coins – and then risked getting in Big Trouble by walking to the neighborhood drug store. It was only two blocks away, but he wasn’t supposed to go anywhere after school if I wasn’t home and he wasn’t allowed to go to the store alone. But he did, with his pockets jingling. He bought two small heart shaped boxes of chocolate and a gigantic floppy white toy dog. And I mean it was huge. At least half as big as he was. You know that he spent what was to him an absolute fortune. Then he walked home and put the big white doggy on the end of my bed and one box of chocolates beside me and one on Daddy’s pillow.

That doggy stayed on my bed as long as we lived in that house and is now here in the office with me on the day bed. He is a little less white than he used to be and I know that over the years he will get grubbier and grubbier as my future grandchildren enjoy him. And I can imagine that someday the kids will be clearing out our house and one of the girls will say, “Gross! Why do you think Mama saved this nasty old thing?” If Andy is there he will know why Mama saved it and I hope he remembers exactly how he felt choosing it, the best one in the whole store, paying for it with his very own money, and carrying it proudly home. My very best Valentine.

Elizabeth Bussey Sowdal and Michael Sowdal have been married 14 years and have six children together. She is a practicing RN and freelance writer.
Dream

Continued from Page 1

by Mike Lee
Staff Writer

What began 15 years ago as a dream of a group of 26 local physicians finally became reality this past year with the opening of the Colorado Orthopaedic and Surgical Hospital.

For Sue Hayes, CEO, the project of building Denver’s first orthopaedic specialty hospital has been like no other.

“It’s been a phenomenal experience for me to be on a project of this size,” Hayes said. “It’s been so exciting to watch this thing and help create the dream of the physicians and to see it be fulfilled.

“I really would like to see us ranked among the best in the specialty hospitals that are out there. I would like to see us progress and be the place to come to have your orthopaedic surgery done.”

The hospital itself is actually the culmination of a 15-year process. A group of physicians chose Exempla St. Joseph as its hospital partner and Chicago-based National Surgical Hospitals as the management partner.

Construction began in 2007 on the 75,000-square foot facility.

“The facility has 42 patient rooms, seven operating rooms and one pain management procedure room. The hospital officially opened in October but held its grand opening in January once construction on the fourth floor and emergency department was completed.

“It’s busy,” Hayes says with a laugh. “It’s created big-time buzz.”

The hospital is unlike any other with a focus placed not only on outstanding care but the aesthetics that go into making a pleasing environment.

“(Patients will see) home and comfort,” Hayes said of what awaits visitors when they walk through the door. “They’re not walking into a hospital and it’s so sterile but it’s not to the point where it’s the Taj Mahal either. It’s very comfortable to walk into.”

The hospital has its own culinary department complete with its own chef.

“Our patients say this is definitely not hospital food,” Hayes said. “The new facility boasts a 4-to-1 nurse-to-patient ratio.

“It gives you that one-on-one care,” Hayes said. “You can be a nurse. You can look at things and say this sounds good.”

National Surgical Hospitals will be the management team and is one that sets high standards.

For the fourth quarter of 2007, National Surgical Hospitals had lower than benchmark hospital transfer rates, medication error rates and unplanned returns to surgery within 48 hours.

According to the Journal of Bone and Joint Surgery, specialty hospitals are leading the way in outstanding outcomes.

One study showed that Medicare patients undergoing joint replacement in specialty orthopaedic hospitals had a 50% lower rate of adverse outcomes than patients in a comparison group of general hospitals as measured by administrative data.

Surgical hospitals also had higher procedural volumes, but after accounting for this difference as well, the risk of adverse outcomes in specialty hospitals remained 40% lower.

The new hospital has earned the nickname COSH and is located at 1830 Franklin Street.

While suited for a range of multispecialty surgical care, Colorado Orthopaedic and Surgical Hospital will focus primarily on orthopaedics, spinal procedures and pain management.

Commenting on the opening, John G. Rex-Waller, Chairman, President and Chief Executive Officer of NSH, said, “We are very pleased to announce the opening of the Colorado Orthopaedic and Surgical Hospital, which marks both the successful conclusion of a three-year development process and the beginning of a new era of better healthcare for the Denver area.

“This new facility, our 13th surgical hospital, exemplifies our growth strategy that is concentrated on the development of specialty surgical hospitals focused on orthopaedic, spinal and pain management procedures.

“We are grateful to our physician partners in this endeavor and the essential role they play in the development and growth of NSH.”

Jeffrey D. Selberg, President and Chief Executive Officer of Exempla Healthcare, added, “The opening of COSH brings to fruition our vision to partner with physicians to generate greater value in terms of quality, cost and the patient experience.

“Toward this end, we are very impressed with the commitment and expertise exhibited by both our physician partners and NSH.”

Colorado hospitals help support communities in economic downturn

In tough economic times, many Coloradans struggle with day-to-day finances including health care costs. Colorado hospitals have seen increased requests from patients for financial assistance, and have responded with increased charity care and outreach programs to better serve their communities.

Released recently, the 2008 Colorado Hospitals Community Benefits Report illustrates and quantifies the significant community support hospitals make to the state.

“Coloradans rely on hospitals to provide safe, quality health care when they need it and where they need it,” says Steven J. Summer, president and CEO of the Colorado Hospital Association (CHA), noting that hospitals provide patient care to more than 555,000 inpatients and 9 million outpatient visits each year.

“However, Colorado hospitals do more than provide health care. They are also a critical element of Colorado’s economic engine, injecting more than $20 billion into the state each year and providing good-paying jobs with benefits to more than 62,000 Colorado workers.”

According to the Colorado Hospitals Community Benefits Report, in the last year alone, Colorado hospitals contributed nearly $730 million in community benefits such as charity care, subsidized services and donations including:

♣ Free and subsidized medical care to underserved populations
♣ Preventive health services and programs
♣ Support to community organizations such as schools, nursing homes and homeless shelters through cash and in-kind contributions
♣ Training and recruitment of highly skilled medical professionals

An electronic copy of the 2008 Colorado Hospital Community Benefits Report is attached to this email and can also be viewed at www.cha.com. For more information or to obtain a printed copy, please contact CHA’s Vice President of Communications Tiffany Radel at 720.330.6019 or tiffany.radel@cha.com.

CHA represents Colorado hospitals, private and public, that provide care and service to diverse communities throughout the state. CHA provides leadership and advocacy for its members, fosters communication, collaboration and consensus, and provides technical assistance and information about emerging tools and trends to improve patient safety, hospital efficiency and effectiveness.

For more information, visit www.cha.com.
Continued Education

March

03/12/09 & 03/13/09 20th Annual Rocky Mountain Regional Multidisciplinary Research & Evidence-Based Practice Symposium Improving Patient Outcomes through Evidence-Based Practice

This symposium is intended for professional healthcare providers and students who practice or study nursing, medicine, nutritional services, pharmacy, social work, rehabilitation services, respiratory, occupational and physical therapy, as well as other healthcare related fields. This research forum has proven to be an extraordinary contribution to the professional growth of nurses and other health care professionals. The range of topics presented through workshops, podium, and poster sessions is broad and represents the diversity of research and evidence-based practice initiatives being conducted in a variety of clinical settings. Registration Deadline: March 6, 2009. For questions on continuing nursing education, please contact Stephanie Insinna at stephanie.insinna@uch.edu or 720-548-6694.

Pediatric Challenges: New Approaches to Treatment and Prevention

These evening CME activities are offered several times a year for primary care providers with a focus on new therapies and prevention strategies for common health problems in children and adolescents. Held in various metro area locations, these events begin with dinner followed by a 60 minute presentation and a Q & A session. (CME credit) For more information, please contact (720) 777-6160 or www.thechildrenshospital.org.

Neonatal Resuscitation Program (NRP) Renewal Course

The NRP Renewal Course, a program of the American Academy of Pediatrics and the American Heart Association, is designed as a self-study for MDs, RNs, RTs, PAs and EMTs who wish to renew their training every two years as an NRP Provider and it is shorter than the standard-length Provider Course. While this renewal course does not guarantee proficiency during an actual resuscitation, it lays the foundation that enables participants to continue development of these skills. Upon successful completion of the renewal course an NRP course completion card will be issued. Contact: Susan Clarke at 720-777-6875 or email Susan at clarke.susan@tchden.org.

LPN IV – Independent Study

This 60-hour full IV Certification course will prepare the LPN to perform intravenous therapy and venous blood collection, through peripheral and central venous catheters, utilizing the knowledge, skill and competencies required to safely perform such therapy in accordance with the Colorado Nurses Practice Act. It has been written for the practicing LPN to allow the participant to work at his or her own pace and time. The participant need only attend one day of laboratory instruction and practice. The rest of the course is to be completed on your own time and at your own facility. You must be an LPN who holds an active license without current disciplinary action in Colorado to register for this course and receive the CE authority. This course is approved by the Colorado Board of Nursing Course Breakdown: Independent study - 44 Hours – Lab: 1 lab session & pracitum – 8 Hours Clinical with preceptor – 8 Hours Total = 60 Hours Section One – Independent Study Once registration and payment is received we will mail out the independent study modules. Read the course and complete the written tests. You will also need to arrange an RN preceptor at your institution to precept you in the clinical skills. You will have 3 months to complete this section. Section Two – Laboratory Instruction/Practice Once you have completed the self-study modules and quizzes, and arranged a preceptor, you will need to register for a lab instruction day. The laboratory days are held at the Clarion Hotel at Centennial Airport, 7770 Peoria Street, Englewood, CO. They are scheduled once a month on or around the 15th. You need only attend one. Complete the preceptor form, have it signed, then mail or fax the registration for the laboratory practice, the quiz answers and the preceptor form to us. We will email or fax back your scores and a confirmation of registration for the laboratory practice day. Once the self-study modules, quizzes and laboratory instruction/practice, are successfully completed you will need to validate your skills in the clinical setting. Section Three – Clinical skills validation Complete skills validation check off with your preceptor at your facility. Once all of the skills have been successfully demonstrated and signed off, submit by mail the completed validation skills check off with a check or money order made out to the Colorado BON in the amount of $45.00 for the IV-2 authority. You have 3 months from the date of the laboratory practice date to complete this section. Skills to be validated with qualified RN preceptor: Peripheral IV starts on 3 adult clients; Initiation and monitoring of IV fluid administration on 3 clients through peripheral and central venous access devices; Flushes into venous access devices designed to maintain venous patency for 3 clients; Administration of pre-mixed antibiotics via venous access device to 3 clients; Utilization of IV pumps; Peripheral venous blood sampling on 3 clients; Discontinuation of 1 peripheral short device; Documentation of nursing actions and observations; Sterile dressing change on venous access device; Blood collection from a central venous access device. Once Independent study course is completed, there are no refunds. For more information, visit www.cassuttconsulting.com.

Trauma Nursing Core Course (TNCC)

The Trauma Nursing Core Curriculum (TNCC), a course designed by the Emergency Nurses Association, teaches a core level knowledge and psychomotor skills associated with the delivery of nursing care to trauma and critically ill patients. Students will be required to test out of 3 psychomotor skills stations and complete a multiple choice written exam. Upon successful completion of the course, certification is awarded by the Emergency Nurses Association and is valid for four years. Upon completion of this course, participants should be able to: * Demonstrate knowledge of pathophysiology as a focus for the signs and symptoms of injury. * Demonstrate appropriate psychomotor skills related to the care of the trauma patient including airway management, spinal immobilization, and resuscitation of the trauma victim. 19 Continuing Education Contract hours are awarded by the Emergency Nurses Association for course completion, regardless of performance on the written exam and skills stations. Contact: Starlight Wagner at 303-861-6336 or wagner.starlight@tchden.org.

Want to reach more than 80,000 readers?

Send us all your continuing education programs and we’ll publish them FREE OF CHARGE!

Email your continuing education information to us at: news@denversnursingstar.com or simply fax it to 720-283-2198!

Check out our banner ads at www.denversnursingstar.com!

For special banner ad rates, simply email your request to advertising@denversnursingstar.com.
Dealing with the Pain...

Commentary by Andrea Arnold, RN - BC, Pain Management Nurse

When we think of "pain medication" we think of the opioids; Loratab, Morphine, Duragesic, Oxycontin.

The fact is however that some pain does not respond to opioids only partially and some do not respond to opioids at all. One of these types of pain is neuropathic pain.

Neuropathic pain occurs when, for some reason, the nerves to an area are damaged from injury or disease process. Because of the damage, the nerves misfire, sending signals to the brain that are mistakenly perceived as pain. It is much like a short in an electrical circuit. Nerves can be damaged by disease such as diabetes or by an acute injury. Also there may be nerve compression that occurs from disease such as edema or tumor growth. There may be direct nerve compression from a slipped spinal disc or back injury. These reasons, and many more, can cause on-going pain.

Nerve signals are conducted with neurotransmitters; chemicals that conduct electrical current through the nerves to the brain. Major neurotransmitters include serotonin, norepinephrine, and dopamine.

When nerves become damaged a vicious cycle begins of misfiring and chemical imbalance that progresses to chronic pain. Opioid drugs have minimal effect on this type of pain. Instead drugs that stabilize the chemicals or calm abnormal nerve conduction have a much greater success. These drugs are anti-epileptic drugs and antidepressant drugs.

We have all seen the "Depression Hurts" commercials from Cymbalta. They are one of the first drugs to prove, through research, that their antidepressant helps pain. However antidepressants have been used for pain control for some time now as an "off label" use.

Tricyclic Antidepressants (TCA’s) are the front line use for neuropathic pain. These drugs affect serotonin, norepinephrine, and dopamine. Anti-Epileptic Drugs are the other first line choice for neuropathic pain. These drugs are made to calm misfiring nerve cells and regulate the nervous system. Neurontin, Lyrica, and other anti-epileptic drugs are frequently used for neuropathic pain. They are fairly clean drugs with minimal side effects and patients generally tolerate them fairly well.

So how do you know when to try a neuropathic drug vs. an opioid? Assessment is the key. Will the neuropathic pain patient respond like "sharp, stabbing, shooting, numbness, or tingling". Many times, if the patient is given an opioid medication, they become very sleepy or over sedated and still do not have pain relief. Some patients are mislabeled as "drug seekers" because they continue to complain of pain and ask for more medication when they appear over sedated or "high" when really their pain is being mismanaged. If you are having difficulty controlling pain with an opioid consider adding a neuropathic pain medication to the regime.

Neuropathic pain medications must be given routinely, not as needed, and must be given time to build a blood level. Starting with a low dose and titrating up slowly until the pain is controlled is important and patients tolerate the addition of the new medication better. Patients need to be educated that these medications are not a quick fix like the opioid pain medications are, but will improve pain over time. Remember, we are nurses and patient advocates. Bring these points up to your doctors and ask if these interventions would be appropriate.

If we take the time to assess our patient’s pain and use appropriate intervention our patients will have better pain control and improved quality of life. Isn’t that what we are here for?

---

Pseudomonas Aeruginosa: Bacteria Out-Of-Control

Natural Lifestyles...
by Dr. Linda Mundorff MPH, MSN, ND, RN, CNG, CTN

Pseudomonas Aeruginosa is a bacterium that loves wet and moist environments. It is most often associated with diseases such as cancer, cystic fibrosis, and AIDS; and in patients with compromised immune systems and those suffering from third degree burns. In cystic fibrosis for example, a condition known for its characteristic thick bronchial secretions, Pseudomonas Aeruginosa is a serious complication which further aggravates the patient’s already compromised breathing with severe bronchial inflammation. Interestingly enough, Pseudomonas Aeruginosa is a common resident in the lungs of cystic fibrosis patients because of its natural affinity to the moist environment found in this condition. Upon diagnosis Pseudomonas Aeruginosa must be aggressively treated to prevent over-colonization and system-wide infiltration.

Treatment usually consists of round-the-clock antibiotics, anti-inflammatory medication, aggressive bronchodilator usage, and chest-cuffing (a procedure used to help move mucous out of the lungs). If diagnosed early with immediate medical intervention, treatment is usually successful. But there are many mitigating factors which can make treating this disease very difficult. It is well documented that a susceptible host is a bacterium that is very difficult to kill, even with antibiotics and therefore difficult to control for some time now as an "off label" use.

Antibiotic treatment failed and she died within a week of her initial diagnosis. Why and how did this seemingly healthy individual contract this disease? Was her initial diagnosis of a urinary tract infection wrong? Did she possibly have a more serious infection such as pelvic inflammatory disease? Studies have found that early intervention and treatment of pelvic inflammatory disease usually results in a full recovery, but the misdiagnosis of this potentially fatal disease can result in systemic infection and septicemia.

This case was an example of medicine going wrong. I find it alarming that my patients are mislabeled as "drug seekers" because they continue to complain of pain and appear over sedated or "high" when really their pain is being mismanaged. If you are having difficulty controlling pain with an opioid consider adding a neuropathic pain medication to the regime.

Neuropathic pain medications must be given routinely, not as needed, and must be given time to build a blood level. Starting with a low dose and titrating up slowly until the pain is controlled is important and patients tolerate the addition of the new medication better. Patients need to be educated that these medications are not a quick fix like the opioid pain medications are, but will improve pain over time. Remember, we are nurses and patient advocates. Bring these points up to your doctors and ask if these interventions would be appropriate.

If we take the time to assess our patient’s pain and use appropriate intervention our patients will have better pain control and improved quality of life. Isn’t that what we are here for?

---

The parents of the young Brazilian woman who died at the age of twenty.

Dr. Mundorff is a Board Certified Naturopath, and not a medical doctor. The information in this column is for educational purposes only and should not be used to self-diagnose and treat diseases. Please consult your physician before starting any alternative modalities. Dr. Mundorff is the author of several books. Her latest book, Take Control: A Guide to Holistic Living, is an innovative health guide, which helps the reader learn how to regain control of their health by discovering the practical effectiveness of combining alternative and modern medicine.
ANA announces PVH as recipient of NDNQI Award

The American Nurses Association (ANA) is pleased to announce the awardees for the 2008 NDNQI Award for Outstanding Nursing Quality.

The awards were presented at the third annual NDNQI Conference today in Dallas. The award program recognizes NDNQI participating hospitals that have achieved sustained overall excellence in nursing sensitive quality indicators.

New to this year’s award are awards by hospital category. The awards for 2008 based on the hospital category are:

- Teaching Hospital: Poudre Valley, Ft. Collins, CO
- Academic Medical Center: Univ. of Wisconsin Hospitals and Clinics, Madison, WI
- Community Hospital: John Muir Medical Center, Walnut Creek Campus, Walnut Creek, CA
- Pediatric Hospital: Gillette Children’s Specialty Healthcare, St. Paul, MN
- Rehabilitation Hospital: Shepherd Center, Atlanta, GA
- Psychiatric Hospital: Moses Cone Behavioral Health Center, Greensboro, NC

To underscore ANA’s longterm commitment to patient safety and quality care, ANA is bringing all its quality improvement initiatives under the National Center for Nursing Quality (NCNQ®) and creating the Center’s online resources.

“ANA has long been at the forefront of health care quality initiatives. The improvements we’ve made to the National Center for Nursing Quality will ensure that nurses will have access to the best possible resources for improving care at their facilities,” remarked ANA President Rebecca M. Patton, MSN, RN, CNOR.

At the conference’s keynote presentation, Dr Nancy Dunton, PhD presented research on the influence of the nursing workforce on hospital acquired conditions.

Dr. Dunton reported that hospitals recognized by the American Nurses Credentialing Center (ANCC) as Magnet facilities have lower incidents of pressure ulcers in their medical and surgical units.

Additionally, Dunton revealed from NDNQI data that moderate or severe fall rates are lower on medical and surgical units with a higher proportion of nursing care hours supplied by RNs and on units on which patients have fall risk assessments at least once every 24 hours.

The National Database for Nursing Quality Indicators® (NDNQI®) was established in 1998 as part of ANA’s Safety and Quality Initiative and is part of the National Center for Nursing Quality (NCNQ®).

The program collects nursing-sensitive data affecting patient outcomes with the goals of providing comparative information to health care facilities, and developing national data on the relationship between nurse staffing and patient outcomes.

NDNQI reports on indicators such as staff mix, patient falls, and nurse satisfaction on a unit-by-unit basis.

NDQNI is managed by the University of Kansas School of Nursing under contract to ANA.

For more details about ANA’s quality related programs, please visit http://www.ncnq.org.

The ANA is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its 54 constituent member nurses associations, its 23 organizational affiliates serving 330,000 members of national nursing specialty organizations, and its workforce advocacy affiliate, the Center for American Nurses.

The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

FDA warns consumers against dietary supplements

The U.S. Food and Drug Administration is warning consumers not to take Venom HYPERDRIVE 3.0, a product sold as a dietary supplement and containing sibutramine. Sibutramine, a controlled substance with risks for abuse or addiction, is a potent drug that poses potential safety risks.

“Sibutramine is the active ingredient in an FDA-approved prescription drug used as an appetite suppressant for weight loss,” said Janet Woodcock, M.D., director of the FDA’s Center for Drug Evaluation and Research.

“But when present in a dietary supplement, it may harm unsuspecting consumers because sibutramine can substantially increase blood pressure and heart rate (pulse), and may present a significant risk for people with a history of heart disease, heart failure, irregular heart beats or stroke.”

Venom HYPERDRIVE 3.0 is marketed by Applied Lifescience Research Industries Inc. (ALR Industries), Oak View, Calif. On Dec. 24, 2008, ALR Industries initiated a recall of all lots of Venom HYPERDRIVE 3.0 after the FDA laboratory analysis showed samples of the product contained undeclared sibutramine.

Although ALR Industries claims on its Web site that only “trace amounts” of sibutramine were found in this product, the FDA laboratory tests showed that Venom HYPERDRIVE 3.0 contains a significant amount of sibutramine per dosage unit.

The product was sold via distributors and in retail stores nationwide as well as in Canada, Poland, Sweden, Hungary, South Africa, the Netherlands, Australia, France and the United Kingdom.

The product was packaged in red plastic bottles containing 90 capsules each with the UPC# 094922534743.

Consumers who have this product should stop taking it immediately and contact their health care professional if they have experienced any adverse effects. Consumers can contact the company at legal@alrindustries.com to receive further instructions for returning the product and to ask any questions.

Health care professionals and consumers may report serious adverse events (side effects) or product quality problems with the use of this product to the FDA’s MedWatch Adverse Event Reporting program either online, by regular mail, fax or phone.

Online: www.fda.gov/MedWatch/report.htm
Regular Mail: use postage-paid FDA form 3500 available at: www.fda.gov/MedWatch/getforms.htm and mail to MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787
Fax: (800) FDA-0178
Phone: (800) FDA-1088
For an updated list of all tainted weight loss products, go to: http://www.fda.gov/bbs/topics/NEWS/2008/NEW01935.html.

Check out our banner ads at www.denversnursingstar.com!
St. Anthony Nurse-Midwifery practice awarded grant

The Board of Directors of SC Ministry Foundation has approved a two-year grant to St. Anthony Health Foundation designated for Certified Nurse-Midwife Practice at St. Anthony Central Hospital.

“This is a unique model of care that is of great benefit to the community,” said Barbara Hughes, director of women’s services at St. Anthony Central Hospital.

“For centuries, midwives have helped women bring their babies into the world. At St. Anthony Central Hospital they provide a wonderful option of care with a full range of prenatal care and delivery services. This grant will help us to continue to provide this specialized service to women in our community,” she continued. The nurse-midwives at St. Anthony Central hold master’s degrees in nursing and have earned certification in nurse-midwifery.

They provide routine well-woman exams and assist women in developing and maintaining good health habits by keeping health education as a primary focus throughout pregnancy and follow-up care. While they independently manage the care of their prenatal patients, they also have 24-hour access to physicians who are board certified in obstetrics and gynecology.

The practice has five full time nurse-midwives and sees patients at 8 outpatient sites including Denver, Idaho Springs, Commerce City, Englewood and Highlands.

Patients also are seen by the practice at Clinica Tepeyac and MCPN clinics in Jefferson County and Englewood. All women give birth at the hospital.

St. Anthony Central Hospital is Colorado's largest nonprofit Level 1 trauma center and home of Flight For Life Colorado, the nation’s first hospital-based emergency medical helicopter program. Located in Denver, Colorado.

St. Anthony Central Hospital is a nationally recognized full-service health care organization with renowned programs in trauma, cardiovascular services, women’s services, neurosciences and orthopedics.

This faith-based hospital has served Colorado for more than 100 years. St. Anthony Central Hospital is part of Centura Health, which operates 12 hospitals, seven senior residences, medical clinics and home care and hospice services across Colorado.

For more information on St. Anthony Central Hospital, please visit www.stanthonyhosp.org.

FDA approves first ablation catheter for atrial fibrillation

The U.S. Food and Drug Administration has approved the first ablation catheters for the treatment of atrial fibrillation (uncoordinated contractions of the upper heart chambers), one of the most common types of arrhythmias—or abnormal heart rhythms—affecting more than two million Americans.

The devices approved today, the NaviStar ThermoCool saline irrigated radiofrequency ablation catheter and the EZ Steer ThermoCool Nav, can be used to create small, strategically placed scars in heart tissue to block irregular electrical waves that cause atrial fibrillation. The FDA previously approved other ablation catheters to treat arrhythmias such as atrial flutter and ventricular tachyarrhythmia, but not atrial fibrillation. Atrial fibrillation is usually treated with drugs, and in certain severe cases, with open heart surgery. Catheter ablation should be used only after drug treatment has failed to adequately control the symptoms of the condition.

“This approval provides physicians with another option for treating a common and potentially debilitating condition,” said Daniel G. Schultz, M.D., director of the FDA’s Center for Devices and Radiological Health.

While atrial fibrillation is a major risk factor related to stroke, there is no conclusive evidence that links the treatment of symptoms by ablation to a reduction in stroke. Therefore, the FDA agrees with the American College of Cardiology, the American Heart Association and the European Society of Cardiology, which recommend that patients at risk for stroke continue to take blood-thinning medications after ablation procedures for atrial fibrillation. The FDA based this approval on a clinical study of 167 patients at 19 medical centers in the United States, Brazil, Canada, the Czech Republic, and Italy. Data from the study showed the devices to be effective in eliminating symptomatic recurrence of atrial fibrillation episodes for one year in approximately 63 percent of treated patients versus 17 percent of the patients in the control group.

The catheters were the focus of an FDA Circulatory System Devices advisory panel on Nov. 20, 2008, when they received the panel’s unanimous recommendation for approval. As a condition of approval, manufacturer BioSense Webster must establish a physician training program and conduct postmarket studies to collect data on these devices’ long-term safety and effectiveness (including incidence of stroke, mortality, cardiac arrest, major bleeding, and pulmonary vein stenosis), and the effect of physicians’ experience in operating the device on procedural safety.

Linger wins $100,000 grant for lung cancer research

A cancer researcher at the University of Colorado Cancer Center will receive a $100,000 grant for her novel work on two receptor tyrosine kinases in lung cancer.

Dr. Rachel M.A. Linger, a postdoctoral fellow, was named the recipient of the grant from Joan’s Legacy: Uniting Against Lung Cancer. It is the third award Dr. Linger has won for her work in the past several months.

“It feels amazing to know that I now have my salary supported for the next two years so I can concentrate on my work,” Linger said.

“Funding like this is critical for any young investigator. Without it, it’s difficult to start and maintain a career in academic science.”

Linger’s scientific expertise is in tyrosine kinase signaling in human cancer, and specifically the role of a protein Axl receptor tyrosine kinase in lung cancer.

Dr. Doug Graham, Linger’s mentor, found that the presence of a related tyrosine kinase correlates with drug resistance. Where Graham’s work has primarily been in pediatric leukemia, Linger is expanding the studies to include lung cancer.

She is doing studies in the lab to provide proof of concept that these receptor tyrosine kinases are involved in lung cancer. She is also working to develop molecules that might serve as inhibitors of these receptors, and if the lab can demonstrate they work, they may be candidate compounds for clinical testing.

Linger also received a career development award from the UCCC Lung Cancer Special Program of Research Excellence, which is supporting her research in a competitive funding environment.

The University of Colorado Cancer Center is the Rocky Mountain region’s only National Cancer Institute-designated comprehensive cancer center. NCI has given only 40 cancer centers this designation, deeming membership as “the best of the best.”

Headquartered on the University of Colorado Denver Anschutz Medical Campus, UCCC is a consortium of three state universities (Colorado State University, University of Colorado at Boulder and University of Colorado Denver) and five institutions (The Children’s Hospital, Denver Health, Denver VA Medical Center, National Jewish Health and University of Colorado Hospital).

Together, our 400+ members are working to ease the cancer burden through cancer care, research, education and prevention and control. Learn more at www.uccc.info.

Check It Out!

To respond to the message board submissions on our website, go to www.denvernursingstar.com.

To add a topic for debate or comment, send us an email at news@denvernursingstar.com.
Kathleen is currently recruiting for compassionate and caring individuals for the following positions: Registered Nurse (RN) for 12 hour shifts, RN and LPN for 8 hour shifts, and RN, LPN, MA for 10 hour shifts. Positions available at a variety of locations including our new inpatient unit, outpatient surgery center, and our long-term care facility. Benefits include competitive compensation, comprehensive benefits package, and opportunities for professional growth and development.

Contact Kathleen W. at kwilson@jchristensen.com or call 303-293-3977. EOE. M/F.