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From the Editor

The emergency department can be one of the most hectic places in a hospital. Waiting rooms can be crowded with patients who need care right away and those who use the ED as their primary care provider. As a nurse in the ED, you can be charged with triaging the waiting-room crowd and dealing with the heightened emotions of patients and family members. The busy atmosphere can be overwhelming for some, but emergency nurses rise to the top and provide excellent care with compassion.

For this special issue of ADVANCE for Nurses, we wanted to focus on the ED and the complex mix of skills and talents successful ED nurses possess.

Heart attacks are a common reason for ED visits. “Stopping a Heart Attack” examines how hospitals can meet the American Heart Association’s and American College of Cardiology’s recommendation of 90 minutes as the gold standard for door-to-balloon time.

Successful ED nurses need to be informed on the latest developments in emergency and trauma medicine. In “Meeting Patient and Family Needs,” Minnesota nurses discuss how they’re incorporating therapeutic-induced hypothermia for infant patients.

Getting trauma patients to care quickly is critical to achieving successful outcomes, but are rules about trauma transport time out of date? “Trauma Transport Faces Changes” checks out findings from a Loyola University study regarding transport to higher-level trauma centers.

This special issue also features news about honors and achievements of nurses from the region. For more regional information, visit www.advanceweb.com/NurseNortheast.

While at our website, check out our expanding community. If you’re not already connected with us through Facebook or Twitter, click on “Community” at the top of the page and get involved. You can also sign up for our free biweekly e-newsletter on our website, as well as earn CE credit through our Learning Scope online program.

Richard Krisher

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Cath Lab

Stopping a Heart Attack

Can bypassing the ED help achieve the gold standard in door-to-balloon time?

By Robin Hocevar

The American Heart Association and the American College of Cardiology set 90 minutes as the gold standard for door-to-balloon (D2B) time. Skipping a stop in the emergency department may help some hospitals achieve that standard.

Director of cardiology services at SSM St. Mary’s Health Center and SSM St. Clare Health Center in the metro St. Louis region, Mary McBride, BSN, RN, helped lead her team at SSM St. Mary’s to become the first hospital in the region to succeed in unblocking arteries in 90 minutes or fewer, 100 percent of the time, for more than two consecutive years. She then helped replicate the success at SSM St. Clare.

Sidestepping the ED

Much of SSM St. Mary’s and SSM St. Clare’s success can be attributed to empowering EMS teams to initiate the hospitals’ cardiac cath teams into action during transit.

During the core business hours of 7 a.m. to 5:30 p.m., field-activated heart attack patients bypass the emergency department. About half the patient population at SSM St. Mary’s and SSM St. Clare calls 911 when symptoms appear and those patients benefit from the fastest balloon inflation. In one case, EMS and cath teams opened a blocked artery in 12 minutes.

Typically, the biggest challenge of initiating a direct-to-cath program is training the EMS personnel. At SSM Health Care-St. Louis, cardiologists conducted a 12-week ECG interpretation class for EMS providers, with nurse leaders at the helm.

The relationship building doesn’t end with staff at SSM Health Care. The line of communication between practitioners and families is kept open as well.

“T he families are running with us through the hospital,” said McBride. “We tell them we opened the artery in 42 minutes and the national standard is 90. We tell them we’d take care of them just as well as if they’d stopped in the ED.”

Within 24-48 hours of each case, nurses inform EMS, ED staff and cath lab about the minutes shaved off the door-to-balloon time.

“We communicate and congratulate,” McBride said. “We always invite EMS into the cath lab to visit the patient. They’ve seen the patient’s home and have a much deeper bond. They enjoy the gratification of seeing the patient on the road to recovery.”

Sharing Protocols

With such success at SSM St. Mary’s, McBride thought it would be only logical to try to replicate the results at SSM St. Clare.

As the manager of both cath labs, McBride saw a rare opportunity. SSM St. Clare didn’t have established protocols, so the timing was right to start staff on the 90-minute D2B path.

The technology needs were already fulfilled. St. Clare’s ambulance system was equipped with an ECG transmission technology and cardiologists were already communicating with EMS providers via smart phone.

But the hospital was understaffed and positions were filled with too many novices to be a formula for success. The six-member staff was quickly increased to 26, which was especially important since the volume of cath procedures swelled from one to four a day to an average of 18.

“I give a lot of credit to our success to the staff at St. Mary’s,” McBride said. “The St. Clare staff wasn’t as seasoned, but the St. Mary’s staff was used to doing things their own way. We had to really work to get them up and running with the new SSM procedures. At St. Clare, we had an opportunity to teach the new people the correct way of doing things from the start.”

Younger staff was encouraged to provide input and the experienced nurses and cardiologists kept open minds during the brainstorming sessions. McBride thinks this helped the newcomers feel closer to the process. Dissecting each individual case seemed to bring the most results.

“One extra person came in to be the fourth in the cath lab and we used timers to keep things moving,” recalled Sara Myers, MSN, RN, team leader of the cath lab at SSM St. Mary’s. “We looked at all the individual components to see where we were losing time.”

Accounting for those extra seconds paid off. SSM St. Clare’s just accomplished the 90-minute or less D2B, 100 percent of the time for a year straight.

The shared knowledge and protocols are now being implemented at other adult SSM Health Care-St. Louis hospitals - SSM DePaul Health Center in Bridgeton, MO; SSM St. Joseph Health Center in St. Charles, MO; and SSM St. Joseph Hospital West in Lake St. Louis.

“The amazing part of this story is that the success of one SSM Heart Institute team is changing heart attack care across the St. Louis region,” said John Kilgore, MD, medical director of SSM Heart Institute. “This means we are saving more lives and reducing the long-term effects of a heart attack for our patients.”

Robin Hocevar is senior regional editor at ADVANCE.
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When trauma patients need to be transported to higher-level trauma centers within the state of Illinois, regulations state these transfers should be completed within 2 hours. As researchers examined data from the Illinois Trauma Registry, however, only 20 percent of transfers met these requirements, and the median time for the remaining transfers was 2 hours and 21 minutes. Patients transferred within the 2-hour window were more severely injured and more likely to have surgery the same day, demonstrating that clinicians appropriately prioritized and expedited trauma transport (Archives of Surgery, December 2010).

“As it turns out, less severely injured patients didn’t necessarily need to be transferred within the 2-hour period,” stated study co-author Thomas Esposito, MD, MPH, chief of the Division of Trauma, Surgical Critical Care and Burns in the Department of Surgery at Loyola University Chicago Stritch School of Medicine. “You don’t want to dally too long with these patients, but we also don’t want to get them out of the ED too quickly. In some instances, the extra time gives clinicians the opportunity to treat and stabilize those individuals and transfer them within an appropriate period of time.”

Transfer Time Frame
Esposito explained using a traffic law analogy, “If the speed limit is 55 miles an hour, people are going to travel at 65, thinking police won’t stop them until they’re going that fast; so if you really want people to drive 55, you should set the speed limit at 45. The same ‘rule’ mentality may apply to the 2-hour transfer requirement.

“Without any parameter for transfer time frame, or setting it at a longer time, conceivably one could see actual transfer times go to 3 hours or more,” he acknowledged. “I would doubt that, and if that did happen, again, it would probably be in those patients where the longer time has no impact on outcome. Ultimately, we don’t want the arbitrary mandate to overrule the clinical expertise and judgment of ED and trauma clinicians.”

Esposito shared an example of how some situations lead hospitals to miss the 2-hour window. “Let’s say grandma falls down at home and gets a bruise on her head,” he noted. “During triage, she has normal vital signs, her Glasgow Coma Scale score is 15, meaning she’s neurologically intact, and she gets a CT scan after more severely injured patients have their turn. It turns out she has a small subarachnoid hemorrhage and needs to be transferred. We can get her transported to a trauma center within 2 hours of identifying the injury, but not from the time she presented to the ED.”

Esposito and colleagues are in the process of rewriting the Illinois trauma center code. “Our specific intent is to use our own data to support the idea that the 2-hour rule may not be as beneficial as we think it is,” he explained. “Having a rule that is not uniformly complied with and contributes no discernable value to patient care is probably ill-advised. It may raise medical/legal issues if we don’t do away with it. Regionally, we have suspended the rule based on our data, and we’ve notified the state of that change.”

By Sandy Keefe, MSN, RN
The findings from the Loyola study resonated with Deb Anderson, BSN, RN, CST, TN5, trauma coordinator at OSF Saint Anthony Medical Center, Rockford, IL. “We review every case of trauma patients who are transferred to our state-designated level I trauma center and, in the 3 years I’ve been here, we’ve had no performance improvement issues or clinical issues because of transport time,” she said. “Every patient has arrived here without any problems caused by transfer delays.”

Communication Is Key
OSF Saint Anthony receives about 300 trauma transfers from other hospitals each year. “The farthest distance is usually 80-90 road miles, but it doesn’t take that long, because most patients are flown in,” Anderson noted. “The actual acceptance of the trauma patient is done physician-to-physician. The referring physician may ask, ‘Do you want me to send the patient right away or scan him first?’ and our physicians usually say to send the patient right away and we’ll get the scan here. There’s also a nurse-to-nurse conversation to share pertinent patient information.”

Anderson added that the Illinois state trauma code is very old, and trauma care has changed a great deal since it was developed. “The legislation is currently being rewritten to reflect updates in clinical practice,” she noted.

Kelly Coddington, BSN, RN, nurse manager of emergency services at OSF St. Joseph Medical Center, Bloomington, IL, described some scenarios for patient transport from her level II trauma center. “We don’t have a pediatric ICU, so when we get word that we’ll be receiving a pediatric trauma patient, we’re immediately on the phone to OSF Saint Francis Medical Center in Peoria to discuss a possible transfer,” she said. “We typically have a helicopter with a pediatric trauma team from their facility landing here within 15-20 minutes of the child entering our ED.”

In other situations, the need for a transfer isn’t immediately obvious. “There may be a patient we transfer out due to an injury that was found after evaluation and tests have been performed in the ED,” Coddington said. “Those patients may not be transferred to another trauma center within 2 hours, but they are constantly monitored. You don’t want to risk the stabilization of the patient and not do diagnostic tests because of the 2-hour rule and increase the risk of further deterioration during transport. The decision to transport and timing is always based on the severity of the injury and the stability of the patient.”

The ED charge nurse contacts the Physician Access Line to arrange physician-to-physician communication, and then arranges ALS level transportation. “Prior to transfer, we stabilize the patient and make sure we have a line established, the airway is secured and orthopedic injuries are splinted prior transport. We also have blood products ready as needed,” Coddington concluded.

Sandy Keefe is a frequent contributor to ADVANCE.
The emergency department at Bridgeport Hospital in Bridgeport, CT, provides the highest level of emergency medical care available in Fairfield County. Site of a state-designated regional trauma center and the state’s only burn center, the hospital received more than 77,000 emergency visits in 2010.

Bridgeport Hospital also has its own air-ambulance helipad for the rapid transport of traumatically injured patients. It is a partner in the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response.

The growing ED has career opportunities for nurses at all levels of experience, according to Anita Shrum, BSN, RN, interim director of emergency services.

“We have recently hired 14 nurses — eight with significant experience in emergency nursing,” Shrum said. “It’s great; we’re getting referrals from nurses working here who are inviting their friends.”

Bridgeport Hospital’s ED services include being a certified Stroke Center and a dedicated children’s emergency center.

“We see a large number of trauma and burn patients,” Shrum noted. “We also care for a large cardiac population.”

Patients receive care from an experienced team of approximately 90 nurses, as well as emergency physicians, technicians and other healthcare professionals. Employing the latest techniques and technology, Bridgeport Hospital works closely with the area’s ambulance services to ensure the best possible care, beginning even before patients arrive at the hospital. Technology allows ambulance crews to transmit electrocardiograms directly from the field so ED personnel can interpret them and plan the appropriate treatment.

Looking toward the future, Bridgeport Hospital is working to meet the growing emergency healthcare needs of the communities it serves. A multi-year renovation and expansion project has improved and nearly doubled the space for patient care and reconfigured adult and children’s treat-and-release services so they are easier to access.

The centerpiece of the renovation project is an 11,000-square-foot addition that houses adult and children’s treat-and-release services, including the Elizabeth M. Pfriem Children’s Emergency Center. The addition included new drop-off, reception and waiting areas, and nine new exam rooms. The project increased the total amount of ED space to 25,000 square feet, with 52 all-private patient rooms.

Children 18 and under receive the specialized care they need in the child-friendly Elizabeth M. Pfriem Children’s Emergency Center, which is located in the ED’s new addition. Located near the entrance and parking area for convenient access and to shield children from the rest of the department, the Children’s Emergency Center includes a waiting area with child-sized furniture, a fish tank and an activity center where waiting children can play.

The expansion project and rapidly growing number of patient visits mean opportunities for nurses, Shrum said.

What kind of nurses are the best fit for openings?

“The most important criteria is character. I take into consideration what kind of person they are,” Shrum explained. “They need to be kind and compassionate, have a strong work ethic and a passion for nursing. I look for that over years of ED experience. You can teach clinical skills but you can’t teach character skills. We can develop them into clinical experts. We value teamwork that allows the nurse to function in an autonomous manner acknowledging and supporting a high level of critical-thinking skills.”

Bridgeport’s ED is ideal for nurses who may be working in a smaller ED and wish to advance their careers.

“We’re part of Yale New Haven Health, and that opens the door to a tremendous amount of educational opportunities,” Shrum said. “We have a strong academic environment that is very stimulating. It’s perfect for nurses who want to practice in a state-of-the-art arena.”

A clinical ladder program allows nurses to remain in practice at the bedside while being recognized for clinical excellence.

“We’re recruiting a few more nurses,” Shrum said. “I’m excited about the changes here and looking forward to welcoming new members to the team.”

For more information about nursing opportunities at Bridgeport Hospital, contact Cheryl J. Weisenberg at 203-384-3166, hcweis@bpthosp.org.
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Elmhurst, NY – Elmhurst Hospital Center Recognized for Quality Improvement Effort

➤ Elmhurst Hospital Center is one of 14 recipients statewide to receive a 2011 IPRO Quality Award. The Quality Awards given annually by IPRO, the Medicare Quality Improvement Organization (QIO) for New York State, recognize healthcare providers that demonstrate a commitment to improving healthcare services in the state. “We thank the leadership and staff of Elmhurst Hospital for their commitment to implementing best practices and evidence-based care,” says Clare B. Bradley, MD, MPH, senior vice president and chief medical officer, IPRO. “This commitment has led to measurable improvements in care for their patients, and has supported our statewide quality improvement goals.”

“Our hospital is committed to providing the best care to our patients, and IPRO has given us the tools to help make this possible,” said Chris Constantino, Elmhurst Hospital Center’s executive director.

Bradley noted Elmhurst Hospital received the award because of its “organization-wide commitment to patient-centered care and quality improvement, as demonstrated by the collaboration between the nursing staff in the medical-surgical division and the information technology (IT) team in the use of health IT to optimize patient care.”

Camden, NJ – Lourdes Hospital Receives Horizon Quality Award

➤ Our Lady of Lourdes Medical Center, Camden, NJ, and Lourdes Medical Center of Burlington County, Willingboro, NJ, received a nearly $75,000 award from Horizon Blue Cross Blue Shield of New Jersey in recognition of their efforts to improve quality and patient safety.

Horizon awards funding based on data captured in the Leapfrog Hospital Survey. The survey evaluates hospital performance within standard national quality and resource utilization measures. The measures are then weighted to come up with a score. This was Lourdes’ first year participating in this program, which focuses on quality and patient safety. Approximately 20 hospitals statewide received funds.

Our Lady of Lourdes Medical Center and Lourdes Medical Center of Burlington County were evaluated separately against data collected from 1,172 hospitals in 42 states.

Middletown, CT – Middlesex Hospital Named Great Community Hospital

➤ Middlesex Hospital is the only hospital in Connecticut to be listed in the Becker’s Hospital Review list of 65 Great Community Hospitals. The hospitals on the list are recognized as high-performing leaders in patient care, clinical quality and community outreach.

Becker’s Hospital Review is a bimonthly publication offering up-to-date business and legal news and analysis relating to hospitals and health systems. To compile the list, Becker’s Hospital Review’s editorial team analyzed and reviewed data from sources including U.S. News & World Report, HealthGrades, the American Nurses Credentialing Center and Thomson Reuters to identify remarkable hospitals.

Thomson Reuters named Middlesex Hospital as a Top 100 hospital in the country for the fourth time this past March. The American Nurses Credentialing Center is the organization that awards Magnet recognition for nursing excellence, which Middlesex has received three consecutive times.

Mineola, NY – American Heart Association Honors Winthrop

➤ Winthrop-University Hospital received the American Heart Association’s (AHA) Get with the Guidelines Program Gold Achievement Award for its continued success in providing superior care to patients with coronary artery disease.

The recognition signifies Winthrop has reached an aggressive goal of treating heart failure patients at an 85 percent performance level for at least...
24 months based on core standard levels of care, as outlined by the AHA/American College of Cardiology secondary prevention guidelines for heart failure patients.

Get With The Guidelines is a premier hospital-based quality improvement program through which the AHA helps hospitals ensure patients consistently receive cardiac care services in accordance with the most up-to-date scientific guidelines and recommendations. Awards recognize a program's level of compliance with core measures over a set period of time.

Winthrop's coronary care program has a history in achieving prestigious designations through the program – receiving Bronze Awards (6 months) and Silver Awards (12 months) for continued excellence in patient care.

New York – New Children's ED Opens In NYC

The Alexandra and Steven Cohen Pediatric Emergency Department at New York-Presbyterian Morgan Stanley Children's Hospital/Columbia University Medical Center opened in late June, significantly expanding access to the highest level of emergency pediatric care for families in the region.

Located in the Washington Heights section of New York City, the facility offers world-class emergency care to children, including those from some of the city's most underserved areas. The new Cohen Children's Emergency Department was made possible through a $50 million gift from the Steven A. and Alexandra M. Cohen Foundation Inc. Mrs. Cohen was born at Morgan Stanley Children's Hospital (then called Babies & Children's Hospital).

"Beginning today, families will have access to this beautiful, state-of-the-art facility whenever their child needs emergency care, day or night," said Herbert Pardes, MD, president and CEO of NewYork-Presbyterian Hospital.

The 25,000-square-foot Cohen Children's Emergency Department more than quadruples the department's previous space, creating a family-friendly environment with the latest technology to best care for young patients. One of only three level I pediatric trauma centers in the state, the facility is equipped to care for 60,000 children annually.

The Cohen Children's Emergency Department aims to improve the flow of patients through the department and reduce wait times, featuring a Fast Track area, as well as its own onsite radiology capability and dedicated laboratory and pharmacy.

New York – NBHN's Women's Health Service Receives National Patient Safety Award

The North Bronx Healthcare Network's (NBHN) Women's Health Service recently received the prestigious National Association Winners of the Emergency Service Excellence Award

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Regional News

of Public Hospitals and Health Systems (NAPH) Safety Net Patient Safety Award for its Reducing Adverse Outcomes on Labor and Delivery initiative. The NAPH's Safety Net Awards Ceremony recognizes those organizations which have been recognized for best practices by implementing the best safety initiatives using evidence-based guidelines. The initiative was designed to reduce occurrences of certain adverse perinatal events, such as the incidence of Erb's palsy, that can be devastating to newborns and their families.

The NBHN Women's Health Service joined forces with the Institute for Healthcare Improvement, an organization which partners with healthcare providers throughout the world to establish and support ways to provide safe and effective care. It then developed a process to analyze key labor and delivery data, and identified certain risk factors strongly associated with these adverse outcomes. It then implemented a number of interventions which included a customized protocol for use of oxytocin during labor, study cycles to test changes and monitor compliance with the protocol, and TeamSTEPPS training for staff.

TeamSTEPPS is a toolkit of evidence-based methods designed by the Department of Defense and the Agency for Healthcare Research and Quality. Its goal is to provide better, safer healthcare through improved communication and teamwork skills among healthcare professionals.

“The Women’s Health Service team has remained committed to doing everything possible to maximize a safe delivery,” said Susan Gross, MD, FRCS(C), FACOG, FACMG, Chairperson, Department of Obstetrics and Gynecology, NBHN. “Our initiative has reduced deliveries complicated by shoulder dystocia, decreased severe Erb’s palsy cases, and reduced adverse patient occurrences overall, while maintaining cesarean section rates well below the national average. We are proud that the NAPH has recognized our efforts to create a safe environment for our patients.”

In addition, the NBHN’s Women’s Health Service was also recently awarded the Health Association of New York State 2011 Pinnacle Award for Quality and Patient Safety in the Multi-Entity or System, another distinguished achievement recognizing NCBH’s Labor and Delivery units as one of the safest labor floors in the country. Its team of dedicated physicians and midwifery and nursing staff have enabled NCBH to maintain one of the lowest cesarean section rates in New York.

Methuen, MA – Holy Family Holds ED Ribbon Cutting

Holy Family Hospital recently held a ribbon-cutting celebration for its new, 24,000-square-foot, $21 million emergency center, scheduled to open for business Aug. 4. The new ED reflects a 12,000-square-foot expansion over the old building constructed in the 1970s.

In recent years, Holy Family Hospital’s emergency visits have averaged more than 41,000 patients annually. When the new construction is complete, the ED will be able to serve up to 54,000 people.

The new facility includes 32 private treatment rooms, each equipped with computer work stations; a two-bay cardiac room; a double trauma room; a dedicated imaging area with 64-slice CT scanner and digital radiographic imaging; an EMS lounge and work area; and a rapid medical evaluation area in the lobby.

East Meadow, NY – NP Appointed As Director Of SAFE Program

Arthur A. Gianelli, president/CEO of NuHealth System, announced the appointment of Barbara Lopez-Hefferman, NP, as the director of the sexual assault forensic examiner (SAFE) program in the emergency department of the Nassau University Medical Center (NUMC).

The SAFE Program at NUMC has been certified by the Department of Health as a site of 24-hour sexual assault forensic examination services.

The facility has offered proof of ability to provide trained examiners and services to meet all standards for provision of these specialized services to patients who have experienced rape or sexual abuse, including
Lincoln County Healthcare is seeking experienced Emergency Department Nurses for both locations, St. Andrews Hospital in Boothbay Harbor and Miles Memorial Hospital in Damariscotta, Maine. We currently have full, part-time and per diem positions posted in both locations. Must be licensed Registered Nurse in the State of Maine. Must be experienced ED Nurse able to make initial assessment (triage) of the patient and assist the physician in the care of the patient. Must have strong communication and leadership skills. ACLS certification required. TNCC, PALS preferred. Must possess and demonstrate excellent customer service with both internal and external customers.

Lourdes Values RNs

Lourdes Health System, a recipient of the Get With The Guidelines Gold Plus Award for Stroke Care, is committed to maintaining the high quality of our care by recruiting and rewarding the experienced nurses who make it possible.

We currently have the following positions available:

P/T and F/T Staff ER RN Positions
• Deborah-Brown Mills and Willingboro

F/T ER Care Manager
• Night shift position at Willingboro

P/T, F/T, and Per Diem Staff RN Positions
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Apply for one of these positions at:
www.lourdescareers.org

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Ali Fox
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foxa@lourdesnet.org

Rhode Island Hospital has earned recerification as a level I trauma center, the only hospital in the state of Rhode Island and southeastern New England to earn this designation.

Rhode Island Hospital has been certified as a level I trauma center for 20 years. Each year, approximately 10,000 trauma patients are treated at the Andrew F. Anderson Emergency Center at Rhode Island Hospital.

"As the only level I trauma center in the area, we have the unique responsibility to treat patients with the most complex injuries," said Timothy J. Babineau, MD, president/CEO of Rhode Island Hospital and The Miriam Hospital.

"Every year we treat thousands of patients suffering from traumatic injury, and this reverification recognizes our ability to provide first-rate care with highly skilled clinicians and state-of-the-art technology," he said.

Providence, RI – RI Hospital Again Named Level I Trauma Center

Rhode Island Hospital

Providence, RI – RI Hospital Again Named Level I Trauma Center

Rhode Island Hospital

"I am delighted to serve as NUMC’s SAFE director, where I will be able to provide underserved populations the best of care and kindness during their crisis situation. We are positioned to make this program one of the best in the state. This is the most rewarding type of nursing that I have done during my almost 20 years of nursing and I look forward to working with state and local agencies to ensure that sexual assault victims are served well and feel free to come forward," said Lopez-Heffernan.

In this position, Lopez-Heffernan will have opportunities to testify in court cases where her forensic expertise will be called upon and where she will be required to document where the evidence came from, how it was collected, as well as describing any injuries that the patient may have presented with at the ED.

Lopez-Heffernan has been a forensic nurse since 1993, at which time she sharpened her nursing skills for a decade in Milwaukee, Wisconsin. From 2003 until 2010, she worked as a sexual assault nurse examiner at North Shore University Hospital in Manhasset, NY. She obtained a masters degree from Molloy College in 2010, becoming a family nurse practitioner. Lopez-Heffernan is certified by the New York State Department of Health and by the International Association of Forensic Nurses.

Born in Chile, Lopez-Heffernan is fluent in Spanish, an asset when dealing with NUMC’s large Hispanic patient population.

Barbara Lopez-Heffernan, NP
Clinical innovation is most rewarding when it goes hand in hand with an immediate patient and family need. As more hospitals add therapeutic-induced hypothermia to their armamentariums, infant patients can receive specialized treatment quickly and family can be close by for support.

The NICU staff at St. Cloud Hospital, St. Cloud, MN, was able to implement mild systemic hypothermia for a baby named Oliver who was affected by hypoxic-ischemic encephalopathy.

“Eighteen months ago, therapeutic body cooling [for infants] was a dream,” said Diane Pelant, BSN, RN, CCRN. “To see this come to full fruition and know we can now provide this treatment for our infants and our parents is exciting and rewarding.”

Expanded Program
Therapeutic induced hypothermia has been utilized for adult patients at St. Cloud since 2005, but infants needing this specialized treatment still had to travel to the Twin Cities. This put undue stress on new parents at an already overwhelming time.

Add the fact that St. Cloud serves a 23-county area, and parents would potentially need to travel 2-3 hours to be with their newborn. That’s a long way from the comfort of home and family support when it’s most needed. Fitting its Magnet designation and quest to be a leader in quality and safety, St. Cloud saw this challenge as an opportunity.

“In talking to parents and the community, what they wanted was to be close to their family support,” said Diane Pelant, BSN, RN, CCRN, who is clinical director of St. Cloud Hospital Women & Children’s Center, St. Cloud, MN. “We started to look at what can we do to support that family unit as a whole. We pride ourselves on patient- and family-centered care, so we wanted to see what programs fit what we’re trying to accomplish within that role.

“We also are growing our level III NICU,” Pelant continued. “Most level III neonatal centers use therapeutic cooling as a standard of care and we wanted to elevate ourselves to that standard.”

Beating the Clock
Timing is critical for a successful body cooling procedure, which involves the use of an FDA-approved cooling blanket to lower the infant’s body temperature and also to re-warm the baby.

“We have to make sure we get to that infant, or the infant gets to us, and the cooling started within 6 hours of birth,” Pelant said. “We’re trying to alleviate the sequelae of the oxygen deprivation.

Additional eligibility requirements include the infant must be 36 weeks gestation or greater; weigh greater than 1800 grams; have an APGAR score of less than 5 at 10 minutes; and have some kind of resuscitation going on within the first 10 minutes after birth. The infant may also have experienced a seizure due to a severe lack of oxygen at birth.

Pelant noted the nurses and respiratory therapist play a pivotal role in the intensive monitoring necessary to assure all goes smoothly.

“The nurses are the eyes and ears for the providers at the bedside and are able to alert them should something not be going quite right,” Pelant said. “We have a team approach to caring for the infant, from the neonatalogist, the neonatal nurse practitioner, the...
RN, and the respiratory therapist to the most important members of that team: the infant and family."

**Experimenting With Success**

While nationwide outcomes for infants who have been treated with therapeutic hypothermia appear to be positive thus far, it’s much too early to declare the procedure a complete success.

“It’s hard to say yet. We follow the infants in a NICU follow up clinic and watch the developmental milestones and see how they progress. We’ve seen some very good outcomes thus far, but we won’t know until they get a little older.”

The Children’s Center at St. Cloud is not currently involved in any clinical studies directly related to therapeutic induced hypothermia, but the center does submit data to the Vermont Oxford Network (VON) database. The non-profit, voluntary collaboration of healthcare professionals is dedicated to improving the quality and safety of medical care for newborn infants and their families. The VON was established in 1988, and currently comprises more than 850 NICUs worldwide.

St. Cloud and other member institutions submit information regarding the care and outcomes of high-risk newborns for confidential use in quality management, process improvement, internal audit and peer review.

**Education**

In her 25-year career caring for infants and children, Pelant has passionately advocated for her small patients, recognizing they are not simply “small adults.” So, while therapeutic induced hypothermia was being practiced at the hospital, a new wave of education preceded its implementation at the Women & Children’s Center.

“We took the nurses through mandatory education so they clearly understand not only how the machine works but also the pathophysiology of what the cooling and rewarming process does to the infant and for the infant so they can answer the parent’s questions to the best of their ability.”

The education included articles on the topic, inservices and training with the clinical representative on the operation of the cooling mechanism. The final steps in the preparation process were dry runs so all would go smoothly when that first infant required St. Cloud’s specialized service.

On the fateful day when Oliver arrived, staff members were able to thoroughly educate his parents that the treatment has no harmful side effects.

“There are no grave side effects that are known at this time, with the exception of an occasional slowing of the heart rate, which can happen when you get to 32° C (89.6° F),” Pelant said. “We talk to the parents about that, we keep them abreast of everything we do, and tell them what’s happening every step of the way.”

Since a lack of intervention would potentially result in seizure, cerebral palsy, mental retardation and other undesirable neurological effects, there’s not much to lose by trying.

Barbara Mercer is managing editor at ADVANCE.
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