EMPOWERING NURSES

Shared Governance Helps Nurses Improve Patient Care
Enhancing STH Patient Education

In 2004, a donation from the Covington-based biomedical firm Pamlab allowed St. Tammany Parish Hospital to acquire the video-on-demand system that has become a crucial component of its patient-education efforts.

Sam and Judy Camp, founders of Pamlab, are long-time supporters of the St. Tammany Hospital Foundation with Sam on the STFH Board of Trustees and Judy a member of the Planned Giving Council.

In November, an additional gift from Pamlab provided much needed upgrades to the centralized video system that enhance STH’s ability to improve patient understanding of topics from diabetes and hypertension to breastfeeding, cancer and smoking cessation.

“St. Tammany Parish Hospital is dear to our hearts and we hope all of the patients who receive such excellent care will utilize this upgraded system,” Judy Camp said.

The system allows patients and their family members to watch videos in their rooms at their convenience and replay them as needed. “The system’s purpose is to help patients better understand their condition and prepare for essential steps in their care, such as returning home and staying well after surgery,” Vaught said.

“The video-on-demand upgrades are a direct benefit to our patients, but ultimately they have a positive impact on our community by keeping people healthier.”
Facility Opening Reflects Patient Demand for Services
The new STPH Mandeville Diagnostic Center opened this month at 291 St. Ann Driv, Suite A, former site of the hospital’s breast center, which was expanded to the Women’s Pavilion on Hwy. 190 last year.

The new facility is adjacent to St. Tammany Physicians Network’s Mandeville location, providing the full range of primary diagnostics conveniently next door.

“We’re bringing the same high quality services patients experience at the Cordes Outpatient Pavilion in Covington, closer to patients who live in the Mandeville area,” said Melanie Legalante, director of the outpatient diagnostic centers. “The new facility offers laboratory services, x-ray, ultrasound, CAT scans and EKG.”

Opening an additional outpatient diagnostic facility reflects patient demand for STPH services. In the past, about 30 percent of patients at the Cordes Pavilion had Mandeville ZIP codes, 30 percent of patients at the Cordes location. “This is part of our mission of bringing high-quality care into the community,” Toups said.

The Mandeville Diagnostic Center’s hours are 7 a.m. to 4:30 p.m. Monday through Friday. Appointments can be made by calling STPH’s central scheduling number at 871-5665.

Saving a Foot and a LIFE
Wound-care expertise at STPH prevents amputation

Paula Dawkins lay awake in a darkened hospital room not far from her home near Ponchatoula.

Hours earlier, a local surgeon had given the 46-year-old grandmother dire news. The gaping, bone-deep wound on the bottom of her foot would not heal. It was time to consider amputation, the doctor had told Dawkins.

Diabetics like Dawkins are especially vulnerable to chronic foot and leg wounds due to poor circulation and nerve damage that impede healing. These factors put diabetics at high risk for leg and foot amputations.

"I was not going to lose my foot without a second opinion," said Dawkins, who had told a second opinion, the doctor had told Dawkins.

"They were gentle and understanding at every step of the process...The wound clinic gave me back my life.”

From the beginning, Dawkins’ experience at the clinic was far different from what she had experienced previously. For starters, STPH nurses and physicians did not clean her wound without informing her of the plan. They advised her on dietary changes to promote healing and continue the diabetes that made her susceptible to the wound in the first place.

By August, Dawkins was back at work after months away from her job at the Tangipahoa sheriff’s office. And her foot had healed. "The wound clinic gave me back my life,” she said.

More information on wound care is available at 871-6088.

Jay Groves DPM, podiatrist, performed surgery on her foot, and STPH physicians put Dawkins on a course of powerful antibiotics to combat a life-threatening bacterial infection.

She was hospitalized for nearly a month at STPH after the operation, and then began twice-weekly treatments at the wound clinic. Treatments included binding her foot in a “football wrap” to relieve pressure and prevent additional injury, as well as cleaning and dressing the wound. She remained on intravenous antibiotics for months, and the infection that had raged in her body steadily subsided.

As weeks passed, the main wound and a second, smaller infection on her foot began to slowly close. In time Dawkins graduated to a plaster cast that gave her greater mobility while still protecting her fragile tissue.

By June, John Kossels MD, medical director of the wound clinic at STPH, told Dawkins he expected a full recovery.

The STPH wound clinic staff employs a powerful line-up of tools to promote healing and save limbs, including hyperbaric therapy to infuse the wound with oxygen to promote healing. (Dawkins’ foot healed without hyperbaric treatments.)

Additional therapies at STPH include grafting techniques that utilize lab-generated living skin cells to encourage tissue growth. Dr. Kossels collaborates with other STPH physicians, including infectious disease specialists, to devise the most effective treatment plan.

From the beginning, Dawkins’ experience at the clinic was far different from what she had experienced previously. For starters, STPH nurses and physicians did not clean her wound without informing her of the plan. They advised her on dietary changes to promote healing and manage the diabetes that made her susceptible to the wound in the first place.

But it was the attitude of Dr. Kossels and the clinic’s nurses and staff that was most striking, including after setbacks like a toenail infection that required adjustments in the course of care.
EMPOWERING NURSES
Shared Governance Helps Nurses Improve Patient Care

Traditional nursing practice adheres to a top-down decision-making structure. By contrast, nurses at St. Tammany Parish Hospital care for patients under Shared Governance, which puts a premium on the insights of caregivers who interact most closely with patients and allows the nurse at the bedside to make care decisions.

The nurses have defined their vision for nursing: We will provide patient-centered quality care in a safe and respectful environment that continually strives for excellence utilizing evidence-based practice and professional collaboration in caring for patients and families in our community.

“The idea is that nurses at the bedside are best equipped to make decisions about patient care,” said Kathy McWhorter RN MSN, STHP director of nursing. Added Kerry Milton BSN RN MSHA, senior vice president and chief nursing officer: ‘This means professional nurses are driving the standards of excellence of their profession.’

The model has been in place at STHP since 2010 as part of STHP’s long-term goal to achieve “Magnet” designation from the American Nurses Credentialing Center.

Teams from STHP’s four nursing divisions—adult health, women and children, critical care and surgical services—work to achieve best practice with input from respiratory and physical therapists, pharmacists, dietitians and other experts on the hospital staff.

Overall, better patient care is the goal of Shared Governance. This goal is achieved through shared decision-making based on best practice principles and by fully engaging the nursing staff.

One case in point is STHP’s use of “hypothermia” protocol to lower the body temperature of a specific patient population to prevent brain injury. The STHP medical staff approved use of the evidence-based treatment after critical care nurses learned about it at a national conference.

“Our nurses introduced the approach, and our medical staff agreed it was a best practice that we should adopt,” McWhorter said.

“For new mothers at STHP, the labor and delivery staff adopted the national best practice of no non-medically necessary inductions less than 39 weeks gestation, an initiative of the Institute for Healthcare Improvement,” Diana Brevoort RN MSN, director of women and children services, said.

Another example is the hospital’s adherence to a national best practice of early mobility in critical care. “Prolonged ICU stays and mechanical ventilation are associated with functional decline and increased morbidity, mortality, cost of care and length of hospital stay,” Teresa Krutzfeldt RN MN, director of critical care nursing said. “By implementing our early mobility program, we look to improve those factors by encompassing progressive mobilization, with the progression based on a patient’s functional capability and ability to tolerate walking.”

McWhorter added, “Shared Governance provides a way for our nurses to improve the care we provide to patients, who are at the center of everything we do each day.”

The introduction early last year of an intensivist program in the hospital’s two critical care units follows best practices. The physicians of Northlake Pulmonary Associates, a well-known and trusted medical group of intensivists agreed to assist STHP in administrative and leadership functions of the critical care units and with patient care, quality, safety and customer service initiatives.

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Continued on page 10
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Integrated Cancer Care for Northshore Patients:
Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital

Spring 2012 will mark completion of the Northshore’s newest integrated, comprehensive cancer center offering the full range of treatment modalities, a community milestone to include clinical trials of emerging cancer therapies.

In 2011, Mary Bird Perkins Cancer Center relocated radiation therapy services to its new location, the first floor of 1203 S. Tyler St., a new building in the Charles A. Frederick Jr. Medical Office Complex, attached to St. Tammany Parish Hospital’s main campus via skybridge.

This spring, St. Tammany Parish Hospital will complete its components of the expanded partnership with Mary Bird Perkins by relocating chemotherapy services, medical oncologists’ offices and cancer-related support services to the same building.

The combined integrated Mary Bird Perkins Cancer Center at St. Tammany Parish Hospital will celebrate with a grand opening in the spring, said Cheryl Corizzo, STPH cancer center director.

“It’s wonderful to be able to offer the full spectrum of care in one spot,” Corizzo said. “It enables patients to feel confident that all they need is available, and they know exactly where to go. With the addition of our new nurse navigator, we feel the experience will also be more supportive and reassuring.”

The 20,000-square-foot center’s expanded infusion suite will offer patients comforts such as open, more spacious bays that provide privacy to patients who desire it, said Kerry Milton, STPH senior vice president and chief nursing officer.

The STPH Cancer Resource Center, palliative care and additional support services for cancer survivors will likewise move to the center in spring.

A final, crucial element of the partnership will also likely be in place in 2012. Clinical trials of emerging cancer therapies could begin later in the year, said Renee Duffin, Mary Bird Perkins vice president of cancer programs.

“We are quickly moving forward,” said Duffin.

Added Sharon Toops, STPH chief operating officer: “The idea is to centralize these two cancer leaders into one premier cancer center so that patients can get comprehensive, integrated care in one place, without having to travel far from home.”

Does Cholesterol Really Matter?
by Charles Baier MD, St. Tammany Physicians Network

Few topics in medicine generate more conversation around the water cooler than cholesterol. Everyone seems to have an opinion, yet few people know more than that it is bad for you and causes heart attacks. So, what is the real scoop about cholesterol?

Cholesterol is a waxy fat molecule found in the blood of all mammals. Manufactured primarily in the liver or intestine, it plays a role in making cell membranes. Cholesterol aids fat absorption from the intestine, steroid hormone production such as cortisol, estrogen, progesterone and testosterone and Vitamin D production. It is also prominent in nerve impulse transmission. In short, cholesterol is essential to our survival.

However, problems can develop when cholesterol is too high. Cholesterol does not dissolve in water and therefore cannot be carried in the blood in large quantities by itself. It has to be attached to protein molecules to form what are called lipoproteins. The lipoproteins come in several sizes and it is the smaller lipoproteins called LDL or low density lipoprotein that seem to cause problems. When LDLs are high, more cholesterol is taken into the cells that line the arteries. This is particularly important when these arteries supply blood to the heart, brain and legs. The LDL molecules are oxidized and form what are called foam cells that become trapped in the walls of the arteries. These foam cells accumulate and contribute to the formation of plaque that may eventually block the arteries and cause heart attacks, strokes and leg pain. High density lipoprotein, or HDL, may help remove some of the LDL from cells and help reduce plaque formation and the risk of heart attacks or stroke.

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So, what can you do to help lower cholesterol and reduce heart attack risk? Reducing consumption of animal fat such as fatty red meat, butter, whole milk, ice cream and foods cooked in animal fat may help. Vigorous physical exercise helps raise HDL. Several medications, alone or in combination, can lower LDL and triglycerides and raise HDL. Omega 3 fatty acids such as fish oil help lower triglycerides. In numerous trials, statins have been shown to reduce risk of heart attack and stroke. These drugs all have a low incidence of side effects including muscle or joint pain, abnormal liver function tests, nausea, flushing and headaches.

Talk to your doctor about testing for cholesterol to see if you may be at increased risk for heart attack or stroke.

To meet with Dr. Baier or his colleagues in St. Tammany Physicians Network, call 985-626-1717 in Mandeville or 985-871-5900 in Covington.

CELEBRATING DOCTORS March 30 Marks Local, National Tradition

St. Tammany Parish Hospital invites Northshore residents to honor their physicians with the March 30 celebration of National Doctors’ Day.

Members of the community may recognize a physician of their choosing with a donation to the St. Tammany Hospital Foundation made in their doctor’s name.

“Your gift is a meaningful way to say ‘Thank You’ for the exceptional, compassionate care provided by your physician,” said the foundation’s Nicole Sahre.

A personal acknowledgment will be sent to physicians to inform them of the gift made in their honor. Physicians’ names will also be added to the Book of Tributes in the STPH lobby.

March 30 coincides with the date in 1842 when a Georgia doctor became the first physician to administer ether anesthesia for surgery.

The day was informally observed from 1933 until 1990, when U.S. lawmakers set aside the date as an occasion to pay tribute to physicians. The day was informally observed from 1933 until 1990, when U.S. lawmakers set aside the date as an occasion to pay tribute to physicians.

Information on National Doctors Day donations or additional giving opportunities at STPH is available at stthfoundation.org or by contacting Sahre at 985-4171 or nsahre@stph.org.

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High-Stakes Safety Checks
Infants Should Stay in Rear-Facing Seats One More Year, Experts Say

For years, parents were told that keeping their infant in a rear-facing car seat until the child was one year old and weighed 20 pounds was the safest way for them to travel in the car.

The American Academy of Pediatrics altered its guidelines last year and now advises parents to keep infants and toddlers in rear-facing car seats until the child is two or until he or she exceeds the highest weight or height allowed by the manufacturer of their car seat.

A 2007 study found that children under age two are 75 percent less likely to die or be severely injured in a crash if they are rear-facing. Another study found riding rear-facing was five times safer than forward-facing. The AAP continues to recommend that children under age 11 ride in a rear seat and use a seat belt.

The stakes in proper car seat safety are enormous. An average of four children ages 14 and younger die each day in motor vehicle crashes in the U.S., while another 602 are injured. More than half are unrestrained or improperly restrained.

“It’s so important to use car seats properly, but parents are often confused about how to do it right,” said Lori Caye, director of the Parenting Center of St. Tammany Parish Hospital.

Appointments or additional information is available at 898-4435.
Tai Chi: Healing in Motion
Thursdays; 9 am to 10 am
Paul Cordes Outpatient Pavilion
Meditation in motion based on martial arts movements open to individuals with a cancer diagnosis, their caregivers and babies ages 8-15 months. 985-898-4435

Bereavement Counseling
Wednesdays; 10 am
Hospice of St. Tammany Parish Hospital
Support for those who have suffered loss. Walk-ins are welcome. 985-871-5746

Using Lamaze Techniques
January 7-February 18,
March 3-April 21; 4 pm to 7 pm
STPH Conference Center
Relaxation and pain control techniques re practiced weekly to help you through the childbirth experience. This is a series of 6 classes. 985-898-4083

Cuddle Buddies
January 12, 19, & 26; February 2, 9 & 16; March 8, 15 & 22; 10:30 am to 11am
STPH Parenting Center
Monthly social group for parents, grandparents or caregivers and babies ages 8-15 months. 985-898-4435

12-Lead EKG
January 13; 8 am to 4:30 pm
STPH Conference Center
One-day course offering 7.5 CEUs for nurses, medical/nursing students, paramedics, EMTs, telemetry techs and other allied health personnel to identify AMI on a 12-lead EKG. 985-898-4083

Organ Wise Guys
January 18; 10 am to 11 am
STPH Parenting Center
Interactive session encourages healthy behavior in children ages 2 to 5 years. 985-898-4435

1, 2, 3, 4 Parents
January 28, February 25; 9 am to 2 pm
STPH Parenting Center
One-day seminar for learning techniques and strategies to enhance parenting skills. 985-898-4435

Stewards of Children
January 31; 6 pm to 8:30 pm
STPH Parenting Center
Training on child sexual abuse prevention presented by Children’s Advocacy Center/Hope House modeled on the Darkness to Light program. 985-898-4435

Baby Care Basics
February 7 & 14; 7 pm to 9 pm
STPH Conference Center
Two-part series on learning how to care for your newborn. 985-898-4083

CPR for Healthcare Providers
February 11; 9 am to 1 pm
STPH Conference Center
An initial class for healthcare providers who require certification in basic life support. 985-898-4083

Alternatives to Spanking
February 14; 6 pm to 8 pm
STPH Conference Center
Education for parents on alternate discipline techniques. 985-898-4435

Art of Breastfeeding
February 28 & March 6; 7 pm to 9 pm
STPH Conference Center
Two-part class on the benefits of breastfeeding your infant and common concerns of the early breastfeeding period. 985-898-4083

Teens & Boundaries
February 29, March 7, 14, 21 & 28; 6 pm to 7:30 pm
STPH Parenting Center
Five-week series for teens and pre-teens dealing with physical, emotional, sexual and spiritual boundaries. 985-898-4435

Family Nutrition Night
March 13; 6 pm to 7:30 pm
STPH Parenting Center
An interactive educational event for parents and their children on developing healthy lifestyles. A nutritional snack is included. 985-898-4435

Praising Children & their Behavior
March 21; 10 am to 11:00 am
STPH Parenting Center
Workshop on changing your child’s behavior through the power of positive reinforcement. 985-898-4435

The St. Tammany Hospital Foundation’s Get Lucky! Golf Tournament
Friday, April 13
Tchefuncta Country Club Golf Course
12:30 pm Shotgun Start followed by the Lucky Friday the 13th Golfer Party. All proceeds benefit St. Tammany Hospital Foundation. Sponsorship opportunities are available.

For more information, contact Charley Strickland at 985-898-4141 or visit www.sthfoundation.org