

Perspectives ON PATIENT CARE

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**AWARD
WINNING
CARE**

100 BEST COMPANIES FOR WORKING MOTHERS HEALTHCARE'S MOST WIRED MAGNET RECOGNITION TOP PATIENT
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Perspectives

ON PATIENT CARE

2005 Edition

Editorial.....4
Lynne Braxton MSN RN CNS CDE

PERSPECTIVES ON CLINICAL APPLICATION:

Challenging Patients: An Interdisciplinary Approach	6
Joyce Scheibler RN and Marsha Rehm MSN RN	
Implementing a Mobility Project for Pulmonary Patients	9
Jennie Blevins BSN MAEd RN	
Nutrition Issues in the Intensive Care Unit: The Obese Patient	13
Raette M Schafer BS RD LDN CNSD	
Long-Term Monitoring: An Accurate Diagnosis for Psychogenic Seizures	16
Rebecca Baker AAS R-EEGT	
Neonatal Sepsis	18
Ivy Bagley RN II and Lisa Futrell RN IV	
Obstructive Sleep Apnea: An Overview	21
Penny Cooke AAS BS PSGT	
Appropriate Patient Placement: Fact, Fiction or Dilemma?	24
Frank Watkins BSN RNIII and Wanda Waters ADN RN III	
Obesity and Its Role in Sudden Death: as Observed in Eastern North Carolina	28
Ajay M Patel BS, Joseph P Pestaner MD JD MBA, and MGF Gilliland MD	

PERSPECTIVES ON TECHNOLOGY

New Beginnings with the SaebFlex.....	88
Peggy Crisp BS OTR/L and Krista Austin BS OTR/L	
Bradlee Bray BS MS CNIM ATC/L	
Computer Documentation and Dispatching: The Link to Our Future.....	94
Danielle McMullen AAS RN EMT	
Vital Stimulation Therapy.....	97
Lindsay West MA CCC-SLP	

OTHER PERSPECTIVES

Fulfilling a Dream.....	100
Mary Printz MSN FNP-BC	
The “C” Stands for CARE.....	105
Dawn Grant MPH	
Compassion Fatigue: The Stress of Caring Too Much.....	109
Ellen M. Walston MSW ACSW LCSW	
Coping with Stress and Avoiding Burnout.....	111
Robert Shelton PsyD	
Institute of Nursing Excellence: An Experience to Remember.....	115
Debbie Hines RN	
Multidisciplinary Heart Failure Team Reduces Hospitalizations and Improves Care of Heart Failure Patients in Rural Eastern North Carolina.....	117
Mari Stewart MN, Susan Ingram MSN, Ron Peaden RN, Susan Mattingly M.Ed., Angela Mayo Pharm.D, Tory Pruitt RN and John Rose MD. HealthSteps Heart Failure Clinic, Pitt County Memorial Hospital	
Research Page.....	118
Dianne Marshburn MSN RN CAN	

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The UHS Nutrition Initiative: Enhancing the ability of patients, employees and the community to “Eat Smart and Move More”

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In 2001, the Surgeon General stated that “left unabated, overweight and obesity could cause as much preventable death and disability as cigarette smoking.” He issued a “Call to Action to Prevent and Decrease Overweight and Obesity” (www.surgeongeneral.gov/library). Experts now suggest that today’s youth will have a shorter life expectancy than their parents if nothing is done to curb the escalation of childhood obesity (Olshansky et al, 2005). The local statistics confirm that action is needed in eastern North Carolina. In 2003, Pitt Partners for Health reported the following description of the weight status of the adult community:

- 2.2% underweight
- 30.7% normal weight
- 32.3% overweight
- 19.2% obese-1
- 8.9% obese-2
- 6.7% extreme obesity.

While there are not local cost estimates, the state estimates the costs of obesity are between 5-20 years of life lost for morbid obesity with direct medical expenditures in North Carolina of \$2.138 billion. NC Prevention Partners estimated the cost, which included productivity loss, to be \$4.9 billion for poor nutrition overweight and obesity. For Pitt County children, it appears that at 2 years of age about one in 10 is at risk of overweight and another 1 in 10 is already overweight. By middle school, almost half of the youth are considered at-risk for overweight or overweight. And tragically almost 1 in 3 of these children is already on the path to type 2 diabetes. Some of the behaviors that contribute to these statistics are that in Pitt County:

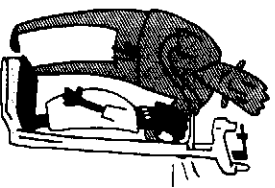
- 1 in 3 children drink more than two sodas each day (an excess of 200-500 calories).

- Only 3 in 10 eat a serving of fruit or vegetables (besides French fries).
- Only 1 in 3 meets their daily calcium need.
- Only 1 in 3 is not sedentary. Many are **unable to pass** school administered fitness tests.
- Approximately 23% of kindergarten children and 8% of fifth-grade children in Pitt County have untreated dental decay.

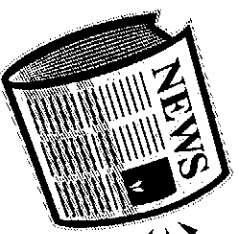
All the experts agree that the obesity epidemic must be fought at the local level. An August 2004 Daily Reflector editorial, stated “Pitt County residents are extremely fortunate to live in a community graced by world-class health care facilities, excellent schools and an environment conducive to healthy living. These institutions and initiatives can help a younger generation, and an older one too, find success against the plagues of poor fitness and nutrition.” The work of most PCMH health care professionals is delivering direct patient care. However, the public health sector recognizes that just providing direct services such as nutrition assessment and counseling has only limited impact in today’s society. Public health has adopted the socio-ecological model (Figure 1) describing the areas (e.g. public policy, community organizations, family and individual) where policy and environmental change with regard to physical activity and nutrition is needed. Public and community health leadership from the public health department and PCMH are calling on all sectors to partner with them to help adults and children “Eat Smart and Move More.” Businesses, educational institutions, local health care providers, and citizens have partnered with the health department and hospital to find ways to make it easier for people to engage in the desirable health

school meals, ala carte items , and after school programs.

Needed environmental changes are easily identified by asking simple questions. Are scales and height boards available to weigh and measure patients? Are evidence based nutrition practice guidelines easily accessible? Do the facilities make it easy for a new mother to breastfeed her infant? Are vending machines stocked with healthy foods and beverages in appropriate portion sizes? Are healthy foods and beverages, available to employees during all shifts? Is nutrition information about available foods and beverages readily available? Are stairways as accessible, pleasant and as safe to take as elevators? Are sidewalks available to walk between the various buildings of PCMH as well as the parking lot? Are non-food treats available on the hospital cart? Do the schools and the community have adequate, affordable programs and facilities to foster physical activity? Are there adequate qualified nutrition professionals available to support patients and families?



The daily news reports that highlight the childhood obesity epidemic have heightened the visibility and credibility of healthy eating and physical activity as public health issues and the need for policies and environments that support these behaviors. This paper highlights a few of the activities underway to implement the North Carolina Blueprints for Healthy Eating and for Physical Activity.



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Inside the PCMH walls

Food and Nutrition Services. The cafeteria, vending spaces and break rooms are the most visible eating environments for patients and employees. The PCMH Food and Nutrition Services program provides more than 1,600 inpatient meals and completes 3,000 cafeteria sales on an

average work day. In order to identify healthy options for cafeteria customers, the North Carolina Winner's Circle dining program was implemented in 2003 (<http://www.winnerscirclehealthydining.com>). Foods and beverages identified with the purple star and fork logo means it contains less than 30% fat, less than 1,500 mg of sodium, and if it is a meal must have a specific amount of fruits, vegetables, grains, beans or dairy food. A single item must contain less than 30% fat, less than 1,000 mg sodium, and it must qualify as a fruit, vegetable, grain, calcium-rich food, water, or beans. The roll out of Winners Circle at PCMH occurred at the same time in Pitt County Schools, ECU dining facilities and many local dining establishments making it easy for a diner to select a healthy option in Pitt County. The new Just4U program expands the opportunity for healthy food choices.

Clinical Nutrition Services.

The PCMH clinical dietitians have implemented new, up to date policies that have enhanced patient care delivery and streamlined patient tracking. The new, validated (97% sensitivity), patient admission screening tool indicates that 34% of patients, on admission, are at some sort of nutrition risk. To improve services to these patients, the PCMH dietitians have implemented many new programs. All patient education material is now available electronically, making it easier for anyone in the hospital to access and print off diet education material for patients. New interfaces have been completed to link the electronic notes from the dietitians to all other disciplines. The Nutrition Roadshow was completed for all nurses in March. Nurses were educated on how to contact a dietitian and how to appropriately complete the nutrition PAS. Compliance with the Nutrition PAS has increased 30% since this education was provided. An electronic calorie count record allows anyone to input the patient's intake from any meal or snack, and the total calorie and protein intake is automatically calculated. The calorie counts are more accurate and there is better compliance with completing calorie counts when ordered. Any member of

the participants improved their Body Mass Index (BMI) percentile for age; 49% improved their blood pressure; and 63% improved their cholesterol readings. For the teens, 36% improved their BMI, 21% improved their blood pressure and 50% improved their cholesterol. These programs are being exported to Roanoke Chowan Hospital System in Ahoskie. Special programs like the holiday "Maintain Don't Gain" assist employees and members through the temptations of the holiday season.

Food Literacy Partners Program. This two-way-self improvement program is sponsored by Physical Activity and Nutrition Partners and Pitt Partners for Health. ViQuest and East Carolina University are the primary partnering organizations. Food Literacy Partners Program provides food and nutrition education training to citizens of Pitt County. In return those citizens provide a minimum of 20 hours of volunteer food and nutrition education in schools, churches, health fairs, clinics, the farmers market and other venues in Pitt County. Many of the graduates are PCMH employees who put their enhanced food and nutrition knowledge to work with their patients, clients, in school classrooms, friends, neighbors and as FLPP instructors. The training modules, available on ECU's Blackboard web site were also used in the PMHF funded coaching program for overweight teens; as orientation for PCMH Community Programs obesity case management program staff; and as in-service for Pitt county teachers and food service staff. The Ahoskie ViQuest program is exploring the use of the modules for its childhood obesity prevention efforts. The new Achieving Healthy Weight module has been the basis of several teacher and school food service workers training in Pitt County. Since 2001, 187 volunteers have graduated and provided more than 3,500 hours of service.

Pediatric Healthy Weight

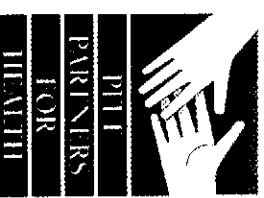
Research and Treatment Center. In the summer 2003 an effort to enhance childhood prevention and treatment services and research activities



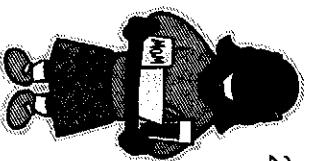
was announced. The state plan called for equitable access to medical nutrition therapy services for overweight children. The Center's Web site provides a plethora of statistics, presentations and other materials specific to eastern North Carolina including a White paper describing the crisis (<http://www.ecu.edu/pedsweightcenter/>). Pediatric dietitians in Pitt County collaborated in the development of a medical nutrition therapy protocol that has been distributed to all pediatric practices and is available on the web site. The PMHF responded by funding a dietitian who in the first 12 months provided medical nutrition therapy to more than 420 different overweight children, with a total of nearly 700 patients. The Center offers comprehensive treatment clinics for Youth with obesity related disease. There is also a clinic for children and youth at-risk for overweight.

Outside PCMH walls

Pitt County is recognized statewide for its collaborative efforts among PCMH, ECU, Pitt County Health Dept, Pitt County Schools, and Cooperative Extension Service. The collaboration has been facilitated by Pitt Partners for Health (PPH), a grassroots community-based partnership that is part of a larger health improvement initiative in our state called Healthy Carolinians. PPH includes local residents, representatives from the faith, business, educational communities and other health and human services agencies that has created a synergy around the county that is unparalleled with membership exceeding 130 people. Pitt Partners for Health (PPH) was initiated in 1995 to address the county's most compelling health issues. The Community Health Program's Department at PCMH is the administrative unit, providing coordinating support of all partnership activities. Their collaborative efforts to address pediatric obesity prevention and treatment have been supported by UHS leadership.



are money, administrative support, lack of value attributed to nutrition as part of the instructional day, limited time and space for meals, student taste preferences, too little nutrition education to influence children's eating habits, and conflicting messages. It is important to understand the local situation as we work together to improve that environment.



There are more than 21,000 students in Pitt County public schools and on every school day about 12,000 lunches served each day. Community partnerships have positively influenced the quality of the school meals program. Higher quality and age appropriate portion sizes are now served in the standard child nutrition program. Winner's Circle healthy choice signage and menus highlighted with the healthy choices were implemented as well as ensuring Winners Circle snack items were in vending machines. School breakfast became available at all schools. A nutrition program called "Taste Explorers" operates in 20 schools, reaching 8,000 kids introducing "new" fruits and vegetables. Pitt County schools did not enter into the potentially lucrative "pouring rights" contracts that trouble many school systems and followed the regulations that kept carbonated beverages out of elementary schools and available only after school in middle schools.

The partnerships forged by the Healthy Schools Task Force and the plan of action they created allowed Pitt County Schools to be one of 20 funded FitTogether programs sponsored by the NC, Health and Wellness Trust Fund. A primary goal of this program is sustained policy change that will support healthy eating and physical activity. This program built on the successes of Growing Up FIT!. The first year achievements for FitTogether include: all cafeterias served at least one Winner Circle healthy lunch. All 21 schools have bulletin boards promoting healthy eating and nutrition cafeteria games are ongoing in 9 schools. A monthly parent newsletter highlights nutrition

and physical activity. Milk machines have been placed in 2 middle schools to provide healthy vending options. Walking trails were added to two school sites. One elementary school participates in a pilot program to provide fresh fruit or vegetables as a morning snack.

Summary

It can be overwhelming to think about combating obesity. Health care providers report frustration that patients are not adherent to lifestyle change recommendations. Efforts to create a supportive community environment can make a significant difference. Adults and children need environments that are conducive to supporting healthy eating and physical activity. At times, even when the patient understands and is motivated to implement recommendations, a variety of barriers may keep them from doing so. These factors include the physical and social environments of their communities and organizations, the policies, practices and norms within their social and works settings, and their access to information. UHS is taking the challenge and moved outside of the patient's hospital room and has both advocated and supported social and environmental policies that will promote healthy weight for all. It will take all to support policies to improve physical activity and healthy eating.

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Time to Come Clean! Drug Testing in SCI Outpatient Clinic

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Introduction

Recreational drug abuse has been identified as a contributing factor to Spinal Cord trauma. Young males ages 16-30 are at high risk for spinal cord injury (SCI) and are more likely to be participants in recreational drug use than females (Decker and Hergenroeder, 2005). A substance abuse consult and patient counseling are

generally initiated in the inpatient setting when a patient has a positive drug screen done in the Emergency Department (ED). Yet substance abuse follow-up becomes the patient's responsibility after discharge from Rehabilitation. The SCI population often choose not to follow through with counseling for various reasons. Reasons for non-compliance need to be explored and drug