

MSJMC NURSE

VOLUME I SPRING ISSUE

SPECIAL POINTS OF INTEREST:

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Our World of Nursing





A Passion for Patient Satisfaction

**MARILYN GERRIOR MSN, RN
CHIEF NURSE EXECUTIVE**

MAY 7, 2007

“In the midst of the technology and science that guides our professions, I feel that it is still human kindness that touches our patients first and foremost.”

Dear Nursing Colleagues,

I am very proud to have the honor of introducing you to our first edition of **MSJMC Nurse**. The purpose of this magazine is to feature different aspects of our nursing profession, while highlighting individual contributions. You will find articles and pictures that celebrate the individuals in our organization. There are many stories to tell that illustrate the passion our nurses have for their patients. We hope to capture these stories and share them by publishing this magazine bi yearly.

This year we have had many challenges and rewards. The hospital has experienced extremely high periods of census. We are being continuously challenged to give excellent patient care and improve our patient satisfaction. It has in some ways been a difficult environment to work within. To continue to come to work each day and meet these challenges requires a passion for your job and the desire and ability to give of yourself. During my rounds, I have had the wonderful experience of witnessing this passion for patient care demonstrated by many of our nursing staff. Passion is demonstrated by those who treat our patients with empathy, use critical thinking to problem solve and follow through to produce the best patient care possible.

The wonderful care given here was recently validated by the Solucent National Benchmark group who named MSJMC a “Top 100 Hospital”. We were also recognized earlier this year as a Leapfrog top 20 % California hospital for patient safety and quality. These are wonderful honors to achieve and could not have been accomplished without the dedication and hard work of our nursing staff. For that I thank you all.

We continue to strive to improve our patient satisfaction. The hospital has made tremendous improvement and we continue to work to make our patients even more satisfied with their over all experience at MSJMC. Patient satisfaction and patient quality care will continue to our main focus in the coming months.

I want to conclude this editorial with the following quote:

“Three things in human life are important.

The first is to be kind.

The second is to be kind.

The third is to be kind.”

Henry James

In the midst of the technology and science that guides our profession; I feel that it is still human kindness that touches our patients first and foremost. Thank you all again for demonstrating kindness every day.

*Marilyn Gerrior, RN, MSN
CNE Mary San Juan*

The Unique Contributions of Oncology Nurses

The Unique Contributions of Oncology Nurses

Beverly Nicholson, RN, CNS, AOCN

As a nurse who has cared for individuals with cancer for over 30 years, I have almost gotten used to the reactions of new acquaintances when I tell them about my work. They may look at me with an expression mixed with sympathy and amazement and say, "How can you do that? It must be so depressing!"

My friends are simply reflecting the feeling of most people. Cancer is viewed as a frightening and devastating illness. It is difficult for them to understand how I could say that my career is extraordinarily rewarding personally and professionally. But my feelings are shared by thousands of oncology nurses.

Oncology nurses play a unique and important role on the health care team. When individuals are first diagnosed with cancer, seeking assistance from a physician is of utmost importance to them. The physician's knowledge and skills are needed to diagnose and treat the disease. So what makes the role of the oncology nurse on the team so vital to cancer patients?

Most nurses would agree that the key is the word "caring." While physicians focus

on the treatment of disease, the role of the nurse is to *care* for the patient. Although their roles overlap the distinction remains an important one.



Daffodil Days Supports the American Cancer Society

Webster's dictionary defines the word "*care*" to mean 'close attention, watchfulness, heed, liking, regard, charge, protection and custody.' The nurse foremost defines her role around the needs of the patient. She is a patient advocate, looking out for the needs of patients, as if, as Webster implies, she has a special responsibility for their well-being. The nurse's "*liking or regard*" for the patient, translates into nursing interventions, which focus on maintaining the individual's integrity within his/her world.

The traditional caring role of the nurse is to provide physical care. For the oncology nurse, this is an area of extreme importance. Oncology nurses monitor the patient's physical reactions to potentially toxic, complex treatments and are trained to detect changes that

may be life threatening. They are experts in helping patients cope with symptoms from the disease and /or treatments. Pain control and comfort measures are major areas of emphasis in oncology nursing.

But caring interventions extend beyond physical needs. To maintain the integrity of the individual, the oncology nurse must assess the impact of the illness on the psychosocial functioning of the patient. Her caring extends to the patient's family and significant others. Oncology nurses help the patient and family to express their anxiety, fear and other emotions. The nurse teaches the patient and family to communicate more effectively as they learn to cope with the crisis of the illness.

Information is essential to help patients cope with the feelings of helplessness and loss of control as they step into a world of medical treatments. The predictability of life is often lost. Oncology nurses counters these feelings by providing information to help patients and families understand the medical plan of care and to deal with the serious side effects of the disease and treatments. This information helps the person with cancer to regain control of their lives and their sense of self.

The Oncology Nursing Society (ONS), a professional organization of more than 33,000

"Her caring extends to the patient's family and significant others."

India: A journey of growth and passion



“This is India!”

“I finally decided to join a religious organization that was seeking to aid the less fortunate by bringing relief to sickened bodies and hurting hearts.”

Several months ago I found myself in a world so very different from my own, it felt as if I had fallen into a photograph from National Geographic. Yet my surroundings were not at all static, but rich with moving colors, sounds and scents that encompassed me from every side and boldly declared “This is India!” I could hardly believe that my long-time dream had actually materialized and there I was, standing on the very ground of rajahs, elephants, tigers and temples. For as long as I can remember I have been fascinated by other lands, peoples and cultures and the



richness of their various histories. India has always been alluring to me as it is undoubtedly one of the most diverse nations on the planet. It was this diversity, manifested in its myriad forms, which would almost imperceptibly change the way I viewed the world and my profession as a registered nurse.

It was with some trepidation that I embarked on this trip to the great land of India. After much thought and reflection, I finally decided to join a religious organization that was seeking to aid the less fortunate by bringing relief to sickened bodies and hurting hearts. As part of the medical team, I would assist doctors in the treatment of various diseases found commonly in the tropics, as well as present education on disease prevention and hygiene.

In preparation, I fortified my mind with as much knowledge about India as I could possibly embrace, offered my arms up to numerous vaccination needles and purchased enough bug spray and hand sanitizer to take a bath in if needed!

The details of my first glimpse of India will be etched in my memory for a long time. The first day, it was as if a kaleidoscope of sensations converged on me without warning. Seeking to find composure in the midst of this whirling, unfamiliar mixture, I tried to focus on the people that surrounded me. It was like staring at a graphic library of living stories, their faces revealing their battles with life, their eyes full with meaning, and their shy smiles eager and hopeful. Instinctively I reached out my hands to touch theirs, and in that touch I sensed a genuine welcome into their midst. I was already beginning to be more at ease.

India is a country of 1.3 billion people. It is a land resplendent with history and culture and the evidence of magnificent structures speaks of the industry of its people. The social structure in this vast and diverse land—the Hindu caste system-- is the most unique and oldest-surviving configuration of its kind.

India: A journey of growth and passion



Unfortunately, while discrimination based on caste has recently been banned, the prejudice that permeates this society has not been removed from the mind of the general population and the effect of this mentality is still vividly demonstrated in the lives of those who were once viewed as "untouchables." It was for these people that our medical team set forth their most concentrated effort.

The daily schedule was arduous. Each day our entire team of over 90 people comprised of doctors, residents, nurses, dentists, physical therapists medical assistants and volunteers would get up and eat a quick breakfast, spend some time in reflection and pleasant camaraderie, then split into fourteen teams and scamper off to waiting vehicles that would take us deep into the villages of Andhra Pradesh.

The ride out to the sites was an experience in and of itself. A two-lane

road held a congestion of cars, buses, rickshaws, cows, people on foot, people on bikes, dogs, pigs, and chickens—all traveling according to their own preference of circulation. It was like being on the verge of a crash waiting to happen at every turn. I really appreciated our driver who coolly and expertly navigated the road frenzy. In admiration, I asked him how long he had been a driver and whether he had been involved in any accidents. I was certain that in a country with a very high road fatality rate he would have a story or two to tell. He chuckled back in broken English—"No ma'am, seventeen years, one chicken is dead only!"

The villagers were friendly and hospitable, and gradually I settled into the daily routine. The clinic was a large, open, yet compartmentalized tent. Daily we would treat two to three hundred patients who would come to seek our help. Some came in supported by friends or family members or crude makeshift crutches. Some came with crying children. They all wanted tangible help. Many had bacterial or fungal infections caused

by poor sanitation. Scabies and parasitical infections were rampant. The water supply is grossly contaminated, especially in the villages where the same water source is used for various human as well as animal needs. The simple mud and grass huts foster an abundance of potential diseases and many people suffer with respiratory afflictions.

I vividly remember a man who came to us after he sustained a bad injury two weeks prior. He had been run over by a car, and his left femur was broken in several places. He had an x-ray to prove it. Apparently he had been taken to the hospital by kind friends, where he was diagnosed, but then sent home because of the poor man's inability to pay for his treatment. His wife was in tears, begging us to help him. One of the physicians on our team researched and found out that surgery for this man would cost around \$400 at a government hospital. Heavy bureaucracy and politics impeded the immediate treatment of this patient.

"Daily we would treat two to three hundred patients who would come to seek our help."



Irene with Nagajoti

Bill Morgan RN Home Grown Future Manager



**Bill Morgan, RN
Clinical Coordinator
Main OR**

“...a willingness to learn any and all aspects of the operating room.”

Bill Morgan is the Clinical Coordinator in the Main OR and coordinates all activities of this busy OR trauma center.

Bill came to me when I was cross Campus Manager of Mercy American River and Mercy San Juan Outpatient Services. He was attempting to attend college and was trying to find a position that would work around his school schedule.

I agreed to allow him to work flexible hours in the OR at American River as a Department Aide so he could attend school during the day and work part of the pm shift for us.

He has always been a great employee with a willingness to learn any and all aspects of the operating room.

He started out as a department aide and while doing this role he learned the instruments and set-ups in the



OR. He became a jack-of-all-trades and assisted with the telephones, arranging equipment for cases, ordering and stocking supplies, and even helped with charges. After time, we cross-trained him to be an Operating Room tech where he was a very proficient scrub person. He performed in this role for over two years.

Bill maintained and pursued his school schedule to become an RN while we continued to work around his busy work and life schedule. Did I forget to mention that during this time, Bill met and fell in love with the love of his life Renee. Renee also worked at Mercy American River hospital during this time. They were married in 1998.

Bill was persistent with his education and became an RN in the year 2000. Mercy American River closed in 2001 and Bill then transferred to Mercy San Juan OR where he worked as a staff RN on PM's until quickly promoted into the PM Clinical Coordinator where he worked for years.

He then transferred to the day Clinical Coordinator position in 2004 and that is where he is today. The Management team feels very lucky to have this strong person in that daily role where he has the pulse of the OR in his hands. Bill is respected by all surgeons and anesthesiologists who work closely with him, to ensure that patient care and safety comes first.

Promoting leaders from within takes a willingness to work around school schedules while they grow professionally as well as educationally. Bill is one of the homegrown members of our management team and we are very lucky to have him in this role and we could not do what we do without him.

Article by: Sara Clements MPA, RN, CNOR & Mike Chambers RN



Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health care needs. This is done through communication with the interdisciplinary care team and available resources to promote quality cost-effective outcomes.

RN Case Managers are in the best position to ensure patient flow is efficient. Hospital case managers have a number of opportunities to expedite patient flow in the emergency department, on the floor by making sure procedures

Her passion in nursing is bereavement care for families with a stillbirth or dying newborns. For the last 10 years, she has made herself available to come in day or night to work with these families in need. She wants people to know that what she is doing is not about the death, it is about making memories for these families.

In her spare time, Pam and her husband of 32 years, works with their non-profit organization called Itsiebitsie rescue. It is an organization that rescues abandoned newborn kittens. She also has 3 horses. Her future goal is to teach other nurses about bereavement and to make them feel comfortable and effective when dealing with families in the grief process.

Case Management— *Another Career Option*

Article by: Ronni Cline BSN, RN

and other patient care is done in a timely manner and by starting discharge planning early on so that the patients and family are prepared when the patient is medically ready for the next level of care.

The RN case manager serves as a patient advocate between the patient and all the providers of health care services. In today's health care environment, it can be overwhelming to navigate through the system. The patient may not know all the questions to ask the physician or may not be familiar with the number of services available to meet their needs. Medical language is often unfamiliar and physicians cannot spend enough time with the patient to help them understand all the complexities of their illness.

The nurse case manager bridges that gap to assure that the patient has all the information needed to make well-informed health care decisions. Additionally, the nurse case manager provides linkages to other resources and services to assure the patient and/or the family member.

For more information about Case Management:

www.ahcpub.com - this is for Hospital Case Management weekly publication.

www.acmaweb.org - is for American Case Management Association.

Nursery Nurse Pam Dumas

Pam has been a nurse for 32 years. She has spent all of that time in pediatrics and nursery. She has been at Mercy San Juan Medical Center for 12 years. She was drawn to the nursery because she "loves babies". Her skills of resuscitating a newborn immediately after birth, has made a difference in the lives of many families.

**Article by: Beth Hennessey
MSN, RN**

India: A journey of growth and passion

“ The memory of a 12 year old boy still haunts me. His almost limp body was carried in the arms of his father.....”

Foreign involvement can easily cause the price of treatment to rise exponentially, so we depended on our local contacts to assist in the process and get the man hospitalized. To this day I am uncertain what the end to this story was. I like to think it was a happy one. And while I am saddened by the fact that I felt so utterly helpless to intervene in a more significant way, I am comforted that our expression of caring counted. It is in circumstances like this one that a heartfelt word and touch of kindness can help ease the pain of suffering, when nothing else can be done.

Daily I witnessed scenes of heartache and sadness. The memory of a 12-year-old boy still haunts me at times. His almost limp body was carried on the arms of his father, as a raging fever sapped out the boy's life forces. We gave him some acetaminophen in an attempt to bring down the 105° F temperature, and emptied out our water bottles as we tried to rehydrate him with clean water. We highly suspected an acute case of dengue fever, a disease spread by the bite of mosquitoes. We told the father the boy needed to go emergently to the

hospital, otherwise death was imminent. The father looked despairingly at the dusty village road and then at us, as he replied that he had no way to get to the hospital. Without hesita-

tion, we urged that our driver take the boy and his father in our vehicle. Due to the fact that we were in a different village each day, I am unsure of what this boy's outcome was.

As I look back, I realize that inherently I desire that everyone recovers and returns to full and vibrant health. Yet I am rarely there to see the full story played out before me. It is only at a point in time that I can intervene, and then let others carry on. It was like that in India, it is like that here, at home. And I have learned to be grateful that I can make a positive difference in someone's life, however small and limited my contribution may be.

I remember a particular day being tired, hungry and overworked. The fact that the majority of these impoverished people would never truly rise above their perceived social standing that they would continue to struggle for their existence weighed upon me and my heart was heavy. I felt unraveled and discouraged that we could only fill their needs on a comparatively superficial level. Our medications were running out, and we had to close the clinic early due to lack of supplies. I was trying to wrap up the pharmacy but there were still many people waiting to receive something-anything, and conscious only of their empty outstretched hands I was scrambling for something to give them. At first I didn't notice the woman standing quietly in front of me with a shy smile. Then I saw her hands extended out to me; in them she held two wild roses, one white, one red, clipped close to the bud.



India: A journey of growth and passion



That startling glimpse of such fragile beauty offered with such genuine kindness and gentleness disarmed me, and in that very moment the tears that I had been holding back broke loose. Tenderly, the women touched my face, and then fixed the roses in my hair. My thoughts were flooded with the realization that happiness is based on so much more than social standing and material possessions. It is found deep in the richness of the soul—as those roses so meaningfully portrayed in symbolic illustration of a pure capacity to love, and to share that love with someone else.

The culmination of this realization and experience came about on the last evening of our outreach. In celebration, our team hosted a large meeting on an immense field. Close to thirty thousand of the villagers from the entire area we visited during the previous weeks dotted

the field, as one transport lorry after another lined up and people poured out of the trucks in droves. It was a dazzling sight, and the most mystifying aspect was how many of the people I had met in the clinics found me in the midst of that large multitude and wanted to shake my hand or hug me one last time. I was walking around in amazement, when I felt a tap on my shoulder. I turned to gaze again into that smiling face of the flower woman, as with an audible exuberance she once more held out two wild roses, one red, one white, clipped close to the bud. To this day, I believe it was a miracle that she was able to locate me among the thousands. I wonder what she had been thinking of as she had gingerly held those two blooms in her hands for one or two hours in the stuffy, overcrowded cattle truck she rode from her village to the meeting site. What hope she must have nurtured in her heart as she picked her flowers...how bitter her disappointment could have been had she not been able to find me!

Her expression of joy fulfilled needed no translator. I fully understood in that moment that kindness transcends all barriers of distance, culture and language, and reaches silently, wordlessly, and straight into the human heart. I had come to give, but in so doing, received infinitely more. As I traveled back home, I realized that I could not continue to view life as I had previously seen it. My perception of humanity has broadened and deepened.

Standing by the side of my patients in a modern hospital setting, where resources abound and technology is readily available; I cannot help but think that these can never be a substitute for the touch of compassion and acts of simple genuine kindness. I am so grateful that my trip to India, to a land so very different from my own, has helped me to place the value and meaning of life into their proper focus, and by reaching out to those less fortunate come to terms with the purpose of my existence.



Such fragile beauty....

“I fully understood in that moment that kindness transcends all barriers of distance, culture and language, and reaches silently, wordlessly, and straight into the human heart.”

Article by: Irene Ionescu
RN

Joan DeLach RN

In a department that ranks the highest in patient satisfaction and is routinely in the top 10% of best patient outcomes in the nation, trying to identify one nurse to recognize in the NICU as one of the best of the best, is nearly impossible.

Nevertheless, Joan DeLach, R.N. stands out for her unwavering devotion to the patients and families that she has cared for more than 15 years. She is not only an excellent NICU nurse, she is a committed patient advocate, an outstanding colleague, and a generous and kind preceptor.

Staff says she is “the go to person”, a trusted resource for best practice. Joan DeLach is the kind of nurse that gives this profession the high trust it is accorded by the communities it serves.

**Article by: Gail Maduri
MSN, RN**

“She would ski all day, work as a waitress and learn how to become a first responder/ firefighter in the evenings.”

Kristina Freas
BSN, RN



Kristina Freas is our Base Station Coordinator and Emergency Prepared-

Behind the Scenes in the ER

When Kristina Freas was in the third grade she would go to the school library and look at first aid books and the “A” encyclopedia that covered two of her favorite topics, anatomy and astronauts. Her career plan for when she grew up was to become the first girl on the moon or the medical profession. Luckily for us she chose the latter.

ness Supervisor. Kristina’s enthusiasm and dedication over the past two years has raised the bar in the community for both areas.

The path to this position began for Kristina when she applied for ski patrol. Kristina loved to ski but didn’t have an Emergency Medical Technician certification that was required to work on the slopes. After completing her EMT certification, she then became a volunteer firefighter with Donner Summit Fire Department. She would ski during the

day, work as a waitress and learn how to become a first responder/ firefighter in the evenings. When Kristina was called to her first major structure fire, she realized that she was much more comfortable with receiving patients than going into a burning building to retrieve them.

Kristina’s next move was to work on an ambulance as an EMT. After two years Kristina went on to enroll in a paramedic program. In February 1991 Kristina began working as a paramedic in a very busy urban setting. During

Behind the Scenes in the ER...cont.

her career as a paramedic Kristina was a paramedic preceptor, paramedic instructor, and frequently instructed CPR, ACLS, PALS and BTLIS classes. She promoted to the position of Operations Supervisor and CQI Coordinator for American Medical Response. While in this position, Kristina decided to pursue a nursing career.

Kristina completed her AS degree in nursing and began working in a busy Emergency Department as a New Grad. Last year Kristina completed her BSN through the University of Phoenix. She was able to do this while juggling a busy career here at Mercy San Juan and being a wife to husband Dan, who is a medic for Sacramento Metro Fire and a mother to her two daughters and stepson. Kristina's enthusiasm and seemingly endless energy allow her to make time for her interests that are golf, gardening and cooking.

Mercy San Juan Medical center is one of three Base Stations in Sacramento County. More than a Title

22 requirement, this position is charged with providing education to pre-hospital providers, conducting QA/QI activities for all 911 providers who transport to MSJMC and reviewing medical direction given by MICN's (mobile intensive care nurses) and physicians for consistency with Sacramento County EMS Protocols. Mercy San Juan MICNs

can provide medical direction to paramedics in the field regardless of their destination within the county. Kristina's background as an EMT, firefighter, paramedic, instructor, preceptor, supervisor, CQI Coordinator and RN is the perfect fit for her current position.

If disaster strikes Mercy San Juan is prepared thanks to the tireless efforts of Kristina Freas RN. "The position is overwhelming at times," states Kristina. "It focuses on planning, response, mitigations and recovery from disasters that could impact MSJMC. This all hazards approach to planning for disasters utilizes government grant funding for supplies and training." Kristina also co chairs the Sacramento County Emergency Preparedness Coordinators Com-



Kristina in action at a disaster briefing.

mittee and is highly respected in the community. Kristina works closely with law enforcement agencies, the FBI and Homeland Security and Sac Metro Fire.

In the event of a disaster we will need to coordinate well with outside agencies; Kristina's positions compliment each other well to guarantee successful disaster management. Kristina's states that although she loves her job here at Mercy San Juan she continues to dream that one day she will set foot on the moon.

"Last year Kristina completed her BSN while juggling a busy career here at Mercy San Juan."

Article by: Carole Mennell, RN



In third grade Astronauts and Anatomy were Kristina's two favorite topics

It's All About Choices



Aimee Khan RN
Pediatrics

“Destiny is not a matter of chance but a matter of choice.”

Aimee Khan, Pediatric nurse at MSJMC believes that life is about choices. Her life has taken her on many journeys and not all of them have been easy. Aimee says, “It’s your choice if you want to have a better life, or if you want to give in to depression and sadness. I choose to be happy, to survive and to reach my goals.”

Aimee came to the United States from the Philippines in October, 2005. Her motivation in coming here was her five year old daughter, Famy. Aimee’s abusive husband had left her when she was pregnant. She has never heard from him again. Aimee knew that working as a nurse in the US would provide a way of life for her daughter that would

otherwise not be possible.

Aimee arrived in the US through Global Care, choosing to make a better life for her and her

daughter. She had to leave Famy behind with her parents. This was a heart-breaking decision for Aimee but she knew that this was what she had to do.

Life in the Philippines can be challenging. Opportunities were scarce when Aimee left her home town of Surigao City and traveled to Manila to seek entrance into the University of the Philippines’ BSN Program in 1993.

She was one of 70 out of thousands of students who applied and was accepted into the four year program. It was a 3 day boat ride from her parent’s home. While attending school, Aimee lived in the dormitory. She and her fellow classmates usually ate only once or twice a day to keep costs down.

After graduating with her BSN, Aimee worked in a tertiary 1,500 bed teaching hospital in Manila. While working here, she lived in a dormitory where 20 nurses shared a room. There were beds lined up row

after row. She was a nurse in the “charity pediatric ward”. It was called the charity ward because it housed the poor children, whose families were not able to pay for their care. The 50 bed pediatric ward provided care to a variety of patients with illnesses such as TB, infectious diseases, surgical patients, diabetes, oncology patients, and more.

Aimee’s typical patient assignment would be 16 patients and sometimes up to 20, if they were understaffed. It would not be unusual for 4 or 5 of her 16 patients to be intubated and on ventilators. For all of this hard work, Aimee’s paycheck was approximately \$250/month. During her employment here, Aimee was only able to see her daughter twice a year, at Christmas and on her birthday.



It's All About Choices

There was a big difference between the pediatric charity ward on the first floor and the "pay pediatric ward" on the fourth floor. The charity ward was often lacking needed supplies such as medications and blood products. Syringes would be reused after autoclaving. The pay ward had everything necessary to care for the sick children, but the families had to provide payment for the care their children received. It was very difficult for Aimee to watch very ill children suffer and sometimes die because there were not enough medicines etc. to go around in the charity ward.

Aimee experienced this inequitable health care system first hand when her daughter Famy became ill. She was only 3 years old at the time and contracted a severe viral illness that placed her in the hospital in her home town of Surigao City. Aimee quickly made the trip to be by her daughter's side.

Realizing how ill she was, she flew her to the large hospital in Manila where she

worked, and placed her daughter in the pay ward where she knew she would receive the best care. She said it is a miracle her daughter lived through this illness when Aimee knew of other children who were less fortunate and died.

It has been about 18 months now since Aimee left the Philippines. She is a well-respected nurse in the Pediatric Unit and is loved by her peers. She is known as the "sharp-shooter" in the Peds Unit because of her awesome IV skills. We are very fortunate to

have such a talented, positive nurse to care for our patients and their families.

"People here don't realize just how lucky they are. I think they should be thankful for what they have."

Aimee brought invaluable experiences and talents with her to Mercy San Juan. Perhaps one of the greatest gifts she imparts to the rest of us is her incredible optimism and positive outlook. Aimee said, "People here don't realize just how lucky they are. I think they should be thankful for what they have."

Her daughter Famy is still in the Philippines. Government regulations and immigration laws have delayed Famy from joining Aimee at this time, but she is not giving up. Even though it may take years, she is working hard to be reunited with her daughter. Her upbeat attitude helps her to keep her eye on the goal. Aimee's favorite saying is, "Destiny is not a matter of chance but a matter of choice."



"Famy was only 3 years old when she became ill....."



Article by: Paula Rapetti
MA, BSN, RN

Care Connect Clinical Information System



Article by: Joan Prudhomme,
BSN, RN, JD

*“The hunt and
fight for the paper
chart will soon
come to an end.”*

The biggest change since the invention of the ball point pen is about to take place for caregivers at Mercy San Juan. Preparations for CareConnect, the clinical information system, a multidisciplinary electronic documentation system, has officially kicked-off for Mercy San Juan and the four other Sacramento Mercy Facilities.

Nurses, physicians, therapists and service departments will finally be able to access patient charts at any time and information will be instantaneously and easily accessible. The hunt and fight for the paper chart will soon come to an end. The electronic documentation of patient care information by the multidisciplinary team will revolutionize our methods of communicating information across the health system.

The goal of CareConnect is to document in “real time” all patient care across all disciplines. Physicians will use CareConnect to place their orders electronically (often called “CPOE” FOR Computerized Physician Order Entry.) This will not only almost eliminate the deciphering of physician handwriting but will instantly transmit the physician’s order to the appropriate service area. Moreover, the physician will be alerted as to any drug interactions or contraindications at the time the order is entered based upon the patient’s profile. The end result.....improved quality, safety and service to our patients!

CareConnect will improve the way we will do our work and how departments

interact with each other. To identify and prepare for these changes, a number of Clinical Workgroups and a Physician Advisory Group have been formed. Representatives from all departments will have the opportunity to identify the most efficient way of working together in the future. The nursing workgroup members are your representatives. The nursing representatives will be working with the CareConnect team and the Clinical Nurse Informaticist to communicate the needs of the staff in the different areas. They will be a part of multidisciplinary teams to provide input into the design and processes between nursing and the ancillary departments.

The success of this project is dependent upon the involvement of staff in the design, build and testing phases. The CareConnect team and your Clinical Nurse Informaticist are excited to begin the process with the nurses here at Mercy San Juan.



The Unique Oncology Nurse.....cont.



registered nurses, published a patient brochure titled *“Don’t take the journey alone.”* Oncology nurses view themselves as guides as patients travel through the experience of their cancer diagnosis and treatment. Oncology nurses are there to provide support at any stage of the illness.

Given the complexities and stress involved in caring for cancer patients, why is oncology nursing such a rewarding profession? It is because the cancer patient

desperately need what the nursing profession has to offer---caring in the broadest meaning of the word. Oncology nurses use our professional knowledge and expertise to help our patients successfully adapt to ‘the dread disease’.

Why is it that oncology nurses do not find our work depressing? What makes oncology nursing so rewarding? It is, of course, the patients themselves. In exchange for our caring, the patients and their loved ones share their joys and sorrows with us as they make their courageous cancer journey. Our cancer patients give us the opportunity to learn lessons in living and dying, surviving and thriving---- the lessons of life.

The Oncology Nursing Society (ONS) is a professional organization of more than 33,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. It's also the largest professional oncology association in the world.

ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. The Oncology Nursing Society (ONS) recognizes the benefits of certification to patients and society at large and encourages oncology nurses to become certified.

The Oncology Nursing Certification Corporation offers four certification examinations: OCN® (Oncology Certified Nurse), CPON® (Certified Pediatric Oncology Nurse), AOCNP (Advanced Oncology Certified Nurse Practitioner), and AOCNS (Advanced Oncology Certified Clinical Nurse Specialist). For more information go to the website: <http://www.oncc.org> or ask Beverly Nicholson, RN, CNS, Advanced Oncology Certified Nurse (AOCN).

Web sites for Nurses

ANA NursingWorld
www.nursingworld.org/

Nursing Center
www.nursingcenter.com

Academy of Medical-Surgical Nurses
www.medsurgnurse.org

American Nurses Credentialing Center

www.nursingworld.org/ancc

American Association of Critical-Care Nurses
www.aacn.org

Association of Perioperative Registered Nurses
www.aorn.org



Seek opportunities to “grow” in your nursing career

Association of Women’s Health, Obstetric, and Neonatal Nurses
www.awhonn.org

Emergency Nurses Association
www.ena.org

Oncology Nursing Society www.ons.org

“We need to be radical loving, caring people that transform and heal our society.”

Lloyd Dean, President and CEO
Catholic Healthcare West,



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