

Caring for the Caregivers

ALUMNA HELPS MAKE NURSING WORKPLACE SAFER

A culture of caring defines the nursing profession. Yet, when Bemidji State University alumna Julie Flathers began working in employee health at North Country Health Services (NCHS) in 2000, she saw a profession in pain. And so began a lengthy organizational journey to reduce that pain by creating a safer working environment where nurses could more easily direct care to their patients without injuring themselves.

"We knew there was a problem," she recalls about her early days on the job. "Injuries were occurring frequently when transferring patients. Of the 50 back injuries in 2001, 29 were on one medical-surgical floor. Initially, we didn't know how to prevent these injuries."

That floor had one portable device to assist with patient lifting – the leading cause of back injuries among nurses – but it was underutilized.

The nursing mindset was another part of the problem.

"Nurses work at a hospital to care for people who are sick and haven't always been aware of their own risk for injury."

Julie Flathers

"Nurses work at a hospital to care for people who are sick and haven't always been aware of their own risk for injury," Flathers says. "Many nurses were taught in school that good body mechanics would prevent injury. Recent research shows that body mechanics alone don't prevent injuries."

Flathers took the first steps toward safety by listening to workers on nursing floors. They told her that convenience for lifts was as essential as having oxygen in every room. One suggestion proposed a ceiling system with tracks for hoisting and moving patients. The image of using that system prompted laughter among the co-workers. Most of them had never heard of it before.

Once information and research were gathered, recommendations were brought to the NCHS leadership team, which operates the hospital and other medical-related services in Bemidji.

"We needed equipment, needed it available, and needed training," Flathers says. "I mentioned someone thought we should have ceiling lifts, and people laughed."

But not everyone found it funny. Gary Johnson, the manager of Bemidji Medical Equipment, a subsidiary of NCHS, later told her they did have ceiling lifts that could be installed in hospital and nursing home settings.

The laughter then turned into a serious effort to address the problem. Using safety grant funds to defray costs, they

(continued on page 8)



Caregivers (Continued from page 7)

"The solution wasn't just lifts. The solution was multifaceted. Once tasks that put people at risk were identified, the next step was to see if we could engineer the danger away."

Julie Flathers

installed the system on the troublesome second floor. Staff received training, and the injuries began to drop.

At about the same time, the hospital began an expansion and remodeling project. Bolstered by results from the second floor, NCHS leaders agreed to install ceiling lifts during the construction of the hospital and nursing home.

Positive results continued, and change started permeating the facilities. Injury rates decreased, fewer nurses missed work due to injury, and worker's compensation losses fell.

In thinking about the results, Flathers, who came to NCHS from a community health background, quickly notes a change in culture is not an event, but an ongoing process with many dimensions.

"The solution wasn't just lifts," Flathers comments. "The solution was multifaceted. Once tasks that put people at risk were identified, the next step was to see if we could engineer the danger away."

Flathers uses carpeting in the new building as an example. Back problems cropped up among workers who pushed wheeled carts or beds on carpet. Research showed that carpet-

ing added to back stress as individuals pushed harder in awkward positions. Purchasing electric bed and cart movers, as well as removing the carpet, were all part of the solution.

Communication was a key component throughout the process, and Flathers credits her education at BSU in this regard.

"Bemidji State prepared me well for these challenges by developing my writing and public speaking skills," says the 1998 graduate. "Initially, I didn't have the answers, but I knew how to find them. I had learned to observe a population, study data, look at nursing research, and apply evidence-based solutions. My education at BSU allowed me to develop the skills needed to work through these problems."

Flathers will have more opportunities to use these abilities in her new role as a nurse consultant in safe patient handling for Bemidji Medical Equipment. Her responsibilities will include training and assisting organizations in creating a safer environment for nurses and the patients they serve.

As part of the commitment to workplace safety, the firm is offering patient lift motors to Minnesota nursing schools at no charge. They have already donated six lifts to Bemidji State's nursing program.

Overseeing nursing care safety is a role well suited for Flathers who has served as a change agent within a culture of caregiving. **HORIZONS**



Partnerships Shape Clinical Resource Center



In today's economic and political climate, it still takes a village to raise children, but it takes partnerships to educate them.

That cooperative spirit is evident in the newly opened Clinical Resource Center (CRC), a 6,400 square-foot area in Memorial Hall that serves as the educational backbone for Bemidji State University's new four-year nursing track. In the state-of-the-art facility, students gain core laboratory experiences using technology that simulates real life.

None of it would have been possible without public and private partnerships. Federal legislation and a Health Resources and Services Administration grant paid for equipment. The Minnesota State Colleges and Universities system allocated money for renovation and programming. The Bemidji medical community stepped forward to supply staffing assistance, safe patient handling systems, and other resources. Individual donations helped purchase furniture and supplies.

University expenditures rounded out the funding and created the CRC, which will be coordinated by a full-time staff member and consists of:

- four health-assessment rooms to prepare students for work in rural health care settings;
- five health-care suites, one each for pediatrics, obstetrics, medical-surgical nursing, intensive care, and home care;
- four classrooms and seminar rooms;
- a computer lab with access to electronic medical record systems and specialty software; and
- a simulator and performance room where computer-driven mannequins replicate nursing scenarios.

"Students will learn that being at the cutting-edge of information and technology will give them and their patients the best possible outcomes," says Dr. Jeanine Gangeness, chair of nursing. "They are learning that each action is based on evidence, and this is what continues to build a strong nursing profession."

The most complex technology is Sim-Man, according to Gangeness. The mannequin can be programmed to display a heartbeat, pulse, and swelling tongue. It also can simulate breathing, talking, and head movements. These features can be programmed to be within normal limits or simulate a health abnormality.

An observation classroom allows students to watch the scenarios, which can also be recorded and replayed on television monitors throughout the center. The results are opportunities for immediate debriefing or critical thinking exercises.

Gangeness remembers her own nursing education as having set rules, static information, and a well-defined scope of practice. Nurses today must access updated information from the bedside.

"Students in the CRC can practice physical and interpersonal skills prior to interactions with patients," she says while acknowledging that one part of the profession hasn't changed. "Their first semester involves lessons on working with people, and they learn bedside manners from day one." **HORIZONS**

