The Finest Art

Florence Nightingale called nursing an art, and she was right.
The Art of Nursing
Our caregivers create masterpieces every day

It was Florence Nightingale, the founder of modern-day nursing, who first called nursing an art, and I quote, “Nursing is an art; and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter’s or sculptor’s work….It IS one of the fine arts; I had almost said the finest of the fine arts.”

This year’s venue for Friends of Nursing—ArtsQuest at SteelStacks—inspired the theme of the event: “Nursing—the Finest Art.” Throughout the presentation, we heard stories that illustrate why nursing is, indeed, the finest art. A great nurse can effortlessly blend both the art and the science necessary to create high-quality, compassionate care. You can read some of those stories on page 5.

We feature these “works of art” year-round in Magnet Attractions. You’ll find a really great example on page 6, where you’ll read about Liz Egan, RN, a trauma-neuro intensive care unit nurse who, quite literally, blends art and science in her daily work with patients. Understanding the importance of connecting with patients, she handcrafts cards for them and keeps in touch long after they’ve been discharged from the hospital.

On page 10, you’ll read about three units that are improving patient outcomes by implementing evidence-based practice to improve key quality indicators. Our inpatient pediatric units have done research that shows having a parent or guardian present helps caregivers insert peripheral intravenous cannulation on the first try—talk about blending art and science.

Our health network is a canvas on which you paint pictures every day. Thank you for making those pictures beautiful and meaningful.

Anne Panik
Senior Vice President, Patient Care Services

Our Magnet™ Story
Magnet hospitals are so named because of their ability to attract and retain the best professional nurses. Magnet Attractions profiles our story at Lehigh Valley Health Network and shows how our clinical staff truly magnifies excellence.

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A DAY IN THE LIFE OF A

Friends of Nursing Panelist

The Friends of Nursing gala is a long-awaited annual event. Months of preparation go into this evening where all of our caregivers are honored for their hard work. The highlight is a presentation ceremony honoring our Friends of Nursing recipients. They are selected during an intense nomination and interview process.

During the interviews, each nominee is required to discuss his or her nomination with the selection panel for the designated award. Composition of the selection panel varies, depending on the nature of the award. Here, panelists share their experiences:

Jennifer Hamershock, technical partner

It’s nice to be part of a process that awards this kind of recognition. It makes me want to be a better technical partner because I know there is quite a reputation to live up to! I really enjoyed listening to the stories that were shared. It helped us decide the recipient, and those stories are just the type of thing that I think matters. It is very hard to choose recipients because all the nominees are very dedicated to their work and are deserving of an award.

Cindy Mitman, pharmacist

It’s difficult to pick one thing I liked best about being a panelist. The stories are amazing. Sometimes a particular story is highlighted in the nomination, and other times it’s just the consistent display of PRIDE behaviors mentioned throughout the nomination that amazes you.

I also loved having the opportunity to network with colleagues from other departments. Now I can offer alternative explanations when an issue may arise. It’s too easy to say, “Why on earth…?” but when you’ve had exposure to help explain the possibilities, it helps others have that “Aha” moment and remember that we’re all on the same team!

At the end of the day, you can’t help but feel proud of everyone and also eager for the big reveal.

Erik Resch, RN, emergency department

I was happy to be part of the process, and was interested in learning more about how the selection worked. As a former nominee, I was interested to see the other side once the nominee leaves the room. It was very difficult to choose the recipients, as there were many worthy nominees. Unfortunately, they can’t all be the recipient. I left hoping that in the future someone will re-submit nominations for many of those not selected. In my eyes, all of the nominees are winners.
Friends of Nursing gala was a masterpiece for the masses

Florence Nightingale called nursing an art. “And if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter’s or sculptor’s work,” goes the famous quote by the founder of modern-day nursing.

This year, the stories of our Friends of Nursing recipients were appropriately highlighted during the celebration held by our health network at a new venue—ArtsQuest’s SteelStacks in Bethlehem. This annual event recognizes and promotes excellence in nursing practice, education and research. It honors all nurses and clinicians at our health network, including those who were nominated for and the recipients of Friends of Nursing Awards. Here are some of the highlights.
SE14 and 15: What is it?
These Magnet Recognition Program® sources of evidence describe and demonstrate how we recognize nurses. SE14 outlines the structure and processes we use to make visible the contributions of nurses. SE15 shows the ways in which the nursing community and the community at large recognize the value of nursing in the organization. We exemplify these sources of evidence during our Nurses Week events.

1 We are family!
Mary Boyle, RN, recipient of the Mr. and Mrs. Abram Samuels Cardiovascular Nursing Award, enjoyed celebrating the night with her family. Although the night focused on the art of nursing, she reminds us to not forget the science of nursing. She easily identified that a patient’s unusual heart rhythm was created by an atrial pacemaker with a biventricular pacemaker—something no one else figured out.

2 Moment to shine
Michael Pistoria, DO, medical staff president, and Terry Capuano, RN, chief operating officer, present one of the Medical Staff Technical Partner Awards to Cathy Motta of 6T, while Courtney Vose, RN, nursing administrator, applauds her achievement.

3 Nurses as scientists
5K received this year’s Fleming Award to Recognize a Unit Which Demonstrates a Commitment to Structural Empowerment. The unit serves as a laboratory for interdisciplinary learning.

4 Art of caring
Vicki Girodo, recipient of the Fleming Nursing Caring Award, has “artistic talents” that go beyond the canvas to the bedside, truly personifying the “art of nursing.” She’s even purchased clothes for patients who could not afford them. Presenting the award are Dick Fleming, (right) and his children, Bobby and Trinka Fleming, (left).

5 All about patients
When Sandra Tremblay (center), recipient of the Award for Excellence in the Delivery of Rehabilitation Services, was asked about future goals during her Friends of Nursing interview, she spoke about goals for her patients and associated rehabilitation services that our health network could potentially offer. For Sandy, it is always about her patients. Dorothy Jones, administrator of perioperative services (right), proudly presented the award with Sue Steward, RN, (left), special projects coordinator for patient care services.

6 Creative display
SteelStacks was the perfect venue to highlight our Art of Nursing theme.

7 Seeing is believing
Gayle Levas, recipient of the Psychiatric Nursing Award, is the Program Nurse for Muhlenberg Behavioral Health. In this role, she is the only nurse, along with five psychiatrists, for thousands of patients. To her, the most rewarding part of the job is seeing the difference her interest and caring means to patients. She celebrated with Brett Williamson, program director of behavioral health, who nominated her.

8 It’s an honor
Recipients receive a check, a pin and a Nightingale lamp.

9 Rewarding work
As case managers on an oncology unit, Greg Block and Kathy Scott, recipients of the Award for Excellence as a Case Manager, find the stresses that come with losing patients also can be the most rewarding part of their job. They feel privileged to help families through this difficult time.

10 Life-changing decision
After 32 years of working in a factory, Kathryn Christman, Support Partner Award recipient, went to Lehigh Carbon Community College when the factory closed. She got an associate’s degree in medical billing, and accepted a job as a support partner to get her foot in the door—but fell in love with her patients. She’s still on her medical-surgical unit as a support partner today.

11 Team spirit
6T takes time after the ceremony to pose for pictures with Ron Swinfard, MD, our president and chief executive officer (center), and Anne Panik, RN, our chief nursing officer (third from right).
A Passion for Nursing and Art

Nurse donates artwork to inspire patients and colleagues

As a nurse in the trauma-neuro intensive care unit (TNICU), Elizabeth Egan, RN, shares her passion for nursing and strives to provide exceptional care to patients and families. Far beyond that, she is inspired to share a deeper connection and to convey that every personal experience has special meaning in our lives.

That’s one of the reasons she’s been handcrafting cards since she was 14. She uses a woodburning tool to letter personal messages on paper. Today, she sends those cards to family and friends, as well as to patients whom she has cared for on the TNICU. She likes sending patients well-wishes as they continue their recovery.

Art was always an important part of Egan’s life. “Because of that, I appreciate the tremendous influence of the art collection at Lehigh Valley Health Network,” she says.

She feels the display of art in the hospital environment plays an important role in the healing and comfort of patients and families. “Through the years, as I’ve traveled the halls at Lehigh Valley Hospital–Cedar Crest, I’ve become captivated by the beautiful imagery on the walls, and I’ve noticed the way it uplifts and rejuvenates my spirit,” she says. She feels art is a positive focal point for colleagues, patients and families alike, as they make their way through the health network.

The impact of art is what inspired her to start drawing four years ago. She uses a technique that involves layering soft pastel onto wallpaper and etching abstract images through the chalk using a serrated knife. The warm colors evoke a feeling of calm, and often the images reference Egan’s love of birch trees.

Her talent was recognized by Christine Oaklander, the network’s arts coordinator, who invited Egan to exhibit her painting “Dancing” at this year’s Friends of Nursing celebration. Dick Fleming, co-founder of Friends of Nursing, announced during the gala that the painting had been reviewed and formally accepted as part of the health network’s permanent art collection. Egan was honored to donate the piece.

“I am proud to work among the most respected nurses anywhere,” she says. “I dedicate the painting in recognition of the exceptional work our nurses do.”

ELIZABETH EGAN, RN
The winner is—Artist Andrew Kish III, whose painting was selected to be displayed on 7C, and our health network’s arts coordinator, Christine Oaklander, had a chance to catch up while Kish’s work was on display during the Friends of Nursing celebration.
LEHIGH VALLEY HEALTH NETWORK

You Deserve a Standing Ovation

Rounds of applause happen all year, but Nurses Week is a time for dedicated recognition

Patient care is demanding work. That’s why it’s important to take time out from the hustle and bustle to recognize the tireless dedication you put forth day in and day out. We do this during Nurses Week. Here are some highlights from this year’s celebration.

1 Raise your glass
Charlotte Buckenmeyer, RN (center), wanted to celebrate the hard work and dedication put forth by her team during the opening of the rapid assessment unit at Lehigh Valley Hospital–Muhlenberg’s emergency department (ED). She held a special toast complete with commemorative glasses and a rocking version of Pink’s popular “Raise Your Glass” song.

2 It’s in the bag
Transitional trauma unit nurses Tiana Mahr, RN (left), and Bree Edris, RN, love how much stuff fits in their new bag, which were designed by unit colleagues.

3 Out of this world
Joe Rivera, RN, patient care coordinator (right) for the express admissions unit at Lehigh Valley Hospital–Muhlenberg, made each member of his team feel special with a creative gift combining clever words and favorite candy bars. One nurse, for example, received a Mars bar with the words “You are out of this world” on it. Here, Rivera gives the gifts to Kristie Nesheiwat, RN, technical partner Heather Bigelow and administrative partner Marsha Binder (l-r).

4 Aaaahhh
Youthful You Institute colleague Bernadette Shively gives Sue McCauley, RN, a hand massage. The free massages were available to caregivers on the trauma-neuro intensive care unit during Nurses Week.

5 I scream, you scream...
We all scream for ice cream. The favorite childhood treat transcends generations, and colleagues on the progressive coronary care unit were all smiles as they dug in during their Nurses Week ice cream social.

6 A night out
Colleagues from 6T enjoyed a celebration together on the outdoor deck at Starters Clubhouse Grill.

A Trip to Remember

Colleagues travel to the Florence Nightingale Museum in London

Patricia Plantz, RN, a per-diem nursing supervisor, has a suggestion for you: If you are a nurse and you travel to London, make sure you go to the Florence Nightingale Museum. “I guarantee you will enjoy it,” she says.

National Nurses Week begins each year on May 6 and ends May 12, which is Nightingale’s birthday.

Nightingale’s greatest achievement was to make nursing a respected profession.

Plantz traveled to London recently with colleague Diane Limoge, RN, a hospice nurse for our health network. Limoge found the museum to be inspiring too, and both women walked away feeling like they are part of something bigger.

“As you go through the museum, you hear people speaking with varying accents and different languages,” Plantz says. “Nurses from all over the world have been influenced by Florence Nightingale, and that’s a neat feeling.”

Nightingale was a nurse during the Crimean War in the 1850s, and it was her tireless work there that created the legend of the Lady with the Lamp. After the war, she campaigned for better health care and sanitation for all, particularly for those in the military. She also established the first organized school for nurses, the Nightingale Training School.

“She was truly ahead of her time,” Plantz says. “She promoted family presence and the benefit of home care long before anyone else. Today, it’s been proven that these care philosophies do indeed improve outcomes.”

Although the Friends of Nursing celebration is the most noteworthy way in which we recognize nurses, individual units also hold their own events during National Nurses Week. This exemplifies our commitment to the recognition of nursing, which is part of the Magnet™ model component Structural Empowerment.

SE14: What is it?
Focus on Quality

Annual retreat highlights best practices

As a health network, we are driven to deliver high-quality, safe care. That’s why each spring for the past three years we’ve held a day-long quality retreat. Nurses are at the heart of where quality improvement efforts are successful—the bedside. The quality retreat gives nursing administrators, directors and patient care specialists, as well as staff nurses who are quality council chairs, an opportunity to reflect, reward, refocus and refresh the drive to excel in quality patient care. The day-long agenda serves to inform, educate, inspire and guide units to generate goals and strategies for the coming fiscal year.

This year, six best practices that have contributed to our health network’s success were highlighted. The units featured were 6T, 6B, 4K, Regional Burn Center, pediatrics and the transitional skilled unit (TSU). Here’s a snapshot of three units and how their evidence-based practice is enhancing the care we deliver to patients.

6B

PROBLEM: The pressure ulcer rate for this 34-bed medical-surgical unit was high. More than half of the acquired ulcers were stage 2.

SOLUTION: A standardized tool was developed to:
  • Examine the root causes, including risk factors, prevention strategies, assessment and interventions of pressure ulcers.
  • Identify and stage hospital-acquired pressure ulcers correctly.
  • Develop prevention strategies for the unit.

RESULTS: The pressure ulcer rate has decreased by 50 percent, and colleagues have become more confident in identifying and scoring the ulcers.

Inpatient pediatrics

PROBLEM: The success rate for first-attempt peripheral intravenous (PIV) insertion needed improvement.

SOLUTION: The unit analyzed factors during successful first-attempt PIV. They found 75 percent of successful first attempts included a parent or guardian at the bedside. They also found a light source for vein illumination was used 58 percent of the time on successful first attempts.

RESULTS: Success is directly correlated with parental presence and vein illumination. Education is occurring currently, and it is anticipated the success rate for first-attempt PIV will increase dramatically.

Transitional skilled unit

PROBLEM: Indwelling urinary catheters were often used without adequate indication, posing significant safety risk.

SOLUTION: Staff members created a nurse-driven protocol with the goal to decrease the use of indwelling urinary catheters by 50 percent. The protocol included removing urinary catheters within 48 hours of admission (unless contra-indicated and specifically ordered by the physician) and assessing voiding patterns after catheter removal. An educational program was launched to support the use of the protocol.

RESULTS: As a result of the program, initially there was a sharp decrease in the number of urinary catheters. After several months, the decreased number of urinary catheters remained constant. The catheters being used all had medical justification documented in the medical record. An unanticipated positive result of the protocol has been no catheter-associated urinary tract infections in the past 30 months.

Save the date

Research Day 2012: Transforming Culture Through Evidence-Based Practice will be held October 29. Marita Tiller, PhD, RN, will be the keynote speaker.

What is it?

The empirical measurement of quality outcomes in Magnet™ organizations is essential.

Quality outcomes create an organization where nursing makes an essential contribution to the patient, nursing workforce, organizational and consumer outcomes. The work done by the units featured in this story contributes directly to patient and organizational outcomes.

50% 50% 75%

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EXEMPLARY PROFESSIONAL PRACTICE

EP1 and EP1EO: What is it?

These Magnet Recognition Program® sources of evidence fall under the Exemplary Professional Practice Magnet™ model component. In this section, you’ll read about your colleagues who made presentations at regional, state and national conferences, as well as were published in peer-reviewed journals and participated in mission trips.

PUBLICATIONS

Courtney Vose, MBA, MSN, RN, APN, CNE
Kim Hitchings, MSN, RN, NEA-BC; Beth Kessler, RN, BC; Anthony Ardine, MD, MPH, FAAP, CPE
Andrew Barsky, CDM, CFPP; and Jack Dunleavy, BS, wrote “Lateral Service to Deliver Better Patient Care” for Nurse Leader, February 2012, 34–38.


Susan Gross, BSN, RN; Barbara J. Larsen, BSN, RN, ONC; Jennifer Mollo, BSN, RN, DONA, RN; and Tracey Silfies, BSN, RN, CMSRN, wrote “Back to Basics: A Medical-Surgical Orthopedic Unit’s Quest to Decrease Pressure Ulcers,” for MedSurg Matters!, March/April 2012.

Kim S. Hitchings, MSN, RN, NEA-BC; Terry Ann Capuano, MBA, MSN, RN, NE-B; FACHE, and Mary Ellen Horzog, Med CCRN, CGNS, wrote “Friends of Nursing: A Community of Caring to Promote Excellence in Nursing Practice, Education, and Research,” for The Journal of Continuing Education in Nursing, Vol. 43, No. 5, May 2012.


POSTER PRESENTATIONS

Marcia Summers, MSN, RN, presented “Success With Compassion: Peripheral Intravenous Cannulation in the Pediatric Population,” at The Children’s Hospital of Philadelphia Annual Conference in Philadelphia in November.

Alyssa Campbell, BSN, RN, presented “From ‘Uh-Oh’ to ‘Oh-Yea!’: A Nurse-Driven Urinary Catheter Removal Protocol,” at the National Database of Nursing Quality Indicators (NDNQI) in Las Vegas in January.


Holly D. Tavianini, MSHSA, BSN, RN, CNRN, presented “The Path to Post-Operative Success: Collaborative Pre-Operative Education for Spinal Surgery Patients,” at the American Association of Neuroscience Nurses in Seattle in April.

Holly D. Tavianini, MSHSA, BSN, RN, CNRN, and Amber Moyer, RN, BSN, CNRN, presented “Insights to the Patient Care Continuum: A Collaborative Approach From Acute to Rehabilitative Care Settings,” at the American Association of Neuroscience Nurses in Seattle in April.

Jaclyn Bergstol, RN, presented “Just Do It—A Culture to Move From Blame to True Remediation,” at the Nursing Symposium in Orlando in April.

Sheryl Repischak, RN, presented “Nurses in Technology; A Fast Growing Specialty in Nursing,” at the Nursing Symposium in Orlando in April.

Cindy Umbrell, MSN, RN, CNS, CORN, presented “Ventilator-Associated Pneumonia Prevention in the Traumatically Injured Patient: Beyond the Bundle!” to the Society of Trauma Nursing in Savannah, Ga., in April.

Barbara Labriola, MSW, BA, RN, CMSRN, and Donna Wegner, RN, presented “Acute Leukemia Care in a Community Hospital: We Did It and So Can You!” at the Oncology Nursing Society Annual Congress in New Orleans in May.

ORAL PRESENTATIONS

Anne Panik, MS, BSN, RN, NEA-BC and Susan Lawrence, MS, CMAC, presented “Facilitating Change to Accountable Care: A Case Study Presentation,” to the American Organization of Nurse Executives in Boston in March.

Karissa Conklin, BSN, RN, presented “The Path to Successfully Managing Chronic Inflammatory Demyelinating Polyneuropathy: More Than a Peripheral Nervous System Disease,” to the American Association of Neuroscience Nurses in Seattle in April.

Barbara Labriola, MSW, BA, RN, CMSRN, presented “It Takes More Than a Village… A Compendium of Strategies to Raise the Quality Bar,” at the Oncology Nursing Society Annual Congress in New Orleans in May.

MISSION TRIPS

Michelle Flores, BSN, RN, population health nurse, community health/health studies; Kristen Flores, BSN, RN, staff nurse, neonatal intensive care unit; Lori Yesonofski, BSN, RN, CCRN, coordinator, telehealth services
LOCATION: Port-au-Prince, Haiti; Length of time: 1 week; Organization: Mercy Village, Inc.; Responsibilities: Primary patient care

Marcia Summers, MSN, RN, director, medical-surgical pediatrics and pediatric intensive care unit
LOCATION: India; Length of time: 10 days; Organization: Verty International; Responsibilities: Supporting RNs in the pediatric cardiac/thoracic unit in post-op care of congenital heart repairs

Herline Raphael, BSN, RN, staff nurse, emergency department
LOCATION: Haiti; Length of time: 2 weeks; Organization: Helping Hands and Beyond; Responsibilities: Mission Director; Teaching primary and secondary prevention strategies

Kara Beth Herman, RN, staff nurse, burn center
LOCATION: Tanzania; Length of time: 1 month; Organization: A Baderar View HIV Hospice Program; Responsibilities: Primary patient care

Marlene Brown, RN, staff nurse, Regional Heart Medical
LOCATION: Haiti; Length of time: 1 week; Responsibilities: Primary patient care in a temporary clinic

Laurel R. Bergstresser, BSN, RN, case manager
LOCATION: Port-au-Prince, Haiti; Length of time: 1 week; Organization: Love Haiti’s Children Orphanage; Responsibilities: Primary patient care

Ruth Rice, CRNP, Center for Women’s Medicine
LOCATION: Port-au-Prince, Haiti; Length of time: 1 week; Organization: Love Haiti’s Children Orphanage; Responsibilities: Primary patient care

Corrie Miller, BSN, RN, Cardiac Catheterization Lab
LOCATION: Honduras; Length of time: 8 days; Organization: The Mama Project; Responsibilities: Primary care in temporary clinics in remote villages

Karen Jones, BSN, RN, CCNR, staff nurse, open-heart unit; Bonnie Brandmeir, RN, CCNR, staff nurse, open-heart unit; Jennifer McLean, BSN, RN, staff nurse, open-heart and transitional open heart units
LOCATION: Joplin, Missouri; Length of time: 1 week; Organization: Presbyterian Disaster Assistance; Responsibilities: Built homes damaged by tornados
Reaching Our Goals

New goals set for key quality indicators

[ INDICATOR ]
We have set goals to improve three key quality indicators during this fiscal year. They are infection control, hospital-acquired pressure ulcer rates and number of falls.

[ PROCESS ]
To ensure our rates in these three key areas improve, we have established work groups in each area.

[ ANALYSIS ]
The three key indicators were selected because there is room for improvement. The goals are:
- INFECTION CONTROL: 0 infections
- PRESSURE ULCER RATE: Decrease by 10 percent
- FALLS: 0 falls with injury and decrease overall fall rate by 10 percent

[ OUTCOME ]
We will measure our progress quarterly and determine our official outcomes at the end of the fiscal year.

[ NEXT STEPS ]
We are optimistic our scores will improve as we implement countermeasures in these areas.