

WINTER 2013

Magnet Attractions



BURN CARE STARTS HERE

Meeting the cultural
needs of the Plain
Community

PAGE 4

What's Your Role in Our Care Continuum?



What do you think of when you hear the term “continuum of care”? Do you think about the ways in which patients move through the hospital, from admission to discharge? Do you think about care that happens after discharge, or maybe even care that keeps someone out of the hospital in the first place?

Our health network – just like other health networks nationwide – is working diligently to put together all of the pieces in the complex continuum of care puzzle. The reality is our health care landscape is changing, and the latest

Institute of Medicine report shows that nursing practice now covers a broad continuum from health promotion, to disease prevention, to coordination of care, to cure – when possible – and to palliative care when cure is not possible.

This means more opportunity for nurses, as more roles become available to help facilitate care across the continuum. So, what does that mean for you? Check out the story on page 6 to see what we're doing as a health network.

In this issue, you'll also see other examples that help define these expanded roles in outpatient and ambulatory care. On page 3, you can read about our telehealth nurses. Their work allows patients throughout our region to access specialty care from our providers through the use of secure, web-based telecommunication technology.

You'll also read about how we're delivering culturally appropriate care across the continuum for all ages, infant through elderly. On page 4, you can learn how we provide burn care to the Plain Community, and on page 8 you'll find a fine example of psychosocial nursing in the elderly population.

As the ways in which we deliver health care continue to change, I encourage each of you to take a look at the role you play. There's never been a better time to be a nurse.

Anne Panik

Anne Panik, MS, BSN, RN, NEA-BC
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.

Magnet™ names and logos are registered trademarks of the American Nurses Credentialing Center.

INSIDE THIS ISSUE

A Day in the Life 3

What do our telehealth services clinical coordinators do?

A Passion for Culturally Appropriate Burn Care 4

Lois Douglass, RN, has built a relationship with the Plain Community

Our Care Continuum 6

See how we're creating seamless transitions in various care settings

Patients United to Comfort Each Other 8

Learn why our nurses facilitated a meeting of patients who are Holocaust survivors

Baby Swaddling Gets a Makeover 9

Colleague advocates change after her daughter developed hip dysplasia

Professional Milestones 10

Colleagues make presentations and mark career milestones

Save the Dates 11

You won't want to miss this year's Medallion Lecture or Friends of Nursing Celebration

Improving Glycemic Control Back Cover

Evidence-based inpatient diabetes guidelines continue to make our care even better



ON THE COVER

Plain Community members travel from as far away as Kentucky to receive burn care in our health network. Learn why on page 4.





Making connections –

Telehealth services clinical coordinators Sharon Kromer, RN (left), and Lori Yesenofski, RN, are passionate about using technology to allow our health network to care for more people.

NK9 and NK9EO

Nurses in Magnet™ hospitals are able to improve practice because they are involved in technology and information system decision making. This is the central role our telehealth nurses play and without their input, success in the field would be difficult. Their expertise allows patients from outlying regions to receive care in their community hospitals, without traveling to our health network.

Magnet™ Sources of Evidence

A DAY IN THE LIFE OF A

Telehealth Services Clinical Coordinator

If an idea associated with telehealth is a seed, Sharon Kromer, RN, and Lori Yesenofski, RN, are the garden tenders. As our telehealth services clinical coordinators, they water and fertilize the seed and turn it into a flower. Their work allows patients throughout our region to access specialty care from Lehigh Valley Health Network (LVHN) providers through the use of secure, web-based telecommunication technology. We offer more than a dozen telehealth services in various clinical areas.

“Telehealth is an efficient way to increase access to care,” Kromer says. “Patients receive specialty services in their local area and avoid the cost, burden and time associated with travel for the patient, patient’s family or the provider.” Starting a new telehealth program takes planning and teamwork. At the outset, key stakeholders from administration, clinical services and information services are brought together. The teams collaborate to develop a virtual

service, which mirrors the in-person care delivery model.

The telehealth clinical coordinator role involves project management, education and the introduction of leading-edge technology into the work-flow process. “We ensure clinicians understand the processes associated with the telehealth service they’re providing,” Yesenofski says. “We teach fellow clinicians how to use telehealth technology in preparation for the presentation of patients to a remote provider.”

Their work results in innovations like our TeleInfectious Disease program. When caring for a patient with a complicated infection, Blue Mountain Health System providers consult with our infectious disease specialists. Using videoconferencing technologies, the nurse at the remote facility uses an exam camera and electronic stethoscope to assist our physicians with examining wounds and

listening to the patient’s heart and lungs. Our physicians recommend treatment, in most cases allowing patients to stay in their local hospital.

Before the program, 100 percent of patients with a difficult-to-treat infection were transferred to our health network. Now only 13 percent of patients are transferred.

Telehealth technology also keeps families connected. Specialty bassinets in our neonatal intensive care unit now have BabyCam, a service that fosters bonding by allowing parents to view their infant on the Internet through a live video stream when they are unable to be physically present. It’s another example of how Kromer and Yesenofski assist with bringing people together using telehealth technology.

Network leaders recognize the important role nurses play in telehealth. “If you want a telehealth program to succeed, you need nurses at both ends of the connection to lead and coordinate the telehealth service,” says vice president of telehealth services Joe Tracy. “Dr. Swinfard, our president and chief executive officer, agrees, and between us we’ve been working on telehealth projects for 40 years now. Nurses are absolutely essential to success in this field.”



Reaching Out to the Plain Community

Providing culturally appropriate burn care is the passion of Lois Douglass, RN

Why do members of the Plain Community (Amish and Mennonites) travel from as far away as Kentucky and Indiana to receive burn care at our health network? They come to see the nurse they call “My Lois” – Lois Douglass, RN.

As our community burn outreach liaison, Douglass is passionate about providing culturally appropriate care to members of the Plain Community. The relationship she has developed with them is evidence of that. “I can be their voice in the health care setting,” Douglass says. “I help to assure that their wishes are respected.”

Douglass’ relationship with the community started when we developed a partnership with Ephrata Community Hospital to provide our TeleBurn service. Because many members of the Plain Community live near the hospital, a caregiver there suggested we develop a relationship with the community to provide the culturally appropriate care it needs.

Douglass was the colleague for the job, but establishing a level of trust took time. “I can’t relate to them unless I know them,” says Douglass, a national faculty member of the American Burn Association. She learned how burns are treated in their culture by attending lectures from John Keim, who is regarded nationally as a Plain Community “healer.” Keim teaches community members to provide care using alternative, natural treatments.

When Keim’s son was burned, Keim developed a burn-and-wound (B&W) ointment made primarily of honey, which has scientifically proven wound-healing properties. He dressed the wounds with burdock leaves because their smooth and waxy texture prevented the dressing from sticking to the wound. It’s the treatment he teaches today.

Recognizing the treatment’s effectiveness, Douglass talked with Keim about

Natural healing –

The Plain Community uses a burn-and-wound ointment made primarily of honey. The wound is then dressed with burdock leaves.



partnering with our health network to help people who need a higher level of care. She listened to his concerns and developed a treatment plan that ensures Plain Community members receive culturally appropriate care in our Regional Burn Center.

Here is what happens when a member of the community needs burn care. No matter the day or time, Douglass meets patients when they arrive at our health network. In the Regional Burn Center, Plain Community caregivers are permitted to apply B&W ointment and burdock leaves under the supervision of our burn care specialists. Throughout the hospital stay, Douglass is an advocate for the patient and family. She monitors the patient's wounds, pain and overall condition. She advises the family if the patient can benefit from a high-tech treatment or pain medication and assures them the final decision is theirs to make. They usually take Douglass' advice. After discharge, she continues the relationship during follow-up visits in the Burn Recovery Center.

Of the more than 600 patients who receive burn care here annually, about 30 are Plain Community members. Thanks to Douglass' understanding of their cultural needs and their positive experience with our care, word is spreading. Our health network was mentioned in Plain Community newspapers, and Douglass is invited to speak during community

lectures. She teaches what first-, second-, and third-degree burns look like and the importance of coming to our Regional Burn Center when:

- Someone suffers a third-degree burn
- Burns cover more than 10 percent of the body
- The victim goes into shock
- The face, hands, feet, genitalia or major joints are burned
- The victim needs fluids

The community's trust in Douglass is what makes the partnership strong. Today, Keim calls Douglass "My sister," and more people turn to "My Lois" for help. "They say they don't know what they would do without me," Douglass says, "but I'm blessed for having met them."

EP7 and EP7EO

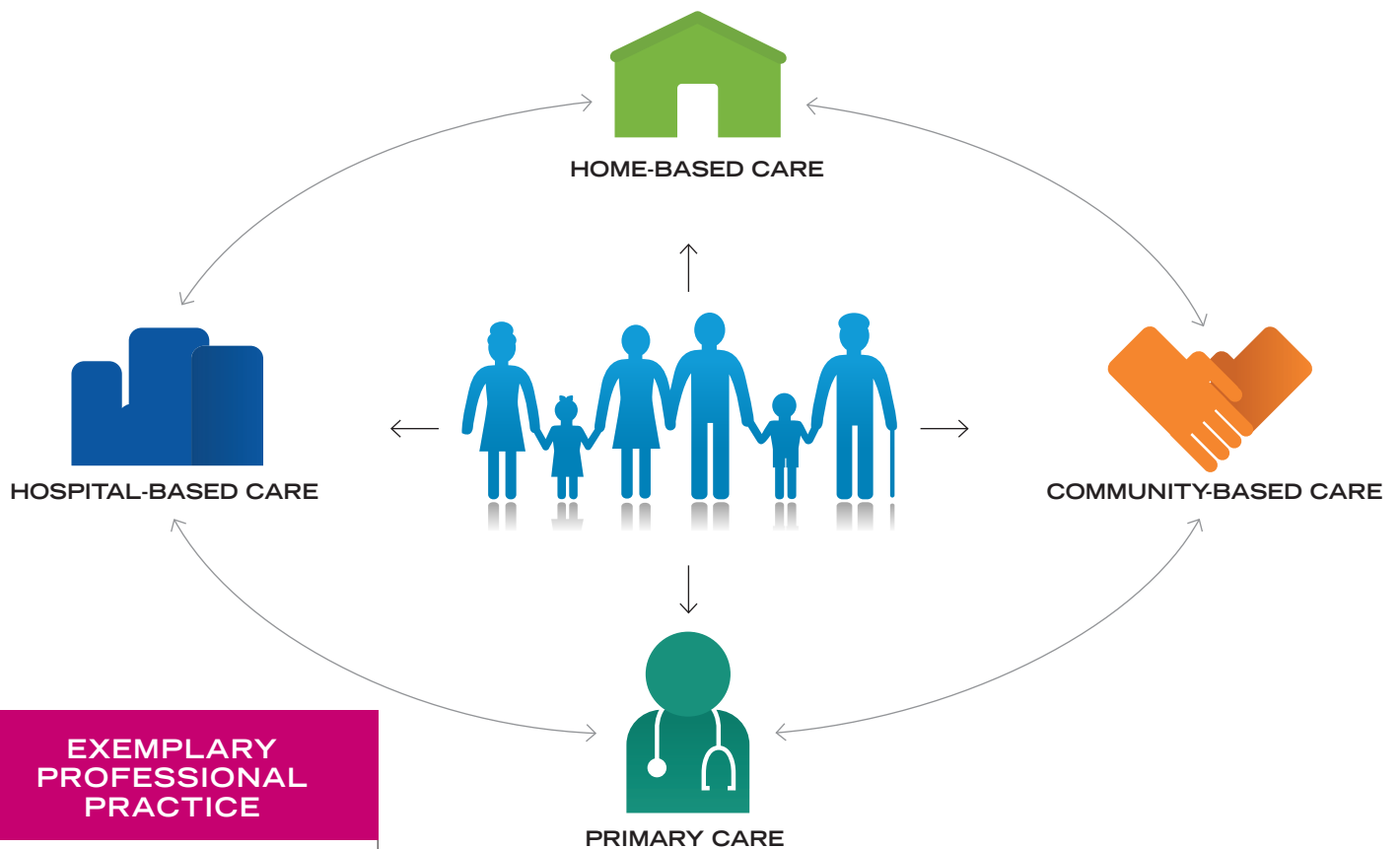
Magnet™ organizations make improvements in the practice setting as a result of the use of internal experts or external consultants. Our care for the Plain Community is a great example of how we collaborate with others to provide the highest quality of culturally appropriate care.

Magnet™ Sources of Evidence

A visit from a friend –

For community burn outreach liaison Lois Douglass, RN, the first step in providing culturally appropriate care to members of the Plain Community is getting to know them.





EXEMPLARY PROFESSIONAL PRACTICE

EP13 and EP16

Nurses in Magnet™ hospitals assume leadership roles in interdisciplinary collaboration. They work across multiple settings to ensure the continuum of care.

Magnet™ Sources of Evidence

Nurse Role Expanding

As baby boomers continue to age, the need for care continuum colleagues with nursing experience is expanding, says the continuum care division's senior vice president, Sue Lawrence. "Nurses are trained educators," she says, "which makes them perfectly suited to help the growing number of patients who need help managing their health and navigating our complex health care system."

A Seamless Transition

Care Continuum seeks to connect care across all settings

As health services continue to shift from acute hospitals to other, less intensive settings, patients are encouraged to become more active in their own care. But navigating today's complex health care maze often can be overwhelming.

Connecting the dots and making sure care is managed consistently is the focus of our health network's Care Continuum Division. It's a three-pronged approach: first, ensure the right services are available at the right time and in the right place; second, help patients and providers, including nurses, understand how care will be maintained across different settings in the continuum; and third, facilitate smooth patient handovers between those settings.

"Integrated care delivery and clear expectations significantly improve the patient experience," says Sue Lawrence, senior vice president, care continuum. "It also results in greater efficiency, better outcomes, lower costs and fewer readmissions."

Because education is a key component of this integrated system, you don't need to work in the division itself to contribute to the care continuum, Lawrence says. "Any provider – from a nurse to a technical partner – can help patients better understand their care and any next steps that may await them."

Here's a closer look at some of the tactics we're using in each of the care continuum settings. ►►►



Primary Care

(Providers with LVHN privileges)

Ongoing Tactics

- ▶ Patient education
- ▶ Specialist referral

INNOVATION

▶ **Community Care Teams** – This outreach initiative helps high-risk, chronically ill patients better manage their health and avoid hospital admissions. Two multidisciplinary teams – consisting of a registered nurse care manager, social worker, behavioral health specialist, pharmacist and practice “coach” – each visit three primary care practices on a regular basis to educate and motivate patients. The team also helps staff practice proactive care management. More teams are planned for the future.



Hospital-based Care

(LVH-CC, LVH-17, LVH-M)

Ongoing Tactics

- ▶ Collaborative rounding
- ▶ Teach Back
- ▶ Discharge planning

INNOVATIONS

▶ **Pharmacy Rounding** – This pilot project at Lehigh Valley Hospital–Muhlenberg and the Lehigh Valley Hospital–Cedar Crest emergency department features pharmacy technicians visiting patients during admission and discharge to review medications and facilitate connections with community pharmacy staff.



Home-based Care

(Home Care, Hospice, Infusion, OACIS)

Ongoing Tactics

- ▶ Enhanced physician communication and partnerships
- ▶ Tele-monitoring

INNOVATIONS

▶ **Transitional Care Coordinators** – These registered nurse liaisons work with case managers to identify hospitalized patients that potentially could benefit from home-based care. Patients are given provider options; if they choose our health network, the coordinator facilitates the referral.

▶ **Care Transitions Health Coach Program** – Through a series of face-to-face and phone discussions, health coaches empower patients by sharing tips that include “red flag” symptom recognition and response, doctor visit preparation and the creation of a personal health record.

▶ **One-time Post-discharge Nurse Visit** – When patients do not appear to meet home care criteria, a registered nurse performs an in-home assessment. Actual living conditions and psychosocial environmental clues can sometimes reveal a true need for home care or other assistance.



Community-based Care

(Skilled Nursing, Assisted Living and Rehabilitation)

Ongoing Tactic

- ▶ Quarterly information-sharing forums with post-acute providers

INNOVATIONS

▶ **Learning Collaborative** – Quality data from 18 regional skilled nursing facilities is collected, and best practices to address problem areas, such as falls, are shared at monthly meetings with facility administrators. The goal is to provide focused education that enhances the safety and quality of care provided to residents in their facilities.

▶ **Elder Care Meetings** – Areas of need, identified through the Learning Collaborative, are discussed during these quarterly meetings with our network physicians who practice in skilled nursing facilities.

Holocaust Survivors Meet, Find Comfort in Memories

Sharon Blaufarb describes the meeting with a Yiddish word:

“landsman.” It means two people who are from the same geographic region, or share a common experience. Yolanda Hamer, Blaufarb’s mother, and Jan Jurtik are two people from the former Czechoslovakia who survived one of the most horrifying chapters in world history, the Holocaust.

Last year, they met by chance on 6T at Lehigh Valley Hospital–Muhlenberg, where both were patients. When hospitalist Grayce Arnold, DO, discovered their “landsman” connection, she saw an

“Anything we can do to comfort a patient from a psychosocial perspective can aid in healing. Exposing a patient in the present to things familiar from the past can induce a feeling of calm.”

opportunity and collaborated with nurses to arrange for the patients to meet.

“We approach nursing from a total care aspect,” says patient care coordinator Tracy Gemberling, RN. “Anything we can do to comfort a patient from a psychosocial perspective can aid in healing. Exposing a patient in the present to things familiar from the past can induce a feeling of calm. We knew this would be a wonderful way to meet psychosocial needs.”

So, the nurses introduced the pair. For an hour, Jurtik spoke of his experiences during his 18 months at Dachau, the Nazi concentration camp in Germany where he was imprisoned with fellow Jews until the end of World War II. He spoke of starving at the time of his release, and being taken to Switzerland with four others, three of whom died from overeating after seeing abundant food for the first time in years. Hamer did not speak, but listened intently to every word Jurtik said. She had lost her entire family during the war and

EXEMPLARY PROFESSIONAL PRACTICE

EP26

Magnet™ nurses use resources to meet the unique and individual needs of patients and families. Recognizing the psychosocial aspects of care, a team of our nurses recently helped arrange for two patients who are also Holocaust survivors to meet and spend time together.

Magnet™ Sources of Evidence

was imprisoned at Auschwitz and later Plaszow, both in Poland. The numbers burned into their arms by the Nazis are an indelible memory to the atrocities Hamer and Jurtik lived through as teenagers. They shared tears, and even some light moments.

“It’s like they found some humor in their pain,” Blaufarb says. “It was an amazing experience. There wasn’t a dry eye among the family members and nurses who attended their meeting. I’m so grateful to Lehigh Valley Hospital for arranging this.”



Special meeting –

Jan Jurtik (left) greets fellow Holocaust survivor Yolanda Hamer at Lehigh Valley Hospital–Muhlenberg.

Personal Experience Inspires Protocol Changes

New baby swaddling plan introduced by cardiology nurse


Leah Colley, 3, was born with hip dysplasia, a looseness of the hip joint that ranges in severity. In the most severe cases, like Leah's, the ball of the joint is dislocated from the socket.

"I decided to do some research about it," says her mom Erin Colley, RN, one of our staff nurses on 4C. "I learned most incidences of hip dysplasia are mild and resolve themselves, but one or two cases out of 1,000 are severe enough to require treatment."

Leah was one of those cases. She underwent five procedures and was in two different body casts before her third birthday. "Because of this, she got used to being carried everywhere," Colley says.

While most hip dysplasia cases occur during birth, it also can happen after birth, and one of the causes appears to be tight swaddling around the hips, according to the International Hip Dysplasia Institute of Orlando, Fla. "It's common knowledge how tight swaddling is a source of comfort for infants," Colley says. "But tight swaddling actually can pull the femur down and out of the hip socket. I did more research and found hip-safe swaddling." This is a simple loosening along the hip area while maintaining the tight swaddling elsewhere.

Colley shared what she learned with Cathy Bailey, CRNP, patient care specialist for the neonatal intensive care unit, and



Change agent – Lehigh Valley Hospital–Cedar Crest cardiology nurse Erin Colley hugs her daughter Leah, 3.

"Tight swaddling actually can pull the femur down and out of the hip socket. I did more research and found hip-safe swaddling."

Jennifer King, RN, patient care specialist for the mother-baby unit. This led to a new swaddling plan at our health network, a case that illustrates anyone in our network can contribute ideas to our mission to heal, comfort and care for the people of our community.

While it's been a source of satisfaction for Erin Colley to be able to make a positive contribution to the health network's mission of healing, she still has her fingers crossed that Leah's journey will have a successful outcome. On Nov. 26, her second cast was removed.

"It brought a tear to my eye to see her taking a few steps again," Colley says. "We're all hopeful this will complete her hip journey."

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

NK6 and NK7

Magnet™ hospitals have structures and processes in place to evaluate existing nursing practice, based on evidence. There are also structures and processes in place to translate new knowledge into nursing practice. At Lehigh Valley Health Network, any nurse at any level and in any area of care can evaluate nursing practice. Erin Colley, RN, did research after something in her personal life sparked a question. Her quest for knowledge led to a practice change.

Magnet™ Sources of Evidence

PUBLICATIONS

Kristina Holleran, BSN, RN, CMSRN, **Anne Panik**, MS, BSN, RN, NEA-BC, and **Janice Wilson**, MS, RN, CPHIMS, authored “A ROADMAP Involves Patients and Families in the Plan of Care” in *American Nurse Today*. September 2012, Volume 7, Number 9.

POSTER PRESENTATIONS

Nancy DiRico, MSN, RN, presented “From ‘Uh-Oh’ to ‘Oh-Yeah!’: A Nurse-Driven Urinary Catheter Removal Protocol” at the Academy of Medical-Surgical Nurses (AMS) Annual Convention in Salt Lake City in October.

Nancy Humes, BSN, RN, presented “Program... Validate... Infuse: Developing an IV Infusion Validation Tool” at the Pennsylvania Organization of Nurse Leaders (PONL) Nursing Leadership Symposium in State College, Pa., in September.

Tracie Heckman, MSN, RN, CMSRN, and **Kristina Holleran**, BSN, RN, presented “Bedside Nurse Shift Report: A ROADMAP for Communication” at the Pennsylvania Organization of Nurse Leaders (PONL) Nursing Leadership Symposium in State College in September.

Megan Snyder, BSN, RN, CMSRN, presented “Stop the Chaos! One Patient at a Time, Please” at the Pennsylvania Organization of Nurse Leaders (PONL) Nursing Leadership Symposium in State College, Pa., in September.

Tiffany Lopez, BSN, RN, CMSRN, presented “It Takes More Than a Village... A Compendium of Strategies to Raise the Quality Bar” at the Academy of Medical-Surgical Nurses (AMS) Annual Convention in Salt Lake City in October.

Todd Burgert, RN, presented “CHURN, CHURN, CHURN: A Time to Get Ahead of the Medical-Surgical Workload” at the Academy of Medical-Surgical Nurses (AMS) Annual Convention in Salt Lake City in October.

Kristina Holleran, BSN, RN, CMSRN, presented “ROADMAP... Setting the Course for Patient and Family Involvement in their Plan of Care” at the Academy of Medical-Surgical Nurses (AMS) Annual Convention in Salt Lake City in October.

Maryann Lubinensky, RN, BC, and **Maryann Fye**, MSN, RN, CMSRN, presented “Empowering Staff Nurses to Decrease Patient Observation Hours” at the Magnet Recognition Program, Annual Magnet Conference in Los Angeles in October.

Maryann Lubinensky, RN, BC, presented “Just Do It: A Just Culture to Move From Blame to True Remediation” at the Magnet Recognition Program, Annual Magnet Conference in Los Angeles in October.

Holly Tavianini, MSHSA, BSN, RN, CNRN, and **Jody Shigo**, BSN, RN, presented “A Cautionary Tale of Patient Rounding – It’s Not a ‘Just Do It’ ” at the Academy of Medical-Surgical Nurses (AMS) Annual Convention in Salt Lake City in October.

ORAL PRESENTATIONS

Kenneth Miller, MEd, RRT-NPS, presented “The Development of a Respiratory Supplies Indexing System to Improve Retrieval Time” at the American Association for Respiratory Care 56th Open Forum in New Orleans in November.

Eileen Sacco, MSN, RN, CNRN, ONC, presented “Creating A NICHE: Medical-Surgical Nurses Role in Successful Program Development” at the Academy of Medical-Surgical Nurses (AMS) Annual Convention in Salt Lake City in October.

Carolyn Davidson, PhD, RN, CCRN, FNP-BC, and **Anne Panik**, MS, BSN, RN, NEA-BC, presented “Raising the Bar on Peer Case Review – Monitoring Improvement Plans for Process Change and Outcomes” at the Magnet Recognition Program, Annual Magnet Conference in Los Angeles in October.

SPECIALTY CERTIFICATIONS

Elizabeth McDonald, RN, CPN
Karen Burke, RN, PMHNP-BC
Melissa Holley, RN, CMSRN
Caitlin Gray, RN, BC
Colin Laury, RN, CCRN
Melissa O’Neill, RN, CMSRN
Jonathan Haydt, RN, CNOR
Hope Johnson, RN, NEA-BC
Neil Kocher, RN, CPEN
Matthew Meade, RN, CPEN

RESEARCH DAY 2012

Our nurses present evidence-based practice (EBP) and innovations at international, national, state and regional conferences all year long. On Research Day, held annually in October, we display much of that work at Lehigh Valley Hospital (LVH)–Cedar Crest, as a way to showcase our EBP and nursing research projects. There are presentations and learning opportunities during the course of the event, and people look forward to it all year. This year, the planning committee included (l-r) Susan Gross, RN, patient care coordinator 5C; Carolyn Davidson, RN, administrator, evidence-based practice and quality; Kim Korner, RN, director 6C; Eileen Sacco, RN, director 7B; and Andrew Martin, RN, director, emergency department, LVH–17th Street.

Colleagues who stopped to check out the poster presentations included Mark Butsavage, RN, education nurse specialist; Sandra Sabbatini, RN, patient care specialist, emergency department, LVH–17th Street; Beth Thompson, RN, behavioral health staff nurse, and Holly Gregory, RN, patient care coordinator, 6B.

Each year during Research Day, we present Nursing Research and Quality Awards. This year’s recipients for the Quality Awards were Jan Wilson, RN, and Kristina Holleran, RN, for ROADMAP, and 6B staff for noise reduction. Recipients for the Unit Quality Outcomes Awards were: Platinum – 6T; Gold – emergency department at LVH–17th Street; Silver – emergency department at LVH–Cedar Crest, 5K, 6B, dialysis, 4K and Regional Heart Center-Medical; Bronze – Burn Center, OHU, emergency department at LVH–Muhlenberg, pediatrics and 5C.



Reserve Your Seat at Friends of Nursing Celebration

The 2013 Friends of Nursing Celebration will take place the evening of Thursday, May 2 at ArtsQuest Center at SteelStacks in Bethlehem.

Friends of Nursing recognizes and promotes excellence in nursing practice, nursing education and nursing research. The annual Friends of Nursing Celebration honors all nurses and clinicians at Lehigh Valley Health Network, including those who receive Friends of Nursing Awards. The awards are defined by the Professional Excellence Council, which comprises nurses and clinicians from throughout the network.

To reserve your seat at this year's event, call 610-402-CARE.



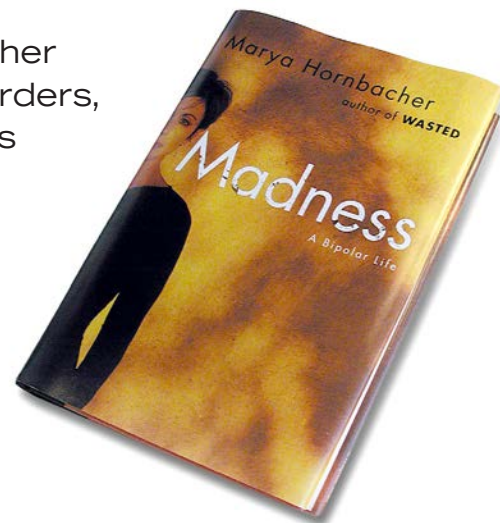
From Both Sides of the Looking Glass

Medallion lecturer to share her journey through eating disorders, rapid cycle bipolar diagnosis and recovery

Ask best-selling author Marya Hornbacher about her life, and she'll tell you she's had the good fortune to see both sides of mental illness – that's what she chronicles in her nonfiction books "Madness: A Bipolar Life"; "Wasted: A Memoir of Anorexia and Bulimia"; "Sane: Mental Illness, Addiction and the 12 Steps"; and "Waiting: A Nonbeliever's Higher Power." "I have dealt with severe mental illness, and I have made it to the other side, where I am now training as a therapist myself," she says.

During the annual Medallion lecture, colleagues and community members alike will have a chance to hear her story. It's a dark, twisted tale of anorexia, bulimia, self-mutilation, promiscuity, substance abuse and finally a type 1 rapid-cycle bipolar diagnosis and subsequent treatment which led to her eventual ability to cope with mental illness by approaching life one day at a time. Today she is a successful author and speaker, as well as an adjunct faculty member at Northwestern University.

Hornbacher's story is guaranteed to inspire people who have their own mental health issues, as well as their caregivers and professionals who frequently see difficult cases, and wonder if they are making a difference. She also offers startling insight into what it's like to be a patient who has made it through to a new concept of recovery. "Recovery is not a word we even heard with regard to mental illness 15 years ago," she says. "There is so much misperception about mental illness, and so little understanding of what the actual experience of it is, and that includes recovery."



A Pulitzer Prize and Pushcart Prize nominee, Hornbacher frequently lectures at universities and health care organizations throughout the United States. During her Medallion lecture appearances, we will offer separate sessions for caregivers and community members, however colleagues are invited to attend both sessions.

Caregiver session

- May 8, 2 p.m. live event at Lehigh Valley Hospital–Muhlenberg, ECC B,C and D with videoconference to LVH–17th auditorium, LVH–Cedar Crest auditorium and 2100 Mack Blvd., CR 1
- This session will focus on the importance of opening lines of communication between providers and patients.

Community session

- May 8, 7 p.m. live event at Cedar Crest College, Samuels Theatre, Tompkins College Center.
- This session will detail different aspects of her journey and reflect on how her life has changed.

Preregistration is required for both events. Call 610-402-CARE to register. Books are available for presale by emailing diane_t.beauchner@lvhn.org.

CLINICAL EDITORS

Kim Hitchings, RN, Anne Panik, RN

INTERNAL COMMUNICATIONS

Pamela Riddell

EDITOR

Amy Koch

WRITERS

Ted Williams, Gerard Migliore
and Rick Martuscelli

DESIGN

Erin Parrish

PHOTOGRAPHY

Rick Sweitzer

PRODUCTION ASSISTANT

Alane Mercer

 After reading, please recycle this magazine.

Intranet: lvh.com • Internet: LVHN.org

Follow us on:   

Improving the Quality of Care Provided to Our Hospitalized Patients With Diabetes

We're improving glycemic control with evidence-based inpatient diabetes guidelines

[INDICATOR]

Studies show that controlling hyperglycemia and hypoglycemia during hospitalization can improve a variety of clinical outcomes, reduce mortality risk, shorten length of stay (LOS) and reduce costs.

[PROCESS]

Multiple processes and a variety of inpatient diabetes educational resources had been in place for several years. Despite the availability of these tools, controlling glucose values during illness was often considered secondary in importance to the condition that prompted admission, and traditional practice patterns of sliding scale insulin were still commonplace, despite evidence to the contrary. Beginning in FY 11, Lehigh Valley Hospital–Muhlenberg (LVH–M) engaged in a pay-for-performance initiative that challenged clinicians to reduce the number of days patients with diabetes have one or more blood glucose value less than 70 or greater than 180mg/dl.

[ANALYSIS]

Controlling blood glucose levels is best achieved by using a team approach with good communication among medical management, nursing care and patients. Best practice insulin therapy – using basal/bolus insulin – requires

vigilance on the part of staff to ensure that blood glucose monitoring and insulin administration are performed accurately and timely related to meal intake, which can be challenging due to the “At Your Request Dining Service.” Ongoing education, real-time monitoring, and face-to-face feedback to all levels of care providers has helped to promote best practice. Now, unit nursing staff and leaders are very engaged in doing their part to improve care and review glucose data weekly on unit visibility walls and discuss strategies for improvement.

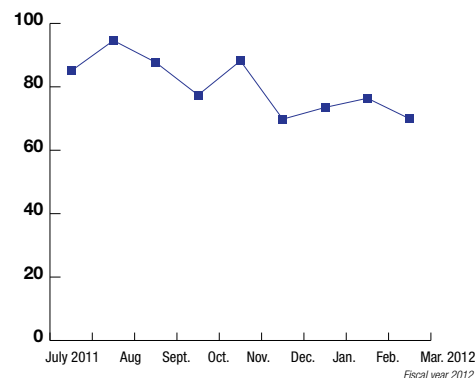
[OUTCOME]

During the FY 12 data period, LVH–M demonstrated success in reducing hypoglycemia and hyperglycemia rates. A financial analysis demonstrated an average LOS of 2.1 days lower for those who were well-controlled vs. those who were not, decreasing the average cost per case.

[NEXT STEPS]

We are in our third year of this continued endeavor at LVH–M and have expanded this initiative to LVH–Cedar Crest. Teams are working on diabetes education updates for providers and updated CNE/CME offerings. We are re-evaluating models of care to continue to support accountability for provision of best-practice diabetes care.

Hypoglycemia (BG<70) Rate per 1,000 Patient Days



Hyperglycemia (BG<180) Rate per 1,000 Patient Days

