LEHIGH VALLEY
HOSPITAL

Nursing Voice

Fall 1995

Leadership Lehigh Valley


Lenore Kroll, RN

I attended a series of seminars entitled, "Leadership Lehigh Valley" ("LLV"), through the financial support of both Friends of Nursing and the Professional Nurse Council. This program is sponsored by the Easton, Bethlehem and Lehigh Valley Chambers of Commerce. Its purpose is to identify and enhance the quality of future leaders in the Lehigh Valley. Having only moved to the Lehigh Valley a few years ago, I soon realized the Valley had an extensive history and that having the chance to participate in LLV would be a great way to better learn the history and become a member of the community.

This year's class of 35 participants represented business and educational interests from throughout the area. Class members were from Lehigh-Carbon and Northampton Community Colleges, Just Born, Binney & Smith, Musikfest, Lehigh University, Air Products and local financial corporations, among others. Each class member added a unique and individualized perspective to the monthly seminars.

The LLV class began in September with a day-long orientation seminar to learn about leadership, group dynamics and the roles group members assume. Seminars over the next nine months included "Economic Structure and Development," "Cultural Diversity," "The Government Environment," "The Health Care Delivery System," "The Education System," "The Legal System," "Lehigh Valley Infrastructure," "Human Needs and Social Services" and finally, "Transition to Leadership."

These seminars were both enlightening and inspiring. Each topic was presented by an expert in the area who works and resides in the Lehigh Valley. Another exciting advantage to LLV was that each month we met at and toured a different business or community site. We met at Lafayette College, Binney & Smith, the Salvation Army, the Government Center in Easton, ABE Airport and the offices of The Morning Call. Having always worked in health care, I thoroughly enjoyed touring the control tower at the airport and sitting in a court room learning about the legal system. There were also presentations that I found to be more educational than entertaining. The seminar that made the biggest impression on me was on cultural diversity. I learned about people of different cultures, their eye and body language, and the negative treatment they receive from their fellow Americans.

When I was selected to attend LLV, I knew I had to make two commitments to the program. The first was that my class complete a community project that addressed an existing need. However, we were constrained by a $1,500.00 budget. After several months of deliberating—and using our group leadership skills—we chose to address the educational/training needs of 11 area homeless shelters. We discovered that the shelters have a high turnover of staff and no money budgeted for education. Our project culminated in May with two half-day presentations to 40 shelter providers. The topics presented included "Drug & Alcohol Detection," "Violent Behavior," "Case Management" and "Psychotropic Medications." This last presentation was made by Karen Peterson, Psychiatric Clinical Nurse Specialist, Lehigh Valley Hospital. Each presentation was videotaped so the shelters could have their own copies for future educational use.

While assessing the needs of the shelters to prepare for this project, we found their list of educational needs too long to address in a two day seminar. To combat this problem, my class developed a Talent Bank Resource Manual that lists the names of over 100 area volunteers who have committed time to present a specific topic to the shelter providers in the future. I am particularly proud of the Talent Bank because over 40 of the volunteers who donated their time and talent to this resource came from Lehigh Valley Hospital. Again, our staff demonstrated their professionalism and commitment to the community.

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Leadership *(from page 1)*

The second part of my commitment to LLV is to assume a role in the community for three years after graduation. In July, I interviewed with the Volunteer Center of Lehigh Valley to determine the most effective place for me to volunteer my time and energy. I am looking forward to finally becoming involved in the community.

Overall, there were several highlights of participating in LLV that will stay with me. The members of my class were an inspiration—it was a joy to work with them, many of whom already sit on Boards of Directors of community agencies. Others are heavily involved in the community in other ways. Furthermore, I met numerous presenters from the Valley, who are making changes both regionally and nationally to better our community. Finally, and most important to me, I was able to provide a better understanding to the class of the role of nursing in medicine and the community. Thirty three of the 35 class members were from the business community and had little knowledge about nursing. By educating them, I was able to contribute to the professionalism of nursing today. Also, through my participation in Leadership Lehigh Valley, the Lehigh Valley community realized the support and encouragement Lehigh Valley Hospital provides for its nursing staff.

by Lenore Kroll, RN

Speak Out

SPEAK OUT! provides a forum for you to voice your opinion about issues and concerns you encounter in your daily practice and to share your comments with your colleagues.

TOPIC

"You have been chosen to be part of a team to design the Ideal Patient Care Unit at Lehigh Valley Hospital. Describe one idea you would want to incorporate into the plan."

- The nurse should be able to go to a computer upon discharge, pull up the medications the patient is on, and print a comprehensive teaching sheet for that patient.

  Then the nurse should be able to type in the patient diagnosis and print out a discharge plan for the patient. The nurse should review this record and alter as necessary.

  If we took this one step further, we would also have it print in triplicate. One for the patient, one for the chart and one that could be given to discharge planning, home care, a physician, a clinical specialist, etc.

  Gary Guldin, RN
  Director, Patient Care Services
  Special Care Unit

- A pharmacist should be available to help distribute medications and to make rounds with physicians so that the patients' medications are addressed for compatibility.

  Julie Clelland, RN
  Director, Patient Care Services
  3C

- If we could have one idea that says it all I think that a real patient focus is the key. If we really take steps to make patients and families #1 in all we do, we won't need to remodel units to start making positive change. I feel that too often system, financial, physician and nursing needs are placed above the patient and family needs. If we truly put patients and families first, the rest should all fall into place.

  Constance Molchany, RN
  Med./Card. Clinical Nurse Specialist

- Wider doorways and larger rooms. Also, private rooms for all patients would be ideal.

  Mary Beth Lang, RN
  Lehigh Valley Home Care

- Velcro closures on open back hospital gowns.

  Chuck Humphrey, RN
  Lehigh Valley Home Care

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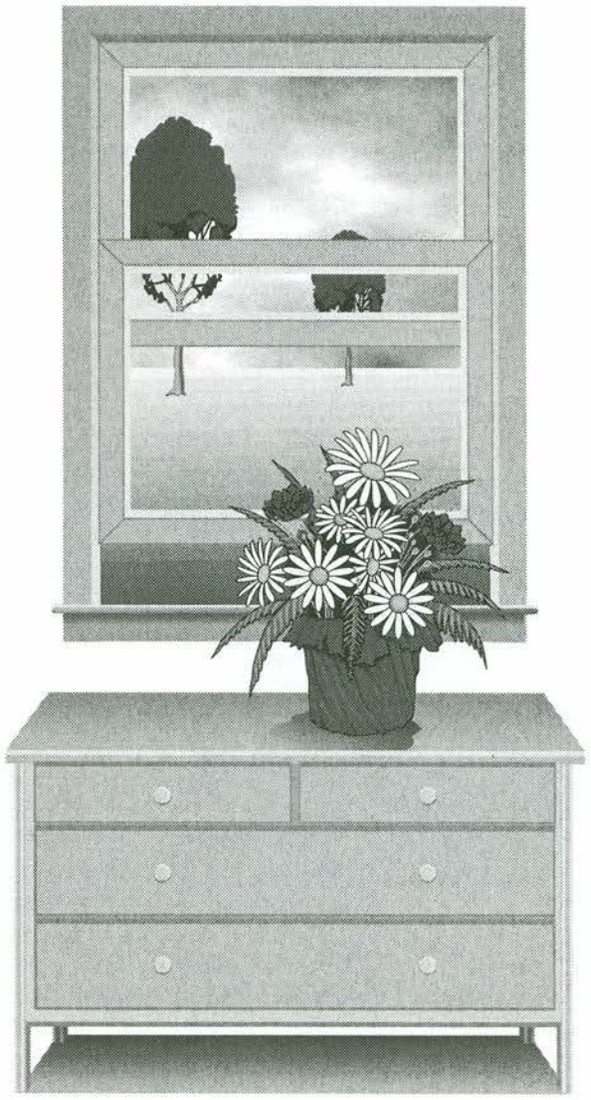
The Elephant In The Room

by Terry Kettering



There's an elephant in the room.

It is large and squatting, so it is hard to get around it.

Yet we squeeze by with, "How are you?"
And, "I'm fine"…

And a thousand other forms of trivial chatter.

We talk about the weather.

We talk about work.

We talk about everything else -except the elephant in the room.

There's an elephant in the room.

We all know it is there.

We are thinking about the elephant as we talk together.

It is constantly on our minds.

For, you see, it is a very big elephant.

It has hurt us all.

But we do not talk about the elephant in the room.

Oh, please, say her name.

Oh, please, say "Barbara" again.

Oh, please, let's talk about the elephant in the room.

For if we talk about her death,

Perhaps we can talk about her life.

Can I say "Barbara" to you and not have you look away?

For if I cannot, then you are leaving me

Alone…

In a room…

With an elephant.

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The Elephant In The Room *(from page 3)*

"There's an elephant in the room." These are the words used by poet Terry Kettering to describe the pain, guilt, anguish and avoidance experienced by those who have recently lost a loved one. As health care providers, how many times do we see the "elephant in the room" and *do* something about it?

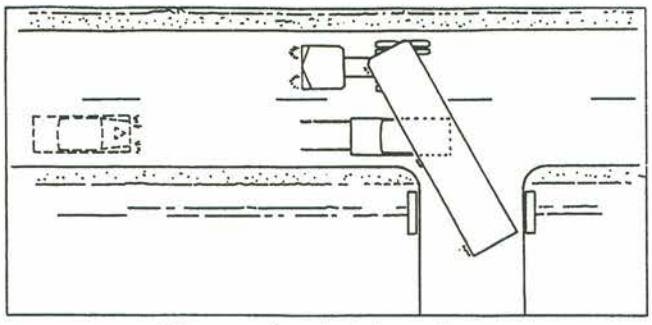

Diagram of underride accident

Beth Hall, RN, SCU, experienced the loss of her father in a traumatic trailer underride accident. The devastation her family felt was incredible. "I needed to deal with the loss and feelings associated with the trauma," Beth said. "Because I live an hour away from my family, I felt the need to seek out a support group here in the Lehigh Valley. I was surprised to find that there were none available." With the help of her pastor, Greg Palmer, and Karen Peterson (Psychiatric Nurse Specialist), Beth formed a support group called Survivors of Sudden and Traumatic Loss. The group meets monthly and helps families deal with the flood of emotions that accompany the unexpected loss of a loved one; the guilt, the helplessness, the blame. While any unexpected loss is devastating, the loss due to a traumatic death brings about a unique set of feelings aside from the grieving process. There are the unanswered questions such as, "Did he feel any pain? Did he know he was going to die?" "There are visions of what you think may have happened, and the continued replaying of the accident due to legal proceedings. I needed to know if what I was feeling was normal," Beth said. "Friends and family were supportive, but after awhile you feel that they don't want to hear about this again." Through the support group, Beth has been able to deal with her feelings and has helped others to cope with their losses. "I learned that this will be a lifelong process and that it is okay to feel as I do."

"Through my family's loss, I have realized that we, as health care providers, should not be afraid to ask about the "elephant in the room." In doing so, we express our concern for the well-being of the survivors. Words, feelings and emotions expressed by health care providers in person, over the telephone, or in a card mean a lot to families, and can help with the long term effects of grieving."

The Hall family, as part of their way of dealing with the "elephant in the room," met with the aides of Senators Wofford and Specter and Congressman McHale in Washington, D.C., to lobby for the use of reflective material on the sides and backs of tractor trailers in order to prevent underride accidents. Underride accidents usually occur at night when an unsuspecting motorist crashes into the side of the trailer that is turning left onto a highway. On impact, the hood of the car is peeled back into the driver and front seat passenger causing fatal head and torso injuries. Airbags are not activated in these accidents because the point of the impact is above the airbag sensors which are located behind the grill of the car. Underride accidents are nearly always fatal and account for an estimated 500 deaths a year on America's highways.

In addition to their lobbying efforts in Washington, the Halls have started a non-profit national organization called F.O.C.U.S., Families Organized for Conspicuity and Underride Safety. This group, made up of families of underride victims, joins other national non-profit groups such as CRASH and PATT in the crusade against underride accidents. F.O.C.U.S. has been working with the trucking industry to promote and urge the voluntary use of reflective material, which costs only $75-$100 per truck. Compliance, however, has been slow. In the future, F.O.C.U.S. would like to encourage insurance companies to offer premium discounts to fleets complying with underride safety measures.

Postscript: Carl L. Hall was known in Doylestown as a volunteer Fire Chief, ambulance corps member, and the owner of a towing company for the past forty years. His life was dedicated to helping those in need. Through this tragic loss perhaps some good will be realized in making highways a safer place, as his family and others work to increase the public's awareness of underride safety.

by
Beth Hall, RN SCU
Roberta Hower, RN SCU

PersonalizATIONS

SensATIONS

Joann Semler, RN - PCCU - given the "Spirit of Nursing" award by the U.S. Army Corps.

Christine Wargo, RN and Michelle Felix, Clinical Social Worker - STU - received the American Trauma Society Pennsylvania Division Award for their newly developed trauma prevention program - "Save Our Future!"

CertificATIONS

Margaret Sharp, RN - TTU - School Nurse Certification

Cathy Ann Fehr, RN - Home Care - Certification in Home Health Nursing

Rita Bendekovits, RN - Home Care - Certification in Rehab Nursing

Janice Barber, RN - Adult Psychiatry - Certified by ANCC and Cedar Crest College in Gerontology

Linda Permar, RN - Observation Nursery - Certification in Low Risk Neonatal Nursing

Barbara Werner, RN, Diane Saniski, RN and Cathy Bailey, RN - NICU - Certification in Neonatal Intensive Care Nursing

CCRN: Richard Riccio, RN and Lisa Lutes Virgilio, RN - both from CNS

CNOR: Linda Foss, RN, Carolyn Harlan, RN, Sally Ann Pavlik, RN, Deborah Schantzenbach, RN, Rene Scheier, RN, Linda Smith, RN and Larel Taschler, RN - all of the 17th & Chew OR

Certified Nephrology Nurse: Cathy Bachert, RN - Hemodialysis and Jean Rudderow, RN - Peritoneal Dialysis.

Psychiatric and Mental Health Nursing Practice: Sherry Hummel, RN - Adolescent Psychiatry.

ONC: Mary Jo Biely, RN - 6C; from the JDMCC - Debra Knappenberger, RN, Kathleen Krause, RN, Janette Tough, RN, Mary Green, RN, Mary Lenahan-Durnin, RN, MaryAnn Embley, RN, MaryAnn Yonney, RN, Darlene Matthias, RN, Lori Barrell, RN, Eileen Bannon, RN and Arnette Odenwelder, RN

PALS: Loretta Gogel, RN, Lori Fulcomer, RN, Denise Estephan, RN, Maryann Godshall, RN, Sue Dreher, RN, Karen Driesbach, RN, Erika Mackey, RN, Diane Karetsky, RN, Fran Sneska, RN, Madonna Michael, RN - all from Peds; from POSU - Jane Dravuschak, RN, Pam Deysherblacker, RN, Karen Ripper, RN, Joan Hamilton, RN, MaryEllen Bennicoff, RN.

PALS INSTRUCTOR: Shirley Wagner, RN -Pediatrics

GraduATIONS

Deborah Search, RN -Home Care - BSN - Cedar Crest College

Marcy Barnett, RN - Home Care -BSN - Cedar Crest College

Denise M. Bodish, RN - Adult Psychiatry - BSN - Kutztown University

Judy Bailey, RN - TTU - BSN - Kutztown University

Joann Semler, RN - PCCU - BSN - Cedar Crest College

Jennifer Scott, RN - PCCU - BSN - Pennsylvania State University

Marliyn Guidi, RN - STU - MSN - Seton Hall University

Patricia Morren, RN - PCCU - MSN - Villanova University

Judy Madavs, RN - STU - BSN - Gwynned Mercey College

Kim M. Sterk, RN - Helwig Diabetes Center - MSN - Allentown College of St. Francis de Sales

PublicATIONS

Staff from the TTU Education Committee have developed a newsletter entitled "The Trauma Times Update" which is published nine times per year. Comments, articles and suggestions should be forwarded to Judy Bailey, RN, CNF - TTU.

Terry Ann Capuano, RN - Patient Care Services - "Clinical Pathways: practical approaches, positive outcomes," *Nursing Management*, Vol. 26, No. 1 (January), 1995: pp. 34-37.

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PersonalizATIONS *(from page 5)*

Mary Kinneman, RN - Administration and Kim Hitchings, RN - Professional Development - "A professional development model to foster change," *Seminars for Nurse Managers*, Vol. 2, No. 4 (December), 1994: pp. 1-6

Barbara A. Moyer, RN - Nursing Education - appointed to NCLEX item development panel. Processed 100 pharmacology questions for MCP undergraduate computer assisted interactive (CAI) program.

PresentATIONS

Jody Porter, RN - Patient Care Services - speaker at AORN "Revolution in the Workplace" symposium in San Diego. Title: "Reshaping the Workplace: Service Consolidation - An Alternative Worth Considering."

Burn unit nurses held a health fair for second graders to educate on burn prevention and emergency care. The topics were fire safety, smoke alarms, and stop-drop-roll. The children also met the firemen and had a chance to look at a fire truck and equipment.

Kim Hitchings, RN, Professional Development - Keynote Address - "Success Includes Developing New Continuing Education and Staff Development Models"- Pennsylvania Nurses Association Continuing Education and Staff Development Conference, Hershey, PA; Concurrent Session - "Writing for $$: Enhancing Programming Through Successful Grant Development," - Robert Wood Johnson University Hospital's conference "Advanced Nursing Practice: Creating Your Future."

Pat Matula, RN, Nursing Administration - Poster and paper presentations - 3rd Annual Convention of the Academy of Medical-Surgical Nurses, Washington, D.C.

Barbara Moyer, RN and Alice Vrsan, RN, Nursing Education - "Interactive Video Instruction," - The Delaware Valley Educators Association and Medical College of Pennsylvania and Hahnemann University's offering "Creativity in Staff Development: Making the Computer Your Colleague."

Cynthia Rothenberger, RN, Nursing Administration, Roberta Hower, RN-SCU, Mary Jean Potylyckyi, 3C, and Molly Sebastian, TOHU, Poster presentation - "Assessment of Effectiveness of Analgesia in the Post Open Heart Surgery Patient," - Trends in Critical Care Nursing, Philadelphia, PA.

Roberta Hower, RN -SCU - poster presentation - "Cytokine Encephalopathy in the Cadaveric Renal Transplant Patient," Trends in Critical Care Nursing, Philadelphia

Carol Fox, RN and Lisa Lutes Virgilio, RN - CNS - poster presentation, "Managing Aggression in the Head Injured Patient", Jaeger Tilly Neuroscience Conference, Fogelsville and Continuum of Care Trauma Conference, Tamiment Resort

Majorie Lavin, RN - CNS - poster presentation, "Traumatic Vertebral Dissection Resulting In Locked-In Syndrome", Jaeger Tilly Neuroscience Conference, Fogelsville and Continuum of Care Trauma Conference, Tamiment Resort

Patricia Klotz, RN - CNS- poster presentation, "Alcohol and the Head Injured Patient", Continuum of Care Trauma Conference, Tamiment Resort

Tracey Berlin, RN - CNS - "Pediatric Spinal Cord Injury", Continuum of Care Trauma Conference, Tamiment Resort.

RepresentATIONS

Nancy Eckert, RN - Neurosciences and Barry Mitchneck, RN - ED, CC & 1-78, served as faculty for the Pennsylvania Governor's School for Health Care Professions at the University of Pittsburgh. Nancy and Barry shared their respective career paths and volunteer activities within the community with the high school students participating in this program.

Nancy Eckert, RN and Barry Mitchneck, RN.

Reflections on Mother's Admission to 7A

Author's Note—This is a fictional story. It relates a hospital experience told from the perspective of a patient's family member. As you read this account, you may think that this MUST be a hospital of the future, one that does not exist anywhere. Well, it IS a hospital of the future—it is OUR hospital and it is NOW. This summer, five LVH medical-surgical units (7A, 7B, 7C, 6B and 6C) became prototype units for Patient Centered Care which typifies the care delivery system of the future. The care delivery system of TODAY.

It is 10:00 AM. As my car arrives in the parking lot behind the ambulance, I begin to dread what I know will be an endless wait in the Emergency Department. The last time we were here, it was six hours. But this time... things are different. The ED secretary smiles as she greets us with, " Hi, we have been waiting for you!" The ambulance crew gives a report to a nurse as they help Mother move to the litter. The nurse also smiles. I know she will next be asking me to go to the front desk to answer some questions and to sign some papers. But instead she says, "Hello, my name is Barbara. Let me check your mother." She takes Mom's temperature and blood pressure and tells her, "Your temperature is 100....your blood pressure is 180/100. That's pretty close to what the ambulance crew found when they picked you up."

The secretary approaches and hands Barbara a paper. "Thanks, Jane." Barbara then turns to me and says, "This is the report that was prepared by the ambulance crew. We will take his report along with us to 7A, where your mother is going to be admitted. We are ready to go now." I am stunned. In my surprise, I ask, "Don't you want me to go sign papers and answer questions?" Smiling, Barbara replies that all these things will be taken care of on 7A.

As the elevator doors open on 7A, we are greeted by a smiling woman who says, "Hi, my name is Jill. I will go with you and your mother to her room. As soon as she is comfortable, I will ask you some questions." As we enter Mother's room, another person approaches us and hands me a business card. "Hello," she says to Mom, "my name is Ann. I am a registered nurse. I am your Patient Care Coordinator, which means that I will be responsible for all the details of your hospitalization, 24 hours a day. The card I gave your daughter lists the other people besides me who will be caring for you. As you can see, it is a very short list. We try to assure that there are just a few faces that you and your family have to remember."

Jill and Ann carefully move Mother into her bed. Ann then leaves the room saying, "I'll be back when Jill is finished." Jill sits down and opens a lap top computer and begins to record information about my mother. She asks mostly for verification of information she already has from Mother's previous admission for her stroke. I am amazed that Jill had any of the information from that last hospitalization. This has never happened before. I am beginning to wonder if we are in the right hospital. In a very short time, Jill stands and tells us, "That is all the information that I will need. I'll tell Ann that I am finished."

Within just a few minutes, Ann is back. She also uses a lap top computer and also needs only to verify the information that is already in her computer. This takes 5 minutes. It is such a relief not to have to answer the same thousand questions every time someone new walks into the room! Ann turns to us, smiling. She tells Mom, "Your doctor has already written some orders. Let me explain them to both of you." She tells us about the blood specimens that will need to be drawn, the I.V. antibiotics that Mother will need, her diet, and that she may get out of bed to go to the bathroom with help. She tells us that she will be starting the I.V. first. "I will be right back," Ann says as she prepares to leave the room. "I only have to go to the area right outside this room called a patient server to get all the things I will need to start the I.V. and draw the blood."

While waiting for her return, I notice how pleasant and cheerful Mother's room is. There is a clock and large calendar on the wall, pretty pictures, a board with Mother's name on it, and the names and pictures of all the people listed on the card Ann had given to me. Just then a man enters the room and as he introduces himself to Mother I discover that he is the unit's pharmacist. He points to his picture on the board and then sits down to explain to us what we should know about the antibiotics that Ann is going to give to Mother. He gives us some written information that we can read at another time. Ann is back now and she starts the IV, draws the blood and begins the antibiotics.

I glance at the the clock on the wall and find that it is now 1130. I cannot believe that it is only 45 minutes

Continued on page 8

Reflections *(from page 7)*

since we entered the Emergency Department! I am now almost convinced that I am in another hospital!

Another man enters the room carrying a lunch tray for Mother. He introduces himself as Jim, points to his picture and tells Mom, "I am the Support Partner that will be caring for you. I will do many things for you.... take you to other areas of the hospital for tests, serve your meals, help you eat, take you to the bathroom, record your intake and output and clean your room." Jim turns to me and asks, "Have you had any lunch?" When I reply that I have not he surprises me by offering to get me a tray so that I may have lunch with Mother.

The next three days go by quickly. I visit anytime that is convenient for me and I am able to stay for as long as I wish...even past the normal visiting hours. I am grateful for this flexibility because I work the evening shift and have two small children to get off to school early in the morning. My family and I are encouraged to write our questions concerning Mother's care on the erasable board in her room. We are encouraged to assist with some of her care and we are also able to meet the visiting nurse who will come to see Mother at home.

Ann was right when she told us that only a few people would be caring for Mother. I quickly get to know each of them by name and they also call me by name. I look forward to seeing the same faces each day and am amazed that they do such a variety of things for Mother. Mother finds it comforting, too. While visiting one day, I meet the physical therapist who shows me better ways to help Mother to turn, position herself, and ambulate. The nurse shows me how to help Mother do coughing and deep breathing exercises and explains to us how this will help Mom to get better. I find myself wondering that, if I had known more about helping Mother after her last admission, could I have helped to prevent her from coming to the hospital again?

I notice one more big difference during this hospital stay in comparison to Mother's last... the room is so quiet! I don't hear the constant paging of staff over the intercom that I heard last time. Instead, the staff wear pagers to alert them to their patients' needs. Ann even has a small portable telephone in her pocket which she uses to call doctors and other care givers with whom she needs to confer. Mother's doctor even told me he loves the new system because he can directly call the nurse who is paging him—no more calling a central desk and waiting for the nurse to be located to come to the phone.

When I arrive at the hospital on Mother's fourth day at 8:30 A.M., I am pleased to find out that she indeed will be going home today. When Mother had arrived, Ann had told us that we could expect her stay at the hospital to be about four days. I had even told my boss that I might need to take the day off to take Mother home. I am thrilled that it all worked out so well. I feel good taking her home since I already know how to help care for her from all the things I have been taught during my daily visits. There are no last minute surprise instructions. As we prepare to leave, Ann says, "I will give you a call later this afternoon to make sure things are going OK. Please call me if you have any questions before that time." I already have her phone number...it is on the card she gave me that first day.

Mother has been home for two days now and things are going well. As I sit at the kitchen table, I hear the mail being delivered. I sort through the bills and the usual junk mail to find a card addressed to Mother. It is a get well card from her care team at the hospital. What a nice, thoughtful surprise! We have always been pleased with the care at the hospital but this time things had been so very different. And I will always remember how the staff respected our family's values and preferences, coordinated Mother's care and services with her individual needs, constantly communicated with us, made us as comfortable, and helped us learn to care for Mother. Even the transition from hospital to home was smooth. Everything that happened was centered around Mother and our family. We really knew that she came first. Care was truly focused on the patient and the family.

I must sit down and write Ann a letter.....

Barbara A. Moyer RN

Speak Out *(from page 2)*

- My idea for the ideal patient care unit would focus on the admission process. Ideally, the physician and nursing team should meet the patient (and family) together. The admission assessment and all questions pertaining to medical history would be answered and documented at that time using one form for use by both medical and nursing staff. The plan of care would also be discussed with the patient and family and concerns addressed. My other idea is that ALL supplies (including equipment, linen and meds) be available on the unit 100% of the time.

Cynthia Max, RN
Director, Patient Care Services
Pediatrics

- When designing this unit, one idea that should be incorporated into the plan involves the qualifications of the staff. When hiring the staff for this unit, certain behaviors and qualifications of potential applicants should be seriously taken into consideration. In order for the "Ideal Unit" to exist and excel, it is imperative that the individuals of this unit exhibit resilience, effective communication skills and eagerness. When these qualifications are in place (along with clinical competence), the unit would definitely be an "Ideal" one!

Debra Stroh, CNF
7B

Dear Readers,

Nursing Voice was originally initiated many years ago as an informational newsletter written by and for the nurses of The Allentown Hospital. As our hospitals merged to become Lehigh Valley Hospital, the newsletter's purpose and value was evaluated. Reorganization and evolution have produced the Nursing Voice you now receive.

A constant goal throughout the years, the evolution and the changes in the editorial board, has been to truly BE a voice of the nurses. With that goal in mind, we have developed articles and themes which would provide the nurses at this hospital with information, spark your interest in a variety of topics and enlighten you on others.

Nursing Voice continues to try to live up to it's name. We, the Editorial Board, want to publish a newsletter that not only informs you but provides a forum for nurses at our institution to communicate with each other. We cannot fulfill this desire without feedback from you. We need to know what you find good, bad, moving, informative. We need to know what you want to know about; what you want us to explore. We encourage you to participate by sending us articles that you have written or to join the editorial board.

Please join us in our continuing effort to publish a quality paper that will benefit and interest all of us .

Sincerely,

Nursing Voice Editorial Board


Editorial Board

Think About It

We know all too well sometimes, what it's like to be the nurse transferring a patient to another unit as well as the nurse receiving the patient. But have you ever thought about what it might be like to actually BE the patient? Consider this.....

I was assisting to transport a patient to a med/surg unit from a critical care unit. She was a young woman in her 20's who had been on the unit for about a week. She had been mechanically ventilated during her initial days, had had multiple trips to the OR and required hemodynamic stabilization related to fluid loss. Much of her time in critical care was clearly vivid in recall.

When she was well enough to be transferred, she was eager and happy to move out of "C bed". She couldn't wait to have her own telephone, a TV, a REAL room where friends and family could easily visit. But most important, she knew she was getting better and was one step closer to HOME!

As we rolled her bed out of critical care, past other patients' beds, the nurses glanced up from their work, waved goodbye and wished her luck. We rolled through the halls toward the elevator and I watched her eyes absorb the sights new to her. I remember thinking how funny it is that even our mundane halls with roaming people and stray equipment can be so interesting to someone else.

When we rolled out of the elevator, a bystander held open the door for us. On the med/surg unit, as we rolled past the nurses' station, my patient turned towards those sitting and standing there and called a cheerful "Hi!". I was surprised by her friendliness. Frankly, I found this a bit unusual. I have found most patients to be quite shy and a little nervous, lying quietly in their beds. But not her, she was thrilled to be there!

But I was saddened and even a little embarrassed by the response she received from my peers. Not one person looked up or responded in any way. No one even made eye contact with her. In an effort to acknowledge her greeting in some way, and to lighten the moment with some humor, I said to her, "Maybe the cat's gotten their tongues today!" It was only then that one nurse looked up from her work and said hello. How that patient must have felt! How I felt knowing that I would leave her there!

As we settled her into her new room, I watched as her husband sneaked to her bedside and surprised her with a dozen beautiful red roses. It was evident that, to this family, this transfer was a milestone in her life; a moment to be celebrated that will be forever in their memories.

I have been haunted by this experience. I've wondered if we, as nurses, realize how special a transfer like this is to a patient? I've wondered if we know how important that first encounter with the "new unit" is to the patient as they roll past the nurses' station? If not, we need to think about it.

This particular patient, so happy to be alive, having endured the ordeal of critical care with all the tubes and monitors and inability to speak or sleep, having been separated from any remnant of her normal lifestyle, deserved, at the very least, a smile and a simple hello. And she is only one of many patients.

A happy ending? I believe so. For the patient, she continued to improve and it wasn't long before she was able to go home and resume her life. And for me, this experience has touched my heart and I will never forget it. I can now be glad that I was given this experience and the feelings I have had. I believe it has made me a better nurse and caused me to pay closer attention to the emotional side of my patients. We as nurses, must realize what a joyful moment a transfer from critical care to med/surg is to a patient and family and we must enjoy it with them.

Susan O'Neill RN

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One More Time!!!

Once Again it is Our Favorite Time of the Year. Challenge Time!!

Nursing Voice is Proud to Announce

Reflections on Nursing III

It's our Annual Essay Contest. It's a Time for the Writer in You to Come Forward and Write, Write, Write!!!!! The Topic is Easy—**Any Aspect of Nursing that has Touched Your Life or the Life of Someone You Love.** And that's it! And there's **Prizes!!!!!!**

First Prize: **$300**

Second Prize: **$150**

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Plus Honorable Mention and Gifts for all Entrants

Prizewinning Entries and Honorable Mentions will be Published in The Next Issue of Nursing Voice.

All Entries should be no longer than Three Double Spaced Typewritten Pages *or* 2-1/2 Legibly Handwritten Pages. Essays and Poems Accepted. Entries are Limited to the Employees of Lehigh Valley Health Network Only. Members of the Editorial Board are Prohibited from Entering. (Entries will not be Returned and will become Property of Nursing Voice).

Deadline for Entries: November 15, 1995

Submit all Entries to either: Susan O'Neill RN, STU-CC
Ginger Holko RN c/o 1730 Chew Street

—Funding graciously provided by LVH Friends of Nursing—

"Uh, oh..."

by Norma Storer, RN
AIDS Activity Office

I've been a registered nurse for thirty years. During that time I've worked in different parts of the country and in a variety of in-patient and out-patient settings. For the past five years, I've worked in the Emergency Department of the Lehigh Valley Hospital, 17th and Chew. Once again, I'm making a change.

While I'm eagerly anticipating a new job, a new challenge, it's always hard to leave behind the known, the familiar, the friends. It seems like a good time to reflect on the meaning of all these changes.

Certainly there have been dramatic changes over the past thirty years in how we practice nursing. It's hard to remember what it was even like before the days of disposable equipment, monitors, and angiocaths. It's hard to believe we worked in starched white uniforms and always wore our caps. It seems ridiculous that we always stood and offered our chair when the physician arrived. Yet I'm sometimes nostalgic for the time when patients received back rubs at least twice a day and weren't rushed out of the hospital before they felt they were ready.

You can say we've come a long way, and yet I realize now that in each era we can say with Charles Dickens, "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness...." Each phrase, each stage of nursing has held both the best and the worst for so many staff and patients.

Right now, not only am I making a major change in my career, but nursing and how we deliver care to our patients is in a state of major change. All of this can be very unsettling. But as I face a new challenge, among the personal learnings from working in the Emergency Department is one that could be a lesson for us all, applicable to any of the challenges we face. I term that learning "uh-oh." And I take it from Robert Fulghum who wrote a book by that same title.(1)

Robert Fulghum maintains that "UH-OH" is part of an important philosophy that expresses a vital attitude. Nowhere did I see that attitude lived out more positively than while working in the Emergency Department. It seems that the worst crises, the Class I radio calls, and all the codes of whatever color, managed to occur when we were already the busiest or the most short staffed. Always there was the deep breath, the expletive deleted, the "UH-OH" muttered. And always the same thing happened. The staff clicked and the adrenalin flowed. Dealing with the unexpected sparked creative vitality that made me know this was a staff that thrived on the surprises, the unforeseen, and the "here we go again."

I will always think of the Emergency Department as the "UH-OH" place, with all the tension that term implies. I begin my new line of work grateful for all I've learned, the skills acquired, the friends I've made. Most unforgettable will be the "UH-OH" philosophy. It's knowing that "UH-OH" can be more than a momentary reaction to a problem. It points to an attitude that is always needed.

Robert Fulghum sums it up with an equation that says it all: " 'uh-huh' + 'oh-wow' + 'uh-oh' + 'oh, God' = 'ah-hah!' "(2) May this attitude prevail!

1. Fulghum, Robert, *UH-OH.* Villard Books, New York. 1991.
2. Ibid, p.6.