

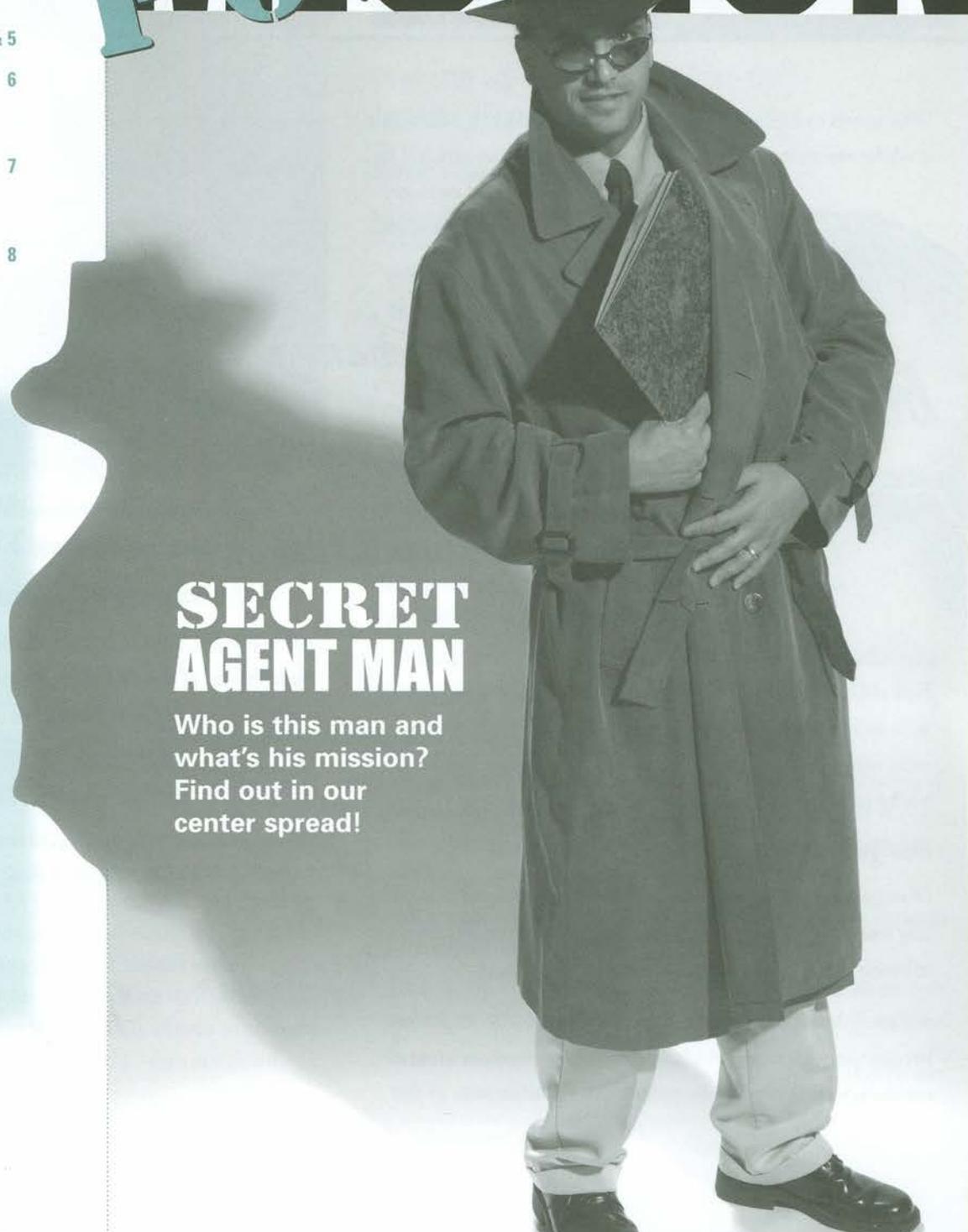
How we attract and retain the best

September 2003

INSIDE THIS ISSUE

Editorial Attractions	2
Mission: Quality Care	
Take the Plunge	3
Fall coordinators ensure patient safety	
JCAHO – Mission: Possible	4 & 5
They're Online and on Track	6
New technology on L and D/PNU	
A 'Monster' Commitment to Education	7
Making teaching fun on 5C	
Nursing Voice	8
Michele Ortiz, R.N.	

POSSIBLE MISSION



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 Hospital and Health Network and shows how our clinical staff truly magnifies excellence.

SECRET AGENT MAN

Who is this man and what's his mission? Find out in our center spread!



OUR MISSION QUALITY CARE

What springs to mind when you think of “quality?” We hear it frequently in ads for everything from cellular phone services to luxury cars, and it’s meant to imply a standard of excellence intended to win consumer confidence.



We are holding ourselves to ever-higher patient care standards.

We are agents of change

Here at LVHHN, we talk a lot about quality, too. But as caregivers, we’ve been entrusted with something infinitely more precious—our consumers are our patients, and we are charged with their health and healing in our “mission” for improving the quality of their care.

Our gold standard

Of course, our gold standard quality of care is something we’ve had for a long time. It’s evident in our many regional, state and national awards, a reflection of how quality individuals make up quality teams.

And it’s evident in our Magnet status, benefiting not only our patients, but other hospitals seeking the Magnet hallmark with whom we share our strategies to strengthen the quality of nursing as a whole.

Benchmarks of quality

Our quality is not something we take for granted. We are held accountable in the court of public opinion and through accrediting agencies such as the state Department of Health and the Pennsylvania Trauma Systems Foundation. Preliminary findings from recent surveys by both organizations were extremely positive, further affirming our excellence.

Our upcoming JCAHO survey is another quality measure requiring honest self-assessment and collaboration led by an interdisciplinary group of colleagues. All of you have been enlisted as agents in our Mission:Possible approach to preparing for the survey. It’s proving to be a fun and innovative teaching strategy, as you can see on pages 4 and 5.

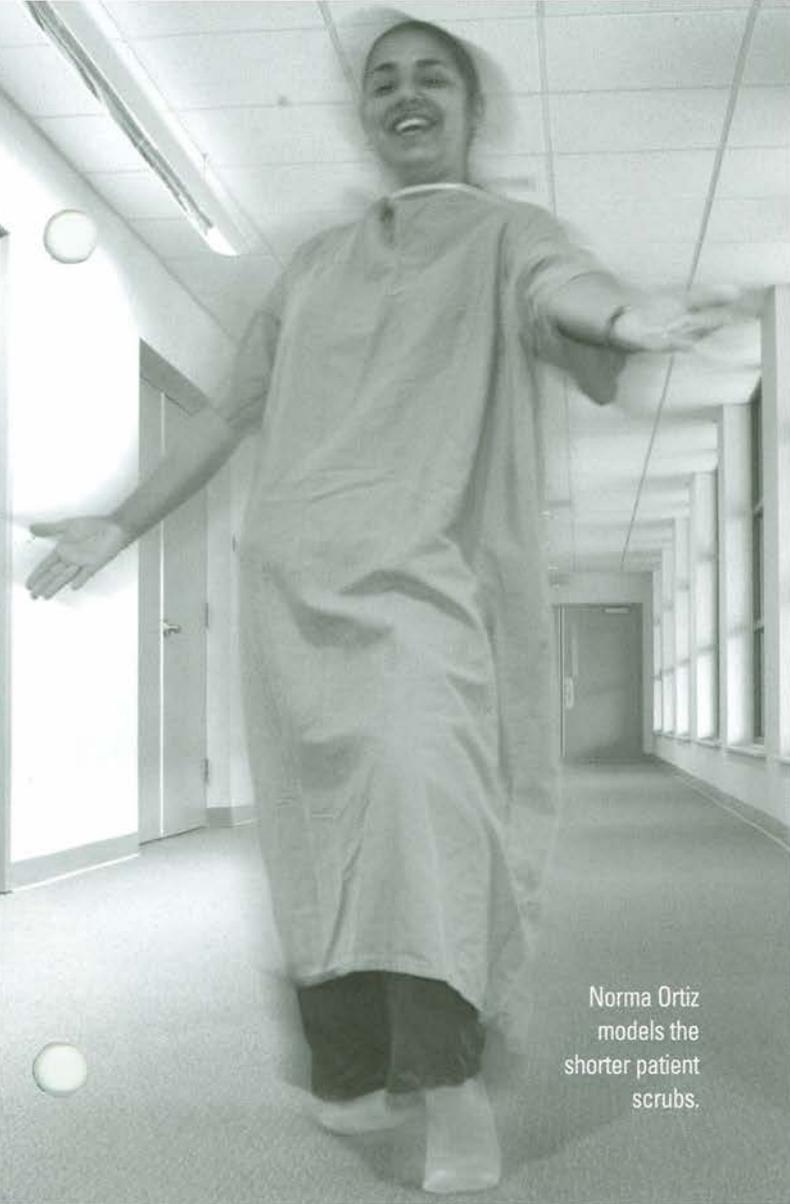
Ongoing self-assessment

Self-assessment, individually and collectively, is what keeps us raising the quality bar day in and day out. It leads to new initiatives, whether it’s our technical partners reducing patient falls (see page 3) or staff nurses in labor and delivery learning and then teaching others new computerized documentation skills to improve patient care (see page 6).

We do it not because we have to, but because we want to and we can. That’s what Mission:Possible is all about, and we’re proud of it.

Terry Ann Capuano

Terry A. Capuano, R.N.
Senior Vice President, Clinical Services



Norma Ortiz models the shorter patient scrubs.

TAKE THE PLUNGE: *Prevent Falls*

LEARN HOW FROM LVHHN'S FALL COORDINATORS

How can you help? Take it from fall coordinators who have seen results!

Barbara Smith, TSU, says...

- Place signs in resident/patient bathrooms encouraging residents to call a staff member when they need help getting to and from the bathroom.
- Share information about falls such as the date of the last fall. (We post them in each TSU nurses' station.)
- Tell residents to wear comfortable shoes like they'd wear at home to increase their balance.

Norma Ortiz, LVH-Mublenberg Behavioral Health, says...

- Offer shorter scrub pants to patients who are shorter in stature, thus avoiding tripping over longer pant legs.
- Place orange "fall precautions" stickers next to the patient's name outside of the rooms.
- Check patient room lighting regularly and call housekeeping (or engineering) immediately when a light has burned out.

Patrick Kramer, LVH-Cedar Crest 7C, says...

- Set bed check alarms (that activate when a patient gets out of bed) on no more than a two-second delay. Stress that anyone near a patient's room should go in immediately—whether or not it's his assigned room—when the alarm sounds.
- Ask if a patient needs to use the bathroom every two hours to avoid unaccompanied walks
- Offer a "tip of the week," such as "keep bed check alarm cords in baskets at the end of a patient's bed," to keep staff apprised.

To learn more about preventing falls, talk to your unit's fall coordinator.

Kyle Hardner

QUESTION: *On the transitional skilled unit (TSU) at LVH-17th and Chew, where post-surgery patients heal and rehabilitate, when is a patient most likely to fall?*

The answer will surprise you. "We thought it was the first 72 hours after admission to TSU," says technical partner Barbara Smith. "But our root cause analysis found that falls are more likely on days 5-10 of their stay, when patients are rehabilitating and feeling better but aren't yet 100 percent."

That information helps prevent falls, a nationwide problem at all hospitals that contributes to increased length of stay, pain and possible serious injury. At LVHHN, Smith and approximately 30 other technical partners, chosen as "fall coordinators," are keeping patients safe by reading the latest articles on fall prevention, attending regular meetings, telling staff about their findings and making daily SWAT safety checks to ensure hallways are clear. Their work is paying off—falls are down 20 percent in the past two years.

JCAHO MISSION POSSIBLE

TEAM MISSION: *“Good morning. The dossier you are looking at is top secret involving the highest level of nursing intelligence. On Dec. 8-12 and Dec. 15-17, agents from the Joint Commission on Accreditation of Hospitals (JCAHO) will conduct a thorough investigation at all three LVHVN sites to determine your unit’s preparedness and compliance with required standards of patient care and safety. Your mission, should you decide to accept it, is to find creative ways to prepare your staff for the upcoming investigation. Each month, you will receive new mission directives. It is essential you communicate them to all members of your team. Failure to do so could result in a less than satisfactory score. As always, should you or any of your unit’s team fail to have fun, the Center for Professional Excellence will disavow any knowledge of your actions. This newsletter will self-destruct in five seconds. Good luck.”*



HUSH-HUSH—Pharmacy director Robert Begliomini, an intelligence officer on clinical services JCAHO self-assessment team charged with issuing monthly Mission: Possible assignments, briefs pharmacy technician Suzanne Holveck on the next action plan for improvement.



4C THE MISSION: Assure that a complete pain assessment is properly documented for each patient. At right, Janet Shearn, R.N., and graduate nurse Tiffany Cooper, 4C, review unit directives.

TIME

JCAHO SURVEY

LVH-CEDAR CREST AND LVH-17TH AND CHEW

DEC. 8-12

LVH-MUHLENBERG

DEC. 15-17

LABOR AND DELIVERY/ PERINATAL UNIT

THE MISSION: Assure that staff members can speak to how they determine patient care priorities. Left, Donna McNamara, R.N., trains the next generation of nursing agents—her daughter, Megan, 13—who helped create the unit's Mission: Possible poster.

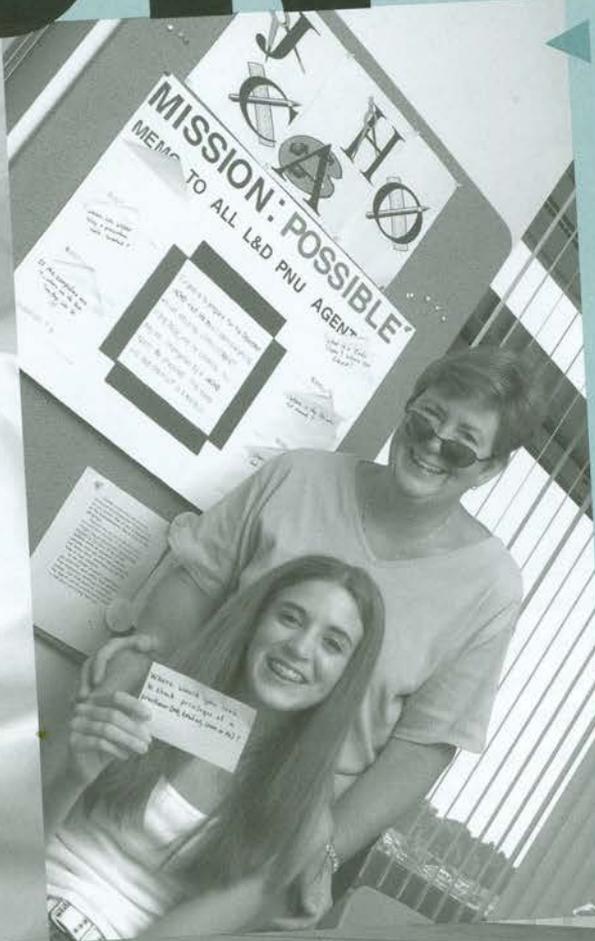
CARDIOVASCULAR CARE UNIT— LVH-MUHLENBERG

THE MISSION: Assure staff familiarity with LVHNN intranet home page and how to access vital information on hospital policies and procedures. Pictured below, left to right, are: Melissa Vermuelen, R.N., Judy Negrete, R.N., and Tomas Fernandez, technical partner.



EMERGENCY DEPARTMENT LVH-MUHLENBERG

THE MISSION: Assure that all staff is aware of the four unacceptable abbreviations and that none are used in patient medical records. Top to bottom: Brian Mendez, R.N., Carol Jeffries, R.N., and Scott Czura, technical partner.



THEY'RE ON *line* AND ON *track*



I/S Analyst
Greg Cassel and
Deb Belles, R.N.

L&D/PNU staff embrace new technology in an ongoing quest to improve patient care

The 28-year-old mother's first thoughts were for her unborn child's safety. She was 32 weeks pregnant and complications caused by a rare heart problem landed her in the acute coronary unit (ACU).



Electronic charting by Deb Belles, R.N., helps deliver happy moms and healthy babies, like Constance McKenney and her newborn daughter, Gwendolyn.

Perinatal unit (PNU) nurses sprang into action, and were by her side in the ACU with new technology that lets them monitor the baby's heartbeat from their own unit during the mother's stay. Her condition stabilized and she went home, returning weeks later to give birth to a healthy baby.

For L&D/PNU nurses like Julia Gogle, R.N., PCS, the "flying work station"—a mobile laptop computer—helps them work more efficiently. It's an extension of a new software program used by L&D/PNU staff to chart patient information and eliminate duplicate paperwork. "We track fetal monitor strips easier," Gogle says. "With the mobile unit, if we're in a room with one patient, we pull up vital information about another without having to leave the room."

Other advantages include reducing the risk for errors from illegible handwriting, a computerized "chalkboard" at the nurses' station with at-a-glance patient profiles, and the ability for physicians to access patient information from their home or office computers. "As patient care is delivered, computerized charts contain current information that can be reviewed from remote work stations," says unit director Judy Pfeiffer, R.N.

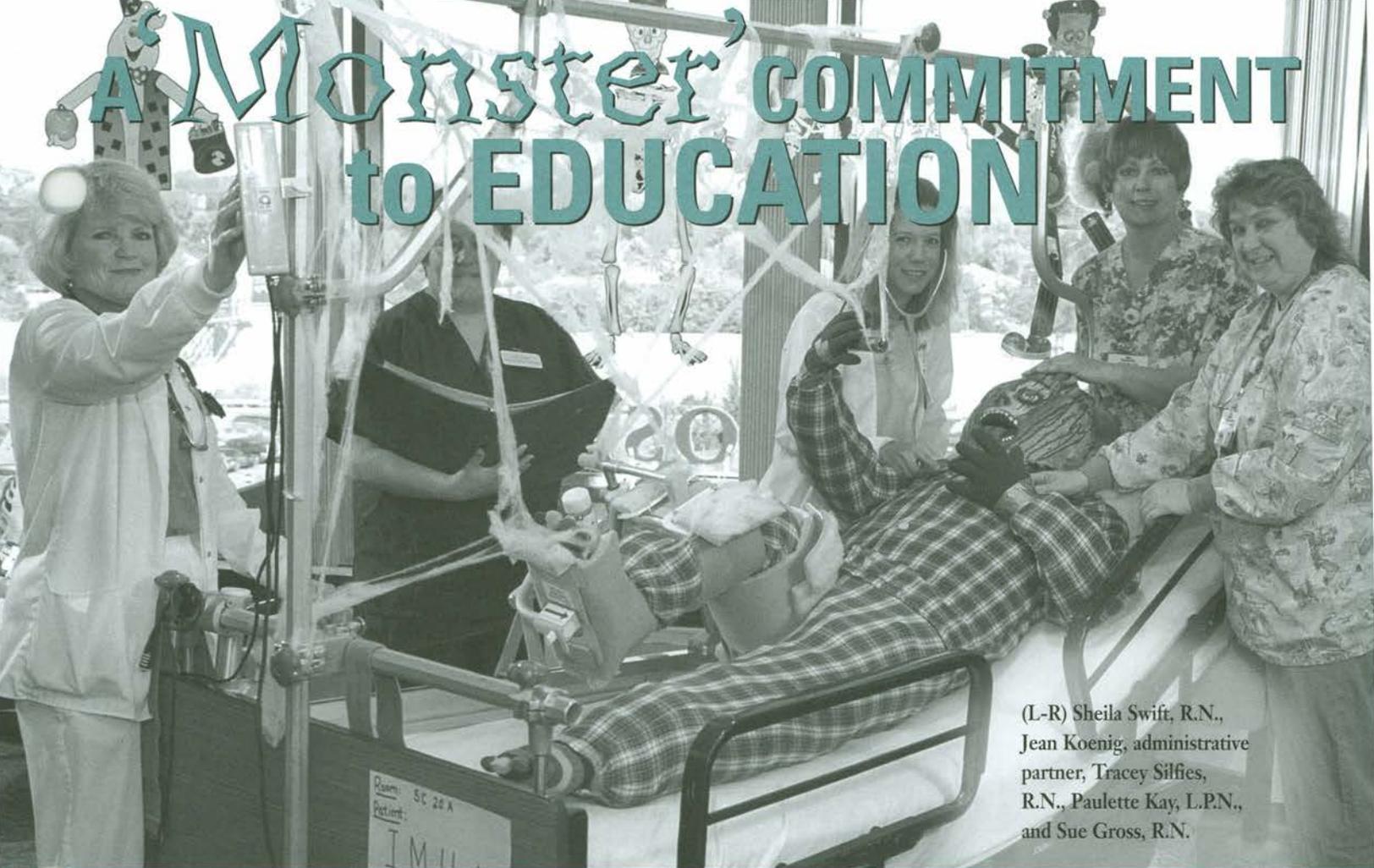
Staff nurses were heavily involved in choosing and tailoring the system, including a weeklong training session in Annapolis, Md., attended by Lynn Grischott, R.N., and Sheryl Repischak, R.N. They then trained 50 LVHNN nurses, 35 attending physicians and 16 residents. Grischott, Repischak, Gogle and Pfeiffer also did a presentation on the system at the Association of Women's Health in Obstetrics and Neonatal Nursing conference in Milwaukee, Wis.

LVHNN's information systems (I/S) department also plays a bigger role in patient care, working with nurses to customize online forms by adding features such as more space for detailed progress notes. And when staff needed to improve charting follow-up pain assessment, Debra Belles, R.N., suggested moving that section to a more prominent place on the form.

"I/S has been right there for us whenever we've needed them," says Gogle, who works closely with I/S analysts Greg Cassel, Nadine Opstbaum and Michelle Beck. "Nurses who have this system at other hospitals don't have the support we do. Now, that's teamwork."

Elizabeth McDonald

A Monster's COMMITMENT to EDUCATION



(L-R) Sheila Swift, R.N., Jean Koenig, administrative partner, Tracey Silfies, R.N., Paulette Kay, L.P.N., and Sue Gross, R.N.

Teaching each other, teaching patients and having fun are hallmarks of 5C

Paulette Kay, L.P.N., worked for hours in her “lab,” choosing just the right outfit (a flannel shirt and jeans), mask (a Halloween-style rubber head) and material (rolled-up newspaper) to build her own Frankenstein. When it came to life, this Frankenstein didn’t scare—it became the life of the party on LVH–Cedar Crest’s 5C.

“We put our six-foot ‘monster’ into the CMP machine, which rehabilitates patients after total knee replacement,” Kay says. “He taught new staff how to properly align a patient’s knees, legs and thighs in the machine for optimum healing.”

That Orthopedic Nurses Week demonstration is typical of the atmosphere on 5C, an orthopedic unit where nurses take charge of their own education while helping patients learn.

Teaching patients

When patient surveys two years ago revealed that total joint replacement patients wanted more information before surgery, 5C’s nurses took charge. They created a 90-minute pre-surgery class covering everything from patients’ rights to rehabilitation services.

“Nurses, physical therapists, care managers and patient representatives all speak directly to patients,” says Sheila Swift, R.N., who helps teach the twice-monthly class. “Models of the actual replacement parts are shown, and every question is answered.”

And what does Swift see from patients who attend the class? “They’re more receptive and knowledgeable,” she says. “When a therapist comes to their room to start therapy the day after surgery, they’re ready and not surprised.”

Teaching one another

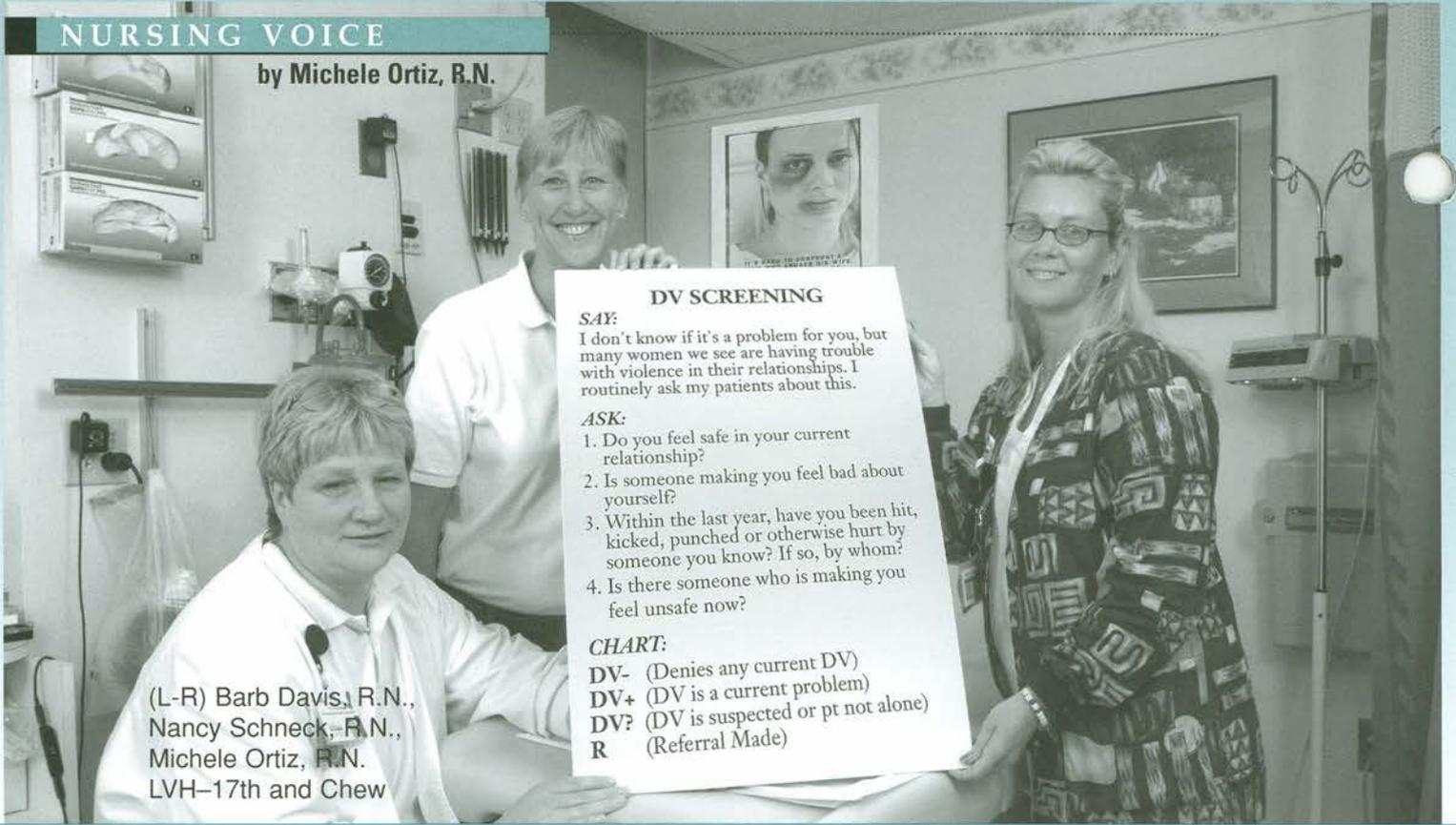
To quench their own thirst for knowledge, colleagues on 5C and 4-South at LVH–Muhlenberg present an Orthopedic Nurses’ Conference each year at the LVH–Cedar Crest auditorium. Staff members brainstorm lecture topics, asks surgeons and other team members to speak and plan every aspect of the daylong event.

The symposium draws raves not only from LVH–Cedar Crest nurses, but from clinical staff at other hospitals throughout the region who attend the conference. And it’s already made a difference in Swift’s life.

“Last year an R.N. spoke about osteoporosis and the importance of exercise,” she says. “I treat people with osteoporosis every day, and my mother suffered from it as well. So I just joined a fitness club and am doing bone-strengthening exercises. They’ll keep my bones healthy so I can help my patients stay strong, too.”

Kyle Hardner

by Michele Ortiz, R.N.



(L-R) Barb Davis, R.N.,
Nancy Schneck, F.N.,
Michele Ortiz, R.N.
LVH-17th and Chew

DV SCREENING

SAY:

I don't know if it's a problem for you, but many women we see are having trouble with violence in their relationships. I routinely ask my patients about this.

ASK:

1. Do you feel safe in your current relationship?
2. Is someone making you feel bad about yourself?
3. Within the last year, have you been hit, kicked, punched or otherwise hurt by someone you know? If so, by whom?
4. Is there someone who is making you feel unsafe now?

CHART:

- DV- (Denies any current DV)
- DV+ (DV is a current problem)
- DV? (DV is suspected or pt not alone)
- R (Referral Made)

STAFF AT THE ED 17TH AND CHEW

Shattering
SHINE A BEACON OF LIGHT AND HOPE
the
FOR DOMESTIC VIOLENCE VICTIMS
Silence

Something wasn't right. The woman who came to our emergency department complained of a headache, but the bruises on her body told a different story. Despite our repeated gentle questioning, she denied any abuse.

The next day, she returned having been beaten by her husband with a baseball bat. "You were right," she said. "I just could not admit it." Police escorted her home and retrieved the bat the victim hid after her attack. Her husband was arrested, convicted and jailed. She was given help and has gone from being a victim to a survivor.

Were it not for our domestic violence (DV) screening program, I wonder how much longer that woman would have suffered in silence? We launched the program after noticing a pattern of injuries we strongly suspected were from abuse. With no formal screening process, we knew we had a lot to learn, and not all staff was comfortable with the issue because it is so deeply personal. But we also knew something had to be done.

We began with a literature search to identify the population most at risk and partnered with Turning Point of the Lehigh Valley, an organization dedicated to helping DV victims. Four of us attended

a conference in Harrisburg presented by the Pennsylvania Coalition Against Domestic Violence. We quickly realized we opened a door

with a monster behind it. The challenge was complex, but we had to champion the cause, and we committed ourselves to bringing this issue to the forefront of care.

Two years later, we have a program that makes a real difference in our community.

We developed a script to guide us in screening patients, created treatment and referral strategies, and revised our nursing flow sheet to prompt screening efforts. Our screenings have gone from 0 to 98 percent. Last year, we had 60 patients screen positive for DV. Our strong conviction to this social problem has caught on— all three EDs now have adopted the program.

Sadly, not all our referrals are success stories. Some victims feel they can't leave their abuser. That doesn't stop us from trying. Every victim presents us with an opportunity to educate and help. Some leave with phone numbers. Some leave with preprogrammed cell phones linked to 911. But all leave knowing we hear their voices and will continue to listen and help.

Updates

GET HOOKED ON INVOLVEMENT!!! Keep your FiSH eyes open for the 2003-2004 council and committee sign-up booklet. We're recruiting now for new members to contribute to development of our profession in meeting and exceeding quality standards. Check out this year's booklet for the council or committee that's right for you and get hooked!

Committees

CAREER AWARENESS Thank you to all preceptors who made this year's Nurse Camp such a success. Thirty-five students from local high schools and the metropolitan Philadelphia and Baltimore areas spent a week in June exploring nursing careers. The camp, held in partnership with DeSales University, gives students the opportunity to discover if a career in nursing is right for them.

WANTED: PRECEPTORS In the fall, 40 high school juniors from the Lehigh Valley will participate in our annual Take N.O.T.E.S. program. The success of this program depends on preceptors' willingness to introduce the next generation to health care careers. If you're willing to be a preceptor, contact Barb Versage in the Center for Professional Excellence at 610-402-1789.

LEGISLATIVE COMMITTEE LVHNN staff voices were heard with a letter-writing campaign supporting funding for nursing education programs through Fund Title VIII. Letters were sent to Senator Arlen Specter, chairman, and Senator Tom Harkin, ranking member of the Senate's Subcommittee on Labor, Health and Human Services and Education Appropriations.

FINANCE During the last fiscal year, this committee approved more than \$4000 for staff participation in humanitarian medical efforts in Jamaica, Thailand, West Africa and Mexico. Funds also are used for staff to attend regional and national conferences.

COMMUNITY OUTREACH Nurse volunteers are needed to staff the First Aid Travel Trailer at the annual Celtic Festival in Bethlehem, Sept. 26, 27 and 28. Past volunteers love the experience, and it's a great way to represent LVHNN, our profession and support the community. Contact Barb Versage in the Center for Professional Excellence at 610-402-1789.

COLLABORATIVE NURSE RESEARCH COMMITTEE Mark your calendars for our annual RESEARCH DAY, Monday, Oct. 13. Featured speakers will be Janet Houser, R.N., Ph.D., assistant professor, Regis University, Denver, Colo., and Stephen Matchett, M.D., LVHNN physician. The theme is "Passport to Research—A Bedside Clinician's Adventure." Don't miss this "travel opportunity" to explore how bedside nurses can use research to improve patient care.

COMING ATTRACTIONS

CONTINUING EDUCATION PROGRAMS

September

Learning Partners

Sept. 10 • 8:00 a.m. - noon
Classroom A, 2024 Lehigh St.

ONS Chemotherapy and Biotherapy Course

Sept. 11 and 12
8:00 a.m. - 4:00 p.m.
Education Center Conference Room 2

Assessment and Management of Behavioral Dyscontrol - Part I

Sept. 17
8:00 a.m. - noon
Room 2913, 2nd fl., SON

Assessment and Management of Behavioral Dyscontrol - Part II

Sept. 18
8:00 a.m. - 4:30 p.m.
Room 2913, 2nd fl., SON

Cardiovascular Surgery

Sept. 25
8:00 a.m. - 4:30 p.m.
Auditorium, LVH-CC

October

Advanced Dysrhythmias

Oct. 1 8:00 a.m. - 4:30 p.m.
Classroom 1, LVH-CC

Trauma Nurse Course Day 1

(Registration is closed)
Oct. 2
8:00 a.m. - 4:30 p.m.
EMI, 2166 S. 12th St.

Trauma Nurse Course Day 2

(Registration is closed)
Oct. 3
8:00 a.m. - 4:30 p.m.
EMI, 2166 S. 12th St.

Trauma Nurse Course Day 3

(Registration is closed)
Oct. 6
8:00 a.m. - 4:30 p.m.
Auditorium, LVH-17

Trauma Nurse Course: Burn/Tissue Trauma

Oct. 8
8:00 a.m. - 4:30 p.m.
Education Center Conference Room 1

Code Orange Recertification

Oct. 9
7:30 a.m. - 11:30 a.m. or
12:30 p.m. - 4:30 p.m.
Room 2913, 2nd fl., SON

Pediatric Critical Care Course

Oct. 9 and 10
8:00 a.m. - 4:30 p.m.
Auditorium, LVH-CC

Research Day 2003: Passport to Bedside Science

Oct. 13
8:00 a.m. - 4:30 p.m.
Auditorium, LVH-CC

Continuous Renal Replacement Therapy Workshop

Oct. 15
8:30 a.m. - noon
Classroom 1, LVH-CC

ONS Chemotherapy and Biotherapy Course

Oct. 15 and 16
8:00 a.m. - 4:00 p.m.
Education Center Conference Room 2

Diabetes Education Course: Teaching Your Patients to Manage Diabetes

Oct. 16
8:00 a.m. - 4:30 p.m.
Classroom 1, LVH-CC

Introduction to Basic Dysrhythmias

Oct. 27 and 30
8:00 a.m. - 4:30 p.m.
Classroom 2, LVH-CC

For more information, or to register, go to the Nurs_Ed_Cont_Ed Bulletin Board on the e-mail system. For questions, please call 610-402-2482.