Lehigh Valley Hospital and Health Network

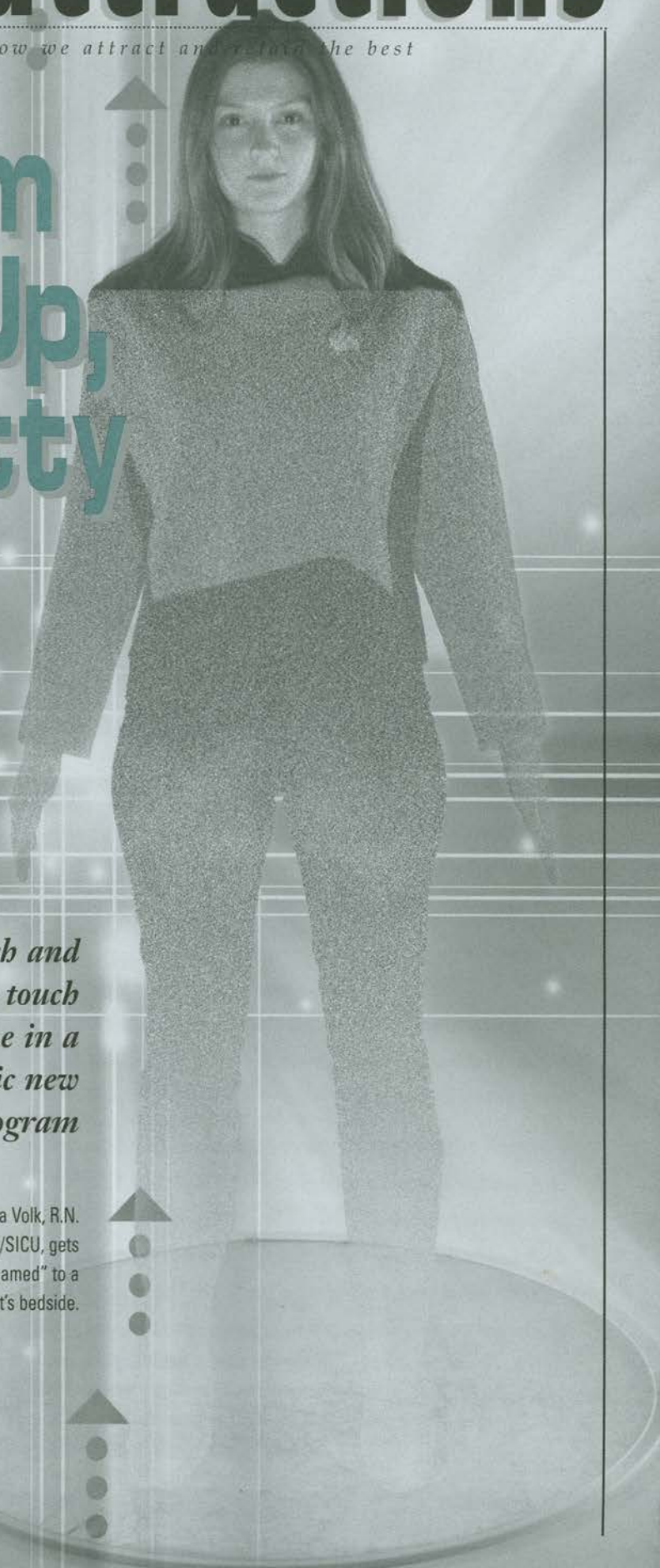
MAGNET attractions

How we attract and retain the best

November 2003

INSIDE THIS ISSUE

Beam Me Up, Scotty



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.

High tech and high touch combine in a dynamic new ICU program

Diana Volk, R.N. MICU/SICU, gets "beamed" to a patient's bedside.

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

JOIN THE ENTERPRISING

CREW OF THE STARSHIP VOYAGER "LVHHN"

Star Date: Earth. November 2003—Imagine stepping into a time-traveling machine and being transported to the future. What would our hospital look like? What amazing technology would be available, and would that change our role as nurses and caregivers?

It's fun to imagine the possibilities. But why just imagine? Take a good look around you. At LVHHN, the future is now. Innovation and collaboration are helping us break through barriers of time and space—boldly going where no man (or woman) has gone—to better care for our patients in exciting ways nothing short of breathtaking.

LVHHN has always been ahead of its time. Twenty years ago, Alverta "Bert" Stichter, R.N., then the vice president of patient care services and the woman who started the Friends of Nursing program, had the foresight to help develop a critical care internship. Two decades later, our program is unparalleled, as you can read in this issue of *Magnet Attractions*.

Fasten Your Seatbelts

High tech has always gone hand-in-hand with high touch here, but fasten your seatbelts—a new tele-intensivist program, now being developed for our intensive care units, uses advanced technology to propel us into another stratosphere of excellence. I am in awe of this program, as are many of you. And isn't that the essence of what we do as health care providers—care for our patients every day in a way nothing short of awe-inspiring?

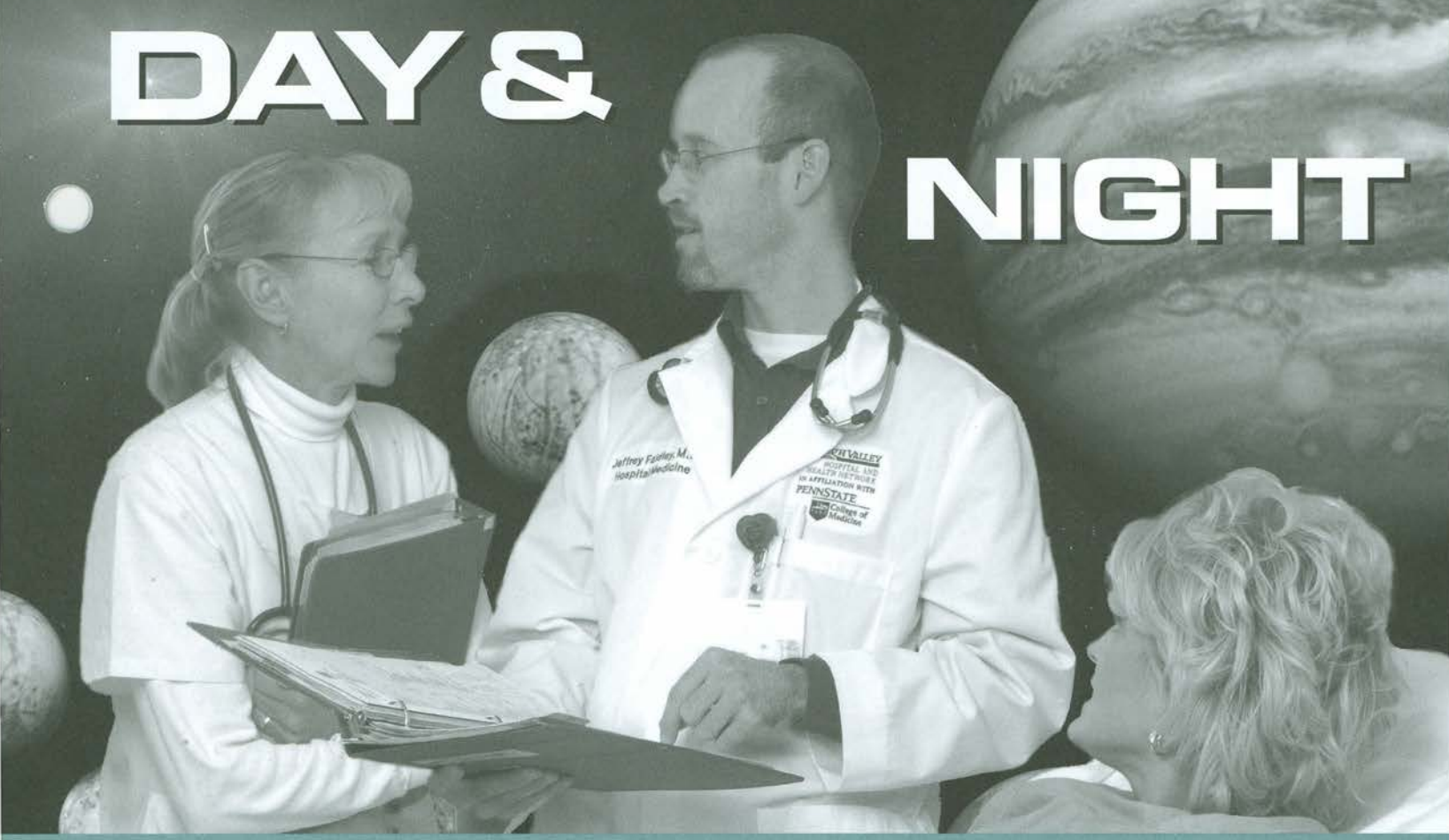
At the heart of all this is change… and change isn't always easy. It takes courage to break out of our comfortable routines and try something different. You'll read in this issue about how we are doing just that, whether we're taking on a new role as a patient flow coordinator, serving on a national board, partnering with hospitalists, going on interdisciplinary rounding, or learning new technologies. We can't do it alone, and we don't. Every new initiative and innovation, every new program and process, is made possible through collaboration.

Innovation often requires a leap of faith—in ourselves and in one another. It was that way for our nursing predecessors and now, for us. As always though, our compassion is our compass. If we stay true to that, we will never lose our way as trailblazers on the path of discovery.

Terry A. Capuano

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

DAY & NIGHT



Hospitalists work with physicians and nurses to provide patient care at all hours

They're here at all hours, day and night. They're only a phone call away. And they know every inch of the territory. They're hospitalists—doctors trained in internal medicine who practice exclusively at LVH–Muhlenberg and not in a private office practice—and they're offering new options for primary care physicians and many benefits for nurses.

"I'm as comfortable with a hospitalist as I am with doctors I've worked with for a while," says Connie Johnson, R.N., on 4 South. "They're friendly, thorough, answer all a patient's questions and work with you to make sure your patients get the best care."

Johnson saw a hospitalist's influence firsthand on a recent weekend when she and hospitalist Jeffrey Ray Faidley, M.D., did a little medical sleuthing with a patient suffering multiple symptoms. "He went over the patient's blood work with me step by step, and I gave him some information he needed, too," Johnson says. "Together, we solved the mystery of what was truly ailing the patient."

Faidley is one of five physicians with Lehigh Valley Hospitalist Services (LVHS), the region's first such hospital-owned program. Nationwide studies show that hospitalists help decrease a patient's length of stay and cost per case. They work 24 hours a day, seven days a week, in rotating shifts, providing everything from total care of a hospitalized patient to overnight admission and assessment until a primary care physician resumes care in the morning.

"We're here any time a primary care physician's patient needs us, ready to answer any question," says Michelle Inforzato, M.D., a hospitalist since 1997 and the lead LVHS hospitalist. "That gives physicians more time to devote to in-office patients."

Hospitalists collaborate with nurses on every unit at LVH–Muhlenberg not only in bedside patient care, but also to share information and education with nursing staff. Classes covering the medical management for patients with congestive heart failure and diabetes are planned.

"I enjoy interacting with physicians and bringing all the pieces of patient care together," says Johnson, a veteran nurse who joined LVH–Muhlenberg last October. "Everybody is mutually respectful and dedicated to their patients. That makes hospitalists a perfect fit here."

Kyle Hardner

Whether it's high noon or before the break of dawn, hospitalists like Jeffrey Ray Faidley, M.D., are there for nurses like Connie Johnson, R.N., and patients.

FAST TRACK

A new tele-intensivist program propels the ICU ahead of its time

It was one of those days to test the mettle of even the best critical care nurse. With six newly admitted trauma patients, the emergency department staff was hopping. Meanwhile, Matt Karpowicz, R.N., had an elderly patient in the trauma-neuro intensive care unit (TNICU), whose condition suddenly worsened and needed a doctor's quick assessment.

"We sure could have used a tele-intensivist then," Karpowicz says.

Soon, Karpowicz will get his wish. LVHHN will step into the future of caring for critically ill patients with a new tele-intensivist program. It will be like having an intensivist keeping a round-the-clock bedside vigil.

The trick is in the technology. A camera, microphone and computers in the patient's room will track information from respiration levels to lab results, medication orders and nursing assessments. They're linked to an off-site location known as a remote ICU (rICU). There, tele-intensivists (board-certified medical and surgical intensivists) and critical care nurses collaborate with attending physicians and staff to help manage care of many patients in multiple critical care units.

Months of planning have brought together information system program analysts, nurses, physicians, pharmacists and respiratory therapists. Cutting-edge technology with custom-designed software makes LVHHN the first hospital nationwide to use this particular program.

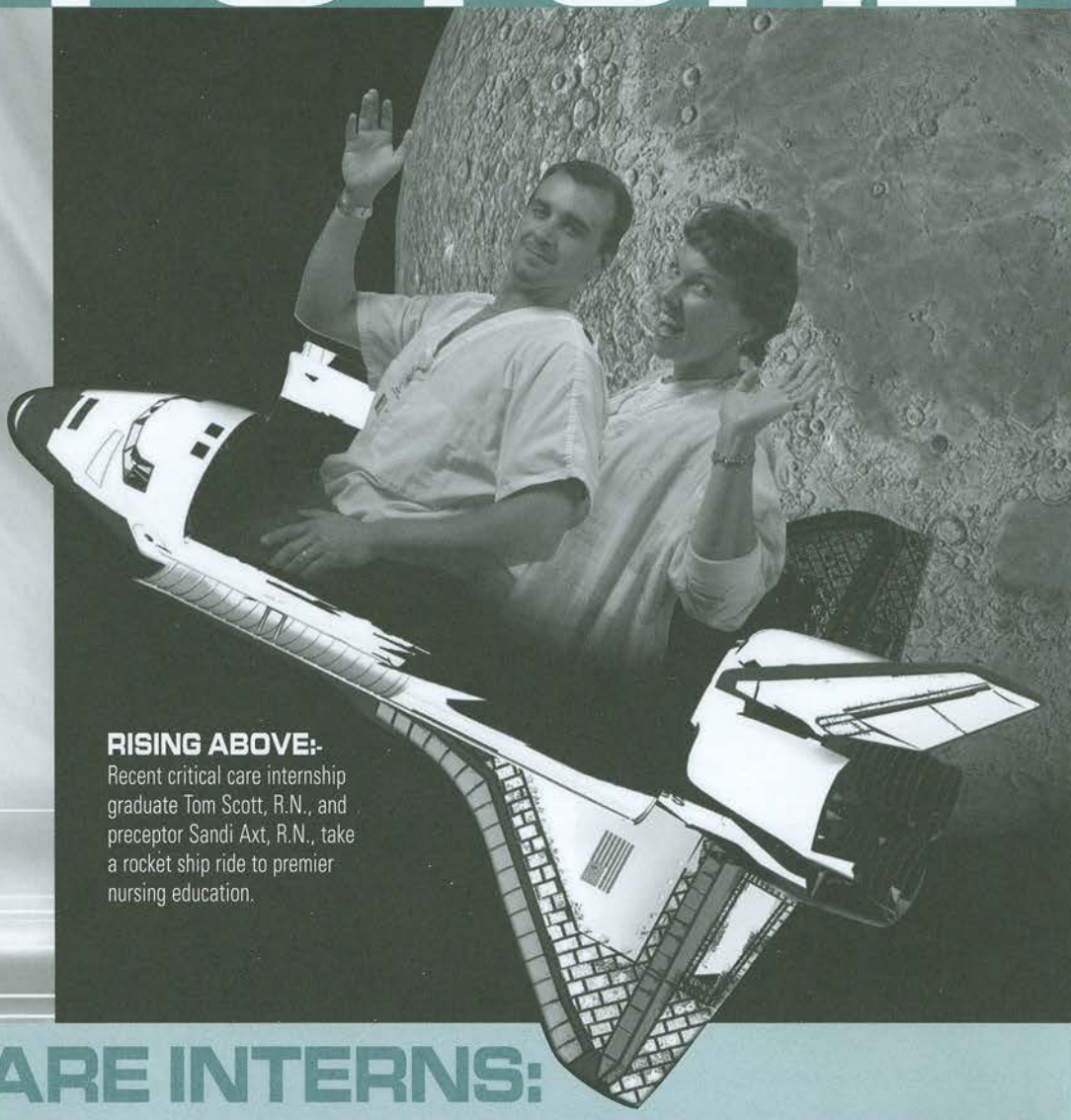
Nursing staff on the TNICU and medical-surgical intensive care units (MICU/SICU) now are learning the computerized electronic flow sheet, which replaces time-consuming paper charting. Plans are to have all of LVHHN's 92 critical care beds linked to a tele-intensivist by January 2005.

TESTING NEW TECHNOLOGY: (L-R) Jeremy Benninger, R.N., MICU/SICU, Stephen Matchett, M.D., chief, critical care medicine, and Nadine Opstbaum, an information systems senior analyst, are part of a team taking LVHHN into a new dimension of care.

TO THE FUTURE

Stephen Matchett, M.D., chief, critical care medicine, and one of the program's visionary leaders, says tele-intensivists will build on LVHHN's level of critical care already recognized as one of the top 11 in the country. Complications can be reduced, he says, and trends, such as critical changes or an irregular heartbeat, can be detected sooner, possibly offsetting a life-threatening situation. "This doesn't replace the people at the bedside, but it will improve patient outcomes and job satisfaction for our nursing staff, especially at night, when there's no intensivist on site," Matchett says.

Jeremy Benninger, R.N., MICU/SICU, is looking forward to spending less time charting and more time delivering hands-on patient care and educating families about their loved ones' progress. "Instead of charting, the ICU nurses now will be able to spend time with the patients and their families explaining conditions and prognosis in easily understood medical terms," he says.



RISING ABOVE:- Recent critical care internship graduate Tom Scott, R.N., and preceptor Sandi Axt, R.N., take a rocket ship ride to premier nursing education.

CRITICAL CARE INTERNS: THE NEXT GENERATION

Everything about emergency department (ED) nursing appeals to Tom Scott, R.N., who left a trucking company job to pursue his B.S.N. degree and live out a dream. But he ran into one roadblock.

"At most hospitals," Scott says, "you can't work in the ED right out of college."

Scott found his oasis at LVHHN, where new graduates are eligible for the critical care internship program. The 23-week course includes general orientation, then a mix of classroom and clinical education in specific tracks—cardiac care, trauma, pediatric or the ED.

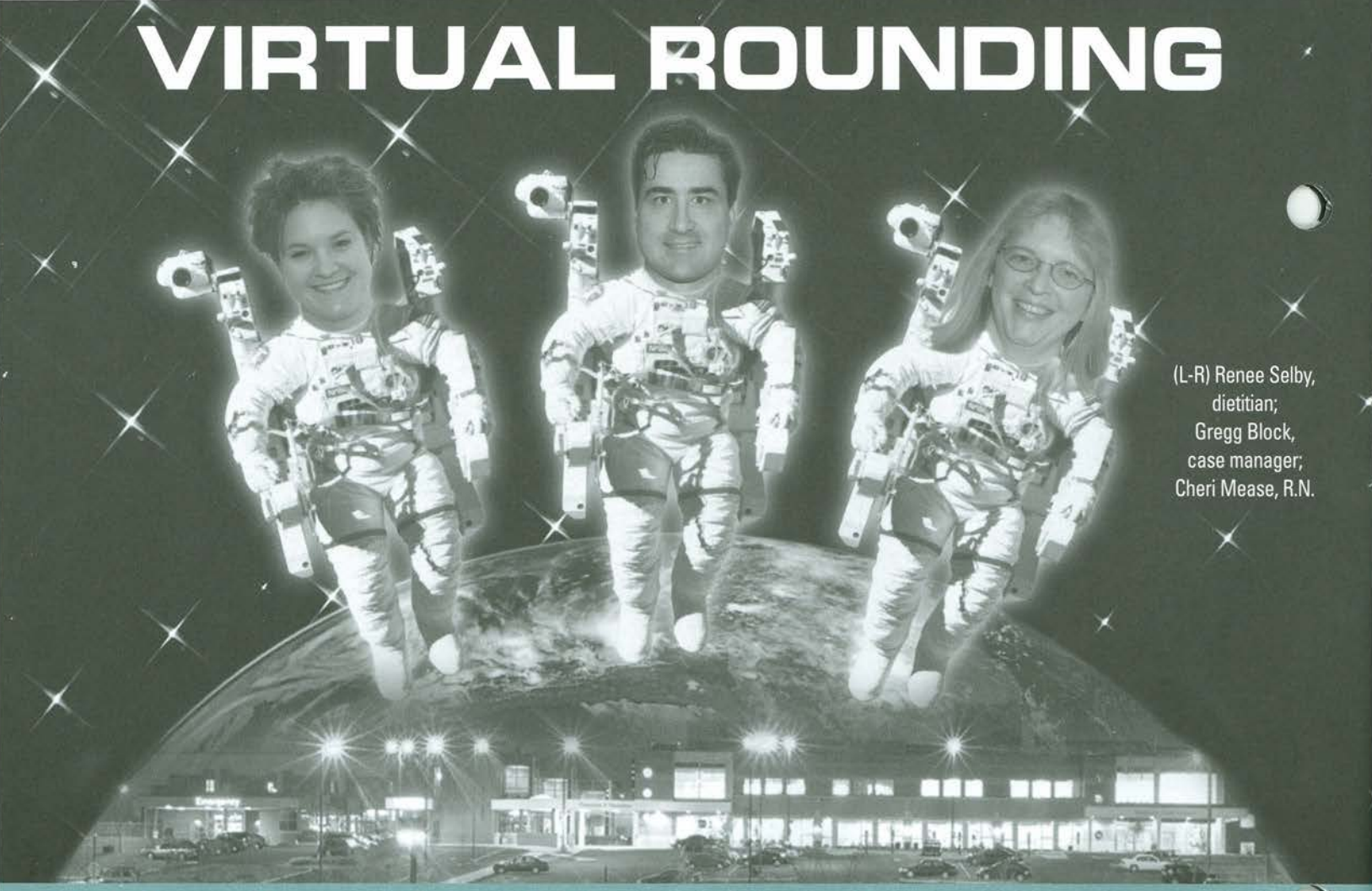
It's a trend-setting system that's been in place at LVHHN for two decades. Then, as now, it's considered ahead of its time. "When I graduated, every hospital required a year of medical-surgical work before critical care," says Sandi Axt, R.N., TNICU, a member of the internship's second graduating class in 1984. "But LVHHN was different. I liked that."

For Scott, some of his internship's most useful information came from the classroom, where he learned from nurses in different specialties. He also prides himself on his excellent organization skills, something he gleaned from mentors like Rachel Horvath, R.N., during clinical rotations.

"I got a late start in my career," says Scott, who graduated from the internship in January and now works at the LVH–Cedar Crest ED. "But at LVHHN there are so many educational and certification opportunities, I know I'm on the right track."

Kyle Hardner and Elizabeth McDonald

VIRTUAL ROUNDING



(L-R) Renee Selby, dietitian; Gregg Block, case manager; Cheri Mease, R.N.

Collaboration on 3 South ties together all aspects of quality ca

Cheri Mease, R.N., doesn't put on high-tech goggles and use a video game controller to take part in virtual reality on LVH–Muhlenberg's 3 South. She just walks into a conference room every day at 11 a.m., where colleagues from throughout the hospital gather to hear about her patients.

It's called virtual rounding, and it's a collaborative way for nurses to join other members of the care team—pharmacists, chaplains, respiratory therapists, case managers, dietitians, physical and occupational therapists—and discuss the optimal way to help patients heal.

For Mease and her nursing colleagues, the rounding, which began in March, saves time and ensures a patient never gets lost in space. "I used to round with my patients first thing, then spend the remainder of the morning using cell phones and pagers to get in touch with everyone else on the care team," she says. "Now everything is wrapped up nicely in virtual rounds, giving me more time to spend by my patient's side."

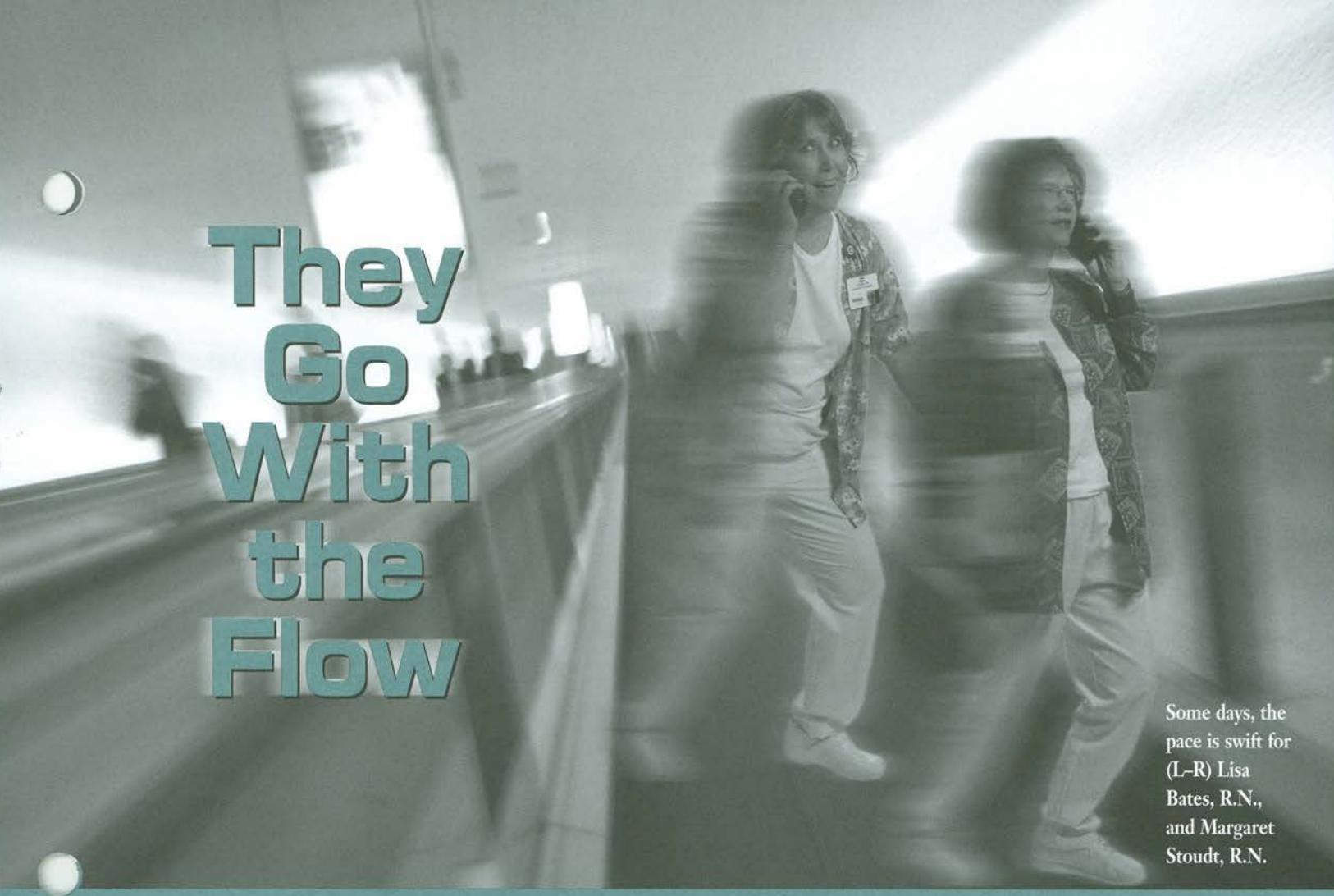
The benefits of virtual rounding are almost as numerous as stars in the stratosphere. Here are just a few:

- **Improved communication.** Because family members often visit at different times and talk to different team members, rounding lets caregivers compare notes, keeping patients and their families on the same page.
- **A faster track to walking.** Nurses and therapists work together to encourage more patient mobility before leaving the hospital.
- **A smoother next step.** Patients needing follow-up care in assisted living, skilled care or hospice are identified sooner, giving case managers more time to make arrangements.
- **More thorough updates.** Physicians unable to participate in rounds and part-time and float pool nurses learn every aspect of a patient's care from a communication sheet completed during virtual rounds.
- **Shorter length of stay.** By identifying possible barriers to discharge (delayed diagnostic tests) and beginning patient education earlier (starting a diabetic patient on insulin therapy), patients can heal at home sooner.

"We also invite other disciplines—such as enterostomal therapy (skin care) specialists—to virtual rounds so we can offer the best and quickest treatment for conditions like pressure ulcers," Mease says. "It's the best way I've seen in my 13 years as an R.N. to care for our patients."

Kyle Hardner

They Go With the Flow



Some days, the pace is swift for (L–R) Lisa Bates, R.N., and Margaret Stoudt, R.N.

New patient flow coordinators step out of their nursing comfort zones into new territory

It's 3 p.m. on a busy Thursday, peak admitting time, and Margaret Stoudt, R.N., not only is going with the flow, she's helping it.

"Hi. I'm Margaret," she says cheerily to a patient in the LVH–Cedar Crest emergency department. "I'm one of the patient flow coordinators, and we're flowin' today!"

With the patient transport team a little backlogged, Stoudt is there to help move a patient out of the ED and into a bed on 5B. Just as she pushes the stretcher out of the exam room, a transporter arrives to take over. Stoudt escorts the patient upstairs and orients him to his room before moving on. "We work together to help each other," Stoudt says. "That's what it's all about."

Whether it's pinch-hitting as a transporter, helping a staff nurse get a patient ready for discharge, or working with a physician to assess a patient and free a telemetry bed, Stoudt and her colleague, Lisa Bates, R.N., also a patient flow coordinator, do whatever it takes to open bottlenecks in the patient flow process. Together, they're helping to grease the wheels of LVHHN's Growing Organizational Capacity (GOC) initiative to improve patient movement from admission to discharge.

Stoudt worked on 4A as a medical cardiology nurse for 13 years. Bates' 11 years of nursing include six years in medical-surgical and the critical care float pool, and five years in cardiac care and the open heart unit. Admittedly, both nurses felt like risk-takers by leaving their nursing comfort zones and diving into uncharted waters. But they were up for the challenge and wanted to make a new kind of contribution. "The bottom line is getting patients more comfortable in a timely manner," Bates says.

Their day begins by checking in with patient logistics (formerly bed management), where new bed-tracking technology helps chart bed availability. The flow coordinators get a sense of that day's bed demands before beginning their rounds.

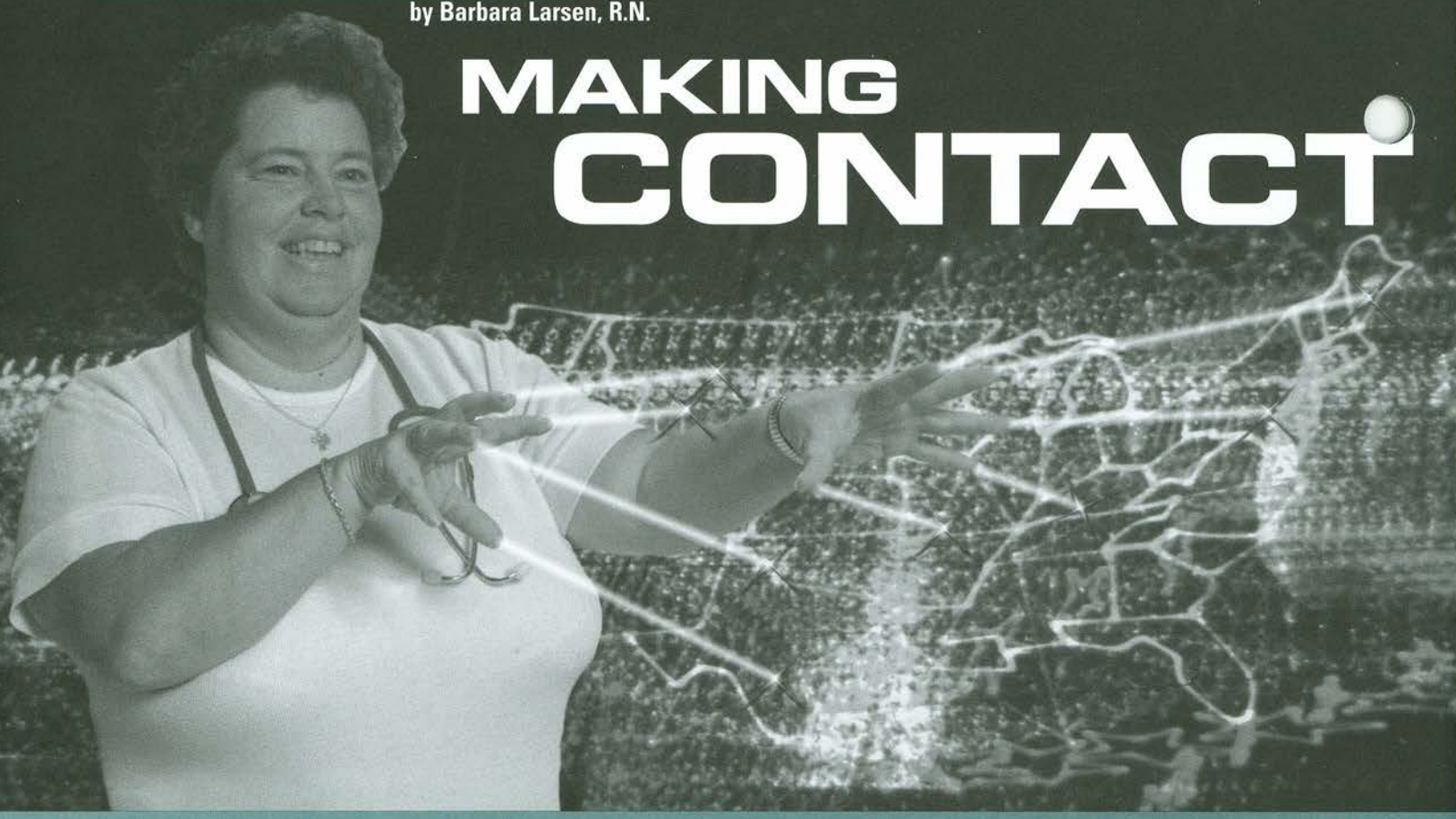
They log countless miles dashing floor to floor, up and down stairways, covering several medical-surgical units, the ED, the pediatric ambulatory care unit and the express admit unit. They keep in touch with cell phones, always ready to step in and help. "It's a win-win for our patients and our staff," Stoudt says. "I like knowing that we're helping make a difference."

Read more about patient flow coordinator Lisa Bates, R.N., in the GOC insert in November's issue of CheckUp!

Elizabeth McDonald

by Barbara Larsen, R.N.

MAKING CONTACT



Professional associations offer a galaxy of networking opportunities

Twenty-three years ago I started my nursing career at Lehigh Valley Hospital on 5C, the orthopaedic unit. Although it was not my first choice for a specialty, the match was based on staffing needs. So, off I went, never suspecting how my love of orthopaedic nursing would grow.

I soon realized that orthopaedics is a richly rewarding and challenging field of nursing encompassing all ages and more than fractures. Eager to learn more, in 1982, I joined the local chapter of the National Association of Orthopaedic Nurses (NAON). Through the years, I have served in every office on the local level at least once.

I attended my first national meeting in 1983 and have gone nearly every other year since. I was inspired to extend my involvement to the national level. Last year, I became a trustee on the NAON Foundation, which supports and promotes education and research for orthopaedic nurses. As one of five trustees, I review applications for awards, grants and scholarships from throughout the country. It was very rewarding to read this past year's applications and see all the many accomplishments of my orthopaedic nursing colleagues.

The last two years, I presented posters, along with LVHHN colleagues, at the national meeting. Friends of Nursing funds made this possible. Support from the Peggy Fleming Endowed Chair in Nursing has made it possible for me to join a NAON delegation traveling to Australia at the end of November on a People to People Ambassador trip. This is a wonderful opportunity for me to explore other cultures of orthopaedic care.

There's no doubt my involvement with NAON has kept me energized. In 1991, I was the first nurse in the Lehigh Valley to achieve ONC (Orthopaedic Nurse Certified) status. I mentored two colleagues to earn their certification and continue to encourage others to do the same. My NAON connections were helpful when I, as part of a multidisciplinary team, helped plan a preoperative joint education class for patients at LVHHN. I am one of three nurses teaching that class. In fact, the keynote speaker for our next orthopaedic conference here at LVHHN will be a New York City nurse who I heard speak at a NAON meeting about her 9/11 experiences.

What my professional organization did for me, yours can do for you, too. You might be surprised at how much you'll grow. I know I have.

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Photographers Scott Dornblaser, Amico Studios

Updates

CAREER AWARENESS Eighteen students from seven area high schools have been participating in the Professional Nurse Council's (PNC) annual Take NOTES (Nursing Options To Educate Students) program. Thanks to our many nurses who volunteer to precept these high school students considering a nursing career.

COMMUNITY OUTREACH Once again, the Community Outreach Committee and numerous nursing staff volunteers worked the first aid trailer at Bethlehem's annual Celtic Fest. The group was prepared to handle a variety of ailments from splinter removal to Celtic sports injuries.

ART & FINANCE Though several months away, the committee is preparing for the annual PNC Art Auction, Friday, April 2. This year's theme is 'Diamonds & Pearls.' In August and September, the finance committee approved $10,000 for 32 nurses to attend and present at regional and national conferences.

LEGISLATIVE The committee is reviewing a recent state house bill introduced by Rep. Mary Ann Dailey, R.N., establishing a health program helping nurses overcome chemical dependency. The program will use a peer assistance model of education and be an adjunct to the current Voluntary Recovery Program.

COLLABORATIVE NURSE RESEARCH COMMITTEE
Get ready for the nursing research web site! We plan to go live in November and will feature all collaborative nurse research/evidence-based practice projects and research resources!

PROFESSIONAL ACCOMPLISHMENTS

POSTER PRESENTATIONS:

Joanna Bokovoy, R.N., nurse researcher; Tina VanBuren, R.N. patient care specialist (PCS); LaDene Gross, R.N., nurse educator; and Barry Mitchneck, R.N., MedEvac staff nurse, presented a poster, *Development of a Computer Based Learning Program for Hemodynamic Monitoring,* in July at the National Nursing Staff Development Organization in Arlington, Va.

Karen Peterson, R.N., PCS, and Carol Sorrentino, R.N., PCS, presented a poster, *Managing Transition Before It Manages You,* at the same conference.

ORAL PRESENTATIONS:

Bonnie Kosman, R.N., director; Patricia Matula, R.N. practice specialist; Eileen Sacco, R.N., PCS; and Debra Peter, R.N., PCS, presented a session, *Demise of "Sacred Cows" in Nursing Practice: A Magnet Hospital Uses the Evidence,* at the International Evidence-Based Practice Conference, Sigma Theta Tau, in July in St. Thomas, U.S. Virgin Islands. Matula also presented a session, *Collaboration for Evidence-Based Practice.*

COMING ATTRACTIONS

CONTINUING EDUCATION PROGRAMS

November/December

Preceptor Preparation
Nov. 10
8 a.m. – 4:30 p.m.
2024 Lehigh St., Classroom C

Critical Care Course: Interdisciplinary Concepts for Critical Care
Nov. 10
8 a.m. – 4:30 p.m.
Auditorium, LVH–CC

Assessment and Management of Behavioral Dyscontrol (Part I)
Nov. 12
8 a.m. – Noon
School of Nursing Auditorium, LVH–17th

Learning Partners
Nov. 12
8 a.m. – 4:30 p.m.
2024 Lehigh St., Classroom C

Assessment and Management of Behavioral Dyscontrol (Part II)
Nov. 13
8 a.m. – 4:30 p.m.
Auditorium, 2nd Fl., LVH–17th

IABP Workshop
Nov. 13
8 a.m. – 4:30 p.m.
Education Center Conference Room #2

15th Annual Jaeger-Tilly Neuroscience Nursing Update
Nov. 13 & 14
8 a.m. – 4 p.m.
The Masters at Shepherd Hills

Critical Care Course: Cardiovascular Part I
Nov. 17
8 a.m. – 4:30 p.m.
Auditorium, 2nd Fl., LVH–17th

Critical Care Course: Cardiovascular Part II
Nov. 19
8 a.m. – 4:30 p.m.
Auditorium, 2nd Fl., LVH–17th

Critical Care Course: Hemodynamic Monitoring
Nov. 24
8 a.m. – 4:30 p.m.
EMI, 2166 S. 12th St.

Critical Care Course: Neurosciences Part I
Dec. 15
8 a.m. – 4:30 p.m.
EMI, 2166 S. 12th St.

Critical Care Course: Neurosciences Part II
Dec. 16
8 a.m. – 4:30 p.m.
EMI, 2166 S. 12th St.

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.

PROFESSIONAL ACCOMPLISHMENTS

PUBLICATIONS:

Anne Panik, R.N., clinical services administrator, authored an article in the August edition of AONE's *Voice of Nursing Leadership* entitled *Beyond Leadership Development: Succession Planning at Lehigh Valley Hospital and Health Network.*

Terry Burger, R.N., manager, infection control, authored an article, *SARS: One Hospital's Story,* in the August edition of *RN* magazine.

Deb Peter, R.N., PCS, and Carol Saxman, R.N., PCS, authored an article, *Preventing Air Embolism When Removing CVCs: An Evidence- Based Approach to Changing Practice,* in the August edition of *MEDSURG* Nursing.