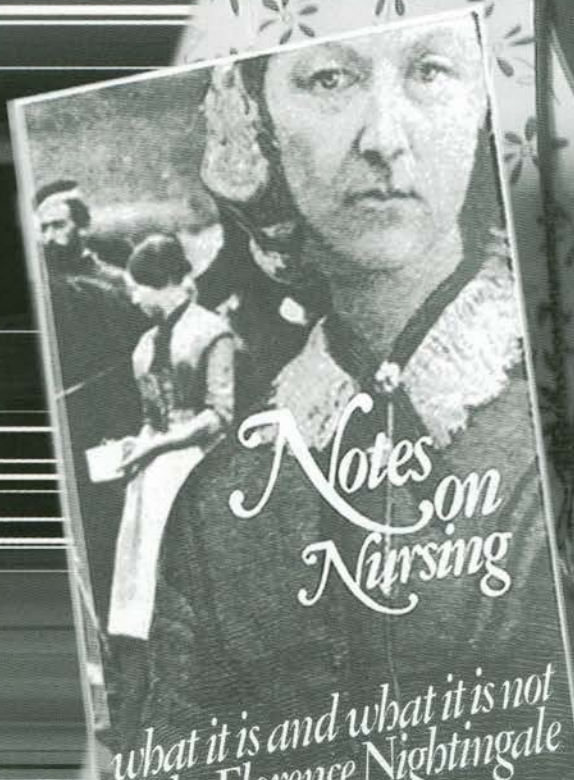


BSI

BEDSIDE SCIENTIST INSTITUTE

*Learning from the
legacy of Florence
Nightingale,
Marilyn Leshko,
R.N., is today's
bedside scientist.
Learn more about
BSI on pages 4 & 5.*

LEHIGH VALLEY
HOSPITAL
AND HEALTH NETWORK





The SEARCH for CLUES

Like Florence Nightingale, we are bedside scientists. We use observation and science to improve our community's health.

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

"The most important practical lesson that can be given to nurses is to teach them what to observe — how to observe — what symptoms indicate improvement — what the reverse — which are of importance — which are of none — which are the evidence of neglect — and what kind of neglect. All this is what ought to make part, and an essential part, of the training of every nurse."

More than 100 years ago, Florence Nightingale wrote these words in her landmark book *Notes on Nursing*. She realized what we now take for granted — that the power of observation is a hallmark of all great nurses. Nightingale's observation and research led a remarkable turnaround at a military hospital in Scutari during the Crimean War, where her knowledge of proper sanitation and good nutrition lowered a 42.7 percent death rate to just 2.2 percent in six months.

Nursing's first researcher and an inspiration to all, Nightingale and her work are recalled every year during Nurses' Week, which traditionally concludes on her birthday, May 12. Today, we don't have to battle the deplorable conditions Nightingale saw in the Crimean War, but each of us has the power to make just as much of a difference in our patients' lives as she did in her day.

How? By taking that exciting next step — matching your observations on how to best heal your patients and merging them with published data. That turns your hypotheses into a scientifically proven solution. It's one of many wonderful things that makes us Magnet, and the best part is that you don't have to go it alone.

Browse this issue of *Magnet Attractions* and learn about our Bedside Scientist Institute. It brings research to the bedside by linking you to textbook, classroom, and group learning, and provides guidance from Joni Bokovoy and a team of trained researchers in our Health Studies department. As a result, we're improving care for our patients every day and setting the pace for our nursing colleagues throughout the nation.

But don't just take my word for it. Read on and learn how it's catching on all over LVHHN. In critical care alone, nurses are identifying markers to make it easier for families to decide when to withdraw a loved one's care, learning if a daily rest period can reduce patient delirium, and focusing on the importance of physician-family communication.

Burn Center nurses are researching less painful treatments and dressings. Cardiac nurses are using guided imagery to reduce stress for open heart patients. And neuroscience nurses helped LVHHN's quest to become JCAHO certified as a Primary Stroke Center.

Collectively, your work is keeping our community healthier than even Florence Nightingale could've imagined. And that's something of which we can all be most proud.

Terry A. Capuano

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

Mixing It UP

Mindy Brosious, R.N., helps research new treatments that lead to less pain for Burn Center patients

They're called second-degree burns, but Mindy Brosious, R.N., sees enough of them in the Burn Center to know that they cause third-degree pain. "With third-degree burns, nerve endings are destroyed," she says. "It's the second-degree burns that are bright red, often blistered and cause the most intense pain."

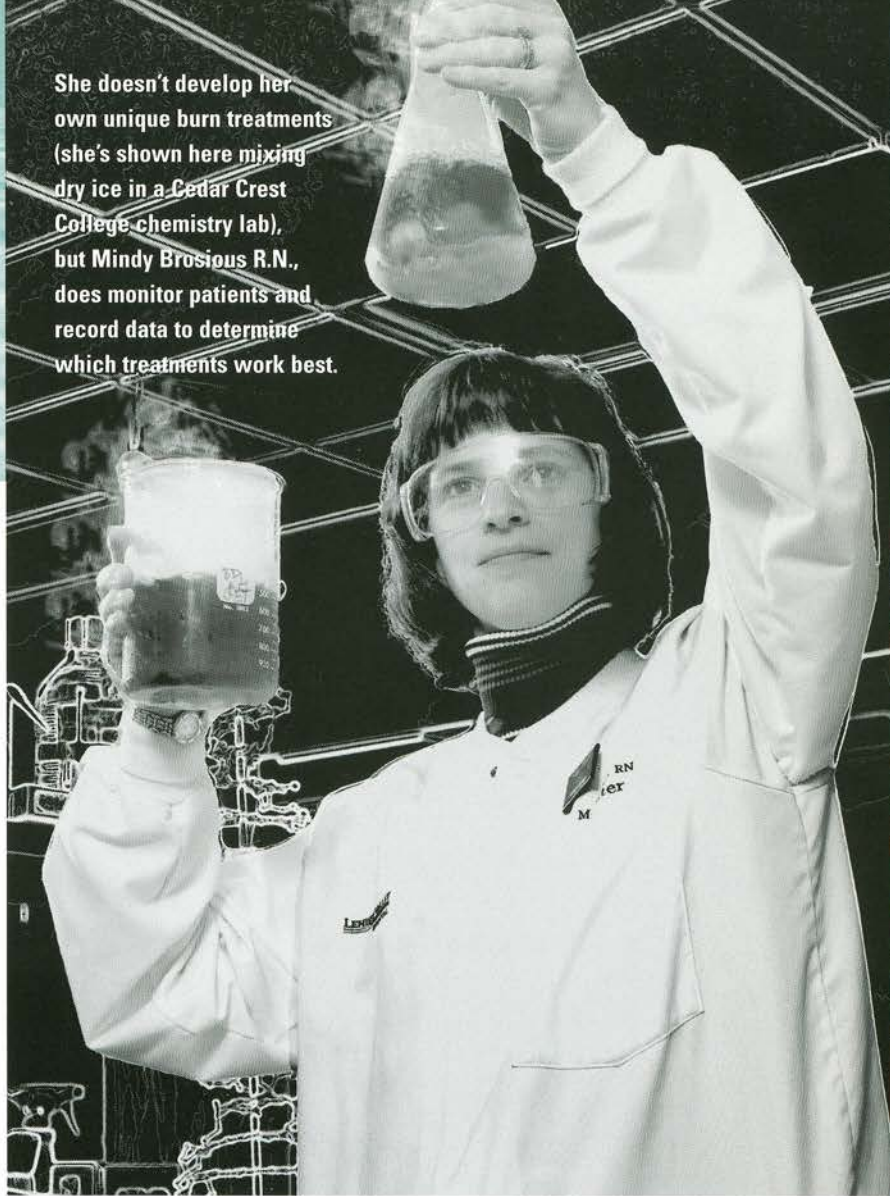
That's why Brosious is so excited about a new research project currently getting started in our Regional Burn Center that provides services for about 100 referring hospitals throughout eastern and central Pennsylvania. She and her colleagues are studying a new type of wound dressing, called Aquacel Silver, in comparison to the current standard, Silvadene.

Made from seaweed and imbedded with silver (a mineral that keeps burn sites from getting infected), Aquacel Silver is a fibrous cloth applied with gel. "It heals burns faster, and it only has to be changed once every couple days and not daily, which leads to much less pain for all patients," Brosious says.

Bedside nurses are taking part in the trial, recording data and making sure wounds are cleaned properly (with sterile water or saline solution — no soap). It's one of many advances at the Burn Center, and Brosious is helping her colleagues learn the excitement of research thanks to a Bedside Scientist Institute course specifically for patient care specialists.

Taking part in research "is an absolute thrill," says Brosious, one of more than 30 (PCSs) who meet monthly to learn the proper way of doing research and link with the right resources. "You learn research in school, so you always have the skill. But these classes teach you not only what to look for, but how to apply research you find directly to your unit."

She doesn't develop her own unique burn treatments (she's shown here mixing dry ice in a Cedar Crest College chemistry lab), but Mindy Brosious R.N., does monitor patients and record data to determine which treatments work best.



That knowledge gives Burn Center nurses the power to heal patients better, something they've done by:

- ❖ creating a "virtual burn team" of two nurses, three physician assistants and two burn surgeons. They visit and treat burn patients on units like transitional trauma, thus allowing LVHHN to treat many more burn patients than the nine-bed Burn Center houses;
- ❖ researching and using a new collagen-based treatment that reduces scarring for second-degree burns. The treatment reduced a two-week length of stay to two days.

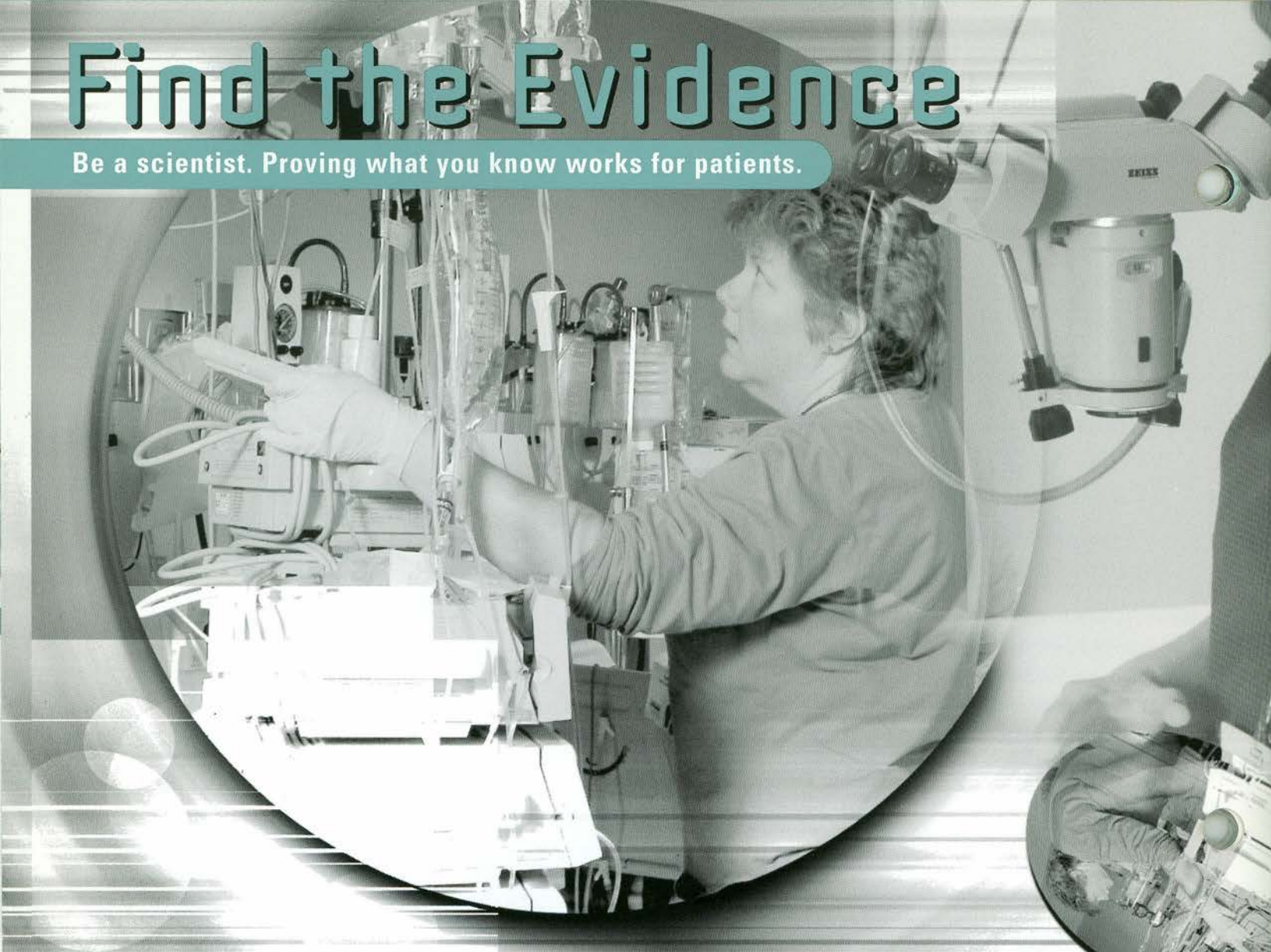
For Brosious, the hard work of researching pays dividends every time a patient like Donald Miller of Allentown — who arrived at LVHHN with third-degree burns over 60 percent of his body and a 10 percent chance of survival — goes home again. "The fact that Donny is walking and talking again and even taking karate is all the motivation we need to keep doing better for our patients," she says.

To read more about how LVHHN's Burn Center nurses helped save Donald Miller's life, log on to the Internet at www.lvh.org/miller.

Kyle Hardner

Find the Evidence

Be a scientist. Proving what you know works for patients.



Lucy Cascioli, R.N., MICU/SICU has seen a lot of heartache as families struggle with when to let go of a loved one. She's agonized through difficult decisions with her own family, when her 18-year-old niece suffered a traumatic head injury in a car accident last year. Cascioli's experiences have led her to a scientific process that she hopes will make these trying times a little bit easier in the future for families.

"It's a horrible burden to have to make decisions about withdrawing care," she says, "and the longer you delay it the harder it gets. Think of an 80-year-old man who's been married for 60 years. He can't do it. His kids can't do it."

Cascioli and a team of six have begun research to identify markers that will make it easier for families to make these decisions. They hope that by developing a formula that incorporates their experience and considers factors such as severity of illness and multiorgan failure, families will have more information to guide them.

"There are no definitive answers," she says, "but we hope to give them concrete information so they can make a decision with which they feel comfortable."

This study is different from most other research because it was initiated by bedside nurses as part of a unique program in LVHHN's Bedside Scientist Institute (BSI). Based on the understanding that bedside nurses are closest to the patient and best able to identify problems and solutions, BSI trains nurses to turn their hunches into scientifically proven strategies to better care for their patients.

"Nurses have always been scientists. They know what does and doesn't work through their training and intuition," says Joanna Bokovoy, R.N., Dr.P.H., director of research and a leader for the BSI. "This intuition is based on data, literature and experience, and is a great place to start."

"Nursing is both science and art," Cascioli says. "Some things are hard to measure, like the value of empathy & touch, but there's much we can prove."



PASSPORT TO SCIENCE RESEARCH PROJECTS



Lucy Cascioli, R.N.,
has taken a course
through the BSI.

Because Cascioli finished nursing school 24 years ago, formal research was a new experience. So, she enrolled in the BSI introductory course called Passport to Research. Developed and directed by Kathy Baker, R.N., MICU/tele-intensivist program manager in collaboration with Jeanine DeLucca, R.N., education specialist, the 16-hour course covers literature searches and critiques, hypothesis development, study design and data management. Professors from local nursing schools teach along with LVHHN staff. By the course's end, participants begin a research project. Now, Cascioli and her team, like all other "graduates," potentially can present findings at national and international conferences, giving them an opportunity to expand their knowledge and see how progressive LVHHN is.

"We're setting a trend here," Bokovoy adds. "It's rare to find bedside nurses involved in development of their own research. By putting the science behind what they already know, they are able to advance professionally and improve patient care."

Erin Alderfer

Does daily communication between physician and family improve family satisfaction?

- ❖ **Team:** Marilyn Leshko, R.N., Jeremy Benninger, R.N., P.C.S., Linda Engle, R.N., Eileen Palmer, R.N., Vicki Trexler, R.N.
- ❖ **Hypothesis:** families are more satisfied when they have daily contact with physicians
- ❖ **Status:** pilot underway
- ❖ **Process change:** flow sheet to document communication and feedback; bright yellow stickers with contact information for daily log and chart; labels for flow sheet
- ❖ **Measurement:** improvement of critical care family satisfaction survey scores dealing with communication

Will a daily rest period reduce delirium in ICU patients?

- ❖ **Team:** Judy Strawdinger, R.N., Lori Snyder, R.N., Cindy Dempsey, R.N., Diane Gotthardt, R.N.
- ❖ **Hypothesis:** patients need undisturbed rest in order to heal
- ❖ **Status:** study being designed
- ❖ **Process change:** three-hour afternoon rest period free from all interruptions, including tests, physicians, visitors, cleaning
- ❖ **Measurement:** length of stay, use of sedation, use of restraints

When should someone speak to a family member about end-of-life issues?

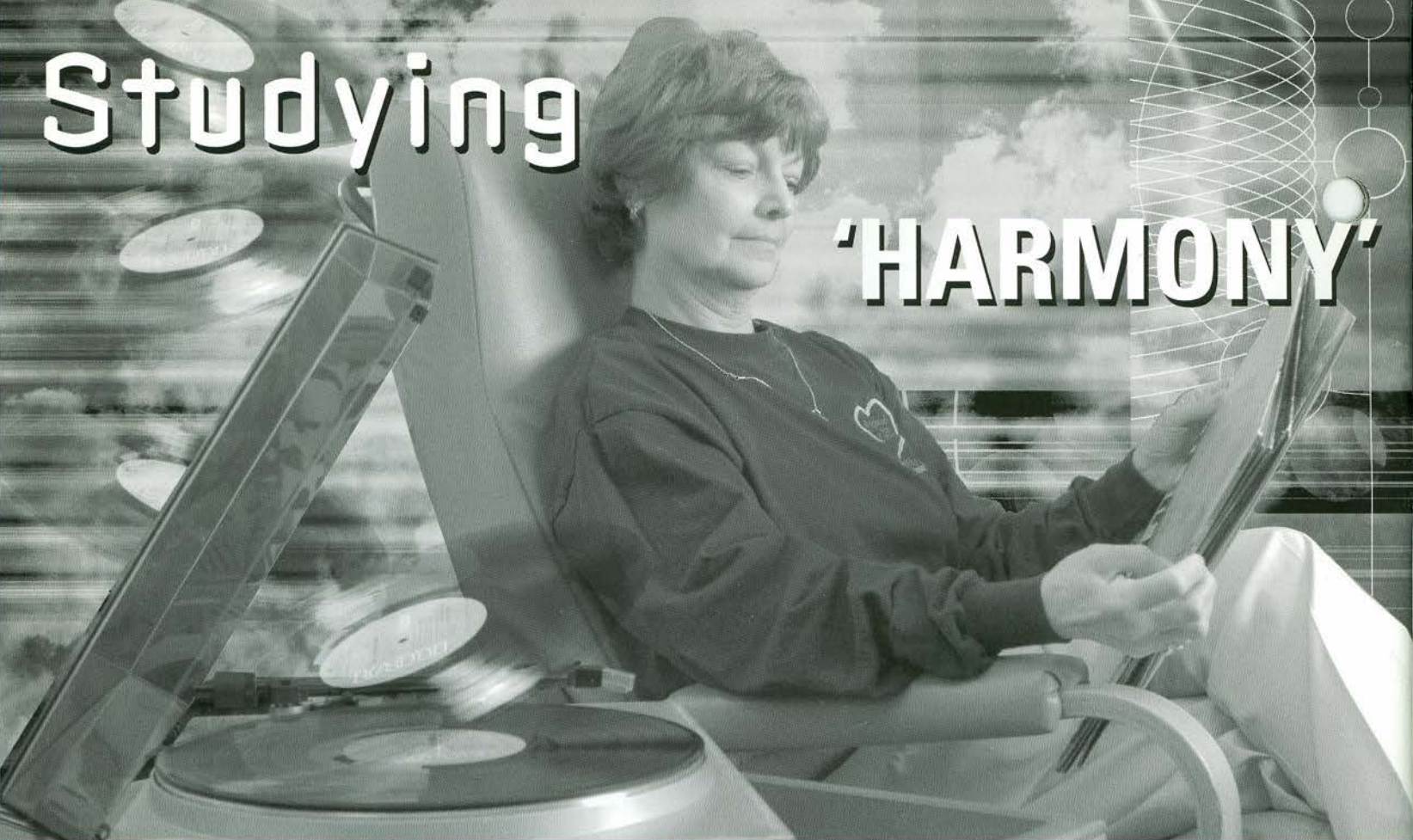
- ❖ **Team:** Lucy Cascioli, R.N., Sandy Derbyshire, R.N., Nancy VanDoren, R.N., Rosemary Gilbert, R.N., Wanda Perich, R.N., Cathy Fuhrman, R.N., Joan Schultes, R.N., case manager.
- ❖ **Hypothesis:** concrete measures like acuity ratings will help families make difficult decisions about when to end care
- ❖ **Status:** literature search completed, study in early stages of design

TEN ways to be a Bedside Scientist

- 1 — Find a mentor who had a good research experience.
- 2 — Don't be afraid to ask questions.
- 3 — Use resources available, like the LVH medical library, advanced practice nurses, staff from health studies and the center for professional excellence.
- 4 — WANT to make things better for your patients.
- 5 — Read research articles from nursing and medical journals.
- 6 — Join a BSI Passport to Research team.
- 7 — Share a cool research finding with a colleague.
- 8 — Talk to your patients and colleagues in all disciplines.
- 9 — Go to a research conference.
- 10 — Be confident in your expertise as a bedside clinician and its value to science; what you do is like rocket science.

Studying

'HARMONY'



Nurse researchers will evaluate whether finding peaceful places reduces stress in open heart surgery patients

Gyl Corona's patient didn't cry out for more painkillers after his lung volume reduction surgery. Instead he yearned for the soothing sounds of Frank Sinatra that drifted from his bedside speakers.

"It was the music that made him relax," says Corona, R.N., recalling how her patient absorbed the music before and after surgery.

Corona, now a patient care specialist for the acute coronary and progressive care units at LVH-Cedar Crest, thinks of the man she met almost a decade ago as she and other staff members explore a similar method of helping patients relax as they undergo open heart surgery at LVH-Muhlenberg.

In the works is a proposal to offer them guided imagery — not as a replacement, but as a complement to conventional medicine. Before surgery, nurses will play recordings or lead patients through exercises that use images and fantasy to help them find peaceful places. "You go to a specific place in your mind where everything is in harmony," says Nancy Davies-Hathen, administrator for cardiovascular clinical services, who has used guided imagery as a stress reliever and started a comparable program at a Philadelphia area hospital.

Now her team will take the idea a step further and study the effectiveness of guided imagery with the assistance of the Bedside Scientist Institute. Data collected by nurses, or "bedside scientists," could show whether guided imagery impacts length of stay, use of pain medication, anxiety, blood pressure, heart rate and exercise

tolerance. They also hope to learn whether guided imagery could reduce the onset of atrial fibrillation, which is caused by stress on the heart during surgery and occurs in 30 percent of patients.

Not all patients will embrace guided imagery at first, predicts Georgiann Morgan, director of LVH-Muhlenberg's intensive care unit. But if patients are introduced to guided imagery as a way to reduce stress and manage pain, then Morgan expects they will want to try it.

Corona sees guided imagery as a way for patients to gain more control over their care. "There's nothing more frustrating than telling someone, 'It's not time for your medication. I'll call the doctor and see what I can do,'" she says. "Now we can offer them another option — and it's something they can always carry with them, even to the dentist's office."

Like her patient who alleviated stress with Frank Sinatra records, Gyl Corona, R.N., kicks up her feet and spins a few albums to relax.

Sally Gilotti

Want to Become Certified in Guided Imagery?

The American Holistic Nurses' Association offers a certification program. For more information, log on to www.ahna.org, e-mail info@ahna.org or call 1-800-278-2462.



Why ask Why?

Nurses' quest for answers helps certify the neuroscience unit as a Primary Stroke Center

Katrina Hornberger, R.N., is naturally curious. So when the neuroscience unit (NSU) nurse saw differences among patients recovering from the same back surgeries, she asked, "Why?" Why don't all patients have drains? Why are some incisions closed with staples and others with Dermabond?

To fulfill her inquisitiveness, she waded through books and web sites for information on the common surgery that treats patients with lumbar stenosis, the result of the gradual narrowing of the spinal canal and compressing of nerves traveling to the legs. Now, Hornberger says, she knows more about what happens behind operating room doors and can better care for patients. "If a nurse knows what the surgeon is doing, it affects the care you give post-op," says the nurse of four years. "When I'm doing something, I like to know why I'm doing it."

She and her colleague, Joan Jerant, R.N., presented their findings on NSU during Neuroscience Week last November along with other colleagues whose curiosities led them to find explanations or improve procedures. Five posters were presented in 2002, and that number doubled to 10 this past year, drawing interest from fellow nurses, physicians and colleagues hospital wide. "Staff nurses are the experts; they see our patients every day," says Jennifer Gazdick, R.N., NSU patient care specialist.

Opportunities like this spark an interest in scientific research, says Gazdick. And that leads to great care, as evidenced by LVHHN's recent certification as an official Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Primary Stroke Center.

That stroke care includes NSU, where most stroke patients heal. To help deliver a consistent quality of care, Gazdick worked with staff nurses to develop two standardized forms — an interdisciplinary teaching sheet and a plan of care sheet — that ensure all caregivers are updated on a stroke patient's care goals and education needs.

"The nurses here are so proud of what they do, and this stroke certification shows them we're the best of the best," Gazdick says. "This is the start of great things."

And all great things begin with a natural curiosity like Hornberger's. A nurse with a strong desire to learn more, she also presented a poster last November on epilepsy and how to recognize various seizure symptoms. "It's something I love to do," she says.

Katrina Hornberger, R.N., says asking "why?" and then researching the answers can lead to better patient care.

Kyle Hardner

WE HAVE BEEN GIVEN A GIFT

Nurses can drive research to improve patient care

She was 71 years old, admitted with a suspected subarachnoid hemorrhage. She was stable and neurologically uncompromised. She had a great sense of humor and love of life, and was a joy to us and an obvious treasure to her large family.

This family—seven children, their spouses and children—all wanted to stay close and in touch. They filled the waiting room with their presence and spirit. They all wanted first-hand information from her doctors. They called the unit frequently for updates.

As nurses, we wanted to keep this family's strong bond intact and satisfy the need for information. But we also needed to focus on taking care of the patient. I asked them to designate a family spokesperson. The sister they chose developed a network within the family and organized communication with the physician. They kept phone calls to a minimum, allowing us to do our job, yet stayed fully informed. The patient's outcome was positive, and she was soon discharged from the MICU. The family was happy.

This story illustrates the importance of organized communication between physicians and family members. So when we got the chance to study this issue, with the possibility of developing research-based evidence, we jumped on it!

The MICU/SICU nursing staff has been given a gift—the opportunity to improve patient care by directly formulating, studying and applying research methods at the staff

nurse level. We have the support of nursing administration, the health studies department, medical and surgical unit physician directors and most importantly, the staff of the MICU/SICU. The opportunity was greeted with great enthusiasm. We have so many questions, so many possibilities to improve patient care. What an exciting time to be a nurse in the MICU/SICU!

Our group from the Bedside Scientist Institute program chose to study communication because it is so important to families, and our Press Ganey scores in this area showed room for improvement. Our hypothesis may seem obvious, but without research-based evidence it is just a theory. Proving it will give us credence.

It is an honor to be part of this ground-breaking movement in critical care nursing. We are part of a rich environment where we can learn so much from our colleagues. And if we open our eyes and ears and put on our scientific mindset, we can learn from a 71-year-old patient and her family the value of well-organized, systematic communication.

PROFESSIONAL PRACTICE MODEL

C O M M I T T E E

Updates

Friends of Nursing Medallion Lecture

Wednesday, May 19 • 11 a.m. and 1 p.m. • Auditorium, LVH-CC

Broadcasted Closed-Circuit TV-Channel 23

Guest Speaker: **Bernice Buresh** will present an inspiring and motivational session based on the acclaimed book she co-authored titled *From Silence to Voice: What Nurses Know and Must Communicate to the Public*

LEGISLATION This year Joan Collette R.N., clinical operations manager, LVH-Cedar Crest Operating Room, and Lisa Bates, R.N., Cedar Crest float pool, were selected to be LVHNN's representatives at the annual Nurse In Washington Internship (NIWI). The conference energized and prepared the attendees to become more actively involved in influencing health care through the legislative process. The committee is looking forward to working with them in the upcoming year.

ART AND FINANCE Just in time for Mother's Day....The PNC Plant Sale.

Thursday May 6 • 8 a.m. – 4 p.m.

Anderson Wing, LVH-CC; main Lobby, 17th & Chew; Visitor's Entrance, LVH-M

Friday May 7th • 8 a.m. – 3 p.m.

Anderson Wing, LVH-CC

CAREER AWARENESS Nurse camp, held in conjunction with DeSales University, will be held June 21 to 24. The camp provides students with an opportunity to determine if a career in nursing would be right for them. The committee is searching for educational experiences to offer to the camp participants. Please contact Barbara Versage at 610-402-1789 if you are interested in participating in this event.

PROFESSIONAL PRACTICE MODEL

PUBLICATIONS:

- **Vera Deacon, R.N.**, PICC nurse—*The Safe Medical Device Act and Its Impact on Clinical Practice Journal of Infusion Nursing*, January/February 2004.
- **Terry L. Burger, R.N.**, manager, infection control, *Lack of SARS Transmission and U.S. SARS Case-Patient Emerging Infectious Diseases*, February 2004.

POSTER PRESENTATIONS:

- **Charlotte Buckenmyer, R.N.**, director, emergency department LVH-M and 17th and Chew and **Cheryl Celia R.N.**, patient care specialist, ED, LVH-Cedar Crest. *Implementation of a Core Charge Nurse Program in the Emergency Department*, Emergency Nursing Association Leadership Challenge 2004, Salt Lake City, Utah, February 2004.
- **Barbara Davis R.N.**, patient care coordinator, LVH-17th and Chew, emergency department, **Barbara Fadale, R.N.**, forensic nurse examiner and **Charlotte Buckenmyer, R.N.**, director, emergency department LVH-M and 17th and Chew *An evaluation of the Sexual Assault Forensic Examiner Program in the Emergency Department*, Emergency Nursing Association Leadership Challenge 2004, Salt Lake City, Utah, February 2004

COMING ATTRACTIONS

CONTINUING EDUCATION PROGRAMS

May

Continuous Renal Replacement Therapy Workshop

May 5 • 9 a.m. – 12:30 p.m.
Classroom 2, LVH-CC

Learning Partners

May 6 • 8 a.m. – noon
Classroom C, 2024 Lehigh St.

Acute Stroke Workshop

May 7 • 8:30 a.m. – 2 p.m.
Auditorium, LVH-CC

Preceptor Preparation

May 10 • 8 a.m. – 4:30 p.m.
Classroom C, 2024 Lehigh St.

Technical Partner Education Series: Your Role in Patient Safety

May 11
7 – 8 a.m. or 10 – 11 a.m.
Conference Room 1A
or
2 – 3 p.m.
Conference Room 1B
JDMCC, LVH-CC

Trauma Nurse Course (3 days)

May 12-13-14 • 8 a.m. – 4:30 p.m.
EMI, 2166 S. 12th St. (May 12)
Auditorium, LVH-CC (May 13 & 14)

Trauma Nurse Course: Burn/Tissue Trauma

May 17 • 8 a.m. – 4:30 p.m.
Auditorium, LVH-CC

Assessment and Management of Behavioral Dyscontrol - Part I

May 26 • 8 a.m. – noon
Rooms 1&2, Banko Bldg., LVH-M

Assessment and Management of Behavioral Dyscontrol - Part II

May 27 • 8 a.m. – 4:30 p.m.
Rooms 1&2, Banko Bldg., LVH-M

June

Neuro Evening Seminar

June 14 • 4:30 – 9 p.m.
Auditorium, LVH-CC

SCORE! NCLEX Prep Course

June 18-19-20
Auditorium, LVH-CC

Code Orange Recertification

June 24 • 7:30 – 11:30 a.m.
OR 12:30 – 4:30 p.m.
Rooms 1&2, Banko Bldg., LVH-M

ONS Chemotherapy and Biotherapy Course

June 29 & 30
Conference Room 1A/1B, JDMCC, 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.

CONGRATULATIONS!
to all of our
Friends of Nursing
RECIPIENTS

Learn their full stories
at www.lvh.org/awardrecipients



Sharing our Legacy



...by telling our stories!

You have the profound gift of being a nurse.

*Tell us a story about your most inspirational day as a nurse...
about the patient who changed your life...about those nursing
memories that are etched in your mind forever.*



Why Should I Tell My Story?

Storytelling has become the foundation for legacy, reputation and folklore. Sharing our stories shines a light on nursing, often known as the “invisible profession.” Every nurse has a story to tell. So please tell your story, and inspire people with the heart, mind and spirit of nursing. Your story or poem could be published in a book that will chronicle the character of our nurses at Lehigh Valley Hospital and Health Network.

Send your stories or poems to Barbara Versage, R.N., via e-mail (barbara.versage@lvh.com) or to the Center for Professional Excellence, Suite 408, JDMCC, by June 30. Read samples of inspirational nursing stories at www.lvhnurses.org or call or e-mail Barbara Versage, R.N., for copies, 610-402-1789.

How Do I Tell My Story?

Remember your passion, answer these questions and write down your feelings...

- **Who was the first patient with whom you connected?** Why was he or she memorable? Was it the way her eyes spoke to you when she could not; how you quieted the sick child when she was afraid; the extra moment you took to listen to the widower as he spoke of the good old days?
- **What is your most memorable experience as a nurse?**
- **Do you recall a patient** who is like a short reel of film, always replaying in your head? Tell that story.
- **What did your special moments feel like,** look like, smell like, sound like and taste like?
- **Show. Don't tell** — for example, instead of telling the reader that he was tall, say that he “had to duck to walk through the doorway.”
- **Paint a picture** — What colors were in the room? What were you wearing? What was he or she wearing? What was the weather like? What was on the television?
- **What words did the patient say to you?** What did you say to the patient? Remember the dialogue.
- **How did you feel when the older man,** swallowing his pride, asked for help changing his colostomy bag?
- **How did you feel when you saw life** bursting into the world at your first delivery?
- **What lesson did you learn** from a patient or family that prompted you to become a different person? How have you lived differently?
- **What was your most memorable holiday** you worked as a nurse and why?
- **Do you remember the last time** you thought, “I cannot continue to experience the heartache I am exposed to as a nurse.”? What made you silence that thought?
- **How did you say goodbye** to that patient you adored? How did the patient say goodbye to you?
- **Do you remember the first time** you thought, “I love being a nurse!” ? Share this experience.
- **What small things stay with you forever** — a patient's favorite food, the way her nose wrinkled when she talked or a funny request?

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