FALL 2010

Magnet Attractions

An Unspoken Bond

The care provided by Jane Durant, R.N., left a lasting impression on one special patient.

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A PASSION FOR BETTER MEDICINE.℠

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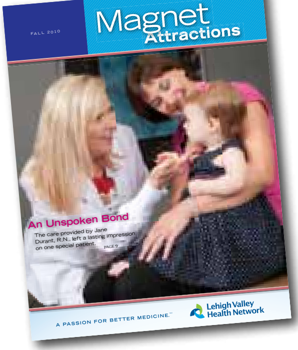


On the cover: Jane Durant, R.N., reunites with patient Clare Sebastian, who nominated Durant for a prestigious Nightingale Award after the birth of daughter Fiona. See page 9.

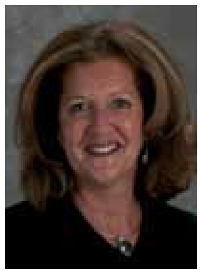
our magnet™ story

Magnet hospitals are so named because of their ability to attract and retain the best professional nurses. *Magnet Attractions* profiles our story at Lehigh Valley Health Network and shows how our clinical staff truly magnifies excellence.

A Season for Celebration

There's something special about autumn. When the leaves start to turn colors, there's always an exciting feeling of change in the air. That's why we chose the Fall issue of *Magnet Attractions* to introduce a new format to you.

As you flip through the pages of this issue, you'll see it's organized by the Magnet™ model components of Transformational Leadership; Structural Empowerment; Exemplary Professional Practice; and New Knowledge, Innovation and Improvements. The fifth model component, Empirical Outcomes, is incorporated in each story. You'll get a chance to read about your colleagues who exemplify these components.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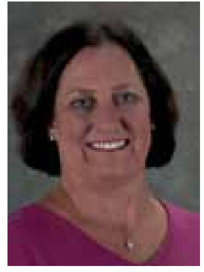
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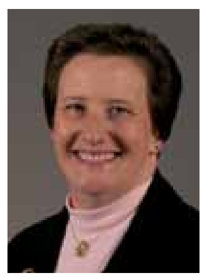

Smith

Nagle

Four of your colleagues who are highlighted in this issue are finalists for a prestigious Nightingale Award of Pennsylvania this year. They are: director of infection control and prevention Terry Burger, M.B.A., B.S.N., R.N., C.I.C., N.E.-B.C., finalist, nursing administration; float pool patient care specialist Mary Jean Potylycki, M.S.N., R.N., R.N.C., finalist, nursing education; neuroscience ICU patient care specialist Maureen Smith, M.S.N., R.N., C.N.R.N., finalist, nursing education; and burn center nurse Jennifer Nagle, B.S.N., R.N., finalist, clinical practice R.N. How exiting!

Durant

Medical-surgical intensive care unit nurse Jane Durant, R.N., is the recipient of the Nightingale Patient Choice Award. You'll find the touching patient story that garnered her this recognition on page 9. Congratulations, Jane! Our Nightingale Award recipient and finalists truly exemplify what being a Magnet hospital is all about!

This brings me to our quest to be recognized as a Magnet hospital. We'll soon learn if our written evidence achieved the required score to earn us a site visit. Stay tuned for that information…and in the meantime, continue to show our patients how you demonstrate each of the five Magnet model components and your passion for better medicine every day!

Anne Panik, M.S., B.S.N., R.N., N.E.A.-B.C.
Senior Vice President, Patient Care Services

'Our Nightingale Award recipient and finalists truly exemplify what each of the five Magnet model components is all about!'

M
AMERICAN NURSES CREDENTIALING CENTER
ANCC MAGNET RECOGNITION

Transformational Leadership

What is it?

It is relatively easy to lead people where they want to go; a transformational leader must lead people to where they need to be in order to meet the demands of the future. This requires vision, influence, clinical knowledge and strong expertise relating to professional nursing practice. Here, you'll read about Chief Quality Officer Rounds, which are helping nurses improve quality outcomes—something that will become increasingly important with health care reform and reimbursement. You'll also see our Nursing Vision statement, which is our collaborative vision for nursing at Lehigh Valley Health Network.

When Rounds Lead to Teachable Moments

Chief Quality Officer Rounds improve patient outcomes, educate nurses

In a world of ever-changing reimbursement regulations, nurses are empowered to improve quality outcomes, which ultimately affect our health network's bottom line. For example, our health network is not reimbursed by the Centers for Medicare and Medicaid Services (CMS) for hospital-acquired conditions such as catheter-associated urinary tract infections, ventilator-associated pneumonia, hospital-acquired pressure ulcers or falls.

To ensure we consistently provide high-quality patient care, several patient care units in 2010 piloted Chief Quality Officer Rounds. The vision behind these rounds exemplifies the Magnet™ model component Transformational Leadership.

During Chief Quality Officer Rounds, unit directors or patient care specialists round at least four times a week with nurses and technical partners. Together they see patients identified as high-risk for a specific, identified quality indicator. These rounds are done at the bedside. "This creates time for each clinical colleague to receive individualized attention and instruction about quality issues, and ultimately leads to teachable moments that make a positive impact on patient care and quality outcomes," says patient care services administrator Courtney Vose, R.N.

The pilot for Chief Quality Officer Rounds was completed with Respiratory Services and Lehigh Valley Hospital–Muhlenberg's 5T. It was so successful that the concept was rolled out throughout the entire division.

Raising awareness– Nightingale award finalist Maureen Smith, R.N. (right), a patient care specialist on the neuroscience intensive care unit, walks Kimberly Martin, R.N., through tracking risks for CA-UTI during daily Chief Quality Officer Rounds.

Here's a snapshot of what's happening.

Neuroscience Intensive Care Unit

Patient care specialist Maureen Smith, R.N., one of our Nightingale award finalists for nursing education, focuses on catheter-associated urinary tract infections (CA-UTI) and time of last bowel movement (BM) when she makes her quality rounds.

Teachable moments

The rounds have helped raise nurses' and technical partners' awareness of the quality metrics we measure. "It's also made them more knowledgeable about which areas of patient care need fine tuning," Smith says.

Improving quality outcomes

Before Chief Quality Officer Rounds began, the nurses were so focused on vital issues such as blood pressure and neurological exams that the timely removal of Foley catheters was not a priority. "Now that they are reminded of the importance through quality rounds, our CA-UTI rate has decreased significantly," Smith says.

Behavioral Health Unit

Patient care specialist Colleen Green, R.N., says her primary concern is the safety of patients and colleagues who must always be alert to the possibility that a patient will exhibit behavioral dyscontrol. During quality rounds, Green focuses on high-risk patients who have recent instances of aggressive behavior, self-harm, falls, medical complications or are mentally/physically challenged.

Teachable moments

Green asks nurses to identify their high-risk patients and explain how they are caring for them. They then talk through which interventions are being used and whether or not they're working. "I'm able to give real-time feedback and suggestions to staff and help address patient care concerns," Green says.

Improving quality outcomes

By working together to identify and monitor high-risk patients, the unit is reducing restraint/seclusion episodes. "Through timely identification of our high-risk patients, we keep our patients and colleagues safe by facilitating timely intervention," Green says.

Neuroscience Unit 7A

When the leadership team of the neuroscience unit makes quality rounds, director Holly Tavianini, R.N., and patient care specialist Jill Hinnershitz, R.N., focus on fall prevention, hospital-acquired pressure ulcers and CA-UTI.

Teachable moments

Rounding helps quality officers identify potential issues and offer solutions. "When we round with the nurses and technical partners, we are the outside eyes," Tavianini explains. "We offer ideas and other interventions and strategies for quality outcomes that perhaps they have not considered as they deliver acute care." For example, a quality officer may suggest a nutritional consult to evaluate whether caloric intake or protein level contributes to skin breakdown and ultimately to pressure ulcers.

Improving quality outcomes

Rounds have greatly impacted the unit's reduction in hospital-acquired pressure ulcers and CA-UTI. The unit had a 50 percent and 47 percent reduction respectively in fiscal year 2010.

Respiratory Therapy

Educational coordinator Kenneth Miller, R.R.T., performs daily mechanical ventilator rounds for quality issues. He uses a Metavision report to assess priorities related to which medical ventilation patients he needs to see first. He takes critical care nurses, technical partners, respiratory students and medical residents with him.

Teachable moments

During these rounds, Miller always looks for ways to help clinical staff maximize ventilatory management and optimize patient outcomes. "I also utilize this time to drive new technology, and use it as a barometer to gauge staff concerns and issues regarding clinical practice," he says.

Improving quality outcomes

Information gleaned from the rounds has been used for quality improvement and research projects. Examples include the implementation of a new endotracheal tube holder and examination of extubation and re-intubation rates.

5 Tower

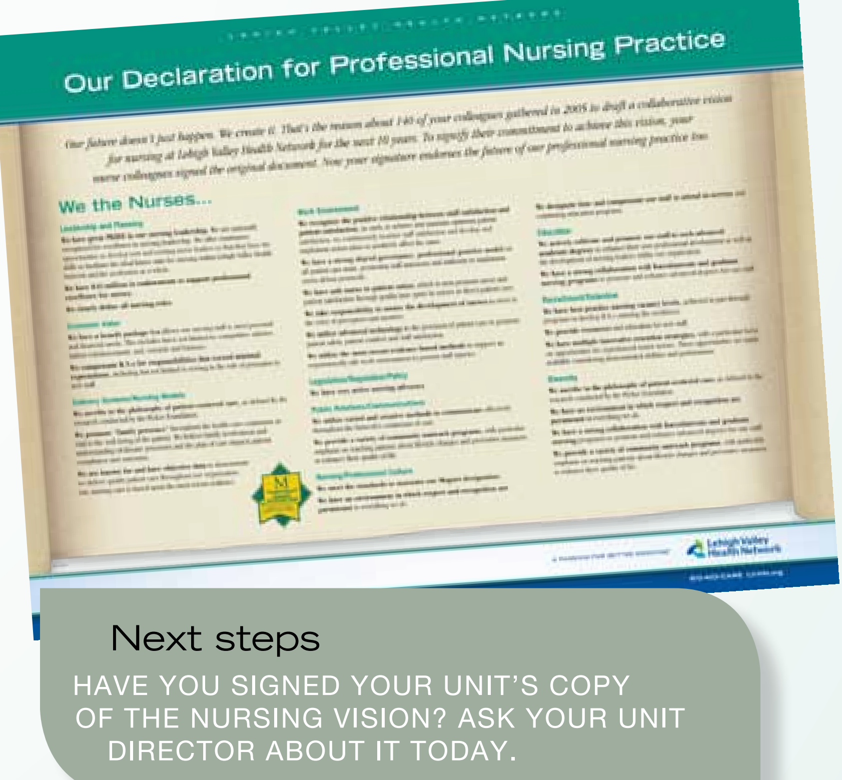
When the leadership team of 5T makes quality rounds, director Jennifer Devine, R.N., and patient care specialist Tiffany Lopez, R.N., focus on falls, bedside shift report, restraints, Foley catheter usage and skin integrity.

Teachable moments

Lopez says that these rounds bring her back to the bedside to see the impact nurses and technical partners have on quality care. "It makes me feel like I'm doing what my role really is—which is to ensure my staff has the educational resources needed to provide safe patient care," she says. "Plus, the increased visibility of the leadership team on the unit is a way to improve staff satisfaction and trust, which is a win for everyone," says Devine.

Improving quality outcomes

The unit's fall rate has decreased from 4.14 to 2.97 in 10 months. Plus, the unit has been acknowledged by the CA-UTI reduction task force for exceeding expectations and reducing our urinary catheter utilization rate by 10 percent for fiscal year 2010.



Next steps

HAVE YOU SIGNED YOUR UNIT'S COPY OF THE NURSING VISION? ASK YOUR UNIT DIRECTOR ABOUT IT TODAY.

Structural Empowerment

What is it?

Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision and value come to life. Further strengthening practice are the strong relationships and partnerships developed among all types of community organizations to improve patient outcomes and the health of the community. Here, you'll read about why one of our nurses was inspired to create programs for burn survivors in our community. You'll also learn how our environment encourages strong professional practice, as evidenced by the innovative programs our nurses write about in published articles.

The Journey to Publication

Colleagues share how they do it

Tracy Gemberling, R.N., never thought about writing for publication. But when she received an invitation to write a manuscript after presenting a poster at the Academy of Medical-Surgical Nurses (AMSN) conference, she excitedly accepted the challenge. "My passion for the topic made the entire process much easier than I thought it would be," she says.

The topic is our health network's unique clinical resource specialist (CRS) role. Initiated in early 2008, these specialists are available to our nurses during the 7 p.m.–7 a.m. shift, when many new nurses work. The CRS helps guide new nurses (and experienced ones too) through situations they may be unsure about. "As a new nurse, I loved that I could call a CRS when I had a clinical question or needed a second opinion," Gemberling says. That's why she was chosen to present a poster on the topic at the AMSN conference.

When she accepted the challenge to write a paper, she tapped published author and patient care specialist Mary Jean Potylycki, R.N., for guidance. They formed a writing team with Carolyn Davidson, R.N., our director of quality and evidence-based practice, as well as Nancy Tretter-Long, R.N., and Lori Reiner, R.N., two clinical resource specialists. Together, they produced an outline, and then each team member wrote her respective section of the manuscript. The sections included a background/assessment, literature review, planning, implementation and evaluation/impact. "I suggested that we break down the writing step-by-step and keep it simple," Potylycki says. "This makes writing for publication much easier."

The recipe worked. The finished paper "Clinical Support for the Off-Shift Nurse and the GN: Our **C**linical **R**ock **S**tars" will be published in the peer-reviewed *MEDSURG Nursing: The Journal of Adult Health* in August 2011. "It was so exciting to learn it was accepted for publication,"

Keep it simple–That's the advice seasoned author and Nightingale award finalist Mary Jean Potylycki, R.N. (center), gave to night nurse Tracy Gemberling, R.N. (right), and clinical resource specialist Lori Reiner, R.N., as they worked on their first manuscript together: "Clinical Support for the Off Shift Nurse and the GN: Our **C**linical **R**ock **S**tars."

Next steps

SIGN UP FOR THE NEXT WRITING WORKSHOP HOSTED BY THE CENTER FOR PROFESSIONAL EXCELLENCE OR SIGN UP FOR A RESEARCH CLASS AT THE BODY FAMILY MEDICAL LIBRARY AT LEHIGH VALLEY HOSPITAL–CEDAR CREST.

Gemberling says. "The whole journey was a learning process, and I'm really glad I was able to be part of it." She encourages other nurses to get involved with writing too. "In our health network, we have resources who make the process relatively easy and enjoyable."

Kim Korner, R.N., director on 6C, agrees. She recently worked on a paper with a team that included patient care specialist Maria McNally, R.N., patient care coordinator Angela Agee, R.N., and nursing excellence specialist Niki Hartman, R.N. The content for the paper was generated by the oral presentation "Somebody to Lean On: How Lean Principles Promote Exemplary Professional Practice," which was given at the Annual Magnet Conference last year in Kentucky. The paper is currently being reviewed for publication in *American Nurse Today*.

We Have a New Publication Goal

You can help us reach it

In 2010, Patient Care Services colleagues shared a goal to author 10 published manuscripts in peer-reviewed journals....and we did it! Well, we're setting the bar even higher for 2011—publication is a big part of the Magnet™ model component of Structural Empowerment.

This year, we'd like to see our Patient Care Services colleagues reach a goal of 12 (threshold) papers for publication in texts or peer-reviewed journals. In fact, we don't think achieving 15 (target) accepted papers is out of the question—and we'd be absolutely thrilled to reach a goal of 18 (maximum) papers accepted for publication in peer-reviewed journals.

This is where you come in. Check out the stories about your colleagues who have gone through the publication process. They offer some helpful tips on how to get started. Plus, you can tap the expertise of our Center for Professional Excellence colleagues Kim Hitchings, R.N., and Niki Hartman, R.N. They can help you perform queries, prepare an outline and manuscript, as well as guide you through the editing and submission process. They'll also offer encouragement and moral support along the way. This is the year for you to pick up a pen and become an author!

She Helps Patients Bounce Back

Jennifer Nagle, R.N., is amazed by the resilience of the human spirit

Caring spirit–Nightingale award finalist Jennifer Nagle, R.N., has developed a keen sense of burn patients' psychosocial needs.

A big part of the Magnet™ model component Structural Empowerment is community outreach. Jennifer Nagle, R.N., a Nightingale finalist for the Clinical Practice R.N. award, exemplifies this component. A bedside nurse in our Regional Burn Center for seven years, Nagle understands a burn patient's psychosocial needs.

It's why she helped start Pediatric Family Fun Day, held four times annually for children with traumatic burn injuries. It offers emotional support and therapeutic activities for children and their families. Nagle also organizes an annual burn survivor holiday party, volunteers at a camp for burn survivors each summer, helps with a burn re-entry program for children, speaks at community seminars on burn education and is planning a 5K race to benefit burn survivors.

"This is how I give back to my patients," she says. "Because of them, I witness the amazing resilience of the human spirit. My patients are amazing, and I'm inspired when I'm able to watch them return to happy, healthy, productive lives."

Exemplary Professional Practice

What is it?

The true essence of a Magnet organization stems from exemplary professional practice within nursing. This entails a comprehensive understanding of the role of nursing, the application of that role with patients, families, communities and the interdisciplinary team, and the application of new knowledge and evidence. Here, you'll read about how director of infection control and prevention Terry Burger, R.N., exemplifies the community aspect of this model, and how medical-surgical nurse Jane Durant, R.N., exemplifies the patient aspect of this model. You'll also read about the Code of Ethics, which helps guide our journey to Exemplary Professional Practice.

Teamwork pays off–Nightingale award finalist Terry Burger, R.N. (right), helped to prevent the spread of the H1N1 virus by working with community officials, including school district administrators like Louise E. Donohue (left), superintendent of Parkland School District.

Collaboration Keeps Virus Under Control

Terry Burger, R.N., was instrumental during the H1N1 outbreak

As details regarding the H1N1 virus emerged in spring 2009, our health network's director of infection control and prevention, Terry Burger, R.N., responded swiftly and decisively—it's one of the reasons she is a finalist for the 2010 Nightingale Awards of Pennsylvania in nursing administration.

Of course, Burger is quick to point out she didn't act alone. "Preventing a virus from spreading requires teamwork and cooperation among many individuals and organizations," she says. The framework for these relationships was built through years of community outreach and participation in local and regional emergency preparedness activities. "When H1N1 hit, we were ready to go," Burger says.

Her first step was to alert health network senior management that supplies and a multidisciplinary response team would be needed. After the team created a plan, Burger reached out to area hospital, long-term care and public health representatives. "We felt it was critical to share our plan recommendations—including the need for all of us to deliver consistent messages to the community to avoid confusion," she says. Another outcome of this coalition was an identical visitor restriction policy at all area facilities

Burger used her department's annual community flu vaccine program as the model for an H1N1 vaccination strategy. Because young people under age 18 were particularly susceptible to the H1N1 virus, Burger partnered with area school districts to secure two clinic sites and other resources. Starting with students and later adding adults, clinic volunteers performed 12,000 vaccinations during a single weekend.

The actions of Burger and her colleagues exemplify the Ethics Code tenet focusing on "collaboration with other health professionals and the public" to meet health needs. Burger is convinced community partnership was instrumental in preventing a more serious outbreak of H1N1. "All the extra coordination and meetings were worth it," she says, "even if it means we saved just one more life."

An Unspoken Bond

Persistence pays off for Jane Durant, R.N.

After losing a massive amount of blood during childbirth at Lehigh Valley Hospital–Cedar Crest, patient Clare Sebastian was gravely ill when she arrived in the medical-surgical intensive care unit (MICU/SICU) on 2K. "She was critically ill," recalls her nurse, Jane Durant, R.N. During the next two days, Durant and Sebastian developed an unspoken bond. In fact, the bond was so strong Sebastian nominated Durant for the Nightingale Award of Pennsylvania Patient Choice Award, for which she is the selected recipient. Her actions exemplify the Ethics Code tenet stating a nurse's "primary commitment is to the patient."

While on the MICU/SICU, Durant became concerned about her patient's fragile emotional state. Sebastian desperately wanted her new baby girl, Fiona, to be breastfed exclusively so she would not grow accustomed to having a bottle. But because Fiona was sometimes fed by bottle in the nursery, Sebastian's anxiety mounted. Durant, consequently, sensed her patient was upset and became protective of her, even ushering out visitors if she sensed Sebastian was overwhelmed. "Critical care nurses must look beyond a patient's physiology," she says. "We also need to be experts at reading people and connecting with them."

After two days, Sebastian and her daughter were cleared for transfer to the perinatal unit (PNU). However, the new mom panicked when she learned Fiona's next feeding was on hold until they reached their new room. A half-hour after her shift ended, Durant noticed Sebastian had not yet been transferred, so she found a wheelchair and took her to the PNU herself. When she realized Fiona had not yet been transferred to the PNU either, Durant advocated on her patient's behalf.

"I asked the staff, 'What can we do to get that baby here in the next five minutes?'" she recalls. Her persistence paid off and moments later, the new mom was feeding Fiona.

Durant doesn't consider her efforts to be noteworthy. She does admit, however, to feeling extraordinarily satisfied as she watched Sebastian cradle Fiona and begin feeding her. "It was one of those moments where time stood still," she says. "It's why I do what I do."

Happy reunion–Nightingale award recipient Jane Durant, R.N., left a lasting impression on patient Clare Sebastian, who was hospitalized after delivering daughter Fiona.

Code of Ethics for Nurses

The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The nurse's primary commitment is to the patient, whether an individual, family, group or community.

The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient.

The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

The nurse participates in the advancement of the profession through contributions to practice, education, administration and knowledge development.

The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.

The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

© American Nurses Association

Next steps

HAVE YOU RECENTLY READ THE CODE OF ETHICS POSTED ON YOUR UNIT? IF NOT, BE SURE TO DO IT SOON.

New Knowledge, Innovations and Improvements

What is it?

Magnet organizations contribute to patient care, the organization and the profession in terms of new knowledge, innovations and improvements. Current systems and practices are redesigned and redefined to be successful in the future. Here, you'll read about how research conducted in our neonatal intensive care unit led to a new protocol for feeding infants. You'll also see how simulated learning helps our nurses prepare for complicated labor and delivery situations.

Research Leads to New Protocol for Feeding Premature Babies

Positive results include decreased length of stay and increased family involvement

Having a premature baby in the neonatal intensive care unit (NICU) is frightening, and parents look forward to the day their baby hits important milestones needed for discharge. One such crucial benchmark is per oral (PO) feeding, a term that refers to breastfeeding or bottle-feeding, as opposed to tube or intravenous feeding.

Gestational age has traditionally determined when premature babies should be encouraged to PO feed. In the past, NICUs typically initiated PO feeding at 34 weeks gestational age when most premature babies have mastered the suck-swallow-and-breathe skill. Since the age at which premature babies develop this skill can vary, recent developmental literature recommends that NICU staff use feeding cues rather than age to determine PO feeding readiness.

To test this theory, Cathy Bailey, C.R.N.P., and Gillian Kurtz, R.N., conducted a research study in our health network's NICU. "Premature babies naturally show us feeding cues, and we hadn't been utilizing those cues," says Bailey. "Instead of feeding the babies on a schedule or according to their age, we decided to try feeding them whenever they showed us cues."

Feeding cues–Neonatal nurses like Cathy Bailey, C.R.N.P., watch babies for natural feeding cues, such as prolonged periods of quiet alertness, hand-to-mouth movements and sustained sucking on a pacifier.

In the study, our nurses were educated to recognize the signs of PO feeding readiness and to initiate PO feeding when their young charges exhibited those signs. Nurses looked for behaviors such as prolonged periods of quiet alertness, hand-to-mouth movements and sustained sucking on a pacifier.

After collecting data such as each baby's initial weight, amount of weight gain and length of stay, Bailey compared the data to historical cohorts from two years prior. She discovered that the new PO feeding protocol achieved positive results. "We found that length of stay decreased, babies mastered PO feeding at a younger gestational age and families got to be more involved during PO feeding," Bailey says. Based on those results, we have continued using feeding cues as a guideline for determining PO feeding readiness.

Real-life simulations–Labor and delivery caregivers practice managing high-risk events so that when they happen, all team members are prepared to handle them.

High-tech Learning Improves Care

Simulation helps obstetrics nurses prepare for complicated deliveries

All pregnant women hope for a healthy delivery, but high-risk situations can and do arise during childbirth. To help labor and delivery caregivers at Lehigh Valley Hospital–Cedar Crest prepare for such scenarios, patient care specialist Julia Gogle, R.N., and obstetrician Kristin Friel, M.D., plan real-life simulations for obstetric nurses, technical partners and medical residents. Simulations feature such high-risk events as shoulder dystocia—a dangerous complication that can occur when a baby is not positioned well for delivery— postpartum hemorrhage, seizures, coma and maternal arrest.

Simulations are held in the health network's simulation center at 1247 S. Cedar Crest Blvd. To provide a realistic feel to each simulation, the center utilizes a computer-driven mannequin that mimics human behavior. As co-directors of obstetrics simulation, Gogle and Friel believe this type of training is vital for labor and delivery staff. "We practice managing high-risk events so that when they actually happen, our team knows exactly what to do," Gogle says. Before each simulation, the learning objectives for that particular high-risk event are clearly explained and the value of teamwork is emphasized. The simulation involves clear learning objectives, working on communication and task skills, and debriefing after the simulation is over to talk about what went right and what could be improved.

In the future, Gogle and Friel hope to host simulations in the labor and delivery unit and expand training to include other departments, such as the neonatal intensive care unit or anesthesia.

As the health network's maternal fetal medicine (MFM) department continues to grow, our labor and delivery unit will likely see the number of high-risk events increase as more MFM patients deliver at Lehigh Valley Hospital–Cedar Crest. Gogle and Friel are confident the simulations will enhance patient outcomes. "No one can care for a patient alone. These simulations really help develop teamwork on the labor and delivery unit," Gogle says.

Next steps

WANT TO CONDUCT RESEARCH OF YOUR OWN? CONTACT KATHY BAKER, R.N., RESEARCH SPECIALIST, OR CAROLYN DAVIDSON, R.N., DIRECTOR OF QUALITY AND EVIDENCE-BASED PRACTICE.

Magnet Attractions **is a magazine for clinical services staff of**

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Nominate Someone for a Friends of Nursing Award

With the click of a button you can make your nominations on the health network's intranet at lvh.com. You'll find the nomination information under the "What's New" box. Nominations are due by Dec. 10. Don't forget to save the date for next year's Friends of Nursing Awards—Thursday, April 28, 5 p.m.

Friends of Nursing