

magnetattractions

How We Attract and Retain the Best

Take a look
through
their eyes



LEHIGH VALLEY
HOSPITAL
AND HEALTH NETWORK

On the cover:

Family Matters—When Bill Nicholas was a patient, nothing brought a smile to his face more than being with his grandson, Garrett, and the rest of his family. Find out the family's role in Bill's care on page 6.

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.



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2007 **U.S. News & World Report**
Ranked in six specialties



**"You want to have a voice, and
you expect someone to listen.
Let me assure you,
you're being heard."**



Magnet Means We Raise the Bar

It never ceases to amaze me how I learn something new every time I walk through the hospital's doors. Recently, I learned through our satisfaction surveys how you and the entire clinical services staff feel about working at LVHHN.

We asked an independent company to conduct the surveys and compare how you feel about working here versus your counterparts in hospitals across the country. In this issue, we'll share the results of the satisfaction survey by nurses.

I'm proud to share that our results are very good! Consider that when compared to other hospitals, we ranked in the top 4 to 13 percent in overall satisfaction, retention, morale and engagement. (Read more on page 4.) Although we rank high, good isn't good enough. We want to be great and raise the bar. That means we're analyzing what our scores really mean and listening to you about how we can improve our workplace.

More than 1,200 registered nurses in our network (58 percent) responded to the survey and expressed their thoughts. This proves that as Magnet caregivers you want to raise the bar—you want to have a voice, and you expect someone to listen. Let me assure you, you're being heard. Molly Sebastian, R.N., vice president of patient care services (pictured left), and I read every comment written on the survey by nursing colleagues. We know that what you have to say about our professional environment is extremely important.

That's also why we ask you about your concerns when we do rounds. For example, a concern voiced in the surveys was not having the supplies you need to do your job. So I asked a nurse about the issue. She explained that when they have many patients with infections, they run out of thermometers. My response: let's tell this to your director and get you what you need to care for our patients.

As a Magnet hospital, we are looking to our professionals for active involvement in addressing solutions to your concerns. Each unit is evaluating their own survey results and developing action plans. At the same time, Molly is working with the R.N. Advisory Council to delve into finding solutions for network-wide problems. Listening to you is the way we make significant strides toward improvement.

In this issue of *Magnet Attractions*, we look at a variety of ways we're raising the bar. In addition to the Bedside Scientist Institute, we've developed an intensive course to teach bedside nurses how to do evidence-based research. (Read more on page 8.) We also raise the bar by not just embracing what's best for our patients, but by creating a 10-year patient-centered experience initiative to ensure we always put our patients first. (Read about family presence on page 6.)

But first, flip to the cover and look at that image of the man with his grandson. They symbolize why, as Magnet caregivers, we continuously strive to move from good to great. It's about helping people live their lives and enjoy the love of their friends and family. Thank you for helping to make it happen every day.

*Terry A. Capuano, R.N., M.S.N., M.B.A., C.N.A., B.C.
Senior Vice President, Clinical Services*

Satisfaction

Taking Action With Your

Our nursing satisfaction survey results help us make this an even better place to provide care

We already know LVHHN is one of the best places to work nationwide. Our *FORTUNE* 100 ranking proves it. But we're still taking things a step further. During our employee satisfaction survey, you were asked specific questions about your experiences as an LVHHN nurse.

Our survey results were very good, especially when compared to other hospitals. We know that because an independent company, The Jackson Organization, provided the survey questions, tabulated our scores and compared our results with 170 hospitals throughout the country.

"In the categories that Jackson says are most important when determining nursing satisfaction, we ranked in the top 4 to 13 percent of hospitals nationwide," says Molly Sebastian, R.N., vice president of patient care services. "But because we're a Magnet hospital, we should strive to do even better by focusing on ways to improve our lower-scoring areas."

When taking the survey, you were asked to agree or disagree with many statements. If you completely agreed, you gave a score of 5. If you completely disagreed, you gave a score of 1. Here are some of the results that give us reason to celebrate.

Attribute	Our Avg. Score	Avg. Hospital Score Nationwide	Percentage of Hospitals We Scored Better Than
I would recommend LVHHN to a friend or relative who needed care.	4.60	4.16	99%
I'm proud to tell others that I work for LVHHN.	4.51	4.44	98%
My immediate manager/supervisor consistently stresses the importance of patient satisfaction.	4.41	4.38	90%
My co-workers have a great deal of interest in satisfying patients.	4.36	4.09	95%

Jackson used the results from these and other questions to tabulate scores for the key indicators, the four things that best determine how employees feel about their workplace.

Key Indicator	Our Avg. Score	Avg. Hospital Score Nationwide	Percentage of Hospitals We Scored Better Than
Overall satisfaction	3.74	3.59	87%
Retention (Desire to be working for the hospital one year from now)	4.29	4.18	96%
Morale	3.83	3.65	94%
Engagement	3.80	3.62	88%

Raising the Bar

Each unit was given a report detailing its own survey results. We're using them to celebrate the areas in which we scored highest and make changes in areas we scored lower. Here's how three units created action plans to raise the satisfaction bar.

Shared decision-making

When survey results said trauma neuro intensive care unit (TNICU) and transitional trauma unit (TTU) staff wanted to feel more engaged, colleagues worked together to create an action plan.

Colleagues from TNICU, our first unit to develop a shared governance professional practice model more than a year ago, worked with TTU to help them develop their model.

TNICU's Peer Review Committee developed a presentation and TTU colleagues planned a "Rally Day" to educate staff about shared governance committees.

Caregivers also educated each other on the peer review process and conflict resolution. "The goal is to achieve a high level of collaboration, empowering the staff to make a positive difference in their work environment," says Cindy Umbrell, R.N., TNICU and TTU director.



Team approach – TNICU's (l-r) Julie Werkheiser, R.N., and Teri Lippowitsch-Vogel, R.N., and TTU's Kim Santee, R.N., and Joanne Bodder, R.N., planned an event to educate colleagues about shared governance.

Efficiency through organization

PICU support partners identified efficiency as something that needed improvement. Together, they brainstormed ways to reach their goal. "We were constantly running out of commonly used supplies," says support partner April Kilbourne. "We would call supply distribution services (SDS) and wait for the items to be delivered. It impacted the way we provided care."

Their solution—a better organized storage space. They collaborated with SDS colleagues to remove supplies that were rarely used and increase their stock of commonly used items. "Now there are less phone calls and waiting, and we're spending more time at the bedside," Kilbourne says.



Supply space – Support partners (l-r) April Kilbourne and Kristin Sargent collaborated with supply distribution services' Christopher Bigg and Jose Gonzalez to ensure the PICU utility room is stocked with the supplies caregivers use most.

Addressing the Global Issues

In the survey, nurses from different units expressed similar concerns. Under Sebastian's leadership, the R.N. Advisory Council, which has a representative from each unit, is developing solutions to network-wide issues.

The availability of equipment is one issue that was identified as a top priority. "If I have a patient on an IV pump who gets transferred to another unit, the pump goes with him," says Gordon Frey, R.N., LVH-Muhlenberg intensive care unit caregiver and R.N. Advisory Council member.

"That means the next time I need an IV pump, my unit might not have one." To find solutions to this and other concerns, council members divided into groups for brainstorming sessions. They'll bring their ideas to the table at the next council meeting.



Equipment availability – Through the R.N. Advisory Council, Gordon Frey, R.N., is helping ensure nurses always have the equipment they need to care for patients.

Force: Management Style
Magnet's Expectation: The feedback from staff nurses is used in organizational decision-making.

Rick Martuscelli

When Family is Present

Patients are comforted, loved ones are calmed and nurses are rewarded

It's human nature. When times are tough, we want to be with family and friends. It's why we always had a liberal visitation policy. "What's more, evidence shows when family members are present and involved in their loved one's care, patients have better outcomes," says Georgiann Morgan, R.N., director of LVH-Muhlenberg's Regional Heart Center-Surgical and Center for Critical Care (ICU-M).

Because of this direct benefit to patients, LVHNN actively promotes the concept of family presence. An integral step in creating a patient-centered environment, family

presence allows patients to decide who they want at their bedside and involved in their care.

"It builds a trusting relationship between families and caregivers and makes the patient more comfortable," says Karen Good, R.N., director of the pediatrics and pediatric intensive care units (PICU). "It is also rewarding for nurses when families thank them for the care being provided."

Here's how LVHNN caregivers take family presence to the next level and how it helped two families get through difficult times:

Getting to Know Bill

Following his admission for a slow heartbeat, Bill Nicholas wasn't responding when spoken to. Regardless, Amanda Oakes, R.N., encouraged his family and friends to talk to him. "He'd acknowledge my words by nodding," says Nicholas' son Gary. "He knew we were there."

During his stay, Nicholas, 91, became increasingly more cognizant and talkative every day. Conversation was sparked by a poster that hangs in every ICU-M room. Headlined, "Get to Know Me," it asks personal questions about the patient like his favorite movie, music and food, and space to write the answers. "We laughed, reminisced and enjoyed the break from worrying," Gary says. He and his wife even attached family photos to the poster.

When Oakes enters a patient room, she uses that information to break the ice. "It helps nurses get to know the whole person, not just the sick patient," she says.

With a pacemaker implanted, Nicholas is his active self again. "I would have been scared if my family wasn't with me during my hospital stay," he says. "I could not have done it without them."

Reference poster – When Amanda Oakes, R.N., (above) entered Bill Nicholas' room, she'd ask about his grandson, Garrett (pictured) and use information from the "Get to Know Me" poster to start conversation. "It helps patients become part of our family," Oakes says.



Where Pat Needs to Be

On the pediatric intensive care unit (PICU), caregivers recognized Pat Priester as a “family member,” not a “visitor,” when she would be by her daughter’s side. During Victoria’s three-week stay for a head wound, Priester only left the hospital once. “It comforted me to see her receiving the best possible care,” Priester says.

To help PICU families feel comfortable, parents fill out a “Patient and Family Preference Card.” It asks the names they and their child prefer to be called and whether they want rounds to be held inside or outside the room.

“Everyone was so accommodating,” Priester says. “If I was upset, they were there for me. When I needed something, they would get it.” In return, Priester’s presence made things easier for caregivers. “Victoria doesn’t like needles,” Loretta Gogel, R.N., says. “Thankfully, Mom was there to comfort her.”

As Victoria continues to recover, Priester says she’ll never forget Gogel and all the PICU caregivers. “They treated us like members of their family,” she says.

Rick Martuscelli

The Benefits of Family Presence

- Alleviates family members’ doubts about their loved one’s condition and reassures them everything possible is being done
- Lowers stress for patients and family members
- Allows patients and family members to form relationships with nurses, building trust in our care
- Promotes a sense of closure and helps people through the grieving process when a patient passes away
- Provides nurses the opportunity to teach family members how to care for their loved one at home

Force: Professional Models of Care

Magnet’s Expectation: Nurses create a patient-centered experience that welcomes families as active participants in the care of their loved one.

An act of trust-Because Pat Priester (left) was constantly at her daughter Victoria’s bedside, she saw the excellent care Loretta Gogel, R.N., and the entire PICU team provided. “When I did leave to eat or sleep, I felt confident Victoria was in good hands,” Priester says.



Examining the Evidence

Nurses evaluate the most recent research to update everyday protocols

When 5B patient care coordinator Susan Eckhart, R.N., was working to complete her bachelor's degree, she became quite comfortable with the research process. "I had to write a research-based paper for each class," she says. Now, she's bringing those skills to the bedside.

LVHHN nurses are reviewing all procedures in the patient care manual to ensure we're delivering care based on the latest research. "We're empowered to question the care we deliver, even with routine procedures, and investigate evidence to make sure we're using best practices," she says.

Here are how two everyday procedures recently were reviewed using an evidence-based framework.

Sitz Bath

Background: A Sitz bath is a lukewarm water bath used for healing or cleansing and is commonly used for patients who had hemorrhoid surgery or an episiotomy. Kristina Holleran, R.N., 6 Kasych patient care specialist, explored the literature to determine if our policy is current with the latest evidence.

PICO question: Keeping Population, Intervention, Comparison and Outcome in mind, Holleran formed the following question: should lukewarm or cold water be used in the Sitz bath for adult medical-surgical patients?

Evidence: Using online databases including the Cochrane Library, CINAHL (Cumulative Index to Nursing and Allied Health Literature) and Medline, Holleran reviewed numerous articles, most relating to obstetrics. "I found anecdotally that patients felt better with cold water on the incision site, but there wasn't enough evidence to support such a change," Holleran says.

Practice change: None.

Evaluation: Though Holleran's research didn't result in a practice change, she enjoyed conducting her first evidence-based investigation. "You want to use the most current evidence-based procedures on your patients, and in this case, we are," she says.

The evidence is in – Library information specialist Linda Schwartz (standing) helps nurses like 6 Kasych patient care specialist Kristina Holleran, R.N., conduct literature searches for their evidence-based research projects.

Bladder Irrigation

Background: Patients who undergo urologic procedures can have a problem with catheters becoming blocked by blood clots. To open the catheter, nurses use bladder irrigation.

PICO question: Is sterile normal saline still the best recommended solution for bladder irrigation in the adult medical-surgical patient, and how much should be instilled at one time?

Evidence: Eckhart and 5B patient care coordinator Andrea Long, R.N., conducted their literature search using Ovid to search the Medline and CINAHL databases. After finding abstracts that related to their search, they enlisted the help of library services to pull the different articles for review. “We reviewed the literature, and then performed additional searches until we found related, credible evidence,” Long says. They reviewed their research with 5C patient care specialist Eileen Sacco, R.N. “She mentored us throughout this process,” Long says. The result? “The evidence confirmed our current practices,” Eckhart says.

Practice change: None.

Evaluation: “The bottom line is evidence-based research ensures we’re delivering the highest quality care,” Long says. “It’s best for our patients, and gives us a voice in directing patient care.” Eckhart agrees. She is now involving staff nurses and a technical partner to investigate how to educate post-kidney-transplant patients. “I’m taking what I learned from Eileen and passing it on to other caregivers,” she says.

Kimberly Hassler

Force: Quality of Care

Magnet’s Expectation: Education and mentoring activities engage staff nurses in research and/or evidence-based practice activities.

Our mentor – 5B patient care coordinators Andrea Long, R.N. (sitting), and Susan Eckhart, R.N., (right) tapped 5C patient care specialist Eileen Sacco’s expertise in evidence-based research to help complete their project.

Take a Literature Search Class – Free!

Nurses embarking on evidence-based research projects don’t have to go it alone. The library learning resource center offers free periodic introductory training classes for searching medical/nursing literature. Participants receive an introduction to evidence-based practice and demonstrations of basic searching techniques in Medline, CINAHL and the Cochrane Database of Systematic Reviews. If you’re interested in a future class, please e-mail Linda_M.Schwartz@lvh.com



Our Magnet Moments

sharing our knowledge

PRESENTATIONS

Center for American Nurses Workforce Conference

San Antonio, Texas, May 2007

Marilyn Guidi, R.N., Linda Applegate, Nereida Villanueva
AARP Wants You and So Do We: Retaining Older Nurses in
Direct Care (oral presentation)

American Association of Neuroscience Nurses— 39th Annual Meeting

Orlando, Fla., May 2007

Jennifer Houpp, R.N.

Blending Multigenerational Learners and Experience Levels
When Building a Neuroscience Intensive Care Unit
(poster presentation)

Joseph Pearce, R.N.

Lean on Me: Helping Families Deal with End-of-Life Decisions
(poster presentation)

Maureen Smith, R.N.

Remote ICU: The Advantage of Having an Experienced Teacher
at the Bedside (poster presentation)

Holly Tavianini, R.N., and Karen Palladino, R.N.

An Evidence-Based Practice Approach to Orthostatic
Hypotension (poster presentation)

Bonnie Wasilowsky, R.N., Marsha Sadusky, R.N., Danielle
Schaeffer, R.N., and Lorraine Valeriano, R.N.

A Proactive Approach to Stress Management in a Neuroscience
Intensive Care Unit: Nurses Helping Nurses
(poster presentation)

National Association of Orthopedic Nurses— 27th Annual Congress

St. Louis, Miss., May 2007

Eileen Sacco, R.N., Lois Guerra, R.N., and Debbie Lowry
Collaborative Practice: The Driving Force for Successful
Evaluation of Total Joint Arthroplasty Rehabilitation
(poster presentation)

Sigma Theta Tau International Honor Society of Nursing, Nu Eta Chapter, Spring Induction Ceremony, Drexel University College of Nursing and Health Professions

Philadelphia, Pa., April 2007

Kim Hitchings, R.N.

Magnet Hospitals First Need Magnet Nurses (oral presentation)

Nurse Week Keynote Address, Mercy Medical Center

Baltimore, Md., May 2007

Kim Hitchings, R.N., Eileen Wasson, R.N., and Courtney
Vose, R.N.

From Broadway to Baltimore: Choreograph Your Chorus Line
(oral presentation)

Society for Vascular Nursing Convention

Baltimore, Md., June 2007

Kim Bartman, R.N., Sharon Clark, R.N., Karen Groller, R.N.,
and Donna Petrucci, C.R.N.P.

Successful Implementation of a Quality Improvement Initiative
for the CHF JCAHO Discharge Instructions Core Measure on a
Vascular Unit (poster presentation)

Sharon Clark, R.N., and Karen Groller, R.N.

Vascular Potpourri (poster presentation)

Association for Professionals in Infection Control and Prevention 2007 National Conference

San Jose, Calif., June 2007

Terry Burger, R.N., Bonnie Dahlgren, Anne Sanders and
Courtney Vose, R.N.

They Want Us To Do What? Reducing Blood Culture
Contaminates (poster presentation)

Wound, Ostomy, Continence Nurses (WOCN) Society 39th Annual Conference

Salt Lake City, Utah, June 2007

Maggie Gergar, R.N.

Case Study: Negative Pressure Assisted Therapy and Pouching
with Deep Convexity (poster presentation)

2nd Annual Patient Centered Care Conference, Ontario Hospital Association

Toronto, Ontario, June 2007

Kim Hitchings, R.N. and James Geiger

Organizational Leadership to Achieve the Ideal Patient
Experience (oral presentation)

Professional Development Presentation

York Hospital, (Pa.), June 2007

Kim Hitchings, R.N., Linda Ingaglio, R.N., Keith Micucci,
R.N., Jody Shigo, R.N., and Eileen Wasson, R.N.

Our Magnet Journey (oral presentation)

Improving Perinatal Care – Learning and Innovation Community Meeting Institute for Healthcare Improvement

Boston, Mass., May 2007

Erika Linden, R.N., and Julia Gogle, R.N.

The Journey to Improvement Using Crew Resource Management
Techniques (oral presentation)

CERTIFICATIONS

Christine M. Hartner, R.N.

Certification in Progressive Care Nursing (PCCN)

Patricia Cressman, R.N.

Certification in Perioperative Nursing (CNOR)

Tiffany Cooper, R.N., and Ruth A. Duffield, R.N.

Certified Wound, Ostomy, Continence Nurse (CWOCN)

Nancy Jane Ketner, R.N.

Certified Wound Care Nurse, Certified Wound Ostomy Nurse
(CWON)

Deborah A. Williams, R.N.

Certified Ostomy Care Nurse (COCN)

Janice E. Wilson, R.N.

Certified Professional in Healthcare Information and
Management Systems (CPHIMS)

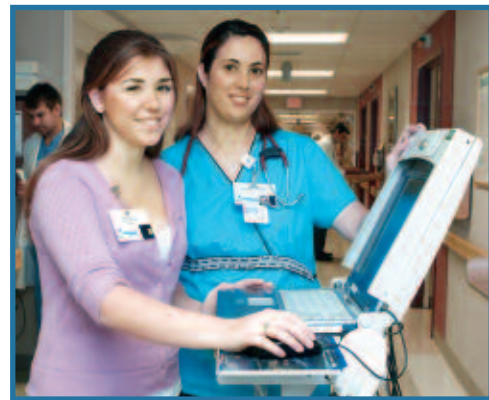


Crossing the Border

At our Medallion Lecture earlier this year, Patrick Conlon and Jim O'Neill discussed their personal experience and discovery of patient-centered care. When they heard about LVHHN's Patient-Centered Experience (PCE) journey, they were so impressed, they invited us to attend the Ontario Hospital Association's second annual conference on patient- and family-centered care in Toronto. **Jim Geiger**, senior vice president, operations, and **Kim Hitchings, R.N.**, manager, Center for Professional Excellence, attended the conference and shared our Journey of Growth retreats and action steps. We were the only U.S. hospital to attend.

Inspire Future Clinicians

Want to be a role model and an inspiration to high school students? You can do so by volunteering to mentor students in our Take N.O.T.E.S. (Nursing Options to Educate Students) program. We've received more than 50 student applications so far, and need nurses who are willing to have students shadow them on Wednesday mornings during the fall. Students will attend educational seminars in the afternoon. To participate, contact Nicole Hartman at 610-402-1789.



Side by side – 6B nurse Holly Gregory, R.N., (right) mentored Cariann Williams during last year's Take N.O.T.E.S. program.



Sharing Our Magnet Experience

As York Hospital (Pa.) continues their Magnet journey, their staff members wanted to hear from other hospitals that achieved Magnet status. So they invited LVHHN caregivers to share their experiences. A team of staff members including (l-r) **Linda Ingaglio, R.N.**, **Keith Micucci, R.N.**, **Eileen Wasson, R.N.**, and (not pictured) **Kim Hitchings, R.N.**, and **Jody Shigo, R.N.**, conducted three presentations to more than 300 York Hospital colleagues. "They wanted to know everything from how to submit the evidence to how to engage staff in the Magnet journey," Micucci says. "As colleagues at a Magnet hospital, it's our professional responsibility to share our Magnet journey with other hospitals."

Save the Date: Research Day

Monday, Oct. 1 • LVH–Cedar Crest, Auditorium

This year's theme for Research Day, "Knowledge Mastery...Improving Patient Outcomes," will focus on how to make research more practical and feasible for clinicians by utilizing new methods of processing patient and research information. Highlights of the day include:

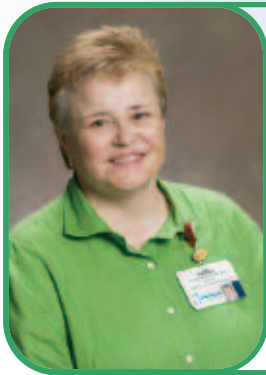
- Welcome by senior vice president of clinical services Terry Capuano, R.N.
- Poster-viewing opportunities
- Eleven breakout sessions throughout the day about research projects conducted at LVHHN within an evidence-based practice framework, focusing on

research questions, study designs, results and implications for clinical practice.

The two keynote speakers will present:

- Bringing Evidence to the Point of Care Knowledge Translation: What It Is and Isn't
- Integrated Advanced Information Management Systems (IAIMS) and Knowledge Integration at LVHHN

For more information, please call the Division of Education at 610-402-2277.



A New Beginning in Research

Carolyn Davidson, R.N., knows firsthand how important research is and how to conduct it most effectively: she's currently working on a doctoral dissertation highlighting the relationships of workforce, leadership, empowerment and role preparation on intent-to-stay in the organization. A former patient care specialist on the transitional open heart unit and open heart units, Davidson is now director of quality, practice and research. "Now more than ever, our nurses actively participate in research and ensure we're using the best practices," she says.



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