

magnetattractions

How We Attract and Retain the Best



What do you see?

CCRN[®]
status to
Cynthia Meeke
Recognition of the successful completion of the requirements for Certification in
Critical Care Nursing

Cindy
Cynthia Meeke, RN, CCRN
Director, OHU/TOHU
LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK





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On the cover:

What do you see?
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FORTUNE
100 BEST
COMPANIES
TO WORK FOR 2008

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

o u r m a g n e t s t o r y

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.

I See Process Improvement

Some of you may be familiar with the classic road trip game in which you identify what you see out the window or the books in which readers find items in intricate photographs. Take another look at the cover of this issue of *Magnet Attractions*. What do you see? Objects you use every day, right? While they appear ordinary, these items represent ways we have improved patient care through new processes and programs.

Here's what I see...

Bar code scanner—We now use these hospital-wide to assure safe medication delivery to our patients. They reduce medication errors and paperwork, allowing you more time with patients.

Silver-coated catheter—Through research your colleagues found that silver-coated catheters reduce urinary tract infections associated with catheters. We now use them exclusively.

Identification badge—We use them to access medication drawers at the bedside in our newer patient rooms. This new process eliminates trips to the medication room, allowing you more time at the bedside. Learn on page 8 how colleagues' research of a new medication cart also improves the delivery of medications.

Patient safety handbook—These books give patients tips for staying safe during their hospital stay by participating in their care, washing their hands and more. It's one way we highlight our high safety standards to patients and families and improve patient satisfaction.

C.C.R.N. certification—By expanding our minds, we can provide better patient care. Therefore, I applaud you for pursuing specialty certifications, attending national conferences or returning to school. Know that you have resources like grants, tuition assistance and flexible schedules to help you grow professionally.

While our hospital continues to grow, there is one constant that remains: the need to find ways to improve processes. It enhances patient satisfaction, reduces length of stay and costs and ensures our patients get the best care. Our efficiencies and attention to patient care details are what make us a Magnet hospital. So I encourage you to frequently ask: *How can we do this better?*



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



“Our efficiencies
and attention to
patient care details
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Magnet hospital.”





Stand by Me

Clinical resource specialists help new nurses gain confidence on the job

When new night-shift nurses expressed a need for more-experienced nurses to mentor them, patient care management did something about it. “Data shows the highest attrition rate of nurses happens within the first two years,” says Anne Panik, R.N., patient care services administrator. “We recognized that by having top-performing experienced nurses as resources, we could help new nurses build their confidence, feel supported and work at Lehigh Valley Hospital longer.”

So a team created the ideal position from scratch—the clinical resource specialist (CRS). This is an experienced nurse who is available from 7 p.m. to 7 a.m. every night at LVH–Cedar Crest and LVH–Muhlenberg for new nurses on medical-surgical and critical care units or for experienced nurses new to the hospital who may need help with procedures and policies.

“Nurses gain confidence by doing procedures over and over again,” Panik says. For example, new nurses sometimes struggle with putting in an IV. The CRS can give tips for spotting the best site and how to tap the vein to get it to come up. And although the CRS position was created to help recruit and retain new nurses, patients benefit too. “By optimally performing an IV insertion, we minimize a patient’s discomfort,” she says.

Here nurses share their account of how the presence of a CRS led to better care one evening in the trauma neuro intensive care unit (TNICU).

Eileen Wasson, R.N., charge nurse

When I started my shift at 7 p.m., I knew it was going to be a busy night because we had highly acute patients. Originally, I hoped to mentor two newer nurses, but my two patients’ conditions deteriorated, requiring me to spend a lot of time at their bedsides. That’s when I called the CRS and alerted her that the newer TNICU nurses might need her assistance.

Heather Deutsch, R.N., new nurse

I recently had completed my six-month critical care orientation and started taking my own patient assignments. On this particular night, I had a patient who suffered a traumatic head injury and another injury that greatly complicated her treatment. Toward the middle of the night, the swelling in her head increased, and she started to decline. After consulting with the neurosurgeon, I put the patient under heavy sedation. I wasn’t used to administering that medication. Also, I was unsure about how to transport the patient while she was connected to the monitoring equipment. It was a tricky situation, so I called the CRS on duty, Kelli Martin, R.N., and asked for help.



Kelli Martin, R.N., clinical resource specialist

I always loved teaching and jumped at the opportunity to apply for the CRS position. Even at other hospitals, I had never heard of positions in which experienced nurses are solely dedicated to helping new nurses build their confidence on the job. Before becoming a CRS, I worked in the TNICU so when Heather called me that evening, I knew exactly how tenuous the situation was. I observed as Heather started the medication, showed her what equipment needed to be transported with the patient for the CT scan and escorted them to the test.

Heather Deutsch, R.N.

This was the first time I ever called a CRS. As a new nurse, I'm always looking for ways to boost my confidence in my

nursing skills. With Kelli by my side I was able to concentrate on what I was doing and help ensure the best possible outcome for my patient.

Eileen Wasson, R.N.

Just having Kelli available really increased my comfort level that night, and I know the nurses appreciated her too. Toward the end of the shift, I wrote in an e-mail to clinical services leaders: "The clinical resource specialist positions are true gifts to this institution." And I meant every word of it.

In this together—Clinical resource specialists like Kelli Martin, R.N. (center), are available to help newer nurses like Heather Deutsch, R.N. (right), and experienced nurses like Eileen Wasson, R.N. (left), on medical-surgical and critical care units. In photos above, Deutsch and Martin re-enact a particularly intense night involving a highly acute patient.

Force: Personnel Policies and Procedures

Magnet Expectation: The organization responds to ongoing challenges.



Kimberly Hassler

Moving

DAY

Preparation ensures open-heart unit colleagues give seamless care in bedside emergency

"Lydia! Lydia!" Bob Verbosh, R.N., called his preceptor, Lydia Newhart, R.N., to his patient's room. An hour before, the patient had been admitted to the brand-new open-heart unit (OHU) in the Kasych Family Pavilion following open-heart surgery. Now his heart was beating erratically, and his organs weren't getting the blood they needed.

"Code blue. Code blue," the call rang. Director Cindy Meeker, R.N., dashed into the room to assist the team and shocked the patient's heart with a defibrillator. Although she got a pulse, the patient had no blood pressure. "We suspected there was bleeding in the heart," she says.

The patient's surgeon, Ray Singer, M.D., was paged immediately. With assistance from the care team at the bedside, Singer reopened the patient's chest. They discovered that a stent in a coronary artery that had not been operated on had clotted. The patient was rushed back to the operating room where an additional bypass was performed.

"It's amazing to think it was the first day on our new unit," Meeker says. "We cared for this patient seamlessly." Bedside procedures like this are fairly uncommon on the unit (approximately one every three months). Today the patient is home and doing well, and the OHU staff is feeling at home on the second floor of the Kasych Pavilion.



Be prepared—Open-heart colleagues (from left) including physician assistant Marvin Moaquin, Lisa Forstburg, R.N., Raymond Singer, M.D., Cindy Meeker, R.N., Tina Kerchner, R.N., Bob Verbosh, R.N. and Lydia Newhart, R.N., provided consistent care to their patients before, during and after their move to the Kasych Pavilion.

Force: Quality of Care
Magnet Expectation: The allocation of human and material resources has improved the quality of patient care.

Meeker credits a year of planning for the team's seamless transition. In addition to monthly meetings with the Cedar Crest Readiness Operations Council (CC-ROC), directors, patient care coordinators and administrators met biweekly to discuss process changes, including standardizing forms, having medications at the bedside and utilizing the Rapid Response Team. "Staff offered their suggestions too," Meeker says.

"It's always remarkable to see our team at work," Singer says. "The team moved as quickly and efficiently as always. It was as if they'd been in the new unit for years."

Kimberly Hassler

Lessons Learned

The open-heart unit's (OHU) home in the Kasych Family Pavilion is temporary until its unit in the Anderson Pavilion is renovated. (Then the Kasych unit will become a critical care unit.) "We're currently working in a space designed for any critical care patient, versus solely open-heart surgery patients," says OHU director Cindy Meeker, R.N. "This experience helped us realize which design features we would like to include in our new unit, creating a better environment for open-heart surgery caregivers and patients."

Here are some examples:

- **More closet space**—Critical care patients don't plan to come to the hospital, but some heart patients have elective procedures. "Our patients bring personal belongings, so we need space for them," Meeker says.
- **Placement of monitors**—In the critical care unit, monitors are placed to the left of patients, but it's better for monitors to be placed to the right of heart patients. "Most lines going into a patient are on the right side. Having monitors on the right side ensures the lines are not lying across the patient or getting tangled," Meeker says.
- **More countertops**—"When a patient comes from the operating room, we have a work kit of tubes, syringes, dressings and other items we need available at the bedside," Meeker says. "More countertop space gives us more room for these items."



Magnet Care for Heart Failure

Heart failure is a growing epidemic in our nation. In fact, between 2003 and 2005 the number of patients we treated for heart failure increased 17 percent. Congestive heart failure is the most common reason for hospitalization among people on Medicare. For these reasons we designated 12 beds on the progressive coronary care unit (PCCU) for the treatment of heart failure patients.

Prior to the unit's opening on the third floor of the Jaendl Family Pavilion, there had not been a single unit dedicated to the care of heart failure patients. "Now patients receive consistent care in one location from nurses (like Dawn Smith, R.N., right) and physicians who specialize in treating the disease," says patient care coordinator Donna Petruccelli, C.R.N.P. (left).

Patients benefit from daily collaborative rounds during which the entire care team meets with patients and their families to discuss their progress. "We also educate patients about what they need to do when they go home and coordinate follow-up care," Petruccelli says. "We're confident the specialized care we provide through evidence-based guidelines will lead to better outcomes for our patients and their families."



SPEEDY Rx Delivery

Nurses research a more efficient way to administer medication

*Prepare a patient's medication in the medication room.
Deliver it using a one-drawer mobile cart and administer.
Return to the medication room to prepare for the next patient.*

This should sound familiar if you have ever worked on a unit without medication drawers in patient rooms. Marjorie Lavin, R.N., a nursing informatics systems specialist, wondered if there was a better way.

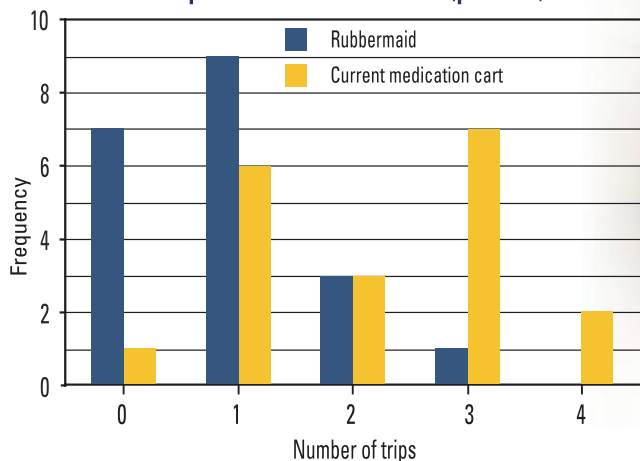
“I led a team of nurses, pharmacists and information services colleagues to study how workflow improves when nurses deliver medication using carts with eight drawers instead of one,” says Lavin.

Here's how a simple question resulted in a more efficient process for nurses to administer medications:

Background: TheRubbermaid company awarded us a \$3,000 grant and two eight-drawer medication carts to support the research.

Research question: Will the use of eight-drawer mobile medication carts improve workflow?

Trips to the Medication Room (p = 0.021)



Time saver—Marjorie Lavi, R.N. (left), found that nurses like Heather Lutsey, R.N., spend less time searching and more time caring when they use eight-drawer medication carts.

Population studied: During the first phase, float pool, progressive coronary care unit and transitional open-heart unit (TOHU) nurses answered questions about the use of one-drawer carts. They commented on design, safety, function, efficiency and the impact on patient care. Observational research was conducted with TOHU nurses during phase two.

Study design: On 39 occasions, nurses were observed delivering medications using a one-drawer cart and others using the new eight-drawer cart. Researchers recorded the number of times nurses returned to the medication room for additional medications or supplies following their initial medication administration.

Principal findings: Nurses using the eight-drawer cart required fewer trips to the medication room because they had more space to store medications and supplies. “It completely changed their process, allowing them to spend more time with patients,” Lavin says.

Application to practice: Money is budgeted in fiscal year 2009 to purchase 42 new carts for eight medical-surgical units at LVH-Cedar Crest. Nurses’ input during the study helped determine the cart model that will be purchased. The carts are lightweight and compact. The location of the computer monitor and keyboard is more comfortable for nurses to use and provides additional work space.

Sharing our findings: A poster presentation about the study was featured at Kutztown University’s Annual Research Night and at the Eastern Nursing Research Society Annual Conference in Providence, R.I. An article about the study was published in the November 2007 edition of *Nursing Management*.

■ Rick Martuscelli

Force: Quality of Care

Magnet Expectation: Resources are available to nursing staff to support participation in nursing research.



A New Chapter

Like Faith Lauer, you can go from L.P.N. to R.N. with a new grant

Faith Lauer (left) first fell in love with nursing as a teenager while she was a candy-striper. She enjoyed being in the hospital so much that she became a nurse’s aide and then an L.P.N. in 1986. She now works as an anesthesiologist technician at LVH-17th and Chew.

She put her dream of becoming an R.N. on hold to have a family. Then an e-mail inspired her to open a new door in her career. The e-mail shared details about a new L.P.N.-to-R.N. grant program for LVHVN employees. “It was an opportunity I couldn’t pass up,” says Lauer, one of six students to be accepted into the program. “My administrator, Fred Ackler, supports me 100 percent, and my nursing colleagues have encouraged me to follow my goals.”

The program covers tuition costs for Lehigh Carbon Community College’s R.N. program including nursing and pre-nursing classes. Once students are accepted, they must maintain a C average or a 2.0 grade point average, perform a paid internship of 12-26 weeks and work full time at the hospital for one year after completing the program.

Lauer, 42, began her first class this spring. “The demands of maintaining a household, working full time and attending school are tough,” she says. But she’s embracing the challenge. After completing the two-year program she will have an associates degree in nursing. She plans to continue working in the operating room in an R.N. role.

“This is another program that helps nurses advance in their personal careers and helps fill R.N. positions,” says Valerie Kocher (right), a nursing liaison who oversees nursing scholarship programs. “By investing in our employees we’re strengthening the care we offer our community.”

To learn more about the L.P.N.-to-R.N. program, contact Valerie Kocher at 610-402-1724.

■ Cory Marie Prohaska

Our Magnet Moments

sharing our knowledge

PRESENTATIONS

Nursing Management Congress **Chicago, Ill., September 2007**

Bill Leiner, R.N.C., M.S.

Puff Free—the Process Journey to a Smoke-Free Crisis Stabilization Model (poster)

Marie Gutekunst, B.S.N., R.N., P.C.C.N.

Rounding It All Up for Patient Safety (poster)

Marie Gutekunst, B.S.N., R.N., P.C.C.N., and **Tami Meltsch**, B.S.N., R.N., P.C.C.N.

EZ Pass to Hospital Admission (poster)

National Association of Neonatal Nurses 23rd Annual Conference. A Passion for Excellence: Creating Brighter Futures for Babies **San Diego, Calif., September 2007**

Chérie Raub, M.S.N., R.N., C.C.R.N.

Cold Stress Cascade: A Successful Teaching Strategy for Multidisciplinary Neonatal Care Providers (poster)

Lynda Thom-Weiss, B.S.N., R.N.C., **Tanya Frailey**, B.S.N., R.N., **Susan Bomboy**, R.N.C., **Carol Brensinger**, R.N.C., and **Jan Larson**, B.S.N., R.N.

Advancing Excellence Through Professional Organizational Leadership—Forming a Local Chapter of NANN (poster)

Emergency Nurses Association Annual Meeting **Salt Lake City, Utah, September 2007**

Michele Ortiz, B.S.N., R.N., and **Charlotte Buckenmyer**, M.S., R.N., C.E.N.

An Ounce of Prevention: A Nurse-Driven ED Community Outreach Program (poster)

Julie Fulcher, R.N.

Oral Rehydration Protocol (oral)

Academy of Medical-Surgical Nurses 16th Annual Convention **Las Vegas, Nev., October 2007**

Kimberly Korner, R.N., M.B.A., C.P.U.M., C.N.A., B.C.

Blueprint for Excellence: Innovative Planning for a New Medical-Surgical Unit (poster)

Kimberly Santee, R.N., and **Susan Zorn**, R.N.

Enhancing Communication Across the Care Continuum: Nurse-Driven Electronic Documentation (poster)

Beth Kessler, R.N., and **Megan Snyder**, B.S.N., R.N.C.

Rounding It All Up for Patient Satisfaction and Safety (oral)

American Psychiatric Nurses Association Annual Conference **Orlando, Fla., October 2007**

Mary Ellen O'Connell, R.N., B.S.N., **Nicole Urban Miller**, R.N., and **Jane Halpin**, R.N.C.

Moving Lives Forward With Dignity, Empathy and Skill: A Staff-Driven Service Excellence Initiative (poster)

Magnet Recognition Program Annual Magnet Conference **Atlanta, Ga., October 2007**

Terry Capuano, M.B.A., M.S.N., R.N., C.N.A., B.C., F.A.C.H.E., **Molly Sebastian**, M.S.N., R.N., C.N.A.A., B.C., and **Kim Hitchings**, M.S.N., R.N., C.N.A.A., B.C.

Valuing and Inspiring Professional Growth and Development Through Presentations and Publications (poster presentation) and The Desired Future of Nursing Doesn't Just Happen—Engaged Nurses Create It (oral)

Terry Capuano, M.B.A., M.S.N., R.N., C.N.A., B.C., F.A.C.H.E., **Molly Sebastian**, M.S.N., R.N., C.N.A.A., B.C., and **Virginia Geist**, R.N.

AARP Wants You and So Do We: Retaining Mature Nurses in Direct Care (oral)

Holly Tavianini, B.S.H.S.A., R.N., C.N.R.N.

Educating Direct Care Nurses in Using Quality Indicators to Implement Bedside Practice Improvements: One Magnet Hospital's Innovative Approach (oral)

National Association for Home Care and Hospice 26th Annual Meeting **Denver, Colo., October 2007**

Charlene Bergstresser, B.S.N., R.N., B.C., and **Vickie Cunningham**, B.S.N., R.N., B.C.

Clinical Recruitment and Retention: Changing Organizational Culture (oral)

OR Manager Conference **San Diego, Calif., October 2007**

Tammy Straub, R.N., M.S.N., C.N.O.R., and **Jodi Koch**, R.N., C.P.A.N.

Multidisciplinary Approach to Reduce OR Holds (oral)

PUBLICATIONS

Pennsylvania Nurse **September 2007**

Donna Petruccelli, M.S.N., R.N., C.R.N.P., C.N.S.

Heart Failure Disease Management: The Evolving Role of the Advanced Practice Nurse

APPOINTMENTS

Hope Johnson, M.S.N., R.N., C.N.O.R.

Member of the Board for National Council Licensure Examination-Registered Nurse Item Development and Review

AWARDS

LVHNN Respiratory Care Specialists and **Cathy Odom**, M.S.

Coalition for a Smoke-Free Lehigh Valley's Pam Laffin Award, given to those who demonstrate leadership in smoking cessation services with their patients



Photo courtesy of National Strength and Conditioning Association

Standing Ovation Open Invitation

John Graham (far right), director of community and corporate fitness for Lehigh Valley Hospital and Health Network, recently spoke to elite coaches and leaders of the Chinese national sports teams. His presentation at the National Strength and Conditioning Association conference in Beijing, China, was so well-received he was invited to present again next year to the China Administration of Sport in China. Graham's knowledge and experience on the topic "Preparing for Athletic Competition and Core Training for Athletes" helped him relate on a meaningful coach-to-coach level. Using his sense of humor and showing off his knack for learning languages, Graham endeared himself to the audience—92 percent of which rated him an excellent presenter.

YOU ARE INVITED TO ATTEND

Disclosure: Is It Worth the Risk?

Friday, April 25, 7 a.m. – noon
Lehigh Valley Hospital–Cedar Crest, Auditorium

This half-day seminar will cover disclosure—the emotional aspects, legal barriers and implications, and most importantly, the power of apology.

\$75 Registration fee

For registration details, contact the division of education at 610-969-2277.

We Need Your Voice

Nurses, please take five minutes to fill out an online survey to improve nursing retention. You'll receive an e-mail in mid-March with more details. The survey will be conducted on the intranet, March 17-31. The survey will be anonymous and your answers confidential.

Improving Labor and Delivery Outcomes



Fran Miranda, R.N. (second from right), had positive labor and delivery outcomes to report at the Institute for Healthcare Improvements (IHI) annual conference held in Orlando, Fla., in December. She and her colleagues (from left) Deb Golden, R.N.C., Deb Belles, R.N.C., Michele Brown, R.N.C., and Lynn Grischott, R.N., are participating in IHI's IMPACT Learning and Innovation Community on Improving Perinatal Care project. Their focus: improve the safety, effectiveness and reliability of care, make communication patient centered, and develop a timely and efficient handoff system. Miranda shared the excellent results they have achieved regarding elective inductions after 39 weeks gestation, better documentation of care and decreased birth trauma rates. Miranda also presented their data at another IHI conference in January.

Celebrate Nurses Week

Join us for this year's events throughout the month of May

Images of Magnet Care Displays

Monday, May 5-Monday, May 12

LVH-Cedar Crest, Jaindl Pavilion

Monday, May 12-Monday, May 19

LVH-17th and Chew, first floor lobby

Monday, May 19 - Monday, May 26

LVH-Muhlenberg, cafeteria lobby

Professional Poster Displays

Monday, May 5-Monday, May 12

LVH-Cedar Crest, Jaindl Pavilion

LVH-17th and Chew, first floor lobby

LVH-Muhlenberg, cafeteria lobby

Friends of Nursing Celebration

Thursday, May 8

Holiday Inn Conference Center, Fogelsville, Pa.

5:30 p.m. reception • 7:00 p.m. program

Medallion Lecture:

Power, Peace and Perseverance— Lessons Learned from Mother Teresa

Presented by Anne Ryder, a former journalist who was forever changed by her interview with Mother Teresa, the last one Mother Teresa granted before her death

Monday, May 12

8:30-9:30 a.m. (breakfast served at 8 a.m.)

LVH-Muhlenberg ECC Rooms A, B, C & D (live)

LVH-Cedar Crest, auditorium (video-conference)

11:15 a.m.-12:15 p.m. (lunch served at 11 a.m.)

LVH-Cedar Crest Auditorium (live)

LVH-17th and Chew, video tele-conference room
(video-conference)

LVH-Muhlenberg, ECC rooms B, C and D
(video-conference)

Registration is required. If you utilize One Staff, register through your director. Others should access the e-mail bulletin board. Go to Forms_Nursing and select the continuing education registration form. Right click on the form and select "use form."



lvhnurses.org

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