Sweet Smell of Success

Magnet™ announcement made Friends of Nursing a super special occasion

PAGE 2
What a Night!

Receiving the Magnet™ redesignation phone call from the American Nurses Credentialing Center was a blast (story on page 3). It truly was the official call (although we knew it was coming), and I was thrilled everyone who attended the Friends of Nursing Celebration could hear it live. If you were unable to make it, I hope you’ve checked out the video on our intranet (lvh.com).

If you couldn’t make it to this year’s event (story on page 4), then you should absolutely make a concerted effort to attend next year’s gala. It’s my favorite night of the year, and I always walk to my car at the end of the night feeling inspired by the stories I heard. I carry that feeling for weeks afterward.

Most of you know I was a bedside nurse for many years. I know that patient care is not always a cakewalk. I also know the moments that make it worth it stay with you for years. The relationships you build with your colleagues through all of these experiences is so important. That’s why I was pleased to see so many of you during our Nurses Week events (story on page 6). I hope you had a great time, and please know we are thankful for the hard work you do throughout the year.

Speaking of hard work, I think you’ll enjoy the story about our units that are piloting NICHE’s (Nurses Improving Care for Healthsystem Elders) Geriatric Resource Nurse model of care (story on page 8), as well the article about how we’re decreasing pressure ulcers (story on back cover).

These stories symbolize what I love most about Lehigh Valley Health Network: We’re never satisfied with where we are. We’re always striving to do things better. We’re passionate about working harder to put our patients first. It’s what I love, and I believe it’s why we were named a Magnet hospital for the third time in a row. Congratulations to all of you!

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

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ON THE COVER
Our Friends of Nursing celebration was full of flowers and fanfare. See page 4.
Why Is It a Big Deal to Be Recognized as a Magnet™ Hospital?

You know it’s an accomplishment; here are the details on why it is.

There are close to 6,000 registered hospitals in the United States, according to the American Hospital Association. The American Nursing Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), says 386 have been recognized as Magnet™ hospitals. Of those, only 38 have received Magnet designation three times in a row—and Lehigh Valley Health Network is one of them.

The ANCC Magnet Recognition Program® is the gold standard for nursing excellence. It recognizes health care organizations that provide the very best in nursing care and professionalism in nursing practice. The premise for the program started in 1983 when the American Academy of Nursing conducted a study to learn about variables that create an environment that attracts and retains nurses who provide high-quality care. The characteristics identified in that study became known as the 14 Forces of Magnetism. In 1990, those forces became the backbone for what was then called the Magnet Hospital Recognition Program for Excellence in Nursing Services. (The program name was officially changed to the Magnet Recognition Program in 2002.) In 1994, the University of Washington Medical Center in Seattle became the first ANCC-designated Magnet organization. Lehigh Valley Health Network first earned Magnet recognition in 2002. We were redesignated in 2006 and then again earlier this year.

Clearly, being recognized as a Magnet hospital has distinct advantages. The program elevates the reputation and standards of the nursing profession and the hospitals and health networks with which designation is associated.

Here’s a snapshot of what your colleagues had to say when they found out we were recognized as a Magnet hospital for the third time in a row!

“What an honor for Lehigh Valley Health Network and all the nurses!”

JOSEPHINE RITZ, R.N., DIRECTOR OF DEVELOPMENT

“I was not surprised at all because this place rocks. We are awesome!”

DOROTHY JONES, R.N., ADMINISTRATOR OF PERIOPERATIVE SERVICES

“I’m not surprised at all. There is such an atmosphere of caring about the nurses and support for the nurses and the ancillary staff.”

AMANDA HREBICK, R.N., 7A NEUROSCIENCE UNIT

“Lehigh Valley Health Network is the best and will continue to be the best through our third Magnet designation.”

CAROLYN DAVIDSON, PH.D., ADMINISTRATOR OF EVIDENCE-BASED PRACTICE AND CLINICAL EXCELLENCE

Frozen in time

During 2009 and 2010, we were on a Magnet redesignation journey dubbed M3: You Make It Happen. That journey came to a satisfying end when we got the phone call telling us we did it again! This ice sculpture was a hit at the Friends of Nursing gala. It was displayed during the dessert reception after the phone call.
What a feeling! This year’s Friends of Nursing Celebration, “Voices of Passion,” brought energy to the Holiday Inn Fogelsville. The highlight: a phone call telling us we’re designated a Magnet™ hospital for the third time in a row! The room buzzed with excitement all night as our nurses, caregivers and clinical support staff received well-deserved recognition.
Structural Empowerment

SE14 and 15: What is it?

These Magnet Recognition Program® sources of evidence describe and demonstrate how we recognize nurses. SE14 outlines the structure and processes we use to make visible the contributions of nurses. SE15 shows the ways in which the nursing community and the community at large recognize the value of nursing in the organization. We exemplify these sources of evidence during our Friends of Nursing celebration to which colleagues, community and media are invited.

Work hard, play hard

Leslie Baga, R.N., Wayne Dubov, M.D., and Susan O’Neill, R.N. (l-r), are an important part of the trauma neuro intensive care unit, which was selected as recipient of The Fleming Award to Recognize a Department Which Promotes Family Presence. The unit received a special heartfelt presentation from a former patient during the event.

Raise your glass!

Ronald W. Swinfard, M.D., our president and chief executive officer, lifted his glass in a salute to all nurses and caregivers when Anne Panik, R.N., senior vice president of patient care services, received the phone call that we attained Magnet™ designation again.

Grand entrance

Friends of Nursing recipients, including colleagues from Plastic Surgery Associates of the Lehigh Valley, proceed into the ballroom as the festivities begin. The plastic surgery practice was honored for a Press Ganey score of an amazing 96.9!

We did it!

Friends of Nursing recipients Linda Marks, R.N., Carol Ann Faust, Juan Dominguez, Beth Ann Hall, R.N., and Lorraine Valeriano, R.N. (l-r), gather to celebrate together.

He puts the ‘D’ in Dedicated

Joe Shambo (left), recipient of the Department of Legal Services Award for Excellence in the Promotion of Patient Care, has worked with us for 23 years. He is known for working tirelessly around the clock to make sure imaging and medical equipment is always up and running properly. In his “spare” time he volunteers as a Whitehall fireman and certified scuba diver, where he puts his own safety at risk to complete search-and-rescue missions. He celebrated the right with Vincent Tallarico and other colleagues.
Gracias, Danke, Merci, Grazie!

During National Nurses Week, we thank our caregivers for their hard work.

From National Nurses Day on May 6 through Florence Nightingale’s birthday on May 12, National Nurses Week offers a perfect time to celebrate and thank our nurses and caregivers. Here are highlights from this year’s festivities.

**CINCO DE MAYO PARTY**

Behavioral Health colleagues enjoyed a Cinco de Mayo-themed luncheon. They also received special T-shirts and hosted a virtual-reality hallucination presentation.

**RADIO STATION RECOGNITION**

Sometimes a little recognition can go a long way. Thanks to a fax from an anonymous patient, Outpatient Burn Center nurses received a free catered lunch from radio station 99.9 FM The Hawk. The lunch included a live broadcast from the Regional Burn Center by The Hawk’s Kara Curry. Office coordinator Suzanne Vesely (l-r) even got to announce a song on the air.

**LUNCH ‘N LUAU**

What could be more fun than a luau? That’s how 7C honored colleagues. Student nurse Danielle Crane, Kristen McKeon, R.N., Annie Krupka, R.N., technical partner Nidia Bonifacio and Jennifer Bergenstock, R.N. (l-r), made sure to get some goodies during the party.

**GARDENS OF HOPE**

The Professional Excellence Council organized the “Gardens of Hope” outreach project to give back to our community during Nurses Week. Nurses, other caregivers and community members arrived at the School of Nursing on May 7 armed with flats of colorful flowers, bags of potting soil and pots of all shapes and sizes. By the end of the day there were more than 200 planters overflowing with cheerful spring and summer flowers. The pots were delivered to hospice patients in the hospital and the community.

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**AND THE WINNER IS**

Colleagues on Regional Heart Center-Surgical at Lehigh Valley Hospital–Muhlenberg held a T-shirt design contest. Technical partner Lydia Seiferheld’s design was selected (shown above) for the back of the T-shirt. Vanessa Sherrer, R.N., was selected for the front shirt design.
LEHIGH VALLEY HEALTH NETWORK
7 lvhn.org 610-402-CARE

LEGISLATIVE LEARNING
Nurses from Lehigh Valley Health Network met with state Rep. Justin Simmons, R-Lehigh. He talked to the nurses and other caregivers about current legislative health care activities. He also took questions and answers from the nurses in attendance and solicited feedback on current health care-related issues. This legislative visit was organized by the health network’s Professional Excellence Council in conjunction with the office of government and legislative affairs.

HAPPY BIRTHDAY, MS. NIGHTINGALE
5K devised a unique way to mark Nurses Week. They threw a birthday bash for Florence Nightingale. A few nurses even donned the traditional white nurses’ cap to mark the day.

BUILDING RELATIONSHIPS IN HEALTH CARE

As an 8-year-old, Beverley Johnson was admitted to the hospital with polio, and she had an important decision to make. She could be placed in a private room, where her family could visit her anytime. Alternatively, she could share a hospital room that had a TV with other children. Though she would have loved to watch TV, her family would only be able to visit her once a week in the shared room. Johnson chose the private room because she wanted her family to be with her.

At a young age, Johnson understood the impact family presence has on patient recovery and health. “That experience helped me understand that we should never separate patients and families, whether the patient is 8 or 88,” she says.

As president and chief executive officer of the Institute for Patient- and Family-Centered Care in Maryland, Johnson helps health care organizations around the country and internationally implement patient- and family-centered care. This type of care emphasizes communication and relationship-building among health care providers, patients and families when planning, delivering and evaluating health care. Patients and families are actively involved in decisions about their care and are encouraged to share ideas about how care can be improved.

Johnson shared how powerful patient- and family-centered care can be during the Medallion Lecture she presented to our colleagues in June. She emphasized that the perspective provided by patients and families is invaluable and can lead to better health outcomes. “It’s crucial to have a safe, high-quality health care system,” Johnson says. “We can’t make changes and sustain them without input from patients and families.”

When evaluating a health care organization, Johnson meets with clinical and administrative leaders, physicians, nurses, staff, patients and families to identify areas of improvement. “I want to know what they’re most proud of and what they think would improve patient and family care,” she says. “We want patient- and family-centered care to be woven into the fabric of how each organization works.”

▼ SHARING STORIES—Guest speaker Beverley Johnson, president and chief executive officer of the Institute for Patient- and Family-Centered Care, (third from left) and health network colleagues Sue DeTurk, R.N., Barb Labriola, R.N., Donna Pilon, R.N., Jody Shigo, R.N., and Lorraine Dickey, M.D., (l-r) shared powerful stories about patient- and family-centered care during the Annual Medallion Lecture.
New Knowledge, Innovations and Improvements

NK7EO: What is it?
This source of evidence falls under the Evidence-Based Practice section of the Magnet™ model component New Knowledge, Innovations and Improvements. It encompasses how translation of new knowledge into nursing practice affects patient outcomes. This story outlines how we will educate nurses to care for our geriatric population and measure patient outcomes to see if that education makes a difference.

Carving Out Our NICHE
It’s how we’re enhancing care for older patients

More than half of Lehigh Valley Health Network’s inpatient population is age 65 and older. During the next three years, more baby boomers will turn to us for care. These statistics raise serious questions. How will we ensure older adults receive the best possible hospital care? How will we prevent readmissions and help seniors stay active at home? One solution—NICHE.

NICHE (Nurses Improving Care for Healthsystem Elders) is a program that gives us resources to offer older patients sensitive and exemplary care. Lehigh Valley Hospital–Cedar Crest and Muhlenberg are among the more than 360 NICHE hospitals in the United States and Canada.

In a pilot that started on 7BP and expanded to 6T, 5C and the transitional skilled unit (TSU), we’re using NICHE’s Geriatric Resource Nurse (GRN) model of care. It includes 20 hours of online education that enhances the geriatric knowledge and expertise of bedside nurses,” says 7BP patient care specialist Diana Hurtzig, R.N. Although the education was offered on a volunteer basis, 86 percent of the pilot unit nurses completed the course.

The curriculum is broken down into 14 topics: geriatric nursing; age-related health changes; cognition; falls; family caregiving; function; health care decisions; medications; nutrition, hydration and oral health; pain; pressure ulcers and skin tears; restraints; sleep; and urinary incontinence. “Following the education, nurses feel more confident caring for older patients,” Hurtzig says.

To measure the pilot’s effectiveness, we are targeting our initial outcomes to fall reduction as a result of the increased knowledge and awareness. Soon, the GRN model will be introduced on 6B, 6C, 5K and 6K, and eventually network-wide in all areas that care for older adults, inpatient and outpatient.

NICHE at the Bedside
Through the geriatric resource nurse (GRN) model, nurses like Cathy Romig, R.N., our first Geriatric Resource Nurse (GRN), can:

- Be empowered to find out why patients experience delirium. Instead of informing a physician or administering anti-anxiety medication, they investigate possible causes, such as dehydration or pain, and intervene.

- Get patients moving instead of using restraints. By taking patients for a walk or giving them an activity box that contains puzzles and even towels that need to be folded, patients maintain their functional strength.

- Find out why a patient hasn’t eaten his meal. If necessary, she collaborates with the patient’s dietitian to determine if a nutritional supplement should be ordered to help him maintain his strength.

- Prevent readmissions by teaching patients to manage their condition at home. They stress the importance of taking medications properly, eating healthy and staying active.

- Use “Teach Back” to ensure families are part of the care team. They help the family’s key learner understand what must be done at home for the patient to have the best outcome.

Active and involved—When older patients keep moving, they maintain their functional strength and lower their fall risk. That’s why Cathy Romig, R.N., our first geriatric resource nurse (GRN), keeps patient Heibert Reeve of Orefield moving by giving him items from an activity box.
Exemplary Professional Practice

EP 16: What is it?

This Magnet Recognition Program® source of evidence falls within the Interdisciplinary Care section of Exemplary Professional Practice. The collaboration with Good Shepherd Rehabilitation Hospital exemplifies interdisciplinary collaboration across multiple settings to ensure the continuum of care.

The ‘Brain Swap’

Neuroscience units and Good Shepherd gain understanding by swapping site visits

It was educational, inspirational and a benefit to patients. That’s why Holly Tavianini, R.N., fondly remembers the nurse shadowing program that our neuroscience units and Good Shepherd Rehabilitation conducted during the 1980s. It’s also why Tavianini, director, clinical services, 7A/Neuroscience Unit, was bursting with anticipation when she was invited to Good Shepherd in the fall of 2010 to discuss the program’s resurrection.

“I was excited because it’s tremendously rewarding for our staff to see how patients gain function and work toward independence in the rehab setting,” she says. “It solidifies the value of what we do every day and that we really do make a difference.”

Renamed “The Brain Swap,” the program resumed this past February. Once a month two nurses from 7A or the neuroscience intensive care unit (NSICU) observe on Good Shepherd’s stroke, spinal cord and head trauma units. Likewise, two Good Shepherd nurses spend a day at Lehigh Valley Hospital–Cedar Crest, splitting time between 7A and the NSICU. They witness a wide range of acute therapies and treatments, such as ventilator use and procedures such as a ventriculostomy, which reduces spinal fluid buildup and pressure. It’s an eye-opening experience for many participants.

“No one will ever forget the first time seeing a patient with a ventriculostomy,” Tavianini says. “It’s amazing to see the progress patients make and the changes that occur from day to day.”

“Seeing this level of care and realizing the long journey our patients take is a valuable learning experience,” Tavianini says. Her colleagues at Good Shepherd agree. “Having our nurses shadow at LVHN has created a more collaborative relationship that will improve and streamline the patient’s experience during each phase of recovery,” says Good Shepherd nurse manager Carol Domzalski, C.R.R.N.

Tavianini says the program is beneficial from a patient perspective as well. After staff members visit Good Shepherd and gain a better understanding of the rehabilitation process, they can pass on that knowledge to their patients. “It’s a great example of AIDET in action because patients feel better prepared and less anxious about the next steps that await them.”

A Swapping Success

Staff on 7A/NSICU have embraced “The Brain Swap” program. Here’s what two of them had to say about the experience:

“Although only a day long, it left a lasting impression with me. It allowed me to see the truly amazing road that our patients take during their recovery and rehabilitation.”

Amber Moyer, R.N., patient care coordinator

“I was really inspired by my time at Good Shepherd. I’m better prepared now to give my patients and families some idea of what they can expect when they leave us.”

Tracey Baumhower, R.N., staff nurse
Transformational Leadership

This source of evidence falls under the Visibility, Accessibility and Communication section of the Magnet™ model component Transformational Leadership. It encompasses how changes in work environment and patient care are implemented based on input from direct-care nurses. Many of the presentations listed on these pages outline such work.

POSTER

Bonnie Wasielowsky, B.S.-H.C.A., C.N.R.N., presented “Open to the Public: Meeting the Nursing Challenge of a Diverse America” to the American Association of Neuroscience Nurses (AANN), in Kansas City, Mo., in March.


Jill Hinnershitz, M.S.N., R.N. and Holly Tavianini, M.S.H.S.A., B.S.N., R.N., C.N.R.N., presented “Driving for Results: Building a Strong Local AANN Chapter to Assure Relevance in Neuroscience Nursing” to the American Association of Neuroscience Nurses (AANN) in Kansas City, Mo., in March.


Kristen Gaumer, R.N., C.N.R.N., presented “On Old Olympus Towering Tops A Finn and German Viewed Some Hops,” to the American Association of Neuroscience Nurses conference in Kansas City, Mo., in March.


Diana Pabon-Hurtzig, M.S.N., M.B.A., R.N., C.M.S.R.N. presented “Patient- and Family-Centered Care Within Our Older Adult Population” at the NICHE Annual Conference in Las Vegas in April.


Tami Meltosch, B.S.N., R.N., P.C.C.N., C.N.M.L. presented “Data Transparency to Get Results” at the Nursing Symposium in Nashville in April.


April Saboe, B.S.N., R.N., presented “Success With Compassion: Peripheral Intravenous Cannulation in the Pediatric Population” at the Pediatric Nursing Conference in Orlando in June.


ORAL


Maureen Smith, M.S.N., R.N., C.R.N., presented “Offering a chance at a new tomorrow: Intensive Donor Management to Preserve the Gift of Life” to the American Association of Neuroscience Nurses (AANN), in Kansas City, Mo., in March.

BETSY SEISLOVE, R.N.
Named Society of Trauma Nursing President

Betsy Seislove, M.S.N., R.N., C.C.R.N., director of trauma, was recently named president of the national Society of Trauma Nurses. This is a specialty nursing organization dedicated to advancing trauma nursing, trauma education and the development of trauma nursing leadership. In her new role, Seislove leads the board of directors in their mission to define, protect and advance the organization. The Society of Trauma Nurses advocates for the highest level of quality trauma care across the continuum. This is accomplished through an environment that fosters visionary leadership, mentoring, innovation and interdisciplinary collaboration in the delivery of trauma care.

Seislove received her B.S.N. in nursing from Widener University and has worked in our health network since 1989—all of the years in trauma. She started as a staff nurse in the shock trauma unit and later became an advanced practitioner on that unit. She assisted with the merger of the neuroscience intensive care unit and the shock trauma unit to form the trauma/neuro intensive care unit (TNICU) in 2000. She played an integral role in the initial implementation of patient-centered care and has chaired numerous committees during her time here. In 1997, she was a Friends of Nursing recipient for exceptional trauma care. In 2000, she was a recipient of the Friends of Nursing award for best practice. She received the Nightingale Award of Pennsylvania for advanced practice nursing in 2001. On a personal note, Seislove was inspired during her junior year of high school to become a nurse after her brother was in a bad car accident. He received his care at Lehigh Valley Hospital.

LORRAINE VALERIANO, R.N.,
Honored With Professional Leadership Award

Lorraine Valeriano, B.S.N., R.N., C.N.R.N., recently earned the Theta Rho Chapter (Cedar Crest College) Sigma Theta Tau Professional Leadership Award. A graduate of Cedar Crest College’s B.S.N. program in May 1985, Valeriano has been a member of the college’s honor society since her days as a student.

After graduation she completed our critical care internship program and has been an active critical care nurse here for the past 26 years. She enjoys working the night shift, especially precepting graduate nurses and nurses new to the neuroscience intensive care unit. She also works in the advanced intensive care unit, which provides critically ill patients an extra layer of care thanks to high-definition video and audio monitoring. Valeriano is active in shared governance councils and has made numerous presentations at national conferences.
Exemplary Professional Practice

TL5: What is it?

This Magnet Recognition Program® source of evidence shows how nurses investigate, develop, implement and systematically evaluate standards of practice and standards of care.

Pressure Ulcers

New nasal cannula tubing reduces ear ulcers

[ INDICATOR ]
Hospital acquired pressure ulcers

[ ANALYSIS ]
A review of skin integrity data on a monthly basis by the Skin Integrity Quality Improvement Team identified an opportunity for prevention of ear ulcers associated with the use of nasal cannula. The current system of applying foam protectors over the nasal cannula tubing was ineffective because of slippage.

[ PROCESS ]
Vendors were contacted by team members and products were evaluated for ease of use, patient comfort and potential to decrease skin breakdown. Trials of products were initiated and a new product was selected. The new tubing is soft and pliable. It fits over the ear comfortably and reduces the amount of friction and shear.

[ OUTCOME ]
After use of the new product was implemented, there was a 38 percent reduction in ear ulcers associated with nasal cannula tubing.