We’re living the Institute of Medicine’s recommendations.
What Does Health Care Reform Mean To You?

Nurses play a huge role in the future of health care

Did you notice the items on the cover of this Magnet Attractions? They represent one of the recommendations found in the Robert Wood Johnson and Institute of Medicine’s Report, which defines the role nursing plays in improving America’s health system, particularly in light of health care reform (page 4).

We have a committee analyzing the report here at Lehigh Valley Health Network, and I think we are doing a great job aligning with the report’s recommendations. The stories in this issue highlight how we exemplify those recommendations.

You’ll read about Michael Hartman, CRNA, one of the first nurses throughout our health network to earn his doctorate of nursing practice (DNP) degree (page 5). One of the report’s recommendations is to double the number of nurses with doctorate degrees by 2020. Patient care specialist Kim Bartman, RN, on 4K, is a shining example of nurses leading collaborative improvement efforts and diffusing successful practices through her work with the amputee support group (page 3).

Heart failure program coordinator Donna Petruccelli, CRNP, is practicing to the full extent of her education, as well as engaging in lifelong learning. She helped create the American Association of Heart Failure Nurses and then became one of less than 200 nurses in the country to receive heart failure nursing certification through the association (page 11). And all of you will be engaged in Mission Possible, which you learned about (or will learn about soon) at an employee forum. This initiative will empower each and every one of you to lead change and advance our health network (page 8). You’ll also read about nurses who led a collaborative improvement effort using Teach Back, as well as a great story about two of our nurses inspiring the next generation of caregivers.

I feel we are on the right path in preparing for health care reform and a flourishing nursing future.

Anne Panik, MS, BSN, RN, NEA-BC
Senior Vice President, Patient Care Services

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.

Magnet™ names and logos are registered trademarks of the American Nurses Credentialing Center.
A New Outlook on Life
Patient walks again thanks to Kim Bartman, RN

Patient care coordinator Kim Bartman, RN, of 4K, will tell you she was just doing her job. But David Sweeton, 43, of Tennessee, says that’s not the case. He says Bartman changed his life and if it weren’t for her, he would be in a very different place—both emotionally and physically.

The 43-year-old truck driver from Tennessee was in the Lehigh Valley escorting a wide load on Interstate 78, when he began to feel dizzy. He pulled over and passed out. He ended up at Lehigh Valley Hospital–Cedar Crest. It turned out he was suffering from septic shock and had to have both his legs and the fingertips on his right hand amputated. While being treated for sepsis, doctors discovered Sweeton also had colon cancer and it had spread to his lymph nodes. He didn’t have insurance and his outlook on life wasn’t very positive until he met Bartman.

“There was a point where I was hooked up to the machine and I was thinking: Go ahead, God, just take me,” Sweeton says. “But I’ve got a 16-year-old son and that popped in the back of my head, and I’m like, no, I can make it.”

Determined to help him physically and to lift his spirits, Bartman reached out to Hanger Prosthetics and Orthotics to see if they could help with his need for prosthetic legs—a luxury he couldn’t afford on his own. Sweeton received his donated prosthetics and was the recipient of overwhelming support from the community. This was life-changing for Sweeton and his family. Today he’s back home in Tennessee with his new legs and a positive outlook on life.

“I really wanted to help David because he had so much happen to him and he had no insurance,” Bartman says. “I didn’t know what was going to happen to him when he left here if we didn’t help him obtain his prosthetics.” As the leader of the amputee support group, which she founded many years ago, Bartman was also able to connect Sweeton with an amputee just like him who works and rock climbs and has a family.

“He said it was inspirational, that his life was more full now than it had been before.”

Since he was discharged, Sweeton is speaking at rehab centers in Tennessee, helping others and sharing his message. “I think it’s wonderful!” Bartman says.

What is it?
The empirical measurement of quality outcomes in Magnet™ organizations is essential. Quality outcomes create an organization where nursing makes an essential contribution to the patient, nursing workforce, organizational and consumer outcomes. Clearly, Kim Bartman’s work with the amputee support group is an essential contribution to patient outcomes. Her work with patient David Sweeton is just one more example in her storied career of advocacy for her patients.

▲ Support system—David Sweeton of Tennessee had his parents as well as all of his caregivers, including 4K patient care coordinator Kim Bartman, RN (fourth from right), cheering him on during his extended stay here.
Leading Change

New recommendations shape the future of nursing

Our health network is doing all it can to prepare for the future. With health care reform on the horizon and an aging baby boomer population, we will take care of more patients, provide more chronic disease management and face a nursing shortage across the country.

To meet these challenges, our health network supports the recommendations put forth in *The Future of Nursing: Leading Change, Advancing Health*, a report produced by the Robert Wood Johnson Foundation and the Institute of Medicine (IOM). The report provides recommendations for an action-oriented blueprint for the future of nursing that focuses on the educational advancement, scope of practice and leadership opportunities for nurses. The American Nurses Credentialing Center has endorsed these recommendations for its Magnet Recognition Program®, with the initial unscored measures being incorporated into the 2013 sources of evidence.

THE REPORT RECOMMENDS:

1. **Remove scope-of-practice barriers.** Currently, nurse licensing and practice rules vary by state. “Pennsylvania is still conservative,” says Cindy Cappel, RN, director of clinical staff development. “This recommendation supports advanced practice clinicians so they can function to the degree of education and skill they possess without state-imposed restrictions.”

2. **Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.** As a Magnet™ hospital, we support and encourage our nurses to work with other nurses and diverse disciplines to find new ways to improve patient care and efficiency. For example, nurses are involved in all Systems for Partners in Performance Improvement (SPPI) efforts that affect their work or the patient care delivered in their areas.

3. **Implement nurse residency programs.** A nurse residency program may decrease the turnover rate of graduate nurses and improve patient safety. “Our health network has extensive graduate nurse internship programs and a series called the GN Professional Development Series that contains many of the elements of a nurse residency,” Cappel says. “We’re exploring enhancing these programs to meet the residency requirements.”

4. **Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.** Currently, approximately 50 percent of nurses in the United States have a BSN degree. There are multiple pathways to become a registered nurse, and this recommendation advocates making the transition to a BSN more seamless. To make this goal easier to attain, our health network provides tuition reimbursement and scholarship opportunities for eligible colleagues. “Studies have shown that the higher the educational preparation of nurses, the better the patient outcomes,” Cappel says. Scholarships also are available for non-RN colleagues who are committed to becoming a registered nurse.

5. **Double the number of nurses with a doctorate by 2020.** Our health network provides tuition reimbursement for eligible colleagues to advance their knowledge in evidence-based practice and research and possibly serve as nurse faculty. (See story, right, about Michael Hartman, CRNA.)

6. **Ensure that nurses engage in lifelong learning.** “We support our nurses by funding their attendance at nursing education conferences,” Cappel says.

7. **Prepare and enable nurses to lead change to advance health.** We work with our office of government and legislative affairs to invite legislators to speak with panels of nurses and share ideas and concerns.

8. **Build an infrastructure for the collection and analysis of interprofessional health care workforce data.** Work is being done at state and national levels by the State Boards of Nursing to accurately collect data on educational degrees, nurses actively in the workforce, projected retirement and nursing shortage data. This data will be needed to monitor and measure the impact on the future of nursing in relation to the IOM report.

With more than 3 million members, the nursing profession is the largest component of the health care workforce. The recommendations advise utilizing nurses to the fullest extent of their licensure to deliver safe, high-quality health care.
As early as high school, Michael Hartman, CRNA, knew he wanted to be a nurse anesthetist. He began his journey by becoming a licensed practical nurse. “Mike had aspirations and always knew what his goals were,” says hospice nurse Diane Limoge, RN, who served as Hartman’s clinical instructor while he earned his practical nursing degree. With his goal in sight, Hartman soon earned a bachelor’s degree in nursing followed by a master’s degree in nursing and his certification as a nurse anesthetist.

After joining our health network in 2005, Hartman learned that a new doctor of nursing practice (DNP) program was being developed to meet the changing demands of health care. “This degree is a step in the right direction,” he says. “It strengthens the nursing profession and increases our knowledge of proven care methods.” The DNP program builds on traditional master’s degree programs by providing education in evidence-based practice, quality improvement and leadership. Hartman thought it was the perfect fit for him.

When he enrolled in a DNP program in 2008, Hartman felt supported by his colleagues and family. “It’s such a benefit that our health network really embraces the pursuit for educational advancement,” he says. After graduating in May 2010, Hartman became the first nurse anesthetist in our health network to earn a DNP. He’s helping put us on course to meet the Institute of Medicine’s recommendations on the future of nursing. “This degree is about bringing best methods to the bedside to ensure the best outcomes for patients,” he says.

Hartman passes on his love of learning to the student nurse anesthetists he mentors. Based on nominations from his students, Hartman received the Clinical Instructor of the Year award from the Pennsylvania Association of Nurse Anesthetists this past spring. “It was an honor that my students nominated me,” Hartman says. One note of wisdom he passes on to his students is that teamwork is key. “I always tell my students that when everyone works together, we achieve more,” he says.
The Teach Back Triumph

Educational tool is reducing readmission rates for patients with heart failure

Patients with heart failure have plenty to remember when they’re discharged. If they don’t understand how to take medication, eat properly and recognize the warning signs of a problem, they’ll likely end up back in the hospital.

To help these patients take charge of their health, we’re using Teach Back. “It’s a three-day education session during which patients are asked to repeat in their own words what they learned about managing heart failure,” says 5K patient care specialist Deb Peter, RN. If the patient isn’t well enough to learn, the person who will care for the patient at home (key learner) participates.

What makes our Teach Back technique unique is its focus on the three domains of learning: knowledge, attitude and behavior. Day one’s questions focus on knowledge (What is the name of your water pill?). Day two is about attitude (Why is it important for you to take your water pill?) and day three, behavior (How will you remember to take your water pill?).

A prompt on the patient’s medication screen in Centricity makes it easy for nurses to use Teach Back. “It’s hardwired into our culture,” Peter says. “That’s why it’s been so successful.”

We are very encouraged by clinical outcomes we believe are associated with Teach Back (see back cover story). Since we implemented Teach Back network-wide in July 2010, our readmission rate for heart failure patients has decreased by 12 percent. Furthermore, length of stay for readmitted patients has shortened because they are likely seeking medical care earlier. These results are getting national recognition. Representatives from The Advisory Board Company, a firm that helps hospitals better serve patients, called our method a “mega-practice.” We also received a 2011 Achievement Award from The Hospital & Healthsystem Association of Pennsylvania (HAP) for innovation in patient care.

Lifesaving scales

One thing patients learn from Teach Back is that weight gain may be an early sign of heart failure and a reason to call their doctor. “That’s why we ask every patient with heart failure if they have a working scale at home,” says 6K patient care coordinator Pam Carrion, RN. But what happens if a patient doesn’t have a scale or the financial means to purchase one? Our nurses step in.

Through fundraising and donations, caregivers from 5K and 6K raised enough money to purchase seven scales for patients in need, and hope to expand the program network-wide.

“Patients get frustrated when they’re readmitted to the hospital for the same reoccurring reason,” says 6K technical partner Mollie Sullivan. “We’re excited to do this because it can really make a difference in our patients’ lives.” Carrion says, “It’s the essence of what nurses do.”
They Are Nurses—And Authors!

Two nurses write a children’s book to inspire the next generation of caregivers

Eileen Wasson, RN, and Angela Strausser, RN, both veteran nurses of our trauma-neuro intensive care unit, have almost 50 years of combined nursing experience between them. Like many nurses, each knew from a very young age she would grow up to be a nurse.

Strausser was just 10 years old when her father became very ill. She vowed at that point to one day become a nurse just like the nurses who took care of her dad. Wasson was a mere 3 years old when her neighbor, a nurse, babysat for her. “She let me try on her nursing cap, and I knew one day I would be a nurse too,” she says.

The pair started to discuss writing a children’s book about nursing when their children were young. They looked for children’s books about nurses to read to their own children and found the available books to be outdated—and did not always portray nurses in a positive light. One of the books even showed nurses cooking healthy meals for their patients.

“I wanted a book that showed my daughter what it is I leave to do every day when I go to work,” Wasson says. “It was hard for me to explain to my young daughter that I have a cool job and that I’m very proud to be a nurse,” Wasson says.

Wasson and Strausser paired with local illustrator Roey Ebert for their book “Mommies and Daddies Are Nurses,” which was published this summer. It shows multicultural male and female nurses in the varied roles they play, from school nurses to home care nurses to operating room nurses to military nurses, and everything in between.

The book is written for children ages 3-7. “We really hope this book inspires children to think about the exciting career of nursing,” Strausser says.

They are marketing their book at nursing conferences. It is also available on amazon.com, authorhouse.com, barnesandnoble.com and through Wasson and Strausser.

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. Eileen Wasson, RN, and Angela Strausser, RN, exemplify these sources through their children’s book, “Mommies and Daddies Are Nurses.”
Hourly rounding was launched in 2008 with a trio of worthwhile goals: to increase patient-caregiver collaboration, strengthen family presence and enhance patient safety. The process, however, was inconsistently implemented and never fully able to meet patient and staff needs. When speaking with nursing leaders across the country, we learned other organizations had similar experiences with hourly rounding. Time to give up? Not according to Anne Panik, RN, senior vice president of patient care services. She believed it was time to reframe.

“Reframing,” a skill introduced at this year’s employee forums, helps make our mission possible by envisioning the positive possibilities in every situation. It reminds us to look at what’s right first, and then use those strengths to overcome what’s wrong. “Rounding deserved a closer look because it’s so beneficial to our patients and staff,” Panik says. “It was an ideal project for reframing.”

What exactly were the possibilities in rounding? Finding out would require direct input from frontline
staff, another key Mission Possible principle. “We went right to the experts,” Panik says.

A project team—registered nurses, technical partners and nursing leadership—was assembled, and with guidance from senior SPPI coach Kathleen Sharp (see Reframing Support box), redesigned rounding using positive reframing techniques. The updated version, now called “patient rounding,” is currently being piloted on 7A-Neuroscience, 5A-Transitional Trauma and 5C at Lehigh Valley Hospital–Cedar Crest. More details about the pilot will be featured in an upcoming issue of *Magnet Attractions*.

In addition to introducing reframing, this year’s employee forums gave colleagues an opportunity to share stories about when they’re at their best and what our health network needs to do to make those situations happen more often. This kind of meaningful conversation encourages understanding and grows relationships, which also helps make our mission possible. Roseann Kratzer, RN, of 6T at Lehigh Valley Hospital–Muhlenberg, attended a forum and was particularly impressed by the sharing component. “I like meeting new people and hearing what they think,” she says. “It’s great to hear how they’re touching people and making a difference, because we all share the same mission.”

**Click to watch ... and much more**

Colleagues who attended this year’s employee forums were invited to appear on camera and answer questions about how they make our mission possible. Technical partner Anna Vicuso accepted the invitation and revealed her unique approach to helping patients relax in the Lehigh Valley Hospital–Muhlenberg cardiac catheterization lab holding area: she sings and dances for them. To watch and comment on her video—and hear her sing Elvis—visit Mission Central, the intranet’s new interactive website. In addition to watching videos of Vicuso and other colleagues, you can ask questions, share ideas and stories, discuss important issues and learn through online articles, workshops and other resources.

**TO SHARE YOUR VOICE,** go to the intranet (lvh.com) and click on the conversation bubbles in the upper right corner. Or visit lvhn.org/conversations on any health network computer.

**Reframing Support**

Would you like to have an SPPI coach guide your department or project team through a reframing exercise? Call 484-884-0200.
EP1 and EP1EO: What is it?

These Magnet Recognition Program® sources of evidence fall under the Exemplary Professional Practice Magnet™ model component, which encompasses the ways in which nurses develop, apply, evaluate, adapt and modify the Professional Practice Model. In this section, you’ll read about your colleagues who made presentations at regional, state and national conferences, as well as those who were published in peer-reviewed journals. You’ll also find newly specialty-certified colleagues listed here.

**PRESENTATIONS**

**POSTER**

Denise Pisciotta, BSN, RN, presented “SORE NO MORE: The Power of a Microscope in Skin Integrity” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.


Donna Farley, RN, CMSRN, and Saranya Phadungchevite, BSN, RN, presented “Data Transparency to Get Results” to the Academy of Medical Surgical Nurses Annual Convention in Boston in September.

Eileen Sacco, MSN, RN, CNRN, ONC, and Christine Yatsko, RN, presented “Creating a NICHE: Medical-Surgical Nurses Role in Successful Program Development” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.

Jennifer Devine, BSN, RN, CMSRN, presented “Chief Quality Officer Rounds: Charting A New Course for Performance Improvement” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.

Kristina Holleran, BSN, RN, CMSRN, presented “From B17 Bomber to Bedside: Using a Bundle Methodology to Enhance Quality” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.


Mary Jean Potylycki, MSN, RN-BC, presented “A Simulation Journey: Development and Implementation of a Hospital-Based Process for Using Simulation to Enhance Teaching in Acute Care” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.

Tiana Mahr, BSN, RN, and Maureen Horvath, BSN, RN, presented “On the Beat: Partnering With Security for a Safer Nursing Environment” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.

Tracie Heckman, MSN, RN, CMSRN, presented “Bedside Nurse Shift Report: Standardizing the Approach at the Bedside” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.


Megan Snyder, BSN, RN, BC, presented “Round and Round We Go: Grabbing the Brass Ring for Innovations and Improvements” at the Magnet Recognition Program, Annual Magnet Conference in Baltimore in October.

**ORAL**


Heather Rizzo, MSN, RN, presented “Use of the Audience Response System: Common Practice or New, Cutting-Edge Technology?” at the National Nursing Staff Development Organization Annual Convention in Boston in July.

Lori Tyson, BSN, RN, PCCN, and Roxanne LeRoy, RN, presented “Help: Clearing the Hurdles of Bedside Nursing Research” at the National Nursing Staff Development Organization Annual Convention in Boston in July.

Debra Peter, MSN, RN, BC, CMSRN, and Paula Robinson, MSN, RN-BC, presented “It’s Time to Teach Back: An Interprofessional Approach to Enhance Learning and Reduce Readmission” at the Academy of Medical Surgical Nurses Annual Convention in Boston in September.

Courtney Vose, RN, MSN, MBA, APRN, and Maureen T. Smith, MSN, RN, CNRN, presented “Chief Quality Officer Rounds: Charting A New Course for Performance Improvement” Sigma Theta Tau International Biennial Convention in Grapevine, Texas, in October.

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**Magnet Attractions**

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Carolyn Davidson, PhD, RN, CCRN, FNP-BC, presented "Destination: New Knowledge, Satisfaction, Empowerment and Professionalism: The Journey of a Bedside Nurse Researcher" at the Magnet Recognition Program, Annual Magnet Conference in Baltimore in October.

Megan Snyder, BSN, RN, BC, presented “Round and Round We Go: Grabbing the Brass Ring for Innovations and Improvements” at the Magnet Recognition Program, Annual Magnet Conference in Baltimore in October.
Heather Rizzo, MSN, RN, presented “Use of the Audience Response System: Common Practice or New Cutting-Edge Technology?” at the Professional Nursing Education Group Annual Conference in Baltimore in October.

Jayne Febbraro, MSN, RN, CRNP, and Deborah Arnold, MSN, RN, CMSRN, presented “Emergency Department, Recalculating… Labor & Delivery” at the Professional Nursing Education Group Annual Conference in Baltimore in October.

LaDene Gross, MSed, BSN, NE-BC, and Paula J. Travis, RN, presented “24/7 Family Presence – Proven Strategies to Address Associated Caregiver Stressors” at the Magnet Recognition Program, Annual Magnet Conference in Baltimore in October.

Mae Ann Pasquale, PhD, MSN, RN, and Brian P. Mongrain, RN, presented “Family Presence During Trauma Resuscitation: Town-Gown Research Models Best Practice Through Design and Outcomes” at the Magnet Recognition Program, Annual Magnet Conference in Baltimore in October.

**PUBLICATIONS**

Eileen Wasson, RN, and Angela Strausser, RN, wrote Mommies and Daddies are Nurses which was published by AuthorHouse™, Bloomington, Ind., in 2011.


**SPECIALTY CERTIFICATIONS**

Amanda R. Hrebick, RN, CNRN
Amani L. Long, RN, CEN
Amber J. Moyer, RN, CNRN
Kay M. Rauchfuss, RN, CCRN

**DONNA PETRUCCELLI, CRNP**

She’s passionate about heart failure nursing

Donna Petruccelli, CRNP, loves caring for heart failure patients, and it shows. During her 21-year career, she helped to open an outpatient heart failure center, create an inpatient heart failure unit and start a heart failure community support group. She also worked to create the American Association of Heart Failure Nurses (AAHFN). “Heart failure is a specialty, but it’s more than a job to me,” Petruccelli says. “The best medicine we can give patients is to make them feel cared for.”

In her current role as the heart failure program coordinator for the Center for Advanced Heart Failure, Petruccelli wanted to do more. She was part of a core group of heart failure professionals who advocated for certification in heart failure nursing. “Certification would make sure we’re evidence-based,” Petruccelli says. This past summer, her dream became a reality when she received heart failure nursing certification from AAHFN. Petruccelli is one of less than 200 nurses in the country with this certification and is the only certified heart failure nurse in our health network. “I just want to do my very best,” she says. And she does.

**PATRICIA SHEARBURN, MSN, RN, AOCN**

Named a finalist for the Nightingale of Pennsylvania Awards

Patricia Shearburn, MSN, RN, AOCN, has been selected as a finalist for the Nightingale of Pennsylvania Awards. She is one of three finalists in the advanced practice nurse category.

An oncology nurse, Shearburn has been employed with the network for seven years and has more than 30 years of clinical experience. Recently she was recognized by the Oncology Nursing Certification Cooperation as one of less than 175 nurses who have maintained 25 years of certification as an oncology nurse.

Shearburn was selected as a finalist for the prestigious Nightingale Awards because of her collaboration with not only her nursing colleagues but also with physician colleagues, pharmacy colleagues and other members of the patient care team to improve care and outcomes for the oncology patient population. She also was recognized for laying the groundwork to educate, support and empower nursing colleagues throughout the health network. In her time with our health network, Shearburn has made significant contributions to patient care throughout the Cancer Services division and has positively impacted nursing practice.
EXEMPLARY PROFESSIONAL PRACTICE

EP2: 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.

Congestive Heart Failure
Teach Back Brings Results

**[INDICATOR]**
Discharge Teaching for Congestive Heart Failure (CHF)

**[ANALYSIS]**
Despite the multicollaborative efforts, the congestive heart failure population continued to have a greater than 20 percent readmission rate. Please see story on page 6 for why we initiated Teach Back.

**[PROCESS]**
Teach Back was initiated as a pilot on 5K in December 2009, and then expanded to 6B and 6K before going network wide in July 2010.

**[OUTCOME]**
After Teach Back was initiated, our readmission rate for CHF decreased. In the fourth quarter of fiscal year (FY) 2011, The Joint Commission CHF Core Measure result for discharge instructions at LVH–Cedar Crest and LVH–Muhlenberg, was at the 97th percentile.

**[NEXT STEPS]**
We are expanding the TeachBack process to other topics such as stroke, chronic obstructive pulmonary disease, hypoglycemia, community acquired pneumonia and anti-coagulant use.

**[CHF READMIT RATES]**

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