The Game of Life

Educational advancement is part of life. Will you choose to go back to school this year?
Reach Your Potential

Embrace education to improve your nursing skills and our practice environment

It’s spring, and that means it’s time for two of my favorite events—Friends of Nursing (April 19) and the Patient Care Services Annual Forums (beginning May 8; see page 11 for a full schedule). You’ll walk away with fresh inspiration and new knowledge.

Speaking of which, this issue of Magnet Attractions is all about education. We are committed to creating the ideal practice environment through education. You’ll see inspiring examples throughout this issue.

For example, you’ll read about the role of patient care specialists who educate staff nurses (page 3). You’ll also learn how we honor our nurses who demonstrate excellence in their chosen field of practice by getting certified (page 4).

We have a very exciting new partnership with the Lancaster General College of Nursing & Health Sciences for an on-site RN-to-BSN program that will be offered at Lehigh Valley Hospital–Cedar Crest. This will make obtaining a bachelor’s of science degree in nursing (BSN) so much more convenient. Our directors know firsthand just how important this is; we are on track for all of them to have their BSNs by January, which will further enhance our practice environment.

That also means our directors did a lot of hard work, so I’d like to congratulate all of them. Most recently, Beth Kessler, 6T; Deb Sellers, 4T; Holly Tavianini, 7A; Jodi Koch, post-anesthesia care unit/short stay unit; Marie Porter, endoscopy/GI lab; and Jody Shigo, transitional trauma unit all graduated with BSNs. Many of them already had bachelor’s and master’s degrees in other areas, but their dedication to nursing was modeled when they returned to school.

With health care reform ahead, we are preparing for our future so we can continue our mission to heal, comfort and care. At the heart of our success is you—our nurses—who will continue to deliver high-quality care, help patients to better manage chronic disease and thrive in the face of a national nursing shortage. We believe in providing you with the opportunity to be leaders, to take advantage of educational advancement and to make the most of your potential so you can continue to provide superior care for years to come.

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.

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ON THE COVER

Education is the key to creating the ideal practice environment. Throughout this issue, you’ll see the role education plays in making that happen.
A DAY IN THE LIFE OF A
Patient Care Specialist in the OR

On any given day, our operating room (OR) patient care specialists (PCSs) may facilitate a continuing education program, view patient safety reports, conduct an audit or prepare a quiz to measure competency. “My job is about doing 10 things at once,” says Michelle Reigard, RN, a PCS in the OR at Lehigh Valley Hospital–Muhlenberg. “I’m constantly learning and multitasking.”

She’s not alone. Our PCS educators are responsible for making sure OR colleagues know about everything from new consent forms to new products to new protocol. “We need to make sure they are up to date on requirements like basic life support certification, trauma validation and policies. We are the liaison for the OR staff and what is going on in the rest of the perioperative division and other areas of the hospital,” says Marlene Leidy, RN, one of two PCSs in the OR at Lehigh Valley Hospital–Cedar Crest.

“Unlike some units, we can’t pull everyone together for educational sessions, so we need to work through small group sessions, one-on-one meetings, e-learning and bulletin boards,” adds her colleague Jill Rothermel, the other PCS for Cedar Crest’s OR. Carol Saxman, RN, the PCS for the Lehigh Valley Hospital–17th Street’s ambulatory surgery unit (ASU) even puts together scavenger hunts as a learning tool for her staff. “I choose learning tools based on the culture of the unit I need to educate,” she says. “Each unit is different, but I find that fun, hands-on learning works quite well.” Lisa Farthing, RN, also a PCS at Lehigh Valley Hospital–17th Street in the main OR suite, works hard to educate her colleagues as well.

“In addition to identifying and planning educational programs for the perioperative staff, as an educator I have to create and support an environment that encourages the perioperative staff to be engaged in their own learning,” she says. She does this by incorporating different learning principles when teaching, maintaining open communication with staff, and allowing them to assist with the design and delivery of educational programs, which is not always an easy task considering the range in ages. “Education is the key to successful perioperative nursing, and allowing the experienced learner to share his or her knowledge contributes to the success,” she says.

There’s no such thing as a quiet day for these valuable colleagues. They help the OR teams provide the best possible patient care. As part of that, they oversee education for nurses, surgical technicians and perioperative technical assistants. “We also teach medical residents how to scrub in and we supervise any observers,” Rothermel says.

The list of responsibilities doesn’t end there. They validate competencies, manage the staff’s annual mandatory requirements in order to meet Joint Commission and state requirements, coordinate nursing interns and monitor the orientation of all new colleagues into the OR. “I enjoy making sure new colleagues are progressing,” Reigard says.

After that progression, people who work in the OR tend to have no problems speaking up about what they need to do their jobs better. “They call all the time, 24 hours a day,” Saxman says. “They let you know if they’re behind in something, and then we make sure they get the education they need.”

Multitasking teachers
Michelle Reigard, RN, is the patient care specialist for the operating room (OR) at Lehigh Valley Hospital–Muhlenberg. She and her colleagues in the ORs at all three hospital sites educate perioperative staff.

EMPIRICAL OUTCOMES

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.

The work our patient care specialists do to educate nurses directly contributes to patient and organizational outcomes.
Kim Martin, RN, was happy the day she passed her nursing boards and officially became a registered nurse. But ask her about the day she passed her specialty certification exam for neuroscience nursing and she’ll tell you she’s never been more proud. “I absolutely love having the CNRN initials behind my name,” she says. “It’s a great achievement, and they are the initials of which I am most proud.”

Niki Hartman, RN, of our network’s Center for Professional Excellence, says Martin’s sentiment is not unusual. “Specialty certification is a great way for our nursing staff members to demonstrate their knowledge in the particular area where they work,” she says. “It’s a great achievement, and they are the initials of which I am most proud.”

That’s why we honor our nurses who are certified on Certified Nurses Day each year in March. The celebrations vary from ceremonies to luncheons, as evidenced by the photos on these pages. Each specialty-certified nurse also receives a check from the health network. “It’s important to recognize their dedication and knowledge,” Hartman says.

Getting certified
Becoming specialty certified is no easy task. You must first work for two years in the specialty and then take a comprehensive exam. “The tests are definitely difficult, and you need in-depth knowledge to pass,” Hartman says.

To help our nurses, some areas like the neuroscience intensive care unit (NSICU) and our medical-surgical units offer review courses right at our hospitals. Maureen Smith, patient care specialist of the NSICU, designed and offers the course for neuroscience nurses. “In 2004, we had one certified nurse,” she says. “Today, we are 88 percent certified, and that’s because we run the review course every year.” The NSICU is tied with oncology services for the area with the highest certification rate. Both were recently honored for this accomplishment during the annual Friends of Nursing gala.

Another area with an impressive certification rate is in our network’s division of education. They are 85.7 percent certified with 12 of their 14 nurses being specialty-certified. “We will make our goal of 100 percent,” says director Cindy Cappel, RN.

Increasing our numbers
To date, 40 percent of our nurses throughout the health network have specialty certifications. “That’s above the MagnetTM benchmark of 30 percent, but we’d like to increase our percentage even more,” says Kim Hitchings, manager of the Center for Professional Excellence. Thus, we have identified the following formal goals.

In 2013, professional nursing certifications will increase by the indicated percentages for nurses working in each of the defined specialties:

Goals
• Medical-surgical (adult) – 10 percent
• Critical/progressive care (adult) – 10 percent
• Emergency – 10 percent
• Maternal Child – 15 percent
• Behavioral Health – 20 percent
• Perioperative – 5 percent
• Home Health – 10 percent

Something to smile about
Certified critical care nurses on the trauma-neuro intensive care unit (TNICU) experienced a day-long celebration including a special presentation about the Amish community, a chocolate fondue tower, pizza, a gift, and of course, a check presentation ceremony. “I look forward to giving out even more checks next year,” says unit director Cindy Umbrell, RN.

Sweet smell of success
Nurses in division of education (DOE) were presented with a rose when they received their check.
Alphabet Soup

What do all those initials mean?

Cindy Cappel, RN, director of clinical staff services for our network’s division of education, knows a thing or two about credentials. In her department she has 12 certified nurses, but among them there are 7 different specialty certifications, and three people also are dual-certified in two different specialty areas. “I know it can get confusing, but there actually is a proper way to list credentials behind your name,” she says.

At our health network, we use the credential guidelines set forth by The American Nurses Credentialing Center (ANCC). That order is:

- Highest earned degree (PhD, MSN, etc.)
- Licensure (RN, LPN, etc.)
- State designations or requirements (APRN, NP, etc.)
- National certifications (RN-BC, CEN, etc.)
- Awards and honors (FAAN)
- Other recognitions (such as non-nursing certification that recognize additional skills, like EMT)

SE4EO: What is it?

We have more than 500 nurses who are certified in a specialty. This year, we have set goals to increase our certification rate even further for nurses in all specialties. This shows our commitment to professional development, which is part of the Magnet™ model component Structural Empowerment.

Real-life role model

In her professional life, Fran Worman, RN, has almost spent more time in school than out of school. She even stopped working for two years in the late 1960s to further her education—back in the days before a nurse could work and go to school at the same time. Her credentials include master’s degrees in nursing and education; bachelor’s degrees in nursing and education; and specialty certification in nursing professional development. “All the hard work is worth it,” she says.

Proud moment

Kim Martin, RN, says the day she passed her certified neuroscience nursing exam is the highlight of her career so far.

Celebration luncheon

Beth Kessler, RN, director of 6T, took her certified nurses out to lunch to mark Certified Nurses Day.

Proud moment

Kim Martin, RN, says the day she passed her certified neuroscience nursing exam is the highlight of her career so far.

Study time!

Maureen Smith, RN, patient care specialist for the neuroscience intensive care unit, teaches an annual comprehensive review course for the neuroscience certification exam. It’s working—88 percent of the unit is certified.

Study time!

Maureen Smith, RN, patient care specialist for the neuroscience intensive care unit, teaches an annual comprehensive review course for the neuroscience certification exam. It’s working—88 percent of the unit is certified.
And the Study Says …

Journal clubs open the door to current clinical literature

Staying on top of the latest research can be a daunting task. There is a seemingly endless supply of studies and articles just a mouse click away. Where do you start … and how can you tell if a study is valid?

One way is to join colleagues in a journal club—group meetings to discuss the implications of current literature. Participating in a journal club also can teach you how to critique research and even design your own study.

Journal clubs have been common among physicians for years, but clubs for other clinicians are relatively new at our health network. Here is a closer look at three of them.

Infection Control and Prevention
Established: 2009
Team members take turns selecting a topic and facilitating the monthly meetings. Articles ranging from containment of a particular organism to a review of the latest infection reporting guidelines are distributed the day before each meeting. Using a PowerPoint presentation as a guide, the facilitator leads an educational discussion. “Our team loves it,” says director Terry Burger, RN. “Not only are team members learning new information, but they each have a chance to shine and take on new responsibilities.”

Home Health
Established: 2010
Because home health providers spend so much time on the road, their club is conducted virtually through a blog on The Learning Curve. Vickie Cunningham, RN, clinical director of home care, posts an article, follow-up quiz and discussion question. Team members share their comments over an eight-week period, with nurses earning 1.5 continuing education credits for participating. “Evidence-based home health data is hard to find,” says Cunningham says. “Our club allows us to discover evidence together, make informed decisions and implement change.”

Patient Care Services
Established: 2011
Monthly meetings are open to all patient care disciplines, with articles distributed two weeks in advance by facilitator Carolyn Davidson, PhD, RN, administrator of evidence-based practice and clinical excellence. Participants review the articles independently, using supplied evaluation templates, then meet to discuss both clinical relevance and study design. “I’ve picked up a number of research critiquing techniques that help me see details I never would have noticed before,” says D.J. Butz, RN, director of neuroscience intensive care. Butz passes on key learnings to his unit’s frontline staff.

Get Started
Want help starting your own journal club? Contact Kathy Baker at 610-969-2545 or Michelle Flores at 610-969-2527 in community health and health studies. They also can help you select appropriate articles for discussion.
With health care reform on the horizon, we’re all preparing for the future. To meet the challenges ahead, 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 at the Institute of Medicine (IOM).

One of the report’s recommendations is to increase the proportion of nurses with a bachelor’s degree in nursing to 80 percent by 2020. To assist nurses who wish to earn a bachelor’s degree, our health network has partnered with Lancaster General College of Nursing & Health Sciences to offer an RN to BSN program on-site at Lehigh Valley Hospital–Cedar Crest.

Offered exclusively for health network nurses, the RN to BSN program is an accelerated 22-month program. “We wanted to offer our nurses a convenient way to get their bachelor’s degree,” says nursing liaison Valerie Kocher. Registered nurses who graduated from an associate degree or diploma program are eligible to apply. Cohorts of approximately 20 students will take classes together throughout the program, which is accredited through the Commission on Collegiate Nursing Education (CCNE). Upon completion of the program, the BSN degree will be awarded through Lancaster General College of Nursing & Health Sciences.

To accommodate a range of schedules, classes will be held one night per week for four hours at 1247 S. Cedar Crest Blvd., Allentown. The first cohort will begin classes this spring, and another cohort will start in August.

To help offset the cost of attending the program, nurses can apply for tuition reimbursement up to $4,000 per year for full-time colleagues. Fifty scholarships are also available up to $6,000. To apply for a scholarship, applicants need to be employed at the health network for a minimum of two years; submit a letter of recommendation from their manager; and receive a performance evaluation of 3 or better. Applicants also must maintain a grade point average (GPA) of 3.0 while in the program.

Students also may see some friendly faces while earning their degree. “Lecturers are from Lancaster General, but some master’s-level nurses from our health network may teach too,” Kocher says.
There are many reasons fall prevention is always a top priority. Foremost, it keeps patients safe and prevents injuries. It’s a Joint Commission safety goal and a measure of nursing quality. Furthermore, when a patient falls and is injured, we are not reimbursed for the care we provide for that injury.

Our structures and processes associated with fall prevention are very robust. However, colleagues need to continuously be aware of the latest evidence so we can impart that knowledge into our daily practice. “We must always keep fall prevention on our radar,” says clinical quality specialist Mary Ellen O’Connell, RN. Colleagues on our Fall Prevention Committee ensure we do just that. The committee has three subgroups that focus on education, fall-related data and clinical practice. Their work helped us reduce falls by 9 percent in fiscal year 2011.

Here’s what we’re doing to prevent falls:

**Analyzing data**

If we know the patient is at risk for falling, we teach her how to prevent it. To determine who these patients are, we look at historical data. Surprisingly, data shows that cognizant patients age 40-65 are at an elevated risk because they mistakenly believe they’re well enough to walk on their own.

**Knowing our ABCs**

We identify patients at risk for a fall-related injury by using the ABCS acronym:

- **AGE:** patients age 85 and older
- **BONE:** patients with weakened bones from chemotherapy or osteoporosis
- **COAGULATION:** patients with a bleeding disorder or taking blood-thinning medication
- **SURGERY:** post-op patients
Using yellow
It’s the color associated with falls. We use it as a visual cue to identify patients at risk. These patients wear yellow socks, and a yellow magnet is placed on their door. The magnet was designed by transitional open-heart unit technical partner Jennifer Lanter, the winner of our fall prevention magnet redesign contest.

Naming a fall prevention coordinator
Every unit has one. This colleague, usually a technical partner, rounds on the unit to identify and correct things that may lead to a fall, like a burned out light or trip hazard. He or she ensures fall prevention tools are available and working properly. These items include bed and chair alarms, lap buddies and Sitter Select monitors—a device that allows you to record a family member’s voice so that when a patient tries to get up, a familiar voice reminds him not to.

Updating I/T
A “fall” tab was added to Centricity so all fall-related information is in one place. It contains the Hendrich II Fall Risk Model, an assessment tool nurses use to determine a patient’s fall risk.

Providing education
We created a quarterly fall prevention newsletter called “United We Stand.” It contains articles, fall-related data and fall prevention initiatives. It’s available on The Learning Curve. Colleagues who read it and complete the evaluation tool receive one CEU contact hour. The mandatory fall prevention course on TLC is also updated annually.

Huddling up
Units hold safety huddles where caregivers discuss which patients are at risk for falls.

Transparency
A unit’s fall data is posted on its quality board. Colleagues in a unit that goes 30 days without a fall are often rewarded.

Including pharmacists
When a patient falls, a pharmacist is called to help determine if medication may have been a contributing factor.

Involving families
We educate families about their loved one’s fall risk. This helps them understand the dangers of taking their loved one to the bathroom, for example, without a caregiver’s help. As part of the care team, family members tell us if a patient wears glasses or uses a walker—useful information to prevent falls.

The Fall Prevention Committee’s has helped reduce falls in fiscal year 2011 by 9%
These Magnet Recognition Program® sources of evidence fall under the Exemplary Professional Practice Magnet™ model component. 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.

PUBLICATIONS

Lorraine Dickey, MD; LaDene Gross, MSed, RN, NE-BE; Lynne Deitrick, PhD, RN; and Jack Truten, PhD, wrote “Promotion of Staff Resiliency and Interdisciplinary Team Cohesion Through Two Small-group Narrative Exchange Models Designed to Facilitate Patient- and family-centered Care” for Journal of Communication in Healthcare. 2011; 4(2):126-138.

Lynn M. Deitrick, PhD, RN; Elke H. Rockwell, PhD, MSS; Nancy Grantz, MPA; Carolyn Davidson, PhD, RN, CRNP; Lou Lukas, MD; Donna Stevens, BS; Gretchen Fitzgerald, CRNP; Michele Naugle, CRNP; Jacaline Wolf, CRNP, and Barbara Sikora, LPN, wrote “Delivering Specialized Palliative Care in the Community — A New Role for Nurse Practitioners” for Advances in Nursing Science. 2011; 34(4): E23-E36.

Tracy Gemberling, RN, CMSN, Nancy Tetter-Long, BSN, RN, CCRN; Lori Reiner, RN; Mary Jean Potylycki, MSN, RN-BC; and Carolyn L. Davidson, PhD, RN, CCRN, FNP-BC, wrote “Clinical Support for the Off-Shift Nurse and the Graduate Nurse: The Clinical Rock Stars” for MDSURG Nursing. 2011; 20(6): 323-326.


Tami J. Meitsch, BSN, RN, PCCN, CNML; Miriam Ramos-Martinez, MSN, RN, CMSN; Christine Hartner, BSN, RN, PCCN; Melissa Vermuelen, RN; and Donna Doe, BSN, RN, wrote “An EZ Pass to Hospital Admissions” for Nursing Management. January 2012 (13-14).

Kenneth Miller, Med, RRT-NPS; Linda Cormann, RRT-NPS, and Steven Pyne, RRT, presented “The Utilization of a Respiratory Care Journal Club to Facilitate State Continuing Educational Credits” at the American Association for Respiratory Care 56th International Congress of Respiratory Care in Tampa in November.

Kenneth Miller, Med, RRT-NPS; Robert Leshko, RRT; Angela Lutz, RRT-NPS, and Linda Cormann, RRT-NPS, presented “The Utilization of a Sub-Glottic Endotracheal Tube to Reduce Ventilator-Associated Pneumonia Rates” at the American Association for Respiratory Care 56th International Congress of Respiratory Care in Tampa in November.

Nancy Humes, BSN, RN, and Nicole Zimmerman, BSN, RN, presented “Program…Validate…Infuse/Developing an IV Infusion Validation Tool” at the University of Pennsylvania — Annual National Patient Safety Conference in Philadelphia in November.

Alyssa Campbell, BSN, RN, presented “From ‘Uh-Oh’ to ‘Oh-Yea!’: A Nurse-Driven Urinary Catheter Removal Protocol” at the National Database of Nursing Quality Indicators (NDNQI) in Las Vegas in January.

Maura Diehl, RN, CPAN, and Kelly Stivala, BSN, RN, presented “Post-Operative Instructions and Information” at the American Society of PeriAnesthesia Nurses National Conference in Orlando in April.

Kathleen Duckworth, RN, CPAN, and Beth Hall, BSN, RN, CPAN, presented “The Future of PeriAnesthesia Nursing: Shared Governance Empowers Nurses to Focus on Professional Development” at the American Society of PeriAnesthesia Nurses National Conference in Orlando in April.

Janice Magliane, RN, ADN, and Marlene Mayza BSN, RN, presented “We Rock – You Roll: Surgical Staging Unit Propels On-Time First Case Start Initiative” at the American Society of PeriAnesthesia Nurses National Conference in Orlando in April.

Cheryl Barr, BSN, RN, CPAN, and Krista Letchin, BSN, RN, presented “PACU Medical-Surgical Overflow” at the American Society of PeriAnesthesia Nurses National Conference in Orlando in April.

Toni Holcomb, BSN, RN, CNOR, presented “Redesign for the Time: Matching Management With Customer Needs” at the AORN Congress, New Orleans in March 2012

Lisa Farthing, MSN, RN, CNOR, and Michelle Reigard, RN, CNOR presented “Teamwork! Pre-
op, Intra-op and Post-op Brief” at the Association of Perioperative Registered Nurses Congress in New Orleans in March.

**Hope Johnson, MSN, RN, CNOR,** presented “The Daily Metric Board: A Lean Approach to Performance Improvement” at the Association of Perioperative Registered Nurses Congress in New Orleans in March.

**Jeanne Luke, MSN, RN, CNOR,** presented “Lessons Learned: Listening to the Interns” at the Association of Perioperative Registered Nurses Congress in New Orleans in March.

**Maureen Bredbenner, RN, CNOR,** presented “Re-Design for the Time: Matching Management With Customer Needs” at the Nursing Management Congress in Las Vegas in October.

**Marlene Leidy, BSN, RN, CNOR,** presented “Racing to 100 Percent: A Certification Initiative for Surgical Technicians” at the Nursing Management Congress in Las Vegas in October.

**Louann Newman, RN, CNOR,** presented “Redesign for the Time: Matching Management With Customer Needs” at OR Manager Conference in Chicago in September.

**Hope Johnson, MSN, RN, CNOR,** presented “Racing to 100 Percent: A Certification Initiative for Surgical Technicians” at the OR Manager Conference in Chicago in September.

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**ORAL PRESENTATIONS**

**Cheryl Heffner, BA, RRT,** presented “The Role of the Respiratory Care Therapist in Palliative Care” at the American Association for Respiratory Care 56th International Congress of Respiratory Care in Tampa in November.

**Cheryl Barr, BSN, RN, CPAN, and Jodi Koch, BSN, RN,** presented “Seven Critical Steps to Sustained Quality Improvement” at the American Society of PeriAnesthesia Nurses National Conference in Orlando in April.

**Kelli Brown, BSN, RN-BC, and Jodi Koch, BSN, RN,** presented “Paradigm Shift: A Systemic Approach Yields OR Efficiency” at the OR Manager Conference in Las Vegas in October.

**Jodi Koch, BSN, RN,** presented “Zero Tolerance for Lateral Violence” at the Academy of Medical-Surgical Nurses conference at Lehigh Valley Health Network in November.

**Jodi Koch, BSN, RN,** presented “Zero Tolerance for Lateral Violence” for an OR Manager webinar in September.

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**MARK YOUR CALENDARS!**

**When Will You Be There?**

Check out the schedule for our annual Patient Care Services forums

Each year, Anne Panik, RN, our senior vice president of Patient Care Services, hosts forums where she provides a nursing state of the union update. Come and learn about the actions and outcomes from 2011 that assure our Magnet™ legacy will continue for years to come.

**Lehigh Valley Hospital–Cedar Crest, auditorium**
- **Tuesday, May 8** • 9:30–10:30 a.m.
- **Wednesday, May 9** • 1–2 p.m.
- **Thursday, May 10** • 2–3 p.m.
- **Friday, May 11** • 1–2 a.m. and 2–3 a.m.
- **Saturday, May 12** • 1–2 a.m. and 2–3 a.m.
- **Tuesday, May 22** • 9:15–10:15 a.m.

**Lehigh Valley Hospital–17th Street, auditorium**
- **Tuesday, May 22** • 2:30–3:30 p.m.
- **Thursday, May 24** • 11 p.m.–12 a.m.
- **Tuesday, May 29** • 9–10 a.m.

**Lehigh Valley Hospital–Muhlenberg, locations noted**
- **Thursday, May 17** • 2:30–3:20 p.m., ECC C and D
- **Thursday, May 31** • 1:30–2:30 p.m., first floor conference room
- **Tuesday, June 5** • 10:15–11:15 a.m., ECC C and D
- **Thursday, June 7** • 1:15–2:15 p.m., first floor conference room
- **Friday, June 8** • 1–2 a.m. and 2–3 a.m., ECC C and D
- **Saturday, June 9** • 1–2 a.m. and 2–3 a.m., ECC C and D

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**SPECIALTY CERTIFICATIONS**

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<th>Name</th>
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<td>Pamela Brackett-Gillespie</td>
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<td>Lori Zeigler</td>
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Reducing Our Fall Rate

Educating our colleagues and patients is the key to preventing falls

[ INDICATOR ]
The majority of our units are at or below the National Database of Nursing Quality Indicators (NDNQI) benchmarks for patient falls. However, we strive to prevent any falls from occurring, and we rely on education to make that happen (see page 8).

[ PROCESS ]
To ensure our fall rate continues to improve, we have a fall prevention committee that has three work groups:
- Clinical practice: Focuses on defining clinical practice guidelines for caregivers.
- Education: Focuses on skills/tasks identified as needing regular or focused education. This group also recruits, educates and offers an annual retreat for the unit-based fall prevention coordinators.
- Clinical data: Reviews all post-fall huddle data for information and trends to help us understand why our patients fall.

[ ANALYSIS ]
As noted, after every fall there is a huddle where the fall occurred. The environment is analyzed to determine if there is a fall hazard. Then, the patient data is analyzed (age, medications, etc.), as well as historical data. The group reviews the data and learns where actions are needed to prevent falls. The chart at left shows the findings, some of which represent areas for education. For example, the majority of falls in our health network happen within 30 minutes of rounding. Leveraging the hourly rounding to address the “P”s (pain, position, personal needs) of patient care should potentially reduce falls immediately following rounding, but that’s not the case. This represents an area for exploration to determine whether rounding protocol is being followed. If it’s not, more education and accountability is needed.

[ OUTCOME ]
Since we implemented measures recommended by our fall prevention committee and educated our staff about those measures, our fall rate has been reduced by 9 percent.

[ NEXT STEPS ]
We are optimistic our scores will continue to improve as we implement more countermeasures.