Magnet Attractions

A PASSION FOR BETTER MEDICINE.

SHE’S HERE FOR YOU

Find out why on pg.8
Strengthening Our Nursing Research

We’re taking steps to make it even better

Research is an important part of what we do at Lehigh Valley Health Network, and it’s the focus of this Magnet Attractions. That’s why I want to share some exciting news. Thanks to funding from the Dorothy Rider Pool Trust Foundation and the Farr Fund, we have established a two-year academic service partnership between our health network and our local academic institutions with baccalaureate nursing programs.

I’m pleased to announce the research scholars selected to lead this effort are Mae Ann Pasquale, PhD, MSN, RN, an assistant professor of nursing at Cedar Crest College, and Tricia Bernecker, PhD, MSN, RN, an assistant professor of nursing at DeSales University. They will work with our colleagues to advance nursing science through the improvement of patient care outcomes by the development and use of evidence in the delivery of care. They also will enhance the translation of research and evidence-based findings to clinical practice and nursing education.

As you flip through this issue, you’ll see the role our nurses already play in research. Starting on page 3, you’ll see what nurses do in our Network Office of Research and Innovation (NORI). On pages 4 and 5, read about the research-based presentations made by staff nurses at the National Magnet Conference. Then on pages 6 and 7, learn about Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and the discussion about these important scores during Research Day. Later in the issue you’ll find out how research led to the newly created position of churn nurse, plus you’ll meet the recipients of the newly established Nursing Research and Quality Awards.

Clearly, our research efforts are quite robust. Pair that with our new scholars, and I look forward to seeing what we can accomplish this year!

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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It’s difficult to capture a typical “day in the life” of Dana Wentzel, RN. She juggles a constantly evolving calendar that includes meetings, visiting patients and answering phone calls and pages. “My work is patient-driven, so no two days are ever the same,” she says.

As the director of clinical research operations for the newly formed Network Office of Research and Innovation (NORI), Wentzel oversees approximately 42 employees conducting research trials at our three hospitals as well as all ancillary sites. NORI was formed this past summer when various research-based departments throughout our health network were centralized into one office, providing a systematic approach to structuring and conducting clinical trials.

In her role, Wentzel ensures regulatory compliance, clinical safety and reporting practices for all clinical trials; serves as a resource for physicians, industry sponsors, regulatory agencies, nurses and other staff members involved in research; and collaborates with clinical departments across the health network to implement original and sponsored clinical trials.

The Department of Health and Human Services defines a clinical trial as a controlled study involving human subjects that is designed to prospectively evaluate the safety and effectiveness of new drugs, devices or behavioral interventions.

“My role is to be an expert resource for any clinical trial from inception to conclusion,” Wentzel says. “I make sure we’re standardizing processes in an effort to maintain efficiency and safety in clinical research.” She also spends a lot of time out in the health network rather than behind her desk. “I’m on the ground as research is occurring,” she says. “I field questions, see patients and interact with NORI staff.”

Wentzel’s workload is substantial—currently, our health network has approximately 350 open clinical trials spanning a variety of clinical areas. Our affiliations with the University of South Florida (USF) and the Moffitt Cancer Center and Research Institute in Tampa, Fla., further increase patient access to breakthrough clinical research at our health network.

Wentzel’s work also involves adult and pediatric cancer clinical trials. Our selection as a site of the National Cancer Institute’s Community Cancer Centers Program (NCCCP) offers patients access to more clinical trials, increasing access and decreasing barriers to cancer care. “NORI works closely with our oncology department to ensure we meet the NCCCP grant requirements,” she says.

Wentzel’s background prepared her well for her position. She is a certified clinical research coordinator and has a master’s degree in health services administration. She has been involved in clinical research for 15 years, and her passion is as strong as ever. “I love that we can offer patients alternative therapeutic options they might otherwise not have access to,” she says.

A DAY IN THE LIFE OF A Director of Clinical Research Operations

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 Dana Wentzel, RN, does as director of clinical research operations is an essential contribution to patient and organizational outcomes.
SE4: What is it?

The SE4 source of evidence falls under the Commitment to Professional Development section of the Magnet™ model component Structural Empowerment. It encompasses how we support participation in external, local, regional, national and international conferences. In this story, you’ll see how two staff nurses, Brian Mongrain, RN, and Paula Travis, RN, made presentations at the National Magnet Conference®.
Being invited to present at the National Magnet Conference® is a big deal, as evidenced by the fact that about 1,300 abstracts are submitted each year. Two of our staff nurses made presentations at this year's conference in Baltimore. Here's a snapshot of their presentations.

**Evaluating Family Presence**

Many health care providers find that family presence can be mutually beneficial for patients and family members. Patients feel comforted knowing loved ones are near, and family members feel more involved in patient care. But how would family members feel being present during a patient’s trauma resuscitation? Would it be traumatizing? Or would it help them feel like they were a member of the care team?

Brian Mongrain, RN, a core trauma nurse in the emergency department at Lehigh Valley Hospital–Cedar Crest, helped investigate that question with a research study. Using a previously developed family presence protocol, Mongrain, along with 20-30 other health network colleagues, evaluated the anxiety and well-being of family members who were present during a patient’s trauma resuscitation. “We wanted to find out how family members felt and what their attitudes were when they were present,” Mongrain says.

The study was conducted in the emergency department at Lehigh Valley Hospital–Cedar Crest. When a critically ill patient was brought into the trauma bay, a pastoral care team member offered to bring back one family member to be present with the patient during trauma resuscitation. Family members were later asked to evaluate how they felt. The results were mainly positive. “Most patients and family members thought family presence was beneficial,” Mongrain says. “One man commented that it was comforting to hold his wife’s hand.” Although the health network has promoted family presence for years, this study allowed colleagues to formally evaluate family member response. “This study was really a confirmation of our practice,” Mongrain says.

Mongrain presented the research results with Mae Ann Pasquale, PhD, MSN, RN, an assistant nursing professor at Cedar Crest College, at the National Magnet Conference. “The family presence concept is still relatively new but more facilities are incorporating it,” he says.

Mongrain was grateful for the opportunity to present his research on a national level, and he would welcome the chance to attend the National Magnet Conference again in the future. “It was amazing to see the level and volume of research happening at Magnet facilities,” Mongrain says.

**Sharing Stories**

For many patients, the presence of loved ones provides comfort and improves patient care. To reap the benefits of family presence, recent regulatory requirements for visiting hours in health care facilities have changed to promote 24/7 family presence.

However, with no limits placed on visiting hours, nurses are at an increased risk for compassion fatigue and caregiver burnout. To combat the stress associated with 24/7 family presence, colleagues Lorraine Dickey, MD, chief of neonatology; LaDene Gross, RN, patient care services administrator; and Lynn Deitrick, PhD, RN, medical anthropologist/ethnographer, studied the impact narrative medicine and a professional caregiver’s plan for resiliency (P-CPR) would have on stress management and resiliency among staff at Lehigh Valley Health Network.

Narrative medicine involves staff coming together in small groups to share a clinical experience about a patient, family member or colleague that was difficult or challenging, or alternately uplifting or inspiring. By sharing stories in a safe, nonjudgmental environment, staff members can feel connected to and validated by their colleagues. P-CPR is an extension of narrative medicine that also provides stress management tools and coping skills.

Narrative medicine and P-CPR were first implemented within the pediatric areas of our health network. To evaluate caregiver response, a survey tool was developed to evaluate the impact narrative medicine and P-CPR had on caregivers. Participants reported an enhanced sense of personal resiliency, felt more connected to their colleagues and felt better able to provide high-quality patient care.

Gross presented the group’s findings at the National Magnet Conference with Paula Travis, RN, a neonatal intensive care unit (NICU) nurse. Travis was a participant in P-CPR and narrative pediatrics, a narrative medicine program specifically for pediatric caregivers.

At the conference, Travis shared how these programs helped her manage her stress. “The programs provide an outlet for nurses to communicate their frustrations, concerns and stories to help alleviate stress,” she says.

Travis believes the greatest benefit from narrative medicine and P-CPR is building relationships with colleagues. “Sharing stories in these sessions can be very therapeutic,” she says. “You realize you aren’t alone.”
Take Center Stage

These important scores were the **hot topic** during Research Day

A survey called HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) measures our ability to consistently give patients the best hospital experience. “Our HCAHPS scores will significantly impact our health network’s strength,” says Anne Panik, RN, senior vice president of patient care services. Beginning in 2013, our scores will affect our reimbursement rates from Centers for Medicare and Medicaid Services (CMS). There is potentially $6 million at stake for our health network.

CMS reimbursements will be dependent on a score. Seventy percent of that score will be based on clinical outcome indicators such as readmission and infection rates. The remaining 30 percent will be based on patient perspective of hospital experience via HCAHPS. The intent of the survey is to produce data on patient perspective of care and create incentives for hospitals to improve care by making the data available publicly.

Our Research Day keynote speaker, Carolyn Brady, underscored the importance of HCAHPS. Her presentation discussed how consumers can shop for a hospital by using HCAHPS scores to compare strengths and weaknesses. “These scores provide health care organizations with an opportunity to take a fresh look at what patients experience in your hospital,” she says. They also paint a detailed picture of what patients are telling community members.

**The 27-question survey asks patients about:**
- Communication with nurses
- Communication with doctors
- Responsiveness of hospital staff
- Pain management
- Communication about medicines
- Discharge information
- Cleanliness and quietness of the environment (see related story on page 7)

**HCAHPS also reports the percentage of patients who:**
- Say they were given information about what to do during their recovery at home
- Would recommend the hospital
- Rate the hospital as a 9 or 10 on a scale of 0 (lowest) to 10 (highest)

Our health network is forming teams to address each of the categories listed above.

**EP35 and EP35EO: What are they?**

These Magnet Recognition Program® sources of evidence describe and demonstrate quality care monitoring and improvement. EP35 is about the structures and processes used to identify significant findings and trends in overall patient satisfaction with nursing as compared to benchmark sources. EP35EO encompasses how these findings are aggregated and how action plans are created to address education, courtesy and respect from nurses, careful listening by nurses, response time and other nurse-related national survey questions that may need attention. These are exactly the issues highlighted in HCAHPS scores. The accompanying story about noise, and how it affects patients’ overall hospital experience, is a great example of HCAHPS in action.
Quiet Please... Healing in Progress
How we’re making patient rooms a tranquil place to get well

If you’ve ever been kept awake by a dripping faucet or windy storm, you’ve experienced the frustration of a sleepless night and the exhaustion it causes the next day. Being ill and tired makes you feel even worse. That’s why our Patient-Centered Experience (PCE) team is taking steps—including some that involve research—to make our hospitals as quiet as possible.

“We’re focusing on units with semi-private rooms,” says Tim Docherty, occupational safety management director. “That’s where patients are telling us—through HCAHPS surveys—we have the greatest room for improvement.”

Here is how we’re improving our HCAHPS scores (see related story on back cover) and creating a more restful environment where patients can heal.

**Eye-catching signs**
Cute signs placed at unit entrances and in semi-private rooms kindly remind visitors, patients and staff to help us maintain a quiet, healing environment. We encourage everyone to speak softly, lower the television volume and put their cell phones on vibrate.

**Earplugs**
Patients are offered free earplugs, which can reduce noise a remarkable 33 decibels. Patients who choose to use them are given instruction on how to insert them properly. Ninety percent of 1,700 patients surveyed said we should continue to offer earplugs.

**Headphones**
We’re conducting a pilot in which patients in semi-private rooms wear headphones to hear the TV. How? We’re using speaker pillows (the device with a TV speaker and call bell on patient beds) with a headphone jack. Patients are given disposable headphones and asked to use them after 9 p.m.

**Less announcements**
We eliminated overhead calls for wheelchairs, stopped playing the new baby lullaby between 9 p.m. to 7 a.m. and lowered the number of announcements from the front desk.

**Motion sensors**
To eliminate the “BANG” of someone striking a metal plate to open an automatic door, plates were replaced with touchless motion sensors, which also improve infection control.

**Education**
We created an online module in The Learning Curve titled “Noise Reduction and Earplug Education.” Unit directors are encouraged to assign this module to all staff. A website containing noise reduction information also is available at www.lvhn.com/QuietPlease.
Patient-Caregiver Workload
Medical-surgical admissions and discharges were tracked to provide an accurate snapshot of prevailing conditions.

Focus Groups
Facilitators from human resources and organizational development met with participants from nursing units and the float pool at Lehigh Valley Hospital–Cedar Crest and Lehigh Valley Hospital–Muhlenberg. Participants shared their current experiences and recommendations for a solution.

Observation
A team of organizational development, quality colleagues and current staff nurses observed nurses.

Research to the Rescue
It transformed staff feedback into the new ‘churn nurse’ position.

Whether the feedback came from employee surveys, formal information gathering or informal discussions, the theme was consistent: medical-surgical nurses were challenged to provide the high-quality care they so desired for their patients. They had an intensifying list of responsibilities, but without a supplemental source of staff—and their patients were more acutely ill than ever before. The result was a high-intensity workplace.

“There was a sense of not being able to do everything we wanted to do,” says patient care coordinator Nicole Spess, RN, of 5K. “You could pick up on this feeling when you walked onto a unit.” Nursing leadership listened to the feedback and responded. Now there is one “churn nurse” assigned to every medical-surgical unit Monday through Friday to improve workflow, reduce workload intensity and enhance care. The bridge that connected the feedback to the solution was research. Here’s a summary of the process and tactics used.

1. Patient-Caregiver Workload
   Medical-surgical admissions and discharges were tracked to provide an accurate snapshot of prevailing conditions.

2. Focus Groups
   Facilitators from human resources and organizational development met with 29 nurses from 15 medical-surgical units and the float pool at Lehigh Valley Hospital–Cedar Crest and Lehigh Valley Hospital–Muhlenberg. Participants shared their current experiences and recommendations for a solution.

3. Observation
   A team of organizational development, quality colleagues and current staff nurses observed nurses.

Full Support
Taking vital signs is one of the many ways churn nurse Andrea Torres, RN, helps colleagues on 6K.

Right on Time
Because 6K churn nurse Andrea Torres, RN, follows a set schedule of break times, colleague Kerri Orlando, RN, can now coordinate her meal break with her husband, PCU technical partner John Orlando. The couple rarely ate together previously because of unpredictable patient care variables that led to lunch being taken at different times.

How can I help?
multitasking on the job. The number of patient interactions and interruptions were recorded over the course of 58 hours to get a true picture of workflow. The nurses multitask 33 percent of the time; direct patient care, documentation and medication delivery consumed 61 percent of their time and most activities take less than 2 minutes, further validating the pace of the workday.

After the data was analyzed, it was determined that 11 a.m.-11 p.m. was the highest-intensity period. That conclusion, along with the focus group suggestions, was presented to nursing leadership. They approved a new position—named “churn” after the day-to-day work churn on a medical-surgical unit—to help alleviate the workload intensity and enhance the patient experience.

The next step was creating position details. A nine-member development team identified a range of responsibilities, including patient coverage during high-stress periods, as well as assisting the staff members with IV catheter changes, dressing changes, etc. The communication among team members was enhanced by the development and use of a patient handover checklist that identifies specific tasks that require assistance. Churn nurses like Andrea Torres, RN, made their debut on Oct. 16, 2011. Staff reaction, not surprisingly, has been overwhelmingly positive. “Someone even called me an ‘angel,’” says Torres, who works on 6K.

The research is ongoing. Follow-up staff surveys will be distributed and information sessions between unit leadership and churn nurses will be conducted to assess the position’s effectiveness. Torres, who has 36 years of nursing experience, already knows how she’ll respond. “The transition to this role has been seamless and the work especially gratifying,” she says. “Now I get to make a difference to my colleagues, as well as our patients. It’s a true win-win.”
This year’s Research Day included the first Nursing Research and Quality Awards. They recognize nurses who make significant contributions to evidence-based practice. The Allentown Hospital School of Nursing Alumni Association donated the $1,000 awards, which include the Nursing Research and Quality Award for Exemplary Professional Practice and the Nursing Research and Quality Award for New Knowledge, Innovations and Improvements.

These awards will be distributed during Research Day each year going forward. Meet this year’s two award winners:

**Andrew S. Martin BSN, RN, PHRN, CEN**

The director of the emergency department at Lehigh Valley Hospital–17th Street and MedEvac, Martin received the Nursing Research and Quality Award for New Knowledge, Innovations and Improvements. He has demonstrated empirical outcomes through his dedicated work as primary investigator of the research study “An Examination of the Relationship Between Emergency Severity Index (ESI) Score Accuracy and Triage Nurse Attitudes Toward Patients and Experience.” He began the study while he was a staff nurse.

Triage nurses are the first to see emergency department (ED) patients. As a charge nurse in Lehigh Valley Hospital–Cedar Crest’s ED, Martin recognized inconsistencies in triage decision-making in our EDs. There were varying requirements concerning the experience needed to perform triage and no evidence that suggested how much experience a nurse needed to accurately assign ESI scores. This led to the question: Do experience and attitude affect a nurse’s ability to accurately triage patients?

An interdisciplinary team, including ED staff nurses, planned the study with assistance from research experts and a college professor. In this study, the ESI score assigned by the nurse participants did not differ significantly based on years of experience or the Caring Nurse Patient Interaction (attitude) mean score that is used to assess external aspects of caring. Based on the high level of liability triage presents, special consideration needs to be made when deciding which nurse should be assigned to triage.

The results of the study have provided guidance with respect to utilizing the ESI scoring algorithm as an objective measure. Staff assignment to triage is no longer based solely on experience or attitude toward patients. The results led to improved triage nurse education using the ESI scenarios and validating nurses using the objective ESI scoring tool.

**EXEMPLARY PROFESSIONAL PRACTICE**

**EP1 and EP1EO: What is it?**

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.

*A day to shine*—Many nurses including Jennifer Mollo, BSN, RN; Donna Pilon, RN; Susan Gross, BSN, RN; and Tracey Sifflies, BSN, RN, CMSRN, presented their work during our annual Research Day.
The 2012 Friends of Nursing Celebration will take place the evening of Thursday, April 19 at the ArtsQuest Center in Bethlehem’s new SteelStacks complex.

Friends of Nursing recognizes and promotes excellence in nursing practice, education and research. The program has grown tremendously since it began more than 20 years ago with the health network’s first-ever nursing donation—$100,000 from Richard and Peggy Fleming. Support from grateful patients and their families, community members, private businesses and health care professionals provides nurses and clinicians opportunities for continuing education, attendance at regional and national conferences, awards and introduces future nurses to the profession. Ultimately, this support results in quality care for patients.

The annual Friends of Nursing Celebration honors all nurses and clinicians at Lehigh Valley Health Network, including those who receive Friends of Nursing Awards. The awards are defined by the Professional Excellence Council, which comprises nurses and clinicians from throughout the health network.

The annual Medallion Lecture will be held Monday, May 14. Specific times and locations will be determined at a later date.

Marcus Engel is a professional speaker and author who inspires and empowers audiences nationwide. His extraordinary story of recovery after being blinded and catastrophically injured by a drunk driver challenges individuals to achieve success by making intelligent choices. His powerful message, part of a presentation titled “The Other End of the Stethoscope,” promises to make attendees view obstacles as opportunities, eliminate self-limiting behaviors and live life to the fullest. Heartwarming and hilarious, this program reminds health care professionals why they do what they do, and inspires dedication to excellence in patient care.
NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

NK7EO: What is it?
This Magnet Recognition Program source of evidence falls under the Evidence-Based Practice section of New Knowledge, Innovations and Improvements. It describes how translation of new knowledge into nursing practice has affected patient outcomes. We are working hard to reduce noise on patient floors and some of the methods to reduce noise are related to nursing practice. We are hopeful our scores for noise will continue to improve as we implement more countermeasures.

Noise and Our Patient Perceptions
This indicator matters more than ever

[ INDICATOR ]
This is the question that appears on HCAHPS surveys: During this hospital stay, how often was the area around your room quiet at night?
• Never
• Usually
• Sometimes
• Always

HCAHPS is administered to a random sample of adult patients across medical conditions between 48 hours and six weeks after discharge. See story about HCAHPS on page 6. The crux of this survey is hospitals are rated by the number of “always” responses.

[ ANALYSIS ]
Within the domains of the HCAHPS survey, the noise factor was noted to be a significant opportunity for improvement. Therefore, a team was convened consisting of nursing supervisors, clinical resource specialists and other direct-care staff, the quality analyst and the clinical quality specialist to work with the safety manager, Tim Docherty on noise reduction.

[ PROCESS ]
Armed with the knowledge of the unnecessary “noise” makers, the team set out to make improvements by suggesting countermeasures. Please see the story on page 7 that explains our noise reduction countermeasures.

[ OUTCOME ]
A snapshot of our current data indicates:
• Noise monitoring traffic lights don’t work.
• Patients, staff and visitors are receptive to signs.
• Patients overwhelmingly believe we should provide free earplugs.

[ NEXT STEPS ]
Much work remains to be done but we are optimistic our scores will continue to improve as we implement more countermeasures.

INPATIENT HCAHPS SCORES
Lehigh Valley Hospital–Muhlenberg
Quietness of hospital environment
SEPT. 11 OCT. 11 NOV. 11
37.7% 54.7% 56.9%
Lehigh Valley Hospital–Cedar Crest
Quietness of hospital environment
SEPT. 11 OCT. 11 NOV. 11
44.9% 43.5% 47.9%
Key—Green indicates scores improved