Celebrate Certification
One of the things I like best about my job is rounding on units. I recently rounded on our transitional trauma unit to observe the daily safety huddles that identify patients who are at high risk for falls, who have special needs or who are scheduled for discharge.

These huddles are an opportunity to share updates on the plan of care for all of the unit’s patients. During the huddles, all colleagues are made aware of heightened safety concerns for specific patients. This allows the entire team to be more vigilant in observing these patients.

Safety huddles are unique because everyone hears the plan of care and the identified safety risks at the same time. They allow colleagues to offer input that can improve care for each patient, and keep everyone on the same wavelength. The plan is updated with input from interprofessional colleagues too.

While I was on the unit, I was very impressed with the care team’s knowledge of their patients’ diagnosis, plan of care, progress, concerns and discharge barriers. That’s what we gain when we communicate openly and honestly, creating an environment in which nurses at all levels can address issues of concern and make decisions that affect nursing practice. This exemplifies the Magnet™ Model Component of Structural Empowerment.

You’ll find other great examples of Structural Empowerment throughout this issue of Magnet Attractions. The story on page 4 focuses on our nursing councils, including the RN Advisory Council, with whom I meet quarterly and whose input I value tremendously. When it became apparent a separate set of issues specifically affects night-shift nurses, we formed a new council just for them. Colleagues at Lehigh Valley Hospital–Muhlenberg also have a new council, the Network Priority and Performance Improvement Council, to promote interprofessional collaboration and accountability for quality outcomes.

You’ll also read about how our relationships with community organizations help us improve care (page 9), as well as how our health network supports the lifelong learning process (page 10) – both of which also exemplify Structural Empowerment.

You can learn even more about what we’re doing as a health network and in patient care services if you attend this year’s nursing forums, which start April 30. The full schedule is on page 11. I look forward to seeing you there.

ANNE PANIK, MS, BSN, RN, NEA-BC
Senior Vice President, Patient Care Services
A DAY IN THE LIFE OF A Quality Analyst

“Plan. Do. Check. Act.” It’s the model we use to ensure continuous quality improvement. To identify areas where there is room for improvement, and to ensure countermeasures are having a positive impact on patient care, one thing is needed – reliable and valid data. That’s what Sameera Ahmed provides.

As our quality analyst, she collects, analyzes and distributes data through various reports for patient care units throughout our health network. By tracking medication errors, mislabeled specimens, lengths of stay, falls, pressure ulcers and other quality indicators, Ahmed works “behind the scenes” to help our colleagues strategize ways to deliver the best possible care.

“To know with certainty you are providing quality care, you have to see it,” she says. “Perception only matters to a degree. Quantifiable metrics support it.”

With a degree in health information management from Temple University, Ahmed collates data from weekly, monthly and quarterly reports, surveys and other internal monitoring vehicles. She inputs data into a secure, web-based tool that helps us track and trend quality indicators, and sends weekly and monthly reports to staff in patient care areas. Information from the reports is posted publicly on each unit’s quality board and used to determine if an action plan needs to be developed to enhance quality in a specific category.

“Data influences process,” Ahmed says, and 5B provides a classic example. When 5B colleagues recognized an upward trend in falls and pressure ulcer rates, they re-framed it as an opportunity to collaborate and enhance patient care. They worked with Ahmed, and planned and implemented changes, which include:

- **Safety huddles** – Patients’ fall risk and Braden Scale (risk for pressure ulcers) scores are reported, and interventions are discussed.
- **Weekly fall rounds** – Technical partner April Flegler, the unit’s new fall coordinator, conducts an inspection to identify and correct environmental hazards that increase fall risk.
- **Weekly skin assessments** – The patient care specialist and patient care coordinator make rounds, and with the patient’s nurse, determine plans and implement interventions. They also educate nurses, technical partners, patients and families about pressure ulcer prevention.

These steps, made possible thanks to timely action based on the latest data, led to a downward trend in falls and pressure ulcers on 5B during the last two years. Although Ahmed isn’t a direct care provider, this example validates how her work significantly influences what happens at the bedside. “It makes me happy to know the information I provide can change the way we care for our patients and community,” she says.

Quality analyst
Sameera Ahmed
uses data to enhance patient care.
In our health network, there are many opportunities for nurses to get involved in decisions about nursing practice. For many years we have had the RN Advisory Council, which features one nurse from each unit. Anne Panik, RN, our senior vice president of patient care services and chief nursing officer, considers this group to be her “cabinet.” The group engages in information sharing, which informs decision making. When she determined there were separate issues that affect night-shift nurses, she formed a new council. Read on to see how these groups and others influence patient care, and find out what they’re working on now.

**RN Advisory Council**

**PURPOSE:** Provide counsel to senior vice president (SVP), patient care services

**FUNCTIONS/RESPONSIBILITIES:**

- Provide advice and counsel to the SVP on identified issues by gathering input from departmental staff and representing the views of colleagues at meetings
- Identify opportunities for improvement of patient care and/or the patient care environment, and recommend changes in systems and processes accordingly
- Communicate outcomes of meetings to departmental colleagues

**MEMBERS:** One registered nurse (RN) from each clinical patient care department in patient care, perioperative, home health and oncology services

**MEETINGS:** Quarterly for 3 hours

**CURRENT WORK:** Opportunities to enhance the ideal patient experience; opportunities to improve HCAHPS scores

**Night-Shift Council**

**PURPOSE:** Make decisions and implement actions that impact professional nursing practice and ideal patient outcomes during the night shift

**FUNCTIONS/RESPONSIBILITIES:**

- Identify opportunities for improvement of patient care and the patient care environment, with an emphasis on quality and safety, and determine a corresponding plan of action
- Identify opportunities to sustain the ideal nursing practice environment, and determine a corresponding plan of action
- Lead initiatives that specifically relate to promotion of the ideal patient and staff member experience during the night shift

**MEMBERS:** RNs within patient care services, representing all clinical services

**MEETINGS:** Every other month for 1 hour

**CURRENT WORK:** Noise reduction

---

**You Can Make a Difference**

**OUR NURSING COUNCILS PLAY ACTIVE ROLES IN DECISIONS THAT INFLUENCE PRACTICE**

Lee Bowman, RN  
RN Advisory Council  

Heidi Guevara, RN  
Night-Shift Council
In Magnet™ hospitals, nurses from all settings and roles actively participate in organizational decision-making groups such as committees, councils and task forces. We have many active nursing councils in our health network, as this story illustrates.

**Network Priority and Performance Improvement Council**

**PURPOSE:** Provide oversight for performance improvement in quality and satisfaction metrics

**FUNCTIONS/RESPONSIBILITIES:**
- Review key performance metrics; identify and prioritize opportunities for improvements
- Appoint and designate quality-improvement teams
- Facilitate timely resource allocation or barrier removal for problem-solving

**MEMBERS:** LVH–Muhlenberg assistant chief medical officer; nurse administrator; LVHN chief quality officer; LVHN chief medical officer; LVH–Muhlenberg physician medical directors and nursing unit directors; representatives of other interprofessional departments

**MEETINGS:** Monthly for 1 hour

**CURRENT WORK:** Surgical safety; Quality Blue diabetes initiative; Press Ganey/HCAHPS; readmissions; cardiac opportunities; hospital-acquired infections; ICU opportunities; physical therapy opportunities

**6T Patient-Centered Experience Council**

**PURPOSE:** Create the ideal patient-centered experience

**FUNCTIONS/RESPONSIBILITIES:**
- Utilize patient and family feedback to become aware of opportunities to enhance the ideal patient-centered experience
- In collaboration with patients and families, determine, implement and evaluate actions to enhance the ideal patient-centered experience

**MEMBERS:** 6T RNs and technical partners; former 6T patients and family members

**MEETINGS:** Monthly for 1 hour

**CURRENT WORK:** Review and analysis of patient and family feedback data to identify opportunities; prioritization and action planning

**BENEFITS OF NURSING COUNCILS**
- Influence practice
- Enhance quality
- Share information
- Create ideal experiences for patients and colleagues
Squeaking carts. Slamming doors. Endless alarms. Given all the noise, it’s no wonder patients often struggle to get a good night’s sleep. Proper rest is critical to healing, so the question is: How do we dial down the noise on patient care units? Backed by a grant from the American Association of Critical Care Nurses (AACN), a team from the Lehigh Valley Hospital–Muhlenberg intensive care unit (ICU) is determined to find out.

The $10,000 grant is funding the team’s participation in the AACN’s Clinical Scene Investigator (CSI) Academy, a 16-month education program that fosters research through classroom instruction, coaching and mentoring. Projects focus on improving patient safety. An additional goal is to grow leadership skills and leverage that expertise at the bedside, says Davis-Maludy, MBA, BSN, RN, patient care services, ICU director.

“Nurse leaders are looking to bedside nurses to determine the answers that affect patient care and its impact on nurses,” she says. “The CSI Academy will give staff nurses the tools to be their own change agents.”

The noise reduction project, dubbed “Quiet ICU,” was in the planning stages.
at the time it was submitted for consideration. CSI Academy projects are selected on a regional basis. Ours was one of seven Magnet™ hospitals in the Philadelphia area.

Four ICU staff nurses (Marion Daku, RN, Angela Haines, RN, Heather Koch, RN, and Ashley Lopez, RN) volunteered to participate and attended the first of nine learning sessions in March. Remaining sessions will rotate among regional hospitals and include topics such as “creativity and innovation,” “data collection” and “project implementation.”

Heather Koch has worked at our health network for 11 years and is participating in her first evidence-based performance improvement project. “We have a real solid group, and I’m excited to be stepping outside our health network to learn new skills,” she says.

Her team will use those skills to tackle an issue that has serious implications for both patients and staff (see inset). Excessive noise can impede healing, cause errors and lead to nurse burnout. It’s also the No. 1 complaint on patient surveys, and Koch understands why. “It’s hard for us to tune out the distractions,” she says. “I can’t imagine trying to sleep through it.”

Solving the noise issue also will have financial implications, as higher Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores will result in continued reimbursement from the federal government. Yet, loud noises are seemingly unavoidable in a patient care environment. What truly can be done?

Koch says her team will look to eliminate unnecessary sound sources and modify processes (like overhead announcements), behavior (slamming doors and talking loudly) and equipment. “Take a ventilator,” she says. “The alarm is so shrill and piercing. Maybe there’s a way to change the tone.”

The Quiet ICU team will be coached by patient administrator Carolyn Davidson, RN, PhD, and work in collaboration with ICU medical director Gerard Peterson, MD. The team will present its project results at the AACN regional conference in July 2014, and then look to transfer knowledge to other nursing teams and projects.

“I look forward to sharing what we discover with colleagues so the whole health network can benefit,” Koch says.
Treating Cancer With Hope

“There is no medicine like hope, no incentive so great, and no tonic so powerful as expectation of something tomorrow.” These inspirational words, quoted from American writer Orison Swett Marden, are on the aptly named “Wall of Hope” on 5T at Lehigh Valley Hospital–Muhlenberg.

Staff nurse Ted Smith, RN, who has worked on the oncology unit since he was hired in 2006, created the Wall of Hope with the help of his colleague Cheryl Morgan, RN, through the unit’s Celebrate, Motivate, Decorate (CMD) Council.

Their intent? Uplift patients’ spirits. “When you get that initial diagnosis of cancer, you feel like your whole life is in turmoil,” Smith says. “I wanted to do something to inspire patients, to give them hope.”

He speaks from experience. His wife, Michelena, is a two-time cancer survivor who battled B-cell lymphoma. She has been in remission for nearly nine years, and she was Smith’s catalyst for undertaking the Wall of Hope. “When you have cancer, everything that is meaningful in your life comes to a halt,” he says.

He remembers his wife being so weak that it was a struggle for her to stand up. But with time, she recovered after a stem cell transplant in fall 2004. Most importantly, she persevered – never letting go of her hopes and recovery goals. One of these goals included running the Via Marathon. With her husband on the sidelines, Michelena took on this challenge, placing third in her age group during the 2010 race.

“Surviving cancer and running a marathon is an inspiration,” Smith says of his wife. “I put pictures of her race on the wall, and encouraged patients to post their own stories of hope.” Even for patients who have not added to it, the wall gets them out of bed, walking over to read stories.

Today, Michelena is an avid runner, a busy grandmother and a First Connect Volunteer for the Leukemia Lymphoma Society. She and her husband have completed two hikes to the bottom of the Grand Canyon, and every year they cross another item off the “bucket list.” Smith tells many of his patients Michelena’s story, assuring them they can have a dream too. “Even if your diagnosis isn’t cancer, all sorts of illnesses are devastating to people,” he says. “You need to have a dream in your life. You have to keep looking to the future. Part of my job as a nurse is to help patients see that.”
How Cool Cap Therapy Changed NICU Care

JANE NEMETH, MSN, RN, SHARES HER STORY

When plans were announced late last year that the Olympic cool cap therapeutic hypothermia system was to be introduced to our area at Lehigh Valley Health Network’s neonatal intensive care unit (NICU), it took Jane Nemeth, MSN, RN, about a second to decide to volunteer for the implementation team.

“It means so much to be able to offer this here in the Lehigh Valley,” says Nemeth, who has been a nurse in our NICU since 2006. “Before that, we’d have to send babies to Philadelphia. Now we can do it in our hospital.”

The treatment is for neonatal hypoxic-ischemic encephalopathy (HIE), which occurs when oxygen doesn’t get to an infant’s brain properly either during pregnancy or delivery. Applying the cool cap system to the head lowers the core temperature, which theoretically can reduce the severity of a newborn’s potential neurologic injuries. There’s no guarantee of success because there’s no way to assess the initial damage, but it does offer hope for parents.

One of the primary criteria of its use is it must be applied within six hours of birth. So flying a child by medical helicopter to Philadelphia often was battling the clock. Nemeth personally saw complications such a transfer can bring.

“A few years ago, a friend of mine had to have her newborn sent to Philadelphia for the head-cooling therapy,” Nemeth says. “Then there were additional complications, and with all the back and forth to Philadelphia, she ended up losing her job. When our NICU received this therapy, I knew I wanted to be involved because of her story.”

The cool caps were donated in December by Ann and Dan Flood, founders of Lauren’s Hope Foundation, which supports brain-injured children. Their daughter, Lauren, died in 2007 at age 4 after sustaining brain injuries at birth because of HIE. Therapeutic hypothermia wasn’t available when Lauren was born.

Nemeth saw excellent results in one of the first uses of the cool cap here. It was applied to Liam Nagy, son of Justin and Jeanine Nagy of Easton, after a difficult delivery in January. Liam’s progress since the treatment has been remarkable. His medical team couldn’t be happier with what they’ve seen so far.

“It’s been a wonderful story,” says Nemeth, recipient of the M.G. Asnani, MD, Award for Excellence in Pediatric Nursing at this year’s Friends of Nursing Celebration. “We see a distraught family coming to us knowing nothing about the NICU or head-cooling. We do our best to comfort them through a difficult time. It’s such a joy for all of us when the family is at ease and their infant does so well.”

Jane Nemeth, MSN, RN, sees new hope for infants with HIE thanks to cool cap technology on the NICU.
March 19 is Certified Nurses Day – and the date is not arbitrary. The American Nurses Credentialing Center (ANCC) and the American Nurses Association (ANA) collaborated to create the day of recognition in 2008, and they chose the date because it is the birthday of Margreta ‘Gretta’ Madden Styles, an internationally recognized expert of nurse credentialing. She died in 2005, but her legacy lives on in nursing certification standards.

At Lehigh Valley Health Network, we have long encouraged and supported our colleagues in their quest for specialty certification. This year we added a celebration of their achievement in association with Certified Nurses Day. We held tea parties, where certified nurses were acknowledged for their commitment to professional excellence. Feedback on the event was positive, and nurses loved hearing from and being able to spend time with Anne Panik, RN, our chief nursing officer and senior vice president of patient care services.

More than 36 percent of our direct care nurses are certified by a nationally recognized certifying organization. That’s above the Magnet™ benchmark of 32 percent. We continue to work toward our goals to increase the number of board-certified nurses in each area:

- Medical-surgical (adult) 10 percent
- Critical/progressive care 10 percent
- Emergency 10 percent
- Maternal child 15 percent
- Behavioral health 20 percent
- Perioperative 5 percent
- Home health 10 percent
- Central float pool 5 percent

SE4
Magnet™ hospitals support professional development and professional certification. Our annual recognition of our specialty-certified nurses on Certified Nurses Day is just one way we promote certification, which ultimately improves patient care.

More Than
36%

Of Our Direct Care Nurses Are Certified By A Nationally Recognized Certifying Organization.
EDITORIAL BOARD
Cheryl Barr            Kristen Kanitz
Marilyn Barrell       Rupinder Khela
Diane Beauchner       Diane Limoge
Erin Beers            Sophia Lopez
Donald Butz           Marie Porter
Gwen Browning         Joe Rivera
Cynthia Cappel        Stephanie Rodriguez
Claire Conaway        Carol Saxman
Colleen Green         Holly Tavianini
Debra Greenwood       Tara Vossler
Patricia Hoak         Nicole Wiswesser

POSTER PRESENTATIONS
“Establishment of a Comprehensive Network-Wide Pressure Ulcer Assessment Process” at the American Nurses Association Seventh Annual Nursing Quality Conference in Atlanta in February 2013.
Carolyn Davidson, PhD, RN, CCRN, ARNP, CPHQ
Courtney Vose, MBA, MSN, APRN

Kristina Holleran, BSN, RN, CMSRN
Tracie Heckman, MSN, RN, CMSRN

“SWAT: Empowering Staff to OWN Their Environment Through Peer Accountability” at the American Nurses Association Seventh Annual Nursing Quality Conference in Atlanta in February 2013.
Sharon Clark, BS, RN
Julie Kaszuba, BSN, RN

Joseph Griffin, BS

“Making It Happen – A Model to Bring Evidence-Based Practice to Life” at Emergency Nurses Association Leadership Challenge in Fort Lauderdale, Fla., in March 2013.
Julie Albertson, BSN, RN, CEN, CPEN, PHRN
Judith Baker, BSN, RN, CEN
Carolyn Davidson, PhD, RN, CCRN, ARNP, CPHQ
Sandra Sabbatini, BSN, RN, CEN

Holly Tavianini, MSHA, BSN, RN, CNRN
Donald Butz, BSN, RN

Amanda Yerkes, BSN, RN, CMSRN, CNRN
Jill Peoples, BSN, RN, CNRN

PUBLICATIONS
Kim S. Hitchings, MSN, RN, NEA-BC

NSICU Nurse Gains National Recognition
Maureen Smith, RN (center), patient care specialist of the neuroscience intensive care unit (NSICU), received the national Excellence in Neuroscience Education award from the American Association of Neuroscience Nurses at its annual conference in March. Smith has long offered a specialty certification prep course for neuroscience nurses in our health network. When she started the course in 2004, there was only one specialty-certified nurse on the neuroscience intensive care unit. Today, close to 90 percent of the neuroscience intensive care nurses are specialty-certified in neuroscience nursing. Smith offers the course every other year. Colleagues who celebrated the moment with her include: (l-r) Jill Peoples, RN, Amanda Yerkes, RN, Donald Butz, RN, Lorraine Valeriano, RN, Holly Tavianini, RN, and Lynette Dondero, RN.
How Do Our Nurses Compare?
YOU ASKED, WE ANSWERED

During the certification teas held to mark Certified Nurses Day, many of you wondered how our nurses rate compared to nurses at other organizations. You asked things like how many of our nurses are certified and how many hold a bachelor's degree in nursing.

We track this information and are very pleased to share it with you. We take these numbers very seriously, as evidenced by some of the points made by Anne Panik, RN, our senior vice president of patient care services, during the teas. For example, we:

- **Support** our nurses to prepare for certification through on-site study groups and formal programs
- **Celebrate** our certified nurses at an annual event
- **Enhance** scholarship opportunities and initiated a baccalaureate degree program in nursing on the health network campus to support RN colleagues to attain a BSN

This chart outlines where we stand.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>LVHN</th>
<th>BENCHMARK MAGNET™ DATA BASE OVERALL (N=442)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Nurse Decision Makers Certified by Nationally Recognized Certifying Organization</td>
<td>89.0%</td>
<td>59.0%</td>
</tr>
<tr>
<td>Percent of Direct Care Nurses With Bachelor’s in Nursing as Highest Degree</td>
<td>53.0%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Percent of Direct Care RNs Certified by Nationally Recognized Certifying Organization</td>
<td>37.0%</td>
<td>32.2%</td>
</tr>
<tr>
<td>RN Turnover Rate</td>
<td>10.4%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Average RN Length of Employment</td>
<td>9 years</td>
<td>9.5 years</td>
</tr>
</tbody>
</table>

**SE4 and SE4EO**

Magnet™ hospitals set goals and support professional development and professional certification. They also produce graphs to summarize the data and track changes over time.