Nurses' Week 1988: Nurses Are Proud to Care

Pennsylvania Nurses' Week is held annually May 6 to 12. The Nurse Recognition Committee, comprised mostly of staff nurses, is responsible for planning activities for Nurses' Week to be held at The Allentown Hospital. Working with the nursing staff, the committee has planned a program which reflects suggestions and comments received from all nursing personnel.

By your request, this year's scheduled activities closely resemble those held last year.

Nurses' Week events begin at TAH on Friday, May 6, Nurses' Day. The day will be highlighted by an afternoon reception at TAH for this year's Friends of Nursing award donors and recipients of TAH, as well as their families.

Although we will not all be in attendance, this is an important event for all of nursing. Every time a professional colleague receives recognition, it reflects positively on all nurses.

Planned activities involving all TAH nursing personnel include: receptions on each shift, a special cafeteria menu, free raffle, and free ice cream sundaes.

"Crossroads: A Nurse's Story," a video cassette program, will be shown. If you have seen it before, you are encouraged to come see it again. It is an excellent program and effectively depicts this year's National Nurses' Day theme: "Nurses Are Proud to Care."

In addition, bulletin board displays on the ground and first floors of the hospital will focus on

Sue Urban, R.N. (left), Dialysis Center, and Rosemary Gilbert, R.N., ICU, served on the Nurse Recognition Committee.

Nurses' Week. Photo boards, prepared by each nursing unit-department, will be proudly exhibited throughout the hospital. This year the photo displays will be judged on the basis of creativity and originality. Creators of the top three displays will receive prizes.

Activities will conclude on Thursday, May 12, Florence Nightingale's birthday and TAH's Nostalgia Day. All nurses are encouraged to wear a white uniform and cap or student uniform and cap on Nostalgia Day.

Come, celebrate nursing with your colleagues. Nurses are proud to care.

Kay Fenstermaker, R.N.
Nursing Administration

National Nurses' Day: A Bit of Magic

What do nurses and Harry Houdini have in common? More than you might think.

"Proud to Care" is the theme developed by the American Nurses' Association to celebrate National Nurses' Day this year. There are nearly two million nurses in America, including the current Miss America, Kaye Lami Rae Rafko. Employers have planned many events to honor their nursing personnel.

Did you ever wonder how National Nurses' Day originated? Sometimes when you enjoy an event, you feel that it has always been celebrated, not giving too much thought to its origin. Well, there is a fascinating story - a bit of magic - behind the creation of this special day.

(please turn to page 4)
Where have all the nurses gone?

Between 1985 and 1986, the number of job openings for registered nurses in American hospitals more than doubled—an unprecedented increase for a job category. Today's nurses need not fear lack of employment opportunities.

However, other statistics and trends have surfaced which, when considered in light of the increase in nurse job openings, are cause for alarm.

**Nursing student enrollment dropped from 251,000 in 1983 to 218,000 in 1985, according to the National League for Nursing.**

**Three years ago, 75 percent of practicing nurses were working in hospitals; today, only 68 percent work in hospitals, according to the American Nurses Association.**

**In a 1987 national survey, 53 percent of nurses who responded indicated they would not choose nursing again as their career; 57 percent would not recommend nursing to their children or friends.**

**"Working Women," July 1986 listed bedside nursing as one of the 10 worst careers.**

**Television programs depict nurses carrying out non-nursing tasks.**

If these trends continue, where will we get the nurses to fill vacancies in our hospitals?

Can we combat this incorrect perception of nursing? Yes, but it will not be easy, and it will not occur overnight.

The image and the reality of nursing as a profession need to be improved—not by superficial articles in glitzy magazines such as "Cosmopolitan," but by a combined effort of nurses, nursing associations, physicians, and hospitals.

A recent report by the Division of Nursing of the American Hospital Association investigated the nursing shortage by interviewing nurses, students, hospital administrators and nurse executives. The report asserts that the AHA and the American Organization of Nurse Executives need to collaborate on a recruitment package to promote nursing as a career. Furthermore, the report contends that hospitals should address the nurse retention problem by developing pilot programs emphasizing management's relationship to nursing, educational advancement and career mobility. One of the report's suggestions, a tuition reimbursement program, is already in place at TAH—LVHC. The Friends of Nursing Program also meets the criteria set forth in the report.

Finally, the report stresses the importance of imagination. If nursing executives, staff nurses, hospital administrators, other hospital personnel and the community will stretch their imaginations, there is no end of answers to the nursing shortage.

Together we can find a way to improve the image of the nursing profession. Together we can find a way to attract bright young students to a career we know to be rewarding beyond comparison.

Let us begin now.

Margaret McDonnell
Interim Director, Nursing Education
Acting Director, The Friends of Nursing Program
Continuing Education

Program Presented

An educational program entitled, "Nursing Management of the Obstetric Patient Experiencing Post-Anesthesia Recovery" was presented in February by the Departments of Nursing and Nursing Education.

The program was designed for registered nurses employed in Labor/Delivery and Postpartum who have responsibilities in the Obstetric Post-Anesthesia Recovery Room. The program was approved by the Pennsylvania Nurses' Association for 23.7 continuing education contact hours.

Topics presented during the three-day program included: assessment of the patient undergoing normal physiological changes of pregnancy, anesthesia and anesthetic agents; standards of nursing care for a patient receiving anesthesia; recovery room management of selected high risk situations and legal considerations.

A workshop enabled participants to gain hands-on experience with equipment utilized to monitor patients recovering from anesthesia.

Program presenters included a certified nurse midwife, nurse educators, physicians, and the vice president-legal services, HealthEast.

Congratulations to the following nursing staff who completed the course: Loretta Becker, R.N.; Marie Boyle, R.N.; Jean Dickinson, R.N.; Mary Jane Frank, R.N.; Nadine George, R.N.; Sarah Gifford, R.N.; Faye Haas, R.N.; Donna Heffner, R.N.; Joanne Jacob, R.N.; Francine Kemmerer, R.N.; Susan McBridge, R.N.; Leslie McGreavy, R.N.; Donna McNamara, R.N.; Robyn Rehrig, R.N.; Karen Schleicher, R.N.; Kay Schwalm, R.N.; Carol Tenuto, R.N.; Nancy Van Horn, R.N.; Shirley Whitby, R.N.; and Karen Witmer, R.N.

Other participants completing the course were Beth Newell, R.N., Prenatal Education, and Mary Ann Rakos, R.N., Gnaden Huetten Memorial Hospital.

The program will be repeated in Fall 1988. Specific dates, times, and registration information will be announced in the near future.

LaDene Gross, R.N.
Nursing Administration

VAPs: A Nursing Challenge

Vascular access ports, VAPs, are totally implantable ports, designed to provide approximately 1,500 - 2,000 percutaneous needle punctures. These devices provide access to the patient’s vascular system without the associated mental and physical trauma that usually accompanies multiple needle sticks. VAPs consist of a self-sealing injection port with an attached catheter.

VAPs can easily be implanted by an uncomplicated surgical procedure. Under local anesthesia, a small incision is made in the subclavicular area of the chest. A "pocket" is created to hold the port, and the catheter is tunneled to where it enters the vein.

VAPs have become an option of choice for patients with compromising or complex vascular situations. The chronic nature of various diseases often requires long-term administration of intravenous fluids, blood products, parenteral nutrition, antibiotics, analgesics and antineoplastic agents. VAPs in the Lehigh Valley are used predominantly in patients with chronic malignancies.

Nursing management of patients with VAPs is within the scope of nursing practice and consists of three components: developing standards of nursing care, monitoring for complications, and teaching the patient/family. In order to provide this specialized care, the nurse needs specific education.

Several times a year, the Comprehensive Community Cancer Center (CCCC) provides both didactic and clinical components on caring for a patient with a VAP. After completing this course, the nurse is recognized as being certified to care for patients who have a VAP in place. Also, a yearly review of pertinent information with clinical observations is done to enhance consistent, quality nursing care.

Recently, two new teaching tools have been utilized by the CCCC to assist nurses in their learning. A flip chart has been developed to provide nurses the opportunity to review pertinent VAP information at their own pace.

In addition, "Dr. Mortimer A. Bear" has arrived on the scene. He is an adorable teddy bear who has a VAP inserted on his chest. Nurses are able to demonstrate the technical skills needed to access (please turn to page 8)
Clinical Rounds

Advancement System

Selecting a career in today’s complex, constantly changing work environment requires careful consideration. Nurses are being made aware of other professions available to them. This awareness has resulted in fewer people becoming nurses and in fewer people staying in the nursing profession.

Nursing student enrollment in this country declined from 251,000 in 1983 to 218,000 in 1985, according to the National League for Nursing. Three years ago, 75 percent of practicing nurses were working in hospitals; today, only 68 percent work in hospitals, according to the American Nurses’ Association.

Health care institutions have reacted to this trend with the realization that they must provide recruitment and retention programs for nurses.

One answer to the nursing crisis is a clinical advancement system. Such a program provides advancement alternatives for nurses and stimulates individual professional development.

At The Allentown Hospital—Lehigh Valley Hospital Center, staff nurses, as well as personnel from nursing education and nursing management, have participated on committees to develop and implement a clinical advancement system. The program selected is entitled the Career Level Advancement System (CLAS).

CLAS enables nurses to advance in clinical practice while maintaining contact with patients. Nurses do not need to move into educational or administrative activities to gain esteem and career opportunities.

CLAS recognizes staff nurses for their professional endeavors, clinical expertise, and the patient care they provide. It not only offers a means of professional recognition, but also stimulates excellence in nursing practice.

As it is being implemented at TAH—LVHC, CLAS has three levels of nursing practice:

Staff Nurse: The level of practice that is expected and must be achieved by all registered nurses.

Senior Staff Nurse: The level of practice for the nurse who demonstrates proficiency and refinement of nursing skills.

Nurse Clinician: The most advanced level of nursing practice. Individuals are a role model and often serve as a consultant for other health care professionals.

Advancement to the levels of senior staff nurse and nurse clinician is optional, and established criteria need to be met. Each level’s criteria are built upon the previous level.

Educational programs to explain CLAS and its role in TAH—LVHC’s recruitment and retention programs will be presented for the nursing staff. Questions and comments regarding CLAS may be directed to your nursing unit’s CLAS representative.

National Nurses’ Day was officially celebrated for the first time on a national basis on May 6, 1982. This occurred as a result of a presidential proclamation and a confirmation by the Board of Directors of the American Nurses’ Association. However, the idea originated with Edwin L. Scanlan of Red Bank, N.J.

Scanlan is the sole protege of Houdini, the world’s greatest magician, and has entertained pediatric patients across America, Europe, South America and Australia with his magic shows. He is known as “house magician” at Riverview Hospital in his hometown.

During his visits to pediatric units, he became aware of the dedication nurses had to their work. Scanlan has been quoted as remarking, “I began wondering what I could do for them, to make sure these nurses were recognized for the wonderful jobs they were doing.”

He approached New Jersey Gov. Brendan Byrne about signing a proclamation to set aside a day each year when nurses would be honored. The governor agreed. Scanlan selected May 6 because it heralds Florence Nightingale’s birthday on May 12.

Nurses’ Day was first celebrated in New Jersey on May 6, 1978 and four years later it became a national event.

Today, Scanlan, an octogenarian, is busier than ever. He continues to do his magic shows and attends various nursing events by special invitation. In addition, he has developed an “information bulletin,” which is a packet of information detailing ways employers can honor their nursing staff.

Thank you, Edwin Scanlan, for working your special kind of magic to honor nurses.

Helen R. Seifert, R.N.
Professional Resource Center

... A Bit of Magic (from page 1)

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Electro-Convulsive Therapy

Electro-convulsive therapy is now more frequently considered the treatment of choice when a patient has a mood disorder such as severe depression or acute mania. It is also used as a treatment modality for delusional patients, clients at high risk for suicide, and older patients who cannot tolerate the side effects of tricyclic antidepressants.

Frequently, since the introduction of “Diagnostic Related Groups,” this treatment has shown a definite reduction in the length and costs of the hospital stay of clients with major depression. This is well-documented by the studies of John Markowitz, M.D., and Richard Brown, M.D., as noted in the
The nursing intervention in the treatment of electro-convulsive therapy can be divided into three areas of assessment: 1) preparation of the patient prior to ECT, 2) care of the patient during ECT, and 3) care of the patient immediately after ECT. A quiet, firm but gentle, confident, and non-threatening approach contributes to the development of a therapeutic atmosphere.

The attitudes of involvement, sincerity, helpfulness, advocacy, and a positive outlook are needed by the nursing staff to assist patients with successfully obtaining their optimum mental health.

Kathryn J. Kalinoski, R.N.
Department of Psychiatry

Expansion Update: Operating, Recovery Room

By now, you have all heard the clanging and banging in the courtyard. Perhaps, you are wondering what is happening.

In June, we are looking forward to an expansion and update of the Operating Room - Recovery Room.

Presently, we have an eight-bed unit which serves as a pediatric holding area as well as recovery for post-surgical patients. When the expansion is complete, three beds specifically designated for pediatrics, as well as a private isolation bed, will have been added.

Adjacent to the main recovery room, we will open a pediatric holding area. Here children can wait with their families until being transferred to the operating room.

Families of all surgical patients will be able to wait in the new hospitality lounge, which will be staffed by volunteers. Physicians will be able to speak with the patient’s family immediately following surgery in a private consultation room located in the same area.

We are anxious to provide greater continuity of care for surgical patients and their families. This expansion project will have a great impact on our ability to provide these services.

Please come see us at the grand opening.

Recovery Room Staff:
Debra Butz, Head Nurse
Miriam Blum, R.N.
Anne Brown, R.N.
Cathy Ehrig, R.N.
Joan Grantham, L.P.N.
Candy Kuber, R.N.
Kay Kulla, R.N.
Pamela Lentz, Unit Clerk
Maura Reinert, R.N.
Susan Youtz, R.N.

Faye Haas, R.N. (left), with Deborah Roche (mother) and Brandt Roche (baby)
Recognizing

Victoria Geiger, R.N.C., recipient of the 1987 HealthEast Medallion Award at TAH, talks with a patient.

We Salute


Diane Wagner, R.N. and Judy Berrier, R.N., both 6T nurses, have received certification from the American Nurses’ Association as medical-surgical nurses. This accomplishment follows several months of intensive review and demonstrates a commitment to excellence.

OR nurses Kay Fritch, R.N., Joann Gosztonyi, R.N., Joann Haros, R.N., Mercedes Jurkiewicz, R.N., Shelley Penchick, R.N., and Sally Ryder, R.N. became certified for professional achievement in perioperative nursing by the National Certification Board: Perioperative Nursing, Inc. They are among 1,746 operating room nurses who passed the national examination last fall.

Mercedes Jurkiewicz, R.N., Operating Room, has also received certification in nursing administration from the American Nurses’ Association in January.

Kathie Hesnan, R.N., Nursing Education, has recently completed an intensive eight-week program in enterostomal therapy at Emory University in Atlanta, Ga. She is available for consults on patients with stomas, skin problems, incontinence, draining wounds, and fistulas.

She Cared Enough To Help

Vicki Geiger, R.N.C., was awarded the HealthEast Medallion Award for her work in developing a perinatal loss program for patients experiencing a stillbirth or previable loss.

Prior to May 1987, patients suffering a perinatal loss were admitted to Postpartum or Labor/Delivery. There were no guidelines to assist the nursing staff in the care of these patients. Patients voiced concerns regarding lack of continuity of their care and the inability of the medical and nursing staffs to support them in their time of need.

Vicki developed a perinatal loss program in response to this identified patient need. She formulated a procedure to assist the nursing staff in providing quality patient care. A patient care checklist serves as an aid to provide continuity of care for each patient experiencing a perinatal loss.

Vicki has organized inservice programs to inform the nursing staff of both 3T and Labor/Delivery about the new procedure. Methods of providing psychological support have also been discussed. A presentation of the program was included for the medical staff at their Medical Grand Rounds meeting.

In addition, Vicki prepared an information packet for bereaved parents. This includes: a memory certificate, pictures of the infant, the baby bracelets, a delivery certificate, telephone numbers of community services, and a brochure from a local support group.

Patients have responded positively to the program. Many have expressed gratitude for their care to the nursing staff.

The nursing staff has gained an increased understanding of these special concerns, and strives to provide a support system for these patients.
Hospital Departments

Home Care of the Lehigh Valley: Partners in Patient Care

Nurses in Home Care of the Lehigh Valley provide much-needed care to some very special patients.

Fred Fister, M.D., helped originate the Home Care program in 1962 following the procurement of a federal grant. At that time, there were less than 40 home health programs in the United States.

During Home Care's first five years, nursing skills were contracted from the only two pre-existing home health agencies in the area. Home Care utilized the Vocational Department of the public school system to educate home health aides.

Then, in 1967, three registered nurses were hired to manage Home Care visits. The initial nursing visits included not only caring for the patients, but also delivering their medications from the hospital's pharmacy, and needed equipment from the hospital supply. There were no medical supply companies at the time, and often a nurse found herself packing a commode in the trunk of her car.

Patient census began with 11 clients, most of whom were chronically-ill and elderly. The number has since grown to 257 patients seen in January of this year. The nursing staff has also grown, though as everywhere, Home Care of Lehigh Valley still experiences shortages.

Since the advent of Diagnostic Related Groups (DRGs), patients go home sooner with more complex nursing care needs and other skilled management requirements. As a result, Home Care has expanded and matured. The number of patients continues to increase and the complexity of provided services has also grown in response to patients' needs.

Home Care nurses care for a variety of patients with an age range from newborn to the elderly. They are skilled nurses who provide services to a wide range of patients, such as: babies requiring phototherapy, cancer patients receiving chemotherapy, patients with surgical wounds and pressure sores, as well as patients with all types of medical problems.

You may wonder how your newly diagnosed insulin-dependent diabetic will manage his care at home. If a Home Care consult is obtained, instructions can be continued until he achieves independence.

Home Care also has two enterostomal therapists and a nutritional support nurse. Through their experience and instruction, Home Care is able to care for patients with ostomies, patients receiving IV antibiotics or hyperalimentation, and patients on extended tube feedings.

Home Care provides more than nursing services. In addition, Home Care has physical, occupational and speech therapists, as well as home health aides and medical social workers. All these services combine to make Home Care a comprehensive care unit.

Home Care provides services nine hours per day, five days per week, on a regular basis. In addition, Home Care has 24-hour, on-call service for emergencies, plus our regular weekend coverage.

Do keep Home Care in mind when you have a patient being prepared for discharge to home, and you find yourself questioning how they will manage. Have the patient's attending physician write for a Home Care consult.

Home Care can pick up where hospital services end.

Kathie Keim, R.N.
Home Care of the Lehigh Valley

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Maura Reinert, R.N., (left) Recovery Room and Marcie Barnett, R.N., Pediatrics, members of the Nurse Recognition Committee, comfort Ashley Seibert, a pediatric patient returning from Recovery.
Dear Sari,

This letter is filled with a lot of different emotions and many memories. Our hospital’s School of Nursing is closing its doors with the graduation of the Class of 1988.

Many fine professional nurses have passed through those doors. Some have used their knowledge and pursued important, fulfilling careers. Some have chosen to continue in nursing, while others have selected another road. Whatever they have decided, their beginnings were here.

I can recall many memories from my days as a student nurse:
- staying up all hours of the morning;
- being happy about the grade on a difficult exam;
- making lasting friendships;
- sharing secrets and special moments;
- being disappointed at not getting the night off for that special date;
- crying together over seeing that first child die;
- watching the mail for those special gifts from home;
- giving support to the spouse of a terminally ill cancer patient;
- giggling about the young male patient who asked you for a date.

I cannot imagine what it will be like not to see students in their green and white uniforms on the nursing units, and not to have our students here as new graduates.

Times are changing and along with that come new ways of thinking.

Sari, I will always remember us as the best of friends traveling through nursing school. At 6:30 a.m. we left chapel in our starched blue and white uniforms and white caps. We marched down the steps of the School of Nursing and across the street to the hospital where we put our newly gained knowledge to practice.

Did we ever look back? I do not think so, but after this May only our memories will remain. The doors are closing forever, and I am sad.

Your friend,
Flossie

Patricia Stein, R.N.

Continuing Education

(from page 3)

VAPs under clinical simulation with the aid of this special bear.

In the beginning, VAPs represented a nursing education challenge which has been successfully met. Now, VAPs have made life much more convenient and comfortable for our patients and their families.

Victoria Leach, R.N.
Comprehensive Community Cancer Center

Critical Care Course

The Department of Nursing Education provided a Critical Care Course during October and November, 1987. The course consisted of 91.4 hours of classroom instruction and, for the first time, a clinical component.

The following nurses are recognized for successfully completing the entire course:

Maribeth Ballard, R.N.
Kathleen Bleiler, R.N.
Ruth Anne Chaplis, R.N.
Dan Deblass, R.N.
Gloria Deegan, R.N.
Tammy Deitrich, R.N.
Cathy Gober, R.N.
Jackie Laughlin, R.N.
Christine McCabe, R.N.
Eileen Palmer, R.N.
Priscilla Rau, R.N.
Dorene Shannon, R.N.
Linda Smith, R.N.
Brenda Salatino, R.N.

Nursing Education

Transitional Care Unit Course

In January, the Department of Nursing Education presented a TCU course, which specifically addressed the care of patients with cardiac/renal dysfunction.

Acknowledgement is given to the following nurses who successfully completed this course:

Debbie Andrews, R.N.
Pat Burdette, R.N.
Janis Croissette, R.N.
Diane Forwood, R.N.
Lynn Grischott, R.N.
Lori Jaworski, R.N.
Mary Beth Lang, R.N.
Charlene Shaw, R.N.
Sheri Steager, R.N.
Monica Stevko, R.N.
Deb Thomas, R.N.
Brenda Salatino, R.N.

Nursing Education