Dear Colleagues,

I cannot believe we have just rung in a new millennium! In this next millennium, the challenges and excitement of health care are sure to continue. I am so fortunate to be in a position to work collaboratively with you to continue to find ways to meet these challenges without sacrificing the quality of care we provide to our patients. Change, such a vital part of our continued opportunity to grow, is ever present. Effective, collaborative planning and an optimistic response to necessary changes in the health care environment will assist us in providing the care that can only be given by clinicians at LVHN.

I have begun to reacquaint myself with those of you with whom I have worked before and to meet those of you that I had not met before. As you know, I am holding Communication Sessions so that I can discuss issues important to us and benefit from your counsel and input, allowing me to better understand the issues we face on a daily basis.

It is important for us to be headed in the same direction and share the same vision of the future. All of us rowing together, as a team, will be much more effective than any of us working singly. My vision of Clinical Services is for us to be the best in terms of the care we provide to patients. This means that we provide high quality care in a therapeutic and collegial environment in a manner which respects the needs of patients, staff, and physicians.

Over the next six months, I believe the following priorities are important to us professionally and as an organization to achieve the vision and mission. These priorities were developed after reading all staff satisfaction survey comments, talking with each Director, and discussing issues with physicians.

PATIENT SATISFACTION
It is important that we get an "A" from our patients and families in their evaluation of the care we provide. To this end, I believe we should strive to score a 90 or above in the nursing area of the patient satisfaction survey.

STAFF SATISFACTION
It is important that staff feel satisfied with the work environment in which we deliver care. By focusing on the items below, I would like our staff satisfaction scores to show at least a 10% improvement in our next survey.

RETENTION
The retention of dedicated, experienced, committed employees is high on our priority list. By examining our pay practices, floating practices, staffing levels, skill mix, and our work processes, I hope to retain the fine employees we have and reduce our current turnover rate.

Some specific areas in which we have begun to work include:

- We have started to examine staffing levels and skill mix in our medical/surgical and step-down areas. Directors in these areas should be informing you of our progress.
- Floating practices in NICU are being developed by staff so that floating beyond expertise does not occur.

Continued on back cover

Terry Capuano, RN
Senior Vice President,
Clinical Services Unit

A New Millennium!
Certainly the Central Elementary School Project is offering healthy beginnings to those who are our community's future — our children. Professional Nurse Council offers nurses at LVHN a chance to refresh their commitment to the profession by serving fellow nurses, the hospital, and the community. The many accomplishments of the staff listed prove their devotion to advancing knowledge — new learning to assure patients benefit from evidence-based care.

The fiction and poetry also serve to refocus — to renew — our determination to treat each patient as an individual with emotional, spiritual, and physical needs and with a family intimately affected by our actions.

Just like the articles in this issue, Nursing Voice is renewing and refreshing our goal — to provide interesting, informative, timely articles that support and promote the nurses and caregivers of Lehigh Valley Hospital and Health Network.

Darla Stephens, RN, Lehigh Valley Home Care, Editor, Nursing Voice

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2000 Nursing Voice
Terry Capuano became the Senior Vice President, Clinical Services, at Lehigh Valley Hospital & Health Network (LVHHN) on November 1, 1999. She and I met for this Nursing Voice interview in her office at 4:00 PM on Thursday, January 6th. This was only 1-1/2 hours before Governor Ridge was due to arrive for the Grand Opening Celebration for the Jaindl Family Pavilion but Terry appeared relaxed. (Yes – you can call her Terry!)

We met in her office on the third floor of the Anderson wing where she has a great view of the front of the hospital. In the office, as one would expect, she has photos of her family and personal mementos, including a big blue M & M.

Terry still lives in her home town of Bethlehem, is married, and has two daughters. She received her BSN from East Stroudsburg University. She earned a masters degree in nursing from University of Pennsylvania, and then pursued an MBA at Allentown College of St. Francis de Sales. During this time, Terry also practiced her profession and cared for her family.

Terry has held many positions— from staff nurse in critical care and med surg to educator for nurses and patients. She worked at Easton Hospital, St. Luke's Hospital, and Muhlenberg Hospital Center but said she always wanted to work at Lehigh Valley Hospital (LVH). In 1986, when she became Director of the Cardiac Division at LVH, she “found her niche.” After LVH and MHC merged, Terry went to Muhlenberg and served as Vice President for Patient Care Services. She left the network for a year to work as Vice President of Operations in a health care consulting company where she gained valuable experience and insight. Terry returned to MHC in April of 1999 as Vice President of Operations. She was pleased to be back in the network.

She is excited by the opportunity that she now has and is eager to lead the Clinical Services toward her vision “To be the Best.” Her goal is to provide the best patient care in the country and she is sharing her priorities with the staff by holding communication sessions on units and in departments to update everyone with progress toward these priorities. She urges you to approach her when you see her to offer ideas and discuss concerns...she wants to hear “good news as well as bad news.”

As a staff nurse, I was glad to hear that she is concerned about the happiness of the staff as well as the patients. She asked about several people that she knows in my department. She was concerned about the factors that are prompting a skillful, likable staff person to leave. Her emphasis is on patient care as the most important work of the hospital but also on “supporting the clinical staff.”

When asked, “What advice would you give to a young woman in nursing school?” She replied, “There are many wonderful and diverse opportunities in nursing; there are many different careers you can have inside and outside the hospital.”

I asked Terry, “Where do you see nursing ten years from now?”

“More patient care is moving into the community”. She also said that many people are going to be living longer and will require care. She thinks the changes in technology will be diverse and rapid.

Terry most wants to be recognized for fostering a collaborative approach to patient care. She would like to see cooperation between management and staff, doctors and staff, and between all hospital departments. Clinical staff to Terry is more than nurses—all caregivers are necessary to raise the level of quality clinical care. She intends to develop a “culture of respect” where talented caregivers are recruited and retained, where a supported and valued staff provide superior care to satisfied patients. I am looking forward to that!
Awards/Appointments
Karen Drummond, RN-MHC, Psychiatry- Mental Health, Professional of the Year, Department of Psychiatry, LVHN.
Deborah Fry, MT-CC, Infection Control- Three year term on the Board of Directors of the East Central PA Chapter of the Association for Professionals in Infection Control and Epidemiology.
Majorie Lavin, RN, BSN-CC, 6B/TTU; Claranne Mathiesen, RN, MSN-Neurosciences Center; Eileen Sacco, RN-CC, 6B; Holly Tavianini, RN-CC, 6B.

Certifications/Licenses
Janice Barber, RN, 17th, OS, Recertified in Gerontology Nursing.
Rebecca Bartow, RN-CC, Infection Control- Certified in Infection Control and Epidemiology.

Certifications/Licenses
Terry Bayly, RN-MHC, Psychiatry- Recertified in Psychiatric and Mental Health Nursing.
Cynthia Kern, RN-CC, NICU- Certified in Neonatal Intensive Care Nursing.
Beradette Kratzer, RN-CC, Infection Control- Certified in Infection Control and Epidemiology.
Marcella Metzgar RN-MHC, Psychiatry- Recertified in Psychiatric and Mental Health Nursing.
Kathy Osborne, ST-CC, OR Recertified Surgical Technologist.
JoAnne Rissmiller, RN-CC, Trauma Development- Certified in Psychiatric and Mental Health Nursing.

Speaking Engagements
Claranne Mathiesen, RN, MSN-CC, Neurosciences Center- Keynote speaker for the East Stroudsburg University 25th Anniversary Nursing Program titled "Nursing Reflections."

Degrees
Julie Antidormi, RN-CC, OR Cedar Crest College- BSN- Sigma Theta Tau Nursing Honor Society.
Cathy Bailey, RN-CC, NICU Penn State- Milton Hershey Medical Center- MSN as a Neonatal Practitioner.

Presentations
Jackie Feniele, RN-CC, BU "Inhalations Injuries"- EMS PA Trauma Registrars Conference, May and August, and the Mid-Atlantic Burn Conference in Wilmington, Delaware.
Gloria Hamm, RN-CC, BU "Liquid Nitrogen Burns"- Mid-Atlantic Burn Conference, Wilmington, Delaware.

New Memberships
Tammy Sands, RN-CC, Trauma Development- Sigma Theta Tau International.
After working at LVHHN in the Emergency Department for ten years in 1997, I decided to join the Professional Nurse Council (PNC). I had wanted to do this for sometime, but it was difficult to devote the time in addition to school, work and family. I was familiar with some of the yearly activities the council conducted, yet I had no idea what kind of behind-the-scenes work was involved until I attended the first meeting. I met nursing colleagues in a variety of roles, including directors, patient care specialists, patient care coordinators and staff nurses, each with a wealth of knowledge. I felt I actually had become a more intimate part of the network family. Many times it is difficult to see what is happening outside your unit unless you make the effort. For me, PNC opened my eyes to a wider view. I also had embarked on a new adventure in my own professional development. The chairperson conducted the meeting formally but with an air of comfort. Some of the members not on duty even brought their children. An agenda was distributed to all of the members. The committee reviewed the charter which included the council's purpose and descriptions of its committees. This was very informative for me since I knew very little of the council. Then each committee chair reported on activities. The dialogue was very open and honest. The chairs occasionally asked for volunteers from the members for upcoming events. It was clear that these nurses had committed a great amount of time and devotion to each of the committee's events. I quickly concluded being involved in a council that cares so much about the nurses in this network is an honor.

PNC activities were then and continue to be whole-heartedly supported by the Senior Vice President of Clinical Services and the Administrators. It was clear then that the members believed their work and efforts were valued and recognized. Council membership develops us not only individually, but also on a broader professional level. It stimulates and encourages us to reach beyond clinical practice into the whole world where we as nurses influence the community as well as the network.

Perhaps summarizing the Council's purposes, committees, and events for the year will encourage more of you to take that step and join us. You can make a difference. There is no price tag to the rewards received from service on this council, both personally and professionally.

The Professional Nurse Council serves as a vehicle for the development, implementation and coordination of activities designed for the recognition and promotion of professional nursing.

The Professional Nurse Council committees include:

- Career Awareness Committee - promotes nursing and health care careers by implementing programs such as:
  - Take Our Children to Work Day
  - Spend a Day with a Nurse
  - Take N.O.T.E.S. Program
  - Career Fairs

- Community Outreach Committee - encourages nurses and other health care providers' involvement in community issues through activities such as:
  - Collections: Valentine; Back to School; Adopt A Senior; Caring Tree; Knits for Kids
  - Attending Healthcare Fairs
  - Performing Screenings

- Art/Finance Committee - generates and disburses designated Friends of Nursing funds. Coordinates fund-raising projects, such as the:
  - Art Auction
  - Mother's Day Plant Sale

- Legislative Committee - encourages awareness of and response to legislative issues related to nursing and health care practices. Activities include:
  - Voter's Registration Drives
  - Meetings with federal, state and local legislators
  - Attending State Board Meetings in Harrisburg
  - Legislative Forums
  - Sponsoring of LVHHN staff to the Nurse in Washington Internship (NIWI)

- Nurse Week Committee - develops and implements recognition of the profession of nursing. Programs include:
  - Nursing Gala and the Friends of Nursing Awards Program
  - Nurse Appreciation 'Mini- Fairs'
  - Research Day

Wow! Now you have just attended your first Professional Nurse Council Meeting. Well, almost! If you would like to start a new beginning, I encourage you to renew your commitment by promoting your nursing profession here at LVHHN. If you would like to embark on the PNC adventure, meeting colleagues while involved in an enjoyable new experience, I invite you to take the first step. Please don't hesitate to e-mail or call Alice Madden, chairperson at 610-402-8821 to become a member of PNC or one of the committees.
Occasionally Nursing Voice has the opportunity to share with you the viewpoint of illness from the perspective of the patient or family. This is one that you will find touching and uplifting. The following poems were written by Diane L. Zapach, a Physician Relations Representative at LVHHN when her mother's valiant battle with breast cancer came to an end on September 15, 1997 in the Hospice Inpatient Unit at 17th & Chew St. Diane wrote a series of poems to express her emotions during this difficult time. She is sharing “this very human experience of losing a loved one ... to help someone else heal.” May her work serve as a reminder of the opportunity and responsibility we are afforded by our profession – to support patients and families during the most intense and important events in life.

### A Glimpse of Heaven

Was it a glimpse of Heaven I saw today?
The sky was picture-perfect blue
with white cotton-ball dabs of clouds
The sun was radiant and the earth seemed at peace with the change of temperature and change of season.

Martha brought Mom gorgeous white and pink roses
their scent permeated through Michael and me as we came to say farewell and to reassure her of our love.

The shell of the woman that was in the hospital bed tonight was not my real mother.
No, merely a shadow of her true, authentic self.

We wept, we talked and gave each other permission to let go.
Can I believe it was a glimpse of Heaven I saw today?
Or I saw tonight in her frightened eyes, her tired spirit and her brave soul?

I hold her blouse, now, close to my tears
I smell her smell and pray that You will ease her fears.

That You will grant her peaceful, human sleep tonight
My sister, her sister and the men will see her tomorrow.

Then will You grant her that glimpse of Heaven I saw today?

"An He will raise you up, on eagle's wings, bear you on the breath of dawn, make you shine like the sun and hold you in the palm of His hand."

Diane Zapach
September 4, 1997

### Sometimes You Have to Change a Light Bulb

The light went out
in my refrigerator today.

And I immediately started to panic
I checked the breaker box
and all was well

And then I started to call Jim, my Mister Fix-It – then,
I stopped.

I listened to the gentle hum of the fridge
and opened the door, found the light bulb and replaced it.

Ta-da! A brilliant, new light lit up the fridge.

and then, I realized the simple beauty and mystery of life itself.

My mother is dying;
and I fear losing her light.

But sometimes you have to change a light bulb in order to shine radiant and new.

Your light will shine beautifully, quietly and brilliantly, Mom –like the countless number of candles you lit in church every week for loved ones who have long since passed on.

I will light a candle for you,
and carry on the tradition.

And you will shine so brightly
in the radiant peace of Heavenly Love.

Diane Zapach
September 11, 1997
The opening of the Jaindl Family Pavilion in January marked many new beginnings for the Lehigh Valley Hospital family, one being the relocation of the critical care units. Moving days were scheduled for January 24th for the Trauma Neuro Unit (TNICU) and for the Medical and Surgical Intensive Care Units (MICU and SICU). The Burn Unit will join them later this year. Before the big move could occur, physicians, administration, and staff collaborated throughout months of planning that began in the summer 1999. During these meetings, issues arose that demanded open discussion and compromise from this hardworking interdisciplinary team. Together, this diverse group accomplished much to promote continued high quality care for all patients while also promoting efficient use of health care resources.

Among other decisions was the choice of a name for the combined unit. The staff held a contest to choose the new name. Sandra Axt, RN, won with the name "Center for Critical Care." The unit contains designated areas for TNICU, MICU, SICU and the future Burn Unit. There are currently 28 beds – 12 beds for TNICU and 16 beds for SICU and MICU. There are 5 reverse flow isolation beds located in the center of the unit. Nine beds will be equipped for hemodialysis.

Room plans incorporate several key points planned for patient comfort and ease of care. All the new rooms are private. Each room can be closed with glass break away doors but also has a curtain that covers the door and windows for complete privacy. Rooms are large with a sink for hygiene and storage for supplies; the larger size allows for more working space for staff and more comfort for families.

The new unit was designed with our patients and families in mind. A consultation room is within the unit for family conferencing. The waiting area is very large, with two adjacent sleep rooms, a shower, bathroom and vending machine. A play area for children is stocked with games, books and a TV; children under 12 years may visit a patient with permission from the nurse. Flexible visiting hours will be continued.

Security joined the planning in an endeavor to create a safe environment. The unit will be locked, necessitating staff to utilize their IDs for access. Special care and attention was given to the issue of staffing for the combined unit. The planners wanted to assure continued nursing expertise and experience to promote quality patient care outcomes. Staff will remain dedicated to their current specialty but will share resources when necessary, as we do now. A small float pool, that is already in place, is shared by all. Two additional Patient Care Coordinators will reinforce the present staffing.

A very special thanks to everyone whose teamwork and hard work accomplished so much for the patients and families who will utilize the new center.
Greetings from the newest "voice" in the Lehigh Valley Hospital and Health Network (LVHHN)!
Muhlenberg Hospital Center (MHC), centrally located in the Lehigh Valley on Schoenersville Road in Bethlehem, PA, is the most recent addition to the family.

From humble beginnings in 1961 as a 144-bed chronic disease facility, MHC has grown in size and scope. In 1968, a 36-bed acute adult inpatient psychiatric unit was added along with the first Lehigh County Mental Health/Mental Retardation Base Service Unit. 1972 brought a new wing with a surgical suite, emergency department, and laboratory. This marked a major milestone and transformed MHC from a chronic disease facility to an acute care hospital. The ensuing years brought more renovation, construction, and expanded patient services, such as telemetry, intensive coronary care, CT scans, mammography, a Special Procedures Unit, an expanded emergency room and an MRI Center. The merger with LVHHN is another step in the ongoing commitment of MHC to continuous enhancement of health care for residents of the Lehigh Valley and surrounding areas. Once again, MHC is on the brink of transformation.

Many exciting and challenging changes have already occurred on the MHC campus. We can still remember the amazement when our quiet, little hospital became the "home pad" for the MedEvac helicopter. It gave us quite a thrill to see that helicopter on our campus and realize that we were, in some small way, an integral link in trauma care for our community.

But MedEvac was just the beginning. Visit the MHC campus now and you will see construction underway for new patient care services which will take us into the next century. New services will include: the new cancer facility which is a satellite of the John and Dorothy Morgan Cancer Center at Lehigh Valley Hospital Cedar Crest site, where patients will be able to receive chemotherapy and radiation therapy; a pediatric outpatient center which will provide pediatric and adolescent services that, at this time, are not available in our area; and a reproductive endocrinology and infertility laboratory which will perform in vitro fertilization for couples faced with infertility.

Lastly, but certainly not least, is construction of a new, two-story building attached to the existing hospital that will encompass a 56-bed Psychiatric Unit. This merges the present psychiatric departments from 17th & Chew Streets and MHC into one centrally located, integrated facility. The first floor will house an Adolescent Unit and Partial Hospitalization Program, as well as support programs and administrative offices. The second level will include the Inpatient Adult and Adult Intensive Programs. A courtyard area will provide space for patients to participate in outdoor activities. Structurally, the building will be "state of the art" with every aspect of the environment being considered for optimal therapeutic effect. For example, reception areas that offer a safe and warm environment will be available for patients, families and staff. Lighting will be used to optimize a feeling of comfort and, unlike psychiatric units of the past, the windows will not have locked screens. Michele Shara, CTRS, who works for the Psychiatric Rehabilitation Department feels that the consolidation of the two units will facilitate more treatment options that can be tailored specifically to patient needs. Michele observed that "in the new building, patients will have much more room, their rooms will be brighter, and they will have more therapeutic outlets available, such as music and exercise therapies."
Another aspect of the new facility that is particularly exciting to those of us who are Mental Health Professionals is the actual location of the building. The brand new structure will be located in front of the main hospital entrance and not relegated to the back or to the top floor, "out of the way." Karen Peterson, RN, MS, CS, Patient Care Specialist in Psychiatry, expressed this thought, "This says a lot about how the hospital is moving in relationship to the stigma of mental illness. I would hope that placing a state of the art facility in view of others will move things toward decreasing the stigma of having mental illness."

Karen also emphasized the need for the nursing staff to move thinking into new dimensions and "to not just move into a brand new building with the same old ways and thinking." Our Model of Care Committee is looking at the issues pertinent to patient care, such as programming and patient education, to determine the best treatment modalities. Karen reiterates, "What is the best practice and how can we provide it?" She reminds us that "our new structure goes a long way to help us achieve this, but the staff take it the rest of the way."

To meet the challenges associated with two diverse staffs merging to form a common staff, Karen and Carol Sorrentino, MSN, RN, C, the second Patient Care Specialist, brought together the staff from both sites in a series of Merger Education Programs. These sessions are based on principles of dialogue and managing transitions and have provided staff with a venue to discuss feelings and cope with change while maintaining high quality patient care. The program not only gives staff an opportunity to make suggestions concerning the new unit, but also allows the staff from both sites to develop working relationships before the actual merger.
Why are posters of a tree with multiple branches or a ship sailing on an ocean displayed in an "off-stage" area on 7B and 7C, respectively? And, why do these same posters actually look a bit different from month to month? Some months, there are clouds in the sky over the tree and the leaves have fallen from the branches onto the ground. Other months, the clouds have disappeared, replaced with sunshine and blue sky, and the branches are full of leaves. Some months, the waters around the ship are surrounded by ominous sea life and icebergs. Other months, the dangers of the ocean waters are replaced by friendly swimming dolphins.

Credit these changing scenes to the creativity of each of the units' Performance Improvement Committee members. These committed individuals utilize these ingenious strategies to communicate to their unit colleagues the results of their units performance improvement scores! According to Deb Peter, Patient Care Specialist for both 7B and 7C, "The posters allow staff members to know at a glance how we are doing on our unit performance improvement indicators. When the clouds come in or the ship is sinking, we know we have opportunities for improvement. On the other hand, when the sun is out or the ship is holding a steady course, we feel good about meeting our goals for optimum patient care."

7B is focusing their performance improvement opportunities on several patient satisfaction indicators measured by the Press, Ganey, Inc. patient satisfaction questionnaire and, on documentation in the patient medical record, assessed by the staff's monthly monitoring of designated patient charts. 7C is concentrating on the same indicators as well as trying to decrease the amount of time between the admission of a patient scheduled for administration of chemotherapy and the time the chemotherapy infusion is actually started.

"Our patients constantly verbalized their frustration in having to wait long periods of time following their admission for their chemotherapy to begin," related Michele Denny, RN, Patient Care Coordinator. Prompted by their patients' reactions, the 7C PI committee, in collaboration with pharmacy staff, investigated the barriers associated with this problem. One issue identified was not having the physician orders for chemotherapy in a timely manner. The solution has been to obtain the orders several days prior to the patient's scheduled admission. The nurse and pharmacist then review the orders to assure completeness and obtain any needed clarifications well before the patient arrives on the unit for treatment. According to Michele, "Over 95% of our chemotherapy orders are received and reviewed prior to the patient's arrival. We are still analyzing other barriers to timely chemotherapy administration and will make every attempt to address the same to improve our turnaround time even more than we have done to this point."

Michelle stresses the need for multi-disciplinary collaboration in performance improvement efforts. "When we first started investigating chemotherapy
DEVELOPMENT

Ttcome Studies

Turn-around times, the nurses felt a reasonable goal was to begin the chemotherapy within two hours of the patient’s arrival. Fred Pane, Pharmacy Director, ‘pushed back’ on our proposed standard, saying he felt we should strive for 60 to 90 minutes.”

Both 7B and 7C have designed and are continuing to develop strategies to effect improvements in their patient satisfaction scores. One activity spearheaded by Cindy Heidt, RN, Administrator, and the directors within Cindy’s division is “Management Rounds.” Directors and Patient Care Coordinators (PCCs) attempt to formally visit each patient soon after admission, encouraging the patient to speak to the registered nurse caring for them, or to the director or to the PCC at any time during their admission, if they feel the staff could do a better job providing care. Cindy Heidt relates, “Documented evidence from non-health care industries underscores the value of actively soliciting and responding to customer complaints. In fact, customers who voice their complaints are much more likely to remain loyal than those who do not express their concerns. Yet, despite the impressive body of evidence documenting effectiveness of service recovery, hospitals trail other enterprises by a wide margin. Reluctance to solicit complaints typically underserves hospitals as well as patients. With the majority of complaints easily resolved, hospitals are much better off hearing the bad news when corrective action is still possible.”

Another strategy to improve patient satisfaction being considered by Maryann Rosenthal, director of 7B and 7C, and her staff involves each and every staff member, as they approach the end of their scheduled shift, specifically seeking input from their assigned patients related to the care delivered. For example, a staff member may simply say “I will be leaving soon. Is there anything that you feel you need that I can do for you before I go?” Another example is a support partner saying “I am going to be going off duty soon. Is there anything related to your room being as clean as you would like?”

With the commitment to ongoing performance improvement such a priority on 7B and 7C, there is no doubt that the skies above the tree will be sunny and blue and the ship surrounded by friendly sea life, heralding impressive patient satisfaction scores. 7B and 7C staffs’ efforts are excellent examples of the dedication which will allow us to meet Terry Capuano’s goal that we at LVHN “deliver the best patient care in the country.”

7B PI Committee Members
Patricia Karo, RN
Susan Reiger, RN
Carol Gaileyway, RN
Donna Kalp, RN
Deb Peter, RN

7C PI Committee Members
Stella Polit, RN
Roberta Werkheiser, RN
Nadine Ritter, TP
Marlene Spevak, SP
Michele Denny, RN
Deb Peter, RN
They were wishing for death, and were able to face it, partly because she was there and they trusted her completely, even with her nails painted green and her hair a brilliant orange. It would happen very soon, regardless of any protests or their wishes to the contrary. Indeed, his death was inevitable. At this point, everything that anyone attempted was completely ineffective. All the fancy machines, all the official medications, as well as some new ones, and especially all of their prayers, were offered over and over again. Each new game plan presented by the physicians was, admittedly, more an act of desperation and less a plausible remedy for returning their father from this gravely ill state. He was battling a full blown episode of Adult Respiratory Distress Syndrome. What a horrid disease!

It was becoming more difficult for them to feel even a little positive. With each update, the eyes of the speakers wandered from theirs, as if trying to run away (except for hers). Yet, in sad irony, the lips of these messengers forced more smiles. It was not a smile to relate joy or in the spirit of cheer. It was more of a closed lips, no teeth, polite smile - a pitiful undertaking and misuse of the gesture. Odd that at the beginning of this ordeal with their father, the expressions were more serious, yet more optimistic for recovery. Now, when there was no hope, smiles outweighed those earlier sober messages that held a glimmer of positive expectation. Thinking that out did not make much sense.

But time to sit and think was all that they had. And so the idea arose amidst the usual musings of hopefulness, that there was no more hope and it was time to act. They finally shared this thought, all of them with each other. And, somehow, along with the other ironies of this unexpected occasion, they also realized that they possessed a gift; it was time to undo the ribbon, rip off the paper covering the gift, blow out the candles and make a wish. This particular box was wrapped in the colors of green and orange and it held someone, not something. Her name was Kim, she was a nurse, and she would help them celebrate their father's life at its end.

"Kim, could we please talk to you?" Maya the oldest child spoke as the other siblings gathered in support around her.

"Yes, of course." she replied as she set down a vial of liquid and one with powder, a syringe and a needle, postponing her role as chemist, ready to dilute and administer the medicine. Kim looked from one dispirited face to the next and suspected what they wanted to say. She hoped that her intuitions were right. She was even delighted, because she had felt Death nearby for some time, undeniably and slowly pacing Himself, trying to gain a lead in this man's race with Him. Soon be time for these people would face Him too, for their father. Kim was not a bit hesitant to confront all the despair and drama that Death always brings. She often had the opportunity to challenge Him. It was part of her work.

It was time to switch gears. Her eyes digested this moment of unspoken words with sensitivity, a gift she'd received from her many years of nursing. The hands that never stopped doing one thing or another were set free to care for the souls in this room. Kim's capacity to love people was easy and natural like a breath; she could fall in love with stranger in minutes. And she had fallen very much in love with this family.

"Please, come with me." And she led the sisters and brothers to another room to talk.

The children had already shared some of their father's life with her as she cared for him over the past month. His name was Edward. He was 62 years old and had just recently retired from his practice as a pediatrician in a smaller, nearby town. The three oldest children were from a marriage and the two
younger children were from some other, unmen-
tioned woman. The five children sat at Edward's side
day long. Among others who visited daily was a
brother, who was also a doctor, a sister who always
sang a beautiful Polynesian song during her visit, a
mistress who was a nurse, and his wife. His wife was
seated in a chair at his side, and she tenderly stroked
his hand and only occasionally spoke, always in a
Polynesian dialect, and always to the children. It was
an interesting assemblage of kinsmen and with quite
unusual dynamics compared to the typical family.
But each and everyone held the highest regard
for Edward and for one another, despite the possibili-
ties and legalities of any ownership or right. Everyone
was amiable and certainly demonstrated care and love
for each other during this human crisis. The force that
generated such care was a most sincere admiration
and respect for Edward, no doubt. From the stories
that they shared, it was obvious that he was a deserv-
ing and wonderful man, who had enriched the lives
of each person in a very special way.
The children all spoke with eloquence and
knowledge of the critical illness that was ruling the
father, the illness that Maya had researched in the
hospital library, sharing the information with the fam-
ily. Although overwhelmed by the sudden nature of
father's disease state, they typically asked approa-
appropriate questions. They wanted to be updated on his progno-
sis. They wanted to know if all possible treatments
had been investigated and initiated. Such was the
color of past discussions. But now they had some-
thing very different on their minds.
"Kim, we think it is soon time for our father to
leave us. You have all tried very hard to save his life,
but obviously you cannot. It is almost like we are
now just prolonging his journey into the next life.
We want him to know peace today, if that is possi-
ble, please, because you are taking care of him and
you have been so special to both our father and to
all of us. He would have liked you very much. What
do we do now?"
During moments like this, Kim saw different
things in her mind. This time she saw a path made of
many small stones and rocks, like the pebbled shores
of Maine where she had once visited. The path led to
a hill that was covered in a soft, green grass, and there
he stood. Kim looked at the faces of these people who
were bravely asking for her help. In their faces she
could see their father's figure, standing on that natu-
really landscaped hill, waiting in the distance. And
then Kim smiled. This smile did comfort the children.
As she had done many times before, again Kim had
touched the soul of another. She allowed the power-
fully sad feelings of their loss to touch her, but only a
few tears fell. Inside she was very happy to feel this
close to death and thus, much closer to life.
"Yes, I think that you are right. I am actually glad
to hear this from all of you. You have made the best
decision for you father. Never doubt that. What we
need to do is call the doctor and discuss this with
him. I'll do that right now."
She led them back to Edward. She felt impatient
as she waited for the doctor to return her call. She
had to mentally force herself to calm down and
remember the usual protocols that would be neces-
sary. Edward's wait would end soon enough.
"I'll be over to talk to them as soon as I can," he
replied.
Soon enough, he did arrive to order and help
institute the usual comfort measures for Edward.
By now it was nearly time for Kim to leave work
for the day and go home. It was good timing, too.
Everyone sitting with Edward portrayed a sense of
peace. Kim felt as though everything was going perfectly. Then one of her peers,
passing by, already heading for the door, casually
called out, "Happy Birthday Kim!"
The family all turned their heads at these words,
their hands caressing Edward.
"We didn't know that today was your birthday!
Why didn't you tell us?" Within a few seconds' time,
and as naturally as could be, the family burst forth
with a hearty chorus of "Happy Birthday to You."
If there are moments in life that should be frozen
in time, this was one of them. Here, by this man's
deathbed, a grieving yet grateful family gave her an
extraordinary present on her 40th birthday.
An Open Door In The Community...

Lehigh Valley Hospital’s

Just a few short blocks outside my window and outside the safe walls of the hospital are children who come to school hungry, ill, without warm clothing, and lacking in healthcare. They are children from center city Allentown. Because these children are our future, Lehigh Valley Hospital has invested in the future of this community. Through the development and implementation of the Central School Project, Lehigh Valley Hospital is reaching out to a community in need. The Central Elementary School Project was jointly developed by the Allentown School District and Lehigh Valley Hospital to address the persistent and difficult problems related to student health status and their effects on educational ability. Central Elementary School, located at 8th and Turner Streets, is home to 750 children in grades 1-4. It is a year round school with several intercessions. The goals of Lehigh Valley Hospital’s Central School Project are to keep the children in school and ready to learn. This is accomplished by promoting wellness and supplementing healthcare to those children attending the school and to their families. The supplemental healthcare is provided by a core team: pediatrician Dr. Ellen Bishop, School Health Director Lenore McGonigle and pediatric nurse case manager Peg Parry. They provide care in conjunction with the Allentown School District nurse, paraprofessional, Children and Youth caseworker and a home-school visitor.

The services are provided to the children in Central Elementary’s Health Center. The Health Room portion of the Health Center serves 40-50 children per day who visit for various reasons that include typical childhood illnesses, vision concerns, incontinence, head lice, abuse and neglect. The child may have a belly ache from hunger, often coming to school without breakfast. “Many of the children get themselves up and dressed in the morning,” says Lenore McGonigle, School Health Director. “They don’t think about eating breakfast, or they might not have any food to eat.” The school does offer a free breakfast program and reduced fee lunches to those families in need. Sometimes the children do not arrive in time to eat breakfast at the school. “There are even times when we have had to scramble to put together food supplies for a family that you know would not have anything to eat that night for supper,” says McGonigle.

ABOUT THE CHILDREN

Many of the children are from single-parent families who are overwhelmed by the challenges of raising a family and providing the basic needs of food, clothing and shelter. Unfortunately, healthcare is often not a priority. Approximately 50% of the children who attend Central Elementary School are transients, meaning that they often attend several schools within the four year time period due to family relationship and residence changes. This disruption of the children’s home life affects teachers, and students as well as the healthcare they receive. Teachers need continuity with students throughout the school year to build upon material previously taught. Children need continuity at school to optimize learning. Continuity also improves healthcare; transience interferes with immunizations, prophylactic interventions and dental care.

ABOUT THE PROGRAM

If a child becomes sick during the school day, he may go to the Health Room to be examined by the nurse and, as needed, by the doctor. “Having a nurse and a physician in the Health Room has helped the...”

Kierra Copeland proudly shows her winning poster for the Children’s Dental Health Month 1999.
Roberta Hower, RN, MSN, CCRN
Patient Care Specialist

children receive immediate attention to their health needs and problems," says McGonigle. Parents of these children do not need to lose work time to take the child to the doctor. Because the school is within walking distance of many of the children's homes, this is a wonderful service for single parents without transportation. Siblings, from ages birth to 12 years old, of the Central School students are also seen and treated in the Health Center.

The Health Center saw 150 Central School children and their siblings last year. "One of our challenges was to teach insulin coverage to an illiterate mom," says Peg Parry RN, pediatric nurse case manager. "We had to write down how much insulin she needed to give for each blood sugar range and verbally instruct her in the correct use of the insulin orders. We often take literacy for granted. Children who have an illiterate parent often are not read to at home, and as a result, their reading skills suffer. We teach a lot of children how to self-manage their chronic illnesses, such as asthma," states Parry. For example, children are taught to manage their symptoms and administer their breathing treatments.

The parent of the child with an injury or illness often does not follow up with treatment, despite the persistence of the healthcare team. "Many times a parent will not get a prescription filled for an antibiotic to treat their child's ear infection. The child may repeatedly come to the Health Room with an inflamed ear," says McGonigle. "We have to work with the parent to stress the importance of getting the medication." A county-provided case worker or a homeschooI visitor often acts as an important tie-in with the family to make sure that the necessary follow-up is made regarding such issues as child abuse, neglect and even head lice. A child with head lice can not attend school. It is very important that the parents comply with the needed treatment so that the child will not miss any additional days in school. Some children miss 80 school days per year due to health care issues.

Another service that the Health Room staff provides is the administration of prescription medications and treatments to children. "We administer over 6000 medications and treatments per year," reports McGonigle. With consent from a parent, the staff administers antibiotics, mini-nebulizer treatments for asthma, and behavioral medications. In addition the children receive their tuberculosis skin tests and annual physicals at the Health Center. In 1998 staff administered 500 vaccinations.

"Lehigh Valley Hospital's pharmacy has donated a locked cabinet for us to use so that we can safely store the medications and necessary equipment," explains McGonigle. The Health Center is well stocked with equipment the staff needs to promptly treat the children. "We have a rapid strep test kit, pulse oximeter, tympanic thermometer and urine dipsticks to help us detect and treat infections promptly," says Parry.

The Health Center acts as a clearing house for family health care questions and information. "You encounter much cultural diversity in terms of home remedies that are used to treat symptoms before the children are able to be seen in the Health Center the next school day," says Parry. Many homemade salves or remedies have been handed down from generations to alleviate burns or rashes.

"There is a lot of basic healthcare teaching to be done regarding hygiene," reports Parry. Basic teaching regarding hand-washing, proper nose blowing and preventing the spread of colds is done everyday. Many families share one toothbrush, thus spreading infections and colds. Other families do not have toothbrushes, washcloths or even soap. "It's terrible when you tell a child to apply a warm washrag to an infected ear in order to alleviate some of the pain, and the child does not have a washrag or even know what a washrag is," says Parry.

Proper dental care was also a concern for the Central School children. "We were seeing children coming to school with teeth decayed down to the gum line. Since then we have joined with the Allentown School district hygienists to provide dental care for the students at the Lehigh Valley Hospital Dental Clinic," states McGonigle.

Additionally, children often come to school wearing clothing that has not been washed and is not appropriate for the season. "Often a teacher will send a student to the Health Room to get a sweater, coat, underwear or even a pair of sneakers so that the child..."
A New Millennium

- A work flow analysis has been completed. Findings at LVH show many areas in which process improvements can be made to decrease the time we spend in “non-value added” activities. For example, at LVH, approximately 10,000 hours annually are spent copying discharge charts and recopying medication sheets. The study was also done at MHC with results being formulated at present. It is our intent to determine processes in need of improvement and alter them so that more time can be spent in more meaningful patient care activities.
- Action planning sessions should have begun in your departments to address concerns raised in the staff satisfaction survey.

RECRUITMENT
- We have a number of positions open in the clinical areas. It is our intent to decrease our vacancies by 60% over the next 6 months. We are doing this by:
  - More effective screening and testing of applicants for positions as support partners, technical partners, administrative partners, nurses aides, and unit clerks based on job descriptions grounded in reality.
  - Hiring support partners, technical partners, administrative partners, nurses aides, and unit clerks into the float pool initially to have a steady stream of these positions to fill vacancies.
  - Developing an RN recruitment plan for experienced RNs and GNs which includes open houses, job fairs, school recruiting visits, etc.
  - Offering an internship program for GNs who want to enter critical care or step-down areas.
  - Promoting our medical-surgical and rehabilitation specialties.
  - Hiring new graduates into GN roles rather than technical partner or nurse aide roles.

DIRECTOR SPAN OF CONTROL
- Our Directors have had to assume many responsibilities throughout the years. We are in the process of examining the need for assistance for them on each of their units.

CASE MANAGEMENT
- As reimbursement continues to decrease, we need to continue to spearhead and/or be actively involved in care management efforts with physicians and multi-disciplinary staff to reduce the cost of care we provide while maintaining or improving quality.

PERFORMANCE IMPROVEMENT
- All of you are involved in performance improvement efforts in your departments. I am looking to expand our efforts by getting people together who share similar job descriptions to work on areas that are common to them. For example, we will be getting support partners together to look at a more efficient and effective orientation process.
- The same will be done with administrative partners/unit clerks, technical partners/nurse aides, and RNs. These groups will work on a variety of process improvements which can be integrated overall and within departments.

CULTURE OF RESPECT
- It is of utmost importance to me to promote a culture of respect. I read many, many comments on your surveys and have heard from many of you that there is discourteous and disrespectful behavior and communication that occurs within your departments as well as between departments. On a personal note, I want to promote, between you and I, communication that is open, honest and respectful. To this end, I will continuously hold communication sessions in relatively small groups on all shifts and work my way through the hospitals. When I have completed a round of sessions, I will start all over and set-up more.
- I have also devoted a few hours a week to do informal rounds. Sometimes I can make it to a few units and other times I make it to less, depending on the discussions I get into on the units. I enjoy talking with you informally and seeing what is happening in the departments.
- In addition to our priorities, we will not lose sight of our emphasis on education, research and professional development. Continued focus in these areas will remain important for our professional growth and development.
- Please know that I am appreciative of the fine care you provide to our patients and community and I want to establish a healthy, respectful relationship with you. We are challenged to provide quality care and I believe we can accomplish this in an environment of collaboration. I am aware of your contributions to the success of our organization and I want to work with you to continue and enhance our success in the future.

With sincerity,
Terry

Continued from front cover

LVH Central School Project

may take gym class,” states McGonigle. “Children will sometimes take turns going to school because there is only one pair of shoes to be shared between several children in a family,” says Parry. Lehigh Valley Hospitals Professional Nurse Council (PNC) helps clothe the children of Central School by collecting mittens, hats and underwear throughout the school year. “These supplies are greatly appreciated,” Parry reports. PNC also gathers school supplies such as crayons, notebooks, pens and pencils for the children’s use.

After interviewing the staff of the Lehigh Valley Hospital’s Central School project, all I can say is “Thanks.” Thanks for taking the meaning of the word CARING to a higher level by caring for the future of our children. “It’s very rewarding and challenging work,” says Parry. “It’s not noble, it’s necessary work,” quotes McGonigle of a speech she heard at a health care conference. “We feel that our goals are immeasurable and our small successes help to eliminate barriers to care and provide the children and their families with the healthcare they need and deserve.”

Continuations