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From the Editor

To wrap up 2011, we’ve looked back over the past year and selected articles that provide a snapshot of timely, important topics covered by ADVANCE for Nurses.

The 2011 Salary Survey offered insight into where nursing salaries stand in the Mid-Atlantic & Lower Great Lakes according to education levels, nursing specialties and areas of the region. According to recruiters, demands will be found in critical care and management.

Best practices to prevent infection was another popular topic covered in 2011. ADVANCE featured one Virginia hospital that drastically reduced healthcare-associated infections (HAIs). To combat HAIs, Prince William Hospital applied infection prevention initiatives, such as renewed emphasis on hand hygiene, isolation precautions and adherence to all elements of best practice. The hospital also implemented a bundle targeted to control infection rates.

This special issue also features the latest in pediatric surgical interventions, a unique research nursing alliance and a rundown of Magnet Recognition hospitals. In addition, you’ll find news about honors and achievements of nurses in the region over the past year. For more information, visit www.advanceweb.com/Nurses.

While at our website, check our expanding community. If you’re not already connected with us through Facebook or Twitter, click on “Community” at the top of the page and get involved. You can also sign up for our free biweekly e-newsletter, as well as earn CE credit through our Learning Scope online program.

Happy holidays! ADVANCE looks forward to providing you with the latest clinical articles, news and CE opportunities in 2012.

❖

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Cover photography by Kyle Kielinski, thanks to Prince William Hospital; Jeffery Leeser; Kyle Kielinski, thanks to Berks Regional Nursing Research Alliance; design by Doris Mohr

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Anyone who’s attended any nursing conference recently is familiar with the statistic that the nurse shortage will reach 500,000 by 2025. Just when the exodus of older nurses from the workplace will begin to occur is a wild card, but it’s in the forecast.

“A fair number of our experienced nurses are still with us,” said Ann Bures, MA, RN, CHCR, nurse recruiter, University of Maryland Medical Center in Baltimore. “During the economic downtown, many nurses decided to go part time or per diem instead of completely retiring. We don’t consider that turnover because of their continued employment.”

Changing Candidate Profile
As a result of the media blitz promoting the job security inherent in nursing and the concurrent trend of corporate downsizing, high numbers of Americans are entering nursing.

In addition to the intrinsic rewards in nursing, many second career nurses, especially those over 40, were attracted to the profession while interacting with nurses during a loved one’s care. The many accelerated degree options make it easier than ever to pursue nursing beyond the traditional age for choosing a career.

Liz Hatfield, employment specialist at Underwood-Memorial Hospital in Woodbury, NJ, has seen an influx in second career candidates in the past 5 years.

In Baltimore, Bures hopes the trend will continue.

“Many schools in this area have added faculty and programs in the last 2-3 years, and there’s definitely an increase in the number of individuals entering nursing programs,” she said.

Emphasis on Education
Whatever their age, the candidates called in for interviews in nursing are more educated than their counterparts a few years ago. “One thing that’s really changed in the last year is the large increase in BSN candidates,” said Hatfield. “More hospitals are requiring the BSN and candidates feel it will improve their marketability.”

As a Magnet facility, University of Maryland Medical Center traditionally attracted BSN-prepared nurses, although associate degree graduates are still hired. Their new grad nurse residency program is more competitive than ever. Underwood-Memorial Hospital also has an active new grad program, although fewer slots are available this year. According to Hatfield, the more competitive applicant pool has allowed the hospital to raise their standards.

Having more advanced degrees does offer nurses more financial security. The 2011 salary survey results showed nurses with BSN degrees in Maryland/DC/Virginia made an additional $3,500 more than ADN nurses. For Pennsylvania/New Jersey/Delaware nurses, the increase was $4,600 for BSN nurses.

Hot Specialties
Nurse education hasn’t been confined to the university classroom. In both Maryland and New Jersey, recruiters notice a growing list of credentials in the résumés they review.

Bures anticipates University of Maryland Medical Center will need more nurses in the next 2-3 years when the facility’s new patient tower for trauma, surgical ICU, emergency department and periop opens. Applicants with the critical care or emergency specialty credentials will likely have a leg up on the competition.

CCRN designation could position candidates for jobs in one of the units with the highest turnover at Underwood, said Hatfield. “Hospital leaders do tend to come from critical care so there is a fair amount of transition as people are promoted,” she said. “Our biggest needs are for the ICU and ED.”

Help Wanted: Nurse Managers
Reflecting a national trend, hiring managers notice more vacancies for nurse managers than staff nurses.

Hatfield recommends nurses interested in transitioning to management — even in the very distant future — volunteer for committees, get acquainted with the hospital’s mission statement and be included in processes.

Also heavily recruiting for managers, Bures noticed it’s taking longer to fill those positions. “The nurse manager has so many levels of responsibility,” she said. “Some people want to lead and inspire, but others are hesitant because of the demands on their time.”

More responsibility does come with a bigger paycheck. Salary survey results showed nurse managers in Maryland/DC/Virginia earned significantly more than staff nurses ($37.91/hour versus $32.05), as did managers in the Pennsylvania/New Jersey/Delaware region ($36.75 versus $33.06).

After more than 2 years in a recession- ravaged economy, the challenges in finding employees with management potential seems like a great problem to have. “It’s still going to be good,” said Bures of the field.

“Nursing will still be a career with sustainability and job security.”

Robin Hocevar is senior regional editor at ADVANCE.
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Starting with a shared passion for research and recognizing strength in numbers, nurses from three competing Berks County, PA, hospitals, three academic institutions with nursing education programs, and one visiting nurse association came together in the interest of learning and achieving greater numbers for investigational studies to form a research alliance.

In just over a year and without a formal budget, the Berks Regional Nursing Research Alliance is proud of its accomplishments. Only 10 months after their first meeting, the alliance organized a successful conference that drew more than 180 nurses and 45 poster presentations.

The alliance includes nurses from The Reading Hospital and Medical Center, St. Joseph Medical Center, HealthSouth Reading Rehabilitation Hospital, Berks Visiting Nurse Association, the Reading Area Community College, Alvernia University and The Reading Hospital School of Health Sciences.

Without the alliance, nurses like Rob Rice, RN, and Chelsea Ober, RN, from The Reading Hospital and Medical Center, might not have had the venue to present their practice-changing research ideas while they were RN-to-BSN students. Definitely, without the urging of members of the alliance, Erin Reider Berstler, BSN, RN, CCRN, would not have put together her research on reductions in ventilator-associated pneumonia rates at St. Joseph Medical Center.

Running on Enthusiasm
The alliance grew from a passion for promoting evidence-based practice, research and education; a concern that, without strong research, nurses won’t be major players in healthcare; and that the region typically is not “research rich.”

“Nurses have a reputation for eating their young,” quipped Cathryn M. Flay, BSN, RN, CEN, nurse educator at the 226-bed St. Joseph Medical Center. “[Forming this alliance] became an opportunity for us to educate staff with different levels of education and across the community.”

“We felt if we worked together, we would be able to effect change in a bigger way. We want to do research that crosses over hospitals, making the study pool larger,” said Debra Stavarski, MSN, RN, director of nursing research at the 700-bed Reading Hospital and Medical Center.

“And whatever starts in hospitals, moves to other settings, including home care,” said Jennie Strauch, MBA, BSN, RN, director, Berks Visiting Nurse Association.

“We’re all called to be collaborators to promote the health and wellness of our citizens; nurses lead that movement,” said Deborah Greenawald, PhD, RN, CSN, assistant professor of nursing, Alvernia University.

“We’re not a research-rich region,” said Barbara Zuppa, MSN, BSN, RN, director, nursing excellence, The Reading Hospital.

“We’re not university-based medical centers, but we wanted to learn more about research.”

How It Happened
About 3 years ago, Reading Hospital formed a research council with community partners, such as Karen Thacker, PhD, RN, CNE, dean of professional programs and associate professor of nursing at Alvernia University.

“We heard about a group of Connecticut nurses doing research and thought it would be a great idea for the Reading area,” Zuppa explained.

Several things fell in place, including the realization research is already being done across institutions. For example, in 2008, Alvernia BSN students worked with Berks VNA to determine the “Effects of State Budget Reductions on Childhood Immunizations.”

In late 2009, a letter was sent to the nursing leaders across the region, inviting them to join the steering committee for a new research alliance. The letter included the mission: “To promote and improve the health of individuals and communities by supporting evidence-based nursing practice through collaborative efforts.”

“Nurses are interested in advancing their education and learning more,” said Debbie J. Rahn, MSN, RN, CNE, director, The Reading Hospital School of Health Sciences. “Often it’s more a matter of connecting those interested with those who do research.”
Goals & Roles
And 9 months later, as the committee solidified and made plans for its first 1-day conference, the response continued to be enthusiastic. “The sheer numbers showed how much nurses are questing after research,” Strauch said.

The alliance does more than just promote unique research. “We also focus on giving nurses tools to show how they can use existing research,” said Greenawald. “That was a big part of our first conference. Showing nurses how to formulate a question, how to seek the current evidence, analyzing how recent it is, how to evaluate it, how to follow evidence-based practice processes and how to apply the research into practice.”

Good Advice
So if approached about starting a research group, what advice would the Reading nurses give? “Create a strong clear mission statement,” said Greenawald. “Use your academic partners as a central focus . . . since they are familiar with research. Also, leave your egos at the door and know everyone can’t be at every meeting.”

Rahn is impressed with the ardor of alliance members. “So many times an idea is great; there’s lots of enthusiasm and the idea fizzles. [But] we are still throwing out the ideas and making things happen.”

Alliance members are proud of their ability to set aside the fact they may be competing institutions. “We are competitors, but it’s not evident at this table,” Stavarski said. ♦

Gail O. Guterl is a frequent contributor to ADVANCE.
Regional – Hospital Units Earn Beacon Awards
➤ The American Association of Critical-Care Nurses recognized units in the region that earned the Beacon Award for Excellence. The award provides gold, silver and bronze levels of recognition to hospital units that exemplify excellence in professional practice, patient care and outcomes. Recognition continues for 3 years before units must reapply.

The medical ICU at South Jersey Hospital Regional Medical Center earned a Gold Beacon Award, demonstrating excellence in sustained unit performance and patient outcomes.

Silver-level recipients demonstrate continuous learning and effective systems to achieve optimal patient care. Earning Silver Beacon Awards were the heart and vascular ICU at the Hospital of the University of Pennsylvania, Philadelphia; the telemetry step-down unit at Inova Loudoun Hospital, Leesburg, VA; medicine telemetry/progressive ICU at Virginia Commonwealth University Health System, Richmond; and surgical ICU/RRT at the University of Michigan Medical Center, Ann Arbor.

The coronary care unit at the University of Virginia Health System, Charlottesville, earned a Bronze Beacon Award, demonstrating success in developing, deploying and integrating unit-based performance criteria for optimal outcomes.

Regional – Emergency Departments Win ENA Lantern Awards
➤ Almost half the 20 winners of the Emergency Nurses Association’s first annual Lantern Awards are from the Mid-Atlantic and Lower Great Lakes region.

Local winners of the award, which recognizes emergency departments that exemplify exceptional and innovative performance, are Aultman Hospital, Canton, OH; Bon Secours Memorial Regional Medical Center, Mechanicsville, VA; Cincinnati Children’s Hospital Medical Center, Liberty Township, OH; Geisinger Medical Center, Danville, PA; Paoli Hospital, Paoli, PA; Sinai Hospital, Baltimore; South Jersey Healthcare Elmer, Elmer, NJ; St. John Hospital and Medical Center, Detroit; and the University of Kentucky Albert B. Chandler Hospital, Lexington.

The Lantern Award designation is valid for 2 years. After that period, EDs must reapply, be evaluated and meet award criteria to regain recognition.

Regional – ADVANCE’s 2011 Best Nursing Teams
➤ ADVANCE for Nurses honored five nursing teams for their demonstration of critical thinking, perseverance and ultimate teamwork.

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• WOMEN’S HEALTH
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Regional – Magnet Recognition Winners in 2011

DESIGNATION
• Mercy Medical Center, Baltimore

REDESIGNATION
• Capital Health System, Fuld and Mercer Campuses, Trenton, NJ
• Lancaster General Hospital, Lancaster, PA
• Pinnacle Health, Harrisburg, PA

Regional News
Achievements, Honors, Appointments

Regional – Hospital Units Earn Beacon Awards

Dover, DE – Price Elected ASPAN President
➤ Chris Price, MSN, RN, CPAN, CAPA, director of perioperative services at Bayhealth Medical Center was elected president of the American Society of PeriAnesthesia Nurses. In 2011-12, she will serve as president; in 2012-13, as immediate past president.

The American Society of PeriAnesthesia Nurses represents more than 55,000 nurses across the country practicing in preanesthesia and postanesthesia care, ambulatory surgery and pain management.

Villanova, PA – Willens to Lead ASPMN
➤ Joyce S. Willens, PhD, RN-BC, assistant professor at Villanova University College of Nursing, was elected president-elect of the American Society for Pain Management Nursing. She will serve a year in that role and then serve a 1-year term as president.

Willens is editor of the society’s journal, Pain Management Nursing, and is one of two nurses in the nation on the content expert panel for the American Nurses Credentialing Center’s new certification exam in pain management.

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The American Nurses Credentialing Center Magnet Recognition Program showcases nursing excellence in hospitals throughout the country. This year during National Nurses Week, ADVANCE congratulated Magnet nurses who work tirelessly to ensure the highest quality of care for their patients. Following is a listing of Mid-Atlantic & Lower Great Lakes hospitals that have achieved Magnet recognition.

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- Christiana Care Health System-Wilmington Hospital, Wilmington
- Kosair Children's Hospital, Louisville
- St. Elizabeth Healthcare-Edgewood/Grant/Covington, Edgewood

**Kentucky**
- Baptist Hospital East, Louisville
- Central Baptist Hospital, Lexington
- Frankfort Regional Medical Center, Frankfort

**Maryland**
- Franklin Square Hospital Center, Baltimore
- Mercy Medical Center, Baltimore
- Shore Health System-Dorchester General Hospital, Cambridge
- Shore Health System-The Johns Hopkins Hospital, Baltimore
- University of Maryland Medical Center, Baltimore
- Kosair Children’s Hospital, Louisville
- St. Elizabeth Healthcare-Edgewood/Grant/Covington, Edgewood

**Michigan**
- Beaumont Hospital, Troy
- Bronson Methodist Hospital, Kalamazoo
- Holland Community Hospital, Holland
- Munson Medical Center, Traverse City

**Memorial Hospital at Easton**
- Sinai Hospital of Baltimore, Baltimore
- The Johns Hopkins Hospital, Baltimore
- University of Maryland Medical Center, Baltimore

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• VHS Huron Valley Sinai Hospital, Commerce Township
• William Beaumont Hospital, Royal Oak

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• AtlantiCare Regional Medical Center - Mainland Campus, Pomona, Atlantic City
• Capital Health System, Trenton
• Kimball Medical Center, Lakewood
• Ocean Medical Center, Brick
• South Jersey Healthcare Bridgeton Health Center, Bridgeton
• South Jersey Healthcare-Elmer Hospital, Elmer
• South Jersey Healthcare-Regional Medical Center, Vineland

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• Cincinnati Children's Hospital, Cincinnati
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• Fairview Hospital, Cleveland
• Good Samaritan Hospital, Dayton
• Grant Medical Center, Columbus
• MetroHealth Medical Center, Cleveland
• Miami Valley Hospital, Dayton
• Nationwide Children's Hospital, Columbus
• Riverside Methodist Hospital, Columbus
• Robinson Memorial Hospital, Ravenna
• Shriners Hospital for Children, Cincinnati
• Southern Ohio Medical Center, Portsmouth
• St. Elizabeth Health Center of Humility of Mary Health Partners, Youngstown
• St. Joseph Health Center of Humility of Mary Health Partners, Warren
• Summa Akron City and Saint Thomas Hospitals, Akron
• The Christ Hospital, Cincinnati
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Jan. 12, 3pm ET
Exploring the Relationship Between General Health and Oral Health

- Intriguing research in the past 10 years has shed light and raised many additional questions regarding the interrelationship of oral health to general health. Designed for nurses and other health professionals, this webinar will emphasize practical applications for patient care and referral for dental care in addition to reviewing relevant research findings related to the oral health/general health connection. Presented by Joan I. Gluch, PhD, RDH, & Susanne K. Giorgio, RDH

View Full Screen
Children's National Medical Center recently opened seven new operating rooms. Outfitted with cutting-edge technology and tools, these new additions will enable the hospital to provide intricate surgical services to more children in need.

Part of a complete renovation of the OR suites, the new rooms vary in size based on how they are used, with the largest surpassing 1,000 square feet. The renovation’s final phase is expected to be finished next year and will bring the overall number of ORs to 17.

“The final phase . . . will expand and update our facilities to better accommodate the increasing need of pediatric surgical innovation and technology,” explained Angela Francart, MHA, BSN, RN, vice president of perioperative services.

The ORs are designed for multi-purpose, as well as for specialty use, such as robotics and neuro-imaging. Each room is integrated for telemedicine and allows use of minimally invasive techniques.

There are several unique features that will assist the innovative surgical procedures. For example, one of the ORs will facilitate robotic surgery, MRI and advanced minimally invasive surgery. After the new ORs opened, nurses received training in robotic surgery, MRI surgical navigation and minimally invasive surgery.

“By utilizing the advanced techniques from the Sheikh Zayed Institute for Pediatric Surgical Innovation, we are at the forefront of translational and applied research,” said Francart. For instance, Children’s National investigators are looking for novel techniques to measure pediatric pain, which can be applied to young oncology patients who need surgery. The institute is a clinical and translational research initiative that seeks novel ways to make pediatric surgery more precise, less invasive, and pain free.

“The really exciting part is the role of the nurse in ensuring the safety of the patient and the optimization and translation of this cutting-edge technology,” concluded Francart.

Beth Puliti is a frequent contributor to ADVANCE.
Infection Prevention

One hospital implements best practices to drastically reduce healthcare-associated infections

By Beth Puliti

Healthcare-associated infections (HAIs) are a significant cause of morbidity and mortality. Unfortunately, approximately one out of every 20 hospitalized patients will contract this type of infection.1 The prevalence of HAIs doesn’t justify their devastating and sometimes deadly consequences. In fact, the CDC notes that, as HAIs are continuously able to be prevented, these infections are increasingly unacceptable.2

Prince William Hospital, part of Novant Health, in Manassas, VA, has recently taken steps to reduce HAIs — and its success has been encouraging. “Hospitalwide infection rates are at or below national benchmarks” since implementing all best practice techniques, noted Kathy Moss, RN, CPHQ, CIC, infection control practitioner.

Acquiring an HAI

Patients enter the hospital because they are ill and often immunocompromised. Part of making them well may include insertion of medical devices, such as Foley catheters, endotracheal tubes and central IV catheters.

Care often includes invasive procedures, all of which can provide infectious microorganisms an entry into the body. During the delivery of healthcare, patients can acquire an HAI — an infection that was not present or incubating when the patient was admitted to the hospital — through the transfer of infectious microorganisms.

Nurses and other healthcare providers can help to prevent infection by performing proper hand hygiene. Nurses should “always follow standard precautions, utilize bundles of proven best practice and educate patients to partner with caregivers,” Moss added.

Implementing Prevention Initiatives

To combat HAIs, Prince William Hospital applied infection prevention initiatives, such as renewed emphasis on hand hygiene, isolation precautions and adherence to best practice. The hospital also implemented a bundle to control infection rates.

“A bundle is a series of indicatives that are proved to be effective. A bundle must be followed 100 percent to be effective; you cannot pick which elements you want to use,” explained Moss.

Prince William Hospital’s “Prevent Central Line Infections” bundle includes optimal site/line selection, hand hygiene, chlorhexidine skin antisepsis, maximal barrier precautions at insertion, aseptic technique at line access and dressing changes, and daily review of line necessity and prompt removal.

Since implementing this initiative, the hospital has seen a dramatic decrease in the number of HAIs.

Moss noted the hospital has embraced all bundles: central lines, ventilator-associated pneumonia, catheter-associated urinary tract infections, prevention of multidrug-resistant organisms and more.

“We have also exceeded the bundles by investigating each healthcare-acquired infection to be sure there are no barriers to compliance,” she said.

A Team Effort

Prince William Hospital has specific practices for monitoring and reporting incidents at the staff and clinical levels. Nursing Quality monitors elements of the bundles on all units, Infection Prevention performs surveillance and identifies HAIs utilizing CDC definitions, and outcomes are shared throughout the system on both local and corporate levels. HAI rates are presented regularly at both the Medical Executive Committee and Board Quality meetings. All misses [HAIs] are investigated and findings shared with staff.

Moss mentioned a collaborative effort between departments is necessary to decrease HAIs because, while nurses are the primary hands-on caregivers, many staff members interact with each patient.

“For example, ventilator-associated pneumonia [VAP] rates were higher than expected, so a team was formed comprised of members from nursing, infection prevention and respiratory therapy. An action plan was developed and all disciplines worked together to prevent VAPs,” she explained. “In July of this year, we proudly celebrated 1 year since our last VAP”

Nurses are the hands-on, frontline caregivers who work closely with physician partners to prevent infection. Nurses often insert or act as the assistant when invasive devices are inserted. They are also typically the primary educator of the patient and family, teaching them how to protect themselves as well as their loved ones.

“Nurses are also empowered to stop any procedure where any element of best practice is not being followed, such as hand hygiene,” said Moss.

“I am very excited and proud of the work and focus of our team to ensure excellent care for our patients,” concluded Beatrice Holt, MSN, MHA, RN, CNOR, NEA-BC, chief nursing officer.

References for this article can be accessed at www.advanceweb.com/nurses. Click on Resources, then References.

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