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From the Editor

This past year, ADVANCE for Nurses has covered a multitude of topics. In this special issue, we’ve collected articles that offer a sampling of features published in 2012. All of these articles have one thing in common — nurses who work above and beyond to ensure positive patient outcomes.

Several nurses were honored during ADVANCE’s Best Nursing Team contest. This year’s winner, the Surgical and Ambulatory Care Services Department at Dorchester General Hospital, Cambridge, MD, faced the ultimate test when Hurricane Irene roared up the East Coast in 2011.

“What resulted was an amazing exercise in adaptability of all staff and the desire to rebuild our department,” the team wrote in their essay.

ADVANCE highlighted more nurses who implemented new initiatives throughout the year. Nurses at Sinai Hospital, a LifeBridge Health center in Baltimore, piloted a new program to help staff nurses and nursing managers get a glimpse of the challenges and triumphs each face in their daily work. The program, called Walk a Mile in My Shoes, encourages a manager to shadow a nurse for 4 hours, and a nurse would follow a manager. The program is meant to build understanding and communication among managers and staff nurses.

This special issue also focuses on the many nurses who have started — and succeeded — on the Magnet journey. You can read about nurses at three regional facilities who are at different phases of their Magnet excellence progress and learn from their experiences.

To read more articles of great nurses from the past year, visit our website at www.advanceweb.com/Nurses. While there, check out our expanding community. If you’re not already connected with us through Facebook, Twitter or LinkedIn, click on “Community” at the top of the page and get involved. You can also sign up for our free biweekly e-newsletter.

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To all nurses who work endlessly for their patients, have a safe and peaceful holiday season! Pamela Tarapchak

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ASKED to choose a core value that represented their team and its approach to nursing, Jane Flowers, MSN, RN, CNOR, manager of surgical and ambulatory services at Dorchester General Hospital went with “adaptability.” When Hurricane Irene roared up the East Coast last August, that trait was put to the ultimate test.

ADVANCE stepped back to let this award-winning team tell their story in their own words.

Jane Flowers, MSN, RN CNOR: "We’re a small institution — we work Monday-Friday day shift, with off-hours covered by call. Hurricane Irene was due to strike on Saturday evening, August 27.

We had done disaster planning and preparation, and that day, we had our three-person call team in-house and I was asked to be on-site manning the command center. We never expected so much damage — the flooding was incredible. “The first — and maybe most serious — problem we noticed was that the roof over the lab services department had disintegrated.”

Suzanne Kolek, RN: "Once the storm started, we were just waiting to see what would happen. At one point, we saw the roof damage in the lab and realized there wasn’t much we were going to be able to do there. When we came back upstairs, Robert, our tech, went into the supply closet only to find multiple leaks. The next thing we knew, we were clearing off the shelves and saving as much as we could. Then we got word that the pharmacy was flooding.”

Flowers: "Miraculously, we never lost electricity or our phone service. But we were springing leaks everywhere. Our chief nursing officer, Christopher Parker, who was in charge of the command center for Shore Health System, asked me by video conferencing whether we’d be able to support patient care the following week.

"Without having lab services, with water in many of the patient rooms, the pharmacy, and the oncology unit, we didn’t feel like it was in the best interest of the patients to stay here. We debated having some of our services open, but we knew we couldn’t totally support our patients or the community.

“You want to take full responsibility for the safety of your patients. If something were to go wrong, we wanted the availability of other services such as the lab, radiology and cardiac monitoring capabilities. We decided all the patients would be relocated to Memorial Hospital at Easton [a Shore Health System hospital] or other appropriate facilities.”

Kolek: “At that point, I went down to help the ICU nurses prepare the patients for transfer. I wanted them to have all the information as to what was happening and why. The command center at Memorial Hospital kept us informed of the timeline for the evacuation process.

“The patients knew the storm was coming, from watching TV reports and from talking to their family members. They just had no idea of its impact.”

Flowers: “We decided as a team in the command center that we’d evacuate at dawn. There were trees down, and we felt it would be safer to wait until daylight, when we’d be able to see what we were facing on the roads.

“We had evacuated the facility about a year ago as part of a training exercise, but this was totally different. No matter how prepared you are it’s a little scary to wake patients and tell them they’re being moved.

“But to properly serve the needs of the community, we knew the hospital would need to be functional again as soon as possible. With our patients safely evacuated,
we needed to turn our attention to getting our department back up and running.”

**Aftermath**

Flowers: “So by about 8 o’clock Sunday morning, the cleanup crew the hospital had hired was on the scene, surveying the damage. They made it clear that while they’d take care of the heavy-duty repairs and cleanup, restoring our department to meet standards would be left to our team.”

Kolek: “We had a lot of phone calls to make that morning. We took care of cancelling our surgical and endoscopy schedule for the next day [Monday] before heading home.”

Flowers: “When we got back to work on Monday morning, everything had been moved out of the department. Once the surgical cases for the week were transferred to our other hospital, some team members went to Memorial to care for our patients while the rest stayed behind and started putting the department back together.”

Kathy Yowell, RN: “We actually had fun. Over the next 3-4 days, every piece of equipment in the department was unwrapped, rewrapped and sterilized. The entire department was thoroughly cleaned. And we all did it as a unit, bringing us even closer as a professional family.”

Nancy Dail, RN: “We had one goal — to be back in working order. Everything was inspected to ensure integrity. We worked diligently to reopen so we would be able to serve our community. It was all for them, and that’s what contributed to our teamwork.”

**The Moment of Truth**

Flowers: “Friday, Sept. 2, was our scheduled reopening — and we came back to a very full load on the docket. We had 18 endoscopy cases, plus a full OR schedule.”

Stacy Morean, RN-BC: “The department looked exactly the same; it was almost like nothing ever happened. We went right back to a full schedule — our doctors and patients kept asking, ‘How much damage was there? How much work did you have to do?’ We all had quite a story to tell.”

Flowers: “We actually put up a poster to visually tell our story to our patients and our community.”

Yowell: “When it was time to start work, we were at the doors of our department waiting for the okay to enter.”

Flowers: “The inspectors had to do one final check prior to us accessing the department — so we waited for them to take down the yellow tape, the barricade to our department.”

Yowell: “And then they took the yellow barricade down ... we all hugged, and gave a big cheer.”

Morean: “Then we all entered our department. It was time to get back to caring for our patients.”

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### 2012 National Best Nursing Teams

- Advocate Good Shepherd Hospital, Barrington, IL
- Community Memorial Hospital, Ventura, CA
- Danbury Hospital, Danbury, CT
- Dekalb Medical, Decatur, GA
- Dorchester Medical Center, Cambridge, MD
- Glendale Memorial Hospital and Health Center, Glendale, CA
- Hospital of the University of Pennsylvania, Philadelphia
- St. John’s Regional Medical Center, Joplin, MO
- Texas Health Presbyterian Hospital, Dallas
- Visiting Nurse Service of New York

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**Runners-Up**

- Nursing Education and Professional Development Department, Einstein Healthcare Network, Philadelphia
- 4D Congestive Heart Failure, MedStar Washington Hospital Center, Washington, DC
- Operating Room, Lehigh Valley Health Network – Cedar Crest, Allentown, PA
- No Falls Left Behind, Martha Jefferson Hospital, Charlottesville, VA

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**Best Nursing Team for Stroke Care 2012**

Advocate Good Shepherd Hospital

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Social occasions center on food and nobody’s more aware of that than those who have lost their ability to swallow.

“People who can’t eat become isolated because nobody wants to eat in front of them,” said Karol Waro, MS, CCC, speech-language pathologist at Sentara Home Health.

Sentara Home Health in Virginia Beach is one of a select number of area facilities offering an improved quality of life to patients with dysphagia. This adjunctive modality to traditional exercise unites electrical stimulation with the benefits of swallowing exercises. The combination allows clinicians to accelerate strengthening, restore function and help the brain remap the swallow. Research has demonstrated that combining these therapies results in better outcomes than using either one alone. Sentara offers this therapy in home health as well as the hospital setting.

Though electrical stimulation has been around for decades in physical and occupational therapy, it’s a relative newcomer to patients for dysphagia. The stimulation has existed in some form for approximately 10 years and the placement of electrodes was refined over time.

Though it’s the speech-language pathologist in charge of placing electrodes on the patient’s throat, the role of the nurse is arguably just as important. Sometimes doctors order a barium swallow test. Otherwise, nurses assess for coughing, drooling, weight loss and other signs of difficulty swallowing, and work with families to uncover the cause. “Nurses are usually the first person to see the patient and are the gateway to all the disciplines,” Waro said.

Supporting Swallowing

Oftentimes, both the speech-language pathologist and nurse help patients find the perfect therapy equation for the electrical stimulation. When combined with traditional therapy, the module is suitable for most patients, except those with advanced Lou Gehrig’s disease, a pacemaker or scar tissue in the throat due to radiation.

Commonly, patients with MS or Parkinson’s, or those who’ve had a stroke or even just a bad fall, are candidates for the combined therapy.

“Swallowing muscles atrophy in 2 hours,” said Waro. “If you stop swallowing because you’re using an IV, those muscles become weak very fast.”

With the electrical stimulation, clinicians find the patient’s weak area and place two electrodes in different places, such as the throat, tongue or larynx. While the electrodes are increasing from 0 to 25 incrementally, frequencies are also slowly increased to a level of 10-

13. Muscles contract after 2 minutes, then relax, then contract again. Concurrently, patients are performing oral exercises by producing a hard and fast swallow, followed by a dry swallow. If they can tolerate it, patients may swallow ice chips. If the patient is classified as high risk for pneumonia, a quick spray of water on the tongue also activates the saliva glands.

Though success rates are high, not all patients are open to the idea. “Usually, it’s a matter of sharing success stories,” confided Melanie Englan, BSN, RN, director of Sentara Home Health’s Virginia Beach branch. “It doesn’t hurt, but feels like ants are crawling on them. Knowing that gives patients a certain piece of mind. If the intensity is too high, it can be reduced. If patients still have concerns, Englan offers to let them try electrical stimulation on the hand first.

Even babies have undergone the therapy. Waro recalls one infant who was fed by a tube but constantly was choking and coughing. Once the pediatric electrode therapy started, the baby giggled and was then able to handle secretion.

Each session lasts just under an hour. Waro said it usually only take five or six tries before results start to appear in most patients.

Thickening Therapy

The luckiest patients regain full eating capabilities, but others only get to increase the consistency of their food. “If I had the choice between pureed foods or finely chopped, I’d rather have the finely chopped and at least know what I’m eating,” she rationalized.

Nurses are actively involved in helping patients adjust to the food consistency they’re most comfortable with. Whether it’s a matter of teaching patients to sit up during and after meals, or instructing families on adding a powder to the patient’s liquids, they can instantly see patients are making steps in the right direction.

It’s really returning a certain quality of life and independence to the patients,” said Englan.

Robin Hocevar is senior regional editor at ADVANCE.

Robin Hocevar is senior regional editor at ADVANCE.
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For the first time in at least a decade, Southeastern Pennsylvania has a new hospital, built from the ground up. Einstein Medical Center Montgomery, East Norriton, which opened its doors Sept. 29, boasts 363,000 square feet of pure luxury — or as close to luxury as a hospital can get. With 96 private med/surg rooms, a 22-bed ICU, 20-bed obstetrical unit and eight-bed NICU, even the littlest patients will have access to the care they need.

Hospital employees are thrilled about the amenities that come with the new facility, as well as the new emphasis on patients and their families. Among other things, everyone is excited about the large private rooms that have wall-to-wall windows to let in a lot of natural light.

“Even in areas that are interior like the neonatal intensive care unit, we were creative and found a way to bring in the natural light,” said Beth Duffy, COO at Einstein Montgomery. “We really tried to focus on a healing environment, and so many of our rooms overlook the Norristown Farm Park — it’s just a beautiful view for people to look at.”

“We have focused on including the families as part of the healing process for the patient, and the rooms offer a family seating area as well as open visiting hours,” said Ann Witkowski, MBA, BSN, RN, senior vice president and chief nursing officer at Einstein Montgomery.

While the list of patient and family amenities goes on — sleeper sofas in each patient room, mobile testing where possible and even flexible meal scheduling — Einstein Montgomery does more than care for its patients. It cares for its employees and the environment, too.

Nurses Have a Say
From its very inception, Einstein Montgomery has taken great care to incorporate not only patient-friendly technology and practices, but also staff-friendly designs and work flows. Before finalizing the building plans, the design team built full-scale mock-ups of a patient room, operating room, emergency department room, and a labor and delivery room in a nearby warehouse. With everything staged with the necessary equipment and furnishings, nurses and other staff were invited to walk through the mock-ups and offer their opinions.

“We got about 300 suggestions from the staff that were really good,” Duffy said. “Some of it had to do with where a receptacle was being placed; some of it was major design work that we committed to redoing because it made sense.”

Design
Once everyone had a say, the building forged ahead. The new nurse management system revolves around units of either 24 or 36 beds, which are further broken into 12-bed pods, each with two nursing stations and its own supply closet.

The new facility will also have a new electronic health record system, and designers knew they had to fully integrate the technology necessary for that system’s success.

The results of their careful research and planning are nursing alcoves between every two patient rooms, complete with a computer and a...
viewing window into both rooms. Nurses can input data and check on patients without disturbing them, which will come in handy for nightly rounds.

Benefits

Some features benefit patients, family members and hospital staff at the same time. Patient lifts in every room ensure both patient and staff safety, and mobile testing keeps the patient on their unit among caregivers who know them best, decreasing stress and unnecessary transfer time.

“A whole host of these kinds of features are really supportive of the patients, but of the staff as well,” Duffy said. “It will allow the staff to be spending more time with the patient and less time trying to organize their work day and get the things they need to take care of the patients. They will be able to provide the appropriate care to the patients in a way that is very satisfying.”

Even the TV system has a dual purpose, offering not only entertainment but also instructional videos that teach patients and their families about their illness, personal care upon discharge, medications and general wellness. It asks questions throughout the day about the patient’s comfort and satisfaction — giving providers even more information to help them take better care of their patients.

“Nursing practice will be enhanced by the increased information provided about the patient to the caregivers,” Witkowski said. “It will allow for more instruction … to ensure patients have accurate knowledge of how to care for themselves once discharged.”

Going Green

Behind all these new features and workflows is a foundation of energy efficiency and environmentally-friendly practices. Einstein Montgomery is built on what used to be an 87-acre golf course, and the design team worked hard to preserve more than 30 of those acres for open space. Indigenous plants that negate any extra watering populate the open space, helping save money, create a serene environment and reduce storm water runoff.

The building itself received LEED certification (Leadership in Energy and Environmental Design), but goes above and beyond in several categories. The hospital will use 30 percent less water and is 25 percent more energy efficient than required by LEED codes. Other green initiatives include the use of environmentally-friendly chemicals; the addition of bike racks and bus service; and the encouragement of staff, patients and their families to recycle.

Training

With all these innovations piling up in one new facility, training the 723 full-time equivalent employees transferred from Montgomery Hospital and about 250 new full-time equivalent employees was a huge hurdle for leadership. The team dedicated to developing a master training schedule worked with unit leaders to create a diverse training approach that used classroom education, computer-based training, and both building and unit orientation to help everyone get up to speed on the new equipment, building layout and staff workflows.

“My nurses are already skilled in giving great care to their patients,” Witkowski said. “Now they have new tools to reach new highs, which provides satisfaction to the patient — but also for the nurse.”

In the months leading up to the late September grand opening, every employee — including environmental service workers, nurses and physicians — received on average 96 hours of training. Nurses using the EHR on a daily basis and operating new equipment could have received up to 120 hours of training, Duffy noted.

Lessons Learned

From start to finish, building Einstein Montgomery was more than building a new hospital — it was about creating a destination for healthcare in the region. The design team knew right away that research, expert consultations and facility tours could only go so far to make the building user- and environmentally-friendly. Collaborating with hospital leadership and staff put Einstein Montgomery a step ahead of the rest.

“Nursing was involved in the selection of patient equipment, furniture and the processes of providing medication, treatment and testing for the patients,” Witkowski said. “Their eyes light up when they see how their words have created such a wonderful environment for them to work in and practice their profession! We are all thankful for the opportunity to have been part of such a wonderful creation.”

Rebecca Hepp is an assistant editor at ADVANCE.
Management

Eye-Opening Experience

There's nothing like firsthand knowledge to build understanding and communication

By Barbara Mercer

It's probably fair to say that, on some level, everyone wants to be acknowledged and understood; sometimes no more so than in their workplace. Sinai Hospital, a LifeBridge Health center in Baltimore, recently piloted a new program to help staff nurses and nursing managers get a glimpse of the challenges and triumphs each faces in her daily work.

As many great ideas do, this one started over dinner. Once a month, members of the nursing advisory council (NAC), comprised of a staff nurse from each unit, the vice president of patient care services and chief nursing officer, human resources representatives, a nurse manager and an advanced practice nurse, share a meal and discuss issues on the mind of the direct care nurse.

“This is a group where everyone is free to bring up sensitive subjects, thoughts or ideas,” explained Nancy Scherr, MA, RN, NE-BC, manager of ambulatory surgery and the GI diagnostic center at Sinai Hospital. “We have discussions and make plans to find out which things are feasible to act upon.”

During one meeting, staff nurses opened a dialogue about typical obstacles they faced in their daily patient care — did managers really understand?

Partnering with Deborah Mello, BS, RN, and Nikki Farrar, both nurse recruitment and retention consultants at Sinai Hospital, the NAC developed a concept they hoped would increase understanding and support of one another. The program, called Walk a Mile in My Shoes, was introduced via a packet that included an explanation of the concept, where a manager would shadow a nurse for 4 hours and a nurse would follow a manager. Also included was a survey to complete following the shadowing experience, a how-to guide and a badge that indicated the participant was not acting in their usual role during their shadowing time, but as an observer.

“We told nurses, ‘This will help you because you will get to show your manager exactly what your life is like,’” said Mello. “And we told managers, ‘This will help you, because it will provide a window into what you do.’”

Names were drawn out of a hat, and the sharing began.

Follow the Staff Nurse

Carol Pattison, MS, RN, NE-BC, manager of patient care services, the progressive care unit (PCU) and non-invasive cardiology, walked in the steps of Nelvin Glenn Ison, BSN, RN, a nightshift staff nurse on the PCU.

“I observed the busiest part of the shift, from 7-11 p.m.,” Pattison said. “We're still getting admissions and discharges [at that time], and initial assessments are done during that part of the shift, so it’s very busy.”

Ison noted he was a bit nervous at the prospect of having his manager trail him during his shift. “Being a bedside nurse in PCU/telemetry is tense, especially when your boss is observing you,” he said. But it turns out he need not have worried about making a good impression.

“I enjoyed watching how well Glenn [Ison] interacts with the patients,” Pattison said. “He’s compassionate and informative; he does a lot of teaching while he’s working. It always amazes me how smart my nurses are, just listening to the conversations between the nurse and patient, or the nurse and physician — it impresses me.”

Scherr and Linda Kirchner, RN, CCRN, were the first pair to shadow each other. From her perspective, Scherr found the experience “eye-opening.”

“I followed Linda [Kirchner] on a day she worked in the intermediate care unit, and I found some of the obstacles she encountered amazing,”...
Scherr said. “There was so much sensory overload, I don’t know how she concentrated, and the documentation process was complex. I saw that sometimes there’s not a straight line to get a job done, but [the nurse] has to go in a lot of different directions. It gave me an appreciation of how many steps it took to do something that [used to be] simple, because of how we document and the things we need to do [for the patient]. It’s not a matter of doing one thing; there are a lot of steps because our practice has changed."

That acknowledgement of the challenges nurses on the unit face was an important part of the Walk a Mile in My Shoes program. “We wanted to have an avenue of communication with our managers in which they could relate,” Kirchner explained. “Most of them have been staff nurses, [but] it may have been under different circumstances. We wanted to open a relationship with [our managers] where we could show how [bedside nursing] has changed. I think that was well-received and it gives the nurse an opportunity to talk to her manager from a different perspective.”

The revelations went both ways. “When it was my turn to follow Nancy [Scherr], it was extremely informative,” Kirchner recalled. “She does a lot of behind-the-scenes things that make the unit, the budget, and the schedules for both physician and nursing coverage work. It was amazing to me all the diplomacy she uses with the disciplines she encounters, and not just in a moment, but every day, 15 hours a day. And that’s something else I didn’t know; Nancy’s not a nine-to-fiver; she’s on call 24/7, she’s here on weekends and Sundays to troubleshoot, mend and reorganize. It’s a very complex job.”

**Lessons Learned**
Following their participation, nurses and managers completed a survey about the experience in which they described what they witnessed in terms of problem-solving, challenges being overcome and any recommendations or suggestions they had. Already, real-world change has come from the program.

When Patti Bell, MS, BSN, RN, CPN, pediatric and PICU patient care manager, shadowed one of her staff nurses, she had an opportunity to see firsthand a housekeeping issue her staff had become frustrated with.

“Staff had been talking about how with nightshift staffing changes, PICU trash wasn’t always getting emptied when needed,” Bell said. “I met with the director of housekeeping, and we figured out a plan: we made sure trash and linens were pulled just before the nightshift and first thing on the morning shift [when staffing was more optimal]. Had I not seen it with my own eyes, I wouldn’t have realized what a dissatisfier this issue was.”

On the management side, an effort has been made to reduce the number of mandatory meetings so managers may be more visible on their units, just one more way of encouraging communication.

Walk a Mile in My Shoes wasn’t a once-and-done experience. Staff nurses and managers have expressed an interest in repeating the experience to gain more understanding of their counterparts’ roles.

“We’re hoping to do this once a year,” Mello said. “Everybody wants their job to be understood by someone else, and this is a start.”

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Barbara Mercer is a contributor to ADVANCE.

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Magnet Hospitals Hone Their Nursing Skills

See what regional hospitals are doing to reach Magnet recognition — and keep it

By Rebecca Hepp

Working toward Magnet recognition takes years of hard work and preparation, and, as Bill Hudson, BSN, RN, OCN, Magnet program director at Penn Presbyterian Medical Center (PPMC), said, “the award never really ends.”

“It is something you have to maintain,” he continued. “You have to constantly make an impact for patients, families, nursing staff and the hospital overall.”

While some hospitals are striving toward initial recognition, others are in the maintenance phase and on the road to redesignation. But no matter where your hospital is on the journey, sharing best practices is a step in the right direction. Three hospitals in the region shared their ongoing Magnet journey with ADVANCE.

Designation

PPMC, a large community hospital serving West Philadelphia, is celebrating its first recognition this year; but when Hudson came on board 4 years ago, he knew some big changes had to take place before PPMC could move ahead on its Magnet journey.

“The first thing we needed to do was institute a strong shared governance structure to support the blueprint Magnet sets for us,” Hudson explained. “It’s a way of getting the voices of direct care nurses to administration and also involving the whole hospital in developing best practices based on the Magnet literature and research.”

Shawn Deutsch, RN, nursing shared governance lead at PPMC, joined the team and helped make the transition toward collaboration with the bedside staff. Deutsch listed some positive outcomes — new linen service, different dietary vendor and a navy blue nursing uniform that helps patients identify nursing staff — that contributed to the Magnet recognition. But that’s not the end of the story for PPMC.

“The first thing you have to do after getting your first Magnet designation is keep the momentum going,” Deutsch said. “Just because we received Magnet designation doesn’t mean it’s an end and that we are perfect. … There are more things we can improve upon.”

Next Steps

In Wilmington, DE, Christiana Care Health System is keeping the momentum going and is now 2 years away from redesignation. As reapplication takes shape, the nursing team continues to improve through Magnet-inspired initiatives; one being an online peer review process that supplements performance evaluations.

“We are now at the point where nurses are really providing the opportunities for improvement to one another,” said Janet Cunningham, MHA, RN, NEA-BC, CENP, associate chief nursing officer and vice president for professional excellence.

Christiana Care also encourages its nurses to continue their own educational journeys by offering tuition reimbursement and on-site preparation for nursing certification.

“We really have grown the number of certified nurses, as well as advanced degrees for our bedside nurses,” said Diane Talarek, MA, RN, NE-BC, chief nursing officer.

“To make this easier in this economy, in many of the instances, we prepay for the programs so nurses don’t have to.”

Even in the midst of this never-ending journey, Christiana Care knows the Magnet journey is working for them.

“Prior to our designation, I had visited some Magnet organizations and, as you walked around, they felt different; there was something about them,” Talarek said. “People tell me that now, at Christiana. I know we are there because other people feel it.”

Redesignation

The Hospital of the University of Pennsylvania (HUP) knows what Talarek means, having recently earned Magnet redesignation. With the help of Victoria Rich, PhD, RN, FAAN, chief nurse executive at HUP; Danielle Flynn, MSN, RN, former Magnet program director, led a team of more than 20 experts, hospital leaders and front-line clinical nurses to write the document and prepare for the site visit.

“The beauty of that was that we got the breadth and the depth of understanding of what was happening in a very large academic medical center,” Flynn said. “What really transpired as a result of that was a true appreciation for excellence in areas traditionally not looked at within the silos.”

Through the redesignation process, HUP helped its nurses think beyond process outcomes and, in turn, moved central line-associated bloodstream infections metrics to zero, decreased catheter-associated urinary tract infections and increased patient satisfaction related to communication significantly.

“Not only did we meet the Magnet metrics compared to our peer group, we excelled in meeting those metrics relating to patient satisfaction, nursing sensitive outcomes and RN satisfaction,” Flynn said.

Future

Now that HUP is over the first redesignation hurdle, Flynn is moving on to a bigger project: building a basic infrastructure to prepare Penn Home Care and Hospice services for its own Magnet journey.

“This would really put them in a position of being the first home care agency to have Magnet status,” Flynn said. “We really want an interdisciplinary Magnet journey toward excellence in patient care and outcomes.”

Rebecca Hepp is an assistant editor at ADVANCE.
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