“The ABC’s of Nursing” is a collaboration of the work of different councils, teams, individuals, and leadership. This publication highlights our growth as individuals and as a team, as well as some of the many successes—and even challenges—we experienced throughout 2009.
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Dear colleagues,

I am delighted to share with you Penn State Milton S. Hershey Medical Center’s Annual Nursing Report for 2009. This annual report will highlight key initiatives, processes, and outcomes that nurses have achieved during the past twelve months.

As a designated Magnet hospital, we are dedicated to the pursuit of excellence in patient care and providing exceptional care in collaboration with all of our physician colleagues and members of the health care team. Our patient-care model focuses on professionalism, collaboration, quality and shared accountability.

Our nurses strive to develop their relationships with patients and their families, their fellow nurses, physicians, and colleagues throughout the Medical Center. They are committed to continuous improvement and are acutely aware that excellence is a team endeavor.

Nursing is a profession that combines science and art with caring for individuals on a day-in and day-out basis. As the CNO, it is not uncommon for me to hear directly from patients and their families. “The care was more than what one would expect. I thought the nurses went above and beyond the call of duty.”

Those sentiments are the words of just one appreciative patient. We touch many people every day in so many wonderful, magical ways. People come to Hershey for the best medicine. They also come for the best patient care.

On behalf of the Departments’ Leadership Team, I would like to say thank you to each and every nurse for your hard work and the kind and compassionate care you deliver. You deserve the credit for helping nursing achieve excellence. Most importantly, you make a direct difference in level of care the Medical Center is able to deliver to our patients and their families.

Looking to the year ahead, we can be certain that much will change. Change is a constant. But there are other constants we can rely on: our commitment to expanding opportunities for nurses, continuing to leverage the power of collaboration, and dedication to our goal of providing state of the art health care services to the people of central Pennsylvania.

Sincerely,

Donna L. Reck, M.S.N, R.N, C.N.A., B.C.
Chief Nursing Officer
Department of Nursing
SPRING NURSING AWARDS

Donna Reck, M.S.N., R.N., N.E.-B.C., chief nursing officer, presented several nurses with awards recognizing excellence in leadership, research, and clinical practice at a ceremony on May 6, National Nurses Day, and the first day of National Nurses Week.

Paula Labonte, B.S., R.N.-B.C., nurse manager, six acute care medicine, received the Donna L. Reck Administrative Leadership Award for demonstrating a commitment to service excellence, assuming a leadership role in organizational initiatives, mentoring others, and consistently communicating with her staff. Labonte began her career at Penn State Hershey in 1991. She is considered a valuable resource to her colleagues, and supportive of her fellow managers.

Mary Lou Daxton, R.N., staff nurse, four acute care, received the RN Excellence in Clinical Practice Award. She was recognized for her role in the hospital-wide VTE prophylaxis initiative, collaboration with the Connected™ team in designing workflow enhancements, and the compassionate and quality nursing care she delivers at the bedside. Daxton, a nurse at Penn State Hershey since 2004, serves as the chair of the Nursing Practice Council, and is a nurse clinician IV on the professional clinical ladder.

Sherry Troain, L.P.N., surgery specialties clinic, received the LPN Excellence in Clinical Practice Award. Troain, a nurse at the Medical Center since 1989, began her career in labor and delivery and obstetrics. She joined the surgery specialties clinic in 2000 where she has worked with several interdisciplinary surgical teams. Troain's nurse colleagues consider her a valuable resource to patients, peers, residents, and faculty.

Tamara Burket, M.S., A.C.N.S.-B.C., G.C.N.S.-B.C., C.C.R.N., care coordination, Larry Houser, R.N., six acute care medicine, and Paula Labonte, B.S., R.N.-B.C., six acute care medicine, received the Nancy R. Kruger Award for Clinical Scholarship for their article “Falls Prevention for Elders in Acute Care: An Evidence-Based Nursing Practice Initiative” published in Critical Care Nursing Quarterly 2008. They developed an evidence-based nursing intervention plan to reduce the number of patient falls on the six acute care medicine unit. The nursing initiative led to a decreased number of falls and increased patient satisfaction.
INAUGURAL FALL NURSING AWARDS

Donna Reck, M.S.N., R.N., N.E.-B.C., presented twelve Penn State Hershey Medical Center nurses with scholarships and awards at the first Fall Awards luncheon in September.

Six nurses each received a $1,000 Lois Weninger Forney Nursing Excellence Award. The award is presented to outstanding nurses to further their professional careers through education or scholarly activities.

- Jennifer Calhoun, R.N., C.C.R.N., P.H.R.N., clinical head nurse, Heart and Vascular Intensive Care Unit
- Vicki Cover, R.N., C.C.R.N., staff nurse, float pool
- Amanda Ebbert, B.S.N., R.N., staff nurse, 7 pediatrics
- Lori Merkel, B.S.N., R.N., staff nurse, Neonatal Intensive Care Unit
- Molly Stametetz, B.S.N., R.N., staff nurse, Medical Intensive care Unit
- Jennifer Young, B.S.N., R.N.-B.C., staff nurse, Heart and Vascular Intermediate Care Unit
AWARDS

Five nurses each received a $1,000 Elizabeth Powers Carlino Nursing Excellence Scholarship award to support their professional career growth through the pursuit of higher education in an accredited nursing program.

- Lori Bechtel, B.S.N., R.N., nurse manager, Neuroscience Integrated Care Unit
- Amy Cutman, R.N.C., clinical head nurse, women’s health unit
- Mary Louise Kanaskie, M.S., R.N.C., A.O.C.N., clinical nurse educator, nursing education and professional development
- Christine Kramer, L.P.N., clinic nurse, Nyes Road specialties
- Kelly Rotondo, M.S.N., R.N.-B.C., clinical nurse educator, nursing education and professional development

Kathy Morrison, M.S.N., R.N., C.N.R.N., Stroke Program manager, received the Nursing Community Service Award. This award, funded by the Association of Faculty and Friends, recognizes a nurse’s outstanding commitment to community service. Morrison chose Penn State Hershey Stroke Program to receive the $250 to benefit community outreach efforts.
In March 2008, the organization began a series of projects under the umbrella of capacity management. One project that took place in the second half of 2009 was bed realignment. From a nursing perspective, the effort was implemented to:

- Maintain service line aggregation and efficiencies
- Match clinical staff to the patient volume
- Promote fiscal responsibility
- Provide care for patients in the most suitable locations

Jim Fenush, Jr., M.S., R.N., Assistant Director of Nursing, and Sara Tipton, M.S.W., program manager, led the team using a project management approach to guide the project. This approach helped organize a number of complexities and organizational resources. Nursing responded to changing conditions within the bed realignment project while continuing to provide excellent and uninterrupted patient care in a fiscally responsible manor based on patient volumes.

Units affected by the move included:

- Cancer Institute inpatient unit
- Heart and Vascular Intensive Care units
- Medical Intermediate Care Unit
- Medicine and family and community medicine
- Neurosciences
- Orthopaedics and surgical specialties
- Surgery and trauma
- Surgical Intermediate/Intensive Care units
The Collaborative Care Transition Model (CCTM) is the professional practice model that guides and directs all components of nursing at Penn State Hershey. The Nursing Care Delivery System is just one component that is integrated within the CCTM. In 2009, focus was given to implementing a Care Delivery Model throughout the inpatient nursing department, with a goal of house-wide implementation. Leadership education was initiated and a follow-up forum focused on the language and metrics of the Care Delivery Model. The leadership forum discussed educational resources, process improvement strategies, and outcome measurement of care delivery. Several units have successfully implemented the Care Delivery Model, and serve as prototypes to develop innovative ways to promote consistent, effective, efficient, and responsible nursing care.

The Magnet re-designation process provides the opportunity to further refine and strengthen the Nursing Care Delivery System at the Medical Center. The goal is to raise awareness that the Care Delivery Model is the manner in which care is delivered each and every day, and that nursing practice within the context of a model leads to a better understanding of the nursing skills needed within specific care situations. This evaluative process will provide further guidance to implementing professional nursing practice strategies, and will strengthen the linkage of nursing care interventions to quality patient outcomes.
DIVERSITY

The staff on six acute care held their second annual Diversity Lunch and Learn during Nurses Week. Staff provided information on nursing practices in various countries. Some staff provided educational material, others cooked, and many shared a meal together. This year, with the display of Lebanese photos, books, and foods, nurses and their physician colleagues had the opportunity to learn the correct pronunciation of “meghli” from a medical student from Lebanon and from one of the secretaries in administration. The food and the venue provided a unique opportunity for conversation and sharing. Some of the profiled areas included Lebanon, China, Germany, Ireland, and Mexico.
Empirical outcomes are the quantitative and qualitative “proof” that the quality and process of nursing care directly affected patient care. The Data Analysis Team (DAT) has taken a new and different approach to empirical outcomes. They worked together to develop a new logo and process of looking at the data, supporting the data, and evaluating the data. A toolkit for all members of the DAT was developed, and consists of best practices for nurse-sensitive indicators that are well above the mean, action plan templates, and a contact person in the Division of Nursing Quality and Informatics as a resource. The new logo of Zero is Our Hero emerged to encourage staff to always chase zero: zero falls, zero pressure ulcers, and zero urinary tract infections are a few examples. The members have been sharing best practices as well as their ideas of how to display and distribute information to each and every staff member in their unit as described by a unit’s DAT board illustrated to the right.

The team also has implemented clinical peer review as a strategy to bring awareness to the quality of our nursing care. Where once the term “peer review” was thought to be a negative term and a form of discipline, it is now incorporated as a tool to evaluate the documentation of pressure ulcers, falls, and vaccine compliance.
The inpatient hospital fall rate dropped in 2009. A reason for this success is the diligent work of the Data Analysis Team nurses and the higher awareness that this data is being monitored so action steps can be taken in a timely manner. Six acute care lowered its number of falls, and staff worked diligently to further decrease their numbers. For two quarters the numbers increased. As a result, the unit introduced hourly rounds on all patients, and reviewed each fall to identify trends and potential root causes.

The Medical Center had a fall rate below the mean for 2008 and for every month during the 2009 calendar year.

The Falls Task Force, created in August 2009, strengthened the hospital’s fall precaution policy, and revised the patient handout for fall precautions. The team will use these improvements to help further decrease the Medical Center’s hospital fall rate.
Nursing Grand Rounds are presented on a monthly basis at the Medical Center by the Department of Nursing’s Education Council. Topics throughout the year included how substance use can affect professional careers, hemophilia bleeding disorders and nursing care, risk management and patient safety, and stress urinary incontinence and what can be done. One of the most popular sessions of the year was presented by Janet Crawford, M.B.A., M.S.N., C.R.N.P., R.N., former program manager and chief flight nurse for Life Lion, and entitled, “I Saw the Light, Am I Crazy?”

Nursing Grand Rounds presentations are available on the Nursing Web Portal under NGR On Demand, and continuing education credits can be earned by those who qualify.
HEALTHCARE-ASSOCIATED INFECTIONS

Reducing healthcare-associated infections is a top priority for the Medical Center. This year, the Department of Quality and Infection Control, along with the Department of Nursing, implemented three major initiatives in the fight against infections.

**MRSA**

In April 2008, the Infection Control Department established housewide MRSA PCR admission screenings so those patients with community-acquired MRSA are readily identified and contact precautions can be initiated quickly to decrease the potential for MRSA transmission to other patients. Prior to September 2009, patients continued in MRSA precautions since there was not a protocol to remove them from contact precautions. Responding to and in collaboration with Nursing and Virology, Infection Control implemented a successful MRSA discontinuation policy based on PCR rescreening after one year from the most recent MRSA date. As a result, almost 100 patients in the past four months have been removed from MRSA contact precautions.

**H1N1**

To reduce the possibility of H1N1 influenza transmission and staff exposure, Infection Control, in collaboration with Information Technology, Employee Health, and Virology, instituted an electronic droplet precaution order every time a direct immunofluorescence (DFA) influenza was ordered. Although both physicians and nurses can order droplet precautions, this measure was implemented as a fail safe mechanism in the event that a droplet precaution was not ordered.
The Departments of Infection Control and Nursing, along with several ancillary hospital services, started a Contact Precautions Working Group to revise and seek input on a Contact Precaution Policy that reflected the reality of the everyday work environment. The infection control team joined employees from Patient Transport on a normal workday and consulted with staff in the Departments of Environmental Health Services, Respiratory, Radiology, and others in order to identify performance obstacles.

As a result, a lack of availability of Purell® dispensers and disinfectant sanitizer wipes, primarily on the nursing units, was identified as a performance obstacle. Therefore, an intense effort was initiated by the Departments of Infection Control, Nursing, Safety, Environmental Health Services, and Facilities to install as many Purell dispensers as possible while staying in compliance with fire regulations. As a result, 190 new Purell dispensers were installed. Staff feedback has been positive and more staff have been observed performing hand hygiene.

Additionally, 160 disinfectant sanitizer wipe brackets were installed, mostly in patient rooms, to facilitate disinfection of hospital equipment, such as stethoscopes. These efforts in hand hygiene have been valuable in containing the H1N1 epidemic. Moreover, it was a positive model for multidisciplinary collaboration and implementation among the areas involved.

Another piece of this redesign was the rollout of isolation carts. The carts are filled daily with isolation gowns and disposable supplies necessary to care for a patient in contact isolation. The carts have been a great success and have enhanced our compliance with Contact Isolation Precautions.
Penn State Hershey Heart and Vascular Institute’s (PSHVI) heart failure program has earned the Gold Seal of Approval™ for health care quality from the Joint Commission. To earn this distinction, PSHVI underwent an extensive, unannounced, on-site evaluation by a team of Joint Commission reviewers. The program is evaluated against Joint Commission standards through an assessment of a program’s processes, the program’s ability to evaluate and improve care, and interviews with patients and staff.

Heart failure certification is one of several disease-specific certification programs launched by the Joint Commission in 2002. It is the first program of its kind in the country to certify specific disease management. A list of programs certified by the Joint Commission is available at www.jointcommission.org. PSHVI is also certified for its ventricular assist device program.
The bed realignment project and the expansion of the SICU and Heart and Vascular Institute resulted in 114 nurses being transferred to new units and required specialized education during 2009.

The Division of Nursing Education and Professional Development provided an individualized education plan for each transferring R.N. based on clinical experience and standardized testing. Classroom sessions, web-based learning, seminars, walking rounds, and case studies were utilized to meet the learning needs of a wide variety of transferring staff. Specialized preceptor training was provided on the unique learning needs of the transferring nurse. Previously, preceptor education had been mainly focused on orienting graduate nurses. This major educational initiative was completed while still orienting a total of seventy-six graduate nurses during 2009.
Penn State Hershey Life Lion Critical Care Transport received the Commission on Accreditation of Medical Transport Systems (CAMTS) accreditation. Life Lion Critical Care Transport, a rotor wing and ground ambulance service, provides highly skilled emergency transport care.

Accreditation requires verification of specific care criteria to ensure high levels of patient care and safety. These accreditation standards are periodically revised to reflect the dynamic, changing environment of medical transport with considerable input from all disciplines of the medical profession. The criteria are used to measure a program’s quality. To obtain full accreditation, a medical transport service must be in substantial compliance with accreditation standards.

Life Lion has transported more than 27,000 patients without incident since its inception in 1986. Today, Life Lion transports more than 1,400 patients a year and is committed to providing patients the safest and most highly skilled critical care transport possible.

The Medical Center is one of only a handful of medical facilities in the country whose critical care transport service uses a Global Positioning System (GPS) approach and an on-site Automated Weather Observation System.
MAGNET

MAGNET CONFERENCE

Twelve Medical Center nurses traveled to Louisville, Kentucky for the 2009 ANCC National Magnet Conference. Vicky Schirm, Ph.D., R.N., Julie Becker, M.S.N., R.N.C., and Pamela Meinert, Ph.D., R.N., F.N.P.-B.C. presented a podium session titled “Nursing Research and Nursing Education Councils Empower Nurses for the Scholarship of Practice” on the work the Department of Nursing has conducted related to evidence-based practice. They described successful outcomes of a family visitation project conducted by the Nursing Research Council and results of the 2007 Educational Needs Survey developed by members of the Nursing Education Council.

Meinert also presented “Reengineering the Preceptor Model: Strategies for Staff Satisfaction, Retention, and Development,” which highlights the Team Preceptor Model that incorporates both novice and expert preceptors. Here is what a few of the other attendees had to say about their experience at the conference:

“A great arena to network with other Magnet hospitals! Excellent ideas as to how storytelling can be aligned with our goals and missions!”

- Linda Domovich, B.S.N., R.N., C.P.N., manager, Hope Drive pediatrics

“I am looking forward to using some of these ideas to support our nurses in the perpetual process of improving our patient care.”

- Julie Becker, M.S.N., R.N., clinical nurse educator, women’s health

“The Medical Center staff is not alone in the challenges we face to provide quality care to our patients. While networking, I realized we are all lucky to work at this Magnet facility. We need to appreciate all that is happening here and the fact that we are able to be involved and make a change.”

- LeAnn Ream, B.S.N., PH.R.N., R.N., staff nurse, HVICU, Nursing Practice Council chair

MAGNET RE-DESIGNATION

Magnet designation awarded in 2007 is nearing the re-designation process. Evidence will be submitted for re-designation in August 2011. The council structure will be used to assess current processes and programs, and identify opportunities to enhance what is in place, or develop new programs to improve the quality of care and the work environment for all staff.

Seventeen interdisciplinary teams are working within a charter that defines their focus. The teams’ work is based on the new Magnet model which, according to the ANCC, “guides the transition of Magnet principles to focus health care on achieving superior performance as evidenced by outcomes.”
Nurses Week, held annually from May 6-12, was filled with a variety of activities planned by the rewards and recognition subgroup of Nursing’s Quality of Worklife Council. The schedule of events honored, recognized, and rewarded our nurses for the care they provide and the lives they touch every day. With the theme, Penn State Hershey Nursing: Building a Healthy Community, activities included an awards ceremony (see letter A), grand rounds, picnics, ice cream socials, the Clinical Ladder Breakfast, the second annual Chocolate Challenge, a Community Day celebration, and a presentation by Elizabeth Klaviter, television writer and researcher, entitled “How Grey’s Anatomy and Private Practice Get It Right.”
BUILDING A HEALTHY COMMUNITY
Nurses Week—May 6-12
2009

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OUTPATIENT

Everyone at the Medical Center has an opportunity to affect and influence the patient’s experience. The Pediatric Sub-Specialties clinic put a lot of hard work and effort into increasing the positive outcomes of a patient’s experience. Changes were made to help the nursing staff, clinic staff, and multiple providers. Three key areas that the team focused on were teamwork, mutual respect, and communication.

The clinic reorganized its space to maximize room utilization and improve overall clinic efficiency. Patients receive a folder of key papers and forms to keep with them throughout their visit. Hand-off communication between nursing staff and providers was enhanced through the use of white boards. Patient education bulletin boards were put in place to help families better understand their role in their child’s health care journey.

These changes made the clinic more accessible and patient friendly. Additional way-finding signs were added to the hallways and lobby. Patient areas were redesigned to include more lighting and increase privacy. Staff members used personal time to help decorate the rooms with different kid-friendly themes.

Finally, through the outpatient Quality of Worklife Council, new ideas on how to bring the staff closer were implemented. Celebrating life events (birthday's, retirements, weddings, and anniversaries) and life's trials (illnesses and other hardships) were encouraged among all staff.

All of the team's hard work has paid off as patient satisfaction scores increased across the board.

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PATIENT SATISFACTION

Following is a small sample of the hundreds of positive comments our nurses receive through the Press Ganey patient satisfaction surveys. Their dedication and commitment to patients truly help to make their visit (along with their families) more comfortable.

“Nurses were not only concerned with my son’s comfort, but mine and my husband’s as well.”

“All of the nurse’s attention, care, and concern were of a professional nature.”

“The nurse was fabulous! She was cheerful and showed that she enjoyed her job. I would hope that if I ever have to take another one of my children to the ER–she would be our nurse.”

“Nurses were sympathetic and professional, and very good about explaining procedures.”

“The nurse who administered my IV and drew blood did so very well. She was very skilled and quick and she was extremely friendly.”

“I liked that the nurses had a sense of humor.”

“My nurse was very friendly and attentive. She answered all of my questions and was very easy to talk to. A wonderful nurse!”
QUALITY OF WORKLIFE

The Quality of Worklife Council ensures a positive work environment and high staff job satisfaction. Oversight responsibilities include staff satisfaction and retention, reward and recognition, team relationships, and the work environment.

The Reward and Recognition Subgroup of the Quality of Worklife Council planned and executed Nurse’s Week and the annual awards dinner. The group also developed additional nursing awards that were given out during the year to provide staff with more opportunities to celebrate what it means to be a Penn State Hershey nurse.

The council held a forum on professional boundaries, where they reviewed the PA Professional Nurse Practice Act and engaged in discussion about real life situations. Department members took this information to their unit Quality of Worklife Councils for further discussion. They also held a Scheduling Best Practice Clinic where representative’s brought a member of their unit’s scheduling committee to the October meeting to discuss guidelines and contract rules.

For 2010, the council will expand on the best practice clinic discussions to topics of workplace civility, and the unique challenges of night shift staff participation in councils.
Nurse recruiters at the Medical Center continued to have an active year, despite the economic downturn and a selective hiring freeze. They attended seventeen college and university nursing career days, the Student Nurses Association of PA conference in November, three national nurse practitioner conferences, and eight major nursing conventions. The team hired forty graduate nurses for the January 2009 Graduate Nurse Internship and thirty graduate nurses for the Summer 2009 Graduate Nurse Internship.

Between July 2008 and June 2009, the team placed 126 new registered nurses in positions at the Medical Center with 191 internal transfers. Between July 2009 and December 2009 more than thirty-five registered nurses had been hired.
From decision to incorporation into clinical workflow, the conversion of paper intra-operative nursing documentation to digital technology was a project that spanned two years. The implementation date was May 3, 2009.

In the beginning, nursing was part of an interdisciplinary team consisting of operating room nursing, leadership, scheduling, sterile processing, supply and distribution, anesthesia, chief of surgeons, as well as pharmacy and information technology.

The project then included direct care nursing staff and clinical head nurses in the design, testing, education, implementation, and ongoing maintenance of the technology. Currently, no changes are made to the intra-operative documentation without the approval of the Operating Room Practice Council and the Unit Leadership Council.

With the use of a technical tool, the operating room staff has had the ability to evaluate the data and develop process improvement plans based on the outcomes. Some examples include pressure ulcers, and urinary tract infections. Along with analyzing data, the intra-operative document also had improved the time out process prior to a patient procedure by utilizing technology in an innovative way to assist the operating room nurse in completing the regulatory requirements to ensure the right patient, right procedure.

This year an organization-wide initiative was developed to improve efficiency, capacity management, and optimal throughput of patients. A nursing-led interdisciplinary team of staff nurses, physicians, IT engineers, and nursing leadership developed an innovative approach to assist with achieving the following goals:

- Integrate nursing practice with IT systems to enhance process and increase patient throughput efficiency;
- Provide nurses capacity management tools to improve their daily work environment;
- Create new processes and protocols designed to efficiently meet patient support needs;
  - Standardize training and education of electronic systems to enhance nursing practice; and
  - Develop accountability by establishing metrics, reports, and associated management tools.

These collaborative endeavors decreased average length of stay from 5.61 to 5.30 days, and reduced average patient transport times from 38 minutes to 31 minutes, while increasing support to the nursing units.

Standardized education and increased nurse awareness of capacity management tools improved throughput awareness. Our experience illustrates that involving our nurses in capacity management efforts improves efficiency through better patient placement and raises staff nurses’ understanding of the significant role they have in patient placement that results in high-quality care.
TRANSFORMATIONAL LEADERS

Excellence is not a destination, it’s a quest. Outlined by the Magnet Recognition Program, one of the components of this journey is transformational leadership. What does that really mean? According to Webster’s II New Riverside Dictionary, 1996, transformation is defined as “to change the nature, function, or condition of.” Therefore, transformational leadership are those leaders that change the conditions of nursing’s work processes and environment. Penn State Hershey has many examples of transformational leaders. At the helm is Chief Nursing Officer (CNO) Donna Reck. It is vitally important that the CNO be a knowledgeable leader who develops a strong vision for the Department of Nursing. Reck has demonstrated this through her 360-degree strategic planning process, advocacy for all nurses in the organization, and influence for top-level decisions made at Penn State Hershey. Transformational leadership is practiced in the Department of Nursing as evidenced by the fact that nurses’ voices are heard, input is valued, and our practice is supported.

We also have leaders at the bedside. LeAnn Ream is one example. As chair of the department’s Nurse Practice Council she feels being a leader means she has earned respect from her peers. This is evidenced by the choice to elect Ream into the Nurse Practice Council Chair role. Her peers look to her for guidance, direction, support, and encouragement. Ream states, “As a leader, I will recognize their strengths, respect confidentiality, and always try to be honest with them. I understand that we are a team. A good leader is not alone. The more we work as a team, the stronger we will be.”

“WHAT DOES BEING A LEADER AT THE MEDICAL CENTER MEAN TO YOU?

“My job here as a nurse leader is to bring out the best in the nurses that I come in contact with. Mentoring and developing nurses is at the forefront of my everyday duties. By listening to nursing needs and working through those needs, resources can be obtained to effectively enable managers to build strong teams.”

–Rita Barry, B.S.N., R.N., chair, Clinical Services Management Council

“A good leader sets the mood by his or her shining example to be involved and work with their team. The leader “inspires” respect from her staff and the result is that the staff, will proudly and willingly represent the department and/or unit.”

- Toni Petroski, R.N., C.C.R.N., chair, Hospital Education Council

“A leader listens, is compassionate, has a vision for the group, can handle different things, and has no ego.”

-Beth Rohrer, M.S.N., R.N., C.C.R.N., chair, Nursing Research Council
New intensive and intermediate care units for Penn State Hershey Heart and Vascular Institute were under construction for the first half of 2009 on the first floor of the hospital. Their new home was previously an outpatient rehabilitation clinic and what was formerly known as the South Lobby of the Medical Center.

More than the physical space was under construction. In September, new spaces opened to patients with new equipment as well as new practice guidelines for infection control. These guidelines are intended to enhance current infection control practices and further reduce the risk of healthcare-associated infections. Infection control guidelines for health care providers and visitors in the HVICU or HVIMCU include:

- Everyone including family members and visitors must wash or sanitize their hands immediately upon entering the units.
- Nursing staff, physicians, CRNPs and all direct care providers in the HVICU and HVIMCU wear hospital-issued scrubs. These scrubs are hunter green for ease of identification. Staff change into scrubs on arrival to work and change out of scrubs on departure at the end of a shift.
- Lab coats are worn over scrubs if it is necessary for the care provider to leave the work area.
- Each staff member should have designated shoes that are not worn outside the hospital.
In 2009, the work of the Nurse Practice Council Venous Thromboembolism (VTE) Subgroup became a cooperative effort between the Nursing Quality Group and the Nursing Practice Council. The group analyzed compliance with use of ordered mechanical VTE devices by nursing staff based on their electronic documentation. Data are posted and monitored on the Data Den site of the Nursing Web Portal, thereby providing updates on the status and completion of phase one goals.

The initiative was enhanced this year by the addition of a new member, a dedicated quality analyst, and by documentation enhancements allowing for improved compliance monitoring of Coumadin patient education.
WHAT DO YOU LIKE ABOUT BEING A NURSE AT PENN STATE HERSHEY MEDICAL CENTER?

“Being at the Medical Center has provided me with flexibility and room for growth in my career.”

- Bill Chenoweth, R.N., nursing quality

“It’s a people thing! I like the people here.”

- Patricia Monk, B.S.N., R.N., Cancer Institute inpatient unit

“The best part about working at the Medical Center is that I get to work with a tremendous group of people!”

- Kathy Piasecki, R.N., heart and vascular outpatient care

“I love the patients, their families, and everything about them!”

- Cynthia Campbell Baird, R.N., O.C.N., hematology/oncology

“I like the opportunities that we have to be able to take care of the really sick patients that other hospitals refer to us for care.”

- Kathy Morrison, M.S.N., R.N., C.N.R.N., Stroke Program

“My patients.”

- Linda Bears, R.N., apheresis lab

“I like the acuity and variety of patients that we see here everyday.”

- Vicki Cover, R.N., C.C.R.N., critical care float pool

“I enjoy working with the different variety of people.”

- Angie Green, R.N., endoscopy

“The dedication of the nurses here make it enjoyable for me to come to work.”

- Pat Drobnick, R.N., C.N.O.R., plastic surgery clinic

“I enjoy the variety and challenge that each day presents.”

- Charlotte Robinette, R.N., C.R.N.I.

“The opportunities for growth and change.”

- Carol Tringali, M.S., R.N., A.O.C.N.S., Cancer Institute

“I like being a nurse at the Medical Center because of the professional collaboration among colleagues.”

- Kristine Reynolds, M.S.N., R.N., Cancer Institute
The Nurse Practice Council strives to provide an exemplary professional practice environment for the Department of Nursing at the Medical Center. Major areas of responsibility include developing evidence-based policies, procedures, and practice standards; identifying and resolving practice issues; collaborating with nursing clinical quality and safety; and working to ensure compliance with the Joint Commission, Department of Health, and the Pennsylvania Board of Nursing.

In 2009, the council developed a direct electronic link from the Clinical Practice Manual to specific procedures in the Lippincott Manual and linked pertinent policies from the hospital and nursing administrative manuals to the Clinical Practice Manual. They developed and implemented a new policy standardizing lab draws and accessing central lines.

The council worked closely with the Pharmacy and Connected™ teams to develop and implement a narcotic waste policy.
YOU
ZEALOUS!

CLIMB PROGRAM

Rena Kass, M.D., and Michelle Farnan submitted a grant application to the American Cancer Society and were awarded $30,000 to bring the Children's Lives Include Moments of Bravery (CLIMB) program to the Medical Center. CLIMB is a free, six-week program designed to help children cope when someone they love has cancer. Each week, the child attends a session focusing on a select topic and related craft project. The child's loved ones are welcomed into a support group at the same time. The program increases their understanding of cancer and its treatment, and allows children to form new friendships and bonds with others going through the very same thing.

Z

Z may be the last letter of the alphabet but there are many more accomplishments of the Department of Nursing. As we make our way through 2010, we will continue to see new research accomplishments, work groups formed to assess how and why we deliver care to our patients, councils working on new solutions to problems and creating a better work environment, numerous staff receiving awards and scholarships for their outstanding work, and so much more. As we enter the final eighteen months before submitting our application for Magnet re-designation we have plenty of work ahead, but the goals and missions that we achieved over the last year have contributed to our strong foundation of hard work, dedication, and commitment to our patients.
**ALPHABET CREDITS**

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