

A Nursing Leadership Column with Thoughts from...



Lori Kraft, RN, MSN,
Director of Perioperative Services,
Good Samaritan Hospital

Tom Brokaw writes: "You are educated. Your certification is in your degree. You may think of it as the ticket to the good life. Let me ask you to think of an alternative. Think of it as your ticket to change the world." Nurses can change the world. To change it we must ask ourselves these four questions: "Why? Why not? Why not me? Why not now?" We are accountable and responsible for our nursing care and profession.

We are providing care in a multitude of settings and with very specialized groups of patients. TriHealth has invested in helping us in our quest to add to our knowledge base by doing research. We have a duty to share our findings through written articles and speaking engagements. Patient care outcomes are our new measurement of success.

So why should we answer the four questions? We answer them because it is the right thing to do, for the right patient and at the right time.

Building a Better System *Work Begins with Cooperation Among Units*

Written by: Sandy Weiskittel, *Marketing Communications Consultant*



Care Coordinator Barbara Yeager, RN, 11CD (center), discusses ways to improve patient discharge teaching with staff nurses Michelle Annis, RN, 11CD (left), and Marien Bryson, MSN, RN, PCCN, 11AB.

Cardiac Nurse Managers Rhonda Wilson, MSN, RN, NE-BC, and Pam Smith, RN, CNML, find wisdom in the belief "Groups are smarter than individuals."

Taking it a step further, their teamwork suggests that a strong, well-connected health system is more effective than its individual departments. The shared practices on their units demonstrate the benefits when departments work together.

Rhonda leads Good Samaritan's 11AB medical cardiology unit, while Pam oversees 11CD and the Cardiac Surgery Unit. "We have very similar patient populations, so collaboration makes sense," Rhonda says. "We could do things differently, but we choose not to. It's all about consistency and continuity."

Their collaboration has been so successful that they've been invited to national conferences

to talk about their achievements in reducing readmissions on their units.

"In looking at our discharge process, we learned that people weren't being non-compliant when they went home. They simply weren't understanding the information we were giving them," Pam says. So the units developed a health literacy assessment and began using a teaching method that requires patients to teach back what they learn about their discharge instructions.

"Nurses had to change the way they taught their patients. Everyone had to buy in and be accountable," Rhonda continues. "We created a video to educate our units about teach back. We then took the video to the Patient Education Committee, and a program was created in LEARN for all TriHealth nurses."

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Mary's Corner

Certification = Competence, Confidence, Growth

Certified Nurses Day™ honors nurses worldwide who contribute to better patient outcomes through national board certification in their specialty. A registered nurse (RN) license allows nurses to practice. Certification affirms advanced knowledge, skill and practice to meet the challenges of modern nursing. Every March 19, employers, certification boards, education facilities, and health care providers celebrate and publicly acknowledge nurses who care enough to earn and maintain the highest credentials in their specialty.

Certification is important for nurses as well as for the patients and the families we care for. My sister was visiting someone in the hospital recently. On her way to the patient's room she saw the wall of the Nursing Unit covered with certification plaques. She looked at the names, matched one with the nurse who was taking care of her friend, and announced to the patient, "You have a certified nurse taking care of you today!"

Certification definitely makes a difference to the public. A 2002 survey by the AACN showed that 80 percent of consumers were aware that nurses could be certified and that 75 percent said they were likely to choose a hospital based on a high percentage of nurses with specialty certification. Certification tells the public that we're experts in our chosen area and that we've been validated by an organization that holds us to a high standard.

The confidence that our patients and their families feel as a result of certification is matched by the confidence we feel when we pursue and obtain certification. We feel validated that we are up to date with the latest developments in our chosen field. A 2001 survey of certified nurses found that 65 percent of them felt they were more competent and 77 percent believed that certification helped give them personal growth.

And there's strong evidence that such confidence makes a difference in the quality of care we provide. A 2009 study showed that a greater number of direct patient care hours from a certified RN significantly decreased the incidence of hospital-acquired infections along with adverse events related to failure to rescue. More direct patient care hours from a certified RN were also inversely associated with less frequent patient falls.

Certification is certainly not easy. It can be scary to think you might not be as smart as you thought—take it from me! When I was pursuing the NEA-BC certification in 2008, I had to drive to Cleveland for the test. I finished the test, got back into the car and said to my colleague, "Start heading to Cincinnati—there's no way I passed!" Actually, I did pass—and by a pretty fair margin.



Stretching for a new challenge can be anxiety-producing. Take my advice and don't tell "everyone" you're going to try it. Maybe just tell a few people. If you need motivation, find a buddy to study with and support each other. But you owe it to yourself, your profession and, most of all, to your patients to start the certification journey.

Thank you to all TriHealth nurses who have pushed themselves to go the extra mile and become certified. You are making TriHealth the very best place for patients to receive care in the Tristate area. It is both an honor and a pleasure to work on the TriHealth nursing team with you!

Mary Irvin, RN MBA

Mary Irvin
MSN, MBA, RN, NEA-BC, Senior Vice President
and Chief Nursing Executive, TriHealth

When a Headache is Not Just a Headache

Written by: Debbie Hettesheimer, BS, RN, CNRN, Charge Nurse, 12 CD Good Samaritan



Rita Grote, RN



Christina Vest, BSN, RN, CNRN

When 21-year-old LR was admitted to Good Samaritan 12D to satisfy a private room request, it might have saved her life. The patient was 13 days post-C-section delivery at another hospital and had a rough post-partum course. She had been back to the other hospital three times for excessive bleeding, wound redness and headache. A head CT was unremarkable and a blood patch was done to seal the spinal leak. After the fourth time, she came to Good Samaritan where the OB service admitted her for anemia.

Rita Grote, an eight-year veteran RN, admitted the patient to 12D, a neuroscience unit. The patient had a 10/10 headache and she was nonverbal, not even asking about her newborn baby due to the pain. Since the prior CT was unremarkable,

the attending physicians ordered Hydromorphone IV for pain. The headache persisted for 16 hours with slight relief despite pain medication, fluids and other comfort measures.

The next morning, Rita found the patient continuing to complain of pain, photophobia and emesis with slight change in position. Rita consulted with a neurologist because the patient did not "look right." He listened, examined the patient and ordered an MRI.

The results were staggering: bilateral subdural hematomas, acute dural sinus thrombosis in the straight sinus, right transverse sinus and the right sigmoid sinus. (Remember, the cranial sinuses are valveless veins). Treatment is usually 3 to 6 months of anti-coagulation, but this was contraindicated due to the subdurals. The only treatment was fluid, pain medication and time.

But two days later, Christina Vest, a Certified Neuroscience RN, was assessing the patient when LR complained of leg pain and had no pulse in the left leg. Again nursing persistence got vascular tech to do B modes of the legs off shift. An extensive acute DVT was found in the left leg from groin to ankle. The decision had to be made that aggressive anticoagulation was the only way to save her leg. The patient and family agreed and the patient was moved to the Neuroscience ICU for closer observation.

The patient spent a month in the hospital with consults from Neurology, Neurosurgery, Vascular and Hematology. Care coordination and social services worked at discharge planning. Chaplains were tireless in comforting the new mom spiritually and emotionally. But throughout the course, nursing was always assessing and caring for the patient and family.

Updates from the TriHealth Nursing Shared Decision-Making Councils



Quality Council

- We continue to fine-tune details of developing a true peer-to-peer review process. Our goal is to have the process implemented by March.
- We are sponsoring Roni Christopher, Director of Quality Improvement at the Health Collaborative of Greater Cincinnati, who will speak about concepts used to obtain reliability and sustainability in our quality program. Four sessions will be offered in March. Watch for the flyers.
- Angel Taylor, staff RN from Bethesda North and Sherry Raidy, staff nurse from Good Samaritan, are the new co-chairs of our Quality Rep committee.
- The Nursing Pain Resource nurses will now report directly to the Quality Council.
- Unit-based quality boards are due to be updated. We will again hold a contest on the best quality board this spring. More information to come.

Education Council

- TriHealth was selected by the NCSBN to participate in the Transition to Practice research study conducted July 2011–December 31, 2012. The program's goal is to facilitate the transition from academia to clinical practice for new graduate nurses and develop national standards for nurse transition programs for health care organizations

employing new graduate nurses. A total of 210 TriHealth new graduate nurses completed the online program. TriHealth's Professional Nurse Residency Program (PNR) and TriHealth Mentoring Program will resume in March 2013. All new graduate nurses hired since January 1, 2013, will be participating in this program.

- In collaboration with Research Council, we are offering all TriHealth nurses the opportunity to participate in the NLN Webinar series, *Publish Don't Perish*. Presentations should soon be available on LEARN.
- To mark Certified Nurses Day, we are hosting a celebration table outside of the Bethesda North and Good Samaritan cafeterias on March 19. Validate your nursing knowledge and abilities. Certification empowers nurses in their professional specialty and contributes to better patient outcomes.

Research Council

- Nursing Inquiry Day is March 8 in Golder. There will be podium and poster presentations this year. Two CEUs will be awarded for the event.
- OVID training is scheduled for May 1 at Bethesda North and May 2 at Good Samaritan.
- Anyone doing a research project is required by Hatton to complete CITI online training. Research Council members will be completing that course.

Practice Council

- We had a retreat last October to work on the strategic plan 2013–2015. Three groups were established:
Group 1 will work on unifying nursing practice across like units at TriHealth. The unit-based Shared Leadership Committees will report to this group. They will attend the SLC networking meeting on March 19. They have attended staff meetings at other facilities and have invited nurses to join.
Group 2 will work on HIPPA in a patient/family-centered care environment. This group is exploring methods of identifying the HCPOA through the use of passwords.
Group 3 will work on improving patient satisfaction based on practice quality measures. This group will use the Get Well Network and scripting.
- Please bring questions and concerns regarding practice issues to Debbie Hettesheimer and Melea Frazier, co-chairs of Practice Council.

Operations (Management) Council Update

- Our council is renamed Operations Council based upon recommendations from the Shared Decision-Making Task Force to provide a more clear direction of the mission of this council.
- Julie Van Curen, BSN, RN, CNN, Manager, OPCC at Good Samaritan, is our new co-chair. Donita Ross, BSN, RN, CGRN, NE-BC, Manager, Endoscopy, Bethesda North, co-chair, extended her term until December 2013 to provide stability in role transition and support Robin Fox, BSN, RN, in the co-chair-elect position.
- March Nurse Manager Forum will include training on Generational Diversity in collaboration with Diversity Council and Corporate Education.
- We are collaborating with IS to reduce barriers to using Cloud Mail (e.g. unable to open attachments, print settings incorrect, etc.) for all staff.
- Recognition & Retention Committee and Professional Excellence have combined the Good Samaritan and Bethesda North Nursing Recognition Luncheons with the Annual Directors Award into one celebration this year—the "TriHealth Nursing Recognition Celebration" at the Cintas Center on May 6, 2013, from 7 to 8:30 pm.

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Pam adds, "We've had a huge increase in patient satisfaction on both units. Satisfaction with discharge information used to be about 50 to 60 percent. Now it's 90 to 100 percent."

The two cardiac units have also worked together on the CHF/Navigator program, through which a nurse or social worker follows up by phone with heart failure patients who have been discharged. The Navigator staff person asks and answers questions and links people to community health resources as needed.

"Through Navigator, we've steadily decreased CHF readmissions," Rhonda says. "We've worked with many disciplines, including other nurse managers and staff, and Senior Services, who have professionals skilled at keeping people out of the hospital."

The CHF/Navigator program has expanded to include Bethesda North's CHF patients. There's a group now working to bring the discharge planning methods system-wide. Rhonda urges, "Everything we've done with discharge education should be replicated on every unit."

Save the Date

TriHealth Nursing Recognition Celebration

Monday, May 6, 2013

7 p.m. @ Cintas Center

This event is a combination of the Nurses' Recognition Luncheon and the Directors' Award for Nursing Excellence Presentation



Magnet Conference 2012: Bedside Innovations

Written by: Ashley Stick, BSN, RN, Good Samaritan 14AB



Ashley Stick, BSN, RN

I want to thank TriHealth for sending me to the 2012 Magnet Conference. It gave me an opportunity to network and discover innovative ideas for nursing practice.

The objective for the session, Destination Bedside: Transforming Patient Care, was to demonstrate how nurses effectively implement standardized methods that improve workflow and increase patient satisfaction. These improvements increased both patient

care assistants' (PCAs) and nurses' time at the bedside and improved the quality of care. The session offered many ideas to bring back to our unit and implement.

Several methods are similar to what is already practiced at TriHealth, including nurse to nurse walking reports, bedside handoffs and nurse to PCA reports. Innovative ideas I brought back to share included uninterrupted nursing reports, PCA walking reports, and a medication safety quiet zone.

How many times does your phone ring while you are trying to give a report? Too many! It interrupts the flow of report and can lead to losing or even forgetting important information.

Limiting phone calls from family members or hospital staff during report time by having the unit clerk take messages can improve nurse handoffs. Limiting patient transfers and patient transportation for tests during shift change can also provide a more fluent and timely report. These initiatives can produce a safer and higher quality of care for our patients.

Another method involves PCAs giving each other bedside report using walking rounds during shift changes. During their report, PCAs can address patient needs—water pitchers can be filled and patients can be turned or assisted to the bathroom. These are simple ways to improve workload and patient satisfaction, and also provide a smooth start to each shift.

A medication safety quiet zone was shown to limit medication errors and provide more timely medication administration. Making the Pyxis room a quiet, no-talking environment allowed nurses to accurately and promptly obtain medications without distractions. Signs remind everyone of the quiet zone. This change led to increased patient safety and improved workflow for nurses.

These process changes increased time available for the nurse and PCA to spend at patients' bedsides. I have already introduced these ideas with our Shared Leadership Committee. The session empowered me to improve patient care and the work environment on 14AB. The Magnet Conference was an inspiring event that I look forward to having the opportunity to attend again.

Removing the Fear from Certification

Written by: Angela R. Liggett, MSN, RN, APFN, Project Coordinator, Corporate Nursing

"Obtaining specialty certification validates that a nurse had advanced from an entry level of competency licensure... to a level of specialty knowledge, experience, and clinical judgment." (Wilkerson, 2011) There are many reasons for nurses to want to be certified in their specialty: clinical ladder advancement, professional goal, job requirement, and/or peer pressure. However, it may be that first step that is most daunting in the journey to certification. The first step may be to know about the process.

Specialty certification in nursing practice has been demonstrated to positively affect nurse job satisfaction, sense of empowerment and collaboration with health team members. (Wade, 2009) Studies have also shown that nurses perceive specialty certification to be associated with improved patient satisfaction, professional acknowledgement, higher autonomy levels and access to advancement opportunities and recognition. (Wade, 2009) For employers, certification can lead to increased retention of nurses as well as increased employee satisfaction.

A review of the American Nurse Credentialing Center's (ANCC) certification site is an excellent beginning for this journey (<http://www.nursecredentialing.org/certification.aspx>). This site has specific information for each specialty's certification process and eligibility requirements. Some exams require official college transcripts and may also include practice requirements for the specialty. A few of the general requirements for examination may include RN licensure, two years of experience in a specialty and continuing education hours.

Fees will also be associated with the certification process. As a TriHealth nurse, you may qualify for prepayment or reimbursement of the exam fee. The TriHealth Eligibility Guidelines are:

- The nurse must have an eligible job code and be in one of the cost centers from locations at Bethesda North and Good Samaritan. For the list of job codes, cost centers and guidelines, access LinkNet>Clinical>Nursing>Professional Performance>Specialty Certification>Eligibility Guidelines.
- Funding is available only for specialty certification exams sponsored by professional nursing organizations. Prepayment or reimbursement also applies to obtaining recertification in a specialty nursing area.
- To receive prepayment or reimbursement for a specialty certification exam/recertification fee, eligible nurses who meet the criteria must complete the LinkNet form, TriHealth Nursing Specialty Certification/Recertification Payment Request Form. (LinkNet>Nursing>Professional Performance>Certifications>Reimbursements). The required documentation and form must be submitted to Kim Poppe

(Corporate Nursing, Bethesda Oak) for processing.

NOTE: If a nurse has or will be securing these fees through other sources, she/he is not eligible for this program.

- If an option to become a "member" of the professional organization associated with the certification examination is offered and it is at or below the cost of being a "non-member," you may become a member when registering to take the examination. This will apply only when registering to take a certification exam for the first time or when recertifying.

Finally, TriHealth does provide or make accessible some resources to help prepare for the exam. Some study manuals and CD programs are available through the libraries of Good Samaritan and Bethesda North hospitals. The unit Advanced Practice Nurse (APN) or educator can also provide additional resources and information. In the past, TriHealth has sponsored review courses for the exam. Contact Corporate Education at 513 569 6595 to see if one is scheduled. An additional source is the specialty's local group or state group. (Find additional information through LinkNet>Clinical>Nursing>Professional Performance>Certifications (Specialty Reimbursement>Specialty Certification Information.)

References:

Wilkerson, B.L. (2011). *Specialty nurse certifications effects [sic] patient outcomes*. *Plastic Surgical Nursing*, 31(2), 57–59.

Wade, C.H. (2009) *Perceived effects of specialty nurse certification: a review of the literature*. *AORN Journal*, 89, (1), 183–192.

Improved Access to Shared Decision-Making Information!

Beginning this month, nurses will be able to access the Shared Decision-Making (SDM) information that is stored on the network U drive directly from LinkNet on their unit's computers! The SDM folder includes minutes from all the councils and committees, including the SLCs. It also includes the working copies of the Nursing Strategic Plan, meeting management information, SLC goals and accomplishments, and the Nursing Forum minutes and presentations.

Go to LinkNet>Clinical>Nursing>Shared Decision-Making. The link is on the opening page of the Shared Decision-Making tab.

Celebrate Certified Nurses Day

March 19, 2013

- Excellence
- Dedication
- Professionalism





Nursing Professional Practice Model

TriHealth Nursing Vision Statement

Excellence in patient- and family-centered care through commitment to compassionate, professional nursing practice.

How to Submit an Article to *Nursing Connections*

Nursing Connections is published bimonthly by TriHealth Nursing Administration for the organization's nursing professionals. Article submissions are welcome, and are due to: **Candy Hart**, candy_hart@trihealth.com or **Joyce Shiverski**, joyce_shiverski@trihealth.com by March 15 for the May 2013 issue. Articles should be 400 words or fewer. All articles will be edited for length and content at the discretion of the editorial board. If you have questions, contact Candy or Joyce.

New Hires

The following nurses joined the TriHealth team in December and January:

Bethesda North

Deborah Allen, RN
Laurie Berning, RN
Amanda Broyles, RN
Michelle Bubemyre, RN
Stephanie Byrd, RN
Debra Garvey, RN
Robin Hill, RN
Caitlin Hohe, RN
Megan Hudson, RN
Elise Kitchen, RN
Stephanie Mascari, RN
Stephanie McCullah, RN
Neil Nadel, RN
Lori Riede, RN
Sara Sarver, RN
Tery Sexton, RN
Cheryl Thoerner, RN

Bethesda Butler County

Kimberly Carlin, RN
Moualla Kazan, RN
Angela Kize, RN
Susan Korst, RN
Daniel Mullen, RN
Dean Peters, RN
David Sens, RN
Elizabeth Smith, RN

TriHealth Evendale

Traci Abercrombie, RN
Shari Allen, RN
Karen Anders, RN
Nicole Andrews, RN
Lisa Bargo, RN
Meshell Bassitt, RN
Debora Bell, RN
Linda Bischof, RN
Jacqueline Bischoff, RN
Linda Blanton, RN
Rima Blessing, RN
Brenda Bolger, RN

Laura Bosse, RN
Lisa Brandt, RN
Penina Braunstein, RN
Michelle Brennan, RN
Barbara Brugger, RN
Virginia Bubb, RN
Nancy Burke, RN
Lisa Burnette, RN
Martha Busam, RN
Catrina Chappell, RN
Staci Ciaccio, RN
Jessica Collins, RN
Andrea Conlon, RN
Leigh Connelly, RN
Monica Cooper, RN
Julie Cosker, RN
Shannon Clifton, RN
Victoria Crusham, RN
Anita Curley, RN
Donna Doll, RN
Chastity Donk, RN
Amanda Edwards, RN
Annette Ellis, RN
Michelle Fulop, RN
Natalie Gertz, RN
Mary Godby, RN
Kiki Greiwe, RN
Linda Haemmerle, RN
Barbara Hann, RN
Judy Harris, RN
Patricia Harrington, RN
Linda Hartenstein, RN
Tamara Hesselbrock, RN
Maureen Hoeting, RN
Michael Ippolito, RN
Maryann Karbowski, RN
Elizabeth Kibel, RN
Lisa Kodrich, RN
Mary Kollstedt, RN
Vicki Kraft, RN
Susan Krider, RN
Magdalene Lees, RN
Judy Lindemann, RN
Michelle MacDonald, RN
Leslie Martin, RN
Elaine Matacia, RN
Sharon Mechley, RN
Stephanie Miller, RN
Megan Moyer, RN
Sally Mueller, RN
Debra Mulligan, RN
Jennifer Newport, RN

Lois Ott, RN
Patricia Ott, RN
Marcia Peterman, RN
Vicki Pfoehler, RN
Timothy Phillips, RN
Rickey Quinlan, RN
Stephanie Reece, RN
Kimberly Rickard, RN
Toni Sabatelli, RN
Judy Schaefer, RN
Christine Schmidt, RN
Catherine Slack, RN
Marcie Stahl, RN
Susan Stierer, RN
Shannon Storm-Sieg, RN
Kathleen Tashjian, RN
Linda Turner, RN
Barbara Ungerbuehler, RN
Beverly Uphus, RN
Mary Vollman, RN
Karen Waldron, RN
Joennett Watkins, RN
Toni Wegman, RN
Johnna Williams, RN
Patricia Wilson, RN

Good Samaritan

Lucia Alava, RN
Natasha Callaway, RN
Linda Higginbotham, RN
Judy Kirkpatrick, RN
Jacqueline Lauzau, RN
Amanda Maher, RN
Katherine Nolan, RN
Melanie Reveal, RN
Trisha StClair, RN
Tracey Sterling, RN
Kirsitina Tingle, RN
Catharine Watson, RN
Anjalisa Webb, RN
Patricia Wick, RN
Emily Wilson, RN
Monica Wood, RN
Thomas Young, RN

Hospice of Cincinnati

Gwendolyn Helvey, RN
Danielle Pendland, RN
Ann Pentecost, RN