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

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.”

Continued on page 5
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
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

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. 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 subduralas. 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.

Rita Grote, RN
Christina Vest, BSN, RN, CNRN

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Rita Grote, RN

March 2013
Nursing Connections
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 Rady, 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.
- 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.

Practice 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.
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- 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.

Education Council

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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-IBC, 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 General Diversity in collaboration with Diversity Council and Corporate Education.
- We are collaborating with IT 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 “Tri-Health Nursing Recognition Celebration” at the Cintas Center on May 6, 2013, from 7 to 8:30 pm.

Save the Date

TriHealth Nursing Recognition Celebration

Monday, May 6, 2013
7 p.m. at Cintas Center

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

Building a Better System continued from page 1

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.”

TriHealth Nurses’ Recognition Luncheon and Directors’ Award

Monday, May 6, 2013
7 p.m. at Cintas Center

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

TriHealth is collaborating with IS to reduce barriers to using system-wide. 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.”

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March 2013
Nursing Connections
Removing the Fear from Certification
Written by: Angela R. Liggett, MSN, RN, APFN, Project Coordinator, Corporate Nursing

“Obtaining specialty certification validates that a nurse has 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 progression, 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.

• 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 addition, 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:

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>Shared Decision-Making. The link is on the opening page of the Shared Decision-Making tab.
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 Thoener, 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
- Meshele Bassitt, RN
- Deborah 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 Connally, 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 Haenmerle, RN
- Barbara Hann, RN
- Judy Harris, RN
- Patricia Harrington, RN
- Linda Harteren, RN
- Tamara Hesselbrock, RN
- Maureen Hoeting, RN
- Michael Ippolito, RN
- Maryann Karpowsky, RN
- Elizabeth Kibel, RN
- Lisa Kodrich, RN
- Mary Kollstedt, RN
- Vicki Kraft, RN
- Susan Krider, RN
- Magdalene Lees, RN
- Judy Lindennan, 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

**Good Samaritan**
- Lucia Alava, RN
- Natasha Callaway, RN
- Linda Higginbotham, RN
- Judy Kirkpatrick, RN
- Jacqueline Lauzau, RN
- Amanda Maher, RN
- Katherine Nolan, RN
- Melanie Nolan, RN
- Trisha StClair, RN
- Tracey Sterling, RN
- Kirtsina Tingle, RN
- Catharine Watson, RN
- Anjalis 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