



NURSING CONNECT *exceptional care*

THE MANY FACES OF NURSING AT BARNES-JEWISH HOSPITAL

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Eight Years of Magnet®

In the middle of October 2003, nursing units across Barnes-Jewish Hospital anticipated the results of their application process for Magnet designation. As the nursing staff waited for the response, they were about to meet the new nursing chief executive and vice president of patient care services, Coreen Vlodarchyk.

Both arrived on October 14.

“This was an exciting time for BJH, becoming the first adult hospital in Missouri to earn this recognition,” Vlodarchyk says. “I knew then the vast amount of effort that was involved in achieving Magnet status and experienced first-hand, throughout the redesignation five years later in 2008. I’ve been honored to be a part of this extraordinary team.”

The legacy of quality professional nursing practices became the volumes of information for review to receive the Magnet status.

For two years BJH nurses researched and assembled documentation to support their application. Once completed, fifteen binders outlined the essential facts and figures that granted the nursing program the Magnet distinction. Rhonda Yancey, RN, BSN, senior practice specialist, conducted interviews to collect data and helped to coordinate and assemble the facts and figures documenting the nursing program’s excellence in patient care practices.

Yancey says preparation for the designation process required countless hours of contributions by hundreds of nurses. “The foundation for nursing excellence at BJH was already firmly in place at the time of the application,” she says. “What remained was formally documenting our practices required for recognition of the Magnet designation.”

Nursing unit scrapbooks were among the tools used to build critical information bases for receiving Magnet status. Patient care stories were collected from all disciplines of health care teams, including housekeeping,

physicians, spiritual care and patient care technicians.

BJH nurses who were on staff then remember the time leading up to receiving the honor involved significant collaboration. Patti Crimmins-Reda, RN, BSN, executive director, heart & vascular program, recalls that it was a great deal of work preparing for the evaluation. “This was a validation of the great nursing care in effect at the time and the opportunities to make it better,” says Reda.

“Every nurse worked toward achieving Magnet status,” Reda says. “Every day during the last year, we were engaged in some form of review of the information, teaching the Magnet principles and the philosophical development of the designation. The American Nursing Credentialing Center (ANCC) raised the bar for defining nursing care and with each redesignation, we are challenged to meet a higher level of expectations,” she says. “We have what it takes to be recognized.”

Outcomes of the last eight years of Magnet, including the redesignation in 2008, reveal major changes to the BJH nursing culture. Among them are the following programs: **The Professional Nursing Development Program (PNDP)** began in October, 2005, with nearly 30 nurses. Currently, approximately 500 nurses are in the program.

The Evidence-Based Practice program expansion includes a new fellowship program which began in the fall of 2011. Eight participants started their 26-week journey in September to empower and challenge them and to provide a more formal learning process of evidence-based practice.

The Nurse Residency Program, established in 2009, assists all newly-hired Barnes-Jewish nurses with BSN degrees for the first year as they begin their careers. Consistently, the program has effectively mentored newly-hired nurses and has resulted in a 92.7 percent retention rate for first-year nurses.



With volumes of Magnet documentation in binders stacked behind them, from left, Rhonda Yancey, BSN, RN, Nicole Chrisman, MSN, RN, FNP-BC, and Becky Meyer, MSN, RN, -BC review current Magnet information.

A MESSAGE FROM COREEN

Magnet®: Is it worth it?

From time to time, articles circulate in nursing journals questioning the value of the Magnet Recognition Program®. Most recently, the JONA (Journal of Nursing Administration) printed an article reporting negative findings about the Magnet Recognition Program. The research study is fraught with many problems: the data are six years old, it is specific to academic medical centers, similar to BJH, and there were only 19 Magnet hospitals in the research (there are nearly 400 Magnet-designated hospitals). Of course, the director of the Magnet recognition program, Craig Luzinski, responded and a letter is being sent to the editor of JONA and will be published later this year.

I share this with all of you as professional nurses of BJH for many reasons. Eight years ago, October 2003, BJH received the prestigious Magnet status. The real value of the “Magnet journey” is what nursing is today at BJH.

These attributes are what I see in our journey together.

First, the profession of nursing is very strong across all of BJH. When I see and hear the nurses at the bedside, in meetings or driving change in committees, there is a true sense of pride. Examples are your dress code design and adoption, the bedside shift report, the increased number in the professional nurse development program and the nurse certification program. You drove these changes by raising the nursing standards at BJH.

Secondly, our partnership early in 2004 to reduce the need for agency nurses at BJH was a mutually agreed upon goal. This has stabilized the workforce and driven quality outcomes for our patients. BJH nurses are experiencing low vacancy rates and we are below the national turnover rate. BJH has truly become a Magnet hospital – we attract the best and retain the best. Career opportunities abound: clinical career tracks, management, case management, nurse practitioners, clinical nurse specialists, and educators are just a few of the examples of what nurses can choose today as they navigate their careers at BJH.

Our shared governance model has gained prominence regionally, nationally, and even internationally. We had a hospital visit from Singapore to learn about our shared governance model and that hospital has since received its Magnet status. Most recently, a committee originated from clinical practice council to hold admissions and transfers from 7 a.m. to 7:30 a.m. and 7 p.m. to 7:30 p.m. so nurses could do their bedside shift reports and do their nurse to nurse handoff. Your voice is heard through your practice committee. You also drive effective change practice.

Magnet: Is it worth it? It is for BJH!

As we prepare for our second achievement of Magnet re-certification, let’s celebrate our successes, but also continue to challenge ourselves to drive change, challenge status quo and support professional nursing at BJH as the gold standard others aspire to. As your chief nursing executive, and speaking on behalf of your nurse leaders, we are proud to continue our Magnet journey with each of you.

Thanks for all you do – every day!

Coreen Vlodarchyk is vice president of patient care services and chief nurse executive at Barnes-Jewish Hospital.





Candidates met recently to review their research. From left, Maranda Martin, CCC-SLP; Heidi Carr, RN, BSN; Amber Pearson, RN, BSN; Maureen Muich, RN, CRNI; Anne Digue, RN, BSN, CCRN; and Susan Lombardo, RN, BSN.

First Evidence-Based Practice Fellowship Program

The first Evidence-Based Practice Fellowship program at Barnes-Jewish Hospital, designed to take participants from idea or inception to presentation of findings, is underway.

The first group of participants in the newly established program began their 26-week course work in late September.

Pat Potter, RN, PhD, FAAN, director of the program, says the program is a culmination of four years of planning and the projects will contribute significantly to clinical practice at Barnes-Jewish Hospital.

“We received 11 applications and each had scientific merit regarding problems and issues that were addressed,” says Potter. “In the end, we were able to accept eight participants, combining two into one similar project.”

Cynthia Livingston, RN, BSN and Susan Lombardo Kramer, RN, BSN, work together combining their projects. They will explore the outcomes

of preoperative and intraoperative warming to improve surgical outcomes.

Kramer says her interest in EBP has only increased since attending a seminar about it four years ago. “Nurses know that warming a patient is a comfort measure, but I was fascinated by the connection to infection prevention and wound healing in the surgical patient,” says Kramer.

She sees her participation as a fellowship recipient as an opportunity to share the process with her coworkers. Livingston agrees and says that these projects “can develop clinical guidelines of benefit to other facilities and services.”

Lynn Schallom, RN, MSN, CCRN, CCNS, mentor for candidates Amber

Pearson, RN, BSN, and Heidi Carr, RN, BSN, says that this program allows nurses to explore topics that have been a continuous source of interest to them.

Pearson will work on examining disposable ECG leads to analyze their impact on infection rates and nursing satisfaction. Carr’s project focuses on the use of formalized fever management treatment standards in surgical ICU patients. All projects, Schallom says, will improve the care of patients.

Anne Digue, RN, BSN, explores whether a standard guideline for post-procedure sheath removal improves bed rest-to-ambulation time.

“Since transferring to the peri-anesthesia care unit to from the cardiovascular

procedure center, I noticed that patients with percutaneous femoral access had different bed rest-to-ambulation times ordered, depending upon the service area that performed the procedure,” says Digue. “These discrepancies led me to question the current practice and to find or create standardized guidelines. I am trying to standardize hemostasis to ambulation times to decrease patient discomfort and length of stay in the PACU for all patients with femoral sheaths. I am honored to have my project chosen as one of the EBP fellowships.”

Traci Norris, PT, DPT, GCS, a co-recipient with Maranda Martin CCC-SLP, is looking at implementing a standard protocol for rating feeding performance in the special care nursery. Norris says programs such as the fellowship allow staff clinicians a chance to elevate their level of practice with patients and assist the hospital in making medicine better.

“I am excited to be chosen as one of the initial recipients of the BJH evidence-based fellowship program,” says Norris. “I appreciate that this initiative includes nursing and other BJH ancillary staff,

including rehab and respiratory. This program gives us a unique opportunity to explore clinical questions and develop an interdisciplinary plan for clinical change within a structured framework and with the guidance of individuals who are well versed in clinical practice change.”

Participants will conclude their course work and projects in March 2012, with their formal presentations. Dr. Potter says that the program is progressing well and there are plans to have another fellowship program by fall, 2012.

Inpatient Audiology Services Available

In cooperation with Washington University School of Medicine, Barnes-Jewish Hospital offers inpatient audiology services on the third floor of the Center for Advanced Medicine (CAM) in the Vision and Hearing Center and at the bedside in the hospital.

In addition to conventional services, such as audiometry and tympanometry, services include:

- ototoxic monitoring for patients on drug regimens that could damage hearing
- hearing aid dispensing and care
- hearing assistive technology consults
- Auditory Brainstem Response (ABR), and
- Otoacoustic Emission testing (OAE)

Call Steven Smith, Au.D., CCC-A, 362-7489, for appointments, Monday to Friday, 8:30 a.m. to 4:30 p.m. Same-day appointments are usually available and the program offers a limited scope of outpatient services.

Orders are required for hearing tests, but are not required for consults or hearing aid cleaning and checking.

Office of Patient and Family Affairs

To create the best possible patient experience, the hospitality department is transforming. It will become part of the newly formed office of patient and family affairs. The office of patient and family affairs (formerly guest services) has been restructured and is responsible for the institution’s service recovery. The office of patient and family affairs will support units by managing escalated patient complaints and tracking service recovery information.

Keith Howard Lifts Spirits of Young and Young at Heart

Keith Howard, RN, operating room resource nurse, has been described as a mild-mannered type of guy, sort of like Clark Kent, alter ego of Superman.

The irony of it all.

Howard's hobby, entertaining as Superman, takes him on quests to lighten the load of people in need. Whether for patients and families at St. Louis Children's Hospital (SLCH) or victims of crime, Howard sparks the imagination of those he entertains.

Saying he began his adventure for a "purely selfish reason," he has reached out to children of all ages. Those who are young at heart can believe that although heroes in costumes may not leap tall buildings in a single bound or take flight to fight crime, they can deliver joy.

Howard has had a fascination with super heroes since he was a child. A few years ago, he took his family to Metropolis, IL, to check out the Superman festival weekend and discovered the annual event conducts a costume contest, the winner receiving \$1,000. That was all he needed to hear to determine he would enter the contest the following year.

Howard made his costume, from the red boots to the shiny yellow belt. He says he copies his look from the actor George Reeves' portrayal from the 1950's TV series and the movies.

"I thought I had a chance at winning, until a younger, Christopher Reeve-type of Superman showed up. I then

realized my competition," Howard says. This year, he put more detail into his costume and added music and returned to take the second place prize of \$500.

Howard started entertaining at SLCH earlier this year. On his first visit, he toured patients' rooms and then later in the year, attended their bingo events. Pam AuBuchon, SLCH certified child life specialist, says Howard's generosity with his time lightens the mood for patients.

"It's so wonderful when people are able to donate their time by volunteering," AuBuchon says. "Even more fabulous when it turns out to be Superman. He has placed so many smiles on patients'

faces with his mild manner and warm heart. For patients to see their superhero in person is priceless."

Howard's pastime has led him in surprisingly different directions. When he learned in September that Mike Meyer, a Granite City, IL, resident and collector of Superman memorabilia, was robbed of his extensive collection, Howard stepped in to help. With his connection to Superfriends of Metropolis, a Superman fan club, he coordinated what became an international effort to rebuild the collection. Countless packages arrived and filled rooms at Howard's house.



Keith Howard in his real-life job as an operating room resource nurse.

In a strange twist of events, Meyer's misfortune became a blessing to patients at SLCH. The theft was solved soon afterward, Meyer recovered his items, and he and Howard made a decision. Howard helped to coordinate donating the extra items to SLCH patients. Dressed in his Superman costume, he accompanied Meyer to the hospital to give the young bingo game winners some of the bounty donated to Meyer.

Howard became a nurse in 2004 after serving in the U.S. Air Force as an aeromedical specialist and began his career at Barnes-Jewish in July 2007.

As Superman, Howard says he sometimes gets as much attention from the parents as he does the children. "Children are apprehensive at first and that's not a bad thing," Howard says. For both parents and children, Howard says he hopes to lift their spirits. "Life can be hard and it's kind of nice to give people something that takes them away from the real, day-to-day details."



Mike Meyer, left, recipient of Keith Howard's goodwill gestures, was surprised to meet his benefactor at his job. Howard coordinated the effort to donate replacement items to Meyer.

Barbara Logue and Scott Griffin Published in *Critical Care Nurse*

The August issue of *Critical Care Nurse* featured "Road Map to Esophagectomy for Nurses" by Barbara Logue, RN, BSN, BA, CCRN and Scott Griffin, RN, BSN, CCRN, CSC, staff nurses in the cardiothoracic intensive care unit.

Logue says the article is in response to their experiences caring for esophagectomy patients. "Everything in the unit is on a constant learning curve," Logue says.

The article focuses on the different surgical approaches used for the esophagectomy and how they affect post-operative recovery. Logue says this knowledge can be very helpful for the ICU nurse caring for these patients in the first 24-48 hours. It alerts staff to early signs and symptoms of the stress of recovery. Also discussed is how to recognize possible serious side-effects early and possible treatments.

As a result of the article, Logue and Griffin were contacted by the clinical nurse specialist for the cardiovascular critical care unit at Emory University Hospital, Atlanta, indicating she was including the information from the article in Emory's orientation.

Critical Care Nurse is the official peer-reviewed clinical journal of the American Association of Critical Care Nurses, published bi-monthly.

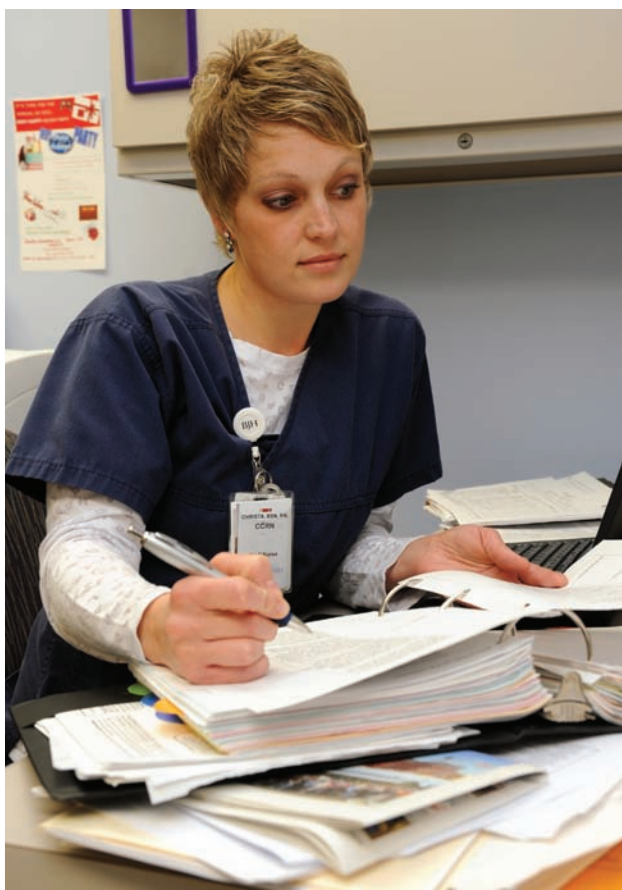
Patient's Family Shows the Way

NURSING EXEMPLAR

Your patient is a 72-year-old female who was admitted on a Wednesday with abdominal pain. She has had symptoms of abdominal bloating, cramping and generalized abdominal discomfort since November of 2010. She is currently on a ventilator, with minimal pressor requirements, though today she is to return to the OR for another exlap and debridement of her liver.

This was how my weekend started one Saturday morning in March 2011.

Great, I thought, it's not even 7 a.m. and I am stressing about my day! However 8 a.m. came and went, physical assessments completed on both of my patients, and by 10 a.m., I met my patients' daughter. She rushed to her mother's bedside, murmuring words in her ear as she pulled back the sheet, assessing her mother's drains as well as the IV tubing, tracing each to the pumps, reading the hanging bag.



Christa Sink, RN, BSN, CCRN
84ICU

As I entered the room I said, "Good morning! I am Christa, I will be taking care of your mom today. How are you?"

I soon found out that my patient's daughter, Jennifer, was a neonatal nurse practitioner whose husband is a neurologist and who was still in New York, trying to make it here. She had taken a red-eye flight with three children the day before and had only three hours of sleep.

That was all it took for me to see that my patient was fortunate to have a family that loved her more than anything. Later that day, I met my patient's husband Jack, another daughter, two sons, and their spouses. Jack discussed how he wished he had pushed his wife in to see a doctor sooner and how he hated seeing her lying in a bed. She was always up doing something, and it was always for someone else.

The next morning when I arrived, the outlook for her condition was grim. Regardless of her new drains, her body continued to fail and she was requiring more external support.

Jennifer called to tell me that the family would be in after church, and that they were going to discuss as a family what would be best for their mother. My patient's outcome was not good. She would need more

That afternoon the surgical team came to take my patient to the OR and the family bid their hopeful farewells. However, they were tears of sorrow that welcomed her back to the ICU. Her doctors were now suggesting that more drains be placed to drain the newly-found, fluid-filled pockets. Her family hesitantly agreed, and later that evening she would return to interventional radiology.

Before I left that evening, I talked with Jennifer and her father. Both agreed that if these drains would not improve her condition, they were not sure if they could put her through more surgeries.

Nursing Professional Practice Model

The professional practice model provides the framework for how BJH nurses practice, collaborate, communicate and develop professionally. The sun was chosen to visually represent the model because of the associated positive attributes, such as energy, life and spirituality.

Staff nurses identified the elements of the model essential for creating and maintaining professional practice and the delivery of quality care. The center of the framework says it all: "We Take Exceptional Care of People."



The new nursing professional practice model elements are:

Values and beliefs: guiding nursing actions and behaviors

Professional development: promoting the continuing pursuit of knowledge, skills and excellence in practice through continuing education, participating in practice-enhancing experiences and programs and/or formal academic education

Shared decision making: integrating staff nurse participation at all levels in decisions that impact nursing practice and patient care delivery

Respectful work environment: ensuring an environment that promotes caring practices for nurses, colleagues and patients and families

Innovation/research: generating knowledge and utilizing best available evidence in education and practice

Collaborative relationships: engaging in interdisciplinary relationships to promote positive patient outcomes.

Leadership: motivating others and transforming care delivery through common goals and a shared vision of the practice of professional nursing

Care delivery model: - Partners in Care - partnering RNs with patients and families to deliver patient-skilled, coordinated and competent nursing care

surgeries and this, the family knew. Nearing the end of my shift, my patient's family, her attending physician, and I met in a small conference room. Jack and the others discussed how my patient would not want to go through more surgeries nor end up in a nursing home for needed care. So, her family decided to move her to comfort measures only. They loved her too much to put her through any more.

Prior to leaving the conference room, Jack hugged his wife's

attending physician and me, thanking us for taking care of his wife and listening to him.

That night, before 8 p.m., she went to eternal rest. I stayed late that night to be with Jack, Jennifer and the rest of the family. To this day, I still think of my patient's family how the family laughed as they reminisced about their mother's never-ending thoughts of others (she would leave cold sodas in a cooler by the mailbox for the garbage men!).

It was this family that has encouraged me to enhance the end of life care in my ICU. I am reminded almost daily that the view you perceive about someone or a situation is not always accurate, but merely an opinion. This family unit was beautiful. They showed me there are families who truly love and care for their relatives and are able to let them go in peace.



Photos clockwise from top left: Gail Tolcou, RN, BSN, CCRN, left and Erin Miller, RN, BSN, 89ICU discuss their patient's condition. Judy Podhorn, RN, BSN, nurse coordinator, trauma services, during rounds. Denise Marshall, RN, pheresis center, assists donor Donald Omohundro. Ann Falker, MSN, RN, GCNS-BC, 6300/6400, explains discharge instructions to Kimberly Hurst.

Glimpse of *a Day in the Life...*

Barnes-Jewish Hospital has more than 3,000 nurses. A Glimpse of a Day in the Life features nurses where they work. By getting a glimpse of their daily work, we hope it will reveal more of the big picture of patient care at the hospital.

BJH Nursing by the Numbers

<p>0</p> <p>Number of 89ICU unit acquired c-diff infections</p> <p>from October 2010 to present</p>	<p>7</p> <p>Number of 2011 fellowship participants in the Evidence-Based Practice program</p>	<p>8</p> <p>Number of sabbatical awards</p> <p>from 2008 to present</p>	<p>60.4%</p> <p>Rate of BJH nurses with BSN degrees</p> <p>Nov. 2011</p>
<p>89</p> <p>Number of projects presented at BJH Multidisciplinary Research Conferences</p> <p>since 2007</p>	<p>399</p> <p>Number of participants in the Professional Nurse Development Program (PNDP)</p>	<p>90%</p> <p>Approximate reduction rate of 89ICU unit-acquired blood-stream infections through checklists, early interventions, and education</p> <p>from October 2010 to present</p>	<p>100%</p> <p>Reduction rate of decreased pressure ulcers by 89ICU</p> <p>in first month of turn team plan</p>

Patient Care in the Spotlight

THE FOLLOWING IS A SHOWCASE FOR THE PROFESSIONAL ACHIEVEMENTS OF PATIENT CARE SERVICES EMPLOYEES AT BARNES-JEWISH HOSPITAL.

Congratulations to the Barnes-Jewish Hospital nurses listed below who have received promotions since June 2011.

Stacey D. Cooper, RN, BSN, promoted to assistant nurse manager, minor procedure center

Amy M. Coughlin, RN, promoted to house supervisor, nursing float

Michelle M. Courtney-Curtis, RN, BSN, MBA, promoted to clinical nurse manager, operating room

Sarah S. Guethle, RN, MSN, promoted to clinical nurse manager, 10500

Sarah A. Hanneken, RN, BSN, promoted to lead charge nurse, PACU

Kathleen E. Heller, RN, promoted to lead charge nurse, general surgery, 16400

Maurice D. Jackson, RN, promoted to clinical nurse manager IV, ED

Christopher M. Kavalinas, RN, BSN, promoted to lead charge nurse, 6300

Gregory P. Kramer, RN, promoted to clinical nurse manager, 6200

Lauren M. Max, RN, promoted to lead charge nurse, 12100/12200

Sarah D. Misener, RN, BSN, promoted to clinical nurse manager, 7300/7400

Angela Marie Mund, RN, BSN, promoted to house supervisor, nursing float

Katherine Ann Scaggs, RN, MSN, CNOR, promoted to clinical nurse manager, periop performance improvement, administration

Gina N. Seltzer, RN, BSN, promoted to lead house supervisor, nursing float

Kevin M. Shea, RN, BSN, promoted to assistant nurse manager, medicine clinic

Sara E. Sutton, RN, promoted to lead charge nurse, 104ICU

Kerry J. Thacker, RN, promoted to lead charge nurse, 11200

Christina R. Winfield, RN, BSN, promoted to lead charge nurse, 17400

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