

connections

The Real Truth about Kaleida Nurses



Mary Beth Campo, RN, MS
VP/CNO – BGH & Corporate Nursing

One of the contributors for *The Buffalo News* is reporter, Lisa Earle McLeod. Diana Kornacki, Nursing Advisory Council (NAC) member, made copies of two of her columns for her colleagues including



myself. They were entitled, “The real truth about people” and “Let’s agree to disagree.”

Both columns seemed to be incredibly relevant to us as nurses - about who we are, what we stand for and how we nurture and support new nurses and each other. Insert “nurse” into each of these titles and read between the lines.

With our second cohort of new graduate residents starting last month, the ability for seasoned nurses to be self reflective and see ourselves as well as our colleagues as neither wonderful nor awful, expert or knowing nothing, can assist us in setting realistic expectations for our newest nurses. Becoming a nurse, from student to new graduate, is one of the most challenging transitions in nursing; it is also incredibly individual. No one person progresses at the same rate; no one has the same critical thinking skills, organizational abilities or demeanor. This is also true of seasoned nurses when we transfer, learn a new skill or conquer EMR documentation. For each of us as nurses to realize there is no such thing as a perfect person or a perfect

practitioner also means that learning is individual; if seasoned nurses can’t possibly know everything about clinical nursing care in a lifetime, how can a new nurse accomplish this impossible standard within an 11- 25 week orientation?

We have successfully navigated some major challenges these last few months, including negotiations, multi-site EMR implementation, validation of competencies on restraints and finalizing plans for the merger of our two urban sites, BGH and MFG. There have been a few instances where, as professionals and patient advocates, first we agreed to disagree on issues impacting us as individuals and as a system. The annual report for 2010 was double the size of the 2009 report largely due to the number of staff led initiatives, including educating students, nurses as Clinical instructors, shared governance and staff led nursing practice changes to improve care and peer education and recognition projects targeted at enhancing staff satisfaction.

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EMR Go-Live training at BGH – Kathy Eddy, Sharon Sobus, Kristina Buran, Laura Siwy.

The real truth about Kaleida nurses? They care enormously; they are able to put their peers and their community ahead of personal concerns and needs; they are engaged and empowered and helping to ensure that Kaleida nursing care is the best our community has to offer. Lastly, Kaleida nurses are resilient, bright and able to handle one of the most challenging years of my 40 plus career, with grace and humor. Let's all look to the best year yet – 2011 - and continue to be the nursing leaders in WNY in education, leadership and innovation.

The Magnet Journey continues

*Barb Lawrence, RN
Magnet Coordinator*

Magnet is a journey, not a destination, and the real rewards of Magnet status are personal for each Kaleida nurse and support staff. Achieving Magnet recognition means together we have created the ability to practice in a highly professional environment providing our patients with world class quality care. Magnet nurses are empowered by using their knowledge and current nursing research to improve patient outcomes.

Thanks to all our nurses who participate in practice committees, Unit Partnership Councils, Central Partnership Councils, integration work groups and our corporate shared governance committee, the Nursing Advisory Committee (NAC). Thanks to all of the staff investing in themselves and their profession by continuing their education with a BSN, Masters, professional certification, attending educational programs and



Fannie White (center) with ILCU staff.

their involvement in their professional nursing organizations.

So many bedside nurses have stepped out of their comfort zone to enhance and improve patient safety and quality care, by presenting at Nursing–M & M (Morbidity & Mortality), Schwartz Rounds, Interdisciplinary Rounds and unit level huddles. Staff and managers are embracing their unit quality nurse sensitive data for: falls, hospital acquired pressure ulcers, central line infections, ventilator associated pneumonia and patient satisfaction and changing the way they practice and communicate to each other to improve patient outcomes.

The second group of staff and managers will be attending the National Magnet Conference in Baltimore, Maryland this October. The conference theme is “Magnet, Honoring the Past, Creating the Future.” We are looking forward to the excitement, energy and new ideas from the more than 6,000 professional colleagues who will be attending the conference. More to come when we return.

Nurse satisfaction is a vital component to having an empowered workforce. The 2011 NDNQI (National Database

of Nursing Quality Indicators) RN survey results will be shared with the staff at the corporate and unit levels in order to further develop action plans for improvements to our work environment.

Fannie White, role model for the best of professional nursing retires

Fannie White retired this past August and a little bit of the heart of BGH goes with her. Fannie, a BGH critical care nurse for 35 years, has loved every day of her career. “I feel bad for people who dread going to work. I’ve never felt that way. I have always loved what I do.” Fannie has been at BGH for 47 years; she came directly after high school graduation to work in the critical care unit in 1964; there was only one critical care unit at that time, a combination of medical, surgical and cardiac patients. Fannie went through a training program similar to a CNA to work as an aide in the unit.

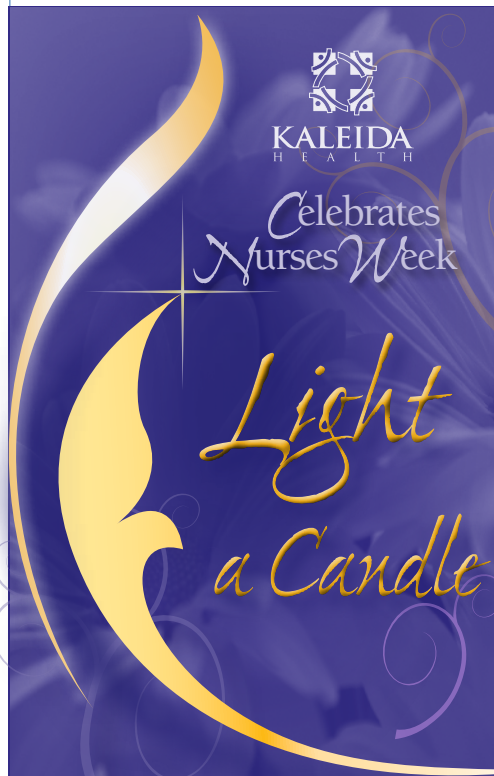
Fannie loved the variety of the early critical care unit but was especially sensitive to the special needs of chronic ventilator patients. She transferred to the ILCU six years ago for this reason. According to Fannie, she loves the extra care these patients require. She loves talking with them and reassuring them. Fannie is very spiritual and says she has no hesitancy in comforting patients with EOL issues. She said one of her favorite patients, who had ALS, passed away a few years ago. Fannie had known him for over 30 years and had become an honorary family member. She had taken care of him when she was an aide in the critical care unit. One night

he had coded for the third time but was resuscitated and went on to live another 30 plus years. Fannie helped with private duty so his wife could have time off and went on vacations with the family to help care for him. Fannie said he was an electrical engineer and she had such respect for the way his wife and he handled his disease. Fannie still sees his family once a month.

Another one of Fannie's favorite things is precepting new nurses; her nickname is "little momma." Fannie says she loves the freshness and positive energy the new graduate nurses bring saying, "They remind me of me when I first started." She also notes that with the EMR Go-Live, it was the younger nurses who were comfortable with technology, which helped seasoned nurses like her be successful.

Fannie said she has felt frustrated at times if she couldn't do as much for her patients as she wanted but believes there is no place for negativity at work. Her floor is physically demanding, lots of turning, positioning and lifting. Fannie shares, if someone is negative regarding the work, she would remind her colleague how lucky they all are and that "any one of these patients would trade places with you in a minute - love to be in the position of caring for you - rather than being in the bed requiring care." Fannie believes it is an honor to be able to make a difference, every day, in someone's life - to make them more comfortable and make EOL less fearful. Her advice to new nurses, "It's a great job; love it; give your patients extra attention and don't listen to

negativity." This is great advice from a nurse who has loved every minute of her career.



Celebrations for nurses week were in full swing at all sites from May 6th-12th. Paraffin hand softening, photo booths, scrub and jewelry "stores," preceptor lunches and breakfasts as well as the historical favorite ice cream social, were just a few of the festivities held throughout the system. The awards ceremony recognizing our best was held on May 10th. The theme "light a candle" was evident and participants lit candles and recited the international nursing pledge at the end of the ceremony.

CEO Jim Kaskie recognized the significant



Nurses Week participants light a candle for professional nursing practice.



Jim Kaskie CEO, with Nurses Week Honorees.

contribution of nurses to Kaleida's success and our standing in the community as leaders in nursing and nursing education. Connie Vari, COO, FNP and currently a DNP student, endowed the nursing department with funding to support staff nurse attendance at the 2011 Magnet Conference in Baltimore this October. In 2009, she started a legacy with the 1st Connie Vari Scholarship which was awarded to Ellen Eckhardt and the PICU at Women & Children's Hospital to support the TeamSTEPPS initiative and in 2010, she sponsored 12 staff nurses to attend the 2010 Magnet Conference in Phoenix.

Mary Beth Campo, Vice President for Nursing at Kaleida, shared her pride in Kaleida nurses and the leadership role they have taken in the community. She highlighted the many events and recognition that Kaleida and Kaleida nurses have received over the past year. These were highlighted in the 2010 Kaleida Nursing Annual Report

which premiered at



Staff nurse speakers – Natalie Gates, Residency; Lem Mogavero, SICU BGH; Jerome Shitteh, MICU BGH, NAC; Elin Raimondi, OB/GYN WCHOB; Tom Cyman, RN 8W Gates, CI.

the ceremony. All of the Chief Nursing Officers and Lisa Greisler from the VNA were on hand to recognize our outstanding nursing awardees.

The highlight of the event was the four Kaleida staff nurses who shared their passion for nursing and their love of the profession. Elin Raimondi, a veteran WCHOB mother baby unit RN, shared her experiences of the past few years in Africa as a volunteer nurse with a medical group that provides desperately needed care. She shared how much she has received in giving to those in need and how humbled she is by the strength and gratitude of these patients. *(Read the full story in the 2010 Nursing Annual Report).* Lem Mogavero, SICU nurse at BGH, shared a personal story of a successful CPR intervention in a restaurant with a fellow diner. Lem said how grateful the diner's family was and how proud Lem's wife, who witnessed the event, was of Lem. He shared his own pride in the profession of nursing and his choice to move into management to impact the quality of care of a greater number of patients. Lem said his experience in the Daemen leadership program as a staff nurse "changed his life". Natalie Gates, a new graduate in

the Oishei/Kaleida Nurse Residency Program and a nurse on 7W at Gates, shared what the Residency program has meant to her and the support and professional growth it has provided her. Tom Cyman, a clinical instructor for the DEU on 8W, shared his passion for precepting student nurses and believes in the need for all of us to invest in their educational experience as "these nurses are our and nursing's future."



Preceptor luncheon at BGH Nurses Week May 2011.

All of Kaleida's Nurses of Distinction and Outstanding Staff Nurses were recognized at the NYSNA's June 7th awards ceremony at Salvatore's. Kaleida was represented with over 75 staff nurses and managers attending to show support for the honorees.

population, as well as co-developing a congestive heart failure education manual for patients targeted at assisting them to better manage their disease after discharge and minimizing unnecessary readmissions. Karen has also developed and implemented competency-based training for staff new to her unit. A great example of a leader providing effective coaching for her staff, Karen supported her nurses in working on the issue of staff satisfaction. A staff nurse led initiative to foster teamwork and more positive working relationship by peer recognition was implemented this past spring. The program has been very successful and her staff presented this as a poster at the Sigma Nursing Research Day this past April.

Recognition of Kaleida's Best Celebrated during Awards Ceremony

Nurses of Distinction

Karen Carlson, RN - from 15N at BGH has a nursing career of over three decades in both acute and LTC. As a manager, Karen recently implemented a "Partner in Care Program" on her unit, partnering licensed and



Nurses of Distinction: Diane Klein-VNA, Karen Carlson-BGH, Debbie Grande-MFSH, Karen Howard-DMH, Becky Roloff-WCHOB and Kelly Foltz-Ramos-GATES.

Karen Howard, RN - is an ICU nurse with 25 years of service at DeGraff. She recently assumed the charge nurse assignment in the SCU and is a frequent preceptor for new RNs. Karen's love for her profession and for DeGraff makes her a wonderful role model for new nurses; she has outstanding clinical skills and also believes in nurturing new nurses. Karen is committed to ensuring that all the patients on her unit receive the best and safest care possible. She is known for having a great attitude, is supportive of teamwork and placing patients as priority number one. Karen is a member of NAC, our corporate nursing advisory council and traveled with her NAC members to Phoenix last October to attend the Magnet Conference. She brought back a lot of energy and enthusiasm and is committed to having DeGraff become magnet. Karen led one of the process improvement activities at DeGraff that focused on patient satisfaction. She is also active in DeGraff's central partnership council and serves as a clinical instructor in the DEU model at DeGraff. She is active in nurse's week celebrations and started a "wear white day" in 2010 to enhance nurse pride during the celebrations.

Kelly Foltz-Ramos RN, MS, FNP, BC, RHIA - Millard Fillmore Gates nurse educator, a nurse for almost a decade, exemplifies innovation in nursing and is a role model for the integration of technology into nursing education. Kelly has an undergraduate degree in information technology as well as her BSN and NP in nursing. Kelly is known for her enthusiasm



Kaleida Nurses of Distinction – Kelly Foltz-Ramos, Rebecca Roloff and Karen Howard at NYSNA Recognition dinner.

and can-do attitude. During her first year in the department, she received the best new educator award. She was one of the first non-managers to join the Daemen leadership program and was seen as a leader within her group of managers and staff. She took the lead for the communication initiative and is a co-author on an article being submitted for publication; she has already co-authored a publication on patient exit interviews and connection to a primary care model. She also took a production lead in our music video this year to raise awareness for medical error and the need for effective communication and teamwork. Kelly has been involved in the Nurse Residency Program and was the facilitator for one of the most popular self-care modules using art therapy to help nurses express feelings regarding their first year of nursing.

Deborah Grande, RN, BSN, MBA - is the nurse manager in the ICU. She has been a

NAC members Veronica Leverette and Jerome Shitteh recognize and thank Mary Beth Campo and Connie Vari for their support of nursing.

nurse for almost 35 years, graduating from College in North Carolina, obtaining a BSN from Daemen College and MBA from Medaille in 2008. She joined the staff at MFSH in 2010. She was chosen as the site Nurse of Distinction because of her leadership both within the unit and at MFSH.

Deb was instrumental in MFSH obtaining stroke certification and is a founding member of the unit practice council for critical care and the CPC at her site. She has engaged her staff in successfully changing patient outcomes, ventilator associated pneumonias and LOS. Deb spearheaded development of a sedation and sepsis protocol for the system. She initiated interdisciplinary rounding in her unit and has encouraged other managers to consider this to enhance care via enhanced teamwork. Most recently Deb has taken the lead in coordinating a CCRN class for her staff and has ten staff nurses attending and preparing to take the CCRN exam in the near future. Debbie speaks of her legacy as being remembered as someone who loved nursing and was an "awesome nurse."





Outstanding Staff Nurses: Wendy Perry, VNA; Tom Cyman, Gates; Nealy Paoletti, MFSH; Donna Gatti, BGH; Diana Kornacki, DeGraff.

Becky Roloff, RN, MS, ED - nurse educator, has been a nurse at WCHOB for almost three decades. She is passionate about ED nursing and teaches the PALS, Pediatric Advanced Life support course. She was instrumental in developing the curriculum for our ED pilot for new graduate nurses in 2008 and 2009. Becky is a certified SANE (Sexual Assault Nurse Examiner) since 1995. She supports victims of sexual assault who come to WCHOB. She has also published and contributed to the Core Curriculum in Pediatric Emergency Nursing, co-authoring five chapters. Becky oversees the orientation for all new nurses in the ED. Her knowledge, kindness and compassion have made her a favorite support person and resource person for new and seasoned ED nurses. Becky loves witnessing the “aha” moment when new ED nurses understand a complex procedure and are able to transfer new knowledge to patient care.

Outstanding Staff Nurses

Donna Gatti, RN - 12N, has been a nurse on behavioral health for the past 28 years and is an amazing role model of a committed and caring mental health nurse. She is a seasoned preceptor and frequently volunteers to precept new nurses taking ownership

for their learning experience. She is noted for her professional, kind and compassionate care that is the cornerstone of her professional demeanor; she uses these same qualities in interactions

with her peers. Donna is chair of her UPC; her focus is on patient care and safety and she recently co-presented her unit’s research on a fall reduction program at the Sigma conference in April. Donna is a strong advocate for nursing and firmly believes “nursing is not what I do, it’s who I am.”

Diana Kornacki, RN, BSN - is well known at DeGraff for her tireless support of professional nursing and her co-workers. A long time preceptor, Diana is passionate about ensuring new nurses receive the support to be a successful member of the nursing team and she has formed some lifelong relationships through her experiences of mentoring new nurses. Diana is not interested in things being okay or average; she is committed to excellence. She is an active NAC member and traveled to Phoenix along with the team to attend the national Magnet Conference last October. She, like Karen Howard, wants to see DeGraff obtain magnet



Outstanding UAP’s- Angie Fluellen-BGH, Michael Nelson-DeGraff and Shannon McCluskey-MFSH.

status. Diana attended the poster presentation in April for the NYSNA District 1 annual Nursing Research Day. NAC was instrumental in submitting three posters for the research event. She is also a member of the central partnership council at DeGraff.



Yvonne Beek, pharmacy tech and nursing student receives the Pat Barszcz Scholarship for nursing excellence from Pat’s family during nursing awards ceremony. Awarded annually to a MFSH employee attending nursing school.

Tom Cyman, - a RN from 8W at Gates is passionate about nursing. It is Tom’s second career; he graduated from ECC ten years ago after a career as a mental health counselor. Tom didn’t think his career would involve geriatric patients. His first position was in ICU but he quickly discovered he had an affinity for caring for senior patients. Tom’s unit was the first DEU at Kaleida and he loves being a clinical instructor for senior University of Buffalo nursing students. Last year he was invited to be

the convocation speaker at UB. He is an active member of his UPC and is a great role model for students regarding professional passion and nurse empowerment.

Nealy Paoletti, RN
- joined the staff at MFSH in 2007 as a float nurse. She is a 1997 graduate of George Brown School of Nursing in Toronto. Nealy floats primarily to interventional units, ambulatory and in house. She is always willing to go wherever needed, often floating to the ED and surgical care. Even without a home base, it is Nealy's willingness to help and stay positive that is recognized by staff and managers. Colleagues love to see Nealy on their unit and comment on her work ethic and compassionate bedside manner. She has been recognized by patients and staff as a great role model for nursing at MFSH.

Karen Todorof, RN - a seasoned nurse, has been practicing at WCHOB as an L&D nurse for more than 40 years, after graduation from the Deaconess Hospital School of Nursing. Karen is described by colleagues as a committed, knowledgeable and caring nurse; she has precepted many new L&D nurses. She is recognized as the "go to" resource person for her unit and both new and seasoned nurses love her for her support. Karen volunteered to help on her unit with the EMR and although anticipating retirement, she deferred it to be able to see the implementation of the EMR completed at WCHOB this fall. Karen is the best example of experience, expertise and compassion.



Rising Stars: Jeanine Funnell, Rachel Silverman, Marie Pack, Seolar Jackson, Leann Necci and Justine Vogt.

RN-Rising Stars

Leann Necci, RN
Buffalo General Hospital-CVICU

Marie Pack, RN
The Deaconess Center

Jeanine Funnell, RN, BSN
DeGraff Skilled Nursing Facility

Seolar Jackson, RN, BSN
DeGraff Memorial Hospital

Melissa Siwicki, RN, BSN
Millard Fillmore Gates-CMICU

Holly Wilkins, RN
Millard Fillmore Gates Skilled Nursing Facility

Rachel Silverman, RN, BSN
Millard Fillmore Suburban-3W

Justine Vogt, RN, BSN
Women & Children's Hospital-Peds Float Pool

Outstanding LPNs

Peggy Martin
Buffalo General Hospital-Dialysis

Deborah Colkey-Johnson
The Deaconess Center

Jennifer Gribbon
DeGraff Skilled Nursing Facility

Valerie Martin
Millard Fillmore Gates Skilled Nursing Facility

Christina Charles
VNA

Ronda Ferguson
Women & Children's Hospital-Orthopedic Clinic

Outstanding UAP (Unlicensed Assistive Personnel)

Angie Fluellen, Mental Health Assistant
Buffalo General Hospital

Brenda Brown
The Deaconess Center

Courtney Masterman
DeGraff Skilled Nursing Facility

Mike Nelson, PCA
DeGraff Memorial Hospital

Margaret Arnold, PCA
Millard Fillmore Gates Hospital

Michelle Roberts
Millard Fillmore Gates Skilled Nursing Facility

Shannon McCluskey, PCA
Millard Fillmore Suburban Hospital

Tracy Brown, NA
Women & Children's Hospital

Nursing Education and Leadership

Education Update

Jen Jennings, RN, FNP, DNP
Manager – Corporate Clinical Education

"Success is to be measured not so much by the position that one has reached

in life as by the obstacles which he has overcome."
(Booker T. Washington)



Bonnie Burmaster, Nurse Educator, assists with skills labs during RN/LPN orientation.

The Clinical Education Department has been faced with many challenges, which have offered growth potential and forced us to evaluate alternate methods of education delivery, all while reinforcing a team approach. Despite some movement within the department and unexpected disabilities, the team pulled together and moved forward with a smile and a pat on the back for their colleagues.

We were charged with evaluating the literature and researching best practice, while collaborating with Centers of Excellence such as Johns Hopkins, Baylor and Cleveland Clinic to investigate removal of central venous lines (CVLs). As a result of our efforts, we have devised an evidence-based guideline and checklist to guide the staff on quality and safe practice.

Moderate sedation is a hot topic in the literature, a frequent discussion topic on clinical list serves and in practice; as a result, we have conducted a systematic review of national practice guidelines surrounding moderate sedation in an effort to enhance our delivery. An abstract is being evaluated by an editor for publication opportunities on this project as well as the CVL project to highlight educators and their innovative accomplishments at Kaleida Health.

The quality team at Kaleida has been strategically planning for the return of our accrediting agency DNV in October. The education team has been collaborating with quality to understand DNV's expectations in an effort to design quality educational rollouts to achieve positive outcomes.

The coordinator of Surgical Robotics at MFSH is partnering with our educators Janeen Bass and Maria Stevenson to utilize the ALS simulator and rhythm generator to perform robotic mock codes with the robotic surgery staff.

A true testament to our educators' devotion to the front line staff is the participation from clinical education in the EMR Go-Live at BGH. They devoted countless hours practicing EMR to ensure they could facilitate the transition for bedside staff. All educators received training and participated in the Go-Live process, and displayed a true team approach as other projects were placed on hold to assist our largest site in this critical initiative.

Despite our bumps in the road, the clinical educators demonstrate perseverance and dedication to the bedside staff and quality education at Kaleida Health. For this, I am truly grateful to lead this team, who has taught me so much about teamwork in the face of adversity.

CCRN Certification is a critical accomplishment for this ICU nurse

Ron Oakes worked in healthcare for almost a decade before completing his AAS in nursing five years ago. Since joining the team in the SICU at BGH two years ago, Ron continued his academic journey at Daemen, where he completed his BSN in May. He feels that the convenience of being able to attend school full-time via a one-day-a-week program at Daemen enabled him to quickly move through the program. He plans to continue for his Masters



SICU nurses receive CCRN – Ron Oakes, and Charge Nurses Maryann Larson and Lisa Boyer

and is interested in participating in the Kaleida/Daemen leadership partnership with the ability to earn six graduate credits. ***With all of these accomplishments, the one Ron is most proud of is his certification in critical care nursing, CCRN, which he obtained this past March.*** Ron gives credit to Dr. Lucy Campbell and the ICU managers at BGH for their leadership in supporting and encouraging their staff nurses to get their accreditation. Nurse managers, Peggy Schlotterbeck and Pat Holtz, with the support of Dr. Lucy Campbell, were able to increase the number of CCRN credentialed nurses at BGH from 5 to 19% in just over 18 months.

Ron and a number of his SICU and critical care colleagues, including charge nurses, Maryann Larson and Lisa Boyer, 29 and 23 years of nursing respectively, were also credentialed as CCRNs. They, along with over 70 Kaleida critical care nurses, took the Med Ex course that was co-sponsored by Mary Beth Campo and Dr. Campbell this past October. Ron says he and his colleagues formed study groups and spent four hours a week for eight weeks studying for the exam. Ron shares that the reason why obtaining his certification was such a milestone for him, was the validation

of his critical care knowledge and ultimately a nationally recognized standard of practice. Ron feels this credential is recognized and respected by co-workers and physicians.

Ron feels prior to the review course and studying he was a good critical care nurse. Now he feels he more fully understands the theoretical knowledge, patho-physiology and critical thinking in critical care to allow for quicker interventions that make him a better practitioner. Research validates that nurses with specialty credentialing practice at a higher level and have less significant patient incidents, intervene earlier to prevent complications and have stronger collaborative relationships with physicians. Collaborative relationships and effective communication with RNs and physicians plays a significant role in patient safety.

Although full-time work and school keeps Ron extremely busy, he is a member of the SICU UPC and the Kaleida Nursing Advisory Council (NAC). Ron says he enjoys being engaged in opportunities to enhance both patient care and the nurses' practice environment. Ron previously worked at a magnet hospital and believes it is the best environment for nurses to practice in.

Ron shares that his unit started a "Mission Recognition Board" to encourage co-workers to acknowledge team members who go above and beyond. Ron says that the comments posted by his co-workers are reviewed at the UPC who vote on the most outstanding. His manager, Phyllis Murawski, mails thank-you notes

to the winners; Ron says staff loves getting a thank you at home. Phyllis also sent congratulations cards to all of her nurses who obtained certification. The SICU also has a PTQ or Path to Quality Board where all of their NDNQI data is posted so staff can track progress on improvement.

About his unit, Ron expresses great pride saying, "We absolutely are a team; we take really good care of patients and we have fun at work. The SICU had zero staff turnover in 2010."



Hot Topics Patient Identification for Glucose testing with Glucometer

Judy Laurenzi, RN Nurse educator

Why is it important?

- For the results to go into the electronic medical record of the **CORRECT** patient
- For the results to cross into the medical record

If the results do not cross into the correct medical record, there is not evidence of carrying out the physician order for blood glucose fingersticks.



Class of 2012 enters this September.

Residency Planning Committee - Kaleida educators partner with Roswell, VA and ECMC.

If the results cross over into the INCORRECT record, the patient treatment may be delayed or inappropriate

What is the correct process?

After verification of the order and double patient identifier - **scan the patient armband for the Fin or PT number**

It is NOT acceptable to scan:

- Your employee ID tag (at the Patient Identification prompt)
- Blood draw labels
- Plue labels/stickers
- Patient ID bands from other facilities*

**To assure results to cross into the medical record:*

- Patient ID bands must be changed
- for inter and intra Kaleida transfers. (Example: patients from another Kaleida site, patients from another hospital or nursing home)
 - if the patient is admitted from a KH clinic or emergency department

Note: It is NEVER acceptable for an employee to test their own blood glucose with a Kaleida Health glucometer.

Oishei WNY Nurse Residency Program graduates its first class.

The successful conclusion of the first year of the Nurse Residency Program ended with graduation in Webster Hall at Millard Fillmore Gates on June 15th. Eighty six graduates from Kaleida Health, ECMC, Roswell Park and the Veterans Hospital completed a year long, 12 module (six hours per month) program. Modules covered a variety of topics such as body systems, EOL, self care and allowed residents to practice clinical skills, critical thinking and experience different clinical settings. In addition to the monthly programs, residents had both a preceptor and a mentor. Evaluations and interviews revealed one of the most highly rated aspects of the program was the opportunity to develop relationships with peers both within and external to Kaleida. Interns consistently shared that the ability to hear and share the challenges and successes of the first year of nursing kept them grounded and validated the commonality of these experiences rather than individual shortcomings.



Residency module - Second from right-Jessica Castner, Residency Program Coordinator, with national expert on 'new grads', Dr. Judy Boychuk Duchscher-center.

One of the highlights of the 12 presentations was a national expert on new graduate transition shock, Dr. Judy Boychuk Duchscher. Dr. Boychuk Duchscher is an Assistant Professor of Nursing at the University of Calgary and has been researching the experience of new graduate



Kaleida Nurses at UB 75th anniversary celebration.

nurses for the past two decades. She described the first year as a new nurse as a transition process to neither being a student or a nurse, being in limbo. She spoke before 160 senior nursing students, nurse residents, faculty and area nurse educators.

Despite the negativity that many new graduates often experience from seasoned nurses who often have unrealistic expectations for them, Dr. Boychuk Duchscher shares that many new nurses, 18 months into practice, are making diminishing remarks about the new graduates who follow them. Dr. Duchscher is the author of *The Process of Becoming: The Stages of New Nursing Graduate Professional Role Transition*. The three stages are “doing” during months 1 - 4, “being” during months 4 - 8 and then “knowing” during months 8 - 12. Dr. Duchscher emphasizes the individuality of this transition and the flexibility with which new grads enter and complete a stage. Dr. Duchscher offered hope and coping strategies; the most important was to use the resources around



Nurse Residency graduation-Gates June 2011.

them - educators, managers, preceptors and never be afraid to ask a question saying, “The safety of your patients depend on it.” Dr. Duchscher says, transitioning through the first year results in stress and significant fatigue; if unsupported or unrecognized, this can result in the graduate not only separating from their first position but may be so disillusioned they leave the profession.

Dr. Duchscher asked managers, educators and preceptors to educate their colleagues regarding the need for realistic expectations for new graduate practice. She spoke to the changes in acuity of hospitalized patients and complexity of care that is challenging for seasoned nurses and questioned, “How can we expect new graduates to safely care for patients at the same level of expertise as that of a 5 - 25 year veteran after 4 - 6 months of orientation.” She stated how a peer support network can change the experience and impact retention of the new graduate. She asked that we discuss career paths when new graduates are ready.

Dr. Duchscher asked the new graduates to challenge the healthcare system and to be the voice for the future and push for standards of care we

can all be proud of. She extolled the importance of preparing for their role and asking for patience and support from family and friends as they deal with the first year.

Lessons learned in the first year resulted in residents entering after board success and ICU grads entering two months after their M/S colleagues to allow them to finish critical care classes before joining the cohort. Although all partners could have gone off on their own, after year one of the Residency Program, they elected to work together on 6 out of the 12 modules, except ECMC who asked to partner for all twelve. The Catholic Health System has asked to join the planning sessions for 2011-2012 as has, The Center for Hospice and Palliative Care. Hospice will be sending new graduates to the simulation sessions and will host the EOL module for the program. We are excited by the success of the first group and anticipate a more effective program for 2011-2012, utilizing our past experience and lessons learned from cohort I. Michele Natwora is Kaleida's coordinator of Kaleida's Residency Program while Jessica Castner, program Director focuses on the evaluation phase of the grant.

Leadership partnership with Daemen College helps empower nurses and grows bedside leaders

The third cohort of Kaleida nurses will graduate from the leadership program with six graduate credits next month. The program began as an educational opportunity for nurse managers. The second and third

cohort was a mix of staff nurses and managers. Both groups appreciated and valued the opportunity to gain the other's perspectives. Group projects, part of the second semester course, were based on system needs and implemented by the participants. Cohort IV, which begins in January of 2012, will be largely comprised of staff nurses. Staff nurses with leadership skills will change bedside nursing and enhance patient care and safety in an increasingly significant way over the next decade. Anyone interested in more information regarding the program please contact Diane Ceravolo at 725-2684.

Graduates of the program have shared that the insight regarding themselves as leaders and the impact of their leadership style on their staff have made them more effective leaders. Several managers and staff said one of their "aha" moments from the first course was realizing that the only one they can change is themselves. Other comments included the ability to depersonalize conflict, which allows them to be responsive versus reactionary in their interaction with colleagues.

One manager said it changed his tolerance for sub-standard performers. He is unwilling to accept it and understands the impact

it has on other staff and patient care. He said he is able to deal with it dispassionately and identifies the need for the employee to change behavior or have consequences.

Staff nurses said it has changed how they advocate for their patients; if they find barriers in people or processes, they discuss their concerns from a patient safety perspective.

25 managers and 25 staff nurse leaders participate in leadership workshops

As a result of our Daemen partnership, Kaleida Health was given the opportunity to select 50 managers to receive training in leadership theory and skills. Kaleida requested that 25 of the slots be utilized for staff nurses, accompanied by their nurse manager, to participate in the program as a team. The first module was presented on September 13th and the second part of the series finishes in November. Dr. Mary Lou Rusin, Chair of Nursing at Daemen College, applauded Kaleida's focus on staff nurses as bedside leaders as evidenced-based and best practice. We will have more on this program and the participants' responses in the next issue of Connections.



Connie Vari, RN, COO with Joanne Papp, RN, Nurse Educator, at service awards, 30 years as educator.



March 15-16 TeamSTEPPS Training of 50 interdisciplinary staff.

Communication & Patient Safety

TeamSTEPPS initiative continues to grow

TeamSTEPPS communication tools for patient safety are alive and well at Kaleida. WCHOB led the initiative in 2008 with PICU veteran staff nurse Ellen Eckhardt and an interdisciplinary team attended training at Duke, one of five national training sites for TeamSTEPPS. Ellen and her team were the first recipients of the Connie Vari Leadership Scholarship. Ellen used this to promote and develop the initiative in the PICU and at WCHOB. Ellen has presented her unit's journey and success with implementing TeamSTEPPS at the National TeamSTEPPS conference in 2009 and the group participated in a national webinar.

The federal government interest in research in the area of TeamSTEPPS and its impact on patient safety and quality, led to an opportunity for Kaleida to train more interdisciplinary staff in 2011. As a result of Ellen's and Kaleida's exposure at

the national level, Kaleida was given 50 out of 110 training slots when the federal government sponsored TeamSTEPPS training in WNY this past March. Physicians, nurses and support staff from all five sites and LTC participated in the two day workshop. Response by participants was extremely positive and several initiatives are already underway throughout the system. A corporate resource/support committee was formed to help support initiatives at the sites. A Kaleida resource web page is currently available providing national information and resources as well as those available at Kaleida.

Additionally, Kaleida has taken the lead in presenting TeamSTEPPS at area nursing schools and has shared our training video with area deans and nursing program chairs for the purpose of incorporation into the nursing curriculum to further enhance patient safety.

Nurses facilitate discussion on communication and patient safety during new house staff orientation

On June 24th Kaleida staff nurses, educators and new nurses participated in the communication and patient safety module during orientation week for new medical house staff. The UB School of Nursing's ABS program, advanced students who come with bachelor's in fields other than nursing, also participated in the orientation. Nurses were part of the presentation to 180 incoming interns from the University of Buffalo graduate medical program. The staff nurses and educators helped with small group facilitations following the didactic presentation. Topics included collegueship, the nurse's role in identifying medical error, documentation, importance of house staff reading nursing notes, hand washing and checklists to impact hospital acquired infection rates. The interdisciplinary groups viewed ER videos and then participated in discussions facilitated by staff nurses, attorneys and risk managers. A number of Kaleida nurses from across the system, several of our communication trainers, NAC and UPC members participated in the interdisciplinary orientation.

Michele Natwora, nurse educator, felt that the issue of the RN's primary role as a patient advocate included the need for ensuring house staff were credentialed for procedures and the need to feel comfortable respectfully asking appropriate questions regarding this. Michele said in her group she



June 24 – New House Staff orientation; Stephanie Keim, Dr. Bradley Truax, Michelle Szeffler, Michele Natwora, Amy Klopp.

liked the ability to emphasize the importance of authentic collaboration, identifying for house staff, the resource and support nursing staff can provide to them. The opportunity for collaboration was apparent when Michele's group introduced themselves and shared where they were going to practice, a BGH ICU nurse and a BGH MICU house staff were in the group.

Amy Klopp, a RN on 7W at Gates and a 2010 graduate, said she volunteered to participate because she felt the topic of communication and patient safety was so important. Amy, a second career nurse, who spent 18 years in the business world before coming to nursing, said it was reassuring to see that house staff come in all ages, as second career people too. She said she has heard complaints of house staff from seasoned nurses but felt strongly that her group of house staff were eager to learn, work together with nursing staff and just like us, are eager to take care of patients.

Nursing Research

Get involved and change patient outcomes

Jessica Castner, RN, MS
Kaleida Coordinator for Nursing Research

Most bedside nurses reading this article could develop a list, with very little effort, on how to improve patient care and safety on their unit. Most likely, these lists would be innovative and utilize technology to support care.

In hospitals where staff nurses are directly involved in "bedside research," patients have better outcomes. We need your expertise and your ideas to

Kaleida Nurses getting involved in Research



create nursing research projects at Kaleida that will improve the care of your patients. Nurses at the patient's bedside contribute a valuable perspective on recurring clinical problems, potentially wasted hospital resources and innovative patient care solutions.

At Buffalo General Hospital, bedside nurses are using their practice experience and questions to set research projects in motion, largely through their Unit and Central Partnership Councils. Check out the diagram "Kaleida Nurses Getting Involved in Research" for the ways you can get involved in research. As the Nursing Research Coordinator, I can help you develop ideas and look at ways to measure the impact of your interventions and changes in practice or process. Nurse managers, educators and practitioners are all willing to help and can lead or mentor you through the process. A case study developed from a patient scenario on your unit is a form of hospital nursing research and a great way to share new knowledge! The Kaleida policy on nursing research can also provide guidance.

Some research projects can be implemented without a budget; but others may require equipment, fees to purchase surveys or other resources. To date, we've applied for over \$75,000 in research grants from national foundations and we've been awarded \$50,000 for a substantial project in the emergency department! The idea for this funded project came from a bedside nurse, who was very concerned that work demands were pulling more and more of her time away from the patient's bedside and limiting her ability to form meaningful relationships with patients.

The best news about a hospital nursing research team is that you don't have to conduct research by yourself. I can also assist in finding an existing project team. Some projects may require the nurse to take a web-based human subject ethics training (Institutional Review Board or IRB training), while others have roles and opportunities for nurses to create research posters, distribute materials, review journal articles or contribute opinion to the clinical meaning and usefulness of research results. Simply being involved



Sigma Theta Tau Nursing Research Day April 12.

is a great way to gain skills and find a mentor who has improved clinical nursing practice through research.

Consider getting started with the least intimidating (and most fun) part of research - the celebration of a completed project through publication or presentation. Mark your calendar for November 16, 2011 from 8:00 a.m. to noon to join Roswell Park Cancer Institute's Nursing Community Research Day. Nursing colleagues from Kaleida, Roswell and area schools will have their research on display! This fall, Kaleida's Nursing Grand Rounds will include a research topic to highlight completed projects as well. Keep a lookout in the spring for NYSNA's research day and the research posters on display in the lobby during Nurses' Week. In addition, you can ask your hospital librarian for published articles proudly authored by Kaleida nurses. Just getting involved in the celebration can give you ideas for your own practice and projects!

Here is just a sample of nursing research projects involving Kaleida nurses that are completed or underway:

- *Improving pain control* - BGH, 15 North Unit Partnership Council
- *Dedicated Education Units* - Connie Vari

- *Learning needs of ED nurses* - Janeen Bass
- *Recognizing dying in prolonged mechanical ventilation patients* – BGH, ILCU Partnership Council in coordination with SUNY UB's Edonn Ball and Dr. Davina Porock
- *Enhancing communication initiative*- Diane Ceravolo, Kelly Foltz-Ramos, Diane Schwartz, and Jessica Castner. Manuscript is undergoing edits for Nursing Management
- *Sustained culture change in behavioral health to reduce falls* - BGH Psych Unit Partnership Council led by Anthony Szarzanowicz and Donna Gatti
- *Emergency Department triage: What data are nurses collecting?* - Jessica Castner, published in the Journal of Emergency Nursing in July of 2011.

Sigma Theta Tau, nursing's research dinner has outstanding participation from Kaleida Health

Kaleida nurses had the largest number of poster presentations at the annual Nursing Research Day sponsored by Sigma Theta Tau and our professional Nurses' Association, NYSNA of WNY, District 1. Seven posters were on display with Kaleida nurses sharing

some of their bedside research projects with the nursing community. Kelly Foltz-Ramos and Renee Sylvies from nursing education shared a poster they presented at a national simulation conference. Kelly also shared a poster she co-authored regarding our nursing communication initiative. Anthony Szarzanowicz and Donna Gatti from behavioral health presented a research project to reduce falls in their patient population. NAC, Nursing Advisory Council, members presented the ED SBAR hand-off project for the second year, updating on the current state and outcomes of the two year project. Veronica Leverette and staff from BGH's 15N unit presented Reigniting the Heart, a colleague reaffirmation project they implemented on their unit to increase staff and patient satisfaction. Jessica Castner, our residency project Director and research consultant for Kaleida, had two posters at the conference.

The National speaker this year was Dr. Jane Barnsteiner's, a leader in nursing quality and safety. She spoke on the need to create safe cultures for patients and the need for education and practice to partner in doing this. All of the work that Kaleida nursing leadership and nurses have accomplished with respect to enhancing communication skills and promoting TeamSTEPPS tools over the past four years was validated as



Sigma Theta Tau Nursing Research Day April 12 – Kaleida staff nurses and educators with posters.

being critical to patient safety and minimizing avoidable medical errors.

News at the Sites

Schwartz Rounds at BGH help caregivers keep the compassion in patient care



Are about you!

This is a safe, non-judgmental forum for anyone who provides care and/or support services to patients or their families. Rounds bring together caregivers from multiple disciplines to discuss cases that were challenging clinically, emotionally and psychosocially.

Led by: Robert Milch, M.D. a surgeon and expert in EOL and pain management issues.

“When the Patient’s Response to Treatment is Less than What Everyone Hopes For”

BGH’s first Schwartz Rounds was presented on July 12. 134 physicians, nurses, lab techs, pharmacists, dietary, housekeeping and support staff attended. The interdisciplinary Rounds are not clinically focused. They focus on the experience of being a care provider and the feelings that are an inherent part of care delivery,

frustration, hopelessness, heartbreak, as well as intense satisfaction. By providing a safe place to discuss the challenge of care delivery, the ability to remain humane and compassionate is supported and maintained.

The Rounds originated in Boston. A healthcare attorney, Mr. Schwartz, dealing with a terminal diagnosis, realized the part of his care he valued most was the human interactions. He endowed the Schwartz Center in Boston to provide and mentor healthcare systems in planning, developing and implementing Schwartz Rounds throughout the country. Systems that have implemented Schwartz Rounds have seen an increase in both staff and patient satisfaction. WCHOB recently celebrated their first year of Schwartz Rounds and have had 80-110 staff consistently turn out for the monthly Rounds.

The July 12 Rounds at BGH, dealt with the frustrations for patients, families and care providers when “treatment is less than everyone hopes for”. The interdisciplinary panel was made up of Laura Mango, chief medical resident, Maureen Heimerl, manager hospital relations at BGH, Kathy Papia, RN, family liaison nurse for the MICU and Veronica Leverette 15N staff nurse, presented the patient case. Staff discussed their feelings regarding the topic, not clinical insights.



Panel and Planning Committee for July 12 Schwartz Rounds at BGH – (front) Dr. Katie Grimm, Veronica Leverette, Cathy Papia, Maureen Heimerl, Dr. John Brewer; (back) Dr. Robert Milch; Kathy Mariano (DYC) and Dr. Laura Mango.

Engaging the audience in sharing their feelings is part of the Rounds and was done successfully by Dr. Brewer as physician leader. Nurses, pharmacists, pastoral care and house staff were able to share stories regarding their frustrations and limitations with supporting patients and families. Rounds are every other month with the next scheduled for September 20. They start promptly at 12 noon and end at one with lunch provided and everyone invited. Evaluations have been overwhelmingly positive with many acknowledging the helpfulness of the Rounds with getting in touch with feelings and consequently enhancing their ability to practice more successfully.

BGH EMR Go-Live example of ultimate teamwork

Our largest site went paperless at midnight on June 21 and the response to “how’s it going” to managers and staff was, “we had some bumps along the way but overall great!” Managers and staff reported, “failure is not an option; we have



BGH EMR users – Amanda Austin, Valerie Fincher, Nicholas Trigilio.

frustrations but we're working through them." Close to 1,500 (not including MDs) staff were trained and over 289 classes were offered prior to the June 21 date.

Support from unit staff nurse super users, managers, MFSH nurses and educators from all sites, helped to ensure BGH nurses were supported. There were examples of great teamwork on every unit. Most unit staff nurse super users had devised workbooks for their colleagues to help navigate processes, such as admissions and discharges and how to deal with frequently asked questions. ILCU nurse Liz Walgate developed pocket cards as a quick reference to navigate documentation. Jen McGill, 16S staff nurse, described the experience as overwhelming at times, especially with respect to the detail required going from not only Kardex and paper chart but to a system where one order could now involve several distinct entries. Jen felt that the system was not as user friendly as some she had worked on, but said, "we all felt that way about Bridge at first, but now it's second nature." She felt that the staff nurse super users were most helpful to staff as they knew what needed to be documented and addressed with respect to admissions, discharges, etc. Jen said she likes computerized documentation and felt that everyone helped each other out during Go-Live on her unit.

EMR training also went smoothly at BGH due to the experience of MFSH



Nurses Week posters - BGH units spotlight PI initiatives.

pioneers, lessons learned and the planning nursing units, managers and staff nurses, invested in while preparing for Go-Live. Most units like 16S developed their own workbooks to help colleagues troubleshoot

problems and identify FAQs. Colleen Dowd and Kathy Curtin worked 12 hrs shifts. Colleen, Sr. Director of Clinical Nursing Informatics, shared that she felt it was helpful for the BGH staff to have practice scenarios instead of just practice patients as they used at MFSH. In lessons learned, the IST planning team created admission, discharge and other situations for nurses to practice on. Colleen said there were challenges but overall staff was positive and proactive. Colleen shared that it was not just the younger, technology comfortable RNs that were doing well. Sharon Sobus from the ILCU and Jo Marie Lapinia from PACU were both confident, seasoned nurse users and said that they really loved the EMR, according to Colleen. Sharon a RN for 21 years and a nurse for 30 said she is someone comfortable with computers and technology. She said the first class she took for the EMR was a bit fast paced and created some anxiety, but the ability to practice on her own was very helpful. She does like learning something new everyday as she navigates the system. Sharon suggests to colleagues while going through Go-Live "not to put up barriers and the process gets smoother." It can be frustrating but Sharon encourages staff to focus

on long-term benefits and says, "By 6:00 pm you are up to date; you're not rushing to get assessments and documentation done. It keeps you timely and organized; I like it!"

Colleen shared that although there certainly were frustrations from staff during the Go-Live process, she thought teamwork was awesome with staff assisting each other and relying on each other for help.

The support team did huddles twice a day with supers users and support staff and included both incoming and outgoing staff. Staff nurse educators from all acute care sites assisted with support of nursing units and participated in the huddles. Managers consistently spoke of their pride in their staff.

Karen Carlson created a learning lab on her unit, 15N and had nurses outside her unit come up to practice on the computer. Erica Nunciato, Karen's office supervisor, helped develop a handbook that included "helpful hints." Karen said she had a few staff members who hadn't taken advantage of the opportunity to practice but they received support from their colleagues. Amanda Austin a 2007 nursing school graduate, was a super user for "Go-Live" on her unit, 15N. Although Amanda "grew up with computers, she did find learning the program a bit confusing and challenging at first. She did, however, enjoy supporting her colleagues. Amanda credits another three year veteran, Valerie Fincher, and all the nursing staff on 15N with the success of "Go-Live." "We developed a handbook based on FAQs during

“Go-Live” and incorporated feedback from every staff member regarding questions and concerns,” Amanda shared. Amanda said at first she was frustrated with all the choices (drop-downs) on the assessment, but feels now that it “makes for a better assessment.” *Her advice to her colleagues at Gates, WCHOB and DeGraff regarding the EMR is “just be open to it - be patient with it and yourself; it’s just like Bridge, we had the same feelings and now we love Bridge!”*

DeGraff’s ICU recipient of the first Team GEM award

Luanne Finiki, ICU manager, could not be more proud of her team.

Luanne nominated her team for Kaleida’s GEM award, “Going the Extra Mile,” because of the unit’s outstanding stats for VAPs and CLC infections. The unit has not had a VAP in three years and has been at zero for CLC infections

for 18 months. VAPs at DeGraff are calculated based on 1,000 vent days, same as higher acuity units. A career DeGraff nurse, Luanne started as a high school graduate from the BOCES LPN program. She has spent most of her career in critical care, the last three as a manager. The 15 bed unit may not have the consistent acuity and complexity of BGH or Gates units but according to Luanne, they have their share of long term vents, sepsis, OD’s and surgical post-ops. In addition, as a small facility critical care unit, they handle everything - recovering patients



DeGraff CNO Anne Carey with DeGraff Nurses Week honorees.

from surgery as well as overflows from med/surg and telemetry.

From a quality and safety perspective, the reduction in VAPs and CLC infection rates are a significant accomplishment. The financial impact of each VAP is approximately \$10,000 per patient and costs hospitals about \$2 million annually.



Manager Luanne Finiki-manager with ICU staff.

mortality associated with VAPs are high at 20-40% and can increase ICU length of stay by four to nine days. CLC infections cost on average almost four times the amount of a VAP and the cost to hospitals annually is \$9 million. Nationally, hospital acquired infections is a major focus for healthcare systems.

Luanne says that thanks are extended to their infection control nurse Doreen Grobe who is very visible in the unit and has provided education and re-education on the VAPs bundle and enhancing awareness of the importance of hand washing on every hand that comes in contact with the patient, including environmental and dietary services. *As with CLC infection reduction, VAP bundle is about going*

back to basic nursing, elevating HOB, suctioning, turning and positioning and good oral care.

Luanne nominated her staff for the level three GEM award and requested the highest recognition amount, \$1,500. She used the money to host a dinner; she ran the full dinner twice so every team member could attend. Her staff was thrilled to be recognized and everyone was thrilled with the evening. CNO Anne Carey and site President Tony Zito attended. Luanne also purchased a small gift for each team member with an infection control theme. She and the team are dedicated to continue their winning streak!

Gates leads patient safety initiative with bedside report/hand-off

According to 7W manager Sue Brooks, her staff likes to lead innovation. She says, “My staff is all about learning. They’ve embraced the DEU, (Dedicated Education Unit model), many of them have finished or are working on their BSNs and they are open to new things.” When a request went out in late spring for a nurse to precept a refresher nurse from out of state, Sue’s unit volunteered immediately; Sue shared that she felt the nurse would get a great experience



Nancy Reynolds, refresher nurse, with 7W staff at Gates.

on her unit with her nurses precepting.

The refresher nurse, Nancy Reynolds, couldn't believe the level of teamwork and support the staff on 7W provided for each other. Nancy, who had lived in eight countries and has been on both sides of care, said she had never seen staff so responsive to call lights and to families. According to Nancy, "I've been in large teaching hospitals with family members and if we had care like the care provided on 7W, it would have been heaven." Nancy describes the teamwork on 7W as "symbiosis."

Sue feels that the DEU experience has been invaluable to her and her staff. "We've all grown as professionals," Sue shares. Sue says that the students and the support and nurturing inherent in the DEU concept taught the team on 7W "not to be afraid to ask questions." She feels as staff encouraged their students to ask questions, it became okay for them to do the same and not be afraid to not know something. Sue says she hears staff use new phrases now such as, "I don't know but I'll find out." The team is proactive and engaged.

This had led the foundation for some major initiatives such as bedside report for nurses and more recently PCA to PCA bedside report. In reviewing

their patient satisfaction scores, one of the areas for improvement was regarding the question, "I felt informed by the staff."

This presented the 7W team with an opportunity to do things differently. Sue said one of the big pluses is no more hushed voices outside the patient's room; now the patient and family are an active part of report as the nurses hand-off their patients and family to the next shift. *Sue says this is also an opportunity to "manage-up;" "you're in great hands; the nurse caring for you tonight is one of our best."* Theresa Morgan, one of the night nurses and a CI who recently completed her BSN after three years as a nurse, shares, "we want our patients to feel the care we are giving them is world class!"

Sue says that innovation is continuous with one new program providing inspiration and/or necessity for the next. As a result of bedside report, the staff needed a method of seeing the big picture and maintaining teamwork. The TeamSTEPS tool, the huddle, was instituted to fill this need. The charge nurse on 7W is the facilitator; the staff nurse gives the brief update on his/her patients. The interdisciplinary huddle is currently a twice-a-day, Monday through Friday process with pharmacy, medicine, discharge planning, OT, PT, speech and dietary a part of it. Sue says it is a time to support not only the patient

but each other. In addition to helping to address the LOS issues and ensure patient care is on track, it's a time to ask, "How are you doing? What do you need from the team?" Sue's goal is to continue the huddle on the weekend. *Sue said that all of the innovation focuses on patient and family satisfaction and engagement through enhancing communication and teamwork.* Deb Brownsey, manager at BGH, shared her innovation of a "bedside book" with Sue. It's a tool/sheet at the bedside that, at a glance, can let the interdisciplinary team know where they are with the plan of care, consults and lab tests; everyone can look at it and update it.

Sue says the energy and excitement for her is that "everyone is learning and teaching; after a patient shared with the PCA that she straight cathed herself twice a day. The PCA listened and then got the nurse; the patient taught the staff about her care which had not been identified on her health record." Sue states, "We all learn from each other and find out what could be better."

Tammy Hibbert, MFSH Nursing Supervisor starts charge nurse huddles

Tammy is a 1999 graduate of NCCC and received her BSN from Daemen. She has been a nurse at MFSH since 2002 and worked on telemetry before taking the supervisory position six years ago. Nursing supervisors at MFSH cover staffing, including mobilizing the float pool nurses and work with the charge nurses to manage bed flow. In addition, they respond to codes, rapid response team



MFSH huddle – Tammy Hibbert, Supervisor, with Charge Nurses.

and handle employee disputes.

Tammy says she loves the challenge in assisting staff and managers to obtain the appropriate resources to care for patients and helping everyone have the best day possible. She says she is an “adrenaline junkie” and loves the variety and intensity of the problem solving she does on a daily basis. Last summer Tammy began looking at working with the charge nurses as a solution to enhancing patient flow from the ED to the units. She felt it was frustrating for everyone involved not to be on the same page and the patient and family focus got lost. Tammy sent a survey soliciting the most convenient time for the charge nurses to get together and they started meeting last fall.

During the first meeting Tammy, with the support of the group, established the focus and ground rules; every meeting would have an agenda with input from all and that the meetings would end at one hour. During this time, the call center was being implemented and Tammy said there was some anxiety around the issue.

The agenda covers topics of interest to the group and critical

information to not only enhance patient flow, but to provide effective care. In January, Angelo Parlato was the speaker and helped answer questions regarding MD compliance and responsibility for the MOLST. This enabled the charge nurses to hold

the MDs accountable with more understanding of the physician’s role. The group has also worked on the issue of restraints and drilled down to find out what are the underlying issues. They gained a greater understanding on the impact of restraints on placement options for their patients; higher level of care facilities will not take patients who require restraints. Supervisors have instituted restraint rounds to help staff look at opportunities to eliminate and ensure compliance with documentation if they are needed.

Hank Cole, the Quality Director at the site, has been on the agenda to discuss with the group the reimbursement changes based on the ability to manage disease processes such as CHF much more effectively.

Tammy says working with the charge nurses has given her a greater appreciation for their challenges

but also the critical role they play in ensuring the day goes well for patients. “It’s all about focusing on what’s best for the patient and families, getting them onto the unit as soon as possible, ensuring tests are done in an efficient manner and ensuring their discharge is timely,” shares Tammy. All of these things are about quality and patient-focused care and they are also fiscally responsible.



MFSH ice cream sundaes Nurse week.

Tammy said, due to the success of the huddle, the group would like to expand to include ED charge nurses who are a big part of the issue of patient flow and enhanced understanding and building relationships among in-patient units. Collaboration with the ED charge nurses would assist with the process. Karen, a charge nurse on 3W, commented on the benefit of understanding her colleagues’ perspectives, “Everyone thinks their unit is the busiest and instead of complaining, I now feel, with more understanding that it’s not about who is the busiest, it’s about solving our problems and focusing on the patients.” Amy, a charge nurse on 2N, said the huddles have given



WCHOB Educators celebrate with Nurse of Distinction Becky Roloff.

her a broader perspective and she gets ideas for enhancing patient care from the other charge nurses. She likes the feeling that they help each other out. The guests that come to the meetings help clear up issues that allow everyone to do their job more effectively.

WCHOB V9 receives grant to focus on medication history and patient safety - bedside report and huddles support safety too

Linda Hubbard, manager for V9 in-patient surgical services, realized that the EMR presented special concerns with her surgical pre-op pediatric patients. Medication history from PMDs, clinics and in-patients stays can create confusion. Additionally, patient medication dosages may have been changed and four to five different doses can be reflected on the history. Surgeons not familiar with the patient's medical history and parents who are poor medication historians also create safety concerns for surgical patients. A large amount of nursing resources are utilized trying to validate medications and dosages, and still medications can be omitted or late.

Linda submitted a grant to Cardinal Health Foundation for patient safety. Cardinal Health is a medial supply company that offers a number of grants per year around the issue of patient safety. Competition for the grant is intense. Linda and Cindy



WCHOB-, V9 staff - Mary Miller RN, Jessica Stone RN, Linda Hubbard RN-manager, Janet Fullagar Pharm Tech and Jessica Lawson RN; missing from the picture is Jessica Saums RN and Erin Stevens RN.

Brown, RPH submitted the grant in April, and recently found out their proposal was accepted for funding. The competition for these grants is intense and Linda was thrilled to have her first application accepted. They recently began data collection and are planning to hire a pharmacy tech to do this part-time for the next ten months. They then plan to analyze the data and make recommendations to enhance the process. The focus of the data collection will be the current process and the nurse intensive resource utilized in getting an accurate medication history.

Linda, a BGH graduate thirty years ago, has spent her entire career at WCHOB on surgical services. She said she applied for the manager position six years ago because she wanted to make a difference in a broader sense. Linda feels the unit practice council model has changed this and now staff nurses have a greater voice in decisions impacting their practice. Linda is thrilled with her UPC and says they are a clinically competent and patient focused committee, with the shared governance model, staff nurses cannot

only impact change Linda shares, they drive change.

Linda shares that her UPC and the pediatric units at WCHOB have been participating in the project "Revitalizing Bedside Care," part of a national collaborative with CHCA, Children's

Hospital Consortium. The initiative's focus was getting staff back to the bedside. On her unit they started with hourly rounding. Staff did not immediately embrace this and many team members were resistant. Linda said what she and the team found out was that staff started getting ready for shift change at 6:00 am and didn't finish until 8:00. This was repeated twice a day eliminating four hours a day when patients weren't seen. Report done at the nurse's station was lengthy and not always efficient. As a result, for the past 18 months, her staff has been doing bedside rounding with great success. What V9 found out is that bedside rounding takes less time, has the opportunity to involve the patient and family and impact patient and nurse satisfaction. Linda was additionally surprised to find that overtime dropped by 16% as a result of the change in reporting off.

Huddling began as a direct result of beside report and consequently the need to give everyone the "big picture snapshot" of the unit. The V9 team huddles twice in a 24 hour period, led by the charge nurse. They have been successfully running huddles for

the past year. Linda credits the education team with helping put together the training for the bedside rounding; every team member received four hours of training. An SBAR format is incorporated into bedside report. Linda does manager rounds to follow up and solicits family feedback. *She feels that families are happier and has seen a slow but steady progression in upturn in patient satisfaction scores.* Linda believes the UPC has and will continue to focus on processes to enhance quality and safety and says, "I have a great team and they are making a difference in care."

Nurse educators offer education update

Pat Volker, RN, MS, Clinical Nurse Educator

The Clinical Education Department at WCHOB conducted 30- six-hour sessions throughout the spring in conjunction with Respiratory Care, Infection Control and the Family Advisory Council. A total of 463 RNs at the hospital participated.

Along with the mandatory topics of CPR skill demonstration, defibrillator review and glucometer recertification, other subjects were included based on a hospital-wide nursing needs assessment that were completed in late 2010.

Marc Leaderstorf, Pam Orbank, Karen Neary, Andy Mulvaugh and

Katie Charleton from the Respiratory department presented



Poster presentation at Education update - Kim Esford, PICU Educator.

crucial information and demonstration of high-flow O₂. Also included was a review of current treatments for bronchiolitis and indications, complications and tips for successful endotracheal suctioning of patients on mechanical ventilation.

Members of the Family Advisory Council, including Tim and Val Sember, Vickie Rubin, Theresa Drum, Becky Scherrer, Paul Boghun, Colette Frysz, Chris Toth, Chris Muller, Nicole Dayka, Trina Stinson, Erica Beyea and Ann Maghran (WCHOB Family Centered Care Coordinator), discussed communication styles and their impact on successful interactions between staff and patients, including their families. Strengths and weaknesses of hammers, teddy bears, big picture people and detail people were addressed in a fun and effective

manner. Information was presented regarding Family Centered Care, the Council, Parent Network of WNY and the Early Childhood Direction Center. Many evaluations included comments regarding the benefits of the presentation and hearing about the care we give from the perspective of the family.

WCHOB Infection Control Practitioners Sue Michalec and Jilliana Wasiura included a video showing blatant breaches of infection control that encouraged lively discussion among the groups. Proper blood culture procedure was reviewed in an interactive manner, resulting in a drop in blood culture contamination. Isolation, including the new Kaleida Health signage and indications for each type of isolation, were presented.

Skills labs were assigned by area of focus. These hands-on stations included trach care and suctioning, the use of the infant high fidelity simulator for emergency scenarios (including defibrillation and cardioversion), the use of the maternity simulator for shoulder dystocia and code drills and IV drip review for PICU staff.



WCHOB Nurse educators offer education update.

Staff received updates on Neonatal Abstinence Scoring (NAS), PICC line, Mediport and Broviac care and were able to practice accessing a Mediport. A big hit was the Jeopardy Shock game, with categories that included Oh Baby, Oh Mama, Totally Critical and It's Shocking, to name a few. Friendly rivalry developed between the two teams (usually approximately nine each from different nursing units) and resulted in team names such

as the Culterettes, the Night Owls, Us & Them, and the Anemias.

Poster presentations included Proper Labeling of Specimens, Carb Counting, Sophia Observation Withdrawal Symptoms Scale, Code Blue Documentation, Vaccine Consent and the new NRP and CPR Guidelines.

An overwhelming majority of the evaluations ranged in the good to excellent categories. Comments included, "Best yearly CPR/review I have had," "Very well done," "The simulation was scary but helpful," and "Amazing, like the idea of doing it in one day." Instructors made it enjoyable and easy to understand. Suggestions included a larger space and more specific unit related information. The Education Department at WCHOB is proud of this very successful educational offering!

Long Term Care

Nurses Week 2011 celebration includes recognition of Nurse of Distinction

*Maureen Heimerl, RN, MS, PNP
Manager Hospital Relations*

Lorraine McLaughlin - Assistant Director of Nursing at the Deaconess Center, was nominated by Director of Nursing, Mary Alice Cislarski. Mary Alice states "Lorraine positively affects every aspect of our facility as she involves herself in direct patient assessment, interaction



with family members, education for staff members and leadership activities. Lorraine continuously monitors the quality of care in our facility through observation, infection control data, wound and restraint rounds, as well as quality meetings with our medical director."

Having received her Masters Degree in Nursing from Louisiana State University in 1988, Lorraine is very well qualified to assist in the leading of her nursing department which includes well over 200 staff members. All of the nursing staff knows Lorraine very well as she makes it her practice to mentor, educate, and follow the practice of these staff members. A great many of our nursing staff can credit Lorraine with their own desire to go further in their career because she mentored them.

Lorraine is truly the face of Kaleida long term care at the Deaconess Center as she is the consummate professional, kind and compassionate and perpetually searching for a positive outcome. Lorraine's personal standard for quality care and respect for each patient as an individual makes her the perfect candidate for the 2011 Nurse of Distinction.

Lorraine states, "The most rewarding aspect of my career has been providing quality care for our residents and their families. I have been in roles which afforded me the opportunity to mentor and guide staff and ensure we are

providing the best possible care and outcomes for our residents. I am very proud and honored to work with the professional and dedicated team at the Deaconess Center."

Tina Ford - Millard Fillmore
Gates SNF Director of Nursing



was nominated by her administrator, Matthew McDougall. Tina's nursing career started in 1986 in long-term care and she continues today as a nurse leader in the LTC setting. Tina started and worked her first 10 years as an LPN. Always seeking professional growth and best practice to serve her residents, Tina became an RN in 1996. Tina has held many positions in long-term care over her career. She was a charge nurse, unit manager, the assistant director of nursing for nine years and now is the Director of Nursing.

According to Matt, "Tina's ethical standards and positive attitude have created a culture of teamwork and commitment. Tina is always looking for opportunities of continuing education and professional development. In 2010, she completed the Advanced Director of Nursing Program. Tina has sent her managers and supervisors to educational opportunities throughout the year. Tina is always seeking best practice initiatives. She is a role model for all nurses and is always willing to improve processes as she seeks feedback from her staff that is empowered to strive for excellence in care and manage resources."

Tina is well respected because of her willingness to explain the rationale behind the nursing practices and procedures that we follow. We have many new nurses in long-term care and Tina takes the time to explain the “why.” The insight that Tina provides the nurses leads to better compliance and quality of care for our residents. Tina manages difficult situations with an open mind and is consistent and fair to her staff. Tina listens well and will consider every point of view before making a decision or recommendation.

In Tina’s words, “What I find most rewarding about being a nurse is the bond I share with the residents and the families that I care for in my work. In long-term care, you especially have the ability to build trusting relationships and provide unconditional love, support and compassion to the resident and their families on a daily basis. I feel a sense of pride and satisfaction knowing that I have made a difference in someone’s life.”

Blanche Junn, RN - from the DeGraff Memorial Hospital Skilled Nursing Facility, was nominated by Kathleen Murphy-Villafranca, Director of Nursing.

Kathy stated in her nomination, “I first met Blanche in 1993 while working in long term care. We worked together for six years at that time. I remember always looking forward to when both Blanche and I worked the same days,



though opposite shifts - when I was coming on duty, Blanche was going off duty. What that meant was I knew all of the residents had been well taken care of, that no detail was unnoticed, that the unit was neat, clean and all issues addressed, all tasks complete. Most important of all is that the residents were happy. Blanche has that effect on everyone she cares for.”

In long-term care we often care for those nearing end of life. Blanche projects peace, comfort and compassion with the utmost dignity and respect to those that are in need. She values the life experiences the residents have shared with her, learns from them, and then teaches her staff.

As the Director of Nursing Services, there is an enormous amount of responsibility 24/7. Blanche makes eight of those hours virtually worry free for me. Knowing Blanche is with our residents night after night is comforting to both me and the residents. Blanche is filled with knowledge, compassion, and laughter, which she generously shares with all those around her. She is clinically outstanding and an expert in geriatric care. Her love for the elderly has kept her in the field of geriatric nursing and long term care for nearly 20 years.

Blanche states, “The most rewarding part of my career is caring for people at the end of their lives. My goals for those in my care are always the same—to make them comfortable both physically and mentally. My aim is

to care for people in the same way that I would care for my own family. It is a joy to know that the smallest things—a moment to listen, a kind word, and a simple touch can bring comfort to those in my care. It is also rewarding to work in a field where you never stop learning.”

Jessica Bracero, RN - was nominated for the Waterfront Skilled Nursing Facility Nurse of Distinction by Nicole Gallagher, Administrator.



In Nicole’s words, “Jessica is a true inspiration to her staff, her residents and her families. Jessica is always available to anyone who may need her. Jessica has an open door policy for her staff, residents and family members. On a daily basis Jessica continues to go above and beyond her call of duty both as an RN and a manager.

Nicole goes on to say, “Jessica is an advocate on behalf of our residents insuring that they are always seen as individuals and their needs are always met.”

Jessica’s response to her nomination was, “Knowing that I make a difference in someone else’s life is rewarding. I am a dedicated, confident and a determined nurse for my residents, so I can say at the end of each day that I made a difference and I have no regrets.”

HighPointe on Michigan nears completion

Maryalice Cislarski, RN
Director of Nursing - LTC



Kaleida Health's new LTC facility, bounded by Michigan Avenue and Maple, East North and High Streets, is rapidly progressing toward completion. As the December 3rd and December 4th dates for moving residents

from The Deaconess Center and Millard Fillmore Gates SNF units draw near, recent tours of the facility reveal completed resident rooms, tiled bathrooms and exterior brick and unit gardens with finishing touches.

Design teams are currently choosing interior finishes, light fixtures, wall



North wing, 2 story garden



hangings and resident and child-friendly furnishings. As nature is a continuing theme throughout the facility, bug-inspired light fixtures will be found on the pediatric unit and floral wall sconces will be located outside each door of the adult resident rooms.



Interior of ventilator unit

20-bed pediatric unit, 10-bed adult ventilator unit, 30-bed short-term care unit offering subacute and rehab services, 40-bed medically complex unit, two 40-bed units offering specialized care of behavioral and dementia residents, and three 40-bed long term care units.



Windows in the ventilator unit



Plentiful outdoor space and balconies

The management team for the new facility has been identified and the Human Resource department will soon be working with union members from both Deaconess and Gates to finalize the staffing complement for each of the care units. At this time, the units in the new facility will include a

Currently, cultural integration activities for the staff members from Gates and Deaconess are underway as a means of bringing together the two work forces prior to the move to the new Michigan Street address. The goal is for each and every employee to realize that they play an integral role in the success of the new facility which will build not only a new culture for the work force but, most importantly, a new home-like atmosphere for the special residents who will live there.



Home-like design

Visiting Nurses Association of WNY

VNA Committed to Quality and Innovation

*Lisa Greisler, RN,
CNO/Director of
Clinical Services*

VNA nurses have been busy in 2011 doing what they always do: providing high quality evidence based care to our patients focusing on improving patient outcomes. Home care continues to grow as the shift continues away from in patient care to community based care. There are many opportunities for the VNA to partner with our health system, our payers and other community providers on initiatives to improve patient outcomes, reduce hospital admissions and drive down health care costs.

Of course, it is up to us to demonstrate the effectiveness of these initiatives through reporting of outcomes including patient satisfaction. Like the hospital and other providers, home care is required by CMS (Centers for Medicare and Medicaid Services) to conduct surveys regarding our patient's perception of the care



they receive (patient satisfaction). The Consumer Assessment of Healthcare Providers and Systems Home Health Care Survey (HHCAHPS) is designed to measure the experiences of people receiving home health care from Medicare-certified home health agencies. VNA began using Press Ganey as our vendor for the HHCAHPS survey last year. Year to date for 2011, the VNA rates above benchmark on the percent of patients who would definitely recommend the VNA (83% compared to NBM of 82%), and at benchmark for patients who would rate the VNA as a 9 or 10 on a scale of 1-10 with 10 being the highest rating (86% compared to NBM of 86%). Several of the VNA branches have rated well above 90% in both areas including our Niagara, Genesee and Allegany Branch offices.

Other measures that the VNA is rated on by CMS include process of care measures. These look at various processes that home care agencies can influence to positively impact



VNA honorees at Nurses Week recognition ceremony.

patients. These include things such as conducting certain risk assessments on every patient (depression screening, falls risk, pressure ulcer risk and pain assessments) and then assuring that interventions are provided to address any risk identified (such as pressure ulcer prevention measures implemented, diabetic foot care education implemented, and so on). On an overall basis to date the VNA is at or above national benchmarks on 11 of the 13 reported process measures. Two of our branches (Genesee and Allegany) are at or above benchmark on all 13 measures.

In addition to all of the specific work on patient satisfaction done by our interdisciplinary staff- driven patient satisfaction team, (facilitated by Clinical Manager Judy Capruso) and the work that everyone is doing on patient outcomes, we have a couple of programs focusing specifically on reducing Acute Care Hospitalization.

Clinical Manager Diane Walker leads a mutli-disciplinary team that is looking at specific best practices demonstrated



VNA RN, Amy Chandler, doing what she does best, provides high quality care to improve patient outcomes.

to reduce re-hospitalization. The team is incorporating tools such as risk identification, medication reconciliation, use of emergency care planning, front loading of visits, continuity of care providers, and use of Telehealth, to name some of the tools.

Additionally, Diane will be leading the education of our staff on health coaching, a tool used to increase patient empowerment and patient self-management.

Use of Telehealth continues to be a primary tool used in the reduction of readmissions. The VNA now has nearly 600 Telehealth monitors in the field and is clearly a national leader in this area. Led by Disease Management Program Manager, Barb Lotterer, the program's focus has grown from a primarily cardiac focus to also monitoring the diabetic population, other conditions that place patients at risk of hospitalization and is piloting use of Telehealth on pregnant women with hypertension and/or diabetes.

Lastly, Laura Raisor, Director of VNA



Stephanie Resetarits, RN provides the care for her patient to meet his goals: 'Get well at home...stay well at home...be well at home...with a little help from the VNA.'

Home Care Services, has developed a Care Transitions program operated in concert with two of our payers. This program is designed for patients who do not qualify for traditional home care services but are identified at risk for re-hospitalization.

The program follows the traditional model for care transitions which involves an educational visit to the patient to complete medication reconciliation, help the patient establish their PCP appointment, assist the patient with establishing their personal health record as well as 3 follow up phone calls in the 30 days following hospital discharge. This program has also been proven to reduce re-hospitalizations.

Of course all of this could not happen without the great cadre of nurses that the VNA has throughout all branches and departments. Those recognized this year during nurse's week are our 2011 Nurse of Distinction, Diane Klein RN, BSN, MS, ED.; Wendy Perry RN, our 2011 Outstanding Staff RN; and Christina Charles LPN, our 2011 Outstanding Staff LPN.

Diane Klein (left) currently serves the organization as Clinical

Service Manager in the Erie office overseeing two teams of home health nurses; one that focuses on traditional home health care and the other for patients of the Long-Term Home Health Care Program. She began her career at the VNA as a home health nurse and then transitioned to a nurse liaison before being promoted to nurse manager more than eighteen years ago. Her nursing management experiences include managing the liaison team at the VNA, management of the Long-Term Home Health Care program, and then as Clinical Nurse Manager overseeing a team of nurses who cover the inner city of Buffalo as well as the Long-Term Home Health Care Programs for both Erie and Niagara Counties. Diane has many qualities that make her an excellent nurse and manager; however her commitment to VNA patients and her dedication to the Company stand out. Throughout her career Diane has had multiple experiences as a nurse and nurse leader. What is most important is her dedication to our profession, her love of what she does and her unrelenting commitment to our patients- this is what makes her a great home care nurse and nurse leader.

Wendy Perry (right) is currently a home health nurse in the Erie Branch office of the VNA (team 4) managing a diverse and challenging patient population in the city of Buffalo.



Wendy epitomizes the term “patient advocate” giving superior care to the VNA patients. She thoughtfully, quietly and wholeheartedly works to ensure that all of her patients’ needs are met. She has outstanding communication skills and a strong working knowledge of the community resources available to her patients. Wendy is highly respected among her peers, maintains a positive approach in everything she does and is committed to her professional practice through on going education as well as serving as a mentor to others. Ever the professional nurse, the patient is at the center of what she does as she carries out her care- compassionately, competently and caringly. Wendy is truly dedicated to providing the highest quality nursing services possible, is an absolute asset to the VNA and an outstanding representative of the nursing profession

She completes her patient care assignments efficiently as she goes about her day and is always willing to help out other team members however she can. She delivers superior care to her patients demonstrating excellent clinical skills, judgment and communication skills whether providing direct hands on care or with patient education. Her strong work ethic is evident in everything she does and her commitment to her team is evident every day. She is a true asset to the VNA.

VNA Announces Immunization Campaign

The Visiting Nursing Association (VNA) of Western New York has kicked off its annual immunization campaign.

The campaign is aimed at protecting the Western New York community from influenza and pneumonia. The VNA’s professional nurses will be administering the vaccines at over 600 clinics throughout Erie, Niagara, Chautauqua, Cattaraugus, Allegany and Genesee counties.



- ✓ Preservative free vaccine available for anyone who is pregnant.

The locations of the sites are listed on the VNA’s website www.vna-wny.org/ or www.vna-wny.org/flu/ or by calling us : VNA phone hotline at (716) 630-8330.

The fee for the flu immunization is \$30, FluMist is \$40 and the pneumonia shot is \$45. The following insurance cards are accepted: Medicare Part B, Independent Health, Univera and Blue Cross/Blue Shield. Individuals are responsible to the VNA for any charges not covered by insurance.

Though preventable, influenza causes an average of 36,000 deaths in the United States each year. The Center for Disease Control (CDC) recognizes the best way to prevent contracting influenza is with an annual flu shot.

In 2010, the VNA immunization campaign administered about 28,000 flu shots at more than 600 senior centers, local businesses, government offices and other convenient locations across Western New York.

Anyone who would like information on hosting a public clinic or any employer who would like an on site clinic, please contact Donna Sauer, the VNA program director at (716) 630-8738.



*Get well, be well,
stay well at home*

Key facts about the 2011 immunization campaign:

- ✓ Seasonal flu vaccine offered to ages nine and over.
- ✓ A parent or guardian must accompany anyone under age 18.
- ✓ FluMist nasal spray also available for ages 9-49 who are healthy and not pregnant.

Christina Charles

(left) is currently a home health LPN with our Chautauqua county team.

Working with a variety of home care RNs and a diverse population of patients, Christina easily adapts to changing situations. She

is a very competent and independent functioning LPN while maintaining the communication required as part of a health care team.

News and Events

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Save the Date!

Initiative on the Future of Nursing

Roswell Park Cancer Institute's
Nursing Community Research Day

November 16, 2011
8:00 a.m. – 12 p.m.

National Keynote Speaker

Linda Burnes Bolton,
DrPH, RN, FAAN

- Co-chair of the Robert Wood Johnson Foundation and the Institute of Medicine Initiative on the Future of Nursing
- Vice President and Chief Nursing Officer at Cedars-Sinai Health System and Research Institute



Schedule of Events

Contact Information

darryl.somayaji@roswellpark.org
Wendy.raber@roswellpark.org

8:00 a.m.- 9:45 a.m.

Poster Session/Continental Breakfast

10:00 a.m.-11:00 a.m.

Keynote Address

11:00 a.m. -12:00 p.m.

Panel Discussion with Nurse Leaders



Editorial Staff:

Diane Ceravolo, RN, MS - Editor
Cherie Hepp, RNC, BSN - Editor
Shirley Ferraro - Editor
Mary Beth Campo, VP/CNO - Editor Ex-Officio
Kerry Zilka - Graphic Designer
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For career opportunities visit our website at www.kaleidahealth.org/careers

Nurse Recruiters

Buffalo General Hospital.....Sandra Boneberg, RN ~ 716-859-4647
DeGraff Memorial Hospital & SNE..... Maryellen Demmy, RN ~ 716-568-3515
The Deaconess Center..... Cherie Hepp, RN ~ 716-878-7952
Millard Fillmore Gates Hospital & SNE..... Lori Stoudmire, RN ~ 716-887-5683
Millard Fillmore Suburban Hospital..... Maryellen Demmy, RN ~ 716-568-3515
Women & Children's Hospital of Buffalo..... Cherie Hepp, RN ~ 716-878-7952
VNA of WNY.....Candyce Thayer-Roselli ~ 716-630-8601