

Nursing

connections



Magnet Conference

– Light a Candle

Mary Beth Campo



Twenty Kaleida nurses and I traveled to Phoenix, Arizona this past October to attend the 2010 Nursing Magnet Conference. Six thousand nurses from around the world, as far away as the Middle East, Australia and Scandinavia, converged on the Phoenix Convention Center to spend three days celebrating

their colleague's success with magnet certification and recertification and to share best practices.

Our Kaleida team was thrilled to cheer on WNY's first time certified magnet hospital, Roswell Park. One message, excellence, was repeated throughout the three-day conference. Deepak Chopra, renowned physician, researcher and best-selling author, was a key note speaker. He discussed the psychology of "happiness" and its link to satisfying and meaningful work. Dr. Chopra then tied his happiness theory to nursing. He identified nursing as a profession having the opportunity for one of the most innately satisfying roles and one with deep meaning and importance to society. He used the word "opportunity" as those who choose to practice the profession

with great happiness and joy have the most satisfying careers.

The conference closed with nursing theorist Jean Watson's Caring Theory. She echoed Dr. Chopra's thoughts on nursing's great opportunity for satisfaction through the practice of the essential "caring aspects" of professional nursing. Both of these diverse thinkers seemed unified in their perspective on the inherent satisfaction in nursing as a career and the opportunity to profoundly change experiences of pain and suffering in those whose lives we touch.

These speakers brought to mind the Chinese proverb, "it is better to light one



Magnet Conference

candle than curse the darkness." This is a message congruent with what together we will accomplish as we continue on our magnet journey. I say continue and not START as we have already begun through innumerable site and system initiatives aimed at supporting caregivers, patients and families. I need your help and support and I promise you mine. The power of one, each of us leaders for patient care, advocates for our patients



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Magnet Conference - Team Kaleida October 2010

and families, supporting a culture of respect and value for all. We will get there. . . better to light one candle.

I'd like to share with you some of the impressions of your colleagues who attended the magnet conference and were inspired by what collectively we have the power to accomplish. Each year staff nurses will have the opportunity to attend the conference so they can return and share the passion and power of nursing with all of you.

Veronica Leverette, D'Youville College '83. "I can't wait until the day that we get our magnet accreditation; it's like identifying us as a five star healthcare system." Veronica, who is celebrating 25 years of nursing practice at Kaleida, and works on 15 North at BGH, states, "we are dealing with an educated public who wants to know that when they come to Kaleida, they are being cared for by highly qualified professionals who are committed to



NAC group planning for Magnet

delivering excellent care."

Michelle Gabriel, Syracuse University '98, joined the staff at WCHOB, M/B unit in 2000. She feels strongly that the magnet direction focusing on the

development of unit practice councils, UPCs and shared governance is exactly what nurses need. "We need to stop complaining," Michelle says, "and use our considerable talents in a proactive way. If we need change, we must first believe it can happen and then be part of making it happen."

Ellie Daly, BGH '79, has spent almost her entire career at BGH, her longest practice being in the MICU at BGH. Ellie loves her colleagues in the MICU. "It's like working with family," Ellie shares. Ellie says she sees magnet accreditation as a celebration of great nursing care. She knows that some nurses think it would be impossible for Kaleida to get there; but after attending the educational sessions, she strongly feels that Kaleida is doing a lot of things that the magnet hospitals are doing and some things that they haven't even started, such as TeamSTEPPS.

Michele Natwora, NU '89, has spent over a decade on 9 South's Hospice med/surg unit at BGH until joining nursing education at Gates in 2010. Michele says she found the keynote speaker, the father who memorialized

his son by developing a recognition program for the nurses who cared for him as he died, was incredibly moving. She said to hear how his and his family's grief was lessened by the outstanding care and compassion his son and the family received from the nurses was testimony to the impact all of us as nurses have on the lives of those in our community. Michele said this really spoke to her with her background caring for terminally ill patients and families on 9 South. She wants nurses to celebrate how amazing they are in the same way this family has done.



Team Kaleida thanks Connie Vari

Cindy McMurtrie, Trocaire '90, Cindy "bumped in" the Gates ED in 1996 after six years in med/surg. The bumping turned out

to be very positive for Cindy, who has found her niche in the ED. Cindy feels strongly that good nurses build relationships with each other. She said that she has a good rapport with floor nurses at Gates because she is sensitive to what is going on at their end, not just trying to get the patients out of the ED. She feels that magnet is nurses striving for excellence while promoting each other's greatest strengths.

Ellen Eckhardt, Valparaiso University '83, has spent her 28 years of professional nursing in the PICU at WCHOB. Ellen says she was especially moved by Dr. Chopra's request that as nurses we listen to each other,

our patients, their families as well as to ourselves. In order to give satisfying care to both ourselves and to our patients, we need to connect with how much what we do matters to so many people.

Diana Kornacki, NCCC '87, has been a nurse at DeGraff since

1976 and completed her BSN at UB in 2000. She loves DeGraff and feels she and her colleagues are listened to and treated with respect and fairness. Diana said when she attended a magnet session dealing with the need for transformational leadership she had already been intimately involved with developing these skills. Diana was one of the first staff nurse participants in the nursing leadership and change partnership between Kaleida and Daemen. Diana said she feels the goal of magnet is to make a difference within ourselves that is reflected in our practice and the practice of our colleagues.

Kim Murphy, ECC '07, BSN Daemen '10, has spent her entire career at MFSH in the float pool. Kim says nursing is a second career and she is so proud of being a nurse, a TeamSTEPPS trainer and a Nursing Advisory Council (NAC) member. Kim's take away from the conference was a tremendous confidence in collective nursing energy and power. Kim feels that nothing can stop us from our goal if we work as a team. The goal is the same for every Kaleida employee,



Elizabeth Gunn-Taylor and Ron Oakes create Magnet posters to help educate staff

the best possible patient care. This is why Kim shares, "I got into nursing and it's why all of us come to work everyday."

Jerome Shitteh, UB '08, in addition to his work in the CCU at BGH as a staff nurse, is a full-time DNP student at the University

of Rochester. Jerome is passionate about what he has learned in the Daemen leadership program regarding transformational leadership. He has been a communication and TeamSTEPPS trainer for two years, and is passionate about the impact bedside nurses can have on care. Jerome feels TeamSTEPPS empowers nurses to care for each other as well as their patients. Jerome sees magnet as assisting all of us in ensuring what we do as nurses is evidence-based practice (EBP). Jerome sees that employee empowerment, bedside nurses as patient care leaders, can result in exemplary practice and consequently make a "significant difference in every life we touch."

Ron Oakes, ECC '06, has been in healthcare since 1994, first as a CNA and later as a LPN. He joined the staff of the SICU at BGH in 2009 and was thrilled when he heard that BGH had started on the magnet journey. Ron came from a magnet accredited hospital in Florida and believes in the patient care excellence and nurse empowerment that the journey emphasizes. Ron is committed

to help educate his co-workers regarding what magnet stands for, taking accountability, leadership and incorporating EBP to deliver the best possible care. Ron adds that he is totally committed to ensuring magnet because he plans to retire from Kaleida.

Nadine Strelski-Flanders, NU '88, has been an educator in the NICU at WCHOB since 2006. Nadine feels, "Magnet is really all about us. We, as nurses, have the opportunity to make a tremendous difference in patient outcomes. Sometimes it takes bringing us together as a group to understand the collective impact we can have."

Karen Howard, NCCC '86, says, "I love DeGraff and am excited for myself and my colleagues at DeGraff about the magnet journey and what it will mean for us." Karen feels strongly that we have opportunities to improve the quality of the care we deliver, along with nursing and patient satisfaction throughout Kaleida.

Lisa Gunn-Taylor, AAS '85, BSN Daemen '10, has been a peri-operative nurse at WCHOB since 1988. Lisa was also moved by Dr. Chopra's presentation on giving patients and colleagues appreciation, attention and affection and not being afraid to "touch" people. Rubbing the forehead, touching a hand or the face has scientifically been shown to be therapeutic and reduce the need for analgesics and narcotics. Lisa felt Dr. Chopra's talk validated all the things nurses know and believe in. She says, "If we care about our patients, magnet is simply doing all the things we need to do to give and be our best."

Nursing Education

New manager of Corporate Clinical Education

UB faculty Jen Jennings, assumed the position of manager of corporate nursing education in January. Rosanna Schultz, long time Kaleida nurse and manager of education for the past three years, retired at the end of 2010. Jen is excited about the opportunity to further enhance the clinical education experience for nursing staff throughout Kaleida. She states that she has been fortunate in her nursing career to have had “amazing opportunities to practice and innovate in professional nursing.” Jen has been impressed by the innovation and nursing leadership at Kaleida and is looking forward to working with the nursing education team. She is also thrilled to be joining the nursing staff on the magnet journey and is excited by the empowerment and evidenced-based practice that are the by-products of a magnet journey. Jen sees herself as a transformational leader whose ultimate success is built on collaboration and supporting the success of front line nurses. Jen likens this to Toyota’s business success, “they get their best ideas from their front line workers. If we can engage bedside nurses, the more empowered they are, the higher we raise the bar for clinical excellence and quality patient care.”



Jen Jennings began her nursing career in 1998 after graduating from D’Youville College. She completed her MSN as a family nurse practitioner, FNP, in 2000 and obtained her RNFA in 2001. She is currently completing work on her DNP. Jen’s first position as a registered nurse was in the neurosurgical ICU at Syracuse University. She relocated back to Buffalo in 1999 and worked at DeGraff while completing her Masters. She gained invaluable experience as a nurse practitioner in the role of medical officer of the day, MOD, covering nine services and ER admits at ECMC. She was concurrently faculty at her alma mater, D’Youville College and taught in the BSN and Master’s program. She became a full-time faculty member and was promoted to the role of Assistant Professor and completion level coordinator in 2006. Jen left D’Youville in 2008 to assume the position of Assistant Professor of Nursing at the University of Buffalo in 2008.

Jen served as the faculty member for our DEU on 9S at BGH since its origination in 2009. She also has a patent on a pregnancy garment to enhance safety during driving and will be completing her DNP in May of this year. Jen is respected by management and staff for her leadership and approachability. Her

calm demeanor and proactive attitude toward problems made her a resource for students and Kaleida nursing staff. We are thrilled to have Jen as part of our nursing leadership team at Kaleida

Clinical Education at Kaleida

This past year was a year of improvement and enhancement of new and long-standing programming for clinical/nursing education. New media and enrichment of online programming by adding “voice” to enhance quality and learning was accomplished. Role playing and case studies were used to engage adult learners and facilitate critical thinking skill development; these were integrated throughout our curriculum. We were able to add confidential “real

time response” to evaluate the effectiveness of education by the audience. Simulation learning was fine tuned and expanded.

Over 450

nurses attended clinical courses such as cardiac, moderate sedation, hemodynamic, respiratory and neurology. Another 250 attended charge, preceptor and trainer classes.



Nurse Edgecomb - DEU originator visits 9S DEU CIs at BGH Oct 2010



Mary Bernosky-Rak celebrates 30 years of nursing with Manager Rosanna Schultz and CEO Jim Kaskie

Kaleida Health leads the nursing community in integrating simulation education

Our Clinical Education simulation program is extending beyond Kaleida. Kaleida nurse educators, Kelly Foltz-Ramos and Renee Sylvies, and area faculty and practice-based educators have formed a professional group, Simulation Educators of Western New York or SEWNY. One of the first collaborations of the group SEWNY, resulted in a well attended workshop/conference that hosted faculty and educators from across NY State. This year the group has offered a number of more modest conferences whose goals have been to support faculty in integrating simulation learning into their curricula educational programs. SEWNY is committed to integrating simulation learning into education programs to enhance creativity, best practice, sharing resources, and have it meet the needs of the adult learner, specific generations and critical thinking skill development through case scenarios.

With the WNY Oishei Nurse Residency Program, a collaboration between Kaleida, Roswell, ECMC and the VA, Kaleida was the only system who had already integrated simulation learning into nursing orientation and interdisciplinary programs such as code blue. Our nurse educators took the lead in the sessions offering simulation using a variety of patient care scenarios. The

simulation sessions are geared towards development of both technical skills and applying theory to practice and the development of critical thinking.

Our Kaleida simulation specialists are Renee Sylvies and Kelly Foltz-Ramos. Kelly has an undergraduate degree in IT and Renee has over 20 years of simulation learning experience



Educators Renee Sylvies and Kelly Foltz-Ramos with simulator and education guests

from her military career. These educators collaborated on a poster presentation that was accepted for the “International Meeting on Simulation in Healthcare” in January 2011. Their poster reflects the experience of simulation integration into the Nurse Residency Program.

FREE Continuing Education (CE)

Available on KaleidaScope

We often think of conferences as one of the best methods of obtaining continuing education offerings that many of us need to maintain professional certification and licensure. The best method can be the least expensive as well, while providing the most up-to-date information regarding our clinical practice. Going online has the added advantage of allowing us

to read, complete and obtain credits when it is most convenient for us to do so. The instructions below are an easy step-by-step approach to access some “practice relevant” articles with CEs attached.

Steps to get there:

- Start on Internet Browser
 - In left column- grey box under “Kaleida links”
 - Click on HUBNET
 - Everyone should register for home use of HUBNET on the opening page of HUBNET
 - At the top of the screen, grey bar (header) “create an account”. This will allow home use of HUBNET
 - In the HUBNET screen labeled: **Hospitals and University at Buffalo Library Resource Networks**
 - This screen is an index of available data bases
 - Middle column – 6th link down is “Nursing Reference Center” (NRC)
 - Click on NRC
 - You’ll see pink folder tabs, click on the folder tab called “Continuing Education”
 - Search for a class by either typing topic into “Browse for” window or by searching through the alphabetic listing
- * First time users will have to register. After registering, user should note their log-in name and password.*
- **Managers who plan to track the CE should advise staff to list the manager’s email. The email will deliver a completion certificate.*

Registering for a CE offering will start in CINAHL Education: An education service.

Click the link for registering “New user enrollment” in the second paragraph.

- Select a course, offerings include:
- An article for reading
- A pre test
- A post test
- An evaluation

*** Program stores certificates

Any questions, please contact a member of the Kaleida Health Clinical Education Team.

Enhancing the surgical experience for student nurses by creating a “360” clinical

Donna McCourt RN, manager of 16 North and South, and Helena Kittleson RN, D’Youville College faculty, were looking at a solution to a problem of an overlap of two different student rotations on 16 N and S on Tuesdays. The problem was created when two groups of students were assigned to 16 N and S; N does not open until 10 a.m. on Tuesdays for post-op surgical patients. To accommodate the two different groups of students,

Helena and Donna discussed having her students “off the floor” so they could ensure a clinical for both groups. The “overlap of students” led to a discussion and the idea for a design of a “systemic/360” experience for Helena’s students. Donna and Helena would pre plan patient assignments for 2 - 4 students who would come in on Tuesday at 7 a.m., go to meet their surgical patients and their families in the SACU, follow them to surgical hold, observe the surgery and then continue to follow them in the PACU. On Thursday they would be assigned to provide post-op care and education to the same patient and their families.

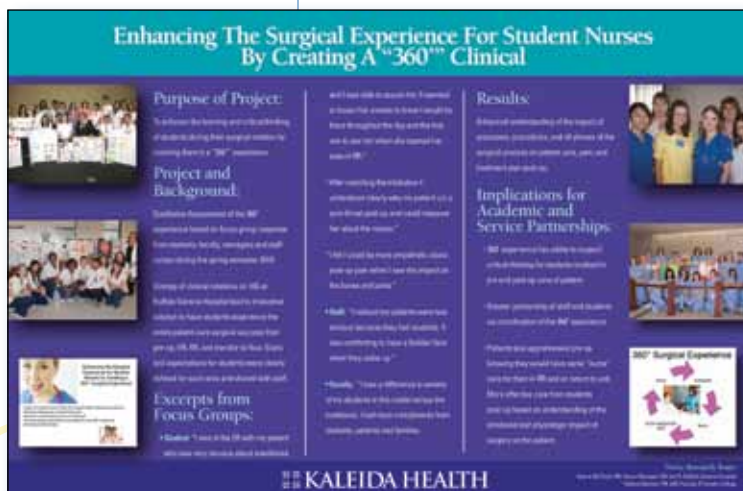
Donna worked with Kristie Kinsley, peri-operative manager and Michelle Ramsey-Hansen, OR educator, to ensure understanding and support for the newly designed surgical experience with the peri-operative staff. Goals and clinical expectations for the students in each of the peri-operative areas were clarified with staff nurses. As a result, students developed a comprehensive understanding of the surgical patient and an elimination of “siloeing” with respect to the patient’s surgical

experience when students view “pieces” of the surgical experience with a variety of patients rather than seeing the full experience with one patient.

Students expressed their ability to understand the patient’s pain experience, need for positioning post-op and possible complications after viewing surgery and patients in the post anesthesia recovery room. With the help of PACU nurses, students were able to understand the post anesthesia phases and the criteria utilized to discharge the patient to the floor. They additionally were able to witness first hand the impact of delayed lab results on surgery and the need for two patient identifiers.

Using the evening rotation to enhance the experience, Donna and Helena created an opportunity for both day and evening students to experience “hand-off” of care by having the day group report off on patients to the evening group. Helena said she found the “360” students better able to understand and apply the nursing process to patient care and a greater ability to express the importance of surgical and aseptic technique.

During a debriefing session with Donna, Helena, students and staff nurses on 16 N and S, everyone expressed enthusiasm for the new experience, including the staff nurses. Uniformly, the ability to enhance the clinical experience of the student nurses and support the development of their critical thinking skills regarding the full spectrum of surgical patient care was expressed by all as extremely valuable. The partnering of staff nurses



Donna McCourt’s 360 poster

with these students to enhance patient care and evidence-based practice was realized as an opportunity for both groups to grow professionally. The staff nurses said how much the patients and families appreciated the continuity of having the same nurse with them in pre-op hold and that when they opened their eyes in PACU. According to nurse manager Donna McCourt, "I noticed that my patients were less anxious and I had less requests and concerns from the families on my floor with this process in place."

As a final project, the students presented short training sessions on orthopedic topics identified by the staff nurses as something they wanted more information about. Donna and Helena presented the "360 degree learning experience" to the Academic Partners Advisory Council in October.

Daemen cohort II–November graduation project utilizes SBAR to enhance patient safety and union partnership

The Kaleida partnership with Daemen College to enhance leadership skills at every level graduated its second cohort this past November. Nine managers and staff nurses participated in the Executive Leadership and Change curriculum which had each employee completing six graduate credits over the course of two semesters. The program, which began in 2009, consists of a total of 31 alumni including 5 staff nurses. Cohort III begins in January

of 2011 and consists of four staff nurses and eight managers. In the second semester the cohort divides into teams and works on projects common throughout the system. The 2010 graduates continued the work of their predecessors, which included the two projects entitled, "Strengthening Union Partnerships" and "Utilizing TeamSTEPPS to Enhance Nursing Practice." Anyone interested in more information should email Diane Ceravolo.

Western New York Nurse Residency Program update

Jessica Castner, RN, MS, CEN

"It was a lot of fun and engaging. It also came at a great time when I have really started to question nursing and if this is what I want to do. It was very refreshing and made me feel I was not alone." This feedback from a graduate nurse at six months of practice highlights how difficult the first year of practice can be, and how nurse residencies can help support and retain them. The first year of practice involves a steep (and often stressful) learning curve for new graduate nurses; and the Western New York Nurse Residency Program is designed to support their transition and professional development.



Daemen cohort III orientation. Front L to R: Luanne Finiki, DeGraff; Anne Hoar, DeGraff; Lisa Balas WCHOB. Back L to R: Lem Mogavero, BGH; Sofia Arutunian, Gates; John Fredericks, Program Director, Daemen

The first cohort of new graduate nurses is half-way through the program. Most are off orientation and are taking independent assignments. The residency program includes, opportunities for mentoring by a professional nurse who acts as a non-judgmental sounding board for the new nurse as well as role model for professionalism and assists with coaching the new graduate to set realistic expectations for clinical practice. In addition, the "residents" attend a monthly professional development day.

The November and December programs focused on end-of-life care, self-care, and quality improvement. As the nurses work to become competent and proficient members of their unit, there is a tendency to focus on skills versus critical thinking; frequently there isn't enough time to ask all of the questions as they apply theory to complex nursing care/practice. The residency program provides time to ask questions and discuss concerns while offering didactic, simulation learning and case studies to support clinical progress. Reflective practice is something that can assist nurses at all



Daemen cohort II graduation

stages of expertise with professional and clinical development. Some of our recent activities revolved around answering the following example questions and concerns:



Kelly Foltz-Ramos Nurse Educator leads art therapy class

“How do I deal with workplace bullying when I know I’ll have to rely on that person for help?”

“I see an issue on my unit and I have an idea that could improve it for every-

frustrating. Ideas about streamlining documentation, protecting the role of the preceptor, and improving teamwork are percolating through the program as we work to develop new nurses as bedside leaders of quality and safety.

A sincere thanks to everyone who has worked hard on this program, changing the educational

experience of our new nurses, nursing staff, PCAs, MOAs, preceptors and mentors, nurse managers and educators, together we are creating a program that will enhance the clinical skills and practice of new nurses.

“Pain management at the end of life is not like what I learned in school. What else do I need to know to advocate for an end of life patient in pain?”

“How do you get balance in your life as a nurse so that you are not always thinking about work when you get home and worrying about what else is left to do?”

“Is it OK to let yourself cry in front of the patient and family when caring for the patient at the end of life?”

one. What do I do next?”

In addition to educators and practice experts, teaching is shared by the new nurses themselves. They are beginning to share their recently acquired specialty knowledge with



WCHOB Educators assist during infant simulation scenario

each other through case presentations. The nurses in the nurse residency program are also beginning to learn about how to take their ideas into unit-based improvement projects. Following the advice of Albert Einstein who said, “We cannot solve our problems using the same thinking

that created them,” the new nurses approach unit-based problems with fresh eyes and fresh ideas to problems that many of us also find

Nurse Residency – New graduate in CVICU has served in IRAQ and finds unit top notch in nursing teamwork

Kristina Marquez is a new UB School of Nursing graduate and a member of the first WNY Nurse Residency program working as a staff nurse in the CVICU at BGH. She originally graduated with a degree in exercise physiology and then enlisted in the military and served two tours in Iraq before deciding that she wanted to have a greater impact on patient care as a nurse. During her military career

she functioned as a respiratory therapist with the critical care transport team. Kristina said her team transported and triaged ground casualties to



Nurses being taught yoga to destress by yoga instructor Cynthia Juhre (back middle)

“How do nurses on the night shift get enough sleep?”

“Please give me advice on how to assist parents in their time of grief after a pediatric death.”

“I’ve seen the DNR/DNI get repealed by healthcare providers and I don’t understand.”



WNY Nurse Residency EOL Panel

a higher level of care facility. Her team was comprised of herself, an anesthesiologist, MD and a nurse. Kristina said she learned that going back to basics, keeping the patient safe first, is essential no matter where you work. Her knowledge of communication in dealing with enemy patients, ethics, trauma care



Kristina Marquez – Nurse Resident CVICU

and learning humility was “awesome.”

Kristina said she has worked in critical care since high school working as a respiratory therapist

while obtaining her first and second bachelor's degrees. She has tremendous respect for her CVICU team and said she did not think she would find greater teamwork than she experienced in the military, but it exists in her unit. She says that she hadn't seen patients come first consistently outside of her experience in the military until now. She also says she was a bit afraid of being welcomed by other nurses as she had discussed lateral violence in her nursing program but has seen no evidence of this on her unit. She states the staff in the CVICU has exceeded her expectations for supportiveness and she couldn't have better preceptors than Penny Brown and Nancy Fachko. Additionally, she says the WNY Nurse Residency Program has provided her with a mentor who is “realistically positive” about expectations for her first year.

The opportunity to network outside of her site and system, extending to the entire WNY healthcare community has been invaluable. She said that the program wants all new graduates to succeed and she has really enjoyed the small group opportunities to discuss professional expectations. Kristina said she and her friends are thrilled to be part of the program.

Kristina said she did not have any nursing clinical rotations at Kaleida and thought she would work cardiac care at ECMC but when she had the opportunity for a position in the unit she jumped at it. “When the CEO came to our orientation and spoke regarding our connection to the hospital's mission, I knew I had made the right choice,” Kristina says. Kristina said she is proud of everything Kaleida stands for in the community and plans on spending her career here.

One and Only

A recent online survey of 5,446 healthcare practitioners revealed an alarming lapse in basic infection control practices associated with the use of syringes, needles, single dose vials, and flush solutions.

- 1% of respondents admitted to sometimes or always reusing a syringe on multiple patients after only changing the needle.
- 6% admitted to using single dose vials for multiple patients.
- 15% reported using the same syringe to

re-enter a multiple dose vial numerous times.

- 9% use a common bag or bottle of IV solution as a source of flushes and drug diluents for multiple patients.

Each of these unsafe practices has been associated with disease transmission and is prohibited by the CDC. Pathogenic contaminants not visible to the eye can enter a syringe after an injection. In the past, there has been a hepatitis B outbreak related to the reuse of syringes while accessing multiple dose heparin vials.

All staff should understand that any form of syringe and/or needle reuse is dangerous and must be avoided. The current CDC guidelines state that syringes and needles be used only once. Single dose or single use vials should be used one dose for one patient and immediately discarded after entry into the vial. For further information on this topic you can visit <http://www.oneandonlycampaign.org>.

The One and Only Campaign is a public health campaign aimed at raising awareness among the general public and healthcare providers about safe injection practices.



Nursing Research

Have ideas and questions about your nursing practice?

Jessica Castner, RN, MS, CEN

“Why do we do this? How often does this happen? Which way is better?” Do you ever find yourself asking those types of questions about patient care and nursing work? As a practicing professional nurse, you likely have very good questions. Sometimes you can’t find satisfactory answers in the policy, library, or journals—now what?



Bedside nurses are the key to innovative, effective and safe patient care. Kaleida is piloting a bedside nursing research program at BGH that we hope will, after lessons learned, serve as a model for bedside nursing research at our other acute care sites. We hope to start integrating research into practice by surveying nurses, managers and educators for their practice questions and support investigation and implementation of bedside “changes” using current literature as well as add to the body of knowledge (the science) that drives nursing practice. Organizations that value the contribution of nursing knowledge, like Magnet hospitals, support grass roots bedside nursing research. Nursing research may seem more familiar in the academic setting but the need for “practical” research that has the ability to immediately change patient outcomes is essential. Practicing nurses may not feel that

they have the time, resources, or experience to engage in nursing research. Our goal at Buffalo General is to make research significant to good nursing practice.

The Institute of Medicine’s report, “Keeping Patients Safe: Transforming the Work Environment of Nurses,” outlines the importance of incorporating science to empower frontline nurses to integrate “best practice” into nursing practice. It is important to understand that you don’t need to have a research degree to add value to research or the science of patient care. Borrowing from the successful business and research practices of other industries, we know that searching for new practice solutions and testing new ideas must come from frontline workers to remain relevant to the product. In healthcare this is those caring for patients. Buffalo General Hospital is working to both listen to and support the research ideas and projects of bedside nurses by assembling a team of expertise to support practice questions.

In an effort to close the practice-research gap, we have begun to gather a list of nurses’ practice questions and concerns through each Unit Partnership Council (UPC). These UPC questions have been sent to area experts in nursing research. With the team effort of bedside nurses, nurse educators, nurse managers, and

nursing researchers, several of these questions have become the foundation for nursing research projects. For example, the ILCU at BGH is in the process of researching the topic of “nursing assessments and outcomes of patients on prolonged mechanical ventilation.” Additional projects are underway to research nursing teamwork and factors affecting nursing tasks left undone at the end of a shift.

Since the pilot began, much of the work has been done behind the scenes, attempting to capture grant funding for research projects and set a structure in place to answer your nursing practice research questions. Next time you have an idea for a nursing research topic, don’t hesitate to forward the idea to your site medical library staff, your UPC, nurse manager, nurse educator or email jcastner@KaleidaHealth.org.

TeamSTEPPS tool to help keep patients safe during hand-off of care

Michele Natwora, RN, MSN, Nurse Educator

The Nursing Advisory Council, NAC, began looking at opportunities for improving patient safety in the fall of 2009. After a literature search, they decided the issue of hand-off

was one of the most vulnerable times for patient safety and decided to look at a more effective tool and process for hand-off of emergency department patients to the unit. Three sites were



NAC members: L to R: Veronica Leverette, Kim Murphy, Michele Natwora, Ellie Daly

interested in piloting the tool, which was developed with input from floor and ED nurses. MFSH, BGH and DeGraff participated in the pilot. Each site had a different method of hand-off. Some used a faxed report with a nurse to nurse call while others, only a faxed report. All three managers along with the ED and unit staff felt there were opportunities to improve the process. The pilot began at MFSH and was implemented for three months with a pre and post survey. Subsequently pilots were instituted at DeGraff and BGH.

The SBAR pilot post survey data collection was completed this past summer and has been reviewed. Thank you to all participating nurses for completing the survey. Special thanks to all of the ED nurses at our three sites and the staff of 13S at BGH, 2SW at MFSH and all the DeGraff nursing units who were willing to pilot the new tool and participate in pre and post surveys. The survey questions were focused on the staffs' perceptions and understanding of "hand-off" of care, with respect to patient safety and effective communication. Responses were equally received from ED nurses and unit nurses with both 12 hour shifts equally represented. Positive responses were acknowledged with respect to recognizing the direct relationship "hand-off" has with patient safety. Implications for future research suggests the process used, faxing the SBAR hand-off with the inclusion of



Trainers Michele Natwora and Cathy Rees present to MFSH nurses

a follow up phone call, could impact the transfer time of the patient out of the ED. Limitations included novice researchers, no control over participants, interpretations of questions and the structure of question responses. After presenting our findings to the November Nurse Executive Committee, our NAC group received unanimous support to continue the use of the SBAR form and process for all patient hand-offs from the ED to accepting unit

Communication and Patient Safety

Train the Trainer Program on TeamSTEPPS completed in December of 2010

Year three of our nursing strategic communication initiative concluded with another 39 presentations at all five acute care sites and a total of 975 nurses attending. These presentations were delivered by our 18 staff nurse trainers from June – December of 2010. A total of over 4,000 nursing staff have been trained

in communication and conflict resolution since 2008; during 2010 training on TeamSTEPPS tools for quality and patient safety was added to the presentations. A dinner was held

on December 13th to recognize these staff nurses and their commitment to patient safety. These nurses stood up in front of their colleagues and shared the importance of teamwork and patient advocacy in preventing patient errors. They taught TeamSTEPPS tools as critical in providing quality and safe care to our patients and families. Interdisciplinary huddles, brief and debriefs and a variety of checklists procedures have been implemented throughout Kaleida.

Evaluations from staff have been very positive and show a strong commitment to enhancing

communication among care providers with an understanding of how important effective communication is to minimizing error and giving quality care. Staff comments also reveal an understanding of the need to be bedside

leaders in patient safety and advocacy. Kelly Foltz-Ramos from nursing education is coordinating the post surveys with the support of the site educators. Kaleida is looking to submit an article for publication this spring.

Physicians attend TeamSTEPPS presentation in October

The Kaleida TeamSTEPPS group who traveled to Duke University two years ago to attend a master training session delivered a presentation on October 26th to 25 Kaleida physicians who were identified as potential supporters of TeamSTEPPS tools. The



Stephanie Keim and Lisa Marlin present TeamSTEPPS

presentation was co-hosted by Connie Vari, COO; Margaret Paroski, CMO and Mary Beth Campo, Corporate VP for nursing. Our CEO, Jim Kaskie, also attended the presentation. There was tremendous support expressed for patient safety and the need to support an environment where every member of the healthcare team is valued for their contribution to care and the importance of “speaking up” with safety concerns. Grant funds are available to host a training program on site in the first quarter of 2011. Several physician leaders have expressed interest in attending this session.

Kaleida wins Best Practice at State AONE for second year in a row

In December, the same presentation was delivered to the Quality Committee of the Kaleida Board who were engaged and very supportive of the need to spread TeamSTEPPS tools throughout the organization. Currently nursing is following up TeamSTEPPS training with post surveys. Surveys will be completed in the first quarter of 2011. We are hoping surveys reveal a greater understanding of the need for effective communication and teamwork to keep patients safe. Our train the trainer initiative with our TeamSTEPPS training was recognized by the NYS Association of Nurse Executives for Best Practice for 2010. Jodi Witherell, Director of Neuroscience and Stroke



Services, presented the initiative at the State Conference in November. Our TeamSTEPPS training has been part of orientation since 2010, management training, on Talent Management and preceptor update. Additionally, our WNY Oishei Nurse Residents from ECMC, VA and Roswell were also exposed to TeamSTEPPS training during 2010.

Music video to raise awareness for the importance of Teamwork

The Szatkowski family, Home Depot and Scotts Company donated \$5,000 to Kaleida to support the development and production of a music video to highlight the need for teamwork, effective communication among care workers and our patients and families to enhance quality and safety



BGH staff dance for communication and patient safety music video

of care delivery. With the support of Connie Vari, Mary Beth Campo, Elsie Dawe

and Susan Spanitz from the Foundation, videotaping was completed this past November with over 350 Kaleida employees participating in the video, which was filmed at all five acute care sites. A local musician and community supporter, Neville Francis, lead singer for the reggae band “Strictly Riddim,” donated a song from his

first CD, “There must be something we can do” and participated in the filming. We hope to utilize the video to promote TeamSTEPPS and raise awareness nationally.



MFSH MB staff huddle. Left: Darlene Honadle RN/MBU-Nursery nurse; Chuck McGuire, RN NNP; middle front and back: Diane Young RN/MBU charge nurse and Margaret Weed, RN, CNM; right: Mary Heard, RN/L&D charge nurse and Dr. Neri, in-house attending



MFSH music video



MFSH OR staff dance with robot for patient safety

SBAR Tool for hand-off of care in the CVICU–Daemen Cohort II Project

Sophia Clayton-Arana, OR nurse manager at Gates; Kelly Foltz-Ramos, corporate nurse educator; Michele Hubert, RN supervisor BGH; Cynthia McMurtie, ED RN at Gates; and Lisa Schmidt, ambulatory services director at WCHOB, were participants in the Daemen Leadership and Change partnership with Daemen College's cohort II. The first class/cohort graduated in November of 2009 and cohort II graduated this past November. The second class/cohort was expanded to include applications from staff nurses, as part of our vision to grow leaders at the bedside. During the second semester project work, this group of staff and managers from various sites selected as their project the integration of TeamSTEPPS tools into a unit to enhance teamwork and patient safety. The team identified the Open Heart Unit at MFG and the Cardiovascular Intensive Care Unit (CVICU) at BGH as the units to focus on. The goal was to have the same process and shared goals for the transfer of patients from the Operating

Room to the CVICU giving the two units a common language (TeamSTEPPS) to support enhanced teamwork and patient safety during the collocation in 2011. Staff surveys were distributed prior to project implementation to assess unit specific needs and concerns. As a result, the cohort focused on the CVICU at Buffalo General and the hand-off of care process from the Operating Room to the CVICU. Once piloted, the process could be duplicated at MFG.

The team worked closely with the CVICU staff to develop the process. This included a focus group and education on the use of SBAR (Situation, Background, Assessment and Recommendation) as a process for ensuring comprehensive exchange of critical information regarding patient care/status. A SBAR hand-off tool would be utilized in communication between the CVICU and the OR. The SBAR tool would be used to give report for an open heart patient to



TeamSTEPPS Daemen project

be transferred from OR to CVICU. The OR staff was also engaged in dialogue around the issue of enhanced communication during hand-off and

additional changes were made to the tool. Process maps were developed which provided the staff with an outline of implementation. The form was placed on Req Direct and is being utilized in both areas. A post survey was distributed to staff and the results revealed that the staff felt the new processes have positively impacted communication, safety and teamwork at the bedside. Our cohort has recommended that the processes be shared with the Open Heart Unit and education utilizing the SBAR, to be rolled out at the sites.

SBAR Tool used to strengthen union partnerships – Daemen Cohort II Project

Cathy Cassaci, manager at WCHOB, Jim Gialella, manager of 13N at BGH and Ellen Eckhardt, staff nurse in the PICU at WCHOB, completed a team project as part of their course work for the Daemen Leadership and Change program. They were part of cohort II and continued a project started by the first cohort in 2009, "Building Trust in a Unionized Environment." We were able to collaborate with union leadership of the Communications Workers of America (CWA) and the Service Employees International Union (SEIU).

Our cohort team researched organizational dynamics of the three organizations: CWA, SEIU and Kaleida Health. We focused on the similar mission/goals of all three groups. There were shared concerns regarding trust among the three groups. However, all groups had similar goals, providing quality care to the patients and our community,

recognition of the importance of building teamwork and respect and the promotion of excellence and high standards of nursing practice. All groups expressed a desire to build trust and more effective working relationships. Our group felt that this interest in collaboration could be an opportunity for all three groups to move toward our mutual goals.

We decided that SBAR was a communication tool that we could utilize to assist with clearer and more effective communication and minimize issues around conflict resulting from problematic communication. This could then enhance and build trust and improve collaboration. SBAR provides a mechanism to frame a conversation so information is conveyed between people in a consistent and reliable way. Poor communication has been a contributing factor to poor patient outcomes and it is also linked to suboptimal functions in the business world. SBAR can enhance the predictability of the content of communication and minimize errors in receiving it as it was intended. It has the potential to minimize hidden or personal agendas and the union leaders were receptive to the SBAR tool, which has been utilized for clinical communication within Kaleida for about two years and is in fact becoming part of the Kaleida culture. All three groups agreed to trial the SBAR tool for the purpose of more effective and goal-based communication. In addition, our union partners expressed interest in receiving training on other TeamSTEPPS tools for more effective communication.

News at the sites

MICU focuses on teamwork, huddles, EOL support and making patient care number one priority

Cathy Papia has been a nurse for 30 plus years. She graduated from the BGH School of Nursing in 1979 and began her career at BGH on 2 North, then a medical teaching floor. She also returned to school for her BSN. Kathy has worked in a variety of roles including assistant head nurse, in-service education, critical care educator, ACLS coordinator, as well as extensively precepting new nurses in CCU and MICU. One of her favorite roles was developing a new graduate transition program for critical care. Most recently she worked in patient management. In her new role, Kathy is thrilled about the opportunity to support nurses and families in critical care.

As the Critical Care Family Liaison nurse, Cathy helped develop and implement a protocol that includes a



L to R: Manager Pat Holtz, attendings Maude Dull MD and Lucy Campbell MD, EOL liaison Cathy Papia RN, charge nurse Heidi Lowitzer RN

family meeting for any patient who is in the unit for 72 plus hours. The protocol was expanded a year ago to include patients with end stage, CHF or COPD, stage 4 Ca, dementia, transfers from a SNF or more than two admissions in six months. Cathy feels that her extensive critical care experience helped with her effectiveness in a strong relationship with manager Pat Holtz and nursing staff.

Cathy says her role supports the strong interdisciplinary relationship that Dr. Lucy Campbell and manager Pat Holtz have established in the unit. She reviews all patient charts and then meets with the attendings and residents when they complete patient rounds. The team then discusses the patients that need family meetings based on the unit criteria. The charge nurse plays a key role as well and she communicates closely with her

regarding new patients and changes in status. Staff nurses also email Cathy requesting she touch base with them regarding specific patients and/or families.

Cathy meets with the families to review advance directives, establishes who the health care proxy is and makes an initial call



BGH MICU focuses on teamwork

to introduce herself to the family and her role. She also assesses the family's understanding of the patient's status. During the interdisciplinary family meeting, Cathy explains the patient's current status, discusses the plan of care, short and long term goals and the likelihood of being able to achieve these goals. Cathy states that having everyone on the team as part of these discussions is crucial in assuring that the patients and/or family's wishes are carried out with a comprehensive understanding of their shared reality. Cathy feels everything the team does keeps the patient clearly as the center of their efforts. An additional part of the process has been establishing closer relationships with pastoral care and Hospice. The MICU team feels strongly that they are providing the most effective patient-centered care possible.

The MICU teamwork reminds Cathy of the saying "it takes a village. . ." She feels that the interdisciplinary teamwork has made a difference in the level of care and support that both families, patients and staff feel. Additionally, the interdisciplinary huddle in the MICU championed by attending Dr. Lucy Campbell and nurse manager Pat Holtz has further solidified teamwork. Dr. Campbell rounds with the house staff to quickly assess patient and bed status and the team identifies patients and families who are in need of an interdisciplinary meeting. During this huddle, the emotional needs of staff are also identified, especially if there was a recent patient death or status change.

Following these rounds, the charge nurse, resident from night shift and

the unit secretary "huddle," quickly assessing the patients by acuity (round on these first), identify patients for transfer, and "road trips" (assess whether the road trip is required based on the plan of care), all focused on the greatest quality of care for the patients. Additionally, the charge nurse uses this information to make assignments, identifying the busiest nurses, based on patient acuity and activity, and partnering them with the CMAs. Changes in sedation and sepsis protocols have also improved teamwork and patient care. During the physician rounds, the nurses caring for the patient attends during her patient's discussion along with RT, pharmacy; they discuss the plan of care as a group and then read back the orders to the group. Cathy feels her role enables the bedside nurses to focus on patient care knowing the care is appropriate and patient centered. Cathy said she has reached out to the manager in the ICU at MFSH, Debbie Grande, who has shadowed her, looking at opportunities to replicate this process at her site.

BGH ED nurses write grant for safer care

A group of 12 nurses from the BGH Emergency Room decided that there was opportunity to provide more effective care for our infrequent pediatric patients through continuing education; a recent IOM report had validated their thoughts

in this area. Using the internet, the group found a 16-hour nationally recognized course, ENPEC or Emergency Nurse Pediatric Course, and arranged for a speaker to come to WNY. 12 emergency staff nurses invested in themselves to enhance their skill level for their peds patients. Training included case studies and scenario/simulation training. ED leadership provided the training room and nourishment. As a result of this presentation, the staff identified a need for additional support equipment for peds patients. Using their considerable networking, the group found a FREE Broselow cart. This is similar to the adult code cart but the color coded drawers correspond to the age group appropriate medication and equipment. They also identified a storage basket for peds equipment and gowns. The group, energized by the ability to resolve these issues so quickly, discovered a grant which provided money for the purchase of a blanket warmer for these patients whose core temperature can destabilize so quickly. They added an IV fluid warmer and several other rescue items to their grant "wish list". During the application process, two emergent pediatric patients heightened the desire of the group to complete this quickly. The process took 18 plus months with the determination of the

group but the results were wonderful; they received \$20,000 to purchase the requested equipment. The endeavor



L to R: Maryann Degennaro, Cheryl Marcel, Gigi Bove, Kathy Norton

was an example of authentic collaboration between nursing and physicians. The ED staff wishes to thank the Kaleida Women's Board for their support.

Patient satisfaction is at all time high at DeGraff

Early in 2009, patient satisfaction scores related to nursing care was in the 9th percentile. By year end 2009, they were at 24%. Early in 2010 patient satisfaction scores related to nursing were at 67% and are currently at 72%. The scores show consistent and significant increases directly related to several initiatives that have been hard-wired in place. According to Anne Carey, it's a team effort. Everyone, staff and leadership from every department, have worked hard to raise patient satisfaction. Anne said the interdisciplinary leadership team at DeGraff takes turns rounding on every patient every day, from plant-ops to pharmacy. We take turns but spend the entire day listening to patients and families. Anne said an essential part of their success is that everyone takes full accountability for handling the patient and/or families' concerns. Anne believes that their zero CLC infection rate, no VAPs in 24 months and surgical infection rate less than 1% are due to the vigilance of staff and the interdisciplinary leadership team working together. Their current focus is reducing their fall rate. After every fall, the team debriefs to see what they did right and what if anything could they have done better to avoid the fall.

In analyzing their falls during debriefs, most are related to toileting. Anne feels hourly rounding by staff could help significantly with reducing their fall rates.

DeGraff honored by NCCC as outstanding clinical agency

The Nursing Division of Niagara County Community College recognized DeGraff Memorial Hospital and Long Term Care Facility for their role in the education of students in the nursing programs at the NCCC annual awards banquet held Friday, November 19, 2010 on campus. Anne Carey, CNO of DeGraff, accepted the award on behalf of her nursing staff who precept the NCCC nursing students.

DeGraff and NCCC have a long history of working together. Due to their geographical proximity, many of our seasoned DeGraff nursing staff are NCCC alumni. Students are able to begin and end their clinical experience at DeGraff, often starting in the SNF and progressing to a surgical or ICU experience during their senior year.

In the spring of 2010, NCCC and DeGraff developed a partnership to introduce the first AAS DEU model at Kaleida. The Designated Education Unit utilizes our expert staff nurses as clinical faculty for the student nurses with a 1:2 ratio of staff nurse to student versus a 1:8 ratio of instructor to student. By partnering a student with a DeGraff RN, the student is able to view an expert nurse deliver patient care, the method by which nursing

theorist Benner says we learn nursing but not the way traditionally nursing has been taught. Not only the CIs, but every nursing and support

staff on the unit work to ensure the best possible learning experience for the students. This model allows faculty to have more time focusing on critical thinking and professional judgment in the students when freed up from the traditional tasks of observing medication administration and procedures. This also increases the number of times the student is able to have these experiences with the smaller ratio, 1:2. Students pass meds daily versus occasionally with the traditional model and 1:8 ratio.



Front: Charlene Carlson-Heitman, Luanne Finiki, Anne Carey, Back: Julie Tussing, Babette Strassburg, Maureen Heimerl



Anne Carey accepts NCCC award

Jeff Juzdowski, a 23 year veteran of MFG and alumni of their AAS program

Jeff began his career in the MICU at Gates and gives his preceptors, Barb and Polly, credit for his success as a newly licensed nurse. The MICU morphed into a chronic vent unit where Jeff worked for a decade until the vent unit moved to LTC. This was

an opportunity for Jeff to explore ED nursing and he found a second home there. Jeff calls his love of ED nursing and working in the ED, controlled chaos. Jeff said he loved the ability to significantly impact

patients and families in a relatively short period of time. He would still be in the ED if his current boss had not suggested he apply for the position in the Hyperbaric department. Jeff said he didn't know a lot about the position but found that his strong clinical skills and ability to quickly develop a rapport with patients and families were a great fit for the position.

Jeff likens the hyperbaric chamber to a submarine. At any time, Jeff might have six patients receiving three thirty minute sessions. The treatments consist of pressurizing the chamber to 2.5 atmospheres below sea level, creating a 250% O2 environment. Patients receive a series of 40 treatment, M-F, for 8 weeks. The treatment is highly effective for CO2 poisoning, and chronic infections and

wounds. Jeff says he has seen amazing results with patients with concerns and ages ranging from teens to seniors and diagnoses from chronic osteomyelitis and necrosis to diabetic ulcers. Jeff shares that the high concentration of O2 "kills bugs" and promotes capillary growth in damaged tissues; angiogenesis.

Jeff runs the external computer and the treatment inside the chamber. He originally went through an extensive week long training program prior to assuming his role. He accompanies the patient(s) into the chamber and must constantly monitor them for

any physiologic changes. The most common concern is seizures with the high O2 concentration.

During the process, Jeff is constantly assessing his patient and shares that developing a rapport quickly with his patients and being able to allay their anxiety is crucial. Jeff says he rarely needs to medicate his patients; the most frequently asked question by his patients is,

"do I have to wear a suit?" He loves teaching patients and colleagues about hyperbaric treatment



Jeff Juzdowski - hyperbaric chamber



L to R: Nurse Recruiter Lori Stoudmire, Educator Michele Natwora, Mentor Shannon Baldo, Mentee Monique Dhand

and has developed teaching materials for his patients regarding the procedure.

The Hyperbaric department will not be moving to the BGH site and Jeff will be sad to not see this happen but is grateful that the treatment option is available at ECMC and the Catholics Health System. He loves nursing and what he does. Jeff states, "I love critical thinking and working with people; I'm a team player and as long as I can be part of that, I will be happy." Jeff frequently works in other areas including the ED, GI and does TEEs and bubble studies. He has also trained his ED colleagues to do bubble studies. Both of these studies are very helpful in diagnosing and ruling out stroke and cardiac issues related to stroke. Jeff shares that it's hard not knowing exactly where he will be in 2011, but feels that the most important thing is to be able to contribute and be part of a great team.

Jeff says he would encourage all new nurses to keep engaged in their profession by learning. "I'm proud to be a nurse and feel it is very satisfying to be able to change the lives under our care," Jeff says. He is grateful to nursing for giving his life purpose and value and is a better dad because of nursing.

Mentorship program at Gates, "coffee and conversation"

A system-wide mentorship program was introduced along with the Oishei WNY

Residency Program. Kaleida has been recruiting mentors for new nurses for the past few years but stepped it up this May 2010 with the support of the site educators and recruiters to identify mentors and pair them with new graduates. Our goal was to pair each new graduate nurse with a mentor. At Gates Hospital, site educators Michelle Natwora, Todd Worling and Diana Morrow brought mentors and mentees together over coffee.

Mentors were provided with an envelope that included information on mentoring, the mentee's work schedule and a Tim Horton's gift card. Nursing research supports the significance of providing the opportunity for the new nurse to be able to dialogue about clinical situations as well as concerns around teamwork, assimilation into a particular unit and their perceptions of what real nursing is as key to retention. Coffee provided mentors and mentees the means to engage in authentic conversation. "Coffee talk" etiquette includes active listening, sharing experiences, and empowering nurses to deal with issues as they arise using good communication tools.

Shannon Baldo is a 1999 graduate of ECC and an OHU nurse at Gates Hospital. She was named outstanding staff nurse for Gates in 2010. Shannon says she loves seeing her patients get better and go home. "I really like seeing happy patients and families. Most of them have great outcomes." Shannon began her career at Gates on the ISCU. When educator Michele Natwora and nurse recruiter Lori Stoudmire approached her regarding the Gates Nursing mentorship

program, Shannon readily agreed to participate. Shannon said it was her experience with her preceptors that made her want to take the opportunity to mentor a new nurse. According to Shannon, her preceptors in the ISCU also functioned as mentors. "They made me feel like I was welcomed and part of the 'family' (of nursing units) that Gates is famous for." Shannon says that the mentoring she received from her preceptors is one of the main reasons she's still at Gates eleven years later.

Shannon says her experience is not always typical of the welcome new nurses receive and she wants to be a part of changing that and ensuring that her experience is the universal one. "I want to make a difference in my own way and I also enjoy the energy and enthusiasm new graduates and new nurses have for learning even the simplest procedures." Shannon says it helps keep her energy and enthusiasm up and describes the mentoring program at Kaleida as "nice" and is an opportunity to do her part.

Shannon is mentoring Monique Dhand, who as a UB senior did her six week Capstone experience in the OHU. Shannon was thrilled that Monique was recruited as a new graduate nurse for the same unit. "It was nice. Monique had sent me a thank you and I felt we already had a friendship." Shannon says that

Michele Natwora had given her a Tim Horton's card to take Monique for coffee. It helps Shannon take a much needed break knowing that this served a critical purpose for Monique. Shannon hopes that she and Monique can spread the idea of positivity and keep growing this throughout Kaleida. Shannon believes in the power of positivity and she feels it's easier to spread as opposed to negativity, which can be physically and emotionally draining. At Kaleida, Shannon feels it's our collective nursing responsibility to keep good nurses. Shannon feels the mentorship program is great for retention of our good nurses and also great for the mentor as well as the mentee.

Skin Care Conference MFSH manager becomes champion for basics

Sue Huffer is the manager for 2 East. She was here just a few months when she had a patient admitted who was ambulatory but with a multitude of health issues. Over the course of a week, the patient became less mobile

but staff was not fully aware of this. As a result of his reduction in activity, the patient developed a deep tissue injury which became a stage 4 skin

ulcer. Sue was horrified and states she had never experienced a skin ulcer developed post admission. She felt terrible for the patient and the family.



L to R: Barb Schraufstetter, Enterostomal Therapist; Sue Huffer, Manager; Mary Marohn, Clinical Nurse Educator

She decided this would never happen again to a patient under her care and broadened her area of concern across Kaleida. She said her staff knew she was holding herself accountable and committed to changing practice. The “Dress for Success Skin Care Conference,” a six hour program detailing the latest in ulcer prevention and treatment, was attended by 44 nurses from across Kaleida. MFSH’s wound care nurse, Barb Schrauffstetter, Sue and educator Mary Marohn worked with vendors in skin care equipment and Kaleida wound care experts to present the comprehensive conference.

Sue’s goal was to elevate the practice of our skin care resource nurses at each unit. Surprisingly, Sue said it was also a method of recruiting new resource nurses. New nurses attended the program from across our system. Sue had already seen results of her unit based skin care initiative in significantly improved NDNQI data, since the development of the stage 4 ulcer over eight months ago. Sue said her mantra to staff has been three concerns - surface, the right products and vigilance. She also credits changing skin care documentation and staff holding them more accountable for skin care, not relying on the wound care and/or wound resource nurses, to ensure high standards are maintained.

Sue, a native of WNY, graduated from Roberts Wesleyan College and then relocated with her husband to Florida. She worked in a magnet hospital in Florida but says she is so impressed with the support she receives from the nursing leadership team at Kaleida and the support of her CNO Mary Beth

Farruggio; she is behind me 100%. Sue feels that “anyone who wants to get involved and make a difference is recognized in ways I didn’t see at the magnet hospital.” Sue says vigilance is a huge part of ensuring zero skin breakdowns on admissions and “if we drift or become complacent, patient care can be compromised.”

Sue says, to support her skin care initiative, she has also started hourly rounding on patients. This, Sue says, is “work in progress;” it has only been three months, but she has seen improvement in her patient satisfaction scores since she began the program. She says the patients need to know she is there for them, available to handle issues that staff may not be aware of or are busy handling increasingly complex patients; I couldn’t do this without them; it’s a team effort.

Twins, Bridget and Brandy Safarowicz share ideas about the best place to practice nursing – MFSH

Bridget and Brandy joined the nursing team at MFSH as new graduates in 2009 and 2008 respectively. They say other than being identical twins, nurses, and both loving working at MFSH, they are very different. The twins went to different high schools. Brandy loves dressing up and Bridget loves horses and dressing down. They took different career paths after high school. Brandy wanted to be a RN, took pre-requisites but made a detour after starting her

family. She then finished within the BVTC program and began practicing as a LPN shortly after graduation, choosing to work in LTC. Bridget went right to work at American Axle and didn’t think of a career change until the company announced its closure. It was at this point that Bridget says Brandy’s love of nursing inspired her to enroll in her RN program. Brandy decided it was time to go back to school and enrolled in a different RN program. The twins graduated within a year of each other. Brandy was the first one to take a position at MFSH and again it was Brandy’s satisfaction with her choice that inspired Bridget to investigate employment at MFSH .

During school, Bridget said that she and Brandy had narrowed their search to BGH and MFSH. Bridget loved her clinicals at MFSH. When Brandy, who graduated first, chose to work on 3 West with oncology patients, Bridget took a job on 2 East, a surgical floor a year later.



Brandy and Bridget Safarowicz

Brandy says she chose oncology nursing as a career after a beloved aunt died in a Hospice program. Brandy says she was frequently asked “why

not Roswell?” Brandy says she wanted the experience of non-cancer patients as well and loves the ability to see a broad spectrum of disease as well as patients returning to full health.

Bridget says she respects her sister's choice but likes the fact that most of her surgical patients do very well and go home quickly. Bridget says both sisters love their choice and MFSH. "I have had a great first year," Bridget shares, "I absolutely love the hospital. It's so patient orientated. Chris Lane, our CEO, shares when we do a good job and bought us breakfast recently. The staff seems very happy," Bridget says. With the support of her co-workers, she has become comfortable with calling house staff after hours. "I discuss my concern with other nurses and am always encouraged to call if we don't know what is going on." She acknowledges it can be anxiety provoking calling physicians in the middle of the night but says that most are supportive when they understand the concern is for their patient. "I may be the less outgoing twin; but when it comes to my patients, I say what I need to keep them safe."

Brandy echoes her sister's sentiments about the staff and positive culture at MFSH. "My cancer patients really give me a sense of purpose in nursing and I wouldn't want to work anywhere else. I plan to stay here for a very long time." She also gives kudos to her team for embracing her and her preceptor Anne Champagne. "She trusted my judgment and gave me credit for my 10 years of experience as a LPN. Anne was there but let me ask my questions. I love my team. We're like family."



MFSH M-B DEU

Mother/Baby DEU at MFSH— A real partnership between Kaleida nurses and D'YC students

While debriefing students on the M/B unit for the second year of our "first in the nation" DEU, the feeling of support, nurturing and effective teaching from the CIs and unit staff is unanimously expressed. While the role of the nursing staff in teaching students is more intensive on the DEU units versus the more traditional, where the faculty member from the nursing school has primary responsibility for the students, our nurses unanimously prefer the DEU method and find the role of directly teaching students satisfying, important and energizing.

Recently the D'YC junior students, while working on their rotations, addressed the needs of the nursing staff. This included bringing EBP to patient care. The M/B unit at MFSH is one of

12 such units in New York State asked to participate in a program which focuses on encouraging "rooming in" for mothers and babies post delivery. Current literature and research supports that this is better for babies and moms via the ability of moms to comfort babies immediately

when they cry, ease of breast feeding and increased stability of the infant's core temperature are just a few of the identified benefits of this. The concept of rooming in is a culture change for both care providers as well as new moms who it was often felt needed their rest before the baby went home. Now research suggests a smoother and easier transition for moms and babies with the "rooming in" approach.

The unit practice council for the mother/baby unit is looking at the development of a brochure to help educate care providers, moms and families about the value of "rooming in." The D'YC students wanting to support the process and the nursing staff took this on as their assignment. Several of the brochures were very sophisticated and may be incorporated as part of MFSH's training program.



Terry Brown-Environmental Services & Ellen Eckhardt PICU TeamSTEPPS

PICU TeamSTEPPS initiative

The PICU at WCHOB celebrated 18 months of a full TeamSTEPPS initiative. Ellen Eckhardt, the staff nurse who

brought TeamSTEPPS to Kaleida, utilized the remainder of her Connie Vari Leadership award to bring Dr. Silversin to Grand Rounds at WCHOB to discuss involving physicians in change. Dr. Silversin lectures throughout the country on physician engagement and discusses the need for physicians to change to a team-focused response to care and the importance of effective communication in this process. He presented to a group of private physicians and house staff the previous night and met with nursing and executive leadership after the presentation.

Ellen says that the ripple effects of the TeamSTEPPS initiative in the PICU are wonderful. The culture is catching up with the tools and staff now not only feel they must speak up with patient concerns but it is “safe” to speak up. The unit has been utilizing briefs, debriefs after intubations, huddles and the SBAR tool since June of 2009. They have also been utilizing a pre-rounds brief, bedside to bedside, with Maude Dull as one of the physician champions of TeamSTEPPS. Ellen says that staff turn to each other, call each other by name and ask for any concerns prior to the start of the intubation. They recently extended this practice of briefs and debriefs to ECMO. We’re equal partners and everyone has responsibility for making sure the procedure goes well. Debriefs have enhanced practice and team effectiveness by identifying opportunities for improvement or

equipment that would be helpful to have in the room.

Terry Brown from Environmental Services is part of the PICU team and shares Ellen’s enthusiasm for what TeamSTEPPS has created in their unit. Terry says he feels comfortable speaking up to any member of the unit about a patient or family need. Terry feels that TeamSTEPPS is for patients and families and it feels good to have everyone working together. Terry says people can work together for patients,



Seated-LuAnne Brown CNO WCHOB celebrates with graduates, L to R: Adeline Danahy, Donna Koscielniak, Rebecca Roloff, Pat Volker, Mary Ellen Creighton

move in the same direction, even with different personalities; everyone should be able to agree that we’re all here for patients. Terry shares that environmental services at WCHOB has adopted a weekly version of the huddle to update everyone on what’s going on throughout the hospital.



L to R: Shamika Hall, Theresa Smart, Irma Ruiz, Danielle Brodfuehrer, Lisa Giglio, Karen Toye, and Julie Chasey

Long Term Care

Congratulations to our new LPN graduates

Kaleida Health joined forces a year ago with SEIU, CWA, and Erie 1 BOCES to offer a LPN program and seven of our employees have successfully completed the program. Congratulations go out to:

Danielle Brodfuehrer

Julie Chasey

Lisa Giglio

Shamika Hall

Irma Ruiz

Theresa Smart

Karen Toye

The one year program, located at the Deaconess Center, provided participants with the knowledge and skills necessary to be successful in the nursing profession and to be eligible to take the NCLEX-PN for licensure as a practical nurse. As students, our employees worked between Waterfront and Deaconess for their clinical experiences. Their work schedules were modified to accommodate their course work. A number have already passed their Boards and have been offered LPN positions!

Kaleida is proud to have offered this opportunity for adult learning and self improvement to our employees.

Mary Alice Cislarski named Director of Nursing



Mary Alice Cislarski, RN, a 21 year Kaleida veteran, has been appointed Director of Nursing of the Deaconess Center. Having started her career at DeGraff Memorial Hospital, she transferred to the Waterfront Health Care

Center 10 years ago where she is presently the Director of Nursing. A graduate of Sister's Hospital School of Nursing, Mary Alice is currently enrolled in a BSN to MSN program at D'Youville College.

Throughout her career, Mary Alice has been a leader in process improvement with an eye on improved patient care. She has been instrumental in innovations regarding falls reduction, infection control and team building.

Strategic communication teams in long-term care

Kaleida Health's Strategic Communication Teams are providing a voice for the workforce throughout the system.

The multidisciplinary communication teams, better known as SCTs, are voluntary

work groups which are a cross-section of both management and labor. At the meetings, participants vow to leave titles outside the room and take seriously their agreement to abide by "Vegas Rules." What is discussed confidentially in a SCT meeting stays in the SCT meeting. This way the team members can speak candidly and truly express their feelings.

About one year ago the long-term care SCTs began to primarily focus on the cultural integration of the staff from the Deaconess Center and Millard Fillmore Gates SNF in anticipation of the merger of both sites into the new facility under construction on the medical corridor. The group is focusing on the integration of both cultures to create a new culture for the new facility. Ultimately their role will be to recommend actions to administration and help communicate to their colleagues how they envision this happening.

Jim Kaskie, Kaleida Health President and CEO, says, "I believe the SCTs are a critical linkage to the members of the Kaleida family across our organization. They also provide leadership, keen insights, candor, and feedback."

Team members listen to guest speakers



SCT Beverly Howard, Stephanie Daniels, and Janice Hammock

who keep them informed of initiatives and projects; respond by providing feedback

about the projects; communicate the "happenings" around Kaleida; and inform the group of workforce rumors or concerns.

Rick Pogue, Kaleida Health EVP Chief Human Resources Officer, said "The Strategic Communication Teams have evolved to be an essential asset and resource on a range of Kaleida-wide issues, and have been an invaluable barometer on the environmental and cultural pulse of the employee population."

DeGraff Skilled Nursing facility receives "Great American Nursing Home Award"

Last January, DeGraff Memorial's Skilled Nursing Facility was ranked among "America's Best Nursing Homes" by US News & World Report. Now, they have achieved the 2011 "Great American Nursing Home Award" by AdvisorMed. AdvisorMed.com is a unique web-based company that specializes in health care assessment. Their nursing home rankings are determined by national standardized data which includes CMS Five Star results and recent consumer reviews.

CMS analyzes information on all homes enrolled in Medicare or Medicaid (other than about 150 too new to provide data) and gives them ratings of one to five stars overall. The homes also receive ratings of one to five stars in each of three areas: health inspections, nurse staffing and measures of care.

Nursing homes like DeGraff that accept Medicare or Medicaid residents

are regulated by both the federal government and the state in which they operate. Survey teams conduct inspections every 12 to 15 months at the direction of CMS, and they are also responsible for investigating any health related complaints about the nursing home's care, staff and environment.

DeGraff Skilled Nursing now ranks within the top tier nationwide. They are part of an elite group of nursing homes that consistently exceeds their resident's expectations.

DeGraff skilled nursing nurses promote home-like atmosphere

The nursing staff at DeGraff SNF is working hard to promote a home-like atmosphere to make life more pleasant for their residents. Using the tenets of the Eden Alternative, they are striving to become an "edenized" facility. (See [HYPERLINK "http://www.edenalt.org/"](http://www.edenalt.org/) <http://www.edenalt.org/> for more information.)

The initiative took flight when Kaleida LTC facilities hosted an intense three day training program led by the WNY Alliance for Person-Centered Care.

The Eden Alternative is an international not-for-profit organization dedicated to transforming care environments into habitats for human beings that promote quality of life for all involved. In accordance with that philosophy, the DeGraff nursing staff strives to make the environs of the facility as home-like as possible. To that end, the staff has hung art and had corridors repainted in warm colors adding decals with peaceful sayings.



DMH nurses promote at home atmosphere

The initiative is led by the Employee Satisfaction Committee. As a result of their outstanding work, management has begun to recognize an employee each month that goes above and beyond in the initiative. Going into its fourth year, the program recognizes an employee each month and then at the end of the year vote on the Employee of the Year.

VNA

Focus on quality

Lisa Greisler, CNO/Director of Clinical Services

The Centers for Medicare and Medicaid Services or CMS mandated new quality measures for home health agencies beginning January 1, 2010. These measures look at five main areas: access to care, structure, patient experience, process and outcomes.

Access measures look at timely initiation of home care services



following referral as well as any barriers to home health care such as unavailability of services, payment issues or cultural or health beliefs that impact patient abilities to receive home health services.

Structure measures look at the capacity of a home health organization to meet patient needs such as patient to staff ratios. This also looks at the administrative structure and operational processes that support the delivery of home health care.

Patient experience measures provide the patient's perspective on quality of care. While the VNA has always measured patient satisfaction, this is now a mandated quality measure. Agencies must contract with a vendor who sends, retrieves and compiles results using a standardized form provided by CMS.

Outcome measures are not new for home health agencies and there were limited revisions to the 11 current outcome measures. These, of course, measure the patient status at start of care and discharge to determine improvement in several key functional and behavioral areas.

Lastly, process measures were added to the quality measures in 2010. These look at processes of care and adherence to clinical practice based on evidence or consensus.

It has been noted by many home health agencies that outcomes of care are not always under the control of a home health agency because of the home environment, patient/caregiver

adherence to clinician teaching and physician practice patterns, for example. The new process measures items that are more within the control of the home health agency



Physical Therapist Kim Merk with patient Leo Lynett

and encourage the use of and “give credit for” the best practices that home care agencies like the VNA already use.

In response to the new quality measures, many staff at the VNA from different branches, specialty areas and disciplines spent time during 2010 in reviewing our care to assure we were using the most current best practices and in revising our care guidelines to incorporate the best practices into our documentation.

One particular area of focus for our staff this fall was in management of patients with diabetes. Four hour in-services were provided by our team including our CDEs (Mary Anne Grady and Pat Kreuzer-Adams) along with nutritionist Carol Murphy and diabetes team leaders Diane Walker (VNA Clinical Manager) and Barb Lotterer (Disease Management Program Manager). Additionally, our pharmacist Pat Jaramillo and a representative from one of the

pharmaceutical companies talked about the use of GLP-Receptor agonists and one of our OTs, Joanne Copley-Nigro, discussed the use of adaptive devices for low vision patients.

The focus of the program was on behavior change

and coaching with our patients along with carbohydrate counting and better methods of glucose testing such as testing in pairs. This program helped provide our clinicians with the most current information in the field of diabetes which is one of our most common home care diagnoses. In addition to this clinical update, our staff development coordinator, Marge Lynett, developed standard teaching guidelines for staff to use

based on current ADA practice guidelines and in concert with the process measures. This focuses on diabetic foot care (a specific process measure).

Currently, the VNA is at or above benchmark in 9 of the 13 process measures on our public report card with improvements being made each month and at or above benchmark on 11 of 12 of the current outcome measures. Our patient satisfaction as reported on the HC-CAHPS survey is also currently above benchmark through November 2011. We are



L to R: Carol Murphy RD; Mary Anne Grady RN, CDE; Diane Walker RN BSN; Barb Lotterer RN BSN

thrilled with our results but will strive for continued improvement in all of our quality measures.

The improvement that we have made in our quality measures is the result of an extremely collaborative effort with multi-disciplinary, staff driven teams and ideas. There is no doubt that this has been the key to our current success in the area of quality and will most definitely be the primary reason for our future successes.



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

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