Leaving a Legacy
When I came to LVHN 14 years ago, I was excited to work with nurses who weren't afraid to challenge the attitude, “We’ve always done it this way.” Flipping that paradigm opened the door for our organization to aspire to Magnet® ideals, which in turn helped us redefine professional nursing practice. That legacy means our nurses aspire to leadership roles throughout the health network. They apply evidence-based practices to provide the best proven care for our patients. Nurses are attaining board certifications, bachelor’s degrees and higher educational degrees at rates higher than ever before. They also teach and mentor new nurses, technical partners and medical students, all while managing changes that are intrinsic to today’s health care landscape.

Among those changes are updates to the Code of Ethics for Nurses that occurred in 2015. One of our colleagues, Cindy Umbrell, RN, director in the trauma-neuro intensive care unit (TNICU), developed an educational presentation that challenges nurses to apply the new ethics code to case study scenarios. In this edition of Magnet Attractions, you can do the same and determine how you would handle complex, ethical situations.

Another LVHN change that now affects staff RNs across all inpatient specialties, the emergency departments and specific outpatient areas is the requirement to wear standardized navy blue uniforms. The decision to make this change was studied for many years. Read what some colleagues have to say about the new uniforms and how those uniforms have changed and improved the perception of RNs.

One change I would be remiss to not mention is the retirement of our former chief nursing officer (CNO), Anne Panik, RN. We have a wonderful feature about Anne’s LVHN legacy, and share some great photos too. Her leadership and advocacy for patients and nurses made a tremendous difference at LVHN. For me, she is a treasured mentor whose lessons in governance, collaboration and excellence in patient care continue to resonate with me both as a colleague and your new CNO.

Thank you for giving your best every day to our patients – that is one part of health care that will never change, and a legacy I am proud we share. I applaud you for providing compassionate, professional care to patients in their time of need. While patients may forget your name over time, the way you made them feel (understood, listened to, cared for) will last a lifetime.
LVHN joins more than 2,000 other hospitals worldwide that recognize the legacies of exceptional nurses with DAISY Awards. The program, established in 1999, was inspired by the memory of J. Patrick Barnes, who passed away following an autoimmune illness. Today it’s administered by the DAISY Foundation, with DAISY standing for diseases attacking the immune system.

“Patrick’s family was awestruck by the care and compassion his nurses provided not only to Pat, but to everyone in his family,” says retired chief nursing officer Anne Panik, RN, who presented LVHN’s first DAISY Award in May at the conclusion of the Medallion Lecture. The award winner – Lisa Bickel, RN – provides inpatient hospice care. Eight of Bickel’s colleagues wrote separate nominations on her behalf.

How DAISY works
Each month, Professional Excellence Council members who serve on the Award Team will select a DAISY Award recipient from nominations submitted by colleagues, patients, families and/or volunteers. After a recipient is selected, the DAISY Award team will hold a short ceremony at the colleague’s unit or department and will present him or her with a certificate, a DAISY Award pin, a specially carved stone statue (“The Healer’s Touch”) and Cinnabon® cinnamon rolls.

(Read more about the Cinnabon connection to the DAISY Award here.)

HOW TO NOMINATE A COLLEAGUE
If you work with an exceptional nurse, or have been a patient or a patient’s family member who experienced care from an exceptional nurse, consider nominating her or him for a DAISY Award. Learn more and complete the short nomination form at LVHN.org/daisy_award_form.

MAY 2016
Lisa Bickel, RN
Unit/Department: Inpatient Hospice
Nominated by: Colleagues
Example of Exceptional Care:
Bickel organized a vow renewal celebration to mark the 58th wedding anniversary of one of her patients. A few weeks after the patient passed away, the patient’s husband visited the unit to share his pictures from that unforgettable day. He says he is blessed with the memories of a special celebration that was made possible by Bickel.

Magnet organizations recognize the contributions of nurses. LVHN’s participation in the DAISY Award program provides colleagues, patients and volunteers an opportunity to honor nurses who provide exceptional care.
After receiving direction from Hollywood producers and powder from a makeup artist, a team of medical professionals is introduced. They take the stage to thunderous applause. One member takes center stage. Standing under bright lights before a crowd of 7,000 people, she takes a deep breath, fixes her gaze on the teleprompter and prepares to deliver her lines. Before uttering a word, she thinks to herself, “I’m just a little girl from Jim Thorpe. Look where I ended up.”

The person: Anne Panik, RN, our retired senior vice president of patient care services and chief nursing officer (CNO). The event: The 2013 American Nurses Credentialing Center National Magnet Conference, where LVHN received the Magnet Prize®. The memory: The pinnacle moment of Panik’s career.

Steps along a journey
Panik’s 36-year LVHN career started as a staff nurse in Muhlenberg Hospital Center’s emergency department (ED). Hard work led her to become the ED, ambulatory surgical unit and GI lab supervisor. As the merger with Lehigh Valley Hospital was taking place, she met Terry Capuano, RN. When Capuano became CNO, she asked Panik to be the nursing administrator for LVH–Muhlenberg, the EDs, MedEvac and trauma. When Capuano was named chief operating officer and her CNO successor, Molly Sebastian, RN, retired, Panik was named CNO in 2010. “My story is a great example of succession planning,” Panik says, “because I was given opportunities to progress in leadership roles.”

A Magnet® pioneer
Panik was deeply involved in our first Magnet designation and all three redesignations. “Becoming Magnet solidified our professional practice model because it promotes professional development, evidence-based practice and nursing research,” Panik says. “It also helped us become renowned. My colleagues were energized to talk with other nurses at national conferences and learn that we’re nationally known and respected,” she says.

A nursing legacy
Under Panik’s leadership, LVHN’s Nurse Residency Program was established. It’s a program dedicated to the professional development of new graduates, and particularly impressed Magnet appraisers during our latest redesignation. Panik says it’s her greatest accomplishment because it will help new generations of nurses become exceptional. “It will enhance our nursing retention and, most importantly, enhance evidence-based patient care,” she says. Among her many other accomplishments, Panik also empowered nurses by leading the RN Advisory and Night Shift Councils.

Remembering what’s important
Panik walked our hospital halls daily to look at the faces of patients and their loved ones. “I saw people who were
anxiously awaiting news about a patient in surgery, or people on the phone talking about their loved one’s condition,” she says. “At times, I may have been concerned about other things, but seeing those people reminded me why we’re here. Our patients and families are what it’s all about.”

What’s next?
Panik always said she has an LVHN family and a home family. She plans to spend more time with her two sons and five grandchildren, sharing memories of her late husband, Jude, and stories about a career in service of people. It’s time for that “little girl from Jim Thorpe” to relax and reflect on where she ended up: a leader in her profession. Before she does, she offers one last bit of advice. “With hard work and dedication – and if you love your profession – you can do it too.”

Words from colleagues
“After working with Anne for only a short time, I understood why everyone loved her. She is knowledgeable, committed, understanding, goal-driven and knows how to mobilize the troops.”
—Terry Capuano, RN, executive vice president and chief operating officer

“Anne was always one to count on in times of stress, sadness and joy. Her boundless energy and positive attitude would propel one to just do it.”
—Molly Sebastian, RN, retired CNO

“I will always treasure and respect the support and guidance Anne presented to me. She was my boss, mentor and true friend.”
—Charlotte Buckenmyer, RN, pre-admission testing

“Anne is a ‘machine.’ She’s driven with creativity, passion and energy. She’s an authentic nurse and human being.”
—Brian Nester, DO, MBA, FACOEP, LVHN president and chief executive officer

Panik’s adult sons, daughters-in-law and five grandchildren celebrated with her at the LVHN retirement reception held in June 2016.

The Beginning of a Legacy

Kim Jordan, DNP, MHA, RN, NE-BC, our new senior vice president of patient care services and CNO, has been paying attention to her mentor, Anne Panik. “She’s an expert listener,” Jordan says. “She hears people out before reacting, which helped her make the best decisions.” It’s just one thing she learned from Panik that she’ll practice in her new role.

Jordan joined LVHN in 2002 as director of the open-heart and transitional open-heart units. She served as administrator of the medical-surgical nursing division before being named vice president of patient care services at LVH–Cedar Crest last year.

Our first doctor of nursing practice-prepared CNO, Jordan is leading by example in hopes she’ll inspire nurses to earn their BSN. Her immediate goals include:

- Continuing to enhance the nursing excellence for which LVHN is known
- Developing plans to integrate staffs of organizations with which we’re merging
- Helping nurses connect more deeply with patients to deliver an even better experience

In her new leadership role, Jordan is excited to build strong teams that work together. Although nothing can replicate the joy of caring for patients, the happiness she feels watching colleagues succeed is a close second. “When people ask what I do,” Jordan says, “I tell them I’m a nurse, not an administrator, because that’s who I am.”
On May 5, while Friends of Nursing (FON) award recipients proceeded onto the SteelStacks stage, some placed white roses in a crystal vase poised atop a pedestal. This gesture, part of the Nightingale Tribute, was done to celebrate and remember the late Richard (Dick) Fleming, who was a devoted friend of nursing. He passed away in December 2015.

Fleming and his late wife, Peggy, were co-founders of the FON program. They donated funds for the first awards as well as many since. As FON event attendees celebrated the Flemings’ legacy, they also cheered the personal and professional legacies of our many award recipients. Among their accomplishments:

- Transformational leadership that led to robust evidence-based practice project processes.
- An oncology nurse who helped a family face the difficult news that their loved one had reached the end of treatments and who helped the family as he died with dignity.
- An interdisciplinary team who banded together to help ensure a comatose and pregnant patient could deliver a healthy baby after more than five months on life support.
Panik also was surprised by a tribute presented by LVHN chief operating officer Terry Capuano, RN, who reminded the audience of Anne’s tenure at the then-Muhlenberg Hospital (now LVHH–Muhlenberg).

In all, 31 FON awards were presented.

Jan Moran and Cheryl Schmitz, representatives from the American Nurses Credentialing Center (ANCC), presented Anne Panik, RN, retired LVHN chief nursing officer and senior vice president of patient care services, with a plaque acknowledging the fourth consecutive Magnet® designation earned by Lehigh Valley Hospital (LVH)–Cedar Crest, LVH–17th Street, LVH–Muhlenberg, LVHN–Tilghman, and Home Health and Hospice Services.

The moving stories were counterpointed between other joyous moments:

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LEHIGH VALLEY HEALTH NETWORK

Spotlight on Evidence  A CLOSER LOOK AT EVIDENCE-BASED PROJECTS

All evidence-based practices start with the same question: Is there a better way?

By following the evidence, we discover new ways to deliver care and improve outcomes. At any given time, dozens of evidence-based projects are underway here at LVHN. The “Spotlight on Evidence” column summarizes two of these projects and their findings.

PROJECT

Use of Cryotherapy in Reduction of Pain During Subcutaneous Heparin Administration

PROJECT PURPOSE (PICO QUESTION)
In adult medical-surgical patients 50 years of age and over, does the utilization of cold application prior to injection at injection site reduce pain compared to current heparin subcutaneous injections?

BACKGROUND
► Many patients receive multiple prophylactic heparin injections daily. These injections can cause discomfort and agitation, and potentially decrease patient satisfaction.
► Numerous studies show that ice therapy (cryotherapy) before injection reduces pain.
► There is currently no best practice protocol at LVHN for using cryotherapy before subcutaneous injections.

EVIDENCE HIGHLIGHTS
► A 1995 study validated the relationship between ice application and a patient’s perception of discomfort.
► A 2006 study showed that bruising decreased significantly with cryotherapy, and less pain was noted 72 hours after injection.
► A 2012 study showed that applying a cold compress for two minutes prior to injection can help prevent and reduce injection site bruising. It also decreases pain perception. A 2015 study showed that even a 30-second cold application decreases both pain and bruising.

IMPLEMENTATION
► A team of medical-surgical registered nurses developed a PICO question and created a patient survey.
► Pain scores were collected for both a control group and experimental group. The data was then organized.

RESULTS
► Applying ice to injection sites prior to subcutaneous heparin injections decreased overall pain scores. This pain decrease has the potential to increase overall patient satisfaction for hospitalized patients.

ACTIONS
► Study recommendations were approved at the May 2016 Nursing Practice Council meeting.
► The policy “Injections–Subcutaneous, Intramuscular, Z-Track” was amended to incorporate cryotherapy before heparin injections (and afterward as well, if warranted).
► Staff education on the new policy began in July.

AUTHORS
Matthew Briscase, BSN, RN (above); Allison Grace, BSN, RN; Molly Green, BSN, RN; Tina Leech, BSN, RN; Kaylyn Wapinsky, BSN, RN

LEHIGH VALLEY HEALTH NETWORK
PROJECT
Administration of Subcutaneous Anticoagulation Therapy

PROJECT PURPOSE (PICO QUESTION)
Does providing medical-surgical nurses a TLC education module on subcutaneous anticoagulation administration based on evidence-based research, compared with no education, change practice to be in alignment with the most current evidence-based administration technique?

BACKGROUND
- A majority (55.3 percent) of 5K and 7C patients are on daily anticoagulant therapy.
- There is significant inconsistency in how nurses administer these therapies.
- LVHN anticoagulant injection protocols lack specificity and do not reflect current evidence.

EVIDENCE HIGHLIGHTS
- A 3-milliliter syringe decreases injection force and decreases pain and bruising.
- A longer injection timeframe (20-30 seconds) reduces tissue pressure trauma and intensity of site pain.
- Using the airlock technique helps prevent medication from penetrating skin; it also ensures the correct injectate volume is dispensed.
- A 25-gauge (5/8-inch) needle is more effective than a 27-gauge (5/8-inch) needle.

IMPLEMENTATION
- Data on how nurses currently administer anticoagulant injections was obtained.
- A TLC education module incorporating the above evidence was created and provided to registered nurses on 5K and 7C.
- Post-education data was obtained.

RESULTS
- The TLC education was effective and resulted in more consistent use of the correct, evidence-based injection techniques.
- According to a post-education survey: all respondents now employ the airlock technique (compared to only one-third prior to education); all respondents now use the 3-milliliter syringe (one-third previously used a 1-milliliter syringe); more than three-quarters now inject over a 30-second period (none did so previously and most took less than 10-seconds); and nearly all use a 25-gauge needle (previously, more than half used a 27-gauge).

AUTHORS
Nicole Karasek, BSN, RN; Rachael Mazzante, BSN, RN (photographed, l-r); Morgan Fulmer, BSN, RN; Jessica McDonald, BSN, RN

ACTIONS
- Study recommendations were approved at the May 2016 Nursing Practice Council meeting.
- The policy “Injections—Subcutaneous, Intramuscular, Z-Track” was amended to incorporate the airlock technique and recommended needle gauge, syringe size and injection duration.
- Staff education on the new policy began in July.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

NK3
Magnet® hospitals encourage clinical nurses to evaluate and use evidence-based findings in their practice. Our “Spotlight on Evidence” section summarizes two evidence-based projects conducted by our nursing colleagues.
Get to Know the Code

NEW CODE OF ETHICS FOR NURSES OUTLINES PROFESSIONALISM IN NURSING

Cindy Umbrell, MSN, RN, CNS, CCRN is leading the network’s education initiatives for the new American Nurses Association (ANA) Code of Ethics for Nurses. She has presented at national conferences to educate nurses about the need to adhere to the code and shares case scenarios that illustrate the ideals and commitments of the professional nurse.

“The new code clarifies the values, virtues and obligations nurses are required to use to guide their ethical analysis and decision making,” says Umbrell. “The code is nonnegotiable. As professional nurses we are obligated to hold ourselves accountable for putting the code into practice.”

The new format includes nine ethical provisions with interpretive statements that are more detailed, easier to follow and help clarify the ANA’s intent. Following is a brief look at the updated code along with case questions for the first six Provisions to test your knowledge:

**PROVISION 1**
The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person. [Click to read the case scenario.]

**PROVISION 2**
The nurse’s primary commitment is to the patient, whether an individual, family, group, community or population. [Click to read the case scenario.]

**PROVISION 3**
The nurse promotes, advocates for and protects the rights, health and safety of the patient. [Click to read the case scenario.]

**PROVISION 4**
The nurse has the authority, accountability and responsibility for nursing practice; to make decisions; and to take action consistent with the obligation to promote health and to provide optimal care. [Click to read the case scenario.]

**PROVISION 5**
The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth. [Click to read the case scenario.]

**PROVISION 6**
The nurse, through individual and collective effort, establishes, maintains and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care. [Click to read the case scenario.]

**PROVISION 7**
The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards, development and the generation of both nursing and health policy.

**PROVISION 8**
The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy and reduce health disparities.

**PROVISION 9**
The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession and integrate principles of social justice into nursing and health policy.

“The new code clarifies the values, virtues and obligations nurses are required to use to guide their ethical analysis and decision making.”
—CINDY UMBRELL, MSN, RN, CNS, CCRN
Maureen Smith, MSN, RN, CNRN, enjoyed an award-winning month. In May, she was presented with two distinguished honors: the Circle of Excellence award from the American Association of Critical-Care Nurses (AACN) and the Cedar Crest College Nursing Alumni Award for Nursing Education. Both honors recognize Smith's passion and commitment to the profession of nursing and her lifetime of work.

Smith was one of 22 critical care nurses from across the country to receive the Circle of Excellence award this year. Nominees are evaluated on a number of criteria including how well they promote patient-driven excellence; model effective decision making; address challenges and remove barriers to advance patient-driven excellence; influence their own and other organizations in achieving excellence; and achieve visible results that contribute to organizational excellence. Smith now becomes a member of the Circle of Excellence Society.

“This award is not a reflection of just one person, but of all critical care nurses at Lehigh Valley Health Network, and I accept it on their behalf,” said Smith as she spoke in front of over 8,000 people at the National Teaching Institute & Critical Care Exposition in New Orleans. Smith says, “I could not have earned it without the hard work and support of all my fellow critical care nurses and so it belongs to them just as much as it belongs to me.”

Earlier in May, Smith was also presented the Cedar Crest College Distinguished Nursing Alumni Award for Nursing Education. It is given to a Cedar Crest College nursing graduate who exhibits excellence in nursing education and professional development. Receiving this award at the nursing pinning ceremony was very emotional for Smith. “It is a celebration of my career as I stand before these nurses who are just about to start theirs,” Smith says. The leadership, compassion and service she has displayed over her 30-year nursing career is an example of what all new nursing graduates can strive for as they embark on their journeys.

“Maureen embodies excellence and innovation in all she does to ensure excellence in the care of acutely and critically ill patients and their families,” says Anne Panik, former senior vice president, patient care services, and chief nursing officer at LVHN.

LVHN supports nurses’ participation in local, regional national or international professional organizations. As a critical care nurse, Maureen Smith actively participated in the American Association of Critical-Care Nurses for over 30 years, and was honored by them with the Circle of Excellence award for helping develop and model effective ways to advance patient-driven excellence.
New LVHN standard: RN uniforms go navy blue

On the Tuesday after Memorial Day, all staff registered nurses (RNs) across inpatient specialties at Lehigh Valley Health Network (LVHN), the emergency departments and specific outpatient areas began wearing new standard uniforms as part of an initiative designed to make them more identifiable to our patients.

The new uniforms are navy blue with white LVHN-branded embroidery. Nurses associated with the Lehigh Valley Children’s Hospital wear navy blue uniforms with white embroidery of that brand. The navy blue color was chosen by our nursing colleagues in a poll.

The change follows research into nursing uniform practices of health care organizations nationwide. Hospitals that have moved to a standard RN uniform have reported improvements in both patient safety and satisfaction. For the last three years, patient care services also conducted an internal study measuring the impact of standard uniforms. However, the analysis was deemed inconclusive due to the inability to enroll enough patients to meet the strict study criteria and wasn’t considered in the decision to standardize.

The uniforms are manufactured by Cherokee and WonderWink, and available for order online at lvhnuniform.com through Lizard Apparel and Promotions (Lizard AP) of Dayton, Ohio. Some wardrobe pieces are also available in LVHN gift shops.

KELLIE FITZPATRICK, RN
7B Medical-surgical, LVH−Cedar Crest

The nursing standard uniform identifies LVHN nurses and provides inpatient LVHN nurses a sense of professionalism and teamwork. Although I enjoyed the individuality and patients’ comments while wearing different scrub colors, I also know of patients who commented positively on the different colors we wore. As a participant in the Uniform Standardization Committee and uniform research, I am grateful for the opportunities to provide staff nurse representation and perspective concerning the uniform styles.

JENNIFER LANTER, RN
7C Inpatient oncology, LVH−Cedar Crest

It certainly makes us more easily recognizable, especially when someone floats to our unit. We had a patient care specialist from another unit wearing a white lab coat and black scrubs some time back who we all thought was a doctor. That kind of misidentification won’t happen from now on with RNs.

MEGAN ANDERSON, RN
5T Medical-surgical, LVH−Muhlenberg

Wearing the same uniform type every day doesn’t bother me at all. I think there is something to that team feeling. I worked in another unit not long ago where we wore standard uniforms, and when there was need to give a patient medication, it was easy for someone to pick me out as an RN who could do that.

TAMI MELTSCH, RN
Director, 7T Medical-surgical, and express admit unit, LVH−Muhlenberg

My unit took part in our uniform study, so we’ve been wearing the uniforms for three years now. As an administrator, I can tell you doctors really liked our wearing uniforms because it made identifying RNs so much easier.

ALYXANDRA HOWARD, RN
Emergency department, LVH−17th Street

It’s really nice for me personally to be able to take the guesswork about what to wear out of my already very hectic mornings. The common look makes us look more professional. Everything I’ve heard in the ER at LVH−17th Street tells me the uniforms make us look fantastic as a group.
Transformational leadership empowers nurses to implement changes in a Magnet organization. LVHN’s standardized uniform change resulted from recommendations made by a fact-finding committee comprised of staff nurses. With leadership from the CNO, the committee reviewed the pros and cons of standardized nurse uniforms and opted to implement them at LVHN.

APRIL TREIBLE, RN
Inpatient orthopedics, LVHN–Tilghman

Personally, I think they’re great. It’s a very professional look and I for one like not having to think about what I’m wearing when I’m getting ready for work. I think it was a good move and over time I believe everyone will think so.
Medallion Lecture 2016: Compassionate, Connected Care

PRESS GANEY CNO SHARES ELEMENTS THAT INFLUENCE PATIENT PERCEPTION

Christy Dempsey, MSN, MBA, RN, CNOR, CENP, commanded the room as she delivered her presentation about the patient experience at LVHN’s Medallion Lecture in May. “Here’s the bottom line: Clinical quality is a given,” Dempsey says. “But the way you and your colleagues relate to patients—and help them feel safe—will drive how likely it is that they will recommend your hospital.” Dempsey is the chief nursing officer for Press Ganey (the organization that administers LVHN’s patient satisfaction surveys). She spoke passionately about the patient experience and the ways nurses, along with all staff, can help improve it. This discussion is more than academic to Dempsey. It draws upon two profoundly personal patient experiences: her own battle with breast cancer and her son-in-law police-officer’s traumatic shooting injury.

“It didn’t matter that I was a nurse or that I worked for Press Ganey,” she says. “My patient experience after having a mastectomy and my son-in-law’s experience after his injury showed the vast differences in how patients and their families are treated and can feel about the patient experience.”

According to Dempsey, several key elements influence a patient’s perception of his or her care. If you address these needs, your patients will feel safe and will believe that you care about them.

- **Coordinate care** – Show our patients their care is coordinated and continuous, and that we are always there for them.
- **Caring transcends diagnosis** – Real caring goes beyond delivery of medical interventions to the patient.
- **Autonomy reduces suffering** – It helps patients preserve their dignity.

She also mentioned three additional areas that show patients we care:

- **Attention** – Recognize your patient’s special or personal needs. Helping to acknowledge or fulfill those needs helps you build trust with your patient and his or her family.
- **Information** – How well and how routinely a patient is kept informed is strongly associated with patient satisfaction.
- **Skill** – Patients judge “skill” on your professional appearance and adherence to safety measures across the board. That means if you or one of your colleagues performs a standard task differently, the perception is that one of you is doing it wrong.