TO TOUCH THE SOUL OF ANOTHER HUMAN BEING IS TO WALK ON HOLY GROUND.*

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SETON NURSING 2011
THE SPIRIT OF CARING
DEAR COLLEAGUES:

In this age of rapidly evolving health care – brought on by changes in technology, the increasing complexity of patient care and health care reform – providers are required more than ever to adapt and demonstrate flexibility in their work. In that spirit, the Seton Healthcare Family recently adopted Relationship-Based Care as a professional practice framework. This transition will help us move from a provider-centered transactional model of care to that of a more person-centered relationship.

The spirit of caring has been an integral part of Seton nursing for more than 100 years. Your participation in this new model will help meet the health needs of Central Texans. It will also create a safe environment where patients and providers are empowered in an integrated health care system to achieve person-centric care through trusting, healing and therapeutic relationships.

Thank you for your continued leadership and for helping to meet the needs of our patients and families.

Sincerely,

Joyce Batcheller, DNP, RN, NEA-BC, FAAN
Executive Nurse Fellow Alumna
Senior Vice President, Network Chief Nursing Officer
Seton Healthcare Family
In 2011, the Seton Healthcare Family officially adopted Relationship-Based Care (RBC) as its professional practice model. This new model will guide us in caring for ourselves, our co-workers and, most important, patients and families throughout the continuum of care.

The RBC schematic is comprised of six calls to action:

- Transformational Leadership
- Teamwork
- Primary Care Team
- Professional Practice
- Quality Outcomes
- Stewardship

Each component is explored in the following pages through stories and photographs. We hope you find inspiration and a better understanding of RBC and how it will further strengthen the spirit of caring at Seton.
“The RBC model reflects the belief that all Seton associates have a voice and lead where they stand.”

– Linda Vochatzer, RN, MSN, CPHQ
Director of Nursing Practice
CREATING STRONGER CONNECTIONS

One of the ways Magnet™-designated Seton Northwest Hospital promotes transformational leadership is through leadership rounding. Every weekday, all patients receive a personal visit by a member of the leadership team.

“Leadership rounding encourages us to be proactive rather than reactive,” explained Margaret Butler, RN, BSN, MBA, CNOR, Seton Northwest Hospital’s senior director of nursing. “By resolving issues in real-time, we are sending a strong message that patients and their families are the center of our focus.”

Leadership rounding also motivates managers to collect and pass on positive recognition and words of praise to staff and physicians who work so hard to provide exemplary care. “The very best part of my day is the time I spend talking to patients,” Margaret said. “I feel proud when I go in a room and a patient is raving about one of the staff members.”

Changing Lives

Marcie Wilson, RN, BSN, stroke outreach coordinator for the Seton Brain & Spine Institute, spends most of her time in the field educating the public about heart attacks and strokes.

In 2011, Marcie had just finished a presentation at an employee wellness conference when a woman approached her and said, “I listened to your presentation last year and wanted to thank you for saving my life.” That woman was Theresa McShan, who was inspired by Marcie to change her life.

“I’m a firm believer that God sends people into your life just when you need them,” Theresa said, “and He sent Marcie to show me the dark road I was traveling.” A diabetic, Theresa has now lost 40 pounds and is leading a healthier life — thanks, in part, to Marcie.

Speaking at conferences is just one way Marcie reaches out to women and encourages them to take control of their own heart health. Recently appointed to serve on the board of directors for the Southwest Affiliate of the American Heart Association and the National Stroke Advisory Committee, Marcie is also a national spokesperson for the “Go Red” for Women and “Por Tu Corazon” campaigns.

“Seton has been unbelievably supportive of the work I do at the local, state and national levels,” she said. “I am very excited and blessed to be in a job that I love so much.”

Although leadership rounding is about improving the patient experience, it is also designed to build better connections among leaders and staff. “Since starting leadership rounding, I have noticed that our associates are more comfortable speaking up and offering solutions to everyday issues,” Margaret added.
The second component of the RBC model, “Teamwork,” reflects the importance of all caregivers working across disciplines to provide positive outcomes for Seton’s patients.

Seton’s nurse navigators use teamwork to provide compassionate, person-centered care to hundreds of Central Texans with cancer each year.

“Navigating cancer under the best of circumstances is confusing,” said Joni Watson, RN, MSN, MBA, OCN, clinical nursing manager with the Seton Cancer Care Team. “But it’s even more challenging when you have limited resources and no support system.”

Seton’s cancer care team has grown to 10 oncology nurse navigators who specialize in breast, cervical, skin, brain/neck and other forms of cancer. They help guide patients from screening, diagnosis and treatment through survivorship.

According to Dawn Parsons, RN, BSN, OCN, clinical nursing manager with the Cancer Screening Team, “By staying with their patients throughout the continuum of care, nurse navigators help improve patient satisfaction, reduce readmissions and provide patient-centered care.”

These nurses also help departments connect poor and vulnerable Central Texans to services and funding.

“I recently worked with a young, homeless woman with breast cancer,” Dawn recalled. “Within weeks, the Cancer Care Team and navigator had arranged for housing, lymphodema services, nutritional counseling and financial assistance to buy groceries. Developing relationships with other caregivers is really important in this role,” she added.

Nurse navigators also participate in multidisciplinary cancer care conferences. Alyssa Monacelli, RN, BSN, recently joined Seton to coordinate these weekly meetings that bring together physicians and staff from a wide range of specialties such as surgery, medical oncology, radiation therapy, plastic surgery and nutrition. The team reviews case referrals and provides information on treatment options to doctors caring for those patients.

“At Seton, we really want to empower the patient,” Alyssa said. “It makes people feel so much more cared for when they have an entire team on their side.”

The interdisciplinary conferences are part of Seton’s broader strategy to improve cancer care in Central Texas. The network’s new cancer care program includes the development of the Seton Breast Cancer Center, which will open in 2013 on the first floor of Seton Medical Center Austin. It will bring together the highest level of medical technology, care and services in one convenient location for women diagnosed with breast cancer.

“We are not here to serve the medical system; we are here to serve the person.”

– Dawn Parsons, RN, BSN, OCN Clinical Nursing Manager Cancer Screening Team
“Beads for Deeds” is another example of teamwork in action. Launched by Seton Medical Center Austin’s Emergency Department, the new program awards glass beads to nurses, physicians and other members of the care team who provide exemplary care to patients and families. Recipients are nominated by their peers and wear the beads proudly on their badges.

For every good deed, recipients receive a white bead that can be traded in at different increments for other colored beads. Those beads can then be exchanged for small awards like movie tickets or saved up for larger awards or team awards. Bead nominations are placed in a special mailbox in the nurse’s lounge and are usually distributed during daily huddles.

One nurse received a bead for helping a patient with limited mobility. During her lunch break, the nurse walked the patient nearly a quarter of a mile to a bus stop to ensure she boarded safely.

According to Amber Russey, one of the clinical assistants who oversee Beads for Deeds, the program encourages patient- and family-centered care. “It fosters a work environment that encourages us to pat each other on the back and work as a team.”

All Seton Medical Center Austin ED nurses have a maroon bead in remembrance of Stephanie Phillips, a beloved nurse who died in a car accident in late 2010. Plans are also in the works to add another bead in memory of nurse educator Yvette Nichols, an ED nurse who died suddenly in 2011.

Recognizing Exceptional Care: (from left) Amber Russey, CA; Mallory Rodgers, CA; Seton Medical Center Austin

Encouraging Teamwork Among Nurses and New Physicians

During a charge nurse meeting, Mary Wright, RN, MSN, CNRN, clinical manager for the ninth floor at University Medical Center Brackenridge, overheard a group of nurses talking about the influx of new medical residents in July. She said, “That discussion sparked the idea for developing a nurse-led orientation program for new residents to make the transition a more positive one and to assist with high-reliability principles.”

A pilot orientation was held in 2010 with good results. So, in June 2011, the orientation was expanded. Residents received a welcome booklet, a hospital tour and hands-on training in electronic health records. Residents also participated in an ancillary fair that offered information about different hospital departments such as palliative care, rehabilitation and case management.

According to early evaluations of the program, residents found the orientation highly valuable. What’s more, unit nurses have reported that residents are more confident and working more collaboratively with nurses and other health care professionals than ever before.

“We received very positive evaluations from the interns on the program,” said Celina Garza Mankey, MD, associate professor with The University of Texas Southwestern Austin Internal Medicine Program. “In fact, we were selected to share the details of the orientation with our colleagues as part of a session on best practices and innovations in medical education during the Association of Program Directors in Internal Medicine national meeting this past October.”
One of the core tenants of the primary care team model is that every patient deserves an experienced nurse. You can’t get much more experience than Sandra Brown, RN, a Labor & Delivery nurse at University Medical Center Brackenridge.

“I became a nurse in 1979 and have been at Brackenridge all my life,” she said. Sandra was recently recognized with a DAISY Award for the compassionate care she provided to a challenging patient. For nearly 12 hours, Sandra cared for a young woman in labor who was experiencing violent hallucinations and hearing voices. “The patient was very anxious, primarily from her mental illness,” Sandra recalled. “She thought the nurses were trying to harm her.”

Sandra used her years of training to care for this patient. Rather than telling her the voices were not real, Sandra said that the voices were not always right and that the nurses were only there to help. “You learn a lot from experience, but you also have to access your resources,” Sandra explained.

At one point, Sandra realized she needed to call the chaplain for strength, encouragement and wisdom. “I walked out of the room and Chaplain Nancy was there. No joke,” Sandra said. Chaplain Nancy Jensen-Case asked if the patient needed her to which Sandra responded, “No, I need you!”

After a long day, the patient gave birth to a healthy baby girl. Sandra credits her team with providing relief and moral support. “We have always had a strong sense of teamwork and support system for each other,” she added. “Somebody always has your back, especially with patients who require more from us.”
**KEEPI NG FAMILIES I NF ORMED**

Seton Medical Center Williamson is a shining example of RBC in action. Patient families and friends enjoy an open visitation policy – even in the high-stakes environment of the ICU, where rooms are equipped with pull-out couches for overnight stays.

“We understand that the ICU is a stressful place and do our best to make the family’s experience as pleasant as possible,” said Oscar Leyva, RN, BSN, interim clinical manager.

Since July 2011, the Seton Williamson ICU has taken RBC one step further by encouraging family members to participate in interdisciplinary rounds, which take place from noon to 1 p.m., every weekday. The rounds include the physician intensivist, charge nurse, staff nurse, chaplain, dietician and representatives from physical therapy, respiratory therapy, social work and case management. During rounds, the team discusses the patient’s plan of care and any major issues that need to be addressed.

“Families are welcome to participate,” Oscar said. “We encourage them to listen to the plan of care for their loved ones and to ask questions. They really appreciate the opportunity to meet with the entire care team at one convenient time.”

**MENTORING NEW NURSES**

Understanding that new nurses need mentoring and support, the Seton Healthcare Family developed an RN Residency Program in 2007 for graduate nurses. Since that time, 941 nurses have successfully graduated from the program.

Each residency lasts 18 to 22 weeks with nurses receiving a mix of classroom and hands-on instruction, simulation training and skills labs. Residents are also assigned a preceptor to help guide them during their first months on the unit.

Charge Nurse Debbie Sant’Anna, RN, was part of the first RN Residency cohort for Seton Shoal Creek Hospital. Last year, she put her experience to work when she became a preceptor for Katie Williamson, RN, a recent graduate of The University of Texas at Austin School of Nursing.

“What Debbie likes most about being a preceptor is the opportunity to model positive attitudes and ethics and teach the next generation of nurses about mental illness. “From Katie’s time with me, I hope she saw the respect I have for my patients and how much I want to help every single one of them.”

Retention of Seton nurses in the first two years of practice has increased from 52 percent to 79 percent.

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Mentoring New Nurses: (from left) Debbie Sant’Anna, RN, charge nurse; Katie Williamson, RN, Seton Shoal Creek Hospital
PROFESSIONAL PRACTICE
Translating research into practice

Applying Best Practices: (from left) Mary Beth Kean, DNP, RNC, CNS-AH; Karen McCarthy, RN, MSN, CS, ANP; Christie Kremer, RNC, MSN, FNP-C; Donna Preble, RN, CNS-AH; Alice Davis, RN, BSN
Seton’s growing palliative care program provides an excellent case study in how Seton nurses translate best-practice evidence into patient care. Through the work of the palliative care team of advanced practice nurses, which includes Mary Beth Kean, DNP, RNC, CNS-AH; Christie Kremer, RNC, MSN, FNP-C; Karen McCarthy, RN, MSN, CS, ANP; and Donna Preble, RN, CNS-AH, patients and families receive an additional layer of person- and family-centered care during their hospital stay.

Often confused with hospice care, palliative care is offered to patients facing serious illnesses, such as cancer or heart failure. “The goal of palliative care is to improve the quality of the patient’s life through symptom management, education, spiritual support and advanced care planning,” explained Donna, a clinical nurse specialist for palliative care at Seton Medical Center Austin. While hospice is designed for patients with a life expectancy of six months or less, palliative care is available to patients receiving aggressive treatment for chronic diseases.

Karen, a palliative care nurse practitioner at University Medical Center Brackenridge, has been with the program since it started. “A big part of our job is to empower patients and families so they can help define their goals of care and be included in their care plans,” she said. “We develop long-term, trusting relationships with our patients and help them articulate their needs and then make sure that those needs are met.”

One of the frequent needs is pain management. Advanced practice palliative care nurses have in-depth knowledge of pain management and are implementing evidence-based best practices to improve patient care. “We have a lot of patients with chronic pain problems,” Mary Beth said. “It is very difficult to manage these patients so that their functional levels are optimized.”

During the past year, the palliative care team has been working with physicians and other care providers to champion the use of evidence-based pain management methods such as Ketamine, a potent anesthetic agent. When Ketamine is used in subanesthetic doses, it can effectively manage complex neuropathic or opioid-resistant pain.

“We are in the process of bringing in Ketamine for pain control and are making sure all the necessary safeguards are in place,” said Alice Davis, RN, BSN, director of clinical quality and safety at Seton Medical Center Austin.

Mary Beth added, “Offering evidence-based pain medication options can provide our patients with better quality of life, especially in those final, precious days. Often, we can reduce the need for other medications so that patients can be awake and spend more time enjoying their loved ones.”

The Seton Healthcare Family plans to expand the palliative care program to benefit more patients. “Our goal is to initiate palliative care referrals earlier in the disease course,” Karen said. “Doing this will enable us to provide continuity of care and build even stronger relationships with our patients and families.”

The fourth component of RBC, “Professional Practice,” reflects the belief that associates should never stop learning. Nurses with advanced education have the tools and knowledge to translate research into practice, which directly benefits patients.
MAKING DREAMS COME TRUE

The Seton Nurse Scholarship Endowment was created in 2005 with the goal of creating a $5 million endowment to enable generations of nurses to continue their education and fulfill their professional dreams. Whether it’s an associate’s degree or a doctorate, this funding makes it possible for nurses to dream big and make a difference in the world.

Just ask 2011 scholarship recipient Arlene Dettmann, RN, MSN, CNE, FNP-BC, a nurse educator at the Clinical Education Center and family nurse practitioner at Seton’s McCarthy and Lockhart clinics. In addition to working full time, Arlene is studying for her Doctorate of Nursing Practice, despite the fact that she is eligible for retirement in six years.

“Arlene is a true asset to the Seton Healthcare Family,” said Yvonne VanDyke, RN, MSN, vice president of Nursing Education, Practice and CME, and administrator of the Clinical Education Center. “Our organization needs nurses with advanced education in order to be positioned successfully in the dynamic health care field.”

Kimberly Tarla, RN, charge nurse in Dell Children’s Medical Center Emergency Department, is another scholarship recipient. A single mother of three, Kimberly’s greatest inspiration for becoming a nurse was her older sister who had cerebral palsy. Kimberly is currently studying at The University of Texas at Austin School of Nursing to become a nurse practitioner.

Because of the support and generosity of donors, including hundreds of Seton associates, the Seton Nurse Scholarship Endowment has awarded 125 scholarships worth more than $245,000 since its inception.
Network Nursing Education Coordinator Sarah Hoffman, RN-BC, MSN, MPH, is one of many master’s-prepared nurses at Seton translating research into practice.

Last year, Sarah led an evidence-based project to identify best practices on the use of hand-held computing devices (such as smart phones or tablets) in the health care setting. Sarah and her team searched and appraised the literature, but found no established best practices.

The team, which includes Cheryl Sykora, RN, MSN; Mary Ann Whicker, RN, MSN; and Denise Cox, RN, MEd, subsequently developed a research project to address gaps in the science by comparing traditional with technology-based education in acquisition and translation of evidence into practice.

Recently graduated nurses will be randomized into four groups. The first group will be instructed on the insertion of small bore enteral tubes using traditional paper policies and procedures. The second group will be instructed on the same skill; however, nurses will access the policies and procedures from a hand-held computing device. The third group will observe a live preceptor demonstration as the training methodology, while the fourth group will be trained on the skill by viewing a podcast of a preceptor-led demonstration from the hand-held computing device. The research team will then apply a set of evaluation criteria to determine which educational modality is the most effective.

“We are charting new territory with this research,” Sarah said, “and hope that it will open many new doors for us here at Seton.”
QUALITY OUTCOMES
Innovating to transform health care
When Ann Bailey, RNC-NIC, BSN, MBA, CIC, joined Dell Children’s Medical Center as an infection preventionist in October 2010, she noticed what appeared to be a spike in surgical site infections among neurosurgery patients. “We were definitely seeing more cases than Dell had seen historically,” Ann recalled.

After analyzing the data, Ann discovered that the infections were concentrated among two groups: patients undergoing surgery for placement or revision of ventricular peritoneal (VP) shunts and patients with external ventricular drains (EVDs). In response, Ann began meeting weekly with Joanne Dixon, network director of infection prevention, and Sarmistha B. Hauger, MD, medical director of Dell Children’s Medical Center infectious disease program, to discuss the troubling new cluster of infections.

In December 2010, the group approached Tim George, MD, chief of pediatric neurosurgery/neurosciences, to discuss the infection data. “Dr. George was very receptive,” Ann said. “He thought it would be a good idea to establish an interdisciplinary team to conduct a thorough overview of pre-op, intra-op and post-op neurosurgical practices.”

Dr. George asked one of his neurosurgery colleagues, Patricia Aronin, MD, to participate in what became known as the Dell Children’s Medical Center Neurosurgery Interdisciplinary Team. The group included representatives from all over the hospital, including neurosurgery, infectious diseases, infection prevention, acute and critical care nursing, nursing education, surgery and patient safety.

After reviewing the continuum of care, the team developed and implemented several practices to limit or decrease the volume of skin contamination among pediatric neurosurgery patients.

Laurie Rogers, RN, MSN, CNS, clinical nurse specialist for the PICU, worked closely with nurse educators and the workgroup to develop a post-op EVD management care policy. The policy, which standardizes the handling of drainage systems and the process used to obtain samples of cerebral spinal fluid, has been approved by the Pediatric Specialty Nursing Council. Laurie has trained nurses in the PICU and other units that treat patients with EVDs.

Since implementing the practice changes, neurosurgery has seen a significant reduction in the number of infections among patients with VP shunts or EVDs.

“Collaborating to Improve Patient Care:
Laura Jaso, RN, BSN, Dell Children’s Medical Center

‘I’ve been a nurse for 30 years and this was probably the best experience I’ve had with an interdisciplinary process project.’
– Laurie Rogers, RN, MSN, CNS
Clinical Nurse Specialist
Dell Children’s Medical Center PICU

Collaborating to Improve Patient Care: Laura Jaso, RN, BSN, Dell Children’s Medical Center
QUALITY OUTCOMES
Innovating to transform health care

In the third quarter of 2010, Seton Highland Lakes Hospital had a core measures appropriate care score of 81.25 percent. Determined to turn things around, Jamie Moran, RN, MSN, CMSRN, CIC, infection preventionist and occupational health nurse at Seton Highland Lakes Hospital, devised an action plan. She surveyed nurses to assess their basic knowledge of core measures and to solicit ideas for achieving 100 percent compliance. The most important thing Jamie learned is that nurses needed help flagging patients who require core measure interventions.

While reviewing the literature, Jamie discovered the hidden potential of data mining, which allows hospitals to proactively tag core measure patients by “mining” available information from different hospital departments. The Seton Highland Lakes Hospital team met with pharmacy, imaging, respiratory therapy and other ancillary departments to identify different data “clues” that could be consistently tracked to flag possible core measure patients, such as medication lists or imaging orders.

Using this information, the team developed what has become known as the “Core Measures Dashboard,” a huge whiteboard that hangs in the nursing conference room. It lists all the core measures tracked at Seton Highland Lakes Hospital and has a place for each department to fill in the relevant patient information. “Every morning during our huddle, we can look across the row by patient and visualize who might be a core measure patient,” said Jamie.

The Core Measures Dashboard has been a tremendous success. For starters, Seton Highland Lakes Hospital’s core measures appropriate care score improved to greater than 93 percent in the first nine months of the project. But perhaps even more important, the project has resulted in a cultural shift and unprecedented level of interdisciplinary collaboration and communication. “Our goal was to create a common sense of responsibility for identifying core measure patients,” Jamie explained. “We have been successful in bringing everyone to the table so our patients can get the best possible care.”

The Seton Highland Lakes Hospital abstract, “Using the Institute of Medicine’s Core Competencies to Improve Inpatient Core Measures Compliance: A Collaborative Quality Improvement Project,” was one of only 30 out of 1,000 selected for poster presentation at the Scientific Symposium portion of the Institute of Healthcare Improvement’s 2011 National Quality Forum.

IMPROVING CORE MEASURE COMPLIANCE
Improving Core Measure Compliance: (from left) Marsha Prather, imaging site manager; Cynthia Glover, pharmacy site director; Lori Kirby, RN, clinical nursing manager; Teresa Evan, RN; Arie Dejong, VP, COO; Mary Humphrey, RN, MSN, nursing director; Jamie Moran, RN, infection control; Kim Smith, RN, case manager; Seton Highland Lakes Hospital
Since opening its doors in 2007, the Clinical Education Center has been a beacon of innovation. Now, it is charting new ground by offering state-of-the-art immersion training.

“The purpose of immersion training is to provide new nurses with a more contextual, realistic learning experience,” explained Buffy Allen, RN, MSN, director of Interdisciplinary Clinical Skills and Simulation at the CEC. “We want to develop a well-rounded nurse who is ready to think critically, communicate with physicians and other members of the care team and deal with the daily distractions and challenges that are part of the job.”

The immersion lab for RN Residency interns entails four phases – each one more complex and challenging. First, nurses are given an appropriate patient assignment representative of their specialty. Then they practice managing their nursing interventions, communicating with physicians when a patient’s condition deteriorates, dealing with distractions and handling emergencies such as codes.

“This is a big change for the CEC,” said Cheryl A. Sykora, RN, MSN, CMSRN, Seton’s acute care network nursing educator. “Previously, our skills labs were tied to a single skill or combination of skills. Now we are taking on an entire hospital unit, which is definitely unique. This is simulation as close to reality as we can get it.”

The Seton Heart Specialty Care and Transplant Center follows an interdisciplinary team model and serves more than 800 patients offering a one-stop experience for this challenging patient population.

In recent years, the clinic has expanded to include an inpatient heart failure service that sees patients in the hospital and works with physicians to transition these complex patients to discharge with a follow-up visit in the clinic within 72 hours. The goal of these new services is to reduce hospital readmissions and improve the patient’s quality of life.

In 2011, with eight months of data, the clinic’s readmission rate for its sickest patients was less than 10 percent, down from nearly 23 percent in 2010.

Carol Schauf, RN, MSN FNP-C, is one of the clinic’s advanced practice nurses. “Carol does an excellent job managing heart failure,” said Liz Murrah, RN, MS, BSN, NEA-BC, director of the clinic. “She and her RN care team even went one year without having a patient readmitted to the hospital.”
STEWARDSHIP
Promoting healthier communities

The sixth core component of RBC is “Stewardship.” Seton nurses are encouraged to be mindful of how they use resources and to promote healthy behaviors.

SUPPORTING HEALTHY FAMILIES

Working with new moms and helping them breast-feed successfully is a passion for Stephanie Hell, RN, BSN, a maternity service staff nurse at Seton Medical Center Hays. Her passion proved to be a tremendous benefit to new mom Cassie Laws.

Cassie’s son, Eamon, was born four weeks premature and spent time in the Neonatal Intensive Care Unit. When Cassie got home with her baby, she experienced difficulty breast-feeding. Her father, Bobby Laws, RN, BSN, MHA, OR director at Seton Medical Center Hays, told his daughter about Stephanie.

Stephanie met with Cassie in the Seton Hays lactation room when her son was six weeks old. She spent an hour with Cassie and gave her tips for increasing her milk supply. She even called Cassie’s doctor’s office to get a prescription filled. “After an hour with Stephanie, I felt like the most amazing mom for the first time,” Cassie recalled. “I was finally able to give my son what God intended me to give.”

“Stephanie’s hard work, positive attitude and commitment to breast-feeding are not only noticed, but they are also deeply appreciated,” said Keith Fitzgerald, RN, MBA, BSN, RNC-OB clinical manager of maternity services at Seton Hays.

Stephanie, a DAISY Award-winning nurse, is just one of hundreds of Seton nurses who are working hard to ensure the health of babies and their mothers.

Seton is taking steps to participate in the global “Baby-friendly Hospital Initiative,” a World Health Organization and UNICEF program to protect, promote and support breast-feeding.
One afternoon, Angie Sierra, Seton Highland Lake Hospital’s cardiovascular and pulmonary manager, noticed her nephew’s name on a discarded multi-use inhaler. “At the time, we were routinely discarding inhalers when patients were discharged from the hospital, even if they had only been used a few times,” Angie said. “Seeing my nephew’s name on the inhaler made me realize that we could and should do better.”

Angie decided to talk to her colleague, Cynthia Glover, RPh, MSLE, Seton Highland Lake’s director of pharmacy. Together, the pair formed an interdisciplinary team to revamp the entire process to ensure that patients using multi-use inhalers, which can cost more than $300, receive the education they need to use their inhalers at home properly. In addition, nurses were trained to send these inhalers to the pharmacy for outpatient relabeling and make sure they are in patients’ hands when they leave the hospital.

“It was a true collaboration across all disciplines,” Cynthia said. “We shared a common goal of developing a process that would serve our patients better and also reduce our readmission rates.”

“This project is another example of how the patient is the center of everything we are doing here at Seton Highland Lakes,” said Arie Dejong, Seton Highland Lake’s administrator and Seton Healthcare Family vice president. “We want to be good stewards of limited health care dollars and make sure that our patients have what they need to lead healthy, productive lives.”

Seton Northwest Hospital’s Emergency Department was the first in Texas to offer InQuickER, an online check-in service focused on increasing patient satisfaction and decreasing length of stay in the emergency department. Prospective patients simply check in online to “hold their place” in the emergency department queue and begin the registration process. Since its launch in March 2011, InQuickER has served more than 800 patients – resulting in an average one-hour reduction in emergency department length of stay.

Seven other Seton facilities (Seton Edgar B. Davis Hospital, Seton Highland Lakes Hospital, Seton Medical Center Austin, Seton Medical Center Hays, Seton Medical Center Williamson, Seton Southwest Hospital and University Medical Center Brackenridge) have followed suit and successfully implemented InQuickER in their emergency departments.

Seton Northwest presented a poster on its experience with InQuickER at the Institute for Healthcare Improvement, 23rd Annual National Forum on Quality Improvement in Health Care in Orlando in December 2011.
The Spirit of Caring

Exceptional, person-centered nursing organizations are rooted in a relationship-based culture, which is one reason why Seton nurses are nationally recognized for their achievements, their vision and their care. The Seton Healthcare Family is part of a relationship-based culture that extends back more than 400 years. Our mission inspires us to celebrate relationships every day.

More and more, research shows that strong, trusting relationships among health care providers, patients and their families have a positive impact on the delivery of health care. As we continue our journey toward an integrated continuum of health services capable of caring for 1 million Central Texans, we pause to thank our nurses, dedicated professionals who understand that relationships are central to our mission and vision.

Jesus Garza, President/Interim Chief Executive Officer, Seton Healthcare Family

Dear Seton Nursing Team:

Thank you for working so hard this past year on behalf of our patients and families. Your efforts to evaluate, translate and use evidenced-based practice and research have been recognized on local and national levels. As your leaders, we are exceedingly proud of your accomplishments – and equally proud of your everyday acts of advocacy, courage and compassion. We extend our deepest gratitude for the exceptional way you care for our patients, families and each other.

Front row (from left): Susan Pastor, RN, ND, CNO Dell Children’s, VP Network Neonatal Services; Yvonne VanDyke, RN, MSN, VP Nursing Education and Professional Development, Administrator CEC; Joyce Batcheller, DNP, RN, NEA-BC, FAAN, Robert Wood Johnson Executive Nurse Fellow Alumna, SVP/Network CNO Seton Healthcare Family; Michael Garcia, RN, JD, NEA-BC, VP Network Surgical Services

Back row (from left): Melanie Fox, RN, MSN, NEA-BC, CNO Seton Williamson; Karen Litterer, RN, BSN, CIC, SDN Seton Highland Lakes; Susan Grice, RN, DNSc, MSN, CNS, NEA-BC, CNO Seton Shoal Creek; Margaret Butler, MBA, SND Seton Northwest; Angela Stalbaum, RN, MSN, NE-BC, CNO Seton Austin; Susan Ourston, RN, MSN, SDN Seton Southwest

Not pictured: Apryl Haynes, RN, BHA, SDN Seton Edgar B. Davis; Nikki Rivers, RN, MBA, CNO Seton Hays; Mary Viney, RN, MSN, NEA-BC, VP Network JC Accreditation, Patient Logistics, Transfer & Call Center, Wound Care and Venous Access
U.S. Cabinet Secretary Brings ‘Partnership for Patients’ Initiative to Seton

It’s not every day that a U.S. cabinet secretary can be found walking the halls of a hospital – but that’s exactly what happened at Seton Medical Center Austin on May 6, 2011. Health & Human Services Secretary Kathleen Sebelius came to Austin to learn more about Seton’s celebrated successes in safety.

During her visit, nurses and other clinicians had the opportunity to share their stories, including how Seton virtually eliminated pressure ulcers. Secretary Sebelius was especially interested in Seton’s nationally recognized initiatives that have reduced serious complications during birth by 93 percent over the last decade by following best practices, and how implementing these evidence-based practices has not only saved lives, but also reduced health care costs – a key goal of the federal government.

The secretary’s stop in Austin was the first on a national tour promoting the HHS Partnership for Patients program, launched April 12, 2011, to decrease preventable hospital-acquired injuries and reduce readmissions. The tour highlighted high-performing hospitals and medical centers – like Seton Medical Center Austin – that excel in patient safety.

In December 2011, Ascension Health, of which Seton is a member, was tapped as one of only 26 hospital systems nationwide to serve as a Hospital Engagement Network. What this means is that Ascension Health will work with other hospitals to provide education, mentoring and support of the Partnership for Patients’ stated goals of (1) reducing hospital-acquired conditions by 40 percent and (2) decreasing hospital readmissions by 20 percent. Stay tuned for more information about this promising new initiative.

Seton Nurse Inducted into American Academy of Nurses

In October 2011, Seton’s very own Toni Inglis, RN, MSN, CNS, FAAN, was inducted as a fellow into the American Academy of Nurses. Toni has served as a NICU staff nurse at Seton Medical Center Austin for more than three decades and as NursingNews editor for 16 years.

Being tapped to join the American Academy of Nurses is a prestigious honor bestowed on an elite group of nurses. As a fellow, Toni will have the opportunity to work with some of the nation’s most accomplished nurses on important issues facing nursing practice and public health as a whole.

An experienced and beloved staff nurse, Toni is also a prolific writer and regular contributor to the Austin American-Statesman. A student of health care policy for more than two decades, Toni is dedicated to change through the public policy process.

One of the reasons why Toni was invited to join the Academy was her extensive writing experience and the impact she has had in the public arena through her work. Toni has had 80 articles published in 11 different scholarly journals, The Wall Street Journal and every major newspaper in Texas.

Toni has worked at Seton since graduating from nursing school and holds three degrees from The University of Texas at Austin, including a Bachelor of Arts in Spanish, a Bachelor of Science in Nursing and Master of Science in Nursing with sub-concentration in Health Policy.

“I’ve always been in awe of the Academy’s focus on health policy and its influence. I never could have imagined that one day I would work alongside those incredible nurses,” Toni said. “I’m so happy to have this new forum to elevate nursing and improve policy.”
Each year, the Texas Nurses Association – District 5 honors five Texas Nurses Association ‘fabulous five’ was invited to serve on the Academy of Medical-Surgical Nurses Position Statement Task Force.

Elaina Diaz, RN, MSN, CMSRN was invited to serve on the Academy of Medical-Surgical Nurses Position Statement Task Force.

Bronwyn Gilliam, RN was featured in Nurse.com as a recipient of the DAISY Award for Extraordinary Nurses.

Kenn Kirksey, PhD, RN, MSN, ACNS-BC was named a 2011 Nurse.com South Central regional finalist in the “Advancing and Leading the Profession” category. He was among 30 from the region honored at the regional Nursing Excellence Awards ceremony in Houston, August 2011.

Cindy St. Andre’, RN, MSN, CEN was nominated for the Distinguished CEN Award and honored at the ENA Conference in Tampa, September 2011.

Linda Vochatzer, RN, MSN, CPHQ was named by the American Nurses Credentialing Center’s Magnet Recognition Program to serve as a reviewer to select the National Magnet Nurse of the Year Award for 2011.

Texas Nurses Association ‘Fabulous Five’

Each year, the Texas Nurses Association – District 5 honors five registered nurses whose leadership, compassion and community involvement exemplify nursing at its best. In 2011, two Seton nurses were honored with Fab 5 awards.

Brandie Mendiola, RN, CMSRN, Seton Highland Lakes Hospital Laura Milburn, RN, BC, University Medical Center Brackenridge

In Memoriam

Dana R. Coy, Seton Shoal Creek Hospital
Susan G. Crane, Seton Medical Center Austin
Stuart S. Giezendanner Jr., Seton Shoal Creek Hospital
Michael J. Haneisen, Seton Medical Center Williamson
Sharon B. Johnson, University Medical Center Brackenridge
Lara S. Joseph, Seton Southwest Hospital
Leonard A. Joseph, University Medical Center Brackenridge
Yvette J. Nichols, Seton Medical Center Austin
Stephanie L. Phillips, Seton Medical Center Austin
Deborah A. Sloane, Seton Burnet Healthcare Center
Mary J. Smallwood, University Medical Center Brackenridge
Zachary James Wilson, Seton Premiere Staffing

Joyce Batcheller, DNP, RN, NEA-BC, FAAN delivered the keynote address at the graduation ceremonies for the schools of nursing at Austin Community College and Texas A&M University, May 2011.

Elaina Diaz, RN, MSN, CMSRN was invited to serve on the Academy of Medical-Surgical Nurses Position Statement Task Force.

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DAISY Awards

During 2011, the national DAISY (Diseases Attacking the Immune System) Award for Extraordinary Nurses honored the following Seton nurses who were nominated by staff physicians, patients and families for providing extraordinary care day in and day out and serving as role models in the field.

Abigail Fuller, Seton Medical Center Hays
Alyssa Barnhill, Seton Medical Center Austin
Angela Walker, University Medical Center Brackenridge
Anna Summer Harrison, Dell Children’s Medical Center
Ashley Criswell, Seton Medical Center Austin
Beau Blackwell, Seton Medical Center Hays
Brandi Blair, Seton Medical Center Hays
Bronwyn Gilliam, Seton Medical Center Hays
Carlos “Charlie” Jimenez, Seton Medical Center Austin
Carol Funderburgh, Seton Shoal Creek Hospital
Cathleen Monforte, Seton Medical Center Austin
Charlie Burks, Seton Southwest Hospital
Courtney Brinkman, Dell Children’s Medical Center
DeAnna Gillespie, Dell Children’s Medical Center
DeNae Garcia, Dell Children’s Medical Center
Elizabeth Reim, Seton Medical Center Austin
Emilia Tisdale, Seton Medical Center Hays
Eric Briere, University Medical Center Brackenridge
Erin Jackson, University Medical Center Brackenridge
Eva Rodriguez, Seton Northwest Hospital
Flor Baekley, Seton Medical Center Austin
Gaby Kaufman, Dell Children’s Medical Center
Haiwen Zhao, Seton Medical Center Hays
Hillary Anderson, Seton Southwest Hospital
Inna Holmes, Seton Medical Center Austin
Jamie Balusek, Seton Medical Center Hays
Jamie Kinser, University Medical Center Brackenridge
Jennifer Daigle, Seton Medical Center Hays
Jessica Cowen, Dell Children’s Medical Center
Jill Griego, Seton Northwest Hospital
JoDee Adams-Herst, Seton Medical Center Hays
Johanna Quinn, Seton Edgar B. Davis Hospital
John West, Dell Children’s Medical Center
Kelsi Kliment, Dell Children’s Medical Center
Keri Unberhagen, Dell Children’s Medical Center
Kristen Hampton, Seton Medical Center Williamson
Lamar Shafer, Seton Medical Center Hays
Leah Hollaway, Seton Medical Center Hays
Lucy Hollingsworth, Dell Children’s Medical Center
Ma Fe Gensoli, Seton Medical Center Williamson
Mackenzie Field, Seton Medical Center Hays
Margarette Jasser, Seton Medical Center Austin
Mary Wood, Seton Medical Center Austin
Michael Svoboda, Dell Children’s Medical Center
Richelle Hudgins, Seton Medical Center Austin
Rick Bibeau, Seton Medical Center Austin
Sandra Brown, University Medical Center Brackenridge
Stephanie Hell, Seton Medical Center Hays
Susan Janicki, Seton Edgar B. Davis Hospital
Susan Conroy, Dell Children’s Medical Center
Sylvia Moore, Seton Northwest Hospital
Tasha Hudson, Dell Children’s Medical Center
Tricia Palka, Seton Southwest Hospital
Trinie Rodriguez, Seton Medical Center Austin
Twila Covey, Seton Medical Center Austin
Nursing Scholarly Works

Podium Presentations

Jonathan Hecht, RN, MSN, ACNS-BC, CCRN-CMC, CNRN, presented “Delirium in the ICU: Causes, Diagnosis and Treatment” at the Austin Trauma and Critical Care Conference, June 2011.

Debra M. Brown, RN, BSN, MHA, presented “Maximizing Collections at Your Trauma Center” at the Austin Trauma and Critical Care Conference, June 2011.


Kenn Kirksey, PhD, RN, MSN, ACNS-BC, an invited plenary speaker, presented “Advancing Nursing Practice Using an Evidence-Based Practice Approach” at the Association of Women’s Health, Obstetric and Neonatal Nurses/Texas Section Conference in Austin, April 2011.

Gwen Irwin, RN, CRNI, VA-BC, presented “Transitionaling to ECG Tip Location for PICCs” at the Annual Convention and Industrial Exhibition in Louisville, May 2011.

Judy Smith, RN, MSN, CRNI, presented “Predictors of Best Practice” at the Annual Convention and Industrial Exhibition in Louisville, May 2011.

Sarah Hoffman, RN, MPH, MSN; Kenn Kirksey, PhD, RN, MSN, ACNS-BC; Linda Yoder, PhD, RN, MBA, AOCN, FAAN; Denise Cox, RN, Med; Cheryl Sykora, RN, MSN; and Mary Ann Whicker, RN, MSN, presented “Evaluating Trends in the Use of Hand-Held Computing Devices to Enhance Client and Systems Outcomes” at the Sigma Theta Tau International 41st Biennial Convention in Austin, October 2011.

Judith Smith, RN, MSN, CRNI; Mary Viney, RN, MSN, CPHQ; and Kenn Kirksey, PhD, RN, MSN, ACNS-BC, presented “The Power of Nurse Preceptors to Influence Practice Related to Central Line-Associated Bloodstream Infections” at the Sigma Theta Tau International 41st Biennial Convention in Austin, October 2011.

Kenn Kirksey, PhD, RN, MSN, ACNS-BC; Elizabeth Sefcik, PhD, RN, GNP; Mary Jane Hamilton, PhD, RN; and Adama Brown, PhD, presented “Predictors of Body Fat Redistribution in Persons Living with AIDS” at the Sigma Theta Tau International 41st Biennial Convention in Austin, October 2011.

Dawn Parsons, RN, OCN, presented “From Breast Cancer Screening to Definitive Diagnosis: Strategies for Successfully Serving the Underserved” at the Academy of Oncology Nurse Navigators Conference in San Antonio, September 2011.

Posters Presentations

Barbara Klepfer, RN, MSN, and Jeff Gregory, RN, MSN, CPN, presented “Meaningful Use: What Does It Mean for Nurses?” at the HIMSS Regional Conference in Austin, April 2011.

Becky Roberson, RNC-NIC, BSN; Marcie Moynihan, RN, MSN, CNS; Marilyn Shoock, RN, BS, CLNC; and Sharon Perry, RN, BS, MBA, presented “Development and Implementation of a Multidisciplinary Team Approach to Improve Communication for the Complex Perinatal Patient” at the Texas regional meeting of the Association of Women’s Health, Obstetrics and Neonatal Nursing in Austin, April 2011.

Kenn Kirksey, PhD, RN, MSN, ACNS-BC; Linda Yoder, PhD, RN, MBA, AOCN, FAAN; Adama Brown, PhD; Heather Becker, PhD; and Marty Meraviglia, PhD, RN, presented “Implementing a Research Fellowship: A Partnership between Academia and Science” at the Sigma Theta Tau International 41st Biennial Convention in Grapevine, October 2011.

Kenn Kirksey, PhD, RN, MSN, ACNS-BC; Joyce Batcheller, DNP, RN, NEA-BC; FAAN; Yvonne VanDyke, RN, MSN; and Myrna Armstrong, RN, Edd, FAAN, presented “Implementing an Innovative Partnership Between Academia and Practice to Support Hospital-Based Nurse Engagement in the Publishing Process” at the Sigma Theta Tau International 41st Biennial Convention in Grapevine, October 2011.

Jamie Moran, RN, MSN, CMSRN, presented “Collaboration Key to Core Measures Compliance” at the ANCC Pathway to Excellence conference in Austin, July 2011.

Dee Reading, RN, BSN, CEN; Bethany Pierce, EMT-B; and Richard Easterling, RN, BSEd, presented “Partnering for Safety: A Shared Pledge to Protect Patients and Staff in a Small Community Hospital” at the 20th annual Academy of Medical Surgical Nursing convention in Boston, September 2011.

Dawn Parsons, RN, OCN; Diana Phillips, MAHS; and Joni Watson, RN, MSN, OCN, presented “From Breast Cancer Screening to Definitive Diagnosis: Strategies for Successfully Serving the Underserved” at the Academy of Oncology Nurse Navigators Conference in San Antonio, September 2011.

Cindy McCord, RN BSN; Richard Easterling, RN, BSEd; and Dee Reading, RN, BSN, CEN, presented “The Waitless ER: Early Outcomes to Emergency Services Online Pre-Arrival Registration in a Small Community Hospital” at IHU in Orlando, December 2011.

Publications

Toni Inglis, RN, MSN, CNS, FAAN, authored “A Lunch Break a Day Keeps the Lawyers Away” in Texas Nursing Voice, January-March 2011.

Vickie Simpson, RN, MSN, BA, CCRN, CPN, et al. authored “Protecting Fragile Skin: Nursing Interventions to Decrease Pressure Ulcer Development in the Pediatric Intensive Care Unit” in American Journal of Critical Care, January 2011.

Kenn Kirksey, PhD, RN, MSN, ACNS-BC, et al. authored “Age-related Effects on Symptom Status and Health-Related Quality of Life in Persons with HIV/AIDS” in Applied Nursing Research, February 2011.

Kenn Kirksey, PhD, RN, MSN, ACNS-BC, et al. authored “Unhealthy Substance-Related Behaviors as Symptom-Related Self-Care in Persons with HIV/AIDS” in Nursing and Health Sciences, March 2011.


Joell Verano, BSN, CWON, and Mary Ellen Jackson, RRT, co-authored “Skin Preparation Process for the Prevention of Skin Breakdown in Patients Who Are Intubated and Treated with Rotoproning” in Respiratory Care, July 2011.

Jennifer Downing, RN, MSN, CCRN; Kenn Kirksey, PhD, RN, MSN, ACNS-BC; and Linda Yoder, PhD, RN, MBA, AOCN, FAAN, co-authored “A Qualitative Study of Phlebotomy Device Selection” in MEDSURG Nursing, December 2011.


Joyce Batcheller, DNP, RN, NEA-BC, FAAN, co-authored “Creating Insight When the Literature Is Absent” in Nursing Administration Quarterly, October-December 2011.

Vickie Simpson, RN, MSN, BA, CCRN, CPN, CPHQ, authored the online CE “Protecting Fragile Skin: Nursing Interventions to Decrease Development of Pressure Ulcers in Pediatric Intensive Care” in American Journal of Critical Care, January 2011.

THE SPIRIT OF CARING
SETON NURSING 2011

SITES

■ Dell Children’s Medical Center of Central Texas
  4900 Mueller Boulevard
  Austin, TX 78723
  (512) 324-0000

■ Seton Edgar B. Davis Hospital
  130 Hays Street
  Luling, TX 78648
  (830) 875-7000

■ Seton Highland Lakes Hospital
  3201 South Water Street
  Burnet, TX 78611
  (512) 715-3000

■ Seton Medical Center Austin
  1201 West 38th Street
  Austin, TX 78705
  (512) 324-1000

■ Seton Medical Center Hays
  6001 Kyle Parkway
  Kyle, TX 78640
  (512) 504-5000

■ Seton Medical Center Williamson
  201 Seton Parkway
  Round Rock, TX 78665
  (512) 324-4000

■ Seton Northwest Hospital
  11113 Research Boulevard
  Austin, TX 78759
  (512) 324-6000

■ Seton Shoal Creek Hospital
  3501 Mills Avenue
  Austin, TX 78731
  (512) 324-2000

■ Seton Smithville Regional Hospital
  800 East Highway 71
  Smithville, TX 78957
  (512) 237-3214

■ Seton Southwest Hospital
  7900 FM-1826
  Austin, TX 78737
  (512) 324-9000

■ University Medical Center Brackenridge
  601 East 15th Street
  Austin, TX 78701
  (512) 324-7000

■ Denotes Magnet Designation

■ Denotes Pathway to Excellence Designation