

Lourdes Brings Pilot Safety Skills to the OR	1 & 2
Safe Patient Handling Program Improves Patient Care	3 & 4
Palliative Care ... Providing Compassionate Healing	5 & 8
The Hospital Chaplain: An Integral Team Member	6

Celebrate Our Core Values and Win a Kindle!	7
The Living Library: Demonstrating the Power of Story	9
International Street Symposium Set for Oct. 5-7	10
CareLink Update	10
Across the System	11
10 Minutes with ... Sr. Mary Jo McGinley, R.S.M.	12

Fall 2011

CATHOLIC HEALTH EAST

HORIZONS

Lourdes Brings Pilot Safety Skills to the Operating Room

As CHE prepares for health care reform and structures its initiatives with RHCs on evidence-based care and patient safety, Our Lady of Lourdes Medical Center, Camden, N.J., closed its operating rooms for a day-long “cockpit training” session with James Bagian, M.D., P.E., an internationally recognized physician and former NASA astronaut, on July 7.

Dr. Bagian, a professional engineer, a colonel in the U.S. Air Force Reserves and veteran of two Space Shuttle flights, led the session to teach colleagues how to create safer, more efficient practices modeled after the airline industry.

Dr. Bagian and Julia Neily, R.N., M.S., M.P.H., of the National Center for Patient Safety, Department of Veterans Affairs published a study in the October 2010 issue of the *Journal of the American Medical Association* that examined the impact of a formalized medical team training program that the Veterans Health Administration (VHA) implemented across the country. The VHA study included positive data and metrics demonstrating a reduction in surgical mortality. It further included positive utilization metrics and sociological measures, such as job satisfaction and reduction in employee turnover.



Brian Smeal, M.D., a member of Our Lady of Lourdes Surgical Associates, performs a procedure at Our Lady of Lourdes Medical Center. Dr. Smeal and his colleagues participated in an all-day training session emphasizing the use of “cockpit” simulation to improve surgical outcomes.

“Each year CHE’s claims services and clinical loss prevention department develops an Enterprise Risk Management work plan, designed

to target high exposure clinical areas where we think we can improve. We received the study and contacted Jim Bagian,” said Rich Reynolds,

Esq., director, claims management, associate counsel and CHE lead for this project.

Together with Dr. Bagian, a steering team and committee comprised of clinical and risk management leadership at Lourdes, the chairs of surgery and anesthesia, along with representatives from nursing, OR tech, pre-op, and supply management began planning a training session.

“We selected Our Lady of Lourdes Medical Center as our pilot site because of the number of surgical procedures performed there, as well as the number and acuity of high exposure, high acuity surgical services offered,” said Reynolds. “We also view Lourdes as a leader within the system, with visibility, especially concerning surgical services, and thought that it would be a good fit. The ultimate goal is to replicate this initiative throughout the system.”

Dr. Bagian and fellow patient safety expert Gary Sculli, R.N., B.S.N., led the training, which included more than 130 OR physicians and nursing staff. The session educated staff members on teamwork and communication exercises, checklist development, “read and verify” approaches, briefing and de-briefing methods and techniques for challenging one another regarding safety risks. The training session centered around

continued on page 2

Lourdes Brings Pilot Safety Skills to the Operating Room

continued from page 1

patient safety with a focus on reducing errors in the OR.

“Our physicians and staff in perioperative services have had a long-standing commitment to patient safety and process improvement. The Medical Aviation Program will bring patient safety and their performance to a new level,” said Barbara Holfelner, R.N., M.S.N., vice president, risk management, patient safety and compliance. “The program afforded the opportunity to build on an existing foundation and to have the practitioners clearly appreciate the need for continued focus on the interdependency of roles, alignment, communications, consistency and team work. The significance of the combination of these values will have a very positive effect on patient care outcomes.”

The roots of the pilot training program date back 30 years to the concept of finding causes for airline crashes. Convinced of the program’s effectiveness in reducing risk and increasing patient safety and satisfaction, Dr. Bagian helped develop the Medical Team Training program at the VHA. A soon-to-be-published study found that surgical deaths dropped 18 percent and complications reduced 17 percent in veterans hospitals that underwent the cockpit training compared to those that had not.

According to Dr. Bagian, all staff members—from technicians to surgeons—need to be “active participants” in the operating room, not being afraid to ask questions or speak up when they believe something might be wrong. “We’re in this together,” he said. “We’re trying to give the patient good care that is high quality and safe.”

“You see it, you own it,” concurred Sculli, a former airline pilot. “You cannot let an unsafe action proceed.”

Eric Coyle, R.N., CGRN, Lourdes’ operating room nurse manager, said the initiative is extremely beneficial.

“We’ve had a tremendous amount of



Left to right: John Radomski, M.D.; J. Mark Armstrong, M.D.; Gary Sculli, R.N., B.S.N.; James Bagian, M.D.; Rich Reynolds; Barbara Holfelner.



James Finnegan, M.D., a member of Our Lady of Lourdes Surgical Associates, performs a procedure during the training session. Lourdes Health System has been consistently cited for outstanding outcomes, including a recent award of \$75,000 from Horizon Blue Cross Blue Shield of New Jersey in recognition of their efforts to improve quality and patient safety.

buy-in, getting everyone on the same page and increasing awareness of patient safety,” said Coyle. “The best thing for us has been the debriefing guide. We never had one. If anything goes wrong or there’s something we didn’t like,

the OR is responsible,” said John Radomski, M.D., chief of general surgery at Lourdes and one of the session planners. “Everyone has to have buy-in. This will result in better outcomes and more of a culture of patient safety. The

“... the practitioners clearly appreciate the need for continued focus on the interdependency of roles, alignment, communications, consistency and team work ... these values will have a very positive effect on patient care outcomes.”

Barbara Holfelner, R.N., M.S.N., vice president, risk management, patient safety and compliance

we can document it. It lets management know about it so we can fix the problem and it doesn’t happen again.” Coyle added that a team has been tweaking the checklists and would have all eight operating rooms following the new procedures by September.

“There’s always been a hierarchal structure in the operating room. It relates to the old adage that the surgeon is the captain of the ship. To some extent that’s true, but each individual in

nurse should be able to question the surgeon and the surgeon shouldn’t be threatened. Surgeons need to realize that every person has the patient’s best interest in mind.”

Added Coyle, “We’re dedicated to increasing patient safety. That’s what it’s all about.”

Authored by Josh Bernstein, public relations writer/editor, Lourdes Health System, Camden, N.J.



Safe Patient Handling Program Prevents Worker Injuries, Improves Patient Care

While work-related injuries are possible in many fields, they are especially prevalent among health care providers who must move and transport patients.

According to the Bureau of Labor Statistics, employees in nursing and personal care facilities suffer more than 200,000 patient-handling injuries yearly, and workers' compensation costs related to such injuries amount to almost \$1 billion yearly.

The majority of injuries among health care employees are ergonomic in nature. In clinical areas, the resulting musculoskeletal disorders (MSDs) are usually precipitated by patient transfer and repositioning tasks where clinical caregivers are helping patients.

According to a CDC report, the average American male and female weigh 194 and 164 pounds, respectively. This is a 17 percent increase in average weight since 1960. Conversely, the CDC's National Institute for Occupational Safety and Health (NIOSH) recommends that no caregiver manually lift more than 35 pounds of a person's body weight. This is much lower than the previously recommended maximum of 51 pounds.

As part of an initiative to help eliminate injuries due to patient handling, Catholic Health East has implemented a system-wide program referred to as "ZIP"—Zero is Possible. At this time, two RHCs are currently participating in the program—Sisters of Providence Health System, Springfield, Mass., and Holy Cross Hospital, Ft. Lauderdale, Fla. St. Peter's Health Care Services, Albany, N.Y., and Saint Joseph's Health System, Atlanta, Ga., launched similar programs several years ago and are 'pioneers' in safe patient handling.

CHE is partnering with Diligent™ which provides a comprehensive training and support program utilizing ArjoHuntleigh equipment and devices. The program strives to eliminate manual lifting and repositioning of patients through the use of hydraulic lifting and transfer equipment. It is designed to

Sara Stedy® is a mobility-promoting support aid that helps to minimize manual handling and encourages more mobile patients and residents to stand up independently.



“Our nursing and support staffs have been very receptive to the ‘Safe Lift Program’ and the techniques for using this new equipment are quite intuitive.”

Jessica Calcidise, R.N., B.S.N., inpatient nurse manager,
Mercy Medical Center

prevent injuries to patients and caregivers, help patients achieve increased mobility, and improve patient care, patient satisfaction and recovery time.

“We chose Diligent because they provide the support and education along with the equipment,” said Kathleen Harlan, CHE director, workers compensation. “They conduct an assessment of the facility, recommend the appropriate equipment and provide ongoing training.”

In spring 2011, Mercy Medical Center (SPHS) implemented its program called “Safe Lift.” Diligent consultants trained the staff to consider the patient's medical condition, weight and mobility in selecting the equipment that would be best suited to their lifting and transport needs.

“Our nursing and support staffs have been very receptive to the ‘Safe Lift Program’ and the techniques for using this new equipment are quite intuitive,” said Jessica Calcidise, R.N., B.S.N., inpatient nurse manager, Mercy Medical Center. “They fully appreciate the inherent risks involved in lifting their patients and welcome the opportunity to minimize that risk while also improving the patient experience.”

Holy Cross Hospital launched its safe patient handling program in January 2010. The occurrence and cost of musculoskeletal injuries to workers had been increasing and the need for such a program became apparent.

continued on page 4



Safe Patient Handling Program Prevents Worker Injuries, Improves Patient Care

continued from page 3

"The goal of implementing a safe patient handling program was to significantly reduce the frequency and severity of associate injuries and associated costs, prevent patient injury as well as increase patient satisfaction," said Connie Slavich, R.N., B.S.N., M.P.H., COHN-S, associate health office coordinator, Holy Cross Hospital.

When CHE launched its system-wide initiative in late 2010, Holy Cross was able to purchase additional lifting equipment, include all patient care areas in the program and provide additional training to associates.

In addition to its impact on the health of the caregiver, safe patient handling enhances the overall quality of patient care and improves clinical outcomes. Research verifies that early, frequent and safe mobilization of patients reduces the risk of hospital-acquired conditions—such as pressure ulcers and pneumonia—and speeds the healing process. And the equipment and lifting techniques are not only more comfortable, they also reduce the potential for skin shearing and other physical damage including injuries relating to falls.


"In 2010, CHE demonstrated a 16 percent reduction in colleague patient handling injuries and claims. Programs such as 'ZIP Safe Patient Handling' are evidence of our commitment to provide the necessary tools and education to provide safe patient care," said Nora Triola, Ph.D., R.N., NEA-BC, executive vice president and chief nursing officer, CHE. "Reducing harm to our patients has been facilitated by establishing zero targets in some of the clinical measures for ACT; similarly our goal is zero injuries for our colleagues. ZIP is one way of getting to zero in patient handling injuries. After all ... it's the right thing to do!"

The challenge of successfully adopting such an initiative, is to not only gain support from senior management, but also to obtain buy-in from clinical staff members who are often more used to putting their patients' needs before their own. Since using patient lift and transfer devices ultimately provides more comfort and security to the patient, once nurses understand that the use of these tools is safer and more comfortable for their patients—as well as safer for them—they are more likely to support the program.

"Manual patient handling has been the 'culture' in health care for many years," said Slavich. "It's a real challenge to change this culture; however, we have created a firm foundation for the Holy Cross Safe Patient Handling Program and continue to work together to keep this momentum going."

Harlan hopes that successful implementations at Mercy Medical Center and Holy Cross Hospital will encourage more RHCs to begin to adopt the program.

"The goal is to roll out programs system-wide," said Harlan. "We're optimistic that the other RHCs will begin to implement this initiative once they see the results and realize the investment is really 'win-win'."

For more information about CHE's safe patient-handling program, please contact Kathleen Harlan, CHE director, workers compensation at kharlan@che.org. 

Federal Law

Since 2005, nine states have enacted "safe patient-handling" laws: Illinois, Maryland, Minnesota, New Jersey, New York, Ohio, Rhode Island, Texas and Washington, with a resolution from Hawaii. All but New York and Ohio require a comprehensive program in health care facilities in which there is an established policy, guidelines for securing appropriate equipment and training, collection of data, and evaluation.



SARA Plus is a standing and raising aid with advanced patient support features to promote mobility including balance, stepping and walking training.

Did You Know?

- During a typical eight-hour shift, a nurse lifts a cumulative weight of about 1.8 tons.
- Employees in nursing and personal care facilities suffer more than 200,000 patient-handling injuries each year.
- Over 750,000 working days are lost annually as a result of back injuries in nursing.
- Costs associated with back injuries in the health care industry are estimated at over \$20 billion annually.
- 12-18 percent of nurses who leave the profession cite chronic back pain or back injuries as a contributing factor.

**Sources: Bureau of Labor Statistics, Intl. Journal of Nursing Studies, American Journal of Nursing.*

Palliative Care ... Providing Compassionate Healing for the Whole Person

“
Medicine may have failed the patient, but we don't have to ... conversation is the greatest gift clinicians can give to the patients and families ...
”

Janet L. Abraham, M.D., FACP, FAAHPM, chief, division of adult palliative care, Dana-Farber Cancer Institute, Boston, Mass.

According to the American Academy of Hospice and Palliative Medicine website, *"Palliative medicine relieves the pain and other symptoms patients suffer due to serious illness, including cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, ALS and MS. The goals of palliative care are to reduce suffering, improve the quality of a seriously ill person's life and support that person and their family during and after treatment."**

As the general population ages and suffers with chronic diseases, palliative care is at the forefront of the care we administer in both the hospital setting and in the home, caring for the whole person.

"Palliative care is a service aimed at promoting patient-centered care, communication and care coordination ... palliative care is not dependent on the patient's prognosis," said Tanya Adcock, R.N., CHPN, palliative care manager, St. Mary's Health Care System, Athens, Ga., who started at St. Mary's as a labor and delivery nurse, and later established the palliative care program in 2009.

St. Mary's palliative care and hospice programs received the American Hospital Association's (AHA) Circle of Life Award® Citation of Honor award for innovation and excellence in July 2011. St. Mary's was one of just seven hospitals in the entire nation recognized for their innovative approach to improving quality of care for patients near the end of life or who are living with chronic conditions. St. Mary's is the only program recognized in Georgia; the only program honored in the South; and the only community hospital recognized in the nation. The Circle of Life Award honors not only those organizations that are innovative in nature in providing palliative care and end of life services, but whose ideas can be shared and implemented by others.



Krista Marie Prae, R.N., visits with a St. Mary's Hospice patient in his home. St. Mary's has been providing home-based hospice services in Northeast Georgia since 1990, and provides the only inpatient hospice house in the Athens area.

The award highlighted three innovations in particular at St. Mary's: embedding palliative care throughout the hospital; aggressive case-finding to identify patients who can benefit from palliative care; and culture change at a community level to build understanding that all persons deserve compassionate, high-quality care, regardless of their diagnosis or expected length of life.

Changes Adcock put in place include offering education to new staff monthly during clinical orientation, mandatory palliative care education for staff on HealthStream; and continuous webinar offerings and rounding on units. She continues to build relationships with other departments, as well as the community. "As a nurse practicing in the field of palliative care I am allowed the opportunity to focus more on what we can do for a patient rather than what can be done to them," said Adcock.

"I was a primary care physician for almost thirty years. Palliative care in many ways returns medicine to a previous, more personal model of care by concentrating on communication to identify the patient and family's understanding of the illness and its impact on their life, and then developing a realistic plan of care to address those issues," said George J. Giokas M.D., director for palliative care and regional medical director, The Community Hospice, St. Peter's Health Care Services, Albany, N.Y.

"Palliative care is something we all learned through our training but it is not something you consistently think about during acute episodes of care unless it is a part of the way you care for patient's every day," said Nina Evans, R.N., B.S.N., M.B.A., vice president, chief nursing officer, St. Mary's Health Care System. "That is what our palliative care program has brought to St. Mary's that truly makes a difference in our patients' and caregivers lives. It makes you feel like you have really made a difference in a patient's life when they can have an incurable disease but still have quality of life."

According to Melissa Schepp, M.D., medical director, palliative care, Saint Joseph's Hospital, Atlanta, Ga., "Palliative care and hospice are both part of a continuum of care—palliative care can be offered in any stage of illness, whereas hospice is really reserved for the end of life. Hospice is also a Medicare benefit, so there is a financial structure to hospice that palliative care doesn't have."

When identifying cases, Adcock uses an proactive approach. "Currently patients are identified through physician orders, ICU multidisciplinary daily rounds, rounding on nursing units, as well as review of hospital census each day. We are in the process of developing a screening tool which will be completed by the patient's admission nurse. The tool will trigger a palliative care notice based on the

continued on page 8



The Hospital Chaplain: An Integral Member of the Health Care Team

Hospitals are complex organizations. Think of all of the people—physicians and nurses, therapists and lab technicians, social workers and registration clerks, accountants and housekeepers, craftsmen and dietary workers ... and so many more ... who come together each day to create the welcoming, healing environment for those we are privileged to serve.

There are a myriad of individuals with so many types of skill sets and experiences involved in the day-to-day functioning of our local ministries. Yet one of the key professionals that staffs each of our health care teams—the health care chaplain—may be one of the least understood. If you stopped a colleague in the hallway and asked *“What is the role of a chaplain in our organization?”* the typical answer would probably involve something about ministering to the spiritual needs of patients and families. While this is certainly a key role for chaplains, most people may be unaware of the depth and breadth of other responsibilities assumed by today’s hospital chaplains. For many patients and families, hospitals can be a frightening place where they are forced to face their own mortality. Chaplains play a key role to helping to bring peace to the anxious.

Most people who work in health care, as well as most patients and families, have little understanding of a professional chaplain’s role, education, responsibilities, required training, skill set or services offered. Some of this may well be the doing of those who choose chaplaincy as a career; these individuals tend to be singularly and intensely devoted to their calling and have not spent time promoting their capabilities ... they just go out there and “do it.” Consequently, much of what they do ... and how their responsibilities have grown ... is under the radar screen of most of their co-workers.

Historically, chaplains have not been trained or motivated to present a clear statement of their ministry worth. However, as the health care industry continues to evolve, it behooves us to better understand the value that health care



chaplains bring to Catholic Health East. Whether supporting acute care, continuing care or home care ... chaplains play critically important roles in their local ministries.

Board-certified chaplains are highly skilled professionals. To become board-certified, each individual must complete 1,600 hours of training in an approved health care facility under the supervision of an approved supervisor. Educational requirements include a four-year college degree from an accredited school, as well as a master of theology or divinity.

Until the recent past, acute inpatient care was the focus for most hospital chaplains. However, there has been a seismic shift in where and how patients receive health care. The shift from inpatient to outpatient care continues to accelerate, challenging the ability of chaplains to keep up with this “geographic” swing. The average age of chaplains—now 63—may be an impediment to their ability to actively serve a more mobile population of patients.

Compounding this problem is a continued decline in the number of priests and sisters nationwide. Lay chaplains represent almost 50 percent of National Association of Catholic Chaplains members and more lay people will be needed to fill these chaplaincy roles in health care.

The totality of these factors are threatening the nation’s ability to provide quality spiritual care and comfort to the dying, terminally ill, chronically ill,

aged, infirmed, their families and faith communities as well as institutional staff/team members.

Cognizant of the need to attract more professional chaplains to health care, the National Association of Catholic Chaplains has developed a campaign aimed at attracting more people to this profession. More information about this effort is available at the organization’s website: www.nacc.org.

CHE recognizes and appreciates the critical role that chaplains play on our health care team. To help build awareness among key internal and external audiences, CHE is in the process of creating tools and vehicles that will be shared with our local ministries to help educate various audiences on the depth and breadth of services provided by professional chaplains, the value of these services, and the training and education required to become a professional board-certified chaplain.

“Professional chaplains are integral members of the health care team,” said Philip Boyle, Ph.D., CHE’s vice president, mission and ethics. “From the spiritual and emotional support they offer to our patients and families, to the unique perspective they offer to members of our health care team, to the skilled ethics advice and bereavement counsel they provide, our chaplains are indispensable to achieving our Mission of being a transforming, healing presence in the communities we serve.”

As part of the effort to boost awareness and appreciation of professional chaplains system-wide, CHE is encouraging colleagues throughout our local ministries to submit brief video “tributes” recalling a specific event that made a lasting impression or a general comment about the value of chaplains to the ministry. The clips will be compiled into a short video which can be shared with internal and external audiences throughout CHE to help raise awareness about the role of hospital chaplains.

Designated contacts at participating RHCs/JOAs will be collecting the clips to submit to CHE’s System Office over the next few weeks.

For more information on the chaplaincy program at CHE, please contact Philip Boyle at pboyle@che.org.



Celebrate Our Core Values and Win a Kindle!

CHE Contest

A Kindle will be awarded for the best personal story, poem or image on the value of Community.

Deadline: October 31, 2011

Why?

Catholic Health East is continuing its reflection on Core Values. Living our Core Values is the way of expressing CHE's Mission; when practiced, they continue the legacy of our Sponsors. They are a key component of our organizational spirituality. Equally important, Core Values education serves as important means of providing ministry formation to all colleagues.

CHE's operating plan calls for two hours of Core Values education for every colleague each year. To help keep our Core Values ever-present, the system is "celebrating" a value each quarter. Colleagues at the local ministries are encouraged to share their stories, poems, images and patient vignettes related to the Core Value being celebrated. Last quarter, we asked you to submit your stories for the first Core Value, *Reverence for Each Person*. We received many wonderful submissions; but only one winning entry could be chosen for a prize. That submission is featured at right.

The remaining submission deadlines are:

- **Community**, October 31, 2011
- **Justice**, March 5, 2012
- **Care for Those Who are Poor**, June 11, 2012
- **Stewardship**, September 10, 2012
- **Courage**, December 10, 2012
- **Integrity**, March 11, 2013

Prizes:

CHE will award a Kindle to the colleague who submits the best story (maximum of 500 words), poem or image on *Community*. The winner will be announced at the system-wide webinar on that Core Value and featured in system-wide publications.

The system-wide webinar on *Community* will be held at noon on November 10. Information on how you can join in on that webinar will be shared shortly. **To be eligible for the contest, submission of your creative material (story, poem, etc.) should be sent to pboyle@che.org by October 31.**



Philip Boyle, Ph.D., CHE vice president, mission and ethics, presents a Kindle e-reader to Russ Hansel, vice president, mission at St. Francis Medical Center, Trenton, N.J., for his winning entry. See below.

Reverence for Each Person

By Russ Hansel
Vice President, Mission
St. Francis Medical Center, Trenton, N.J.

Father stepped off the elevator and entered the fifth floor, which is the hospital's prison unit.

As Father went to check-in with the guard, the guard asked if he was afraid of the devil. Father responded with a bit of humor saying that he was not afraid of the devil but was afraid of the guard.

Before rounding on the unit, the guard directed Father to a Muslim prisoner. He was scheduled for open heart surgery and was afraid that he would not survive the procedure.

Father went into the room and greeted the prisoner with a smile and called him by name. The men and women who guard prisoners here at the hospital often refer to them by number; but Father always addresses them by name. It is his way of reverencing the person he is engaged with.

After spending some time with the inmate Father asked if he could pray with him. The man responded, "You know that I am a Muslim."

Father responded, "You know that I am a Catholic."

They both began to laugh. In that moment each knew that although they were from different faith traditions, it was their belief in a God that united them.

Father prayed with the inmate and as he was leaving the inmate asked him to thank the guard for recognizing that he was afraid and for sending Father to visit him.



Palliative Care ... Providing Compassionate Healing for the Whole Person

continued from page 3

patients' current and past status and level of care needs. The palliative care nurse will receive the notice and speak with attending physician for order," said Adcock.

"Our aggressive case-finding approach is defined by our continued commitment to educate and reeducate staff, physicians, patients and families about developing a comfort level that it is about the patient and their life plan," said Evans.

"Care coordination is key throughout the system's continuum of care. To ensure patients receive care in the appropriate setting for their needs the multidisciplinary team must communicate daily and function proactively instead of reactively," added Adcock.

Karen Joyce, R.N., B.S.N., OCN, director for home health and hospice services at St. Mary's, said, "From the hospice perspective it is all palliative care. Patients are referred with a life expectancy of six months or less and the team works with the patient and family to develop what I like to call their 'life plan'. We address their physical, psychosocial, emotional, financial and spiritual needs."

According to Joyce, hospice was really the birth of palliative care in the United States. Their attention to the individual total care needs and often stabilization of the illness made the medical community realize that there was more to comfort than just giving patients another pill.

"We often have patients longer than six months who still remain eligible for hospice and who have a great quality of life," said Joyce. "From the home care perspective we see patients who have life-limiting illnesses. We educate the patient and family on how to manage their disease and still optimize their quality of life."

One example, she said, is a heart failure patient who needs extensive training on daily monitoring of blood pressure, weight and symptoms which may indicate an exacerbation of the heart failure.

Palliative care is not without its challenges. According to Langhorne, Pa.-based St. Mary Medical Center oncology nurse Judy Stevens, R.N., former palliative care coordinator, "The challenges and opportunities at St. Mary are several. I think the main one, which is not unique to St. Mary, is the lack of understanding of palliative care. There is a great need to provide ongoing education to clinical



St. Mary's Hospice nurse Dotty Shepherd, R.N., cares for an infant at St. Mary's Hospice House. In addition to home-based hospice care, St. Mary's operates the only inpatient hospice house in the Athens area for patients whose families need respite care or who can no longer receive the care they need at home.

staff, as well as a need to support patients who are discharged with home palliative care programs."

Additionally, our medical system is caring for patients with multiple co-existent illnesses, Giokas added.

"It is not uncommon to have a patient with COPD, CHF, diabetes, kidney disease and arthritis at the same time," said Giokas. "They are also likely to have a primary care doctor, pulmonologist, cardiologist, endocrinologist and other specialists simultaneously caring for them. A colleague of mine refers to this as 'poly-ologists'. As care has become more fragmented, palliative care is one opportunity to develop a realistic plan of care with the patient's goals of primary importance."

According to Joyce, St. Mary's home care and hospice would like to expand its disease specific programs to address life-limiting illnesses such as heart failure, diabetes, COPD and many other diseases.

"We are working at the state level on a pediatric initiative for hospice. Currently in our area we are the only hospice to provide palliative and end of life care to newborns and children," Joyce said. "In addition, we recently committed to a level one partnership with the National Hospice and Palliative Care Association to honor veterans. This population often has difficult post-combat issues which impact their quality of life at the end of their life. They are also often not given the respect they deserve for serving our country and maintaining our freedom."

One way CHE is sharing palliative care best

practices is through the work of the Palliative Care Affinity Group. "This group provides a wealth of knowledge to grow services and address unmet palliative care needs," said Alan Sanders, Ph.D., CHE's director, ethics. Every site currently has a palliative care plan in place and to meet the educational needs of the facilities, CHE has also started a national six-part webinar series that collaborates with several other health care systems.

When asked on her thoughts on the future of palliative care, Schepp said, "Traditionally, mainstream medical care has been too focused on curing and fixing disease, while hospice has perhaps been too focused on comfort only. In modern medicine today, patients should not have to choose one or the other. Palliative care is an expertise and resource that can help customize care so that patients who are suffering with incurable illness get the attention they need to manage symptoms that affect their quality of life and the communication and resources they need to navigate all the choices, many of them difficult, that they will face throughout their life. Palliative care wants to be seen as a bridge between the main stream curative medicine and what hospice has to offer ... for the two disciplines to be more integrated than what they are presently."

For more information on palliative care education opportunities at CHE, contact Alan Sanders, Ph.D., director, ethics, at asanders@che.org or 610.492.3846. For more information on the AHA Circle of Life honorees, go to www.aha.org. 

*Source: <http://www.aahpm.org/>

The Living Library: Demonstrating the Power of Story

When meeting with a local advertising firm, the senior management team at The Mercy Community in West Hartford, Connecticut were posed with a concept that would not only enhance their residents lives, but the organization itself and the communities in which they serve.

Initially, The Mercy Community's senior management team met with the Mascola Group, a media and advertising firm to discuss branding and marketing strategies. After speaking about media campaigns, the firm's chairman, Chuck Mascola, proposed an idea that would involve the residents themselves. He suggested that residents speak on camera about their careers, families, civic involvements and other accomplishments. With this project, The Mercy Community could begin to capture some oral histories told in the first person, chronicling the talented, diverse people who live at The McAuley and Saint Mary Home. The team loved the concept and the "Living Library Project" was born.

Two "pioneer" residents of The McAuley (The Mercy Community's continuing care retirement community)—Alma Collins and Elizabeth DeNoyon—were selected to be the first participants in this project. Alma's illustrious careers as a high school teacher and writer for national architectural and art journals were chronicled. She related the stories of meeting and interviewing artist Salvador Dali, being courted by and eventually marrying Daniel Collins while both were McAuley residents, and of writing her book, *Danielle at the Wadsworth*, in 2004.

Betty DeNoyon, Alma's longtime friend, shared her perspective on her own years as a French teacher, her memories of what it was like for her and her late husband, Edward, to learn about continuing care retirement communities and then to choose The McAuley in the late 1980s, and her wanderlust. Passionate about traveling, Betty even shared photos of some of her far-flung adventures, which are incorporated into her profile.



Above: WFSB TV reporter Olessa Stepanova (left) interviews McAuley resident Betty DeNoyon about her participation in The Living Library Project for an episode of "Better Connecticut."



Right inset: Living Library participant Alma Collins, a writer and former high school teacher, celebrates The McAuley's anniversary.

The Living Library Project had its official premiere on the big screen of the Connecticut Science Center's Science Theater in May, meeting with hearty applause. It is now available online at www.themercycommunity.org. Director of Community Relations Christine Looby said that while only two profiles were scheduled for 2011, based on the warm reception and desire for more expressed by the community, she is exploring whether collaborations with students at local schools or colleges might present an opportunity to complement the professionally produced features with more informal anecdotes or vignettes.

For his part, Mascola felt that the end product measured up to the original concept pitched by his team some two years ago. He said: "After meeting with and spending time with many of the residents at The Mercy Community, we knew that we needed to do something to capture the first-person perspective on history that these members of The Greatest Generation had inside of them. The Living Library Project was conceived of as a way to preserve the memories for future

generations and to remind us of the difficulties all of our ancestors faced, and their remarkable ability to overcome adversity. The initial video segments capture the emotions along with the history, and now, it will never be forgotten."

The project was also prominently featured on the Monday, July 25 episode of "Better Connecticut," a local lifestyle/news magazine show produced by CBS affiliate WFSB TV 3. Reporter Olessa Stepanova interviewed Betty DeNoyon and Bill Fiocchetta, The Mercy Community's president and CEO. Fiocchetta explained to Stepanova that he hopes that the Living Library Project will create even more synergy between The Mercy Community and area institutions of higher learning and historical societies. Given the rich applications for scholarship in gerontology, social work, journalism/media studies and other areas, Fiocchetta and his team continue to explore ways to maximize the potential of the Living Library Project.

Authored by Christine Looby, director, community relations at The Mercy Community, West Hartford, Conn.



International Street Medicine Symposium Set for October 5-7 in Philadelphia

The world's preeminent street medicine providers and programs will convene Oct. 5-7, 2011 in Philadelphia for the Seventh Annual International Street Medicine Symposium. This conference—created and developed by Operation Safety Net, Pittsburgh Mercy Health System's innovative outreach program for the homeless—brings together health and social service providers from across the globe to share clinical best practices in the care of individuals who are street homeless.

Physicians, nurses, behavioral health and social service professionals from five countries and three continents are registered to attend the educational event, being held at the Hampton Inn at the Pennsylvania Convention Center in Philadelphia.

Among the featured presentations:

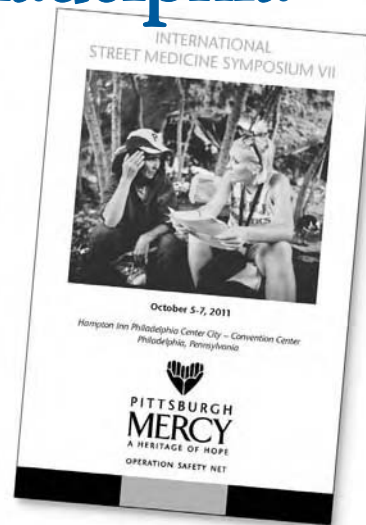
- an effective model of specialist primary health care for individuals who are homeless;
- end-of-life issues in individuals experiencing unsheltered homelessness;
- keeping homelessness on the health care agenda; and
- following the care of the street patient.

Poster displays will feature a street medicine clinic in Iowa and foot care for the homeless. A panel discussion on collaborative approaches to delivering care to individuals who are street homeless also will be held.

Featured sites and field medicine experiences that attendees will visit, assess and learn from include: Broad Street Ministry; PHMC's Mary Howard Health Center; Project H.O.M.E.'s safe haven at St. Columba, St. Elizabeth's Recovery Residence and Community Center; Womanspace Philadelphia; Pathways to Housing; and JeffHOPE's clinic at Mercy Hospice.

The symposium was created in 2005 by Dr. Jim Withers, medical director, and Linda Sheets, program director, Operation Safety Net, to provide a means for homeless service providers throughout the world to share best practices and the opportunity to learn firsthand from one another.

This year's conference is presented and sponsored by Operation Safety Net in collaboration with Pittsburgh Mercy Health System, Catholic Health East, GlaxoSmithKline, The Street Medicine Institute and MedTouch.



Registration is free and is made possible by a grant from the GlaxoSmithKline Foundation. Travel, hotel and some meals are the responsibility of conference attendees. Continuing education credits will be provided to nurses and social service professionals.

For more information or to register, please contact Linda Sheets at LSheets@mercy.pmh.org or 412.232.5739.



CareLink Update: Medication Reconciliation Implementations Underway

CareLink is Catholic Health East's approach to deliver evidence-based care through common order sets, care plans, workflows and clinical decision support. It focuses on enhancing quality, safety, outcomes and satisfaction and will transform the way patient care is provided throughout our ministry. System-wide, the efforts surrounding CareLink implementations are now in full swing. Three of our RHCs are proceeding with plans to "go live" with medication reconciliation and physician/provider orders placed electronically by the end of 2011. Training and testing scenarios, as well as educational materials for super-users and end-user clinicians, are important tools that will help these and future implementations succeed.

Medication reconciliation is an extremely complex issue. It involves capturing a patient's home medications, identifying those that should be continued during a hospital stay or discontinued, and then placing orders for those medications. A similar process is required at the time of the patient's discharge, looking at medications that must now be stopped, or prescriptions written, how those compare

to what the patient was taking before the hospitalization, and documenting all of that with an instruction sheet to be shared with the patient, family and caregivers to ensure compliance.

CareLink's enhanced medication reconciliation process offers significant quality and safety improvement opportunities for all of our facilities. This new process will help simplify and ensure the accurate capture of medications at both ends of the process, which will greatly benefit our patients and their families, as well as all clinicians involved in caring for these patients. As more and more connectivity to the electronic realm permits the automatic importation of current medications, the ease of verifying the

medications becomes easier and quicker, just as verifying that your address or phone number is correct is easier than entering the full information every time.

Starting with a list of current home medications, the electronic record will permit physicians to place orders for medications directly from the same screen, saving valuable time and ensuring any new inpatient medications and continued home medications will not have problematic drug-drug interactions.

CareLink exists to improve patient care. Person-centered, quality and safely delivered care is a Vision 2017 mission and goal. CareLink is essential in achieving that goal, and we will soon see the first steps in real use.

COMING SOON ...

a new website devoted exclusively to CHE's CareLink initiative. This new site will greatly enhance our ability to share CareLink-related communications with current and potential patients, physicians, other clinicians, leaders and colleagues throughout the system and in our communities. Fact sheets, talking points, training and implementation schedules and video testimonials will be available, as well as sections that will allow clinicians to review and comment on standardized order sets. Look for the debut of this new website later this fall!



CATHOLIC HEALTH EAST

Across the System



Daniel J. Plasencia, M.D., St. Joseph's Children's Hospital (member of BayCare Health System), Tampa, Fla., was recently selected by the Council on Community Pediatrics as the recipient of the 2011 American Academy of Pediatrics Local Heroes Award. The honor recognizes pediatricians who are leaders and advocates for children in their local communities and is given to one or two members of the American Academy of Pediatrics each year. Dr. Plasencia is pictured with patient Elizabeth Caballero; he was nominated for the award by her mother, Claudine for his work in opening the Complex Chronic Clinic where Elizabeth received her primary care.



Parents of babies in the neonatal intensive care unit at Catholic Health's Sisters of Charity Hospital, Buffalo, N.Y., are sleeping a little easier thanks to a generous donation from Metro Mattress, a local company who donated two queen-sized mattresses and frames to the hospital as part of its "50 Beds in 50 Days" charitable giveaway. The level III NICU is specifically designed for ill or premature babies. Pictured are Jennifer Forstadt and her son Jaxsyn.

CEO Jeff Snyder and Sr. Ann O'Connell, vice president, mission, Mercy Suburban Hospital (member of Mercy Health System of Southeastern Pennsylvania) serve colleagues during a recognition picnic honoring colleagues for achieving the third highest rating in Pennsylvania for Appropriate Care Measures during the most recent quarter.



Holy Cross Hospital, Fort Lauderdale, Fla., recently installed the new Siemens MAGNETOM[®] Skyra 3T MRI, with a magnet so powerful that it will allow physicians to pinpoint more specific areas of the brain. A 3T is about 60,000 times stronger than the earth's magnetic field.

A 53 foot, 18-wheeler is bringing medical services, wellness/health education and cultural enrichment to the people of North Carolina's rural Moore County who have no access to care. After the official blessing of this vehicle, Pine Knoll resident Fr. Robert Shea climbed into the drivers' seat! The semi is made possible by an appropriation proposal submitted to the federal government by CHE and St. Joseph of the Pines, Southern Pines, N.C.



10 Minutes with... Sr. Mary Jo McGinley, R.S.M.

Sr. Mary Jo McGinley, R.S.M., has been executive director for Global Health Ministry, a supportive health corporation of Catholic Health East, since 2004. Prior to joining GHM, she served in various administrative roles with Mercy Health System of Southeastern Pennsylvania, including vice president of fund development and vice president of administration at Mercy Philadelphia Hospital and Mercy Fitzgerald Hospital.

Before joining the health care ministry, Sr. Mary Jo spent many years working in education, serving as director of education for 45 elementary schools, an adjunct professor at Gwynedd Mercy College, an elementary school principal and a junior high school teacher.

Sr. Mary Jo received a bachelor of science in education from Gwynedd Mercy College, a master of science in education from Fordham University and a master of public health from Yale University.

How many volunteers have participated in Global Health Ministry missions over the years? How many people have been served by these missions?

Close to 100,000 patients have received care provided by more than 1,500 Global Health Ministry volunteers since 1989. In addition to patient care, GHM teams have provided health education to thousands of local health professionals and community volunteers in each of the countries served.

What are the most important aspects of the Global Health Ministry mission?

We have three major goals: medical and surgical care for those without resources and/or access to care; education to assist in building healthier communities; and the transformation of the providers who volunteer for these missions.

What type of long-term differences has Global Health Ministry made for these countries/individuals?

Because we try to establish long-term relationships with our in-country partners, we are blessed to see a great deal of progress and improvement in the majority of places where we serve. The one-on-one education provided to patients and our community education programs are making a significant difference. The best example is the sharp decline in



Sr. Mary Jo McGinley, R.S.M.

maternal mortality in communities where we have assisted in creating education programs to help identify high-risk pregnancies and work with the target communities to develop sustainable long-term solutions to provide healthier birthing procedures. Relative to individual differences, hundreds of lives have been saved and thousands live with improved health status. We are not exaggerating to say that the blind see and the lame walk because of the care provided.

Just as important is the difference a GHM mission experience makes in the lives of our volunteers. The most common feedback we receive from our volunteers is: "This was truly a life-changing experience." This phrase is often accompanied by comments such as: "... I have a whole new view and perspective on what I considered my problems...", "...when I see people living in extreme poverty laugh and exude a deep internal happiness, it makes me relook at my own values..." and "...I have become a much better steward of goods and resources both at home and at work."

What are the main priorities for Global Health Ministry over the next year?

We are focused on working side by side with our in-country partners to help them in their goals to develop sustainable healthy community programs. We also will do all we can to encourage and assist other health systems and organizations in the U.S. in their efforts to initiate and/or develop international health programs.

What are some of the challenges facing Global Health Ministry today and in the future?

Creating a progressive educational curriculum for

the various parties who participate in the health education seminars we conduct during our medical mission trips; encouraging people to place trust in the physicians and medical professions in their own country and encouraging well-trained professionals to stay in their native country; and attracting more major donors to help support our medical and surgical missions each year.

Can you give us a brief update on the situation in Haiti and Hospital St. Francis de Sales?

Since the earthquake hit Port au Prince in January 2010, all the debris from the destruction of the original hospital has been removed, and the ground is being prepared for new construction. Due to multiple complex factors related to the devastation of the infrastructures in Haiti, progress is slow, but there is progress. Our post-earthquake invitation to encourage other U.S. Catholic health care systems to join as supporters has been promulgated under the leadership of Bob Stanek in his role as board chair of the Catholic Health Association (CHA). To date, over \$10 million has been raised through these efforts and another \$10 million has been raised by Catholic Relief Services, which is helping to manage the rebuilding process with fiscal oversight provided by CHA. This \$20 million will go a long way in building a new state-of-the-art facility that meets international standards related to hurricanes and earthquakes.

Once the plans are finished and contractors set, it is expected that it will take close to two years to complete the hospital. The new hospital will be the major teaching hospital of the highly-respected medical school of the Notre Dame d'Haiti, the Catholic University of Port-au-Prince. It will provide a quality facility for medical interns and residents with faculty staff, avoiding the need for medical students and residents to leave Haiti for training and residency.

How can CHE colleagues help Global Health Ministry?

We are grateful and continue to depend on CHE colleagues to pray for and with our teams; to consider volunteering for a team or to help with special projects here on the home front; to bring in requested items such as vitamins for the missions; and to continue to be so generous in the support provided through the globe collections which help us purchase needed medicines for each of our missions.

To learn more about how you can help, please go to www.globalhealthministry.org.



HORIZONS is a publication for the Sponsors, Boards, Regional Leadership, System Office and Colleagues of Catholic Health East.

Published by:



CATHOLIC HEALTH EAST

3805 West Chester Pike, Suite 100
Newtown Square, PA 19073
Phone 610.355.2000
Fax 610.271.9600
www.che.org

Please direct comments and suggestions to info@che.org

Horizons Editorial Staff

Scott H. Share
Vice President, System Communications

Maria Iaquinto
Communications Manager

Meg J. Boyd
Communication Specialist

Design, Production, Printing & Mailing Fulfillment by
JC Marketing Communications • jcmcom.com • Southington, Conn.

Catholic Health East is a community of persons committed to being a transforming, healing presence within the communities we serve.

Locations: Located in 11 eastern states from Maine to Florida.

Workforce: Approx. 54,000 employees.

Sponsors

Congregation of the Sisters, Servants of the Immaculate Heart of Mary, Scranton, Pa.

Franciscan Sisters of Allegany, St. Bonaventure, N.Y.

Hope Ministries, Newtown Square, Pa.

Sisters of Charity of Seton Hill, Greensburg, Pa.

Sisters of Mercy of the Americas:

Mid-Atlantic Community, Merion Station, Pa.

New York, Pennsylvania, Pacific West Community, Buffalo, N.Y.

Northeast Community, Cumberland, R.I.

South Central Community, Belmont, N.C.

Sisters of Providence, Holyoke, Mass.

Sisters of St. Joseph, St. Augustine, Fla.