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January 19, 2009 Volume 11 • Number 2







### **Last Chance to Shine!**

Does your team deserve to be in the spotlight? Enter the ADVANCE 2009 **Best Nursing Team contest today!** The deadline for entries has been extended to Jan. 31, 2009. Go to www.advanceweb. com/nurses for complete entry information.

### **Cover Story**

### **Creating Good** Patient Memories 14

Customer service is No. 1 at The Chester County Hospital, West Chester, PA. Through a task force with multiple initiatives, patient satisfaction is most often in the 99th percentile at this community hospital. Nurses such as (photo left) Bridget Purcell, RN (left), and Leni Mampallil, RN, participated in the effort. On the cover are task force members (from left): Natalie Guardiani, RN; Tina Maher, BSN, RN, NE-BC; Carli Meister, MSc(A), RN, director customer relations and risk management; Rob Dembosky, RN; Debbie McMahon, RN, and Judith A Shuster, RN. photos by Kyle Kielinski

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Each year in the U.S., there are an estimated 80,000 catheter-related bloodstream infections. Skin disinfection and proper hand hygiene are the most effective and easiest preventive measures. "Vascular Catheter-Associated Infections," worth 1 contact hour, is available at www.advanceweb. com/nurses.



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The Career Opportunities Section lists nursing positions by specialty. Use the Specialty Key on page 25 to target your job search by your area of expertise. Or, to refine your search further, including job title and location, visit http://health-care-jobs.advanceweb.com.

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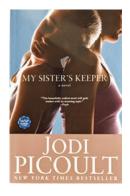
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### My Sister's Keeper by Jodi Picoult

Is it ethical to conceive a child to be a genetic match to another child who is gravely ill? And is it moral for that engineered child, once he or she reaches the age of reason, to decide to stop being a donor? Can a parent favor one child over another, and what is expected from sibling love?



That's a brief description of the dilemmas posed in Picoult's book, *My Sister's Keeper*, the latest in our reads for the online book club and the first fictional book tackled by the club. This brief synopsis of the plot doesn't do the book justice.

### **What Readers Said**

Readers are already weighing in on their views of the book on our book club Web site at www. advanceweb.com/nurses. Scroll down until you see the bookworm.

Heather in Florida wrote: "If memory serves me right, there was a real case many years ago. The older daughter's name was Ashley and I know her mom wanted to get pregnant to provide a donor for her. Does anyone remember that and can you tell me what was the outcome?" She then goes on to say: "For the most part the book kept me angry. Sara's role that is! [Sara is the mother of Anna and Kate, two of the main characters.] The ending came as an overwhelming shock to me and had me bawling like a baby."

You'll have to read the book to find out how it ended.

Peggy, a New Jersey pediatrics nurse, said she dissented with the plot at one point. "Where I disagreed was ... why the oncologist thought Kate would survive the kidney transplant and years of autoimmune therapy she would [have to] endure with the leukemia she continued to struggle with."

A peds nurse for 10 years in a children's hospital, Peggy "remembers all the parents and their pain and struggle very well." ■

### **Your Thoughts?**

So what did you think of this book? Go online and let's chat!



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### **EDITORIAL**

### Mixed Messages

Depending on where you live, your nursing job may or may not be affected by the economic downturn

BY GAIL O. GUTERL



here is good news and bad news on the effect the economy is having on the nursing profession. Up to now it seemed nursing was immune to the grim financial situation the country and the world are experiencing. After all, people are always getting sick and nurses are needed to care for them.

Recently that impression was shattered when I heard a hospital in the Philadelphia area laid off 400 employees, almost one quarter of them nurses.

### **Across the Country**

These layoffs aren't surprising after reading the American Hospital Association "Report on the Economic Crisis: Initial Impact on Hospitals," a survey of responses from 736 hospitals across the country. The survey showed:

- state and federal deficits are likely to translate into cuts to Medicare and Medicaid, which cover half of patient care provided by hospitals;
- fewer patients are opting for elective surgery so there is a decrease in procedures in the surveyed hospitals;
- with the rise in unemployment, fewer people have employer-subsidized health insurance, leading to the next statistic;
- 20 percent of the hospitals are seeing an increase in patients who can't pay for their care — in Pennsylvania 51 percent of hospitals are seeing an increase in this area. Early data shows uncompensated care is up by 8 percent versus the same time last year;
- and the clincher 53 percent of respondent hospitals said they are reducing staff to "weather the economic storm."

### **Good News, Bad News**

With that last statistic in mind, ADVANCE delved deeper into the nursing employment situation and found a mixed message. In the midAtlantic region, hospitals are seeking only experienced nurses. They aren't hiring new graduate nurses because of the cost to train them. That's the bad news.

As words of encouragement, recruiters tell nurses seeking jobs in these regions to use this slow job market to update their skills by getting back into school, taking courses, inservices, etc. Also new grads are urged to think outside the box when seeking employment. "The jobs are out there," a recruiter said. "Just look in long-term care, rehabilitation and other non-hospital settings."

However, in querying nurses in other regions, we heard a different story. That's where the good news comes in — the employment downturn is not nationwide. For example, in the South hospitals are still feeling an intense shortage and seeking nurses, both experienced and new grads. Their only caution: nurses already employed can't expect the 4-6 percent increases in salaries they received in past years.

So don't despair, according to a recent report on National Public Radio, the jobs are out there but many must move for a job.

That's where ADVANCE can help. Although we are in print in nine regions, online we offer content for nurses across the country. Go to our Web site: www.advanceweb.com/nurses, click on Regions at the top navigation bar to search for jobs across the country, click on Careers and

Take heart, the U.S. Bureau of Labor Statistics notes the healthcare industry is projected to generate about 587,000 new registered nursing jobs over the 2006-2016 period. This recession won't last! ■



# this week on the web

### www.advanceweb.com/nurses

Visit www.advanceweb.com/nurses anytime for national news, timely articles, forums, blogs and more. Check out the features below through Feb. 3.

### Top Story



### **Home Health Nursing**

ADVANCE columnist Linda Snyder, RN, WCC, offers expert insight into patient scheduling and creating a plan that works for you and your patients.

### **Select Your Region**

From coast to coast, the online edition of ADVANCE for Nurses has you covered with local nursing news and concise, practical information on clinical, management and career issues impacting all areas of the profession. On the home page, select the "Regions" menu tab, enter your zip code in the upper left corner or click on the link below the map of the U.S.

### Readers Respond...

The most recent ADVANCE opinion poll asked, "How do you think the U.S. economy will perform in 2009?" Here are the results as of press time:

28% 36%

The next opinion poll asks, "Are nurses included in error disclosure discussions with patients and/or their families at your facility?" Log on to www.advanceweb.com/nurses and go to the box on the left side of the home page to offer your opinion.

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# Regional News

COMPILED BY JOLYNN TUMOLO

### **Health Ministries Group Plans Meeting**

The Southeastern Pennsylvania Chapter of the Health Ministries Association will meet Feb. 10 from 6-9 p.m. at Sunrise School House, Abington, PA. The topic: meeting the needs of people with disabilities; Jerry and Joan Borton of Joni and Friends of Greater Philadelphia will be the featured speakers. There is no charge for members or friends. Cost for nonmembers is \$10. Contact hours are available for RNs. For more information, contact Ann Farley at 215-843-2721 or via e-mail at sphmachapter@ gmail.com.

### **CHOP Ranks First in** Magazine Report

The Children's Hospital of Philadelphia was named the best pediatric hospital in the country in the February issue of Parents magazine, which hit newsstands Jan. 13. The magazine surveyed more than 100 children's hospitals and ranked them on responses to detailed questions in the following areas: survival rates for cancer, heart disease and other critical conditions; experience in performing certain complex procedures; depth of research programs; safeguards to prevent errors; staffing ratios and quality; emergency department waiting times; community outreach; and services that address emotional needs of children and their families.

In addition to the overall ranking, Parents magazine ranked the Children's Hospital of Philadelphia's emergency medicine, neonatology and pulmonology divisions first in the nation and the cardiac center, cancer center and orthopedics second.

### TJU Establishes School Of Population Health

Thomas Jefferson University, Philadelphia, recently founded the Jefferson School of Population Health. Currently enrolling students for September 2009, the school will provide graduate academic programming, continuing education courses and conferences, and research and consulting in areas of health policy, healthcare quality, and safety and chronic care management.

The university will be the first in the nation to offer a master's degree in chronic care management. The program will prepare graduates to develop, implement and evaluate coordinated, system-based strategies to prevent and manage complex health conditions of populations and to promote patient engagement in shared decision-making. Students will also be able to pursue a master's in health policy and in healthcare quality and safety, as well as doctorates in health

policy (PhD or DrHP) and population health sciences (PhD).

David B. Nash, MD, MBA, has been named the school's founding dean.

For more information, contact the Jefferson School of Population Health at 215-503-5305.

### Kent General **Draws Support**



FINANCIAL AID: The Junior Board of Kent General Hospital recently presented a \$100,000 donation to Bayhealth Medical Center's Kent General Hospital, Dover, DE. The money will be used to purchase equipment and supplies for the ICU, special care nursery, radiation oncology unit, women's services department and the child care and early learning center. From left are Johnnie Flach, Betty Hill, Claudine Gordon, Pat Sterling, junior board members; Dennis E. Klima, Bayhealth president and chief executive officer; Lisa Grossman and Connie Raymond, junior board members, and Paul Lakeman, Bayhealth foundation president. courtesy Bayhealth Medical Center

### **Beebe Receives** Accreditation, Donation

Beebe Medical Center, Lewes, DE, recently earned accreditation from the College of American Pathologists and the American Association of Blood Banks.

During the accreditation process, inspectors examined the main laboratory, the hospital clinical service group (perfusion services), blood gas laboratory (respiratory), pointof-care testing, the Tunnell Cancer Center laboratory and transfusion services. They also considered lab records, staff qualifications, equipment, facilities, safety programs and quality control of procedures for the preceding 2 years.

### **Recession Hits PA Hospitals**

A December 2008 survey conducted by the **Hospital & Healthsystem Association of Pennsylvania** shows the state's hospitals are being impacted by economic conditions. According to the survey:

- 42 percent of hospitals report a moderate to significant effect on the day-to-day financial operation of their facilities,
  - 48 percent are reconsidering or postponing renovation or upgrading of inpatient facilities,
- 54 percent are reconsidering or postponing renovation or building of new outpatient facilities,
- 50 percent report a moderate to significant decrease in admissions, particularly elective procedures such as knee replacements and shoulder surgery.

Meanwhile, 51 percent of hospitals and health systems report a moderate to significant increase in uncompensated care.

### **Regional News**

In other news, the PNC Foundation contributed \$75,000 to support the construction of a new health campus in Millville, DE. The grant brings the fundraising total for the South Coastal Health Campus to \$2.8 million.

### Foundation Pledges \$1M To Princeton Hospital

The Charles Evans Foundation, Princeton, NJ, recently pledged \$1 million toward the construction of University Medical Center of Princeton at Plainsboro, planned to replace the downtown Princeton facility. The contribution brings the total philanthropic gift raised to date to \$82 million.

In recognition of the gift, the new medical center

### NAMES & FACES

### In Memoriam: CHOP Head RN, Esposito-Herr, Dies

Mary Beth Esposito-Herr, PhD, RN, chief nursing officer and senior vice president at **The Children's** Hospital of Philadelphia, died Dec. 9, just less than a year after joining the facility.

Esposito-Herr came to CHOP after serving as vice president of patient care services at the University of Maryland Medical Center, Baltimore. She also spent 7 years at Yale New Haven Hospital and Yale New Haven Children's Hospital serving in a variety

Donations in her memory will support an annual lectureship in nursing at the Philadelphia hospital.

### Bayhealth Hires Kopec, **Promotes Bieber**

Veronica "Ronnie" Kopec, MS, BSN, NE-BC, was named director of women's and children's services at Bayhealth Medical Center's Kent

General Hospital, Dover, DE, and Milford Memorial Hospital, Milford, DE. Kopec most recently served as director of women's and children's services and med/ surg services at a Vermont hospital and in various positions in Philadelphia and New Jersey.





Charlene Bieber, MSN, RN

1993, Bieber served as a staff nurse, daytime charge nurse and nurse manager. From September 2007 until her promotion, Bieber oversaw both the inpatient rehabilitation center nurses and Bayhealth's home care department.

### Lankenau Shares **Nurse Accomplishments**

Lankenau Hospital, Wynnewood, PA, recently promoted Betty Craig, MSN, **CRNP**, to vice president of patient care services. In her new role, she will oversee the nursing and pharmacy departments. Craig joined the hospital in 1999.



Betty Craig, MSN, CRNP

In other news, four ED nurses earned emergency nurse certification (CEN): Hillary Shackelford, BSN, RN, Chris Sellers, BSN, RN, Helen Koutrakos, BSN, RN, and Jill Professori, RN. In addition, Professori was recognized as the ED's employee of the month.

### Tagliareni Named **Professor of Year**

M. Elaine Tagliareni, EdD, RN, a professor of nursing at the Community College of Philadelphia and a member of the *ADVANCE for Nurses* advisory board, was named 2008 Professor of the Year for Pennsylvania by the Council for Advancement and Support of Education (CASE) and the Carnegie Foundation for the Advancement of Teaching.

### **Hopple Receives HNC**

Tami Hopple, BSN, RN, HNC, of Phoenixville, PA, was awarded holistic nursing certification by the American Holistic Nurses' Certification Corp.

Hopple works in the orthopedic unit at Paoli Hospital, Paoli, PA, and as a substitute school nurse.

### **Bryn Mawr Nurses Pursue** Advanced Training

Bryn Mawr Hospital, Bryn Mawr, PA, shared several nurse achievements. Stacey Brennan, BSN, RN, and Jane Cummings, BSN, RN, earned certification in critical care nursing (CCRN). Amanda Harward, **RN**, passed the test for orthopedic certification.

Marianne Dougherty, RN, earned certification in case management. Vickie Gormish, RN, and Valentina Ofstie, RN, earned the oncology certified nurse (OCN) designation. Candace McCoy, RN, passed the certification exam for postanesthesia nursing (CPAN). Maria Hess, RN, completed the clinical ladder III designation.

In addition, Nancy Patton, RN, Kay Wilson, RN, Kelli Burrows, RN, and Colleen O'Driscoll, RN, completed End-of-Life Nursing Education Consortium (ELNEC) training.

### **Beebe Nurses Gain Oncology Certifications**







Nancy Jean Burd, RN, OCN



Isahel Renson NP-C, AOCNP

Beebe Medical Center, Lewes, DE, recently announced Nancy Jean Burd, RN, OCN, and Debbie Crowell, RN, OCN, earned oncology nursing certification. In addition, Isabel Benson, NP-C, AOCNP, a nurse practitioner

who specializes in cancer care, earned advanced certification in oncology nursing (AOCNP). All three work at the medical center's Tunnell Cancer Center.

### Janssen Earns Bariatric **Nurse Certification**

Laurie Janssen, RN, CBN, a nurse at the Center for Surgical Weight Loss and Wellness at AtlantiCare Regional Medical Center, Atlantic City, NJ, recently becames a certified bariatric nurse per the American Society for Metabolic & Bariatric Surgery. Janssen has worked as a nurse at AtlantiCare for 16 years.

### **Regional News**

LETTERS TO THE EDITOR

will name a rehabilitation facility for patients with cardiac and pulmonary conditions the Charles Evans Pulmonary Rehabilitation Gym. A room for surgical procedures within the hospital's center for surgical care will be named the Charles Evans Procedures Room. Evans, who died in 2007, was co-founder of the fashion house Evan-Picone and a film producer whose credits include the movie Tootsie.

The new \$442 million medical center will occupy 50 acres and serve as the hub of a 160-acre health campus. It is scheduled to open in late 2011.

### Nominate Alzheimer's/Dementia Staff Educator for Award

In honor of Alzheimer's and Dementia Staff Education Week, Feb. 14-21, the National Council of Certified Dementia Practitioners (NCCDP) is accepting nominations for Nurse Educator/Inservice Director of the Year for 2009. Nominations are due Feb. 1.

NCCDP gives the award to "an educator who has made a significant contribution to the quality of life of the resident/client/patient, longevity of your staff and decrease in staff turnover due to the educational programs developed and implemented by your educator."

The nominee must be an RN or LPN/LVN who has provided education programs for at least 3 years. For more information, go to www.nccdp.org and click on the Alzheimer's and Dementia Staff Education Week Tool Kit.

### Legislators & Mayors Help Raise Awareness of Organ Donation

New Jersey Organ and Tissue Sharing Network, which coordinates organ donations with New Jersey transplant centers, released public service announcements from more than 30 elected officials to raise awareness of organ and tissue donation. The network joined with legislators and mayors from across the state to film the announcements at the recent League of Municipalities convention in Atlantic City, NJ.

In addition, Jessica Melore, an advocate for organ donation who received a life-saving heart transplant when she was 17, interviewed elected officials who had direct experiences with organ donation.

New Jersey Organ and Tissue Sharing Network sent the public service announcements to TV stations across the state. To view the announcement or Melore's interviews, visit www.sharenj.org.

### **Nursing Homes Score Low** On CMS Rating System

Eighteen — or 40 percent — of nursing homes in New Jersey's Burlington, Camden and Gloucester counties scored just one out of five stars on a rating system created by the Centers for Medicare & Medicaid Systems, the Courier-Post reported in a Dec. 21 article.

Spokespeople from two of the facilities that ranked low questioned the rating system's accuracy and ability to measure quality, saying the ratings are based on subjective annual state surveys and staff surveys that focus on nurses and not other healthcare providers. Furthermore, the ratings focus more on long-term care than on short-term care and fail to consider patient experience.

Scoring high in ratings was The Evergreens, Moorestown, NJ, and Underwood-Memorial Hospital TCU, Woodbury, NJ, each earning five out of five stars.

Statewide, 22 percent of the state's 361 nursing homes received one out of five stars. About 13 percent received five stars. ■

### **Every RN Needs a Magic Wand, Especially Case Managers**

I am a telephonic nurse case manager for a third party administrator and I manage workers' compensation claims in numerous states.

It is not an easy position. Yes, I work out of an office. However, I spend almost all my time at the computer and on the phone attempting to contact the injured worker and his employer to obtain medical information pertinent to the claim.

This can be very trying, with busy doctors' offices and injured workers who have a home phone, a cell phone and maybe even a relative's phone number listed to contact.

We have to be licensed in numerous states and obtain certified case manager, CCM, certification. We have to keep up with all the latest on Utilization Review Accreditation Commission (URAC) certification and state regulations as well as the specific client criteria and our company's guidelines.

We have many audits by supervisors and the clients who hire us. We have specific deadlines for contacts, for case plans, for follow up, for case reassessments and for URAC. We also all work telephonically with claims adjustors, as well as the clients, who are scattered over many states — Maryland, Massachusetts, Maine, New York, to name a few.

I work in Philadelphia; my nursing supervisor and the nurses I work with are based in New York. Many of us have never met and only know one another through telephone and e-mail contact. But, we are always there for each other: to help locate a certain provider in a certain state, to cover for one another when someone is out and also to commiserate with when we are having a really bad day.

So, between all the calls that need responses, the e-mails that needed follow up yesterday, and all the others duties that go along with making us good case managers, we often wish we had a magic wand to fix everything.

So, I made magic wands (I bought wands and attached some ribbons and a little saying) for all of my nursing co-workers. This is what I wrote:

### "The Power of Nursing ... the Magic of the Wand

So now you cannot say 'I wish I had a magic wand' to fix everything. Now you do!

Now you can!

So, when you are

Late on your diaries, wave that wand!

Behind on your e-mail responses, wave that wand!

Yearning for the phone to stop ringing, wave that wand!

Praying that all callers lose their voices, wave that wand!

Hoping that incoming faxes are permanently lost in 'the black hole,' wave that wand!

Agonizing over those bad audit scores, wave that wand!

Tired of listening to all the whiners and complainers, wave that wand!

Sick of the doctors not releasing the injured workers, wave that wand!

Frustrated when employers will not accommodate light duty, wave that wand!

Fed up with all the lack of credit we get, wave that wand!

(This may need a double wave.)

Remember, you now have the power to change all the outcomes:

The power of the magic wand!

We must believe in the power of the wand."

I am sure all nurses can relate. They may need to change the words a little for their area of nursing, but everyone needs a magic wand to manage in any aspect of healthcare today.

Barbara A. Moore, RN, CCM, Secane, PA

### **Back on Their Feet**

With the economy putting increased financial stress on patients, nurses can help motivate patients to regain financial stability by NATACHA PIERRE-LYNCH, MSN, RN, ANP-BC

hy should you love your job more today than yesterday? Because you have a job and someone else may not. It's really that simple. In today's troubled economy, unemployment rates are at an alltime high (www.worldnews.com at Economy links). Manufacturing plants are closing and facilities are downsizing. Yet despite what's going on around us, nursing remains a promising field — if a facility closes down today, we will all have jobs tomorrow. We should all feel very grateful we're able to wake up every day with the goal of helping others, and know no matter how bad things are, nurses are needed.

### On the Lookout

Other people, however, are not as lucky. I ran into a couple of friends recently who were discussing how difficult it was to maintain their homes. Sadly, they are not alone. In the near future I believe we will continue to see more patients who are depressed, anxious, frustrated and angry with their lives. This hopelessness can become so intense, suicide might seem their only option.

While my nursing background is psychiatric, I believe every nurse will have to become more "in tune" with each patient and his mental state. While treating physical symptoms, for example, we can't forget that many physical complaints are really caused by underlying stressors.

### **Hope Through Motivation**

To help ease those stressors, I believe nurses can be called upon to motivate each patient through encouragement. Motivation is what we need to accomplish anything in life. It is based on the belief our situation will improve; if you believe things can get better, they often will.

We can walk our patient through the five steps to bring motivation into action (see sidebar), and offer tips along the way. For example, let your patients know there is hope by educating them on resources that can help

improve their financial situation. Some of these resources are available throughout their communities. Connect them with unemployment centers in the area or support their idea of going back to school. Many community colleges, for example, offer short courses that provide training in careers such as certified nurse assistant, pharmacy technician, surgical technician and medical billing and coding. Some of these courses are even eligible for financial aid assistance.

### **Saving Tricks**

You may also help patients get back on their feet financially by informing them of the many free financial resources online, such as www. free-financial-advice.net (click "Save Money"), www.americasaves.org/back\_Page/free\_financial\_advice.cfm, which gives the user access to a free financial counselor.

Show them there are creative and often painless ways to minimize extra spending, such as brown-bagging lunches and ordering out less frequently. You may suggest calling creditors, including utility companies, to set up repayment plans that work within their

budgets. Advise them to take out only the cash they need to avoid spending on credit. Another useful suggestion is to keep a coin box in the house for everyone to put their loose change in, and use this money to do something special each month, like go out to dinner or the movies.

### Up to Us

We all have heard the news of the government buyout plans. But before that plan is able to rescue anyone, we as nurses have to be able to uplift our patients. We don't have to sugar coat their situations, but simply listen and give them encouragement. I don't know how it feels to be unable to provide for your family, or to look into the eyes of your disappointed children. What I do know is that no matter who comes to me, I will be empathetic and listen. ■

Natacha Pierre-Lynch is a nurse practitioner at Ancora Psychiatric Hospital in Hammonton, NJ, adjunct professor at Cumberland County College, Vineland, NJ, and per-diem nurse at South Jersey Healthcare Mental Health Division in Bridgeton, NJ.

### **Five Steps to Translate Motivation Into Action**

- 1. Set a goal. Define and list the problems. Then set the goal you want to achieve (e.g., to save or lower debts).
- 2. Brainstorm. Generate a list of ways you can reach your goal. Don't forget to include your family in the discussion so the plan and budget involves everyone.
- **3. Be practical.** Now go back to your list and remove the things that are not practical. For instance, if you need immediate relief, maybe you can borrow from your pension rather than putting yourself into further debt by using credit cards.
- 4. Set your plan into action. Everyone in your household will need to be committed, and if one person falls off track, motivate him or her to get back on. Never stop expecting positive results. The most successful people in the world have made mistakes and have had failures.
- 5. Evaluate. Compare your performance on a weekly basis to ensure you are making progress.

### Saying No to Care

Is refusal to work in a unit in which an RN is not comfortable patient abandonment or ensuring patient safety?

I am a 24-year-old nurse on a med/surg unit at a tertiary care hospital. Last month, my manager asked me to float to critical care. I told her I hadn't been cross-trained and didn't think I could provide safe, competent care to patients in the ICU.

She said it didn't matter and insisted I go. After this incident, I sent a letter to my manager stating I didn't think this was a safe situation for me and I didn't want to be asked again. She said I could be

requested to float again and, if I didn't go, it would be patient abandonment. Is this true? What should I do the next time she sends me to the ICU?

Being asked to float to a unit where you are not competent is ■ always a challenging situation for nurses who work in an institutional setting. The ethical framework of nursing and the standard of care require a professional nurse to practice within the scope of her knowledge and skills.

With that said, a nurse also is expected to be a team player and provide care and services to patients across an organization. While a nurse may not be competent to practice in critical care or other specialty services, that does not prevent her from providing basic nursing care such as ADLs and vital signs, taking off orders or answering the telephone.

It seems unlikely this nurse would be charged with patient abandonment in the critical care unit. To abandon your duty station, you must first be assigned there and have patients under your care and supervision. The more likely abandonment issue would be on the unit the nurse was pulled from. However, if the nurse asked to float reports off on her patients to another nurse before she leaves, there is no issue of abandonment.

At this point, the nurse manager has a duty to ensure adequate, competent staff to meet clinical needs. The med/surg unit manager is at risk of noncompliance with a safe staffing mix. It would be important for the float nurse to communicate her concerns to nursing management going up the chain of command. This may be a sentinel staffing event, but it also may be a systemic staffing issue that needs to be addressed for the safety of all patients. Patient safety and advocacy are always paramount to a professional nurse.

— Mardy Chizek, MBA, BSN, FNP, RN, AAS, CLNC

This practice is more common than most people think. I am a recruiter for a home health agency in the Washington, ■ DC, metropolitan area. While conducting RN interviews, I am finding that, due to a nursing shortage, more and more nurses are being asked to practice outside their comfort zones.

Due to the economy, hospitals are understaffed — and to "meet budget" — are asking staff nurses to cover areas where they are not qualified to work.



Patient abandonment would be walking away from a patient in need. This RN is choosing not to be put in a situation where she feels patient care may be jeopardized. Truly, the manager doesn't realize she is risking her license and the nurse's, not to mention threatening a lawsuit be brought against the hospital on behalf of the patient should anything litigious occur.

What I recommend this RN do in the future, rather than refusing to float, would be to ask for an orientation to the unit and ask to be given only patients she is qualified to treat.

Her file should have been checked by the manager to assure she has competencies in the areas she is being asked to treat. For example, there may be a patient in the ICU who is ready for transfer to a step down that this RN would be well-qualified to care for, rather than a patient who has a trach.

— Jane Mitchell

Mardy Chizek is the president of Chizek Consulting Inc. and Charism Elder Living Services in Westmont, IL. Jane Mitchell is a human resources recruiter at Adventist Home Health, Silver Spring, MD.

### **Nursing the Brain**

### Neuroscience nursing is not a job done just watching a monitor

### ADVANCE: What are the duties of neuroscience nurses (NSN)?

Lauren Boucher: Neuroscience nurses (NSN) are one of a kind. Daily responsibilities require meticulous attention to detail, systematic evaluation of critically ill patients with various neurological emergencies and a strong voice to advocate for patients. Neuroscience nursing is not a job that can be done sitting and watching a monitor and documenting numbers.

### How long have you been an NSN? How has your practice improved with experience?

With the traditional written NSN materials and exposure to all of the healthcare providers on my unit, I am grateful for the education I have accrued as a NSN. I have spent countless hours with experienced colleagues in the neuroscience ICU. Combined, the staff on my unit has more wisdom than is written in most books and neuroscience articles.

### What got you interested in neuroscience?

During my co-op at Drexel University as a nurse extern, I was given the opportunity to observe NSNs at Thomas Jefferson University Hospital's neuroscience ICU, intermediate neuroscience ICU and acute stroke units. Since then, I have not been able to think of specializing in any other field of nursing.

### What specific skills/education do you need to be successful in neuroscience nursing?

You have to take a serious interest in the subject; followed by thorough training, practice and education to be well informed about accurate practices, policies and procedures. NSN typically requires a tedious 4-6 month orientation, including 1-to-1 mentoring, various critical care tests, and clinical skills exams before ending orientation.

What support systems does your neuroscience unit provide? Is it possible, with support in place, for nurses to work in neuroscience for many years?

During the orientation process, new RNs and graduate nurses are provided a residency program every 8 weeks. It consists of an open forum-style discussion about their experiences. After orientation, new hires are encouraged to follow their preceptor's schedule for continued mentoring. With such critically ill patients, the stress level is high; we reduce stress through humor and laughter, while appreciating what we have and how quickly it can be lost.

To provide quality care to patients who present with a wide range of neurological and neurosurgical problems and deficits requires lifelong learning in disease management, psychosocial interven-

### tions and advanced technology. How do you maintain your competency?

CEUs, Web sites, and tutorials are readily available, but one of our greatest assets is our innate voracious curiosity in addition to a plethora of expert staff — nurses, doctors, respiratory therapists, etc. — who are eager to educate.

### What do you like most about being an NSN? What advice would you give to a new grad who is considering this specialty?

In a few words, our unit is never boring. With the variety and complexity of our patients, we must deliver excellent care at a thrilling speed. Operating under the belief that "time is brain," we are trained to expect the unexpected. Advice: No question is dumb. It doesn't hurt to ask for a second (third, fourth) opinion.

What do you like least about being an NSN? The inability to always "fix" your patient; that feeling of complete helplessness. It's the



Lauren Boucher, BSN, RN

Title: Neuroscience ICU

Facility: Thomas Jefferson University Hospital, Philadelphia

inability to understand what he or she needs or wants, especially when they are aphasic. And lastly, even when well staffed, you want to divide yourself to help as much as you can but you simply cannot.

### What is your approach in meeting the cultural needs of the patient and his family?

Education, education, education! Having a diverse staff helps. The Internet is useful and there is always the phone, to call the patient's family for advice. It has never happened that I could not help in one way or another to assist in a cultural practice of a patient/family.

Since you began in neuroscience nursing what changes have you seen? What do you

### anticipate in the future?

Changes are frequently occurring with evidence-based practice. Policies and procedures are being updated after more research

I have seen advancements in the fight to decrease the risk of infection with the introduction of a specialized antimicrobial dressing, and antimicrobial-coated catheters and invasive lines. There is more engineering toward less invasive monitoring techniques, e.g., hemodynamic monitoring and brain tissue oxygenation devices.

Hopefully further down the road, there will be more advances to decrease the RNs risk and exposure to injury. The development of needleless ports, snap-closing IV catheters and the Hoyer lift has made a difference; however, it's not enough. I think the technology is out there, it's the cost of equipment and repair of that equipment that can be a hurdle for any institution. ■

# A Full Life Without Sight

Rehab for the visually impaired helps those who are blind regain independence by AINSLEY MALONEY



o you think people who are blind can't pick out a color-coordinated outfit, manage their diabetes, or live on their own? Many people believe they can't, healthcare professionals included, said Willie Ice, EdM, RN, a medical services coordinator at Virginia Rehabilitation Center for the Blind and Visually Impaired (VRCBVI), in Richmond, VA.

> Focused solely on rehabilitation for the blind, the center, as Ice described it, is a "centralized think-tank" of ideas to help people without sight regain their lives.

> More than that, it is an emotional lifesaver for patients with late-onset blindness who may feel their lives are over; such as the 55-year-old stockbroker who lost his sight after a blood pressure drop during a colonoscopy.

> "It's really tough for those patients to make an adjustment to the world of blindness. A lot of times they've completely lost hope," Ice said. "They'll walk in and ask:

'What type of work can a blind person do?' That's the wrong question. The right question is, 'What do you dream of doing, and how can we make that happen?"

### **Small Niche**

Unfortunately, Ice said, patients may feel such hopelessness because there's a lack of awareness as to exactly what's out there for patients who are blind, even in the healthcare community.

"I'm amazed at the number of home health agency nurses or emergency room nurses who call from hospitals and say, FEELING IS SEEING: Willie Ice, EdM, RN (right), medical services coordinator at Virginia Rehabilitation Center for the Blind and Visually Impaired (VRCBVI), Richmond, VA, teaches patient Miles Wright, a retired Henrico County Department of Public Utilities employee who became totally blind due to diabetic retinopathy, to obtain a glucose reading using an audio-glucometer, Braille markings (orange dot), and touch and feel techniques. courtesy Olga Skorackyj

'I've heard there's such a thing as a talking glucometer, how can I get it?' I wish people had some clue of all that is available," Ice said.

"Often patients are kind of rushed through the hospital discharge program. Mom or the spouse gets trained with the assumption the blind patient can't draw his own insulin, even though he's done it for 20 years before he became blind," Ice continued. "Sometimes the blindness is seen as prohibitive. But there is very little a blind person can't do."

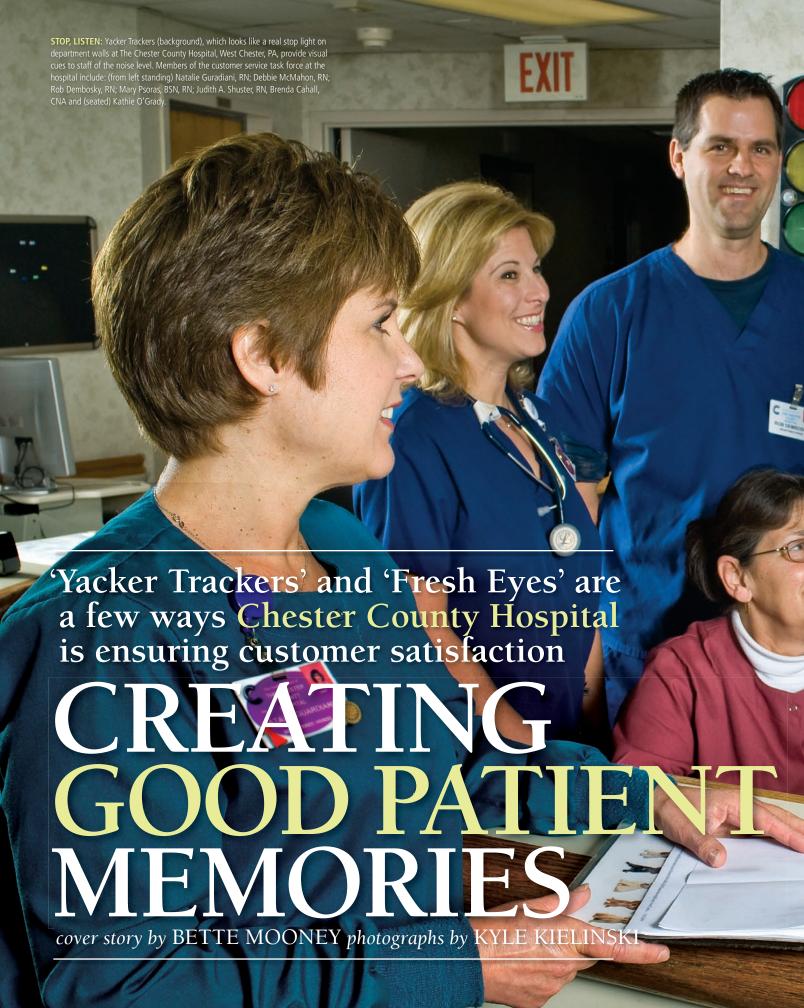
### All Needs Met

The goal at VRCBVI is different from typical eye rehab. Rather than helping patients regain sight — for example, by removing cataracts or treating a lazy eye — the rehab center helps patients regain an independent life without sight.

The center has 30 multidisciplinary staff so diverse that clients who are visually impaired can gain independence in nearly every aspect of their lives — from cooking, cleaning and living independently, to traveling, preparing for college and regaining employment.

Staff works in seven departments — job readiness and work evaluation, academics and adaptive technology, communications and Braille, activities of daily living, personal home management, orientation

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all areas of the hospital, including patient perceptions of satisfactory care and service, Meister explained to ADVANCE. The senior officials also wanted to put things in place to eventually seek Magnet status.

The campaign promotes increased efforts in specific performance areas to produce improved quantitative data through qualitative efforts. In other words, said Meister, the more the hospital does to raise patients' perceptions of their care through memorable experiences is usually reflected in higher customer satisfaction scores. "But you have to start with patient experience first — the front line between the patient, staff and hospital."

For example, nurses' rapid response to patient call bells — and doing more for the patients so there is less need to use the call bells — is memorable to the patients even after discharge when filling out patient satisfaction surveys.

### **Striving for Stellar**

"Our Press-Ganey scores were relatively flat back in 2005," Meister continued. "Not bad, but on a 1-5 scale, the scores were surfacing at

about 4. We wanted to move to 5s, to be more dynamic. We needed improvements that felt more measurable to the front-line staff. It's all about making the patient's memory a personal story of their relationship with nursing staff as opposed to betting on nurses getting excited solely about group data."

The Customer Satisfaction Task Force's goal is to have the nurses and staff in all departments of the hospital — including billing, housekeeping and nutrition — think about what the customer response data says to them and to question what part they can play in making a better impression on the patients.

Through staff meetings and making an extra effort to spend time with the staff "where they live" in their departments, the task force helps them see where they can make a difference that would be reflected in the Press-Ganey data.

"Improving patient satisfaction is our overall mission," Meister emphasized. "When our task forces were first established the emphasis was on establishing quantitative goals because that's what the world is all about. So we had to get to the point where we could reach for goals that could be measured."

### **Numerous Initiatives in Place**

Of the various initiatives instituted by the task force to help improve customer satisfaction, hourly rounding and daily huddles have made the biggest impact, according to Angela Coladonato, MSN, RN, NEA-BC, chief nursing officer and senior nurse executive at TCCH. Called patient safety and service rounds, the hourly roundings mean just that — visits by unit staff to patients hourly during the day and every 2 hours at night.

Begun as a pilot program in telemetry and one med/surg unit, it recently



HOSPITAL OF DISTINCTION: Angela Coladonato, MSN, RN, NEA-BC (left), chief nursing officer and senior nurse executive at The Chester County Hospital, West Chester, PA, and Carli Meister, MSc(A), RN, director of customer relations and risk, are proud of the hospital being named a Hospital of Distinction. Maintaining their distinctions, a task force ensures patients are always getting the best customer service possible.

rolled out to the rest of the hospital, said task force member Tina Maher, BSN, RN, NE-BC, director of telemetry, the postinterventional unit and critical care support. "My clinical manager and I do patient rounding ourselves at random daily to several patients to ask if they have any concerns. And we have seen marked improvements; patients seem much more satisfied, which makes nurses more satisfied."

### **Getting the Scores**

A small survey put together by a core group of nurses in telemetry and given to patients just before discharge "to get feedback in real time" has reflected that satisfaction, Maher added. "The survey asks the patients to share two areas where the staff have 'done well' and two on how we can improve."

In the leadership rounding initiative, Coladonato, Meister and Michael Barber, chief operating officer, randomly visit with patients on all three shifts and will soon include weekends. "We talk to the patients about their stay, and ask if they have any issues or concerns," Coladonato remarked. "Then we go out to the staff and give feedback on the visit. This has been received very well by both staff and patients." It is important to give immediate feedback to staff, she stressed.

Roundings are conducted somewhat differently in the emergency depart-



ment, according to Betty Brennan, EdD, AD, director of both the ED and interventional radiology and another task force member. "We do them in the waiting room, since during treatment the patients are always within visual sight," she explained.

### **Daily Huddles**

Both Coladonato and Meister believe the daily huddles, instituted in mid-2007, are very beneficial to staff throughout the hospital. Noting they are a "best practice" in the hotel industry, Meister explained the staffs of every department "huddle" for 5 minutes or less at the start of every shift to discuss a specific topic related to either patient safety or customer service. If staff as a visual cue to staff when the noise level needs to be toned down. The electronically operated "traffic light" flashes red, green or yellow (depending on how high the noise level is) to get the staff's attention. "But there are many different kinds of noise, so it's not as sensitive as we'd like," Meister said.

Debbie McMahon, RN, staff nurse in maternity, however, feels the Yacker Tracker does help in her department. "It's a wonderful reminder to keep our voices down because some patient rooms are right across from the nurses' station," she said.

Sometimes all it takes to see where or how patient satisfaction can be improved is a fresh pair of eyes, so the task force has put just that into

People who don't typically spend time on the unit walk around and look

### "First contact" is all about the importance of nurses saying the right things to patients to gain their confidence.

don't suggest a topic to discuss, the unit manager provides one. "It's a way of team-building," Meister said.

Calling the daily huddles "especially helpful," Coladonato added, "It helps staff focus on the important issues of the day."

In the ED, Brennan said they use the daily huddles to discuss plans for the day, "mostly strategizing how to deal with the patient flow and census," especially when early indications are the day will be very busy.

### **Posted Reminders**

Another Customer Satisfaction Task Force initiative is department "vows" posters that are part of the Hospital of Distinction display boards prominent in every department.

"On the board are three permanent patient satisfaction standards to build hospital values, and several department-specific vows which are changed every 6 months," Meister said. "The logic of these vows are that the front-line staff need to say in their own words what they are personally working on. It's very user-friendly as well as practical."

Natalie Guardiani, RN, a labor and delivery staff nurse, explained the department vows posters "serve as a reminder of what our commitment is to our patients," noting pain management and education are high on the list.

### **First Contact**

Adapting a model used in maternity, the Customer Satisfaction Task Force instituted what they call "first contact," or behaviors to ensure a positive first impression, as one of its original initiatives. It's all about the importance of nurses saying the right things to patients to gain their confidence. "We provide staff with suggested words to say in certain situations," Meister said. "For example, we might suggest nurses say out loud they are closing the patient's curtain to ensure privacy as they are doing it."

It's a huge benefit to patients because it reinforces what they are watching, she stressed. Consequently, when they are asked to complete a satisfaction survey postdischarge, it helps them remember the nurse's thoughtfulness in providing privacy.

### **Noise Initiative & Fresh Eyes**

An initiative that is meeting with "only some degree of success," according to Meister, is installation of Yacker Trackers on department walls for things they think "would drive patients crazy," Meister said. "We've been able to find many reasons why patients would not be happy with their environment."

### **Initiatives Working**

Meister feels good about the task force's accomplishments thus far. Indicators include letters of gratitude, a reduction in complaints — and repeat business — from satisfied patients. And of course, their Press-Ganey and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems, Medicare's patient satisfaction survey) scores. She's especially proud of the Press-Ganey data comparing TCCH to other area hospitals on an aggregate basis.

After years of scoring in the low 80th percentile (or even in the 60s and 70s), TCCH scored in the 99th percentile from August 2006 to June 2007. "Then it dropped off a little, but went back up to the 99th percentile for April-June 2008," Meister said. "Some fluctuation is expected, but Press-Ganey was congratulatory, saying keeping the percentile up was unique from their perspective."

And last May, the Centers for Medicaid and Medicare Services, of which HCAHPS is a part, publicized TCCH's achievement as best out of about 30 hospitals in the tri-state area on selected questions from the HCAHPS survey.

### Why Initiatives Work

Meister attributes the Customer Satisfaction Task Force's successful efforts to its integrative approach "that can only succeed when our nurses are hand-to-shoulder with other staff. And we have made a concerted effort to make sure no one area of the hospital is less important in creating a special patient memory."

Some of the task force's patient satisfaction initiatives are subtle, others are more dramatic, but each is reflective of the enthusiasm for achieving goals that characterizes Meister. She said staff members sometimes call her "Pollyanna" because "I believe the glass always is half full."

Asked if the initiatives are only suitable for community hospitals such as TCCH, Meister responded she doesn't think so. "It's all about commitment, dedication, energy. You can do these things anywhere. You just need a focus and a core belief that that's the right thing to do." ■

Bette Mooney is a freelance writer and retired editor at ADVANCE.

### **SNAPSHOT: SIGHT**

Continued from page 13

and mobility, and medical management and health education — and includes a registered nurse (Ice), vocational rehab counselor, Braille teacher, rehabilitation engineer and low vision optometrist, to name a few.

### **Classroom Learning**

To gain admission into the center, patients must be legally blind, totally blind or have a diagnosis that will lead to blindness in the near future. The center is part of the Virginia Department for the Blind and Vision Impaired and the hub to which six state field offices refer clients.

Structured similarly to a boarding school, patients are scheduled for a series of classes 5 days a week from 9 a.m. to 4:15 p.m. Some come as day students; others are residents in the center's 36-bed dormitory.

Patients' schedules are individualized to meet specific needs, Ice said. A 45-year-old banker who recently lost his sight to diabetes, for example, might take classes with a number of departments: the job readiness team to prepare to go back to work, the communications and Braille team to learn how to read his business books, and the orientation and mobility team to learn how to take the bus to work.

An 18-year-old high school graduate, who has always been blind and wants to learn how to live on her own, can learn how to cook stovetop meals, wash and iron clothes, clean her home and pick out a color-coordinated outfit with the personal home management team. She'll also learn money management skills and how to go grocery shopping on her own with the activities of daily living department.



Once she has mastered each of these areas, she may spend several weeks to a few months in one of the six independent living apartments on campus to practice living on her own with minimal assistance.

### On Their Own

One niche at the center is the medical management department, where Ice works. There she specializes in teaching clients to care for their medical needs.

"Many clients have a lot going on in addition to their blindness — they're diabetics; they're on dialysis," Ice said. "If it's a client with high blood pressure, high cholesterol and diabetes, he may end up with a dozen or more medications and say, 'Boy, I get confused as to which medication is which."

To help patients who are visually impaired manage their medications, Ice offers these tips, which blend adaptive technologies and techniques:

- For a simple solution, put a single rubber band around the bottle of pills the client takes in the morning; two bands around pills taken morning and night.
- For exact dosage information, a talking voice recorder can help. The client records a message onto a chip (for example: "Zocor; 40 mg; take 1 tablet every morning"), and the chip fits onto the pill bottle. When the client puts the chip into the recorder, it plays back the instructions.
- If a client's Braille skills are good, a Braille pill box can be employed, where each slot is marked with the time for medications (7 a.m., noon, etc).
- A low-vision client may prefer to use a rotating magnifier. A pill bottle is set inside a circular magnification system which, when rotated, magnifies the dosage and medication information.

Note in each of these instances, the client might need help from a sighted person once a month, but is then independent the rest of the time, Ice said. A pharmacist can transfer the voice recorder chip or rubber bands during refills as well.

"Finding the right solution is often very tedious and task-specific," Ice said. Further, one labeling system isn't the answer for everything: a talking recorder can identify canned soup in the kitchen, but won't work on frozen items.

### **Diabetes Care**

For patients with diabetes, it is often the disease that caused their blindness. This means patients now have to relearn their diabetes care — including monitoring blood glucose levels and administering insulin safely — without the benefit of sight.

Again a variety of products/techniques are useful. Ice might suggest a talking glucometer, or she might teach them to use a device that allows clients to listen to clicks to correctly fill an insulin syringe, with each click equaling one unit of glucose. For dialysis clients, Ice may introduce a talking blood pressure monitor or a talking bathroom scale to measure weight gain.

### A New Life

No matter what patients want to do on their own, Ice and the rest of the staff do their best to find a solution. And it's this ability to give patients back a life of independence that keeps Ice going every day.

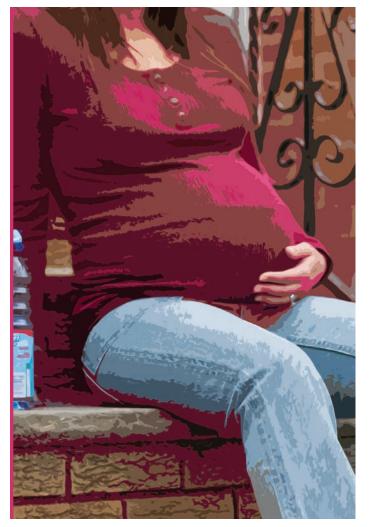
"I think those of us with the gift of sight need to help those who can't see with their eyes. Because they have a vision too," she said. "They have the same vision of happiness, family, friends, career and living fully, just like you and me. People constantly leave here saying, 'I have hope again. You guys have just turned my life around." ■

Ainsley Maloney is assistant editor at ADVANCE.

# **Pregnancy & STDs**

Prevention and early detection key to mother, newborn safety

BY KARIN LILLIS



negnant women who have contracted STDs can pass disease to the baby before, during and after birth, according to the CDC.

> Complications range from premature birth and low birth weight to neurological damage and internal organ damage. STDs also can lead to conjunctivitis, pneumonia, sepsis, blindness, deafness, meningitis, acute hepatitis, chronic liver disease and cirrhosis, according to the CDC.

Routine prenatal care and screening, however, can signifi-Routine prenatal care and screening, however, car cantly decrease the risk of transmission to the infant.

"It is very crucial that nurses know the most up to mation and standards of care so the information they share with

patients is correct," said Elizabeth Stein, MPH, MSN, CNM, a nurse-midwife who runs a private practice in New York City.

### **Herpes Simplex Virus**

With proper testing and treatment, most women with genital herpes give birth to healthy infants. When transmitted from mother to infant, however, the herpes simplex virus (HSV-1 and HSV-2) can pose significant risk to the newborn.1

In the U.S., one in 1,800-5,000 live births are affected, according to International Herpes Alliance statistics.

Most often, the mother passes the disease to the baby if the virus is present in the birth canal during delivery. Someone with a herpes cold sore on her mouth may kiss the infant and transmit the virus to the baby.1

The first infection in the mother during the second half of pregnancy is "very dangerous" for the fetus or newborn, Stein said. The mother has not yet developed antibodies against the virus, so the risk of transmission to the baby in utero is high (possibly up to 50 percent), she explained.

### Chlamydia is a leading cause of pneumonia and conjunctivitis in newborns, according to the CDC.

Neonatal herpes can cause skin, eye or mouth disease, damage to the central nervous system or internal organs, and death.1

"Symptomatic and asymptomatic primary genital HSV infections are associated with preterm labor and low-birth-weight infants," wrote Caroline M. Rudnick, MD, PhD, and Grant S. Hoekzema, MD, the journal American Family Physicians. "The diagnosis of neonatal HSV can be difficult, but it should be suspected in any newborn with irritability, lethargy, fever or poor feeding at 1 week of age."2

"If the first herpes transmission occurs during pregnancy, there is a 30 percent risk of transmission to the baby," noted Jeanne M. Wilton, MS, RN, WHNP-BC, Wheaton Franciscan Healthcare, Women's Health Services, Racine, WI. "Of that number, there is an 80 percent risk of the baby dying from a congenital infection."

### **HSV Risk Reduction**

Medications, administered early enough, can lower the risk of or prevent long-term damage.1

### PREGNANCY

Once the mother has developed antibodies against the virus — a process that takes 6-8 weeks from the first exposure — risk of transmission to the newborn significantly decreases, Stein and Wilton noted.

Stein tests mothers-to-be at the first prenatal visit, looking for HSV-1 and HSV-2 IgG antibodies.

It is possible for the fetus to become infected in utero; otherwise, the newborn contracts the virus during delivery by vaginal or vulva herpes virus, Stein explained.

Pregnant women who test positive for antibodies can be offered prophylactic valacyclovir or acyclovir at 36 weeks until after delivery to prevent a herpes outbreak, Stein said. Either medication is safe during pregnancy and breastfeeding, she said.

### CDC guidelines suggest all pregnant women undergo a screen for chlamydia.

If lesions are present at the time of delivery, a C-section is performed, according to Wilton.

Fathers can be tested after the pregnant woman's results are known, Stein noted. If the mother has antibodies to HSV-1 or HSV-2 IgG, there is no need to test the partner. If she has no antibodies to either, then the partner should be tested to determine if he poses any risk to his pregnant partner, she suggested.

### Chlamydia & Gonorrhea

Untreated chlamydia infections can lead to premature delivery, according to the CDC. Newborns of infected mothers can contract eye and respiratory tract infections. Chlamydia is a leading cause of pneumonia and conjunctivitis in newborns, according to the CDC.3

CDC guidelines suggest all pregnant women undergo a screen for chlamydia.

The disease also can damage a woman's reproductive system. Up to 40 percent of women with untreated chlamydia may develop pelvic inflammatory disease (PID) when bacteria spread to the uterus or fallopian tubes.3 They also are five times more likely to contract HIV if exposed to the virus.

PID damages fallopian tubes, the uterus and surrounding tissues, which can cause chronic pelvic pain, infertility or ectopic pregnancy.<sup>3</sup>

Gonorrhea, transmitted in the birth canal during delivery, can lead to blindness or joint or bloodstream infection.<sup>4</sup> In women, the disease also can cause PID and associated complications. The two diseases, treated with antibiotics, may occur simultaneously.4

### **Human Papillomavirus**

Human papillomavirus (HPV) generally does not affect the fetus or newborn, according to Stein.

"The real concern is a woman who has a history of abnormal cervical cells from HPV infection [cervical dysplasia] who was treated with a loop electrosurgical excision procedure," or LEEP, Stein said.

LEEP, which sloughs cells 3 mm deep, can weaken the cervix, increasing the risk of cervical incompetence and loss of the pregnancy, she explained.

Treatment of cervical dysplasia poses a dilemma for clinicians — treatment of moderate to severe dysplasia is done with LEEP, which creates a potential risk to future pregnancies. If the condition isn't treated, Stein noted, the woman is at risk for progression of dysplasia, which could develop into cervical cancer.

### **Group B Strep Facts**

An estimated 10-30 percent of pregnant women carry group B streptococcus (GBS), according to the American College of Obstetricians and Gynecologists (ACOG). Most infants who acquire the bacteria from their mothers do not develop illness; however, some can develop serious or life-threatening illnesses (1-2 infants per 100 births).1

While GBS is not an STD, the bacteria often is found in the vagina and rectum, explained Elizabeth Stein, MPH, MSN, CNM, a New York City nurse-midwife who runs a private practice.

GBS bacteria live in the rectal area and are a vaginal contaminate. The baby is exposed as it descends through the birth canal or if the bag of water breaks and the baby is not delivered within a couple of hours, Stein

The bacteria may ascend to the fetus, which is no longer protected by bag of water. Another theory is that the GBS bacteria causes the bag of water to break (the infection has ascended), she said.

If the newborn is exposed to the bacteria in the birth canal, the infant can develop an early infection (within the first 7 days after birth). The majority of these infections occur within 6 hours of birth.1

About 50 percent of cases of late infection — those occurring after 7 days — are acquired during birth; the other half are acquired through other means, such as contact with others who carry the bacteria. 1 It is extremely important for clinicians and others to wash their hands before handling the newborn, Stein said.

In newborns, sepsis, meningitis and pneumonia are the most common diseases resulting from GBS infection, according to the CDC. About 5 percent of cases are fatal.1

Although preterm infants are more at risk for contracting the bacteria, most of the cases are full-term newborns.2

Cultures should be taken between 35 and 37 weeks gestation, according to ACOG. Women who test positive receive antibiotics during labor; there is a risk of reinfection of the fast-growing bacteria if the mother takes medication too early.¹ Penicillin is most commonly used to treat GBS. ■

### HIV

A small percentage of newborns with HIV-positive mothers are infected (1-2 percent). Half of these infected babies are very sick and may die in less than one year, Stein said.

Mothers at risk for transmitting the virus to newborns are those who have a last viral load prior to delivery greater than 1,000 viral particles per milliliter of blood plasma and have not been treated with highly active antiretroviral therapy, according to Stein. Cesarean delivery and delivery soon after the rupture of membranes also help to protect the newborn from infection, she said.

The virus can be transmitted in utero, through vaginal delivery (increased risk with prolonged rupture of membranes) and breastfeeding, Stein noted. Vaginal delivery accounts for 70-80 percent of cases of vertical transmission, she added, and breastfeeding presents an additional 14 percent risk.

References for this article can be accessed at www.advanceweb.com/nurses. Click on Education, then References.

Karin Lillis is senior regional editor at ADVANCE.

# What Women Want

Healthcare employers assist women to get the most out of their work and home lives by sandy keefe, MSN, RN

When the Studer Group talks, people listen. So when the prestigious healthcare consulting firm released findings from a survey of 8,000 women in diverse healthcare positions across the U.S., employers took those results very seriously.



As it turns out, the majority of the women surveyed would choose healthcare all over again, would recommend it to their female friends, and are as satisfied with their work lives as they are with their home lives. Good news indeed for the industry.

On the other hand, the women are less satisfied with the balance between their jobs and their home lives, rarely dedicate time to their personal and emotional needs, and experience work conflicts with home life more frequently than home life conflicts with work. (Studer, 2008)

### Three Wishes

The women had three important messages for employers. First of all, they use and value certain benefits more than others to balance work and life. Education reimbursement is the most available form of employer support and the most frequently used. Other valued benefits included concierge services and various flextime options including compressed work week, reduced hours, job sharing and true flextime. [See Being Flexible online at www.advanceweb. com/nurses; click on Regions and then Eastern, PA, NJ & DE.]

The second message: supervisors matter. While there were positive relationships between work satisfaction and support positive relationships between work satisfaction and support from spouse, family and employer, the biggest correlation was

between job satisfaction and perceived support from the woman's

Finally, the women said, employers might see some positive payoff if they were to teach skills for time and energy management.

### **Focus on Benefits**

The findings resonated with Tina Bendock, MSA, RN, a former nurse executive and now coach with the Studer Group based out of Powder Springs, GA.

"This study reinforced what we knew about women's struggles to blend their work and home lives; working hard all day and then going home to care for children or perhaps for an older parent," she said. "One of my roles is helping organizations grow and develop their leaders. Hospital leaders have lots of different moving pieces at any given time. One area of focus is how they can retain their staff; nursing retention is particularly challenging for healthcare organizations."

Sue Fitzsimons, PhD, RN, senior vice president for patient services/chief nursing officer at Yale-New Haven Hospital, New Haven, CT, shared her philosophy for supporting valued nursing staff.

"A strategic recruitment plan is important, of course, but we're partnering with HR to focus more and more on retention of the bright, educated, engaged nurses we already have onboard," she said.

Nancy Collins, director of recruitment and staffing at Yale-New Haven, described the organization's framework for meeting the needs of its employees.

"We've paid a lot of attention to our benefits structure for the more mature nurses in our workforce because we value their wisdom and experience and want them to stay with us," she said. "We offer flexible hours, have pilot-tested ergonomic improvements such as lifting equipment to reduce back strain, and numerous opportunities to work in less demanding roles or areas of the hospital. Because we're such a large and complex organization, we have an advantage when it comes to options for nurses who want a different pace at work."

### **Retaining Seasoned Workers**

Betty Dobbs, MHA, RN, nursing workforce development specialist at Little Company of Mary Hospital, Torrance, CA, talked about creative strategies her organization uses to provide the care needed while promoting work/life balance for nurses.

"While our first priority is to staff in a way that meets the needs of the patients we serve, we've gone out of our way to provide flexibility in scheduling so nurses can balance their home and work lives," she said. "We follow a self-scheduling model that Continued on page 24

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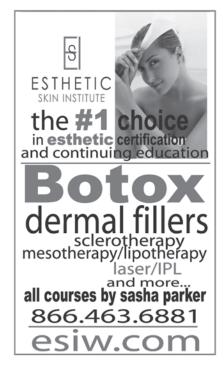
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### WOMEN

Continued from page 21

allows nurses to meet their requirements, such as the number of weekend shifts, in various ways."

Acknowledging long shifts don't always work for women with competing demands at home, Dobbs remarked, "If a nurse's life is not conducive to 12-hour shifts, she can move to the GI lab with 8-hour shifts, or cardiac cath lab with 10-hour shifts. There are positions for nurses in informatics, education, physician billing, education, and other areas with more flexible hours. The variety within nursing roles gives nurses an opportunity for change."

### **Growing Great Supervisors**

Leaders within the Studer Group are currently developing a toolkit to help healthcare executives support staff struggling to blend home and work lives.

"For example, a leader who meets with staff members each month to focus on what's going on in the nurse's life, what she needs to do her job, and what challenges she's facing, can really make a difference," Bendock said.

There is no cookie-cutter approach to juggling home and work responsibilities.

"At the Studer Group, work/life blend is part of the Life Pillar, and that pillar changes throughout a woman's career," Bendock said. "A young nurse new to nursing may have social interactions and outlets as the focus. As a woman starts a family and her children grow up, that pillar changes. Asking a first-line nurse how I, as a supervisor, can help her, whether her issue is day care for a toddler or a teenager who isn't coping well, is a good way of being supportive."

For those who say supervisors have enough to handle without tackling work/life balance in their employees, Bendock has a reasoned response.

"One of the things I've found over and over in my 23 years as a nurse is we don't do a good job taking care of ourselves," she said. "Everyone else comes before our own needs, so to have a boss who pays attention to that balance is very positive."

### **Accommodating Staff**

Great supervisors aren't born that way; they need appropriate education and role modeling to develop their skills.

"Nurses who sign up for the nurse manager role, or are suddenly promoted, often are great bedside clinicians without an understanding of how to schedule, how to accommodate nurses who have young children, or what else they can do to support their staff," Dobbs said. "We send our nurse managers to the Studer Group's Leadership Development Institute where they learn those skills and come to understand the importance of promoting work/ life balance in their employees." ■

### Resource

Studer Group Press Release. (2008, October 29). Work/life balance among women in healthcare. Retrieved Nov. 25, 2008 from the World Wide Web: www.studergroup.com/conferences\_webinar/symposium/work\_life\_blend\_study\_execu-

Sandy Keefe is a frequent contributor to **ADVANCE** 



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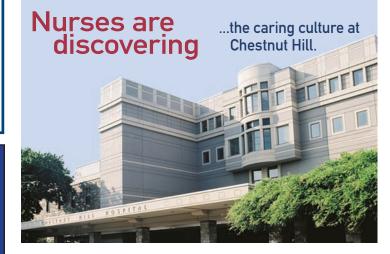
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Please respond to: Health Partners, 901 Market Street, Suite 500, Human Resources Philadelphia, PA 19107, code QM-II; fax (215) 991-4130: email: ledwards@ healthpart.com. EOE

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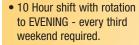
Fax, mail, or email resume and cover letter to: Bev Marvin, Human Resources Manager, Salem Community College, 460 Hollywood Ave., Carney's Point, NJ 08069. Email: bmarvin@salemcc.edu or Fax: 856-351-2712.

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Attn: HR

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Positions available for Long Term Care and Subacute Skilled **RNs**, Experience required. Contact Ginny Zagorski, Nurse Recruiter at 610-356-0800 Extension 3056 50 N. Malin Road, Broomall, PA 19008 Fax: 610-325-9499



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Phone: 215-345-3217

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### **Assistant Director of Nursing**

The Assistant Director of Nursing oversees the care management of a population of patients within an assigned area, unit, or clinical function. The Assistant Director of Nursing conducts the nursing process – assessment, planning, implementation and evaluation – under the scope of the State's Nurse Practice Act of Registered Nurse licensure. The position coordinates resource utilization, timely and appropriate care interventions, and interdisciplinary communication to enhance patient and family satisfaction, adherence to center's clinical systems, and regulatory compliance.

**Education:** Licensed as an RN in the state of Pennsylvania; BSN preferred.

### HCR Manor Care

To be a part of the team leading the nation in healthcare contact: HCR Manor Care Yeadon, 14 Lincoln Ave., Yeadon PA 19050 Phone: 610 626-7700 x 206 • Email: 572-hr@hcr-manorcare.com HCR ManorCare at Mercy Fitzgerald, 600 S. Wycombe Ave., Yeadon, PA 19050 Phone: 610 626-8065 • Email: 616-hr@hcr-manorcare.com

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Let's talk about the perfect schedule for you.

### **Hospice Admission** Liaison

Strong hospice knowledge and ability to develop and maintain customer relationships.

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WOC certification; home care experience a plus.

### Weekend Admission RN

Excellent per visit rate.

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Home care experience and NJ RN license required for all positions.

Call 856-552-1300, or send your resume to jobs@ moorestownvna.org, fax: 856-552-1307. EOE A/A

### we're looking for REMARKABLE PEOPLE.

A leader in the healthcare industry, Genesis HealthCare is now hiring in the Kennett Square, PA, area.

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or email

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### COMPASSIONATE CARE HOSPICE

Do you want to be a part of an incredible team, and make a real difference in your community?

> Compassionate Care Hospice a CHAP/Medicare certified agency is seeking dedicated individuals to fill full and part-time positions in Philadelphia, Bucks, Montgomery, Chester and Delaware Counties including:

- FT Pediatric Case Manager
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- Runners

We offer excellent salary, mileage, and supportive team environment. Interested candidates should fax their resumes to Kathy at 215-245-3540 or email

kmoskowitz@cchnet net

EOE

### Home Care & Hospice RNs

### **Full-Time**

1 + years of med/surg experience & computer skills necessary. Competitive salary, 401K, tuition reimbursement, paid mileage.

Visit www.npvna.org/careers.html for more details. Fax resume to 215-855-1305 or e-mail to HR@npvna.org

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Celebrating our North Penn 90
Visiting Nurse Association 90th year! Making a difference in the community...vesterday, today and to

EOE 51 Medical Campus Dr

### ATTENTION RNs & LPNs

Do you believe in unity, respect, compassion and healing? Wouldn't you like to work somewhere that values that, too? Then Saint Joseph Villa is the place for you!

The Villa is a non-profit long-term care facility sponsored by the Sisters of Saint Joseph. We offer:

- · A scenic location
- (only 30 min. from Northeast Philadelphia!)
- a beautiful facility
- excellent C N A to resident ratio!
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- Pool All Shifts

### Contact Information:

Kathleen McKenzie Director of Nursing Saint Joseph Villa 110 W. Wissahickon Avenue Flourtown, PA 19031 Phone: 215-248-7862 Fax: 215-248-7889

Email: radeckel@stjosephvilla.org Saint Joseph Villa is an EOE

www.stjosephvilla.org

### RNs/LPNs

You are cordially invited to our Open House to be held from 12p to 5p, Wednesday, January 28th, 2009 at Frankie's World Day Care...a Division of MARS 1011 Poplar Street Philadelphia, PA 19123 Talk to us about the adult and pediatric positions available in the Greater Philadelphia area MARS - Mid Atlantic Rehab Services, Inc. 743 N. 24th Street, Philadelphia, PA 19130

### RNAC

215-236-5924

Montgomery Rehab Center seeks a full-time RNAC with 2 years experience preferred in SNF/LTC environment for an SNF located in suburban Wyndmoor, Montgomery County.

Interested candidates should forward their resume to the NHA via fax to 215-233-6858 or e-mail to clubking@montrehab.com

WOMEN'S AND CHILDREN'S HEALTH

### Onsite Neonatal Partners seeks qualified RN

To perform newborn hearing screens at Chester County Hospital location. Part-time position. Training provided. Experience with newborns required. Interested candidates should e-mail resume to:

KWalker@onsiteneonatal.com

### **SHIFT CHANGE**

### Crossword

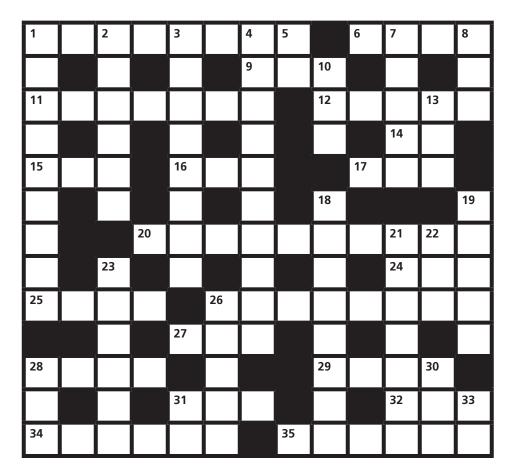
### BY MYLES MELLOR

### **Across**

- 1. Omega 3 source
- Substances high in omega 3 (goes with 28 across)
- 9. Obtain
- 11. Caring for the ill
- 12. Dieter's problem, when expanding
- 14. Expression of relief
- 15. \_\_\_ nutshell
- 16. Middle ear effusion
- 17. Type of bandage
- 20. Relating to the physical structure of the body
- 24. Major group for nurses
- 25. Natural lenses
- 26. Comfort feature on a chair
- 27. "\_\_\_ alive!"
- 28. See 6 across
- 29. Diagnostic test
- 31. Pouch
- 32. Dog doc
- 34. Personal codes of conduct
- 35. Yellow fruit

### Down

- Yeast infection treatment
- 2. The throat, for example
- A healthy form of exercise
- Breakfast cholesterol reducers
- Dover's state



- 7. Kind of artery
- Menopausal symptom (goes with 19 down)
- 10. Lung number
- 13. That girl
- 18. According to Greek myths a substance that gave eternal life
- 19. See 8 down
- 21. Nutritious starch which is the source of tapioca

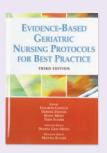
- 22. Picnic invader
- 23. Patient's concern
- 26. First cervical vertebra
- 28. Loneliest number
- 30. Napoleonic marshal
- 31. Greensboro location
- 33. Tantalum, for short

Answers in the CAREER OPPORTUNITIES Section

# HEALTHCARE SHOP

for Gear, Gadgets & Gifts







### **Tools for Geriatric Care**

**(** 

A Embrace Your Elders Button Celluloid button with safety pin back. Measures

3" in diameter. *Item #04281* Your Price: \$1.29

Limited Quantities

### B Evidence-Based Geriatric Nursing Protocols for Best Practice, Third Edition

Published by the Springer Publishing Company, 2007 (hard cover, 763 pages). The protocols discussed represent "best practices" for acute care of the elderly as developed by nursing experts around the country. *Item #06569* Your Price: \$75.00

### © Harvey Surgical Corporation Golf Putter Cane

Gold-plated solid-brass handle, maple shaft, and rubber tip. Measures 36" in length. Made in USA. Item #05213

List Price: \$35.99 Your Price: NOW \$29.99

### Harvey Surgical Corporation Adjustable "Offset Imprints" Cane

Hypalon grip with aluminum shaft, locking nut, wrist strap and rubber tip. Adjusts from 30" to 39". Made in the USA. *Item #05216* 

Your Price: \$19.99

### Harvey Surgical Corporation Granite Series Folding/ Adjustable Cane

Granite-tone aluminum folding shaft with woodgrained derby handle, clear plastic storage case and rubber tip. Adjusts from 33" to 37". Made in the USA. Item #05214 Your Price: \$19.99

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### **(A)** Women's Touch Contrast V-Neck Top

70% polyester / 30% rayon with two front patch pockets, side vents, back elastic, inset dickey, elasticized smocking, and contrast trim on v-neck band. 27%" length. • Slim fit \*Sizes: XS-3XL.

Choice of: Ceil/Navy, Royal/Black. Item #08589

**Your Price:** \$22.99 XS-XL; \$24.99 2XL; \$26.99 3XL

### ® Women's Touch Flat Front Trouser

70% polyester / 30% rayon with flat front waist, darts, wide leg, back elastic, side vents and two side access pockets with pocket-in-pocket feature in right pocket.

pocket-in-pocket feature in right pocket.
Classic fit *Sizes: XS-3XL (31" inseam).*Choice of: Black, Ceil, Royal.
Item #08588

**Your Price:** \$24.99 XS-XL; \$26.99 2XL; \$28.99 3XL

### © Women's Touch Mock Wrap Top

70% polyester / 30% rayon with two front pockets, side vents and back elastic. 27" length.

Classic fit Sizes: XS-2XL. Choice of: Azalea, Black, Chocolate, Navy, Turquoise, White. Item #07762 Your Price: \$21.99 XS-XL; \$23.99 ZXL

### • Women's Touch Contrast Tie Top

70% polyester / 30% rayon with two side-angled pockets, contrast trim at hem and contrast tie back. 26" length.

Classic fit Sizes: XS-2XL.

Choice of: Navy/Azalea, Azalea/Black, Black/Azalea, Chocolate/Turquoise, Turquoise/Chocolate, Ceil/Navy, Royal, Black. Item #07760

### Your Price: \$21.99 XS-XL; \$23.99 2XL

### © Women's Touch Drawstring Cargo Pant

70% polyester / 30% rayon with two slash pockets, side cargo pocket, back pocket, and back elastic.

Classic fit

 Slim fit – a formfitting cut that flatters slimmer silhouettes. We recommend ordering one size larger than usual for the most comfortable fit.

> Sizes: XS-2XL (31" inseam). Choice of: Navy, Azalea, Black, Chocolate, Turquoise, Ceil, Royal. Item #07761

Your Price: \$23.99 XS-XL; \$25.99 2XL

OLIVE PINK ROSE PURPLE JADE OPAL VIOLET CRÈME GREEN TANGERII



### © Women's "Daisy" Empire Waist Border Top

Polyester / cotton poplin blend with soil release with two side angled pockets, empire waist, set-in waistband with back ties, daisy appliqué on waistband, embroidery bordering the front hem. 26" length. 
Classic fit *Sizes: XS-2XL*.

Choice of: Black/White Embroidery, White/White Embriodery.

Item #08596

**Your Price:** \$21.99 XS-XL; \$23.99 2XL

### © Women's Julius & Friends™ "Healthy Heart" V-Neck Tunic

Brushed polyester / cotton poplin blend with soil release with two front patch pockets, cell phone pocket, side vents, and solid black trim along the neckline, sleeves, and cell phone pocket.

26' length. ■ Classic fit

**Sizes:** XS-2XL. Item #08599

Your Price: \$23.99 XS-XL; \$25.99 2XL

### H Women's Flare Leg Pant

Polyester / cotton poplin with soil release, cargo pocket and contrast piping. • Classic fit

Sizes: XS-XL (31" inseam).
Choice of: Black, White, Chocolate,
Navy, Blue Mist, Red, Olive, Pink
Rose, Purple Petal, Royal Blue,
Jade, Opal, Violet, Crème Brulée,
Green Glow, Tangerine, Ceil.
Item #04026

**Your Price:** \$19.99

### ① Women's Studio B Collection "Lumiere" Embroidered Wrap Top

55% cotton / 45% polyester with two front patch pockets, empire waist with elastic, and merrow-edged stitched ruffles along the neckline, sleeves, and hem. 26" length.

Classic fit

Sizes: XS-2XL. Color: Pink Rose. Item #08612

**Your Price:** \$24.99 XS-XL; \$26.99 2XL



# 

### ◆ Women's Studio B Collection "Suzette" Empire Waist Top

100% cotton with two patch pockets, cell phone pocket, empire waist, back elastic waist, side vents, print trim along neckline, and stretchy contrast knit at front top bodice, back yoke, and sleeves. 26" length.

■ Classic fit Sizes: XS-2XL. Item #08605

**Your Price:** \$23.99 XS-XL; \$25.99 2XL

### Women's "Studio B" Collection "Marseille" Empire Waist Top

100% cotton with two front angled pockets, keyhole neckline, empire waist, back ties, side slits, and contrast novelty stitched banding along the neckline and empire waist 261/4" length.

Classic fit

**Sizes:** XS-3XL. **Item #08611 Your Price:** \$21.99 XS-XL; \$23.99 2XL; \$25.99 3XL





**Scrubs** 

### © Women's "Studio B" Collection Embroidered V-Neck Top

55% cotton / 45% polyester with two side angled pockets, empire waist, darted bodice, adjustable back ties, all-over embroidery, and a front inset. 26" length.

Classic fit Sizes: XS-2XL. Color: White. Item #08606

**Your Price:** \$22.99 XS-XL; \$24.99 2XL





### **©** Women's Kathryn "Leo" Mock Wrap Top

100% cotton with two front patch pockets, side slits, adjustable front ties. and sky blue trim along neckline, sleeves, and front ties. 25" length. - Classic fit Sizes: XS-3XL. Item #08677 Your Price: \$22.99 XS-XL; \$24.99 2XL; \$26.99 3XL



### Women's Bridgette "Bangladesh" Top

100% cotton with two front slash pockets, ruffle accents along the neckline and sleeve edges and a contrasting orange blossom front tie with two flower-shaped bead accents. 26" length. ■ Classic fit **Sizes:** XS-XL. **Item #08682** Your Price: \$28.99



### M Women's Madison "Sweety" V-Neck Top

100% cotton with two hidden side pockets, tie-back sash, and contrasting fuchsia sash and neckline trim. 24½" length. ■ Classic fit

Sizes: S-XL. Item #08691 Your Price: \$20.99



### **W** Women's Kathryn "Zebra" Mock Wrap Top

100% cotton with two front patch pockets, side slits, adjustable front ties, and fuchsia trim along neckline, sleeves. and front ties. 25" length. - Classic fit Sizes: XS-3XL. Item #08679 Your Price: \$22.99 XS-XL: \$24.99 2XL: \$26.99 3XL



### Women's Emily "Sunflower" Ruffle Mock Wrap Top

100% cotton with two side access pockets with elastic detail, shirred elastic back and ruffle accents along the neckline, empire waist and sleeve edges. 24" length. • Slim fit Sizes: XS-3XL. Choice of: Coral, Apple Green, Ceil Blue, Orchid. Item #08690 Your Price: \$24.99 XS-XL; \$26.99 2XL; \$28.99 3XL



### N Women's Audrey "Eden" Square Neck Top

55% cotton / 45% polyester twill with two front patch pockets, short sleeves, tie-back sash, and solid color sash and neckline trim. 25" length. • Classic fit Sizes: XS-3XL. Choice of: Steel/Pink with Pink trim and sash, Black/Ruby with Black trim and sash, Black/ White with Black trim and sash. Item #07665 Your Price: \$21.99 XS-XL; \$23.99 2XL; \$25.99 3XL



### Women's Kathryn "Giraffe" Mock Wrap Top

100% cotton with two front patch pockets, side slits, adjustable front ties, and orange blossom trim along neckline, sleeves, and front ties. 25" length. ■ Classic fit Sizes: XS-3XL. Item #08678 Your Price: \$22.99 XS-XL: \$24.99 2XL:



### Women's "Dream Rose" Kathryn Mock Wrap Top

100% cotton with two front patch pockets, side slits, adjustable front ties, and pink trim along neckline, sleeves, and front ties. 25" length. ■ Classic fit Sizes: XS-3XL. Item #08695 Your Price: \$22.99 XS-XL; \$24.99 2XL; \$26 99 3XI



### Women's Audrey "Kimono" Square Neck Top

100% cotton with two front patch pockets, tie-back sash, and solid coral sash and neckline trim. 25" length. ■ Classic fit Sizes: XS-3XL. Item #08692 Your Price: \$23.99 XS-XL: \$25.99 2XL: \$27.99.3XI

### PWomen's Lindsey Multiple

**Pocket Pant** 55% cotton / 45% polyester soft twill, six pockets, multineedle stitching, drawstring waist and D-ring attachment. Classic fit Sizes: XS-2XL (31" inseam). Choice of: Cocoa. Royal Blue, Pink, Sky Blue, Iris, Ruby, Steel, Apple Green, Navy, Ocean, Orange Blossom, Orchid. Strawberry. White, Black, Ceil, Aqua. Item #04814 Your Price: \$25.99 XS-XL; \$27.99 2XL





### Women's Karlie Drawstring Pant

55% cotton / 45% polyester with two front pockets with pocket-in-pocket feature and two back pockets and elastic waist. Classic fit Sizes: XS-3XL. (Approximately 31" inseam). Choice of: Iris, Cocoa, Navy, Orchid, Steel, White, Black, Aqua, Coral, Ceil. Item #07680 Your Price: \$25.99 XS-XL; \$27.99 2XL; \$29.99 3XL



### **Shop By Occasion: HEART HEALTH AWARENESS MONTH**

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### (A) Women's Sandwashed Collection "Puppy Love" V-Neck Top

100% cotton with two front patch pockets, and one hidden pocket. 28" length. • Relaxed fit Sizes: XS-2XL. Item #08640 Your Price: \$21.99 XS-XL; \$23.99 2XL

### **B** Cherokee Women's "Tweety Valentine" Mock Wrap Top 100% cotton with two front patch

pockets. Classic fit Sizes: XS, M-2XL. Item #03391 List Price: \$24.99 XS, M-XL; \$26.99 2XL Your Price: NOW \$19.99 XS, M-XL; \$21.99 2XL

### © Peaches Women's "Valentine Pets" Crossover Top

100% cotton with 2 front pockets, set-in sleeves, and side slits. Classic fit Sizes: L-XL. Item #06008 List Price: \$21.99 Your Price: NOW \$14.99

### **©** Cherokee Women's "Universal Love" Snap Front Warm-Up Jacket

100% cotton with two patch pockets, one cell phone pocket, long sleeves, and elasticized self cuffs. 273/4" center back length. - Classic fit Sizes: XS-3XL. Item #08602 Your Price: \$19.99 S-XL; \$21.99 2XL;

### © "One Life, One Heart – Support Women's Heart Health" Poster

Heavyweight premium luster photo paper suitable for framing. Shipped in protective tube. Reusable. Measures . 18"x 24". *Item #0854*7 Your Price: \$14.99

(F) Women's "Take it to Heart - Women's Heart Health" Full-Zip **Embroidered Fleece** 

Wear

Red

Dav

Feb. 6

100% spun-soft polyester fleece, zippered front, two front zippered pockets, nonroll elastic cuffs, princess seams, and drawstring and toggles. 25" length. Classic fit Sizes: S-2XL. Color: Red. Item #09437

Your Price: \$29.99 S-XL; \$31.99 2XL

### @ Women's "One Life, One Heart" T-Shirt

100% preshrunk heavyweight cotton with double-needle hems and bound-on self-trim neck. 25" length. ■ Classic fit Sizes: S-2XL. Color: Frost Pink.

Item #08613 Your Price: \$16.99 S-XL; \$18.99 2XL

### (H) Koi Women's Bridgette "Scribbles" Short Top

100% cotton with two front slash pockets, short sleeves, ruffle accents along the neckline and sleeve edges and a contrasting ruby front tie with two flower-shaped bead accents. 26" center back length. - Classic fit

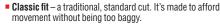
Sizes: XS-XL. Item #08685 Your Price: \$22.99

### ① Lunch Bag

600D polyester insulated with zipper closure, adjustable handle straps and front pocket. Measures 7" x 91/2" x 7"

Color: Red. Item #05574 List Price: \$14.99 Your Price: NOW \$12.99





 Relaxed fit – looser fitting for ease of movement and comfort. Our most generously sized cut.



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NEW

### Heart Cross Personalized Identification Badge

High-impact plastic with rounded corners and safety pin attachment. Measures 2" x 3".

Optional Attachment Upgrades: Bulldog Clip + \$1.00: Magnet + \$2.00. Item #03667

**Your Price:** \$6.99

Please allow up to 10 days for delivery while we personalize your name badge.

### Red Dress Pass-It-On Pin Set

Set of two pins with tack pin attachment. Measures 34" x 34". Includes a tear-off message card. Item #03611 Your Price: \$9.99

(Little Red Dress" Adhesive Notepad 3 pack. Each 4" x 6" pad contains 50 adhesive sheets.

Item #08731 **Your Price: \$5.99** 

### M Red Dress Mug

10-ounce capacity ceramic mug. Dishwasher safe. Microwave safe. Choice of: Black, White. Item #09038 **Your Price:** \$9.99

### N The Bendini® Heart Magnet

Measures 23/4" x 51/2". Man-shaped magnet with red heart and bendable PVC arms and legs.

Color: White. Item #08494 **Your Price:** \$7.99

### © Celluloid Button

 $2\frac{1}{2}$ " diameter metal button with safety pin back and laminated face.

Item #08648 Your Price: \$1.99

### P Lanyard Pen

6" plastic pen with removable 17" lanyard and breakaway feature. Item #05402 List Price: \$2.99 Your Price: NOW \$2.49

### Awareness Stethoscope

Shatter-resistant acrylic resin stethoscope with pink PVC tubing and ultra-sensitive acoustics. Comes with a lifetime limited warranty.

Color: Pink. Item #02331 Your Price: \$29.99

### ® "Curly Hearts" Stethoscope Cover

100% cotton. Measures 26" long. Item #09011 Your Price: \$9.99

### Stethoscope Cover

100% cotton knit with elastic gathered bottom and Velcro top. Machine washable. Item #06066 **Your Price: \$7.99** 

### TRed Dress Car Magnet

Car magnet measuring 4" in diameter. Item #03239 Your Price: \$3.49

### Retractable Badge Holder

Plastic with swivel bulldog clip on back. Extends up to 36". Item #03305

**Your Price:** \$4.99

### W Bling Heart Retractable Badge Holder

Plastic with rhinestone accents and swivel clip on back. Extends up to 30".

Choice of: Red (Item #06069) Choice of: Black (Item #09039). Your Price: \$5.99 Your Price: \$6.99

### W Red Dress Beaded Lanyard

Breakaway feature, magnetic closure and ID pouch. Measures 16" in length. Item #05087

Your Price: \$14.99



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