

Nightingale News

Lake Forest Hospital Spring 2019



A Note From Denise



Dear Nursing Colleagues,

Welcome to our inaugural issue of *Nightingale News* — a newsletter created to keep you informed on nursing-related news and activities.

This newsletter format has been adopted by Northwestern Medicine chief nurse executives to communicate the latest

news about exciting nursing innovations, accomplishments, care delivery and excellence in nursing practice. This replaces the CNE communication section on the Lake Forest Hospital Nursing Department page on NM Interactive and will be published three times per year (spring, fall and winter).

Our Nursing Department has so much to share. I am proud to announce that the nurse residency program under the direction of Shanel Martens, BSN, RN-BC, was accredited with distinction by the American Nurses Credentialing Center (ANCC) on Febuary 15. The talents of our new nurses, clinical nurses on all units, nurse leaders, nurse clinicians, advanced practice registered nurses, and nurses who support us in Quality, Infection Prevention, Patient Safety and Patient Experience are truly amazing and inspiring.

Our Magnet® writing team, led by Chris Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC, is fast at work writing the stories of all of your hard work that we hope will lead us to achieve our third Magnet designation in early 2020. The document is due to the ANCC on August 1, 2019.

For the first time ever, I am thrilled to announce that we have reached a milestone for Nursing at LFH: More than 80% of LFH nurses have a Bachelor of Science in Nursing (BSN)! This achievement is important, and it coincides with the Institute of Medicine's Future of Nursing report recommendation for all facilities to reach this goal by 2020.

I am so proud of all of you who juggle work, school and family responsibilities every day. You do it with such strength and grace. Our patients are grateful to be cared for by such skilled and compassionate professionals.

With deepest gratitude for all you do every day,

Denise Majeski, MSN, RN, ACM, NE-BC

Bernthal Family Chief Nurse Executive

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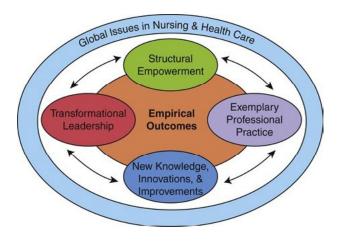
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MAGNET UPDATE

NM Academy Partners With LFH to Support Transformational Nursing Leadership

We are well on our way to our third Magnet designation and on track to submit our document to the Magnet appraisers for review on August 1, 2019. The stories of our impact on the four components of Magnet — Structural Empowerment; Exemplary Professional Practice; New Knowledge, Innovations and Improvements; and Transformational Leadership — are taken from nurses at all levels and different departments throughout the organization. We have so much to be proud of.



To continue to support our transformational nursing leaders, the NM Academy (the learning and development arm of Human Resources at Northwestern Medicine) recently began a partnership with Lake Forest Hospital Nursing to develop and pilot a nursing leadership Professional Development program. Sponsored by LFH Bernthal Family Chief Nurse Executive Denise Majeski, MSN, RN, ACM, NE-BC, and guided by an engaged Program Steering Committee, the curriculum is designed to advance our culture of excellence and engagement led by our nursing leaders. This six-month program aims to influence leadership effectiveness, team cohesion, communication, and effective support structures and networks.



Laura Meller, MS, APN, CNS-BC, director of Patient Care Operations at LFH, and Sarah Munin, manager of the NM Academy, lead a group discussion on the topic of establishing a shared team vision during a Culture of Excellence seminar.

The program leverages evidence-based learning methods, including individual development plans, self-assessments, seminar attendance, business simulations, mentoring circles, group reflection and open discussion. Leaders engage in a guided book club with their mentoring circles and support one another in achievement of their personal development goals as identified at the onset of the program.

We know that transformational leaders create a climate in which our nurses have higher levels of morale, job satisfaction and work performance, and we are committed to supporting the growth and development of our nursing leaders in new and innovative ways.

Karen Mahnke, MSN, APN, CNS-BC, NEA-BC

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HONORING NURSES INTERNATIONALLY IN MEMORY OF J. PATRICK BARNES

DAISY Award Winners

September 2018

Francesca De Leon, BSN, RN (E3)

October 2018

Charlene Thiel, BSN, RN (Maternity Services)

December 2018

Celerino Rivas, BSN, RN, OCN (Grayslake Infusion Center)

January 2019

Tina Cronologia, BSN, RNC-OB (Maternity Services)

March 2019

Armando Martinez, BSN, RN (Emergency Department)

April 2019

Tiffany Recana, BSN, RN, OCN (D3)

Academic Degrees

Susan Balling, MSN, RN, ONC (Infusion Center)

Master of Science in Nursing

Bess Bologeorges, BSN, RNC-OB (Labor and Delivery)

Bachelor of Science in Nursing

Katie Cruz, BSN, RN (PACU)

Bachelor of Science in Nursing

Rosalind Fyfe, BSN, RN (Infusion Center)

Bachelor of Science in Nursing

Julie Hunzinger, BSN, RNC-NIC (Mother/Baby)

Bachelor of Science in Nursing

Malgorzata Polanska, BSN, RN (Case Management)

Bachelor of Science in Nursing

Karen Policht, BSN, RN (Mother/Baby)

Bachelor of Science in Nursing

Nadya Valdovinos, MSN, RN, CEN, TNS (GEC)

Master of Science in Nursing

Professional Certifications (New)

Hanzel Ana, BSN, RN, CMSRN (D2)

Certified Medical-Surgical Registered Nurse

Nori Bennett, BSN, RN, CPAN (PACU)

Certified Perianesthesia Nurse

Amanda Boone, BSN, RN, CPN, CMSRN (E3)

Certified Medical-Surgical Registered Nurse

Arvin Bugtas, BSN, RN, CPN (E3)

Certified Pediatric Nurse

Mary Jo Cameron, RN-BC (Labor and Delivery)

Inpatient OB Certification

Frances Canales, BSN, RN, CMSRN (D2)

Certified Medical-Surgical Registered Nurse

Subymole Cyriac, BSN, RN, CMSRN (D3)

Certified Medical-Surgical Registered Nurse

Erica Emmerich, BSN, RN, CPAN (UCC)

Certified Perianesthesia Nurse

Diana Moberly, BSN, RN, MSCN (Neuro Infusion)

Multiple Sclerosis Certified Nurse

Lisl Nguyen, RN, ONC (D3)

Orthopaedic Nurse Certified

FY19 Nursing Accomplishments (Continued)

Lynn Nolan, MSN, NEA-BC, RN, CAPA (UCC)

Nurse Executive Advanced-Board Certified

Krista Peterson, BSN, RN-BC (Labor and Delivery)

Inpatient OB Certification

Joebert Sibayan, BSN, RN, PCCN (E3)

Progressive Care Certified Nurse

Kristina Sineni, BSN, FNP, RN, CPN (E3)

Family Nurse Practitioner

Chris Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC (Exceptional Practice)

Nurse Executive Advanced-Board Certified

Juliette Triebe, BSN, RN, CAPA (PACU)

Certified Perianesthesia Nurse

Matt Victorn, BSN, NE-BC, RN, CEN (ED)

Nurse Executive-Board Certified Certified Emergency Nurse

Jen Wijas, BSN, RN, CMSRN (D3)

Certified Medical-Surgical Registered Nurse

Speaking Presentations

Amy Barnard, MSN, APN, CCNS

There's an App for That: Improve Acute Stroke Transfers

National Association of Clinical Nurse Specialists Annual Conference, March 2019, Orlando, Florida

Nancy Nozicka, MSN, APRN, CCNS, CEN, and Mariellen Antman, APRN

Advanced Practice Nurses Align to Optimize Outcomes for Heart Failure Patients

National Association of Clinical Nurse Specialists Annual Conference, March 2019, Orlando, Florida

Shanel Martens, BSN, RN-BC

Partnering to Achieve PTAP: An Accreditation Preparation Success Story Told in Two Time Zones

Vizient/American Association of Critical-Care Nurses (AACN), National Nurse Residency Conference, March 2019, Orlando, Florida

Janelle Johnson, BSN, RNC-MNN

The Sweet Spot: Allowing Moms and Babies to Stay Together — Modification of the Hypoglycemia Protocol

Vizient/AACN National Nurse Residency Conference, March 2019, Orlando, Florida

Poster Presentations

Rosalind Fyfe, BSN, RN

READI Study Results

Northwestern Memorial Hospital Research and Evidence-Based Practice Symposium, March 2019, Chicago, Illinois

Victoria Frazier, BSN, RN

Get Up and Go! Early Ambulation in Postoperative Patients (Winner of Best Poster Award)

Northwestern Memorial Hospital Research and Evidence-Based Practice Symposium, March 2019, Chicago, Illinois

Shanel Martens, BSN, RN-BC

Getting Your Arms Around It — Developing a Residency Curriculum Review Tool

Vizient/AACN National Nurse Residency Conference, March 2019, Orlando, Florida

Karen Mahnke, MSN, APN, CNS-BC, NEA-BC

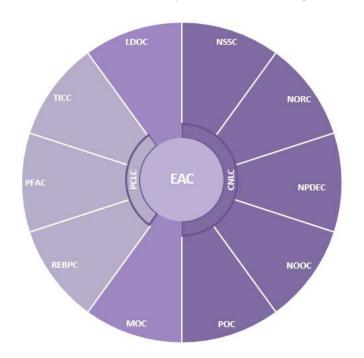
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SHARED LEADERSHIP

At Lake Forest Hospital, Shared Leadership in the Nursing Department has been in place for more than 10 years. While the structure of our model has evolved over the years, its core functions have not. Our Shared Leadership model continues to support clinical nurses in extending their influence about decisions that impact their practice, work environment, professional development and self-fulfillment.

Shared Leadership promotes open relationships between staff and management, and our model has expanded to include an inter-professional focus to enhance these relationships and influence as well. If you have questions or are considering joining one of these councils, contact Rachel Dahm, BSN, RN, Clinical Nursing Leadership Council chairperson, at rdahm@nm.org.

FY19 Shared Leadership Decision-Making Model



Abbreviation	Council Full Name
EAC	Executive Advisory Council
MOC	Managers Operations Council
LDOC	Leadership Department Operations Council
PCLC	Patient Care Leadership Council
TICC	Technology and Internal Communications Council
PFAC	Patient and Family Advisory Council
REBPC	Research and Evidence-Based Practice Council
CNLC	Clinical Nursing Leadership Council
POC	Practice Operations Council
NOOC	Nursing Onboarding and Orientation Council
NPDEC	Nursing Professional Development and Education Council
NORC	Nursing Outreach and Recognition Council
NSSC	Nursing Staffing and Scheduling Council

Core Council Descriptions

Practice Operations Council (POC)

The purpose of the unit-based Shared Leadership Council is to achieve exceptional patient care and staff work environment at the unit level. The POC chair serves as the unit's representative on the CNLC.

Leadership Department Operations Council (LDOC)

The LDOC is an inter-professional unit department leadership council that develops and ensures targets are met for the quality plan/department scorecard for the department, unit or service line.

Executive Advisory Council (EAC)

The EAC is an advisory council to the chief nurse executive (CNE), and is comprised of directors with direct or indirect reporting relationships to the CNE. This council has responsibility to develop and lead the Nursing Department through transformational leadership, and to provide exceptional patient-centered care within a relationship-based care framework.

Shared Leadership (Continued)

Manager Operations Council (MOC)

The MOC provides a forum to ensure that clinical and nonclinical managers have the needed education, tools, mentoring and access to information to successfully function in the manager role at LFH.

Supporting Council Descriptions

Clinical Nurse Leadership Council (CNLC)

The CNLC is a congressional model of nursing staff leadership where the chair of the nursing unit-based POC and reporting core councils come together to discuss issues related to nursing practice and the practice environment, and to review new evidence, best practice and metrics associated with the themes of the Nursing Strategic Plan.

Patient Care Leadership Council (PCLC)

The PCLC is a congressional model where ancillary and support services partner with Nursing representatives, core councils and operational leaders to identify and drive improvements that support the inter-professional decision-making model and advance the work of the Nursing Strategic Plan.

Technology and Internal Communications Council (TICC)

The TICC's function is to establish/implement a standardized approach to ensure that end users are aware of appropriate use of the electronic health record and internal communication devices to support safe and effective hospital operations. This council works closely with the Clinical Communications Oversight Committee to ensure potential issues are vetted, prioritized and addressed.

Patient/Family Advisory Council (PFAC)

The PFAC enriches the partnership between patients, families and hospital/Nursing leadership. This council serves to promote and enhance patient- and family-centered care.

Research and Evidence-Based Practice Council (REBPC)

The REBPC provides a forum to assist the Nursing Department in promoting/coordinating nursing/inter-professional research and evidence-based practice, and quality/process improvement at LFH.

Nursing Outreach and Recognition Council (NORC)

The NORC promotes and recognizes nursing excellence, advances the image of LFH nurses and partners with community outreach to improve the health and wellness of the populations served.

Nursing Professional Development and Education Council (NPDEC)

The NPDEC leads the Nursing Department through the promotion of new knowledge. Using an evidence-based practice approach, the NPDEC leads annual evaluation of the Professional Practice Model and structural framework for the Nursing Department and drives patient education initiatives to support the Nursing Strategic Plan.

Nursing Onboarding and Orientation Council (NOOC)

The NOOC provides an evidence-based standardized organizational orientation/onboarding program for all new Nursing staff, including technologists, hired at LFH and Grayslake.

Nursing Staffing and Scheduling Council (NSSC)

The NSSC identifies trends and considers global staffing and scheduling-based initiatives that improve patient care and employee morale through staffing and scheduling means, equitability and nursing practice.

New in FY19

Night Shift POC

The Night Shift POC was implemented as a response to night shift staff who asked for a forum to address issues specific to night shift work. This inter-professional council has been a huge success. Between 20 to 30 night shift staff members attend the meetings, which are held at 0200 (**yes, that's 2 am**)!

Rachel Dahm, BSN, RN

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WHAT YOU NEED TO KNOW

Patient Throughput Initiative at LFH

Since opening the new Lake Forest Hospital in March 2018, patient admissions and occupancy have steadily increased. While we planned and built for a replacement hospital, a roughly 20% increase in admissions from last year has left many of us feeling stretched in our beautiful new facility. Patient throughput is being explored from different angles to identify short-term and long-term solutions.

The New England Journal of Medicine defines "throughput" as "the movement of patients through a healthcare facility. It involves the medical care, physical resources and internal systems needed to get patients from the point of admission to the point of discharge, while maintaining quality and patient/provider satisfaction." In other words, throughput involves coordination among all elements of LFH — not just a focus on individual departments.

What is LFH doing to address our capacity issues? The biggest initiative involved implementing a Real-Time Demand Capacity (RTDC) program to match anticipated bed demand daily with available bed capacity during the vital hours of 8 am to 2 pm, Monday through Friday.

Throughput Director Bob Costello leads these efforts to increase our patient discharges before 2 pm to help decrease the delays we experience with patient placement later in the day. This involves a daily RTDC bed meeting at 8 am with the throughput director, Nursing Operations leader, diagnostic areas, therapies, Dietary, Environmental Services, Transportation and department charge nurses working together to develop defined plans to address the timing of patient tests, discharges and admissions. To keep it fun, weekly awards are distributed to units to recognize high performance or to motivate those with lower prediction accuracy.

Other implemented short-term solutions include:

- The E1 Observation Unit was expanded to include seven additional rooms for patients to be placed when there are no beds available on the inpatient units. These rooms have been updated to enhance the patient and staff experience.
- Cardiology testing services have been expanded.
- Alternative care locations (hallway spaces) were implemented and enhanced. These are locations that



can safely be used on the inpatient units to place patients temporarily as they wait for a bed on the unit to become available.

- A Discharge Lounge was implemented for patients who have been discharged but are waiting for a ride. The lounge is located on the first floor in Pavilion F (across from the chapel) and is open from 8 am to 6 pm, Monday through Friday. It is staffed by a concierge.
- The peak census protocol was redefined to allow for earlier leadership notification in times of patient surge.
 This allows all departments to implement specific interventions to improve patient flow.

Our Executive Team is also evaluating different potential long-term solutions that may include:

- Optimizing our Grayslake campus to include using the Grayslake Clinical Decision Unit to allow for care for Observation status and/or Pain Clinic patients in that location
- Adding up to two additional pavilions, expanding our procedural platform over the loading dock or adding a third story to Pavilion A
- Planning for a parking deck on campus

We recognize that adding beds on campus will take some time, which is why our short-term focus is to drive efficiency in our operations.

Bob Costello, Project Director, Patient Throughput

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LFH Meets Future of Nursing Report Recommendation

In 2010, a formal list of recommendations was set forth by the Institute of Medicine (IOM) to answer the nation's most pressing questions about the future of health care and the strategic needs for the profession of nursing. As an advising group, the IOM looked forward to 2020 and considered how the profession of nursing could best prepare for the future of health care.

One of the top eight recommendations included implementing nurse residency programs. In 2010, it was predicted that the healthcare environment would change rapidly, the patient care delivery models would shift, and we would be on the brink of a projected nursing shortage while seeing both the total number of patients and acuity of patient needs rise. All that has happened. So here we are on the brink of the once-looming 2020 deadline to achieve some of these important goals.

The LFH executive leadership team took the recommendation seriously and invested financially into implementing a structured one-year nurse residency program designed to support new graduate nurses as they transition from students to nurses. LFH implemented the Vizient/ American Association of Critical-Care Nurses (AACN) Nurse Residency Program (NRP) in 2014, and over time, it has become a strong program with remarkable outcomes.

In the five years since implementation, the program has grown and met significant milestone markers, including:

- Supported the growth and development of 100 new graduate nurses
- Mentored 54 evidence-based practice (EBP) review initiatives
- Impacted employee engagement at the unit level, bringing positive culture change
- Improved first-year retention of new graduate nurses, which rose to 100% for the last two fiscal years
- Developed clinical leaders at the bedside, where more than 50% of all residents completing the program are in some form of leadership at the unit level by years two and three
- Saw the first resident alum present her NRP EBP review/ LADDER project at the national Vizient/AACN conference
- Disseminated best practices for residency program design at local and national conferences

The biggest milestone yet was achieving accreditation of our residency program from the American Nurses Credentialing Center's Commission on Accreditation in Practice Transition Programs in February 2019. Not only did we meet the 65 standards for accreditation — we did it with distinction. The



Shanel Martens, BSN, RN-BC, Program Manager Exceptional Practice



From left to right: Paulina Deren, BSN, RN (ED); Priscilla Ancheta, MS, RN (GEC); Paige Robbins, MS, RN (ED); Mary Jo Cameron, BSN, RN (LDR); John Ter Louw, MS, RN (ED); Jowita Szczypka, BSN, RN (Postpartum/SCN); Sarah Coughlin, MS, RN (LDR); Kerry Wanner, BSN, RN (Float Pool); Kim Nhol, RN (D3); Kara Even, BSN, RN (E3); and Susan Estrada, BSN, RN (E3)

appraisers reported the following elements of our program to be noteworthy:

- Incredible leadership support of the program and engagement at all levels of the organization toward meeting the residency program overarching goals
- Inclusion of creative and innovative teaching-learning strategies that engage adult learners and make residency fun
- Partnering to provide support and mentoring for residents beyond their first year as they pursue professional goals

Shanel Martens, BSN, RN-BC

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NURSING SPOTLIGHT

Breast Health Nurses Embrace RBC

Breast Health nurses at LFH and Grayslake have embraced RBC and exemplify the true meaning of RBC in practice. The relationship with their patients and families is core to their role.

These nurses spend countless hours caring for, educating, reassuring and coordinating care for thousands of women who are patients in our breast centers. They work to ensure strong, coordinated relationships with colleagues, such as radiologists, surgeons, ultrasound technicians and registration staff, to provide a seamless experience for patients.

They also recognize the importance of caring for themselves to help them manage the stresses of their unique profession. The team engages in stress management activities, balances



Catherine Schorn, BSN, RN (GL-Woman's Imaging)

work and family demands, and remains engaged within our Nursing Shared Leadership structure.

Chris Somberg, MS, APRN-CNS, ACNS-BC, NEA-BC

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RESEARCH

LFH Stroke Program Coordinator Is PI for New Study

The purpose of nursing research is to generate new knowledge that can impact nursing. In other words, nursing research strives to identify the evidence we can then use to expand the science of nursing to improve the care of individuals, families and communities.

Amy Barnard, MSN, APRN-CNS, CCNS, CEN, Wood-Prince Family Stroke Program coordinator at LFH, has been involved with a stroke survivor support network called Stroke Survivors Empowering Each Other (SSEEO) for years. Barnard recognized that the impact of a stroke extends far beyond the hospital stay, so stroke survivors from SSEEO worked with Barnard to implement post-discharge phone calls to patients as a method of support as part of the Stroke Survivor-to-Survivor (SS2S) program.

After conducting these calls for a couple of years, Barnard was curious about their impact, so she did a literature review to see how much information was published. She discovered that there was not much.

She recently received approval from the Research Feasibility Council to serve as the LFH principal investigator for a

multisite research study involving attempting to quantify benefits of post-discharge supportive phone calls to patients/families affected by stroke. The central question she is attempting to answer is, "Does the SSEEO SS2S program improve access to health care, resources, social support and self-management skills (short-term program outcomes)?"

The American Heart Association's Center for Health Metrics and Evaluation, on behalf of the SSEEO SS2S program, will lead the overall study. Three hospitals will be part of the research — two that follow the SSEEO SS2S post-discharge supportive call program and one that does not.

Barnard is excited about this study and sees it as a perfect avenue to continue to improve the lives of patients after they are discharged. She recognizes that the continuum of care for patients following stroke lasts a lifetime and that we need to have evidence-based programs in place that contribute to their health and well-being long after their acute illness.

Amy Barnard, MS, APRN-CNS, CCNS, CEN, Wood-Prince Family Stroke Coordinator

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SAFETY

ICU Committed to Safety Always Through Structure and Innovation

The LFH ICU is committed to patient safety and is participating in a national effort designed to reduce central line-associated blood stream infections (CLABSIs) in hospital ICUs. Funded by the Agency for Healthcare Research and Quality (AHRQ), the AHRQ Safety Program for Intensive Care Units: Preventing CLABSI and CAUTI builds on best practices learned through the Comprehensive Unit-Based Safety Program (CUSP).

The ICU team is led by Megan Oakford, MSN, RN, CCRN, and Giovanna Lindsay, MSN, APRN, FNP-BC, and comprised of clinical nurses, the ICU medical director, advanced practice providers, Infection Prevention and the Venous Access team. It evaluated the communication flows of key team members during inter-professional daily rounds in the ICU and discovered they lacked structure and standardization.

This led the team to develop an ICU checklist for ICU interdisciplinary rounds to include questions that address

device appropriateness and to promote the use of evidencebased practice for patients. Ultimately, the implementation of the checklist is intended to result in a reduction of the use of central lines, which would reduce associated infections.

Nursing is also partnering with the LFH Lab Department to pilot the innovative PIVO device. PIVO, developed by Velano Vascular, is a single-use, disposable device that enables consistent, high-quality blood samples from indwelling peripheral IV lines, allowing hospitals to reduce reliance on repeated needle sticks and central line access for blood collection.

We are excited to see the impact of these two initiatives as we continue our quest and commitment to safety and work to eliminate CLABSI.

Karen Mahnke, MSN, APRN, CNS-BC, NEA-BC

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RELATIONSHIP-BASED CARE

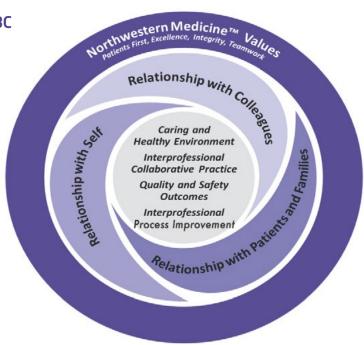
LFH Inter-professional Practice Model Based on RBC

Anchored by our Northwestern Medicine values and supported by the tenets of Relationship-Based Care (RBC), our Inter-professional Practice Model guides Lake Forest Hospital nurses in demonstrating excellence in nursing practice, exemplary quality outcomes and an environment that fosters Shared Leadership and decision-making. These are the components that make LFH a twice-designated Magnet organization for nursing.

Each Northwestern Medicine hospital uses RBC as the foundation for professional practice. There are three core relationships in RBC:

- Relationships with our patients
- Relationships with our colleagues
- Relationships with ourselves

It is our belief that our focus on nurturing and growing each of these relationships will help us reach the goals of our Nursing Strategic Plan.



Karen Mahnke, MSN, APN, CNS-BC, NEA-BC

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PATIENT EDUCATION

Expanded Patient Education Resources at LFH

Lake Forest Hospital helps nurses provide quality, evidencebased education to patients and their family members by making many resources available.

Krames

Krames provides paper documents, available in Epic, that can be either printed or attached to a patient's after-visit summary. Many Krames materials are offered in multiple languages and can be customized with patient-specific information.

Emmi programs

Emmi® web-based multimedia programs take complex medical information and make it easy to understand for patients at all phases of their care, including outpatient, pre-hospital, inpatient and post-discharge.

C.A.R.E. channel programming

This programming is offered to LFH patients and staff to provide a healing environment both at LFH and when the patient returns home. These therapeutic programs bring comfort to patients, family members and staff by reducing stress and anxiety; promoting relaxation; decreasing pain; and creating a healing environment. LFH staff and patients have access to three C.A.R.E. channel products:

- The C.A.R.E. channel can be found on channel 76 and provides patients with continuous relaxing music with picturesque nature scenes, 24/7.
- C.A.R.E with guided imagery can be found on channel
 50 and provides patients with guided imagery programs
 that have been shown to reduce anxiety, stress and pain.
- **C.A.R.E. Connect** is a web-steaming version of C.A.R.E. programming that creates a healing environment at home.

Stratus video interpreting

This service is available on iPads to allow video language interpretation between patients and clinicians. The service combines face-to-face interpretation with the convenience and accessibility of using an iPad, allowing staff to educate patients and families in their preferred language.



From left to right: Samtha Lazzara, RN (E2); Jake Forsman, BSN, RN (E2); and Stephanie Ryan, RN (E2).

Custom education brochures

These brochures are developed with content experts, a patient education coordinator and branding for specific education needs not covered by our patient education resources. This content is reviewed annually for updates.

Teach-back learning module and resource tip sheets

These are provided on the LFH Patient Education page to help staff use patient education tools most effectively.

All of the resources described here have been instrumental in helping continue to provide comprehensive patient care and to impact the lives of patients and their family members.

One patient said, "I never understood COPD before, but I was able to watch the [Emmi] videos and learn what I needed to do as maintenance therapy. I am excited to view the Emmi videos at home and have my boyfriend watch them so that he can help care for me. I loved one of the videos so much that I viewed it three times because I finally understood COPD."

Expanded Patient Education Resources at LFH (Continued)

The wife of a patient with heart failure told us that she shared with her family the heart failure video assigned in the Emmi transition program. Through the video, family members finally understood the disease and came together to plan a heart-healthy Easter meal to celebrate together. The patient's wife said, "Thank you for giving me back my husband."

If you have questions on these or other patient education resources, see the information on the LFH Patient Education Department page or contact Peggy Funk, BSN, RN-BC, Patient Education coordinator, at pfunk@nm.org.

Peggy Funk, BSN, RN-BC, Patient Education Coordinator

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Nursing Resources

Nightingale News Home Page

Health System Collaboratives