

# RIDDLEMATTERS

A Publication of The Riddle HealthCare Foundation Fall, 2011



**Barb Kurtz and The Birthplace:** Putting Families First with a Commitment to Teamwork and Advanced Care

**New Telemetry Unit:** Improving Patient Care, Reducing Wait Times

**Sister Act:** For the Mallons, Service to Riddle Runs in the Family

**Up All Night:** An Inside Look at the Night Shift in Riddle's Emergency Department



**Riddle Hospital**

Main Line Health

Well ahead.™

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## Riddle Matters

Fall 2011  
Issue 4.2

*On the Cover: Shane and Grace Wolff carefully  
pick flowers for Barb Kurtz at Wolff's Market*

Riddle Matters is published by The Riddle  
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## Riddle Named a Top Performer by The Joint Commission



Gary L. Perecko



Thomas A. Bruder, Jr.

**A**s Riddle prepares to mark the five-year anniversary of our affiliation with Main Line Health in February, we have a lot to celebrate—most notably our recognition by The Joint Commission as a top performer in clinical quality performance areas including heart attack, heart failure, pneumonia and surgical care.

Riddle was in the top 14% of hospitals nationwide—one of only 20 hospitals in Pennsylvania and six in the Greater Philadelphia region—to be included on this list. Needless to say, we are honored to receive this recognition, but more importantly it is indicative of the skill, knowledge and commitment of our entire clinical team.

Most importantly, it is good news for our patients.

And there's more! The articles in this issue celebrate all that is great about Riddle Hospital—the people, the superior care and the spirit of giving:

**The Birthplace**—Riddle Hospital recently achieved the Health-Grades Maternity Care Excellence Award for 2011! Why? Our Birthplace families know and now they're giving back. See page 3.

**Telemetry Unit**—For more than 50 years, The Associated Auxiliaries have stepped up to support some of Riddle's most important projects. No exception here—story on page 4.

**Sister Act**—Their mom set the example and now the Mallon sisters continue a family legacy of support and love for Riddle—page 6.

**Up all Night**—In this issue, we highlight staff on the night shift in the Emergency Department.

**Focus on Philanthropy**—Three great stories about giving back and investing in superior patient care.

Enjoy this issue and thank you for all that you have done and continue to do for Riddle. Your support does make a difference.

Gary L. Perecko, FACHE  
President, Riddle Hospital and  
The Riddle HealthCare Foundation

Thomas A. Bruder, Jr.  
Chairman, The Riddle  
HealthCare Foundation

# Barb Kurtz and The Birthplace: *Putting Families First with a Commitment to Teamwork and Advanced Care*



*Josh Mancini, now a young adult, visits the NICU isolettes with his parents, Linda and Jim.*

Nearly 20 years ago, Riddle’s Neonatal Intensive Care Unit (NICU) became a second home for the Mancinis of Aston when their son Joshua was born three months prematurely.

**T**hat once-tiny preemie is now a college freshman, but the memory of those anxious 113 days in the NICU remains vivid for his dad, Jim Mancini. After visiting Joshua each day, Mancini often would stop by on his way to work nights in Delaware. Whatever time he showed up, he was struck by the extraordinary level of care and concern that every nurse showed for him, his wife, and son.

“You are talking about your child’s life and learning to trust people to watch over him when you can’t be there,” Mancini said. “The NICU nurses became our extended family during that time.”

“Family” was the same word Kim Wolff of Media chose to describe her more recent experience when having her son and daughter at The Birthplace in 2007 and 2009. While their births were fairly routine, the care was anything but.

“I truly felt like I was among family—that’s how incredibly personalized and supportive the care was,” Wolff recalled. “The nurses made me feel as if I was the only person they had to care for. When I talk to friends who have given birth elsewhere, I know my experience was special.”

The experience of these two parents and thousands like them is testament to the leadership of Barb Kurtz, RN, MSN, nurse manager of The Birthplace for the last 18 years. Kurtz joined Riddle as a labor and delivery nurse in 1982, and what has kept her here for nearly three decades is the same feeling that impressed the Mancinis and Wolffs.

**“When I talk to friends who have given birth elsewhere, I know my experience was special.”**

“The group that I work with is outstanding. We feel like we are a family caring for people,” Kurtz observed. “I have never seen a better group of nurses: the way they give care, how sincere they are, how they want to do their best, always.”

Kurtz felt drawn to labor and delivery nursing by the example of her mother, a nurse who worked at Taylor Hospital in Ridley Park. She recalled how her mother especially loved newborn nursing and never gave up hope on the most premature infants, despite their low odds of survival in the 1950s. After starting her own career in a gynecologic surgery unit at another hospital, Kurtz noticed an ad for a night shift labor and delivery nurse at Riddle, applied, and was hired.

The opportunity to lead presented itself 11 years later, when the hospital reorganized the obstetrical unit and renamed it “The Birthplace.” In The Birthplace, expectant mothers and their family members would stay in one place for the entire birthing process instead of moving for each stage—labor, delivery, recovery, and postpartum care. The nurse manager at the

**“I have never seen a better group of nurses: the way they give care, how sincere they are, how they want to do their best, always.”**

time tapped Kurtz to lead The Birthplace while she would handle the new Neonatal ICU, which was added so that infants with medical problems could receive the high-level care they needed. By the mid-1990s, Kurtz had become nurse manager for both.

“These changes were so exciting—such a family-centered concept was revolutionary at the time,” she said. “I could see where there was opportunity for improvement and I wanted to be part of making it happen.”

Kurtz has never been one to stay satisfied with the status quo—for herself, her staff, or her unit. She

earned her bachelor’s and master’s degrees while working full-time at Riddle, adding her certification in inpatient obstetrical nursing in 1989. She takes pride in the fact that 80 percent of The Birthplace and NICU nurses are now certified in inpatient obstetrical nursing or neonatal intensive care. This percentage is unusually high in healthcare.

“I believe that education is the most important thing and we each have our own personal responsibility to take that on,” she said. “Certification shows patients that nurses are committed to staying current on the latest literature and processes in their field. Whatever the newest thing is, they’ll know about it.”

Staying current also means taking time to learn about best practices from your peers. In 2008, Kurtz and several colleagues



*Fran and Kim Wolff gather in the family market with children Shane (3) and Grace (1).*



**Gloria Rojack, RN—Associate Degree, RNC, in her role as a staff nurse in The Birthplace, checks in on a new mom and baby under her care.**

worked with the University of Pittsburgh Medical Center’s Magee-Women’s Hospital to emulate their success in creating a “Condition O” team to respond more rapidly to obstetrical emergencies [see *Riddle Matters*, Fall 2008]. This March, Main Line Health also partnered with Beth Israel Deaconess Medical Center in Boston to learn about a teamwork training program used by its perinatal unit to make care safer, prevent errors, and improve communication. Kurtz and a team from The Birthplace took part in the trainings and brought the program back to Riddle. New initiatives include twice-daily *board rounds*, where Birthplace staff members meet in a specified place to discuss the needs of every patient; and pre- and post-procedure briefings that bring the clinical team together before each procedure to talk about the patient’s situation and what is expected, and again afterwards to discuss what went well and what might have been improved.

These initiatives may be new, but the focus on teamwork and communication is not: Kurtz noted that her goal in leading The Birthplace and NICU has always been to build a culture in which staff members collaborate

***“I joined The Birthplace over six years ago and two years later I earned my certification in inpatient obstetrical nursing. The Birthplace really encourages education and advancement. This is not just a job, but an ongoing commitment to your patients. It all starts with Barb and the level of respect she fosters here. She has a high standard but she holds herself to the same standard, and she is always raising the bar.”***

*Gloria Rojack*

**“Certification shows patients that nurses are committed to staying current on the latest literature and processes in their field. Whatever the newest thing is, they’ll know about it.”**

well, speak openly, and put patients’ needs first.

“If you asked any of my staff what is my most important focus, I think they would say teamwork: providing care in an evidence-based model and working together hand-in-hand,” she said. “It’s about mutual respect. You have to establish the trust of the staff to allow you to lead them in that direction.

“I’ve stayed at Riddle for 29 years because of the people,” she added. “We have raised each other. You come to work, everyone knows each other and their families. The doctors are our friends. You simply have to work closely with each other in this specialty or you can’t give the kind of care patients deserve.”

## **Giving Back: The Birthplace Advisory Committee**

A few years ago, The Riddle HealthCare Foundation and The Birthplace approached several parents about serving on a committee to help make The Birthplace even stronger. A core group of about ten parents—including Jim Mancini, Kim Wolff, and the Greskoffs and Sinkinsons, who started the Johnny’s Night fundraiser in honor of NICU “alumnus” Johnny Greskoff—now work closely with Barb Kurtz and her staff to raise awareness and funds for The Birthplace.



***Birthplace Advisory Committee member “J” Jacobs with his daughter Reagan at the NICU reunion in May.***

“For me it was a no-brainer in light of the care my son received and the way I was treated there,” said Committee Chair Jim Mancini. “I wanted to get involved and give back.”

Committee members are spreading the word at community events such as Super Sunday in Media, and they recently organized a NICU Reunion Day for former patients. Fundraising efforts include bake sales, an event at Iron Hill Brewery, and the annual Johnny’s Night at Penn Oaks Golf Club. These ensure that The Birthplace and NICU have the resources to provide an even better experience for families. Recent purchases have included a rocking chair for the NICU, sleep chairs for dads, a crib for NICU babies who outgrow their bassinets, and developmental positioning devices for neonates.

# New Telemetry Unit

*Improving Patient Care, Reducing Wait Times*



**M**arianne Collins, RN, MS, and Kathy Warren, RN, MBA, first met in the early 1970s when they were just starting their careers as Riddle staff nurses. Today, Collins serves as director of Nursing Operations, Volunteer Services, and Patient Advocacy, while Warren is president of The Associated Auxiliaries and works part-time as a pre-admission testing nurse. Though nearly 40 years have passed, both have sustained their commitment to helping Riddle provide excellent care. Both played a key role in the project now transforming 3 East from a multi-function “overflow” unit into a 16-bed telemetry unit—an addition which will ensure that area residents can get the high-level care they need right here at Riddle.

**“We knew we had to look beyond the walls of the ED to address this issue. We also knew we had to make sure patients could get the appropriate level of care in the shortest amount of time.”**

*(L-R) Marianne Collins, Eileen Phillips, Kathy Warren and Diane Beatty working together to meet the needs of patients at Riddle.*

On a telemetry unit, all patients' heart rates and heart rhythms are monitored electronically, with the information transmitted to a central nurses' station. Such close monitoring is critical for patients who have chest pain, a suspected stroke or heart attack, pneumonia, or other potentially serious conditions.

Unlike patients in an Intensive Care Unit (ICU), who are monitored at the bedside, telemetry unit patients are free to walk around as they are able, yet still remain under the watchful eye of nurses and physicians. Riddle has been operating with 14 ICU beds and 48 telemetry beds, but a few years ago Marianne Collins noticed a trend: When Riddle's Emergency Department (ED) was on divert, often it was because the telemetry beds were full. Patients already in the ED could wait many hours to get into a telemetry bed.

"We knew we had to look beyond the walls of the ED to address this issue," Collins said. "We also knew we had to make sure patients could get the appropriate level of care in the shortest amount of time. Getting more monitored beds here was important not only for patient care and patient and staff satisfaction, but also for maintaining our stroke certification and pursuing new certification as a chest pain center."

As a temporary solution, the hospital purchased portable telemetry equipment that could monitor ten additional beds. It made a difference and the decision was made to convert 3 East into a full-time telemetry unit. The project would involve not only purchasing the telemetry hardware and software, patient beds, and other

computer equipment, but also upgrading a unit that had been left unchanged for decades. For instance, a large central carousel designed for paper file charts had to be replaced with computer stations and work space for physicians and nurses, and a separate secure medication room had to be created. The total cost of the project was estimated at more than \$750,000.

Enter Kathy Warren and The Associated Auxiliaries, who learned about the need for the telemetry unit at their board meeting this past spring. Warren recalled how President Gary Perecko and former Vice President of Administration Jim Paradis presented the plans and asked if the Auxiliaries would fund one-third of the cost. The Auxiliaries had recently paid off their generous \$2 million pledge in support of the Emergency Department and were open to new projects.

"We knew this was important and within about 20 minutes we decided to fund the whole thing," Warren said. "Our goal is always to support projects that will help the hospital and make it a better place for patients and staff—especially nurses. Many of us in the Auxiliaries are RNs, and we're especially interested in empowering nurses to give the best possible care."

Construction began in late summer and continued through the fall of this year. "When the new telemetry unit opens in December, it will ensure that more area residents who come to the ED with cardiovascular issues or other serious illnesses can remain at Riddle and be monitored more quickly. And that is another important step in helping the hospital realize its vision," Warren said.

**"Our goal is always to support projects that will help the hospital and make it a better place for patients and staff—especially nurses."**

"We claim that we want Riddle to be 'the best place to give care and the best place to receive care,' and we really do stick by that," she noted.

# Sister Act:

*For the Mallons, Service to Riddle Runs in the Family*



*Alycia Mallon-Buhle (left) and her sister Nina Cruice sort merchandise in the Thrift Shop.*

In the late 1950s, Mary Ann Mallon was raising three daughters in Springfield when she recognized the need to have a hospital closer to home.

Mallon soon learned that many women in the community were working to raise funds for a new hospital in Media. Samuel Riddle had already designated the land and some money to build the hospital, but

the community had to raise more funds to make that vision a reality. From Rose Tree to Concord to Cheyney, local auxiliaries were forming quickly—17 in all—to organize an array of fundraising events: cocktail parties, band concerts, a horse show, and eventually the Riddle Country Fair.

**“We saw how mom’s life was enriched by her time at Riddle and yet how fulfilling it was for her to make such a difference.”**

Mallon first joined the Rose Tree Auxiliary, then started a new group in Springfield, and soon became president of The Associated Auxiliaries after Riddle Hospital opened. In 1964, when the fledgling hospital struggled financially and went into receivership, it was Mallon who rallied the Auxiliaries to help Riddle make payroll and stay afloat. A few years later, she became Director of Volunteer Services, and during her decade in that position she convinced many volunteers to join the Auxiliaries. Mallon served as co-chair of the Riddle Country Fair and chair of the Man O’ War Ball several times, and she remained active with the Auxiliaries until she passed away in 2008.

For Mallon’s daughters Nina Cruice, Alycia Mallon-Buhle and Duchess Wynn, their mother’s commitment to Riddle shaped their lives. Mallon-Buhle recalled helping her mother sell 50/50 chances for the Riddle Country Fair in front of the liquor store—a strategic choice on her mother’s part, as store patrons could not claim they had no money to spare! Cruice said she especially loved working at the fair each year with her sisters, other relatives, and friends. When their parents went

to a social event, usually it was some kind of fundraiser for Riddle. Looking back, Cruice and Mallon-Buhle appreciate the power of the example their mother was setting.

“Mom was instrumental in making sure we knew how important it was to give back to the community,” Cruice said. “Kids need to see that in their parents.”

Perhaps it’s not surprising that Cruice and her two sisters chose to follow in their mother’s footsteps by joining the Auxiliaries and leading numerous efforts to support Riddle. Duchess Wynn, who passed away in 2001, chaired the fair and ran the hospital’s Merry Token Gift Shop. Mallon-Buhle worked as a nurse at Riddle from 1975 to 1985 and then became active with the Auxiliaries, serving as president three years and currently as vice president. Cruice chaired the fair and became assistant manager of the Riddle Thrift Shop in the 1980s—and never left. She brings 30 years of experience to her present role as Riddle’s Director of Retail Operations, over-seeing both the Thrift Shop and the Gift Shop that her sister Duchess once ran. Cruice’s daughter and Mallon-Buhle’s daughter are both Auxiliary members as well. Cruice noted that her niece helped her set up the Facebook page for the Thrift Shop, recently voted “best thrift shop” in Delaware County by



**Mary Mallon, Women’s Board President, with husband Chuck circa 1970.**

the readers of *The Delaware County Daily Times*.

Much has changed since Mary Ann Mallon helped start the Auxiliaries in 1958. Today there are three Auxiliary groups and many women are busy with careers outside the home. But thanks to the Mallons and many other community members like them, the Auxiliaries’ total giving to Riddle has topped an impressive \$11 million, with nearly one-third of that—about \$3.5 million—coming from the Thrift Shop and Gift Shop. Over the years, these funds have made a critical difference in the quality of care available at Riddle. They have supported projects ranging from the cardiac care unit and monitors, to construction of The Birthplace and Outpatient Pavilion, to the more recent Nursing Excellence Fund and planned Emergency Department improvements.

“I think it’s important for people to understand that they don’t have to make a full-time commitment in the way that my mother and her friends were able to,” Mallon-Buhle said. “Whatever they can contribute is going to make a difference—large or small, it all adds up.”

“We really grew up seeing that you have to invest in your community—not just your hospital, but the schools and other organizations that make a community what it is,” noted Cruice. “You have to participate. Isn’t that what being a community is all about? It will only be as good as what you are willing to put into it.”

By putting so much of themselves into Riddle, the Mallons have played a pivotal role in meeting their community’s need for excellent health care.

# A Focus on Philanthropy Building Riddle's Future Together

## Fullmore Bequest

The Riddle HealthCare Foundation recently received a very generous bequest from the Estate of George and Janet Fullmore of Swarthmore. The Fullmores lived a long, vibrant life and decided to remember their community hospital with a gift of \$1 million. Their physician, Dr. Michael Shank, [see *Riddle Matters*, Fall 2010] regularly made house calls to the couple, as he often does for his older patients.

"Janet had a great, dry sense of humor and strong opinions about everything, including her care. She would oblige me by doing what I prescribed only after she was convinced it was mostly her idea," recalled Dr. Shank, "and

together they were a charming couple who loved Riddle Hospital very much."

Although they had no children of their own, they built a large 'family' of cousins, nieces and nephews along with a neighborhood network of friends. Animals, art and poetry were important themes in their lives and everyone knew that well.

Their dear friends and neighbors, Bill and Barbara "Bobbie" Morris, shared more than 50 years of good times with George and Janet. Recalling the Fullmores' feelings about Riddle Hospital, Mrs. Morris said, "They both had high regard for the hospital and enormous admiration for the care they received."

To officially honor the philanthropists for including Riddle Hospital in their estate planning and "giving back" so generously, the hospital has named the cardiac rehabilitation unit, located in Health Center 4, *The George and Janet Fullmore Cardiac Rehabilitation Center*.

**"Janet and George both had high regard for the hospital and enormous admiration for the care they received."**



*Dedication of The George and Janet Fullmore Cardiac Rehabilitation Center brought together (L-R) the legal team of Sally Lubberman, Legal Assistant, and Joe Lastowka, Esq; Gary Perecko, Riddle President; Dr. Michael Shank, Fullmore family physician; and Steve Derby, VP of Development at Riddle Hospital.*



*Pharmacists and nurses work together to promote medication safety. Patient Margaret McDevitt listens to explanations from Gloria Delconte, RPh, Pharmacist, and Emily Abbott, RN, before receiving her medication.*

### **Cardinal Health Grant**

Riddle Hospital serves a diverse community and yet within our service footprint, we have a concentration of more than 46,000 seniors. With this in mind, a *Journey to Geriatric Excellence* has been initiated and the hospital has invested in nursing education and re-designing protocols to meet the unique needs of the elderly.

A generous grant of \$28,000 from the Cardinal Health Foundation was recently awarded to The Riddle HealthCare Foundation to sustain this effort by enhancing the capacity of our hospital pharmacists to promote medication

safety and adherence for our senior patients. The grant will allow our pharmacists to receive the necessary educational training to achieve national board certification in geriatric pharmacy.

Additional training will help pharmacists to better understand and communicate with patients regarding issues and behaviors related to medication, including side effects, pain management, discharge readiness and care at home. By empowering our pharmacists with this expert knowledge, we expect to reduce adverse drug reactions, medication errors and readmission rates.

### **Therapeutic Hypothermia**

The Riddle HealthCare Foundation accepted a generous gift of \$10,000 from an anonymous donor this year with the intention of providing Riddle Hospital with life-saving equipment to develop a new protocol for cardiac arrest patients known as Therapeutic Hypothermia. This treatment is used after cardiac arrest to help prevent tissue damage in the brain after the return of spontaneous circulation. This protocol cools the body to a temperature of 32-34 degrees Celsius (91.4 degrees Fahrenheit) and is maintained for 24 hours.

Riddle assembled a multidisciplinary care team from the Emergency Department (ED) and Intensive Care Unit (ICU) to help build and implement a Therapeutic Hypothermia protocol that can be used with patients who meet certain clinical criteria and are eligible for this treatment. All staff from the ICU and ED received education regarding this complex and innovative treatment protocol using the latest evidence based recommendations. The generous donation from a former patient made the rapid implementation of this protocol possible by contributing essential equipment purchases.

# Riddle Events 2010-2011

## Man O'War Gala

The 52nd Man O'War Gala was held on April 16, 2011 at The Drexelbrook Event Center, honoring Jayne and Walter Garrison [see *Riddle Matters*, Spring, 2011].



*(L-R) Drs. Joseph and Melissa Hope, Molly and Brian Corbett*



*Eileen and Sam Dolente (back left), Ann and Joe Capista (front center), Don and Mary Ann Saleski (right)*

## Board of Directors Cocktail Reception

Held at The Overbrook Golf Club on October 23, 2011 and hosted by the Board of Directors of The Riddle HealthCare Foundation and Riddle Hospital, the event benefits the Nursing Excellence Fund.



*L-R: Dr. Ann Marie Brooks, Loan Vu, Terry Brooks, Janet Webb*



*Louise Hummel RN, Michael Burns RN, Barbara Brooks RN, Amy Sellitto RN, Patrick Hooper PCT, Patrick May RN, Renee Postles RN, Anne Gibbons RN, Dr. Ann Marie Brooks*



## Pro Am Golf Classic

The 29th Annual Pro Am Golf Classic was held on September 15, 2011 at DuPont Country Club. The event raised \$50,000 for The Comprehensive Breast Center at Riddle.

*The winning team at the Pro Am Golf Classic was sponsored by WAWA, Inc. and included (L-R): Rodney King (Pro), Anthony Augustine, Mark Agnew, Brian Propp, and Paul Hess.*

## Dr. Vakil Honored



*(L-R) Gary L. Perecko, President; Dr. Hassan C. Vakil; John J. Lynch, President & CEO of Main Line Health and Chairman of the Riddle Hospital Board of Directors; and Thomas A. Bruder, Jr., Chairman of The Riddle HealthCare Foundation, pause for a photo after the presentation.*

In September, Dr. Hassan C. Vakil was honored by the Board of Directors of Riddle Hospital for 30 years of service as Chairman of the Department of Surgery. Dr. Vakil, who began his medical career as a surgeon at Riddle in 1972, will continue his practice and devote more time to his role as a member of The Riddle HealthCare Foundation Board.

“Riddle has a great future and I will continue to work hard to take this message to the community and members of our medical staff. I have observed the vision and foresight of Main Line Health...the emphasis on patient safety, quality care, patient satisfaction and above all a team work approach,” Dr. Vakil said.

Dr Vakil and his wife, Virgie M. Vakil, Esq, will be honored at the Man O’War Gala on April 28, 2012.

### Save the Date

**Man O’War Gala**  
*Honoring Dr. and Mrs.  
Hassan C. Vakil*

April 28, 2012  
The Drexelbrook

*Benefits Associated  
Auxiliaries*

## Samuel D. Riddle Society Event



*(L-R) Bob and Doris Fischer, Theresa and Paul Murtagh*

The annual event was hosted by Theresa and Paul Murtagh on June 9 in their Upper Providence home to honor Samuel D. Riddle Society members. Guests included donors, Foundation board members, hospital administration and staff.



*Seated (L-R) Gary Perecko, Dr. Helen Kuroki, Marjorie Mattes, Colleen Sinkinson. Standing (L-R) Paul Mattes, Ed Sinkinson*

# Up All Night:

*An Inside Look at the Night Shift in Riddle's Emergency Department*



You come home from work with the same blinding headache you've had all day and start wondering, "Could this be serious?" You can't sleep due to nagging back pain, but you don't have a doctor's appointment until next week. Your toddler wakes up with a blazing fever and uncontrolled vomiting. Or your spouse taps you at 4 AM and says, "I'm having chest pains."

Chances are, you've faced a situation like this and turned to your local hospital's Emergency Department (ED) for help—perhaps to Riddle's. A hospital's Emergency Department is one of the few places that never sleeps. To get an inside look at the ED night shift, *Riddle Matters* sat down with four nurses and a physician who routinely work 7 PM to 7 AM:

- **Kate Horne, RN**
- **Regina Shanahan, RN**
- **Jaime Bartholf, RN**
- **Katie Carr, RN**  
*ED clinical coordinator*
- **Rebecca Pasdon, MD**  
*Emergency medicine physician*

### **In Riddle's ED, 7 PM is like high noon.**

There is no such thing as easing in to the night shift with some small talk or a cup of coffee. When these staff members arrive for work the ED is almost certain to be full.

“First there's the after-dinner crowd,” said Jaime Bartholf. “The waiting room is busy and all of the bays and hallway beds are full. By 1 AM we start to get caught up, but by 3:30 or 4 it picks up again. Nursing home rounds have started and often we get patients who were found to be in trouble or unresponsive.”

Those early morning hours between 2 AM and 4 AM also tend to be when local police arrive with drivers suspected of being intoxicated to receive testing. Victims of

sexual assault are often brought to Riddle's ED since several nurses are certified as Sexual Assault Nurse Examiners (SANE)—specially trained to examine victims and collect evidence.

Throughout the shift, these nurses and physician are apt to see any symptom you can imagine. Dr. Pasdon offered a partial list from the previous night: abdominal pain, shortness of breath, leg swelling, back pain, colitis, severe headache, even one patient who thought her contact was lodged in her eye.

**A hospital's Emergency Department is one of the few places that never sleeps.**



*In the early morning hours, Dr. Pasdon consults with Katie Carr AD, RN, CEN on patient charts at the ED flat screen.*

## The Night Shift: Quick Action and Teamwork

**A**t 6:30 AM I arrived in the ED for my morning huddle with the staff. The night nurses and physician were finishing up their 12-hour shift. I was about to round them up when paramedics arrived with a patient experiencing hip pain, slurred speech, and an obvious change in mental status. They suspected stroke. However, after taking a closer look, Dr. Rebecca Pasdon discovered that the patient, a 77-year old male with a history of heart disease and diabetes, also had an abdominal aortic aneurysm repaired in the past.

The clock was ticking as Dr. Pasdon tried to determine whether the patient's symptoms were more likely due to the failure of that aneurysm repair or to neurological damage from a stroke. I watched as each of the nurses gravitated toward that bay to lend a hand. What struck me was that one moment they were all in different areas of the ED, and the next they instinc-

tively knew there was a serious case that needed all of them. No one got excited, and no one had to yell or tell others what to do.

Based on her assessment, Dr. Pasdon decided to forgo any lab work and ordered a CAT scan—a move that literally saved the patient's life. Within 15 minutes, the scan showed that the repaired aneurysm was leaking, and Dr. Pasdon immediately notified the surgeon. By 7:24 AM the patient was on his way to surgery.

This is just one example of what I see happening on the 7 PM to 7 AM shift night after night. Since taking on the nurse manager role almost two years ago, I have watched the team of night shift nurses and physicians develop strong cohesiveness and the ability to anticipate each other's needs without being asked. In addition, they are top-notch professionals and no matter what, the needs of the patient come first.

*Riddle's ED Nurse Manager*



**You can never predict what will pass through the doors so you have to be ready to play the role of investigator.**

Dr. Pasdon and the nurses agreed that working nights means thriving on unpredictability and variety while coping with being awake as the rest of the world sleeps. For many patients, coming to the hospital in the middle of the night tends to heighten the sense of crisis. The team has to remain calm and focused as they work to distinguish true crises from more routine problems.

“We recently had a man in his 70s with back pain as his only symptom, but a CAT scan revealed he had a dissecting abdominal aortic aneurysm,” Bartholf recalled. “We had another with terrible neck pain while washing his hair. He too was found to have an aneurysm. So you really have to do some investigating before you make up your mind about what could be happening.”

In other cases, symptoms that seem quite serious at first turn out to be less so. The night before, the nurses treated a man with shortness of breath. Gradually they learned that he was a war veteran with a history of post-traumatic stress disorder who had been watching hours of coverage about the September 11th anniversary. When his tests came back normal, the staff concluded it was an anxiety attack.

**Dr. Pasdon and the nurses agreed that working nights means thriving on unpredictability and variety while coping with being awake as the rest of the world sleeps.**

“Really it’s about asking a lot of questions, and I’ve found that patients will tell you a little more every time,” said Kate Horne.

“In that case, we had to reassure the patient, ‘Your vital signs are fine, your oxygen is great, you can’t get any better than this, physically you’re OK,’” Regina Shanahan recalled. “Really we had to be investigators.

“We sometimes encounter a similar situation with patients who have bad headaches, which are common,” she added. “People are more educated and researching symptoms online, so they might fear it’s a stroke—and they are right to come to the ED to get checked out.”

That very night, Shanahan and Bartholf had treated a woman in her 50s who was concerned that her migraine could be a stroke and urged them to act quickly because “time is brain”—a saying that captures the importance of getting treated quickly to prevent permanent brain damage. Testing did rule out a stroke, but until they received the results the nurses took her symptoms quite seriously.

### **Working the night shift requires the right mix of self-reliance and teamwork.**

Dr. Pasdon and the nurses also pointed out that working the night shift requires a willingness to be a bit more self-reliant. The hospital floors are fairly quiet, with many specialists and clinical staff members on call rather than present on site.

“These are unique challenges of the night shift,” said Dr. Pasdon. “But I knew within two hours of my first rotation in emergency



*A patient is checked by Jaime Bartholf BSN, RN, during the night shift in the ED.*

medicine that this was what I wanted to do. I liked the variety and I liked the pace.”

The nurses said they have learned to trust their own judgment when the physician is busy with another patient. This often means ordering the lab work, EKG, or other diagnostic tests needed to make a diagnosis. At the same time, they have to be ready to drop everything and go when there is a patient with a traumatic injury or life-threatening illness. In these situations, self-reliance also means knowing how to rely on each other and work together as a team—more by instinct than by waiting for specific orders.

“It’s not unusual to have three urgent-to-critical patients at the

**“The nurses are motivated and capable, they are aware of their roles, and they are very good at communicating. I don’t have to ask them what to do—they just do it.”**

same time,” said Dr. Pasdon. “One night there were two patients who had overdosed on their medications. It was manageable because everyone pitched in to help. The nurses are motivated and capable, they are aware of their roles, and they are very good at communicating. I don’t have to ask them what to do—they just do it.”

The nurses noted that this team spirit is likely due to the fact that night shift members share a common bond and get to know each other quite well. This helps them build a level of cohesiveness that might not be possible otherwise. Several night shift nurses also have enrolled in a program offered by Main Line Health called Crucial Conversations, which trains people to speak more effectively in high-stakes situations.

### **The night shift is getting busier.**

The nurses observed that the night shift seems to be getting busier, and they are excited by the possibility of one day having a larger ED with more private rooms and a

Rapid Evaluation Unit for patients who are not seriously ill. In the meantime, they will continue doing what they love in the one place people can turn to in their moment of crisis.

“We truly are the only place for people to go in the middle of the night if they have a problem,” said Jaime Bartholf. “You have to expect anything to walk through that door.”

“I think that’s why we all do it,” added Katie Carr. “As common as some conditions may be, every person is just a little bit different. There is no such thing as a textbook patient. And that is what we love about the job. We get to be a jack-of-all-trades, caring for people of all ages with all conditions.

“I have been a nurse for 16 years but here at Riddle for only one year,” she added. “I’ve worked in the city, I was a flight nurse for PENNStar, I’ve been all over. I came back to this area because it is where I live and I am helping people in my own community.”

**The nurses observed that the night shift seems to be getting busier, and they are excited by the possibility of one day having a larger ED with more private rooms and a Rapid Evaluation Unit for patients who are not seriously ill.**



# Ways to Give

There are a variety of ways to support Riddle Hospital that provide you with the satisfaction of supporting its mission and securing certain tax advantages. The simplest form is to make your tax-deductible gift by check payable to "The Riddle HealthCare Foundation" and send it in the enclosed envelope.

Or make your secured credit card gift online at [mainlinehealth.org/riddlegiving](http://mainlinehealth.org/riddlegiving). Just click on (1) "Ways to Give," and (2) "Give Online NOW!"

Depending on your personal circumstances, you may want to consider other available options such as:

## Gifts of Securities and Other Property:

Gifts of appreciated stock, mutual fund shares or other securities can be a cost-effective way of supporting Riddle. Gifts of real estate, paid-up insurance policies or personal property are also welcome.

## Planned Gifts:

From a simple bequest in your will to a charitable gift annuity that provides valuable life-income, planned gifts offer the flexibility of providing for Riddle's future while addressing your personal and financial needs. They also provide current and future tax benefits.

## Matching Gifts:

You can increase the value of your gift by taking advantage of your employer's matching gifts program, if one is offered. Check with your human resources department, and enclose the matching gift form with your contribution.

## 2010-2011 Report to the Community

The Riddle HealthCare Foundation received more than \$1.7 million in cash to support programs and services at Riddle Hospital last fiscal year (July 1, 2010 to June 30, 2011).

In order to be better stewards of our resources, which include your charitable donations, we now list the full Donor Report online rather than in print. To view the complete list please visit [mainlinehealth.org/riddlegiving](http://mainlinehealth.org/riddlegiving), click on the 2011 Report to the Community.

Very special thanks to the very generous donors who have supported Riddle and helped us provide quality healthcare and superior service in order to promote the quality of life in our communities.

Please contact Ellen Grill at 484.227.4701 or [grille@mlhs.org](mailto:grille@mlhs.org) if you have any questions.

## Memorials and Tributes:

Remembering a loved one or honoring a friend, family member, physician or caregiver is a wonderful way to express your personal appreciation and support Riddle Hospital at the same time.

For more information on any of these giving options, please call Steve Derby.

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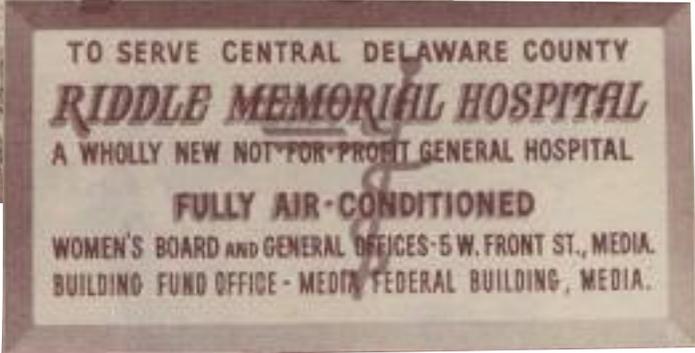
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### 50th Anniversary of Riddle Hospital

In these photos from our archives, we are given a rare glimpse back in time, when the bulldozers and concrete trucks arrived on the open field where Sam Riddle had envisioned his dream for a community hospital that would serve Central Delaware County. Soon steel girders were set in place and the work to complete a facility that featured *fully air-conditioned* rooms was set in motion. For the community, it was exciting to imagine a modern facility with all the latest equipment, well trained doctors and nurses, in a lovely setting and easy to get to. The future was bright for Riddle Hospital in April of 1961.

Looking ahead to Riddle Hospital's 50th Anniversary with great anticipation, The Riddle HealthCare Foundation and The Associated Auxiliaries will be researching history, interviewing staff, capturing patient stories, hunting for great photos and memorabilia, and planning for the big day in 2013! We welcome any help so please contact our offices if you can support the effort. Call 484.227.6286 and thank you!