Checking patients in for surgery on the PreOp Unit is a team effort. The patient meets a lot of new faces on the journey. Every staff member plays an integral part in maintaining patient flow into the operating room in a timely manner. Helping in that effort now are two Telemetry Transporters who work exclusively with the PreOp team to take patients from the PreOp bays to the ORs all day long.

“A bad day (in the past) was when we didn’t have Maria [Alvarado] and Reginald [Treadwell] if we were short staffed,” said Lisa Spencer, PreOp Unit Secretary. “They are awesome. They are efficient. They make us complete because when they take the patients to the OR, that gives us a chance to give more care and more time to the other patients and our other family members who are waiting.”

The addition of two transporters to the team was born to improve efficiency throughout the day in the OR, according to Nicole Hoke, Nurse Manager of PeriOp Operations.

“One of the areas of opportunity was when all of the minimal elements are completed in PreOp, on most occasions it took us greater than 10 minutes to get the patient from PreOp to their designated OR,” Hoke said. With the addition of the dedicated transporters the transport time per patient dropped to six minutes. “We dropped down four minutes,” Hoke said. “It has made it a lot more efficient. The nurses and nursing assistants are able to concentrate on checking a patient in. They don’t have to step out of the bay in mid-interview to take another patient to the OR. Everybody is able to work together as a team and get through the OR.

Please See “Transporters“ next page.
schedule in an efficient manner. They’re a huge help.”

The first transporters were assigned to the unit in July 2015. After an initial pilot the two transporters became dedicated team members. Reginald Treadwell and Maria Alvarado are currently the designated PreOp transport staff. Treadwell begins his day at 7 a.m. and Alvarado at 11 a.m. But other transport staff fill in occasionally.

These transporters don’t go to the floors to get the patients. They exclusively take the patients from PreOp after they are ready for surgery to the operating rooms.

“Working on this unit I transport more patients a day, but I don’t have to go on elevators or go to the patient floors,” said Treadwell. “On average, the other transporters will do six a day. Whereas because every patient comes here, I’ll do 20-something a day.”

Treadwell was cleaning leads on a heart machine, while preparing a patient receiving bay recently. He said he and Alvarado handle transports after first-case starts. Normally anesthesia transports first cases.

They also set up patient bays by making sure each has a stretcher with clean sheets. And they sanitize the equipment in each bay between cases.

They know a patient is ready to go to the OR by watching the Navicare screen. They will check in with the nurse before making an introduction to the patient.

“Hello. My name is Reggie,” Treadwell tells a male patient in a stretcher bed and his wife standing by his side. “I’m here to take you to the OR.”

He lets them kiss and say goodbye, completes a double check for patient identification and OR room, then he wheels the patient down the hall to operating room two.

Telemetry Transporter Anthony Rolleand who was working with Treadwell on this day in PreOp, said transporters handle a patient’s emotions in the short trip down the hall with a little humor or a little sensitivity, depending on the vibe they get from the patients.

“I think the only thing that we can do is reassure them that this hospital is the best place they can be,” Rolleand said. “Reassurance is probably the biggest tool that we have that this place is number one and this place is right for whatever you’ve got. In our own way, we all have the same kind of technique.”

PreOp staff say Alvarado has a special touch—that she has a gift for making the patients smile or laugh as she wheels them down the hall. Alvarado said it’s just her nature to want to make people feel comfortable:

“It’s a scary process that they are going through. They get nervous. Some of them have never had anesthesia. Some of them don’t know the outcomes. Some surgeries are more serious than others. So I just try to keep the patients laughing, smiling and calm.”

No one appreciates more the addition of the transporters to the PreOp team than the nursing staff. Nurse Maria Campbell who has been at the hospital for almost 11 years said in the past nurses would take the majority of patients to the OR:

“It was a lot to juggle, so we couldn’t give our full attention to the patient. We were always pulled away from the bedside to transport a patient to the OR, so we were interrupted a lot. We now have more time to do our job as a nurse. It gives us more time to focus on the patients and their families and make sure the chart is properly ready for the OR.”

Nurse Angela Henry also had positive things to say:

“I think they are very efficient at getting them back to the OR. They are such an important part to make the patient feel at ease. They make a big, calming impact on the patient. They’re very warm and some have a good sense of humor and that makes it really nice for the patient and the family.”
For almost 10 years, HUP has been recognized as a Magnet-accredited hospital that distinguishes us as a nursing center of excellence committed to high quality care to both patients and families, and recognizes our dedication to continuous improvement.

HUP was first designated as a Magnet institution in 2007 and was re-designated for a second time in 2012.

To maintain Magnet status, we are required to re-accreditate every four years by submitting a document that outlines how we continue to meet nearly 50 different Magnet standards.

Our Magnet 3.0 document was submitted on April 1, 2016 and is available on the nursing website for your review. In preparation for the appraiser site visit scheduled for August 29-September 1, take the time to read and learn where perioperative services are mentioned in the Magnet Document. A complete list of projects is also available on the nursing site. The Document is organized via narratives for 67 individual standards accessible via links on the left hand sidebars of each page; they are grouped into 5 sections accessible via tabs along the top of each page:

1. **Organizational Overview (OO):** provides contextual information about HUP

2. **Transformational Leadership (TL):** describes how the Chief Nurse, Nursing Directors, and other leaders work with clinical nurses to promote excellence

3. **Structural Empowerment (SE):** describes programs that support HUP nurses’ professional development

4. **Exemplary Professional Practice (EP):** describes how HUP nurses have strengthened clinical practice to improve patient outcomes

5. **New Knowledge & Innovation (NK):** describes how HUP nurses participated in research/evidence-based practice, strengthened practice with technology, and drove innovations in practice

This document highlights numerous achievements from nurses across the organization. It outlines how our nurses have shaped care delivery to improve patient outcomes, advance professional development, and innovate solutions to tough problems. With the site visit date quickly approaching, many opportunities are available to staff to become familiar with the Magnet Document content to prepare for the upcoming site visit. The appraisers will be meeting with staff during unit tours, at Magnet Meals, and at concurrent sessions with the Core Councils.

To view the entire document, insert link into web browser:

[http://uphsxnet.uphs.upenn.edu/hupnursing/magnetdocument/index.html](http://uphsxnet.uphs.upenn.edu/hupnursing/magnetdocument/index.html)

If you have any questions about the upcoming site visit or about the Magnet Document, please reach out to your Magnet Champions:

- **Endoscopy Unit:** EJ Collins and Meghan Campi
- **Ground White Second Stage Recovery Unit:** Emily Glowacki
- **Operating Room:** Santina Mazzola and Marc Goldfarb
- **PreOp:** Gayle Devine
- **PACU:** Colleen Stromberg
- **SurgiCentre:** Carrie Fredericksdorf
Ashley Fowler, a Facilitator with the Materials Service Partner team, said her job became a little easier in July with the launch of the new Clinical Engineering Self-Service Web Portal.

If a piece of equipment breaks, such as a boom, overhead surgical lights, a surgical table, or a sterilizer in Instrument Processing – she can ask for a service call by submitting a ticket online. The new Web portal is accessible to everyone on the homepage of the hospital’s intranet page.

“I just love it,” Fowler said. “Before we would have to make a phone call and hope that it was followed up on and recorded. Now I know that it is documented in the computer. Once I hit submit, I get an email back with my work order number. It’s automatically generated and sent back to me. So I have that work order number to call and ask for updates whenever I want.”

The launch of the self-service portal was designed to support the health system’s transition to employing its own staff to service biomedical equipment. The transition means the end to the service contract it had with Siemens for the past 15 years. The CE workshop has always been in the basement, Fowler said. The difference, Fowler said, is those technicians now work for the Hospital of the University of Pennsylvania.

“Now that they are under IS (Information Systems) there is a better data management system,” Fowler said. “It’s easier for them to look things up and track our work orders when we ask for help.”

Patient Shares Appreciation for Endo Staff

I just wanted to give you a little feedback on my experience with my procedure on Tuesday. From the moment the first nurse, (Jennifer Rosero, pictured left) took me to the back, to waking up in recovery, everyone was kind, courteous and very efficient. I know you all have some rough days in Endo, but everything ran very smoothly. Of course, like they always say, “the prep was the worst part.” LOL! So I just wanted to take the time to say thank you to you and your staff for taking care of me. Like you said, I was in good hands! - Patient
Meet Braxton Bray—Manager Anesthesia Support

Name: Braxton Bray
Title: Manager of Anesthesia Support Services
Department / division / group: PeriOperative Services

Tell me about your role as it relates to what you do for PeriOperative Services?

I manage a group of 25 anesthesia technicians who cover areas in the HUP ORs, Neuro Radiology, MRI, OB ORs, CT, EP/Cath Lab, Interventional Radiology, PCAM ORs, and PCAM Endo. So we always have a lot going on. My role is to make sure we are giving the best support we can to the anesthesia providers in all of the areas we cover.

Can you please describe a typical day?

I’m not sure that there is ever really a typical day at HUP. You never really know what you are going to walk into. I guess that’s the only thing you could say is typical. There is a lot of “putting out fires.”

What do you enjoy most about your job?
My favorite part of the job used to be trauma cases. I like working in that type of environment and watching how people work together in the room. That’s where you see what people are really made of and what they can do.

Since you began your role how has it evolved? What are your goals for the future of this position?

I haven’t really been in this role long enough for it to evolve yet. But, moving forward, I hope that I can help our team become more clinically involved. There are a lot of our anesthesia techs that have experience and skills that nobody really knows about and I’d like them to have a chance to show it off.

What is your leadership style? All I expect from people is for them to do their jobs and support each other; be a team. It’s pretty simple really.

What is your career background?
I was a Hospital Corpsman in the Navy. While enlisted I worked in the ICU at Naval Medical Center San Diego. When I got out I got a job in the OR at the same hospital as an anesthesia tech. I worked there for 3 years before getting certified and moving to Philly with my wife (Her family lives here). I’ve been at HUP for 5 years as of July 11th.

Tell about an incident or moment that drove you to your profession?
I honestly just fell into it. I always knew that I wanted to stay in the medical field but anesthesia tech just happened to be the position I was hired into at the hospital after I got out of the Navy.

Personal background:

What are you most proud of in your life?
I am most proud of my son, Lucas. He is 8 years old and he’s a great kid. I couldn’t be prouder of him.

What are your personal interests? What do you like to do outside of work in your free time?
I really like movies, sports, and being outside. I like to play softball with friends on the weekends and I try to go to the gym during the week when I’m not too worn out from work. Other than that, I just spend time with my wife, Lizzie, and our dog, Bella.

What would your colleagues be surprised to learn about you?
I grew up just outside of Kansas City, Kansas. A lot of my colleagues already know that, but the rest might be surprised.

What is the best piece of advice anyone has ever given you?
It’s actually a movie quote, but I like the message: “Never take life too seriously. You’ll never get out alive.”

How would you spend $500 if you couldn’t use it on yourself, your family or friends?
I would donate it to the Make-A-Wish Foundation. They do a lot of great things for kids.

Would you ever jump out of an airplane?
It depends on who packed the parachute.

This is Braxton Bray’s 8-year-old son, Lucas, and their dog, Bella.

Braxton Bray is pictured with his wife, Lizzie, and his son, Lucas.
Name: Katie Licata Deschaine

Title: Senior Application Manager, PennChart OpTime/Anesthesia and Radiant Department / division / group: Corporate Information Services

Site / location: 3001 Market Street

PeriOperative Services staff might not have a clear understanding of your role and responsibilities and how what you do impacts us. Can you please describe?

I currently manage the PennChart OpTime/Anesthesia team. In this role I partner with OR and Anesthesia leadership to prioritize requests for enhancements and implement new functionality. My team works closely with end users to ensure we are creating a product that best supports the needs of the ORs. Currently we are working on implementing OpTime/Anesthesia at Chester County Hospital, as well as updating the system to support the health system wide PennChart rollout.

Can you describe some examples of why/how when you interact with PeriOperative Services?

Much of my interaction with PeriOp leadership is through our twice-monthly OpTime Operational Meeting. This is where we prioritize new requests to the system and discuss project updates. I also meet frequently with various members of PeriOp to work on specific projects. Much of my interaction is with Dr. Jim Mullen, Dr. Eric Greenblatt, Carolyn Grous, Nicole Hoke, Ann Marie Morris, and Colleen Mattioni.

What is the best part of your job?

Working with PennChart I get to meet with people in all different roles across the health system. Every day is different for me and I often spend time at our hospitals and outpatient centers. Working with a variety of people on many different projects keeps my job interesting and exciting.

What kinds of days make you feel good about what you do?

I like to call these the “Aha! Days.” When we implement a new process or are able to work through an issue that solves a major issue and suddenly things are clearer and make sense. When we can see the system improve patient care or produce a report to help streamline operations, it makes me remember why I do what I do.

Since you began your role, how has it evolved? What are your goals for the future of this position?

I joined the OpTime team in January 2015 after managing another application within Corporate IS. The team has accomplished so much in that time, especially given the demands of implementing at a new hospital and having to do a lot of remediation work with the in-patient PennChart project. Right now we are starting to use OpTime in additional invasive areas. We are looking to expand the use of the product to streamline the way we capture information.

Can you tell me about an incident or moment that drove you to your profession?

I never thought I would work in IS or with computers in general. I was working as an ABA therapist for the South Carolina Early Autism Project and found navigating the clinical and financial world of healthcare to be extremely difficult, especially using the giant paper-based binders we used to collect data. When I stumbled across a position with an EMR (electronic medical records) vendor it seemed like a perfect fit. I could still work in healthcare, which was always my interest, and help make things more efficient for those gathering the information.

What is your leadership style?

In my role I try to build partnerships with those I work with. By using a collaborative approach, it builds respect and trust, which makes working together more productive. With my team members I try to empower them to make as many decisions as possible and feel as independent as they want to be.

What are your personal accomplishments besides degrees or certifications? What are you most proud of in your life?

You may have seen me around HUP with my dog, Robert. In 2014, we underwent a rigorous training program to have Robert certified with Therapy Dogs International. He passed his exam with flying colors and Robert is now a certified therapy dog. Robert is a member of HUP’s Pups and visits patients who have requested a therapy dog.

Please see “Katie Licata Deschaine” on page 8.
Meet Annette J. Terry — Information Services

**Name:** Annette J. Terry, RN, BSN, M Ed
**Title:** Lead OpTime/Anesthesia Analyst
**Department / division / group:** Information Services / PennChart / OpTime/Anesthesia
**Site / location:** 3001 Market Street, 4th floor

Can you please describe your role?
The PennChart OpTime and Anesthesia team has built and maintains the following: electronic documentation from case scheduling by the office, resident/provider, or Periop Services, perioperative clinical documentation, preference cards, charging, surgeon navigators, operative note templates, postop instructions templates, anesthesia clinical documentation, anesthesia reminders, procedure notes [with Dr. Eric Greenblatt as our clinical expert], to anesthesia professional billing (PB) with the PB team.

Can you describe some examples of how and when you interact with PeriOperative Services? I have biweekly Nursing Review meetings with PeriOp management and educators where any request to change or add new nursing build are reviewed and discussed. Also, have biweekly Operations Change Control meetings with PeriOp leadership to review all requests for change and new requests are discussed.

What is the best part of your job? Working with the PeriOp team, making it easier for the clinical staff to do their job, ensuring the workflow is not cumbersome, and educating our PeriOp staff.

What kinds of days make you feel good about what you do? I feel good when I have the clinical documentation built and approved, and moved into Production within a relatively short period of time; and when the technical build is completed with no major impact to current build. But I really like the days when Dr. Greenblatt says ‘it is OK to move into Prod, no more changes,’ and when Dr. Mullen agrees that an issue is resolved so it can be taken off of the Issue list.

Since you began your role, how has it evolved? What are your goals for the future of this position? Began as an OpTime/Anesthesia analyst in 2011 and moved to the Lead when everyone from the initial build team left [the only expert left]. Goal: To have the Phase 2 go-live as successful as our initial go-live and our move to one EMR (electronic medical record) relatively smooth.

Can you tell me about an incident or moment that drove you to your profession? My background is nursing and I enjoyed the challenge of being the Perioperative Educator. In 2005, I had coordinated the build for the HSM system and trained the Intraop nurses. It became apparent that Periop needed someone to manage the system and I was the only ‘expert’ at the time. I moved into the position of Perioperative Informatics Coordinator and brought up NaviCare in Periop prior to having NaviCare hospital-wide.

What is your leadership style? Collaborative, mentoring
What are your personal accomplishments besides degrees or certifications? Working at Penn Medicine for 30 years, starting out at Pennsylvania Hospital and now in Information Services.

What are you most proud of in your life? My kids

What are your personal interests or what do you like to do outside of work in your free time? Planning our annual family reunion, playing cards [pinochle – cards are always in the car], the Dirty-Girl Mud run, tending my plants, knitting/crocheting, reading, building clinical documentation, taking the dogs [TJ and Charlie] for walks, and starting to quilt.

Please see “Annette Terry” on page 8.
Katie Licata Deschaine—a proud member of “HUP’s Pups” where he visits patients who have requested a therapy dog. It is something that I love to do and find incredibly rewarding.

What are your personal interests or what do you like to do outside of work in your free time?
When I am not at work, my husband and I spend much of our time fixing up our house. We are in the process of remodeling our 1904 Art Museum area home! I also love to run. Most weekends you can find me and Robert running along Kelly Drive.

What’s the best piece of advice that anyone has ever given you?
The best advice I have ever received was always know who you are speaking to. In my role I work with so many different people with various levels of technology knowledge. It is my job to make sure I know my audience and adjust myself to make sure I am speaking in a way that makes sense to them.

Personal History:

Annette Terry from page 7

What’s the best piece of advice that anyone’s ever given you?
Enjoy the moments since this too will pass.

Personal History:
Pennsylvania State University, BSN
Temple University, M Ed
Born and raised in Wayne County, PA Lives in Lafayette Hill, PA Married Paul Demianovich in 1998. We grew up in the same area & started dating when I lost a bet. No I only bet when I know it is a definite win. We have 2 children, Valerie, age 17 [a senior] and Tom, age 15 [a junior].

Professional History:
9/85 – 8/91: PACU nurse
9/91- 12/94: Assistant Nursing Manager – PACU
1/95 – 10/05: Clinical Nurse Educator – Periop
10/05 – 1/11: Perioperative Informatics Coordinator
2/11 – present: OpTime/Anesthesia analyst

We met working at Epic in Madison, WI.

Professional History:
South Carolina Early Autism Project, Columbia, SC
Applied Behavioral Analysis (ABA) Therapist
Epic Systems Corporation, Madison, WI
Project Manager
Camden Coalition of Healthcare Providers, Camden, NJ
Health Information Exchange Program Manager
Yale New Haven Health System, New Haven, CT
Epic Users and Security Lead (Consultant with Nordic Consulting Partners)
ThedaCare Healthcare, Appleton, WI
Epic IT Project Coordinator (Consultant with Nordic Consulting Partners)
University of Pennsylvania Health System, Philadelphia, PA
Senior Application Manager - Epic OpTime/Anesthesia & Radiant EMR

Annette Terry, third from right in both photos, participates in the Dirty Girl Mudrun in Scranton every year with this team of friends from college days. This year they were joined by their daughters. Annette Terry’s daughter, Valerie, age 17, is second from right in the top photo and third from left in the bottom photo. The event held in May is a fundraiser for breast and ovarian cancer research.
Please Welcome The Following Employees:

Barbara Annunziata  
RN, SurgiCentre

Salvatore Calatozzo  
RN, Gateway

Liupa Fjorela  
RN, Gateway

John Wister  
Service Partner

Rachel Yates  
RN, Endoscopy

Diana Lim  
RN, Endoscopy

Maralyn Lupus  
RN, PreOp

Shelby Mandery  
RN, Gateway

Lidia Wilczynska  
RN, Gateway

Shachale Talley  
Surgical Support

Leah Morgan  
OR Technician, Gateway

Felicia Rodgers  
OR Technician, Gateway

Kara Saltamartini  
RN, Gateway

Anthony Soda  
RN, Gateway
Accolades to the Perelman PeriOp staff who cared for me July 1 during my surgery with Dr. Stephen Kovach. I was greeted by Artis Belton who could not have been more cheerful and pleasant. I discovered that I had worked in the same area with Linda Willis, my intake nurse, 25 years ago. Linda was very thorough and helped to relax me. I know that Dawn Nespor, Joan Llaneta and Jennifer Farrands not only had a warmed OR table for me, they assisted in getting me prepared for surgery and I know they kept things running smoothly after I was anesthetized by my nurse anesthetist, Meghann. Emily McGrath, who provided most of my care in the recovery area, could not have been more competent in providing my immediate post-op care. If I have left any staff out, please forgive me! I must make this last comment, before Dr. Kovach entered the OR, everyone in the room, myself included, was a nurse! I am so proud of that.

-Patient

Left to right: Joan Llaneta, Artis Belton, Jennifer Farrands, Dawn Nespor, Linda Willis and Emily McGrath.

Supply of Gel Bolsters at Six in Founders OR and Two in Ravdin

We now have six Gel Bolsters for Founders OR. They are numbered on the bottom of the bolster.

Care must be taken NOT to use sharp items around the bolsters.

Wipe down can be accomplished with Hydrogen Peroxide wipes. The bolsters are primarily located in the Neuro closet.

Ravdin Endo (34,35,36) has two Blue Bolsters marked RAVDIN. DO NOT TAKE these bolsters from this area.

Reminder to All That Fiberoptic Scope Cables Are Very Fragile

Laparoscope and endoscope cables are easily damaged if dropped on the floor or banged by another hard object. This can happen during an operation (usually setup or breakdown), transport, scope processing, etc. This damage (illustrated here) results in a nonfunctioning scope which has to be sent out for an expensive repair. Let us all try not to be careless when handling these delicate instruments. Thank you.

Please Use the TDOC Unit Number When Reporting an Issue With an Instrument Set

When reporting an issue with a set, please use the unit number printed on the label.

The unit number is a unique number linked to a transaction in TDOC that gives us the specific set and count sheet used to pack the set. Without this number, it becomes harder to ID which set was used.
Too many to name came out to wish Andrew Lum well at his surprise retirement luncheon July 8 in the Coslov Conference room. Lum is fourth from left.

PeriOperative Staff threw a surprise farewell luncheon for Andrew Lum Friday, July 8, in the Coslov Conference Room at the Perelman Center. Lum is pictured at left with his wife of 40 years, Dottie Lum. Lum, a surgical nurse at the SurgiCentre, has worked for the hospital for 20 years. His last day was the day of the party, July 8.
Please Share an Employee Recognition or Story Idea

Email me: anna.jones@uphs.upenn.edu; or call 215-662-6828 (office); 610-952-3209 (cell)

Anna A. Jones
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