

2008

# Nursing: Collaboration for Optimal Patient Care

Follow this and additional works at: <http://jdc.jefferson.edu/jss>

 Part of the [Surgery Commons](#)

[Let us know how access to this document benefits you](#)

---

## Recommended Citation

(2008) "Nursing: Collaboration for Optimal Patient Care," *Jefferson Surgical Solutions*: Vol. 3 : Iss. 1 , Article 3.  
Available at: <http://jdc.jefferson.edu/jss/vol3/iss1/3>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *Jefferson Surgical Solutions* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: [JeffersonDigitalCommons@jefferson.edu](mailto:JeffersonDigitalCommons@jefferson.edu).

---

## Nursing: Collaboration for Optimal Patient Care

"Service line" is a common phrase used in academic medical centers like Jefferson. "It improves system level performance for the clinical service by involving the right combination of people, processes, and technology to drive the best results for patients," says Mary Ann McGinley, PhD, RN, the Senior Vice President for Patient Services and Chief Nurse Officer at Thomas Jefferson University Hospital.

The Department of Surgery is fortunate to have a clinical administrator devoted to driving change in this way. Eleanor Gates, RN, MSN, the Hospital's Vice President of Neuro/Surgery and Trauma, also serves as the Director of Surgical Nursing.

**This collaboration has impacted all aspects of the surgical patient's experience, from operating room procedures...to dietary and pharmacy concerns.**

"My role is largely as a facilitator to accomplish our goals and outcomes," says Ms. Gates. She meets routinely with Surgery Department Chair, Charles Yeo, MD, and Florence Williams, Director of Clinical Operations for the Department (see *On the Job*, page 3) to evaluate the entire continuum of care for surgical patients: examining efficiencies, reporting on downfalls, and making recommendations. This collaboration has impacted all aspects of the surgical patient's experience, from operating room procedures and information systems to dietary and pharmacy concerns.

---

Ms. McGinley credits the Department of Surgery for fostering open communication and collaboration with the nursing staff through multidisciplinary educational forums and rounding with attending physicians. Ms. Gates adds that this has improved patient care.

Jefferson also employs clinical nurse specialists, who bring the best clinical practices into the patient's plan of care and additionally guide the more novice nurses. "Surgery's alliance with these clinical specialists, who become embedded with a given team of physicians, has been critical," Ms. McGinley explains.

This collaboration is reflected in a number of hospital initiatives, including:

- The Jefferson Rapid Response Team – which offers bedside care for the patient whose condition is at risk of rapid deterioration.
- Logging Critical Care Unit activities online, so that physicians can access vital signs easily.
- Creating teaching space in the Intensive Care Unit where attendings, residents, nurses, and students can evaluate cases.

"Surgery's commitment to areas beyond their traditional realms of responsibility — and the reciprocal interest of Nursing in the details of the surgical endeavor — have created a very successful partnership," says Ms. Gates. Ms. McGinley adds that "in many ways, this inter-departmental relationship is a model for the entire institution."

## Overview

**Charles J. Yeo, MD**

Samuel D. Gross Professor and  
Chair, Department of Surgery

The last several months have seen several important developments. On the clinical front, the Heart Transplant and Advanced Heart Failure Program has grown nicely, our liver transplant numbers are up, and Dr. Joseph Lombardi's team implanted the first Cook Zenith® Dissection Endovascular System in the U.S. to treat an aortic dissection.

Jefferson is now the #1 hospital in the tri-state area as regards volumes of complex pancreatic resection. We recently formalized the Jefferson Pancreas, Biliary and Related Cancer Center and hosted a national PanCAN Symposium on April 5th. Lastly, Dr. Hwyla Arafat received the Department's second NIH grant for her research into nicotine and its role in pancreatic carcinogenesis!

On the national front, we were well represented at the 3rd Academic Surgical Congress with seven presentations, ranging from vascular surgery, to alimentary tract diseases, to cancer. At the Southern Surgical Association, Dr. John Kairys presented regarding a decrease in cumulative operative experience during General Surgery residency, and Dr. Jonathan Brody presented results indicating that metastatic pancreatic ductal adenocarcinoma cells evade immune destruction through up-regulation of IDO.

Finally, we will welcome six unbelievably talented new categorical General Surgery residents this July. We did great in "the match."

## Clinical Integration



Eleanor Gates, RN, MSN and Mary Ann McGinley, PhD, RN lead the nursing component of recent collaborations with the Department of Surgery.

## Nursing: Collaboration for Optimal Patient Care

"Service line" is a common phrase used in academic medical centers like Jefferson. "It improves system level performance for the clinical service by involving the right combination of people, processes, and technology to drive the best results for patients," says Mary Ann McGinley, PhD, RN, the Senior Vice President for Patient Services and Chief Nurse Officer at Thomas Jefferson University Hospital.

The Department of Surgery is fortunate to have a clinical administrator devoted to driving change in this way. Eleanor Gates, RN, MSN, the Hospital's Vice President of Neuro/Surgery and Trauma, also serves as the Director of Surgical Nursing.

*This collaboration has impacted all aspects of the surgical patient's experience, from operating room procedures...to dietary and pharmacy concerns.*

"My role is largely as a facilitator to accomplish our goals and outcomes," says Ms. Gates. She meets routinely with Surgery Department Chair, Charles Yeo, MD, and Florence Williams, Director of Clinical Operations for the Department (see On the Job, page 3) to evaluate the entire continuum of care for surgical

patients: examining efficiencies, reporting on downfalls, and making recommendations. This collaboration has impacted all aspects of the surgical patient's experience, from operating room procedures and information systems to dietary and pharmacy concerns.

Ms. McGinley credits the Department of Surgery for fostering open communication and collaboration with the nursing staff through multidisciplinary educational forums

and rounding with attending physicians. Ms. Gates adds that this has improved patient care.

Jefferson also employs clinical nurse specialists, who bring the best clinical practices into the patient's plan of care and additionally guide the more novice nurses. "Surgery's alliance with these clinical specialists, who become embedded with a given team of physicians, has been critical," Ms. McGinley explains.

This collaboration is reflected in a number of hospital initiatives, including:

- The Jefferson Rapid Response Team – which offers bedside care for the patient whose condition is at risk of rapid deterioration.
- Logging Critical Care Unit activities online, so that physicians can access vital signs easily.
- Creating teaching space in the Intensive Care Unit where attendings, residents, nurses, and students can evaluate cases.

"Surgery's commitment to areas beyond their traditional realms of responsibility—and the reciprocal interest of Nursing in the details of the surgical endeavor—have created a very successful partnership," says Ms. Gates. Ms. McGinley adds that "in many ways, this inter-departmental relationship is a model for the entire institution."

## Resident Update

**Jefferson Expertise Applies Far and Wide**

Former Jefferson resident, Michael Rotondo, MD, has built an impressive career as an innovator, educator, and national leader in trauma and surgical critical care. Dr. Rotondo is extremely proud of his Jefferson training, which carried on the meticulous surgical tradition of Dr. Samuel D. Gross.

He subsequently completed a fellowship in traumatology and surgical critical care at the University of Pennsylvania, where he and his colleagues introduced the groundbreaking concept of "damage control" surgery in 1993.

Now Professor and Chairman of the Department of Surgery at The Brody School of Medicine at East Carolina University, he continually seeks to improve the standard of surgical care in arenas far and wide.

Dr. Rotondo gained national attention for creating dramatic improvement in clinical outcomes for North Carolina's rural populations. On an international level, he recently treated U.S. soldiers injured in Iraq as a Senior Visiting Surgeon in Combat Casualty Care at Landstuhl Regional Medical Center (LRMC) in Germany.

Read the full article online at [www.jefferson.edu/surgery/rotondo.cfm](http://www.jefferson.edu/surgery/rotondo.cfm)