

JOHNSON & JOHNSON MEDICAL AND GOOD SAMARITAN PARTNER FOR BETTER PATIENT CARE

Good Sam Celebrates Another "First"

As a major tertiary care system, the Good Samaritan Regional Medical Center ("Good Sam") is a referral hospital serving patients throughout Arizona and the Southwest and is part of the Samaritan Health System, Arizona's most comprehensive health care provider. Good Sam's medical staff numbers 1,550 representing 45 different specialties and stands proud as Arizona's largest hospital with 642 licensed beds.

Founded in 1911, the Heritage Hallway inside Good Sam is trimmed with decorative photos of historical "firsts" beginning in 1953 when Good Sam opened Arizona's first recovery room for postoperative care.

In the years that followed, improved patient care through innovation continued to inspire the physicians and employees at Good Sam. Good Sam celebrated another first in 1983 with Arizona's first In Vitro Fertilization program giving hope to infertile couples throughout the region. The Department of Obstetrics and Gynecology has delivered 14 sets of quadruplets and 66 sets of triplets who opened their eyes for the first time at Good Sam.

In 1990, the Good Sam in Arizona gave birth to yet another first.

Good Sam revolutionized patient care again in 1990 with the advent of a new procedure for minimally invasive surgery (MIS) in gynecology called



Dr. Mark Smith, Surgeon of Obstetrics and Gynecology with Scrub-Tech (ST), Sheryl Bramard.

PREVENT

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Good Sam Celebrates Another "First" - (continued from front)

Laparoscopic Assisted Vaginal Hysterectomy or "LAVH." LAVH was developed by gynecologists to preclude the need for abdominal hysterectomies, thus shortening the length of hospital stay, reducing expense, minimizing the length of the incision, and returning patients to work within a couple of weeks versus the traditional four to six week recovery period.

Pioneering the LAVH technique at Good Sam, and educating other surgeons on this new laparoscopic procedure, is Mark Smith, M.D., Surgeon of Obstetrics and Gynecology, Arizona's



Good Sam's OR/Surgical team (left to right): Jeanne Dykes, RN, ATD; Lynnette King, RN, BSN, CNOR, Director of Surgery; Barbi Gilboa, ST; Marilyn Weyeneth, CST, CSA; Diane Waltenburg, RN, ATD; and Larry Mager, RN (not shown).

first surgeon to perform the LAVH technique.

According to Dr. Smith, approximately 80 percent of hysterectomies can be performed either abdominally or vaginally. "The decision is usually based on the skill of the doctor and the patient's condition," says Dr. Smith. "About 90 percent of the hysterectomies I perform are vaginally or by LAVH." Dr. Smith predicts that in the next five years, over 50 percent of hysterectomies will be performed via LAVH.

Dr. Smith trained at Good Sam for four years in the hospital's Obstetrics/Gynecology Residency Program and opened his private practice in Phoenix in 1979. But the past seven years, Dr. Smith has concentrated on laparoscopy/gynecologic surgery. He has traveled around the world educating surgeons on LAVH and other operative laparoscopic techniques and was recently in London teaching the technique at the Royal College of Obstetrics and Gynecology.

Since 1990, Dr. Smith, with his wife Dr. Lisa Underwood, and the OR/Surgical staff at Good Sam have performed over 200 LAVH procedures. Since its introduction in 1990, the new procedure has given rise to a greater need for an innovative draping system to accommodate its sophisticated demands.

A Johnson & Johnson Medical, Inc. customer for ten years, the OR/Surgical staff at Good Sam learned that "Superior Responsiveness To Customer Requirements" is not just a banner that decorates the halls of Johnson & Johnson Medical. It's a strategy the employees actually put to practice.

About 18 months ago, JIMI partnered with Good Sam to design a more convenient and more economical drape to support the new LAVH procedure. Today, the OR/Surgical staff at Good Sam use an innovative draping system called the BARRIER® Laparoscopy/LAVH Pack.

"We wanted a one-piece drape that would accommodate surgeon, patient and equipment needs, and along came our JIMI

sales representative," says Lynnette King, RN, BSN, CNOR, Director of Surgery. "She was a 'Johnny-on-the-spot' and was very supportive of our needs. We get great representation from JIMI and feel very blessed to have good people working with us."

Diane Waltenburg, RN and Assistant to the Director (ATD) agrees. "I have been overwhelmed with the number of different companies and equipment available. But you have to have good service with the products, otherwise, it's not worth it," she added. "I want real customer service, real responsiveness, and we get that with JIMI."

King's OR/Surgical staff totals approximately 150 employees with 48 registered nurses and 24 surgical technicians. According to King, the entire OR/Surgical nursing staff at Good Sam is trained to do LAVH and has enjoyed the many features of the new drape (see "New Product Profile," back cover).

"With the attached leggings, we get the benefit of an 'all-in-one' drape which has been more convenient to use," says Larry Mager, RN and former ATD.

Dr. Smith and the OR/Surgical staff all agree on one of the main benefits of the new drape — the Velero® tabs.

"With the Velero tabs, we no longer have to use the clamps which allows for easier draping," says Waltenburg.

"The Velero tabs are one of the nicest features on the drape,"

"We wanted a one-piece drape that would accommodate surgeon, patient and equipment needs, and along came our JIMI sales representative."

- Lynnette King, RN, BSN, CNOR, Director of Surgery
Good Samaritan Regional Medical Center.

“Positive patient outcome, achieved through innovation and partnership, is the true bottom line.”

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says Dr. Smith. “It’s working out very well for us.”

Prior to the new LAVH Pack, the OR staff combined two packs (the Basic Pack and the Laparoscopy Pack).

“We had to modify the lithotomy drape which wasn’t exactly cost-effective,” says Mager. “So we talked with our JJMI sales representative and decided we could come up with the ideal draping system exact to our specifications.”

Performing approximately three LAVH procedures per day in Good Sam’s 16-suite OR/Surgical department, King noted that the LAVH drape is ideal for other laparoscopic procedures as well.

“The drape has a hidden benefit in that we realized we could use it for regular laparotomy surgeries as well. In fact, we also use the LAVH drape for cholecystectomies, various stomach procedures, bladder suspension, and birc procedures.”

According to Dr. Smith, with the emergence of MIS, the future will allow other disciplines to take advantage of this new drape as well, including colon/bowel procedures, urology, lymph node dissections, thoracic, and different types of chest surgeries.

And as Good Sam continues to perform more and more MIS procedures, the shift will go to the outpatient surgery setting.

“Due to the emerging technology of laparoscopy, we have witnessed twice the patient case load in outpatient surgery at Good Sam where the LAVH is also performed,” says King. “They have experienced a ten percent increase in volume at our facility.”

King added that the cost of equipment, including the endoscopic equipment and disposable instrumentation, will also affect the direction of MIS.

While cost containment is usually considered the “bottom line,” according to King, so is patient care. “With the LAVH procedure and the technology of the new drape, patient outcome has been more positive. We are able to control costs and still have the necessary tools here to do the cases,” says King. “Positive patient outcome, achieved through innovation and partnership, is the true bottom line.”



EDUCATION AND THE HEALTH CARE PROFESSIONAL.

An Interview with Director of Professional Education and Services,
Barbara Gruendemann, RN, MS, FAAN



Editor’s Note: Barbara Gruendemann, RN, MS, FAAN, is the Director of Professional Education and Services at Johnson & Johnson Medical, Inc. Ms. Gruendemann has over 20 years of perioperative nursing experience as an educator, manager and clinical specialist, and staff nurse. A published author, Ms. Gruendemann is a noted nursing leader having written five textbooks and numerous journal articles.

Having served as past president of the Association of Operating Room Nurses (AORN), she was a member of AORN’s Project 2000 Steering Committee. Ms. Gruendemann was asked to institute a Professional Education and Services department at Johnson & Johnson Medical over four years ago and discusses the progress of her department and its positive impact on health care professionals throughout the world in the following interview. Please note that Johnson & Johnson Medical, Inc. is referred to as “JJMI” throughout this article.

Q. What is the philosophy of Johnson & Johnson Medical on educational services for the health care professional?

A. The overall philosophy, if I were to put it in two words, is ‘Customer Service,’ which is guided by the overall mission of the Company. Our philosophy is based on providing the highest quality general education pieces for our customers. We create and distribute educational materials that we know our customers need. Our objective is not to sell the products the Company manufactures, but rather to provide our customers with information relevant to infection prevention and wound care. The Johnson & Johnson Credo, a living document of principles, states that providing high quality products and services to our customers is our first priority. Because we are a service-oriented Company, it becomes even more important. Education for our customers, in the form of a value-added service, is the main philosophy of the department.

Q. Please explain the history of the Professional Education and Services Department and why it was created.

A. The concept to provide professional education services was created by our Company President. About six years ago, he and the Board of Directors began discussing the need for an educational value-added service for our customers. Prior to instituting the department in 1988, I had been a customer for over ten years. As a customer, I truly gained an understanding of the Company and also gained a great deal of respect in working with the professionals of JJMI. My perspective as a customer is very helpful in developing educational programs.

(Q&A cont.)

Q. What is JJMI doing differently from other health care companies to market its products and services?

A. Education has been around for a long time, but most companies use education as advertising for the product and employ nurses to partially sell and partially teach. The easy path is to use an education department to do both selling and educating. However, this is not an effective approach because as a customer, if I'm going to be sold something, I want to be told that I'm being sold something. On the other hand, if I'm going to be educated, I want to be told I am going to be educated. An important part of education is establishing trust with the customer and we do that by remaining focused on truly educating.

Q. What kinds of educational programs are you currently offering to your customers?

A. Every program at JJMI is based on infection prevention in the broad sense of the word. We currently conduct a seminar entitled, "Tough Issues of the 90's," a part of which we presented at Congress this year at the request of AORN. We also offer a quarterly publication entitled, "ASEPSIS* The Infection Control Forum," and have distributed a guide addressing OSHA regulations entitled, "BLOOD-BORNE INFECTIONS: A Practical Guide To OSHA Compliance," that has been very well-received. In fact, since its completion 15 months ago, we have distributed over 160,000 copies by request. We have also produced a brochure on hand hygiene entitled, "HAND HYGIENE: A Manual For Health Care Professionals," which addresses the importance of preventing cross-transmission of infections by hand washing. We also offer the nursing professional the opportunity to earn continuing education credits [CEU's] and publish several illustrated guides to surgery and videos on various subjects.

Q. What makes these programs different from in-service training provided by the sales representative?

A. Our sales representatives are extremely skillful in selling products and in explaining how our products should be used—that's their expertise. Our expertise is in preparing the customer for the products. We do this by explaining the why of infection prevention and wound care. In other words, if we can make the customer aware of why asepsis is important or why wound care is important then when the sales representatives go in and talk about the features and benefits of the product, they can concentrate on the how. So I like to describe educational services as the why followed by the sales representative who explains the how. We pave the way for the sales representatives and are very careful to make sure that we don't wander over into selling. Our professional educational materials mirror hospital-based and college level programs in infection control, O.R., asepsis, and wound care.

Q. What programs are scheduled for the future?

A. We launched a new video at the AORN Congress, entitled, "Protect Thyself The OSHA Way," that was met with great response. We also have available a slide and tape program on wound care entitled "Wound Caring," which has three modules and comes complete with study guides and posters. We have a new illustrated guide on gynecology entitled, "Illustrated Guide to Gynecologic Surgery." We also plan to update our hand hygiene manual and will continue to present seminars, speaking engagements and consultative services to health care professionals throughout the world. And lastly, we are looking into multi-media resources to keep abreast of the emerging technology in health care today. At JJMI, we believe the future will be driven by education because health care professionals need more information than ever before. As the Director of Professional Education and Services, I am committed to this goal.



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*Data on file at JJMI

NEW PRODUCT PROFILE

BARRIER® Laparoscopy/LAVH Pack

The BARRIER® Laparoscopy/LAVH (Laparoscopic Assisted Vaginal Hysterectomy) Pack, a new product for the



minimally invasive surgery (MIS) in gynecology offers complete coverage in a one-piece drape that includes: (1) built in gusseted armboards (2) built in gusseted extended length leggings to accommodate all stirrup designs and positions (3) eight Velcro®/tube holders to secure lines brought into the sterile field (4) enhanced abdominal fenestration

for skin exposure for placement of trocars (5) an instrument pad to rest highly-utilized instruments (6) perineal fenestration (7) enhanced abdominal/perineal flap to provide better coverage when using a uterine manipulator, and (8) two plastic-reinforced, extended-length gowns made of FABRIC 450®, the Company's single-use, linen-like fabric. The area of the drape surrounding the two fenestrations are reinforced with DRISITE® Bactericidal Fabric Reinforcement with MICROCID® which prevents surgical wound infections by killing bacteria upon contact**.

For more information on the new BARRIER Laparoscopy/LAVH Pack (reorder 0252), the BARRIER Laparoscopy/LAVH Sheet (reorder 0253) and/or the BARRIER Laparoscopy/LAVH Sheet for bulk/non-sterile usage in custom trays (reorder 209254), contact Johnson & Johnson Medical Customer Service at 800-433-5009 or your local sales representative.

New informational materials on BARRIER® Drapes and Gowns. The Infection Prevention System.

- BARRIER® Drapes and Gowns Comprehensive Brochure
- DRISITE® with MICROCID® Brochure
- White Paper on Arthur D. Little's report on Single Use vs. Reusable Surgical Drapes and Gowns

For a free copy of the materials listed above and/or additional copies of the PREVENT newsletter, please contact your local Johnson & Johnson Medical, Inc. sales representative. We invite your comments and suggestions for improvement regarding this newsletter by calling Customer Service at 800/433-5009. Please leave your name and address if you would like to remain on our mailing list for future issues of PREVENT.



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