Nursing Annual Report 2017
Sentara RMH Medical Center
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2017 NURSING ANNUAL REPORT | 1
A Message from our CNE

Dear Colleagues,

I am so proud of our Sentara RMH nursing team and want to thank you for your hard work this past year. In 2017, we continued to focus on several clinical performance initiatives, our patients’ experience, and continued to experience high patient volumes and staffing challenges. Our staff and leadership teams pulled together, as always, and we celebrated many successes along the way.

We met our clinical performance goals for readmissions, hospice/palliative care consults, and clostridium difficile infections (CDI), and we met our hospital acquired pressure injury (HAPI) goal. We continued to decrease our patient falls with injury rate, keeping our patients safer. We met our BSN and certification goals set by the Shared Governance Education and Professional Development Council. We implemented several new services to meet the needs of our community, began a new care delivery model in our Emergency Department, and designed a pilot for a new care delivery model on 4 East. We have reduced our RN turnover rates this past year from 13.3% in 2016 to 9.9% in 2017.

Our shared governance structure remains strong and nurses are involved in decision making at the unit, hospital, and system level. We also continue our Nurse Residency Program for our new nurse graduates, and it makes me so proud when attending their graduation ceremonies and hearing them present their evidence-based practice projects. Our nurses are doing amazing things and I am so proud of all of you!

Thank you for your continued commitment to keep our patients safe and to provide high quality care.

I hope you enjoy reading through the accomplishments of the past year.

Respectfully,

Donna S. Hahn, DNP, RN, NEA-BC
Vice President Acute Care Services/Chief Nursing Executive
Our 2017+ nursing strategic plan was introduced last year. Created in support of the 2017 Sentara Healthcare Strategic Plan, this plan will provide the vision and direction for nursing for the next three years.

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<tr>
<th>Organizational Goal</th>
<th>Nursing Goals (Objectives)</th>
<th>Metrics (Outcomes)</th>
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<tbody>
<tr>
<td>OG 1 Clinical Quality &amp; Safety – Achieve better health for our members and patients</td>
<td>NG 1.1 Achieve Clinical Performance Improvement (CPI)</td>
<td>NG 1.1.1 Achieve 3 of 4 CPI 2017 goals: Readmissions, Hospice, C.Diff, &amp; Wrong Events</td>
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<td>NG 1.2 Decrease care variation applying evidence based practice to achieve nurse sensitive goals.</td>
<td>NG 1.2.1 Meet 2017 Pressure injury goal</td>
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<td>NG 1.3 Ensure all frontline clinical staff have access to and utilize identified nursing experts</td>
<td>NG 1.2.2 Meet 2017 Falls with injury goal</td>
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<td>NG 1.2.3 Achieve 3 of 4 nurse sensitive goals</td>
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<td>Vaccines, CAUTI, CLABSI, VTE</td>
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<td>NG 1.1.2 Ensure 3 of 4 CPI 2017 goals: Readmissions, Hospice, C.Diff, &amp; Wrong Events</td>
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<th>Metrics (Outcomes)</th>
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<tbody>
<tr>
<td>OG 2 Customer Centricity – provide an exceptional desired experience</td>
<td>NG 2.1 Ensure Care delivery is based on unique needs and desires of patients and families</td>
<td>NG 2.1.1 Meet 2017 ED treat &amp; admit system goal</td>
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<td></td>
<td></td>
<td>NG 2.1.2 Meet 2017 ED treat &amp; release system goal</td>
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<td>NG 2.1.3 SMG will meet 7 day follow-up goal</td>
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<td>NG 2.1.4 Home Health and MTI will meet timely initiation of care goal</td>
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<td>NG 2.1.5 Partner with patients and families to anticipate and manage care transition challenges</td>
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### Organizational Goal

**OG 3**
Growth & Innovation – grow existing and new markets

### Nursing Goals (Objectives)

<table>
<thead>
<tr>
<th>NG 3.1</th>
<th>Expand nursing capacity utilizing innovative staff retention and cost reduction methods</th>
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<tr>
<td>NG 3.1.1</td>
<td>Improve retention of new RN graduates</td>
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<td>NG 3.1.2</td>
<td>Improve overall RN retention</td>
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<td>NG 3.1.3</td>
<td>Improve retention of APN’s in Medical Group</td>
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<td>NG 3.1.4</td>
<td>Improve retention of LPNs in long term care</td>
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<td>NG 3.1.5</td>
<td>Improve selection and retention of assistive personnel</td>
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<td>NG 3.1.6</td>
<td>Improve retention of NCP’s and CNA’s</td>
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<td>NG 3.1.7</td>
<td>Reduce RN purchased labor expense</td>
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<tr>
<td>NG 3.1.8</td>
<td>Coordinate supplemental staffing resources to cost effectively respond to staffing needs</td>
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<tr>
<td>NG 3.1.9</td>
<td>Partner with materials management to decrease supply and print shop expenses</td>
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<tr>
<td>NG 3.1.10</td>
<td>Advance the professional practice environment of Sentara Nursing</td>
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</tbody>
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### Metrics (Outcomes)

| NG 3.1.1.1 | Improve retention of new RN graduates |
| NG 3.1.2.1 | Improve overall RN retention |
| NG 3.1.3.1 | Improve retention of APN’s in Medical Group |
| NG 3.1.4.1 | Improve retention of LPNs in long term care |
| NG 3.1.5.1 | Improve selection and retention of assistive personnel |
| NG 3.1.6.1 | Improve retention of NCP’s and CNA’s |
| NG 3.1.7.1 | Reduce RN purchased labor expense |
| NG 3.1.8.1 | Coordinate supplemental staffing resources to cost effectively respond to staffing needs |
| NG 3.1.9.1 | Partner with materials management to decrease supply and print shop expenses |
| NG 3.1.10.1 | Advance the professional practice environment of Sentara Nursing |

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### Professional Development

**Advancing Education Degrees**

At the end of 2017, 63.7% of registered nurses at Sentara RMH Medical Center held a BSN or higher degree. This percentage has steadily increased over the past several years. Sentara continues to offer nurses numerous options and many opportunities to fund their education including tuition assistance and reduced tuition at participating colleges. The Institute for Nursing Excellence and Innovation, established by the RMH Foundation, also supports Sentara RMH nurses working to obtain their Bachelors of Science in Nursing (BSN) degree through scholarship support, which is made possible by the Foundation and generous donors. In 2017, we had 32 RNs receive a scholarship to help them pay for their BSN program.
Below is a list of nurses who advanced their education degree in 2017. Congratulations!

Amy Bayne, 3W RN to BSN
Bertha Webb, 4E BSN to MSN
David Chvanesov, 4E RN to BSN
Julie Ford, 4E RN to BSN
Lisa Bottenfield, 4E RN to BSN
Maria Geary, 4E RN to BSN
Melissa Rawley, 4E RN to BSN
Shelby Shultz, 4E RN to BSN
Evie Wenger, 4W RN to BSN
Gloria Taylor, 4W RN to BSN
Sheri Michelle Craun, 4W RN to BSN
Heather Lambert, 5W RN to BSN
Angela Heasley, BHU RN to BSN
Ashley Myers, Cancer Center RN to BSN
Charlotte Bow, Cancer Center RN to BSN
Jody Rhodes, Cancer Center RN to BSN
Laura Trissel, Cancer Center BSN to MSN
Chris Williams, CCU RN to BSN
Danielle Powers, ED RN to BSN
Jill Young, ED RN to BSN
Lizzy (Elizabeth) Frenger ED, RN to BSN
Rebecca Foltz, ED RN to BSN
Deb Kile, Endo MSN to DNP
Eileen Phillips, Endo RN to BSN
Daniela Short, FBP RN to BSN
Melissa Lambert, FBP RN to BSN
Sarah Fairweather, FBP LPN to RN
Heather Galang, ICM MSN to DNP
Elizabeth Wilhelm, Imaging RN to BS.
Penny Dicks, Imaging RN to BSN
Kristen Leap, OR RN to BSN
Maria Snyder, OR RN to BSN
Shawn Craddock, OR MSN to DNP
Brittany Tutting, PACU RN to BSN
Debra Saylor, PACU RN to BSN
Crystal Cota, PCU RN to BSN
Erin Neff, PCU RN to BSN
Jessica Thomas, PCU RN to BSN
Michelle Farrell, PCU RN to BSN
Beth Robbie, Pre/Post RN to BSN
Diane Eagle, Pre/Post RN to BSN

Specialty Certification

Sentara RMH participates in several programs that assist nurses to achieve their certification goals. Programs such as ANCC’s Success Pays™, AMSN’s FailSafe, and AACN’s Certification Bulk discount program have enabled many nurses to sit for board certification in their nursing specialty without any outlaying cost. We continue to increase the number of certified nurses at Sentara RMH each year.

We would like to commend the following nurses who obtained a new certification in 2017. Congratulations on your successful testing!

Amy Spicer, 4 East, Med-Surg
Bertha Webb, 4 East, Med-Surg
Staci Stoneberger, 4 East, Med-Surg
Heidi Miller, 5 West, Med-Surg
Katherine Knicky, 5 West, Med-Surg
Sarah Gibson, 5 West, Cardiac Vascular Nurse
Stephanie Miller, BHU, Case Management
Tracey Gentry, Cancer Ctr, CNML
Denise Silvious, ICM, Case Management
Michelle Harper, ICM, Case Management
Miriam Yoder, ICM, Case Management Certified Heart Failure Nurse
Patsy Reed, ICM, Case Management
Phyllis Eskridge, ICM, Case Management
Brenda Quash, CCRN
Laura Roes, CCU, CCRN
Materna “Tess” Gabriana, ED, CEN
Rebecca Foltz, ED, CEN
Megan Vaught, ED, CEN
Darla Mohler, FBP, RNC-MNN
Stefanie Brock, Inpatient Phys, Care Coordination Transition Management
Marcus Almarode, Nursing Admin, Nurse Executive
Sabrina Shiferaw, Nursing Admin, Nurse Executive
Carrie Bynaker, OR, CNOR
Dawn Pruppert, OR, CNOR
Diana Bank, OR, CNOR
Sarah Ever, OR, CNOR
Sarah Smallwood, OR, CNOR
Lisa Olgivie, Post/Pre, CNOR
Linda Spruhan, Post/Pre, CNOR
Erica Wojciechowski, Timber Way Health Center, Ambulatory Care Nursing
Clinical Ladder Program

Sentara RMH continues to have a strong Clinical Ladder Program, which is coordinated by the Shared Governance Education and Professional Development Council. List below are the annual statistics for RNs achieving clinical ladder levels III through V since the inception of the program in 2006.

Advancement Levels:

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<td>III</td>
<td>78</td>
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<td>65</td>
<td>86</td>
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<td>36</td>
<td>46</td>
<td>55</td>
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<td>65</td>
<td>65</td>
<td>62</td>
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<td>V</td>
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<td>4</td>
<td>7</td>
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<td>14</td>
<td>21</td>
<td>16</td>
<td>24</td>
<td>26</td>
<td>30</td>
<td>142</td>
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Total: 856, 69, 89, 98, 131, 167, 171, 196, 196, 211, 224, 205

Congratulations to all who maintained or advanced on the clinical ladder in 2017.

2017 Clinical Ladder Recipients

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Clinical Ladder Advancement Levels:
Recognition/Rewards

Each year our nurses are recognized for their contributions to nursing excellence in many different ways. Below are just a few examples of nurses that were recognized in 2017.

Nurses Week Awards

Our annual “Excellence in Nursing Practice” Award Winners were announced during Nurses Week 2017. These nurse professionals were nominated by their peers for exemplifying excellence in nursing and being committed to improving health every day. We commend them for excellence in mentoring, leadership and service.

The 2017 Excellence in Nursing Practice Award winners were:

- Beginning Practitioner of the Year — Kelley Planchak, BSN, RN, 4 East
- Preceptor of the Year — Justin Brenneis, RN, ED
- Nurse of Distinction — Billie Jo Carney, MSN, RN, PACU
- Nurse Excellence in Patient Centered Care — Kay Miller, RN, 4 West
- Exemplary Clinical Practice — Laura Watson, BSN, RN, Integrated Care Management
- Transformational Leader — Alexis Jones, BSN, RN, 3 West
- Excellence in New Knowledge and EBP — Mim Yoder, BSN, RN, Integrated Care Management
- Support Staff Excellence in Patient Centered Care – Teresa Burgoon, NCP, CCU

2017 Patient Safety Champions

Each year during National Patient Safety Awareness Week, we recognize four team members who have been nominated by their peers as persons who help shape our culture of safety at Sentara RMH. In addition, we also present the annual Victoria Morris Patient Safety Award to a team member who exemplifies the type of passion, dedication and commitment to patient safety that was evident in the work of Victoria “Tori” Morris, RN, who served as the hospital’s Patient Safety Officer and Patient Safety Coordinator for the last five years of her life. Three of the five safety champions in 2017 were RNs. Congratulations to our safety champion winners; thank you for the work you do to support our culture of safety.
ACE (Always Committed to Excellence) Winners

The Sentara Always Committed to Excellence (ACE) Award is given twice a year to two outstanding staff members in each Sentara division who are nominated by their peers for always exhibiting excellence in their adherence to all five Sentara Commitment to patients, visitors, physicians and coworkers. Each winner receives a $500 prize (minus standard deductions) and an ACE Award pin.

Eileen Phillips, RN, from Moderate Sedation won for demonstrating the following behaviors:

- Champions patient safety and is a strong patient advocate.
- Consistently greets patients with a smile, taking time to explain everything.
- Actively listens to patient concerns and attempts to resolve them promptly.
- An exceptional team player; she role-models teamwork and inspires others to be better team players.
- Routinely places the team’s needs above her own.

Olga Suslaev, RN, 5 West

“Always treats you with dignity, respect, and compassion!” Olga understands that emotional harm results from disrespect and that always treating our patients and families with respect requires an overall culture of respect. Olga treats not only her patients with dignity and respect, but also her peers, physician team members, and ancillary staff. She is truly an advocate for her patients and views it a privilege to care for them. She ensures her patients and their families are active participants in the patient’s care. Through active listening she helps her patients feel "seen and understood,” which reduces stress and anxiety in her patients. One physician leader said, “Olga is a superb nurse who has excellent instincts. She is one of the finest nurses at Sentara RMH. She never complains and always provides excellent care to her patients.”

Gina Sprouse, Community Health Worker, Community Health Department

“Always keeps you safe!” A member of the Continuum Case Management team, Gina regularly partners with a nurse case manager to care primarily for heart failure patients. She works with patients in their homes to help them manage their complex and chronic disease process. Recently Gina was able to educate a patient who was refusing to wear a LifeVest (wearable cardio defibrillator), explaining why it was so important for him to wear the vest. Less than 24 hours after Gina’s intervention, the patient suffered a VFib arrest, and the vest activated to save his life. He likely would not be alive today without Gina’s persistence. Other comments about Gina from patients include these: “You are an answer to my prayers”; “You are truly a gift and testament to your profession”; “How unbelievably kind and compassionate you are.” From her co-workers and supervisors: “Gina truly cares about her patients”; “She works so hard to improve and save lives.” In addition, based on program outcomes data kept by Sentara RMH, Gina’s work is improving patients’ quality of life while reducing readmissions, ED visits, and overall healthcare costs.

March of Dimes “Nurse of the Year” Awards

Each year, state chapters of the March of Dimes hold Nurse of the Year events to recognize and honor distinguished nurses for their contributions to healthcare and excellence in care. Patients, co-workers, friends and family members can nominate nurses for the award. A selection committee chooses only five finalists in each category. Congratulations to the following nurses for winning March of Dimes Nurse of the Year Awards in 2017: Donna Hahn, DNP, RN, NEA-BC won in the category of Nursing Administration, Debbie Kile, MSN, RN, NE-BC won in the category of Surgical Services, and Pam Collins, BSN, RN-BC won in the category of Case Management.
The DAISY program was implemented at Sentara RMH in 2016 as another way to recognize our nurses for the exceptional care they provide to their patients. The DAISY Award is an international program developed to recognize nurses for their exceptional care. It is an acronym for Diseases Attacking the Immune System. The DAISY Foundation was formed in 1999 by the family of J. Patrick Barnes who died at age 33 of complications of ITP. The nursing care Patrick received when hospitalized profoundly touched his family.

Sentara RMH continued this recognition program for nurses in 2017. Anyone can nominate an RN for the DAISY award. The Nursing Excellence Champions Council (made up of staff nurse representatives from most units in the hospital), reads blinded nominations and votes quarterly on their top choices based on the DAISY criteria.

The 2017 DAISY winners are listed below:

- Madelyn Arbaugh, FBP
- Justin Brenneis, ED
- Bonnie Caplinger, CCU
- Daphne Conis, PCU
- Debra Craddock, BHU
- Michael Heatwole, CCU
- Brenda Hoops, ED
- Holly Huffman, 3 West
- Regina Kanagy, PCU
- Jacqueline Parler, Pediatrics
- Michael Sumner, ED
- Dawn Whetzel, Treatment Center

[Images of the 2017 DAISY winners]
Certified Nurses Day

Certified Nurses Day is celebrated on March 19th, the birthday of Margreta “Greta” Madden Syles, EdD, RN, FAAN (1903-2005). Known as the “Mother of Nurse Credentialing,” Styles was a visionary scholar with an international impact on the nursing profession. The thousands of certified nurses in the U.S. today and the growing role of certification in contributing to better patient outcomes are a lasting testament to her legacy. Sentara RMH celebrates our certified nurses annually on March 19th. Below is a picture of the certified nurses who were able to attend the celebration in 2017.

Evidence-Based Practice/Nursing Research

Beverly Eye, BSN, RN serves as the Sentara RMH site coordinator for our Nurse Residency Program (NRP). Bev reflects on the NRP, “For the majority of my nursing career I have worked with new nurses, preceptors, and assisted with orientation, training and development. Based on this experience, I was very excited about the prospect of Sentara partnering with a nationally recognized Nurse Residency Program. Sentara Hospitals, in collaboration with Vizient and the American Association of Colleges of Nursing (AACN), launched the Vizient/AACN Nurse Residency Program™ in the first quarter of 2016. This nurse residency program is a one-year program, includes an evidence-based curriculum, has become the gold standard, and is well published. The Vizient/AACN Nurse Residency Program™ boasts a 95% new nurse retention rate (7 year average) versus the national average of 82%.

Being selected as the Nurse Residency site coordinator was a good fit for me based on my experience and my passion for supporting nurses, specifically our new nurse graduates. Even though I was a new nurse many years ago, I clearly remember being overwhelmed by the responsibility of patient care, job expectations, and by the fact that there was so much to learn. There were moments when I considered leaving the profession. As I later began the job as nurse educator, I vowed to do everything possible to support our new nurses and as a result, the Preceptor Program was initiated. The Nurse Residency Program has been a very valuable addition to our Preceptor Program in providing information beyond orientation and dedicated support to our new nurses.

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By the end of 2017, Sentara RMH Medical Center has launched 5 nurse residency cohorts comprised of 123 new nurse graduates. Three cohorts graduated in 2017 (see pictures). Our goal is to provide our new nurses with the Vizient Program’s evidence-based curriculum, simulation training to enhance critical thinking, contact with resources including content experts and with the support of our experienced nurses. It definitely takes everyone to support our Nurse Residency Program. In addition to content experts, our facilitators lead discussion sessions titled “tales from the bedside” and trained mentors assist with evidence-based practice project development. Also, a very important aspect to the retention of our new nurses occurs on their assigned unit. Leaders, preceptors, and unit staff have a significant impact on the transition of our new nurses to competent professionals and on their decision to remain in our organization.

Being a new nurse can be both exciting and overwhelming. There is so much learn, from processes to personalities. What makes the experience easier is having helpful coworkers that take the time to bring new employees “into the fold” in addition to the contact with interdepartmental resources and dedicated support staff. The Sentara Nurse Residency Program aims to provide that and more!”

For additional information about our Nurse Residency Program contact Beverly Eye at bseye@sentara.com or 540-689-6227.

Reflections from a resident from Cohort 2, Tyler Thompson, BSN, RN, CCU

“My favorite part of the Nurse Residency Program was the Tales from the Bedside portion. This quickly became an important time to share challenges and learn how other units handle similar problems. Learning how other new grads on each unit perceive issues and processes gave me a new appreciation for all the pieces of the puzzle. The Nurse Residency Program was helpful as a transition into practice because we were exposed to a lot of the ancillary departments and how they function as an integral part to our patient care. Learning what each different team does and how it can benefit my patients, helps me provide the best care possible.

I was really pleased and a little surprised to know that my group’s Evidence Based Practice project was heard, and continued as a study for one of our MSN students. We spent a lot of time reviewing the literature and putting together our project and it is rewarding to know it actually mattered to someone.”
Shared Governance

Sentara RMH has had a shared governance structure in place for over a decade. This structure continues to be fundamental to maintaining and further developing our clinical practice standards, professional development, and evidence-based practice and nursing research. We continue to have four very active hospital shared governance councils, and also have nurse participation on councils and forums at the system level. In 2017, the Education and Professional Development Council was chaired by Susan Clark, BSN, RN, CDE, Professional Practice & Safety Council was chaired by Jerica Perc, BSN, RN, Evidence-based Practice and Nursing Research Council was chaired by Valerie Matthews, MS, RN, and the Nursing Excellence Champions Council by Elaine Clancey, BSN, RN, PCCN.

Below are just a few of the hospital councils’ accomplishments in 2017.

The Education and Professional Development Council recognized our certified nurses on Certified Nurses Day, revised the clinical ladder program and reviewed 207 portfolios, established nursing certification and education goals for the organization, recognized staff who had advanced their education degrees, promoted the use of CE Direct and the Focused CE Series to help prepare staff for specialty certification exams, featured monthly “CEUs for You” articles in Nurse Notes on topics identified in the nursing learner needs assessment, hosted a Nurse Burnout Seminar by EAP in May during Nurses Week, promoted specialty certification and developed a certification challenge for the department with the largest increase in certified nurses to receive a pizza party, endorsed and communicated Nurse Call changes and structured hourly rounds, made recommendations for SmarTIGR resources and monitored usage.

The Professional Practice & Safety Council made recommendation to keep the limb alert armband, which was approved, developed tip sheets for float nurses, assisted in developing a report for time critical medications, piloted how to best handle medications in isolation rooms, developed system color-coded supply list, which was approved, printed and placed in each supply room on units, conducted pilot to improve patient satisfaction scores on education on new medications patients are sent home on, monitored nurse sensitive quality indicators (falls, HAPIs, CAUTIs, CLABSIIs, etc.), made request to add implanted devices or metal to periop questionnaire for both outpatient and inpatient, which was approved by the system Nursing Documentation User Council (NDUC).

The Evidence-Based Practice and Nursing Research Council approved seven new nursing research studies, closed four nursing research projects, and renewed three nursing research projects from 2015, approved three quality improvement projects, approved 19 evidence-based (EBP) projects - 14 were from the Nurse Residency Program (NRP), held two EBP Mentorship workshops; offered monthly educational opportunities, supported the NRP residents, conducted literature review on DNR Arm Bands and on Medications in Isolation Rooms for the Professional Practice & Safety Council, and put out a call for posters for Nurses Week and the Education Symposium.

The Nursing Excellence Champions Council voted on DAISY nominations received quarterly and recognized 12 nurses with the DAISY award, voted on Nursing Excellence nominations for 8 categories, which were presented during Nurses Week, updated PPM posters and distributed to units, provided education on Relationship Based Care with activities based on the three different components each quarter, promoted Healing Touch sessions for staff on the units and reviewed evaluations monthly, implemented and reviewed unit dashboards monthly, reviewed patient and RN satisfaction results, recommended changing RN scrub color to Navy by June 2019.

2017 Shared Governance Chairs and Advisors, L to R: Valerie Matthews, RN, Sabrina Shiflett, RN, Lesley Cook, RN, Bev Eye, RN, Susan Clark, RN (not pictured: Elaine Clancey, RN, Jerica Perc, RN, Shawn Craddock, RN)
In 2017, we had several staff that was involved in nursing research, evidence-based practice (EBP) projects, and quality improvement (QI) projects. Provided below is the list of these projects.

<table>
<thead>
<tr>
<th>EBP Project Title</th>
<th>Primary Investigator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mindfulness in Nursing Practice</td>
<td>Tylar Marcum, BSN, RN, Julie Ingalls, BSN, RN, Elena Washington, RN, Jill Townsend, RN</td>
</tr>
<tr>
<td>Comparison of Fall Risk Assessment Tools</td>
<td>Emily Mills, BSN, RN, Elana Custer, RN, David Chvanov, BSN, RN</td>
</tr>
<tr>
<td>Effective Communication for Nurse-Patient Interactions Related to Opioid Prescriptions</td>
<td>Sara Allen, RN, Kelsey Hill, BSN, RN, Corinne Haney, RN</td>
</tr>
<tr>
<td>How to implement an effective mobility program</td>
<td>Brittany Portillo, BSN, RN, Courtney Crummett, BSN, RN, Jessica Thomas, BSN, RN, Erin Neff, BSN, RN</td>
</tr>
<tr>
<td>Digital Photography in Wound Care</td>
<td>Heather Burgesne, BSN, RN, Elizabeth Landes, BSN, RN, Megan McDorman, RN, Maria Schmitt, RN</td>
</tr>
<tr>
<td>Pain Management for Sedated/Ventilated Patients</td>
<td>Ivan Napotnik, RN, Holly Padgett, RN, Tyler Thompson, BSN, RN</td>
</tr>
<tr>
<td>Frequency of foley care to decrease infection</td>
<td>Kelley Planchak, BSN, RN, Amanda Painter, RN</td>
</tr>
<tr>
<td>Post code pause</td>
<td>Kendall Wise, BSN, RN, Amy Morris, RN, Heather Walden, RN</td>
</tr>
<tr>
<td>Standardized handoff reporting</td>
<td>Carrie Apter, RN, Erin Gardner, BSN, RN, Kevin Grauer, RN, Jessica Griffen, RN</td>
</tr>
<tr>
<td>Nursing ratios and in hospital mortality</td>
<td>Brittany Bennett, RN, Nazvar Altuma, RN, Erika Spitzer, RN, Jessica Sprouse, BSN, RN, Yoana Mender-Soto, BSN, RN</td>
</tr>
<tr>
<td>Video monitoring in the prevention of falls</td>
<td>Billie Day, RN, Elaine Jenkins, BSN, RN, Sasha Boyer, RN, Querena Villeda, RN</td>
</tr>
<tr>
<td>Benefits of Copper Products in Prevention of HAIs</td>
<td>Mollie Jones, BSN, RN, Lauren Lacom, RN, Heather Lambert, RN, Timothy Shulgan, RN, Marissa Brandon, BSN, RN</td>
</tr>
<tr>
<td>Best Practice for Neonatal Drug Screening</td>
<td>Joy Slaven, BSN, RN, Glenda Hummel, BSN, RN, Jennifer McDaniel, BSN, RN, Alexandra Long, BSN, RN</td>
</tr>
<tr>
<td>Surgical Site Infections</td>
<td>Jennifer Arnold, BSN, RN</td>
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<tr>
<td>A Reminder Phone Call for Outpatient Myelogram Appointments</td>
<td>Elisabeth Wilhelm, BSN, RN</td>
</tr>
<tr>
<td>LOS in Post-Operative Patients with BMI &gt;35kg/m2</td>
<td>Cindy Wheelbarger, RN</td>
</tr>
<tr>
<td>Handwashing EBP Project</td>
<td>Phaedra Simmons, RN</td>
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<tr>
<td>The Relationship Between Survey Results of Staff Satisfaction and Customer Satisfaction Scores</td>
<td>Jill Young, BSN, RN</td>
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<table>
<thead>
<tr>
<th>Nursing Research Study Title</th>
<th>Primary Investigator(s)</th>
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<tbody>
<tr>
<td>Incivility through Cognitive Behavior Therapy</td>
<td>Deb Kile, MSN, RN, NE-BC</td>
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<tr>
<td>Improving Adherence to Mental Health Treatment in a Low-Income Clinic</td>
<td>Janice Gandy, MSN, RN</td>
</tr>
<tr>
<td>Certified Diabetes Educators in Medical Homes</td>
<td>Julie Pierantoni, MSN, RN, CDE</td>
</tr>
<tr>
<td>New Nurse Huddle Pilot</td>
<td>Shawn Craddock, MSN, RN, NE-BC</td>
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<tr>
<td>Evaluation of a Multidisciplinary Health Promotion Program for Individuals with Cancer</td>
<td>Laura Trissel, MSN, AG-ACNP, RN, OCN</td>
</tr>
<tr>
<td>A Multidisciplinary Code Sepsis Team to Improve Sepsis Bundle Compliance in the Emergency Department</td>
<td>Jill Delawder, MSN, RN, ACCNS-AG, CCRN, CSC, CNS</td>
</tr>
<tr>
<td>Comparison Study of the Predictive Accuracy of the Cubbin-Jackson Skin Risk Assessment and Braden Scale in Critical Care Patients</td>
<td>Jill Delawder, MSN, RN, ACCNS-AG, CCRN, CSC, CNS</td>
</tr>
</tbody>
</table>
Dissemination of Scholarly Work
As a Magnet organization, we conscientiously integrate evidence-based practice and research into our clinical practice. We also seek to add to the body of knowledge so that others may learn from us. We were quite busy in 2017 sharing our nursing best practices at local, regional, state, and national events. Kudos to all listed below who disseminated their scholarly work through poster or podium presentation and publications.

2017 Poster Presentations

<table>
<thead>
<tr>
<th>Title of Poster</th>
<th>Researchers / Authors</th>
<th>Location (Hospital / Department / facility)</th>
<th>Where presented</th>
<th>QL, EBP, or Abstract</th>
<th>Yes/No</th>
<th>Abstract</th>
<th>Yes/No</th>
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</thead>
<tbody>
<tr>
<td>Rehabilitation intervention in the intensive care unit: An antimicrobial approach</td>
<td>Christy Crawford, BSN, RN, JD; DeValpine, MSN, RN, APRN, ACNS-AG, CSN, CCRN, FCCS</td>
<td>Sentara Virginia Beach General Hospital</td>
<td>Research</td>
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<tr>
<td>Family presence during resuscitation: A multidisciplinary approach to implementing a formal guideline</td>
<td>J.S. Deol, MD, MSN, RN, APRN, ACNS-AG, CCRN, CSN, FCOE, FCSN</td>
<td>Sentara Virginia Beach General Hospital</td>
<td>Research</td>
<td>Yes</td>
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<tr>
<td>Developing Nurses’ Voices, Unit-Based Nurse Retention Strategies</td>
<td>Stephen Ginter, MSN, FNP, NSA-BC</td>
<td>Sentara RMH/Medical Center</td>
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<tr>
<td>Pilot of a Renditioned Final Cooling Outcomes of Those Types of Periphereral Intravenous Catheters</td>
<td>Heather Galang, MSN, RN-BC, CNL; Erica Lewis, PhD, RN</td>
<td>Sentara RMH/Medical Center</td>
<td>Research</td>
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<tr>
<td>Ischemic Stroke: Transport of the Alteplase Patient</td>
<td>Anna Benes, BSN, RN, Michael Soemer, BS, RN, Kelly Perry, BSN, RN; Vanessa Yoder, BSN, RN</td>
<td>Sentara RMH Emergency Department</td>
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<tr>
<td>The Effectiveness of Education and Cognitive Referral in Managing Nurse-In-Nurse Incivility in a Post-ANesthesia Care Unit</td>
<td>Deborah Kief, MSN, RN, NS-BC, Mandy Estes, PhD, MBA, RN, CHFN</td>
<td>Sentara RMH Emergency Department</td>
<td>Yes</td>
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<tr>
<td>Using Community Health Workers in Collaboration with Nurse Case Managers in Effecting Change in Quality of Life for Heart Failure Patients</td>
<td>Patra Reed, DNP, RN, CNML</td>
<td>Sentara RMH Critical Care Department</td>
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<tr>
<td>A Multidisciplinary Critical Care Education Team to Improve Same Nurse/Room Compliance in the Emergency Department</td>
<td>J.S. Deol, MD, MSN, RN, APRN, ACNS-AG, CCRN, CSN, FCOE, FCSN</td>
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<tr>
<td>Implementing a Community Based Diabetes Prevention Program</td>
<td>Julie Paramekaran, KSN, RN, CDE, Kathryn Holman, CRNP, Cassandra Logay, ANA</td>
<td>Patient Education</td>
<td>EBP</td>
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<tr>
<td>Certified Diabetes Educators in Medical Homes</td>
<td>Julie Paramekaran, KSN, RN, CDE</td>
<td>Patient Education</td>
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<tr>
<td>A Systematic Evaluation of the SAD PERSONS Tool within Sentara Healthcare</td>
<td>Dena Hahn, DNP, RN, NIA-BC</td>
<td>Sentara Healthcare</td>
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<tr>
<td>Community Health Workers through Interprofessional Collaboration in Effecting Change in Quality of Life for Heart Failure Patients</td>
<td>Laura Wiseman, BSN, RN, BC, CHRN; Gwaltney, DNSW</td>
<td>Smithfield Care Coordination</td>
<td>Research</td>
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<tr>
<td>Certified Diabetes Educators in Medical Homes</td>
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<td>Smithfield Patient Education</td>
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<tr>
<td>The Effectiveness of Education and Cognitive Referral in Managing Nurse-In-Nurse Incivility in a Post-Anesthesia Care Unit</td>
<td>Cathie Kuo, KSN, RN, Mandy Estes, PhD, RN; Maria delaVega, PhD, RN; Rebecca Gilbert, DNP, RN</td>
<td>Smithfield Emergency</td>
<td>EBP</td>
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<tr>
<td>Pilot of a Renditioned Final Cooling Outcomes of Those Types of Periphereral Intravenous Catheters: Utilizing the Five-Phase, Five-Step, Cycle</td>
<td>Heather Galang, KSN, RN-BC, CNL; Erica Lewis, PhD, RN</td>
<td>Smithfield Care Coordination</td>
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2017 Publications

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<tr>
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<th>Researchers / Authors</th>
<th>Journal / Month / Pages</th>
<th>Abstract</th>
<th>Yes/No</th>
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</thead>
<tbody>
<tr>
<td>Community Health Workers in Collaboration With Case Managers to Improve Quality of Life for Patients and Their Families</td>
<td>Patra Reed, DNP, RN, CNML</td>
<td>Professional Case Management, May/June 2017, p 144-148</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Transformational Impact on Direct Care Nurses: Supporting the Magnificent 7</td>
<td>Susan Ketches, DNP, RN, NAA-BC, Jeanie Bough, MSN, KSN, RN, NS-BC, Lynley Creek, MSN, RN, NS-BC, Susan Cahall, MSN, RN, NS-BC, C.J. Robinson, BSN, RN, DUHRN; Catherine Smith, KSN, RN, OCN, COIN</td>
<td>Nurse Practitioner Quarterly, 2017, 41(3): 275-278</td>
<td>Yes</td>
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</table>

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**CCU Nurses Present at Virginia Nursing Student Association State Convention**

In February 2017, our Local Blue Ridge American Association of Critical Care Nurses (AACN) chapter presented a discussion panel about Critical Care nursing at the Virginia Nursing Student Association (VNSA) State Convention at JMU. Our CCU nurses in attendance presented their background in nursing, why they chose critical care nursing, the benefits of being certified and what they do to prevent burnout. “Burn out: Together we’re Stronger” was the Theme of the conference. They then led a discussion panel from questions presented by the session attendees.

**New Services at Sentara RMH**

In 2017, Sentara RMH nurses were involved in helping bring new services to our community. A few of these are highlighted below:

1. **New Hybrid OR and Structural Heart Program:**
   - In January 2017, the Sentara RMH Heart and Vascular Department added a structural heart program, which included Transcatheter Aortic Valve Replacement (TAVR) for patients in the community. While open heart aortic valve replacement surgery has traditionally been the gold standard treatment for severe symptomatic native aortic valve stenosis, there are patients who are not candidates for open-chest surgery. These inoperable patients may not be able to undergo traditional surgery because of factors such as age, history of heart disease, frailty or other health issues. TAVR is performed by a specially-trained interventional cardiologist and a cardiothoracic surgeon. Prior to Sentara RMH offering this program, the closest hospital providing this service was an hour drive from Sentara RMH.

2. **Fecal Microbiota Transplantation (FMT) for Clostridium difficile Infection (CDI):**
   - In the fourth quarter of 2017, the gastroenterologists and Endoscopy Unit at SRMH began providing this treatment for CDI that is not responsive to standard therapy. It is an emerging field where research is rapidly evolving. Once it is confirmed that the patient is clear to have the transplant, a 250 ml sample is infused at the cecum, or the most proximal aspect safely reached by colonoscopy. With FMT, the sample is infused at the cecum, or the most proximal aspect safely reached by colonoscopy. With FMT now available at Sentara RMH, patients suffering with recurring CDI will have the opportunity to be cured, which will lead to a healthier and more active lifestyle.

3. **The Sentara RMH Medical Group Anticoagulation Services Clinic opened in mid-August.**
   - It is staffed by RNs who have completed extensive training related to anticoagulation therapy. They work in collaboration with the PharmD team at Sentara Medical Group to manage our patients receiving anticoagulation therapy in the Harrisonburg area. Using evidence-based protocols, the nurses adjust the patients’ therapy to keep them safely in therapeutic range. A phone consultation is conducted with a PharmD any time a patient’s assessment warrants additional input or the results do not allow the use of the protocols. The clinic nurses provide extensive education for the patients who are new to anticoagulation therapy and also coordinate the use of additional medications to bridge therapy during procedures. Centralizing these services has allowed expert nurses to care for this complex population of patients – removing much of the management burden from the physicians and APCs. Currently, the clinic is only managing patients for Sentara RMH Medical Group providers located in the Harrisonburg area. There are plans to expand the service to Sentara East Rockingham Health Center and Sentara Timber Way Health Center patients later this year.
4. Transition of Care Clinic: was opened in August for patients who need a timely follow up after a hospital stay. The patient sees a nurse practitioner who reviews the patient’s medications and education materials. Our goal is to help every patient recover and avoid returning to the hospital.

5. Family Birthplace Low-Intervention Birthing Suite: For mothers who want a home-birth experience but also want the medical support of a hospital, the Family Birthplace opened a new low-intervention birthing suite. While we work to provide a low-intervention experience for any mom who requests it in any of our birthing suites, this particular suite was specifically designed for moms with low-risk pregnancies who desire a natural, family-centered experience. Yet, the new birthing suite ensures that total medical support is readily available if needed. A full-size bed, Jacuzzi tub, sleeper sofa, rocking chair and other home-like amenities are provided.

6. Emergency Department Redesign: A remodel of patient flow and staff work-design was implemented on March 8th. Phase 1 of this improvement project included implementation of a “quick registration and triage” process. It also promotes a team approach in evaluating and treating patients, both in the Fast Track and in a new “Focused Care” area (for medium acuity patients). The overall goals are to ALWAYS provide the safest and highest quality of care by evaluating patients more quickly, reducing wait times, decreasing overall length-of-stay, and improving patient and staff satisfaction.

7. Nursing Peer Review Council: Nursing peer review is a process by which bedside registered nurses—from all inpatient units and several outpatient units—review and evaluate the quality of nursing care provided by their peers. This process is non-punitive and intended to identify safety concerns with nursing practice and offer evidence-based solutions. It promotes problem solving and continuous learning. Anyone can complete a referral form for nursing peer review.

1. County Fair: Each year, Sentara RMH has a large presence at the Rockingham County Fair, which occurs annually in mid-August. Nearly 100 staff members volunteer throughout the week to greet fair goers, provide free bottles of water, and provide free health screenings, such as blood pressure checks, cholesterol screenings, and blood sugar screenings. In 2017, clinical nurses performed 1,367 free blood pressure screenings and 245 free blood glucose tests during the week at the fair.

On August 17 and 19, 2017, nurses from the Hahn Cancer Center partnered with SRMH endoscopy nurses at the Rockingham County Fair to promote colorectal cancer screening. Six of the nineteen RNs at the Cancer Center, along with nurses from the endoscopy department, spoke with more than 100 individuals, age 50 or older, throughout the course of the two days. Participants were given information, both verbally and in handouts, regarding colorectal cancer facts, risk factors, signs and symptoms, and screening tests. Of the more than 100 participants, 80% verbally agreed to follow up with their primary care physicians in order to discuss colorectal cancer screening! Due to our nurses reaching out to the community, preventative screening will be a priority for an increased number of individuals.

2. International Festival: Sentara RMH Medical Center has been a proud sponsor and supporter of the International Festival for many years. The hospital has a booth set up at the Festival each year where we offer blood pressure screenings, diabetes screenings, and information on cultural diversity programs such as our Diversity in Healthcare Scholarship and interpretation/communication services. The International Festival is a free day of family fun that celebrates the many cultures that make up our community. The International Festival features international foods, music, dance, activities for all ages, a multi-language area, Teen Spacefest and a World Bazaar featuring traditional folk art. Attendance numbers are usually around 7,000-8,000 people and the event is accessible to individuals with diversified mobility and older adults.
3. ED Trauma Trot: The Emergency Department held their annual Trauma Trot 5K/8K in May 2017 as a means to provide safety awareness and education. Proceeds were used to purchase bicycle helmets that are given to pediatric patients in the Emergency Department.

4. Blue Ridge AACN donated gifts to children at Christmas to the Section 8 Housing Authority in Harrisonburg in December. The Blue Ridge AACN in cooperation with the Critical Care Unit chose 16 children off the Angel Tree to buy Christmas gifts for in December. This is our second year and we more than doubled the number of children we were able to buy for this year! We chose this particular project because the families in Section 8 Housing have to apply for this and have certain criteria like paying their bills on time for the entire year and being employed in order to qualify. We felt this was a way to help out those who are really trying to help themselves and just need a little nudge.

5. Mission Trips: Sentara RMH has several clinical nurses who go beyond national borders to provide community outreach through mission trips to third world countries each year. Millions of people are in need of medical care and supplies that are not readily available to them. In most third world countries, they simply cannot afford the cost; others have no access to healthcare because of the geographical location or a lack of supplies in that area. In 2017, Beth Robbie, BSN, RN, and Laura Rhodes, RN went to Bolivia with Mission of Hope and were part of surgery team #29. They arrived in Santa Cruz the weekend of September 16th, in spite of cancelled flights due to Hurricane Irma! Team members came from all across the US, including one nurse from Puerto Rico. It was an amazing week of teamwork as 63 patients received the blessing of an excellent surgery done free of charge! Many lives were changed, both physically and spiritually! Below is a picture at Mission of Hope in Bolivia where Beth and Laura helped to provide care in 2017.

6. Family Fair: In 2017, approximately 300 people attended the annual Family Fair. The Family Fair is designed to provide outreach and education to families in our community. The fair features both the Family Birthplace and Pediatric units by showcasing the services that both units have to offer. Other departments and community agencies are featured as well during the fair. Numerous educational exhibits are available for families, and fun activities are featured, such as face painting, door prizes, car seat safety checks, unveiling of the 2017 baby collage, the empathy belly, and refreshments.

Nurses Involved in Community and Professional Boards:

<table>
<thead>
<tr>
<th>Nurse</th>
<th>Professional or Community Board</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Good, BSN, RN, FNP, FNP</td>
<td>Representatives Heart with Enthusiastic Leadership Team (part of American Heart Association)</td>
<td>Member</td>
</tr>
<tr>
<td>Michelle Griffin, BSN, RN, CEN</td>
<td>Joseph M. Albright Jr. Chapter of American Nurses Association</td>
<td>Member</td>
</tr>
<tr>
<td>Brenda Hoops, RN, BA, CEN, CPEN, SANE–A</td>
<td>Central Shenandoah Valley Safe Kids Coalition</td>
<td>Member</td>
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<tr>
<td>Paula Nelson, BSN, RN, CEN</td>
<td>Central Shenandoah Valley Safe Kids Coalition</td>
<td>Member</td>
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<tr>
<td>Rebecca S. F. 401, BSN, RN, CEN</td>
<td>Central Shenandoah Valley Safe Kids Coalition</td>
<td>Member</td>
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<tr>
<td>Kim Sin, RN, BSN, CEN</td>
<td>Virginia Hospital &amp; Healthcare Association (ASHWA)</td>
<td>Member</td>
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<tr>
<td>Julie Jarrett, BSN, RN, BSN</td>
<td>Virginia Hospital &amp; Healthcare Association (ASHWA)</td>
<td>Member</td>
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<tr>
<td>LeAnn Lax, BSN, RN, BSN</td>
<td>Shenandoah Valley Emergency Nurses Association Board</td>
<td>Member</td>
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<tr>
<td>Jan Featuring, BSN, RN, CEN</td>
<td>Board of Directors for Childbirth Education</td>
<td>Member</td>
</tr>
<tr>
<td>Jessica Hinton, FNP, RN, BSN</td>
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<td>Virginia Hospital &amp; Healthcare Association (ASHWA)</td>
<td>Member</td>
</tr>
</tbody>
</table>

LEFT AND TOP: Family Fair. ABOVE, L to R (Past and present ENA presidents): Brenda Hoops, RN, Carissa Lax, RN, Melissa Griffin, RN, Rebecca Foltz, RN

1 to R: Trauma Trot, Blue Ridge AACN, Mission Trip
Central Line Associated Blood Stream Infections (CLABSI)

Our goal for 2017 was to achieve one or less CLABSI. We did not meet our goal. We had two CLABSI in 2017. However, we do continue to outperform the National Database of Nursing Quality Indicators (NDNQI) benchmark for the majority of our units.

Hospital Acquired Pressure Injuries (HAPIs) Stage II & Above

We did meet our 2017 goal for HAPIs Stage II & Above. Our goal was a rate of 1.70 or 19 or less Stage II & above HAPIs. We finished the year with 11 Stage II & above HAPIs, which was a rate of 0.99 for the year. Thanks to the HAPI Team and everyone for focusing on pressure injury prevention strategies and keeping our patients safer.

Falls with Injury

Our goal for falls with injury was a rate of 0.435 or 22 or less falls with injury. We finished the year with 27 falls with injury, which was a rate of 0.55. Although we did not meet our goal for falls with injury, we continue to outperform the National Database of Nursing Quality Indicators (NDNQI) benchmark for the majority of our units.

Empirical Outcomes

Sentara RMH nurses take ownership of nurse-sensitive indicators, including Falls with Injury, Hospital Acquired Pressure Injuries (HAPIs), Catheter Associated Urinary Tract Infections (CAUTI), and Central Line Blood Stream Infections (CLABSI). Each year, we set stretch goals to further improve our patient outcomes. Below are the 2017 outcomes.

Empirical Outcomes

2017 SRMH Falls w/ Injury

2017 SRMH CLABSIs

2017 SRMH Stage II & Above HAPIs

Central Line Associated Blood Stream Infections (CLABSI)

Our goal for 2017 was to achieve one or less CLABSI. We did not meet our goal. We had two CLABSI in 2017. However, we do continue to outperform the National Database of Nursing Quality Indicators (NDNQI) benchmark for the majority of our units.
Catheter Associated Urinary Tract Infections (CAUTI)

Our 2017 goal was to achieve less than six CAUTIs. We did not meet our goal. We ended the year with a total of 12 CAUTIs for the year. However, we do continue to outperform the National Database of Nursing Quality Indicators (NDNQI) benchmark for the majority of our units.

2017 Clinical PI Goals

Below are the 2017 clinical performance improvement (CPI) goals and Sentara RMH’s performance to the goals. We met our goal to achieve 3 of the 5 CPI goals.

- **READMISSIONS**
  - Goal Less Than: 14%
  - 2017 Performance: 14.00%
  - What To Do: Continue to ensure correct discharge disposition codes are entered into Epic.

- **HOSPICE & PALLIATIVE CARE**
  - Goal More Than: 5.23%
  - 2017 Performance: 5.23%
  - What To Do: Continue to ensure correct discharge disposition codes are entered into Epic.

- **CLOSTRIDIUM DIFFICILE INFECTION**
  - Goal Less Than: 4
  - 2017 Performance: 4 YTD
  - What To Do: Continue with STOP Huddles!

- **WRONG EVENTS**
  - Goal: 0 events
  - 2017 Performance: 3 YTD
  - What To Do: Ensure all steps in the Time Out are carried out and documented.

- **ACCESS: PATIENT FLOW-ER TREAT & RELEASE**
  - Goal More Than: 34.4%
  - 2017 Performance: 34.4%
  - What To Do: Physical redesign and renovation plans underway to optimize flow.

- **ER TREAT AND ADMIT**
  - Goal More Than: 20.5%
  - 2017 Performance: 20.5%
  - What To Do: Electronic hand-off implemented.

Gray arrows beside each goal indicate the desired metric and trending direction. Green indicates meeting/exceeding goal. Yellow indicates close to meeting goal.
**Patient Satisfaction**

As shown by the graph below, Sentara RMH did not meet our inpatient HCAHPS 2017 goal.

**Serious Safety Events**

Safety is our top priority at Sentara RMH as evidenced by our Sentara Commitment to “ALWAYS keep you safe”, our Professional Nursing Practice Model foundation of “A Culture of Safety and Accountability”, and our Sentara RMH patient safety vision statement “Together we are passionate about keeping our patients safe, by ensuring we first do no harm.” In 2017, we achieved 640+ days without a serious safety event. Great job in keeping our patient safe!

**Turnover**

In 2017, we saw a decrease in our voluntary RN turnover at SRMH. The national average for RN turnover is 14.6% (NSI Nursing Solutions, Inc. 2017).

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**HCAPS Top Box Rate Sentara RMH**

- % of responses scoring 9 or 10 of 10

Goal

2017 Goal = 74.0

**SRMH, RN Voluntary Turnover Rates 2016-2017**

Year | % Turnover
--- | ---
2016 | 13.3%
2017 | 9.9%

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**Goals**

- Rate of .44 by 12/2012
- Rate of .44 by 12/2013
- Rate of .40 by 12/2014
- Current: Achieve Zero!
Other Accomplishments in 2017

- Launched a new hybrid operating room and structural heart program (TAVR)
- Achieved 640+ days without a serious safety event
- Achieved the best first year employee retention rate in the system!
- Achieved Health Grades Distinguished Hospital Award 4 of the last 5 years putting us at the top 5% of all hospitals in the nation
- Broke ground on the Bridgewater Health Center
- Achieved a three-star (highest!) rating of our cardiac surgery program from the Society of Thoracic Surgeons
- The RMH Foundation achieved a record-setting year allowing for continued philanthropic support of both our hospital and community.
- Cared for 13,820 inpatients, 71,138 emergency room visits, 22,372 surgeries and delivered 1,742 babies.
- Increased Sentara RMH Medical Group patient access by 12.6% representing 32,983 new patient visits.
- Became the first hospital on the east coast to offer the GE Molecular Breast Imaging system with biopsy.

SENTARA’S NURSING MISSION STATEMENT: Why We Exist
We improve health every day through nursing excellence.

SENTARA’S NURSING VISION STATEMENT: What We Seek to Be
To create an environment of health and healing.

SENTARA’S PHILOSOPHY OF NURSING
We Believe:

- The foundation for our work is a culture of safety and accountability;
- Our nursing practice foundations differ between facilities as we respect the culture, history, and diversity of patient populations;
- Our responsibility is to create a caring and compassionate relationship with patient/client/family;
- As nurses, we collaborate with the healthcare team to use evidence-based practice in providing care;
- Nurses assess, manage, coordinate and evaluate the care and education of the patient/family along the continuum of care.
- Our vision is to create an environment of health and healing.

Sentara RMH Medical Center’s Nursing Professional Practice Model

In 2016, the shared governance council members reviewed and evaluated our Professional Practice Model (PPM) and voted to add relationship-based care. The group believed relationship-based care complemented patient-centered care and could add to the current PPM. The clinical nurses particularly liked the focus of creating a caring relationship with colleagues the relationship-based care model included, which they felt was missing from patient-centered care. The new model is pictured below.