

THANK YOU. MERCI BEAUCOUP. GRACIAS. DANK U WEL. DAN
KE SCHÖN. GO RAIBH MAITH AGAIBH. GRAZIE. DHANYABAAD.
MAHAD SANID. SALAMAT. KHAWP KHUN. THANK YOU. SPASIBO.
SIYABONGA. M GOI. DÊKUJI. VINAKA. OGIWADONG. ARIGATO.
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2011 NURSING ANNUAL REPORT



Celebrating

THE MARTHA JEFFERSON NURSES 2011

Martha
Jefferson Hospital

A member of  SENTARA®



(on the cover)
Gabe Henderson,
BSN, RN, Clin III,
caring for a patient

If there is one word fitting enough to express my sentiments for the events and accomplishments of 2011 at Martha Jefferson, it is *gratitude*. I am so thankful for our wonderful nursing staff every single year, but in 2011 they shone so brightly that it dazzled the eye. Martha Jefferson's transition to the new hospital on the hill was the culmination of many years of work by many extraordinary people — and no one played a greater role than the nurses.

Nurses at every level, from staff nurses to directors, contributed to the planning and design of the new building, the development of new processes, and the training and orientation of staff prior to the move. Before the new facility opened its doors on August 28, all nursing staff had ample opportunity to visit, train and begin the assimilation of their planning into the reality of daily care — so when the new Martha Jefferson was opened for business, our nurses were more than ready to hit the ground running.

Then there was the move itself, that beautiful, emotional and safe day on which we said goodbye to 459 Locust Avenue and welcomed our very first patients into 500 Martha Jefferson Drive. As part of the coordinated efforts of the entire Martha Jefferson team, the nurses helped facilitate the complex and meticulously planned move, which went off without so much as a single hitch — a major achievement in its own right.

For those accomplishments alone, the nurses would be entitled to glow with pride — but in 2011 our nursing staff demonstrated an incomparable ability to multitask. Added to the rigorous demands of the cross-town move, the nurses also played a central role in helping Martha Jefferson achieve redesignation as a Magnet facility. Though the application itself required many hours of writing and detailed documenting by our Magnet Team, ultimately the visit by the Magnet evaluators was the most significant step in the redesignation process. And during this crucial visit, the Martha Jefferson staff nurses welcomed the team of surveyors and shared with them their passion for innovation and lifelong learning, as well as their pride in the hospital's outcomes. They demonstrated their ability to search for and weigh evidence, and to choose and implement new processes designed for the enhancement of patient care. Less than 5 percent of hospitals can claim designation as a Magnet facility, and certainly only a small fraction of that 5 percent could claim to pair such an achievement with a complete hospital move in the same year.

And yet, despite all the activity surrounding the move and the attention required for Magnet redesignation, the nurses continued to do what they do best — caring for our patients with kindness, compassion, efficiency and safety.

So to this exceptional staff, acting individually and as a team under extraordinary circumstances, I'd like to express my deep, heartfelt gratitude. To the nurses of Martha Jefferson, thank you for your dedication, compassion, kindness, commitment, tirelessness, aspirations, foresight, ingenuity, teamwork, respect, engagement, intelligence, critical thinking, perseverance, determination, courage, nobility, altruism, motivation, focus and graciousness. And as we settle into our magnificent new home on Pantops Mountain, here's to the continued contributions of our wonderful nurses to the successes of Martha Jefferson in the years and decades to come.



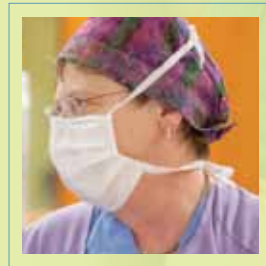
Amelia S. Black, MSN, RN, NEA-BC | VICE PRESIDENT, CHIEF NURSE EXECUTIVE

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*Nurses at left,
from top to bottom:
Cindy Digges, Graduate
Nurse Assistant;
Diann Begert, BSN, RN, Clin IV ;
Dorothy Somerville, BS, RN*

*Large photo:
Jennifer Branham,
RN, OCN, Clin IV*



attitude



move day

AUGUST 28, 2011

4:45 a.m. A crowd of 200 gathered in the Cardwell Center lobby to await final instructions and a benediction. The night shift nursing staff had already been at work for many hours, checking and gathering patient charts and belongings, offering comfort and reassurance while they performed their routine patient care.

“It was definitely an exciting time for all of us,” said Amy Black, MSN, RN, NEA-BC, Chief Nurse Executive. “We had been planning the day for such a long time. Once it finally arrived, we were more than ready to put our planning to work and move our patients safely.”

Over a four-hour period, 65 patients (including three newborns) were moved from 459 Locust Avenue to 500 Martha Jefferson Drive, the site of the new hospital on Pantops Mountain.

“Our top priority from the beginning was to make sure each patient made it to our new hospital safely,” said Becky Owen, MSN, RN, NE-BC, Director of Nursing. “Leading up to the move, we planned for every situation we could imagine.”

Planning was the key word — planning, planning and then more planning. Designing a hospital from the ground up involves countless questions and details, but with guidance from the architects and construction services personnel, the nurses on the **Inpatient Design Team** helped to craft a room layout that affords all patients greater privacy and allocates adequate space for each of its key users — patients, families and caregivers alike.

The Direct Patient Care team, co-chaired by Mina Ford, MSN, RN, AOCNS, and Nancy Maloy, MSN, RN, NE-BC, Director of the Surgical, Interventional and Procedural Center, attempted to catalog each and every task the nurses and nurses’ assistants carry out in the course of a day — and then to determine all the equipment, supplies and resources needed to complete each task. The endeavor was a team effort and included nurses from every inpatient unit: Anita Carver, BSN, RN, Manager Rucker 4 and Rucker 2; Allison Crawford, BSN, RN, Clin IV; Dana Graves, BSN, RN, PCCN, Manager South 6; Jennifer Harris, RN, Clin II; Barbara Page, BSN, CCRN, Manager Intensive Care Unit; Linda Paige, BSN, RN; Carol Vincel, RN, CCRN; and Alan Young, BSN, RN, PCCN. The group worked with Dana Trom and Joe Fowler of Materials Management to develop the nurse server, a unique and carefully tested tool that organizes a variety of everyday supplies and allows the nursing staff to spend more face-to-face time with patients — rather than searching for needed supplies.



Martha Jefferson nurses gather to say farewell as the last patient leaves the 459 Locust Avenue site.



Charged with determining the best care delivery model, the **Model of Care Team** was co-led by Faye Satterly, BSN, RN, CRNI, and Jean Blankenship, MSN, RN, PHCNS, BC, and was facilitated by Kim Lavin, MSN, RN, MPH, with team members Teresa Maddox, RN, OCN, Clin IV; Mina Ford, MSN, RN, AOCNS; Sara Morris, RN, Clin IV; Bonnie Tirrell, RN; Ervenna Ashnafi, RN, Clin IV; Susan Loomis, RN, PCCN; and Rebecca Conley, RN. Having reviewed all available evidence, the team selected relationship-based care as the model that best fit with the Martha Jefferson Caring Tradition. The group also redefined the role of the resource nurse, staff RN, and nursing assistant in preparation for the move. South 7/Cornell 2 and South 5/Wendel 2 were chosen as the units to pilot implementation of the model.

With all private rooms and smaller units in the new facility, team communication arose as a significant challenge to address prior to the move. **The Communication Team**, led by Becky Owen, MSN, RN, NE-BC, with team members Tracy Davis, RN, PCCN, Clin III (S6/C1); Katherine Stutzman, RN, ONC, Clin IV (S5/W2); Chris Hibbert, RNC, Clin IV (S4/W3); Abby Denby, BSN, RN, CWON (S5/W2); Alison Hartman, Operations Engineer and team facilitator; Joy Rosson, RN, CPN, Clin IV (Peds/CDU); Jennifer Branham, RN, OCN, Clin IV (S7/C2); Susan Morris, RN, Clin IV (R4/C3); and Terry Thomas, RN, central float, developed new means of both communicating and enhancing the sense of teamwork in units where the nurses' station would no longer be the gathering place for documentation. The team's preparatory work included the blueprint for nurse-to-nurse reporting,

bedside reporting and unit huddles, and implementation was initiated at the Locust Avenue location to ensure that staff would be comfortable with the changes prior to move day.

Day in the Life scenarios, offering staff the opportunity to test assumptions of movement, systems, roles, communication mechanisms, and knowledge of procedure and safety practices, served as another means of getting ready for life in the new facility. The team was co-chaired by Sue Winslow, MSN, RN, NEA-BC, APHN-BC, Director of Nursing Education, Community Services and the Magnet project, and Barbara Elias, Director of the Replacement Hospital Project. Team members included Ashley Jones, MSN, RN, manager, Cardiac Cath and EP Lab; Laura Decker, BSN, RN, Director of Cardiology Services; Trevelyn Karr, RN, Shift Manager; Jen Gaines, BSN, RN; Tim Hartwell; Pat Ketchel, RN, MBA; Myra Pellissier, MPH, BSN, RN; Paul Tessoriere, MD; and Mary Wolfe, RN, Clin IV. The team planned for and carried out mock drills in the new building, including a STEMI, rapid response/ASIT, code red, urgent return to the OR with blood administration, patient fall with subdural hematoma and stat head CT, pregnant patient with prolapsed cord in ED, and a code blue in a public setting.

After completing the drills, the team regrouped and evaluated, then communicated what they had learned to the pertinent parties, further ensuring a safe transition to the new hospital for staff and patients.

In the days and months — even years — leading up to the move, nurses were involved in every aspect of planning and evaluating, including the selection of tools such as My Station (the electronic

1. SOUTH 7 NURSES

Row 1: Nora Anderson, NA • Natalie Comer, RN • Setour Dillard, RN, OCN, Nurse Manager • Nikki Eppard, RN, Clin III • Candace Taylor, NA • Joanne Yoder, RN, Clin II

Row 2: Barbara Petrella, RN, Clin III • Jessica Cooper, RN, Clin IV • Kable Pluger, RN, Clin II • Jennifer Branham, RN, OCN, Clin IV • Angie Wharam, RN, Clin II • Beth Vittolo, RN, Clin IV • Debbie Brown, BSN, RN, OCN, Clin V • Mina Ford, MSN, RN, AOCNS • Brandy Herring • Deborah Totten, RN

2. Dorothy Somerville, BS, RN • Nancy Maloy, MSN, RN, NE-BC

3. Meredith McKown, BSN, RNC • Heidi Curnutte, RN • Susan Rindge, RN • Bonnie Tirrell, RN

4. Dorothy Somerville, BS, RN • Becky Owen, MSN, RN, NE-BC • Amy Black, MSN, RN, NEA-BC

5. Donna Blakey, LPN
Chris Clements, HSA • Heidi Anderson, BSN, RN, Clin IV



patient education and entertainment system), the nurse call system, and the monitoring system. Just as important, on each inpatient and outpatient unit, the nurses were at the forefront of planning new processes unique to their specific areas.

With all the preparation during the last months leading up to the move, more than 400 nursing staff had to be oriented to the new building and receive training on new processes. Nurse managers, nurse educators and shift coordinators were charged with ensuring appropriate staffing in the old hospital while allowing staff to participate in the training and orientation at the new building. Their coordinated efforts were a great success, and as a result, all nursing staff members were well oriented to their respective

new units prior to the move.

The product of all this hard work and thoughtful planning was a safe, efficient and eventless move. According to Angie Craig, BSN, RN, OCN, Clin V: “Being part of the move was exciting! I wanted to work that day, except I wanted to be in both places at the same time — at the old hospital to see the last patients leave and at the new hospital to see the first patients arrive.”

Added Setour Dillard, RN, OCN, nurse manager, South 7: “We brought the most important part — the Caring Tradition — with us. There has been a learning curve, but with the teamwork and everyone supporting each other, we created a successful transition!”

Congratulations to the nurses of Martha Jefferson on their invaluable contributions to the historic move!





Magnet[®]
ORGANIZATION

On July 21, 2011, Martha Jefferson received the phone call the nursing staff had been waiting for — the call announcing that Martha Jefferson Hospital had been redesignated as a Magnet Hospital by the American Nurses Credentialing Center (ANCC). Led by Sue Winslow, MSN, RN, NEA-BC, APHN-BC; Jean Blankenship, MSN, RN, PHCNS, BC; and Amy Black, MSN, RN, NEA-BC, chief nursing executive, the application for Magnet redesignation was submitted online in October 2010, and culminated in a three-day site visit in May 2011.

Though the initial write-up authored by Jean Blankenship and Sue Winslow offered a comprehensive and insightful report on the current status of nursing at Martha Jefferson, it was the site visit that helped to seal the deal, so to speak. Magnet surveyors met with more than 300 people at Martha Jefferson, who aptly demonstrated that the components outlined in the application were more than mere words. Through the information gleaned during the site visit, evidence-based practice and nursing research, community outreach, and input into the use of technology in facility design at Martha Jefferson were recognized as part of the Martha Jefferson nursing identity.

In the summary report given by the surveyors, several areas were highlighted as exemplars. One observation highlighted in the Transformational Leadership category stated: “The level of staff nurse input into decisions regarding technology and planning the new hospital was exemplary. On the site visit the richness and sense of ownership of all staff was heard during meetings and unit visits.”

Under Structural Empowerment, in discussing how the organization and nursing address the healthcare needs of the community, the report cited 11 examples of how community healthcare has been enriched by Martha Jefferson and quoted several community leaders who praised the hospital for the volunteers and assistance they have received from Martha Jefferson.

The surveyor was also very impressed with the structure in place to evaluate nursing practice:

Throughout the site visit, the appraiser team heard evidence of the enculturation of the use of best practice evidence and research to guide nursing practice and performance initiatives from the direct care nurses as well as the leadership team. The appraiser team discovered a rich culture of problem solving and proactive planning using evidence based best practices to improve patient experiences and outcomes.

The report went on to praise the quality of the stories told by nursing staff on how they improved patient care and the processes surrounding it, citing the IVIEW team for their diligence in the decisions made concerning how the medical record documentation system could best support nursing both in meeting regulatory requirements and in assisting the caregiver in the workflow.

The **Magnet Champions**, made up of participants from each unit, assisted the staff in preparation for the survey, encouraging them to shine. Champions included Marsha Taylor, RN, OCN, Clin V; Danielle Deane, BSN, RN, Clin IV; Stephanie Potter, RN; Rebecca Martin, BSN, RN, ONC, Clin III; Frances Manly, RN; Edie Johnson, RN; Becky Lawhorne, RN, Clin III; Sherri Clatterbuck, RN, Clin IV; Gina Gilmore, RN, CCRN, Clin IV; Joanne Bock, RN; Carolyn Ramwell, MSN, RN; Joy Rosson, RN, CPN, Clin IV; Mark Mayberry, BSN, RN, Clin IV; Jennifer Riner, RN; Hollis Campbell, RN; Debbie Wilkinson, BSN, RN, BC, Clin V; Lise Mikkelsen, RN; Maureen Garmey, BSN, RN; Amparo Larue, BSN, RN, CNOR, Clin IV; Ione Lee, BSN, RN, CGRN, CNOR, Clin V; Christina Watson, RN; Allison Woodside, BSN, RN, Clin III; and Sharon Bishop from Human Resources.

In speaking of the Magnet redesignation, Chief Nurse Executive Amy Black noted: “For patients, it can be an assurance that when they come to Martha Jefferson, they’re going to get the very best care that’s out there.”

Once again, thank you, nurses, for your dedication and tireless efforts toward making Magnet redesignation a reality for Martha Jefferson!



CERTIFICATIONS, NEW DEGREES, MAPP, PUBLICATIONS, POSTERS AND SHARED GOVERNANCE

The nurses of Martha Jefferson are dedicated to continually enhancing their skills and knowledge, as is evident in the numbers who seek certification and advanced degrees and strive to publish, climb the clinical ladder, and share what they learn through publication of their findings and poster presentations. Below is a list of Martha Jefferson nurses certified in their respective specialties, with their areas of practice:



Cancer Resource Center

Vicky Brunjes, BSN, RN, OCN

Mary Beth Revak, BSN, RN, OCN, CBCN

Cardiac Cath Lab

Susan Loomis, RN, PCCN

Michelle Bushrow, BSN, RN, BC

Emily Leamman, MSN, RN, ACNP-BC

Health and Wellness

Dennis Hogberg, BS, RN, CDE

Debbie Wilkinson, BSN, RN, BC

Case Management

Rae Cook, BS, RN, CCM

Susan Lebeis, BS, RN, CCM

CDU/Peds

Diane Knight, BSN, RN, CPN

Joy Rosson, RN, CPN

Community Services

Barbara Martin, BSN, RN, CDE, OGNP



Cindy Digges, Graduate Nurse Assistant

Cornell 1

Susan Humphrey, MSN, RN, CNL,
PCCN

Angela Chatman, BSN, RN, PCCN

Cindy Coates, RN, PCCN

Tracy Davis, RN, PCCN

Amanda Deinlein, RN, PCCN

Jenny Furlow, RN, PCCN

Samantha Level, RN, PCCN

Gail Parrish, BSN, RN, PCCN

Tony Sapino, BSN, RN, PCCN

Donna Whitford, BSN, RN, PCCN

Alan Young, BSN, RN, PCCN

Sue Ann Asby, RN, C

Cornell 2

Anne Marshall, BSN, RN, CHPN

Jennifer Branham, RN, OCN

Debbie Brown, BSN, RN, OCN

Angie Craig, BSN, RN, OCN

Teresa Maddox, RN, OCN

Marsha Taylor, RN, OCN

Courtney Starr, BSN, RN, OCN

Cornell 3

Stacey Williams, BSN, RN, BC

Tania Jacobson, BSN, RN, TNCC

Emergency Department

Hong Zhao, MSN, RN, ACNP, CCRN

Rachel Netland, BSN, RN, CEN

Catherine Goddeau, BSN, RN, CEN

Endoscopy

Karron Good, RN, CGRN

Ione Lee, BSN, RN, CGRN, CNOR

Tammy Leake, LPN, CGN

Central Float Pool

Jennifer Colvin, BSN, RN, CPN

Health Information Management

Charlotte Beagle, MSN, RN, CCRN

Infusion Center

Gloria Ascoli, RN, OCN, CRNI

Mike Nelson, BSN, RN, OCN

Lori Connolly, RN, CHPN

Leanna West, RN, OCN

Nursing Administration

Amy Black, MSN, RN, NEA-BC

Bobbie Page, BSN, RN, CCRN

Tom Dillon, MSN, RN, CNOR

Faye Satterly, BSN, RN, CRNI

Sue Winslow, MSN, RN, NEA-BC

Sandra Fields, BSN, RN, NE-BC

Nancy Maloy, MSN, RN, NE-BC

Becky Owen, MSN, NR, NE-BC

Setour Dillard, RN, OCN

Dana Graves, BSN, RN, PCCN

Jean Blankenship, MSN, RN,

PHCNS, BC

Abby Denby, BSN, RN, WOCN

Mary Ann Lucia, BSN, RNC-OB



Nursing Education

Mina Ford, MSN, RN, AOCNS

Kristin Walker, MSN, RN, CCRN

Leith Mullaly, MSN, RN, IBCLC

Meredith Overstreet, BSN, RN, CEN

Lisa Carmines, MSN, RN, CPN

Donna Freeman, BSN, RN, CNOR

Ann Goodson, MSN, RN, ONC

OB Case Management

Penny Merrell, BSN, RN, CCE

Suzanne Wentworth, MSN, RN, C, CCE

PACU

Christy Youngkin, MSN, RN, CEN

Amy Williams, BSN, RN, CPAN

Navigators

Angie Honeycutt, MSN, RN, FNP, ONC

Christie Hankle, RN, CNSN

Radiation Oncology

Glenda Bittner, RN, OCN

Surgery

Marcia Arnold, RN, CNOR

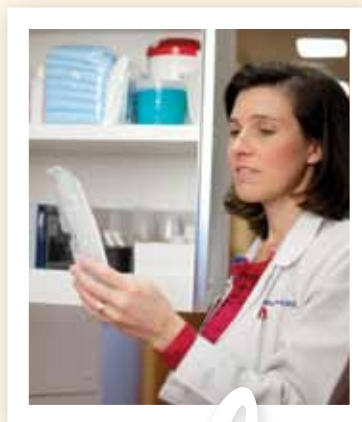
Tim Epple, BSN, RN, CNOR

Charlene Funkhouser, RN, CNOR

Cheree Hansen, BSN, RN, CNOR



Staff of Infusion Center and Martha Jefferson Medical Oncology and Hematology during orientation to their new hospital location.



(left photo)
Mina Ford, MSN, RN, AOCNS reviewing the nurse server supplies.

dedication



1

Marjorie Heflin, BSPA, RN, CNOR
 Amparo Larue, BSN, RN, CNOR
 Deborah Moody, RN, CNOR
 Tee Goyer, RN, CNOR, RNFA

Vascular Interventional Radiology

Roy Tomlin, BSN, RN, CCRN
 Kate Chorzempa, BSN, RN, PCCN

Wendel 1

Debra Connor, RN, CCRN
 Daphne Sivert, BSN, RN, CCRN
 Christine Flood, MSN, RN, CCRN, FNP
 Rich Casin, BSN, RN, CCRN
 Gina Gilmore, RN, CCRN
 Carol Wayner, BSN, RN, CCRN
 Laura Preganz, RN, CNRN
 Hilda Taylor, MSN, RN, PCCN, ONC

Wendel 2

Miranda Trent, MSN, RN, FNP
 Greg Huber, MSN, RN, ONC
 Rebecca Martin, BSN, RN, ONC
 Kim Richards, BSN, RN, ONC
 Katherine Stutzman, RN, ONC
 Glenda Wingfield, RN, ONC



2

Wendel 3

Lisa Henkel, RN, CCE
 Margaret Willis, MSN, RN, FNP
 Judith Linden, BSN, RN, IBCLC
 Allyson Michaels, BSN, RN, IBCLC
 Frances Winters Dumin, BSN, RN, IBCLC
 Susan Schenkkan, BSN, RNC
 Suzanne Ludwick, BSN, RNC
 Barbara Benson, BSN, RN, RNC
 Linda Brann, BSN, RNC
 Michelle Colley, BSN, RNC
 Sharon Fickley, BSN, RNC
 Laura Hall, RNC
 Christine Hibbert, RNC
 Kristi Holt, RN, CCBE
 Adelle Karaca, BSN, RNC
 Laura Matheny, RNC
 Meredith McKown, BSN, RNC
 Carrie Michalski, MSN, RN, C, WHNP
 Tracy Morris, BSN, RNC
 Mary Noffsinger, BSN, RNC
 Susan Rindge, RNC
 Maura Rodriguez, BSN, RNC
 Delores Ryan, RNC
 Kristin von Thelen, BSN, RNC
 Heidi Wolfe, BSN, RNC
 Elaine Shinsky, BSN, RNC
 Tina Connell, RNC



3

Wound Care Center

Jane Fellows, BSN, RN, CWCN, CFCN
 Mary Mullins, MSN, RN, FNP, CWON, RD

In 2011, Martha Jefferson nurses shared their knowledge via the following publications and poster presentations:

PUBLICATIONS

Rowlands, A., and Winslow, S. (2011). *The Executive Nursing Leadership Journal Club. AORN Journal*. 94 (2), 190-193.

Fickley, S.; Knight, D.; Richards, K.; Rosson, J.; Rumbley, N.; and Winslow, S. (2011). *Staff Nurses Revitalize a Clinical Ladder Program Through Shared Governance. Journal for Nurses in Staff Development*. 27 (1), 13-17.

Blankenship, J., and Denby, A. *Empowering UAP to Champion Pressure Ulcer Prevention. Nursing*. 2010 (40)8. 12-13.

PRESENTATIONS

Ramwell, C.; Blankenship, J.; and Winslow, S. *Recession, Reform, Re-designation, Oh My! How to Energize Staff for Magnet Re-designation in Challenging Times*. Poster



1. Carolyn Marckel, RN, Coordinator of Daily Operations

2. Carol Vincel, RN, CCRN

3. Kim Lowry, RN, Manager, Emergency Services

Mary Wolfe, RN, Clin IV

4. Miranda Trent, MSN, RN, FNP-C

5. Barbara Petrella, RN, Clin III

Marsha Taylor, RN, OCN, Clin V

6. Allison Crawford, BSN, RN, Clin IV



4



5



6



presentation, ANCC Magnet Conference, Baltimore, Md., October 2011.

Winslow, S.; Deane, D.; Rosson, J.; Wilkinson, D.; Rowlands, A.; and Knight, D. *Refreshing Clinical Ladder Participation Through E-submission*. Poster presentation, ANCC Magnet Conference, Baltimore, Md., October 2011.

Denby, A.; Manly, F.; and Martin, R. *Doing More with Less ... No Bones About It!* Poster presentation, ANCC Magnet Conference, Baltimore, Md., October 2011.

Rowlands, A., and Winslow, S. *The Executive Nursing Leadership Journal Club*. Poster Presentation. ANCC Magnet Conference. Phoenix, Ariz., October 2010.

Black, A. *Times are Tough, but Numbers Don't Lie: Using NDNQI Data to Support the Acquisition of Fiscal and Human Resources*. Podium Presentation. NDNQI Nursing Quality Conference, New Orleans, La., January 2010



Dr. Angela Amin; Diann Begert, BSN, RN, Clin IV

The following national award honored a special Martha Jefferson nurse:

Sharon Fickley, BSN, RN-C, was the recipient of the 2011 Association of Women's Health, Obstetric and Neonatal Nursing (AWHONN) Award for Excellence in Nursing Practice. One of four awards (Education, Research, Practice and Community Service) given annually by the AWHONN board of directors from nominations submitted from the U.S., Canada and U.S. Armed Forces around the world, the award was presented at the National AWHONN Conference in Denver, Colo., in June 2011.

Below is the list of nurses who have achieved a Clinical III or higher on the MAPP:



Bushrow, Michelle	CLINICIAN III	Moneymaker, Lucy H.	CLINICIAN III
Byam, Tracy	CLINICIAN III	Moody, Deborah L.	CLINICIAN III
Campbell, Laura	CLINICIAN III	Morris, Leanne	CLINICIAN III
Chatman, Angela	CLINICIAN III	Peterson, Emily	CLINICIAN III
Davis, Tracy L.	CLINICIAN III	Petrella, Barbara	CLINICIAN III
Defbaugh, Melody E.	CLINICIAN III	Rowe, Crystal A.	CLINICIAN III
Deinlein, Amanda D.	CLINICIAN III	Sapino, Anthony L.	CLINICIAN III
Drumheller, M. Brittany	CLINICIAN III	Shisbey, Rowena V.	CLINICIAN III
Ellis, Ruth K.	CLINICIAN III	Showalter, Teresa A.	CLINICIAN III
Eppard, Aimee N.	CLINICIAN III	Smith, Lila J.	CLINICIAN III
Fellows, Jane	CLINICIAN III	Summy, Connie E.	CLINICIAN III
Fick, Tiffany	CLINICIAN III	Whalen, Julie R.	CLINICIAN III
Furlow, Jenny	CLINICIAN III	Wheeler, Susan	CLINICIAN III
Goranson, Connie L.	CLINICIAN III	Williams, Tara	CLINICIAN III
Hansen, Cheree D.	CLINICIAN III	Wingfield, Glenda S.	CLINICIAN III
Henderson, Gabriel H.	CLINICIAN III	Wood, Kimberly K.	CLINICIAN III
Holbert, Jacqueline J.	CLINICIAN III	Woodside, Allison E.	CLINICIAN III
Huff, Mary F.	CLINICIAN III	Young, Alan M.	CLINICIAN III
Kincaid, Tammy J.	CLINICIAN III	Anderson, Heidi	CLINICIAN IV
Lacey, Valerie S.	CLINICIAN III	Arnold, Marcia D.	CLINICIAN IV
Lawthorne, Susan	CLINICIAN III	Ashnafi, Ervenna L.	CLINICIAN IV
Linden, Judith M.	CLINICIAN III	Barr, Cassandra M.	CLINICIAN IV
Martin, Rebecca	CLINICIAN III	Begert, Diann B.	CLINICIAN IV
Matheny, Laura T.	CLINICIAN III	Branham, Jennifer R.	CLINICIAN IV
Maurice, Yolanda G.	CLINICIAN III	Brophy, Valerie L.	CLINICIAN IV
McKown, Meredith K.	CLINICIAN III	Brown, Amy C.	CLINICIAN IV

 Sharon Fickley, BSN, RN-C

excellence

Butler, Kathryn H.	CLINICIAN IV
Clatterbuck, Sheri M.	CLINICIAN IV
Colley, Michelle	CLINICIAN IV
Cooper, Jessica L.	CLINICIAN IV
Crawford, Allison	CLINICIAN IV
Crawford, Cynthia L.	CLINICIAN IV
Davis, Vicky B.	CLINICIAN IV
Deane, Ashley Danielle	CLINICIAN IV
Gilmore, Gina L.	CLINICIAN IV
Gnann, Deborah K.	CLINICIAN IV
Goyer, Tee	CLINICIAN IV
Hall, Jenny L	CLINICIAN IV
Hall, Laura T.	CLINICIAN IV
Haynes, Teresa G.	CLINICIAN IV
Hibbert, Christine M.	CLINICIAN IV
Hunt, Debra S.	CLINICIAN IV
Jaberg, Rachel	CLINICIAN IV
Jordan, Susan J.	CLINICIAN IV
Knight, Diane M.	CLINICIAN IV
Krevansky, Kathy L.	CLINICIAN IV
Laird, Tamilee C.	CLINICIAN IV
Larsen, David E.	CLINICIAN IV
Larue, Amparo G.	CLINICIAN IV
Maddox, Teresa H.	CLINICIAN IV
Mayberry, Mark A.	CLINICIAN IV
Megginson, Cheryl T.	CLINICIAN IV
Morris, Sara S.	CLINICIAN IV
Morris, Susan C.	CLINICIAN IV
Morris, Tracy M.	CLINICIAN IV
Palmateer, Shelia	CLINICIAN IV
Pippin, Paula M.	CLINICIAN IV
Revak, Mary Beth	CLINICIAN IV
Rosson, Joy P.	CLINICIAN IV
Shinsky, Elaine C.	CLINICIAN IV
Smith, Tammie W.	CLINICIAN IV
Stutzman, Katherine J.	CLINICIAN IV
Tomlin, Roy G.	CLINICIAN IV
Tucker, Teresa G.	CLINICIAN IV
Vitolo, Beth A.	CLINICIAN IV

Wentworth, Suzanne	CLINICIAN IV
Williams, Stacey L.	CLINICIAN IV
Wolfe, Mary T.	CLINICIAN IV
Wray, Jennifer M.	CLINICIAN IV
Ascoli, Gloria B.	CLINICIAN V
Brown, Deborah A.	CLINICIAN V
Craig, Angela D.	CLINICIAN V
Fickley, Sharon K.	CLINICIAN V
Good, Karron	CLINICIAN V
Lee, Ione T.	CLINICIAN V
Martin, Barbara H.	CLINICIAN V
Michaels, Allyson M.	CLINICIAN V
Parrish, Sharon G.	CLINICIAN V
Richards, Kimberley A.	CLINICIAN V
Rodriguez, Maura M.	CLINICIAN V
Taylor, Marsha R.	CLINICIAN V
Von Thelen, Kristin	CLINICIAN V
Wayner, Carol A.	CLINICIAN V
Wilkinson, Debbie D.	CLINICIAN V

And in 2011, the following nurses proudly earned their degrees:

Michelle Bushrow, BSN
 Anita Carver, BSN
 Angela Chatman, BSN
 Allison Crawford, BSN
 Rachelle Glover, BSN
 Emily Leamman, MSN
 Maura Rodriguez, BSN
 Kristin Walker, MSN



(top)
 Shiela Palmateer,
 RN, Clin IV

(middle)
 Trevelyn Karr, RN,
 Shift Manager

(bottom)
 Yolanda Maurice,
 RN, Clin III;
 Dr. Mark Prichard



The following nurses served on the organizational Shared Governance Teams in 2011:

Practice Excellence

Gloria Ascoli, RN
Cassandra Barr, RN
Jennifer Branham, RN
Tracy Davis, RN
Abby Denby, RN
Shelly Glover, RN
Chris Hibbert, RN
Brandy Houell, RN
Debra Hunt, RN
Amparo LaRue, RN
Cheryl Megginson, RN
Lucy Moneymaker, RN
Susan Morris, RN
Catherine Muller, RN
Becky Owen, RN
Fred Paul, RN
Dorothy Somerville, RN
Katherine Stutzman, RN
Terry Thomas, RN

Work Design

Ervenna Ashnafi, RN
Robyn Boyd, RN
Carriann Brunet, RN
Rebecca Conley, RN
Cheree Hansen, RN
Teresa Haynes, RN
Teresa Maddox, RN
Nancy Maloy, RN
Sara Morris, RN
Meredith Overstreet, RN
Gail Parrish, RN
Nelli Ramirez, RN
Dana Robb
Dorothy Somerville, RN
Bonnie Tirrell, RN
Chris Toliver, RN

Nursing Leadership

Amy Black, RN
All directors of nursing,
director of pharmacy,
nurse managers, clinical
educators, central council
chairs, manager of infection
control, medication safety
officer, nurse recruiter,
risk manager, and case
management

Education and Professional Development

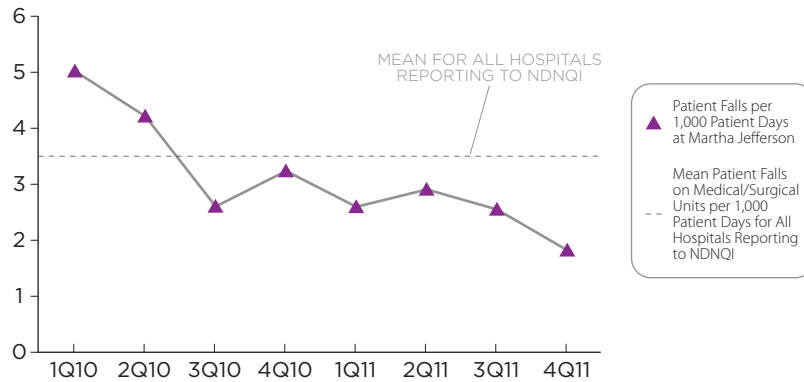
Danielle Deane, RN
Tiffany Fick, RN
Debbie Gnann, RN
Dana Graves, RN
Mary Huff, RN
Diane Knight, RN
Susan Loomis, RN
Frances Manly, RN
Laura Matheny, RN
Wendy Miller
Carolyn Ramwell, RN
Teresa Showalter, RN
Elizabeth Smith, RN
Beth Vitolo, RN
Kristin Walker, RN
Sue Winslow, RN
Kim Wood, RN

EMPIRICAL OUTCOMES

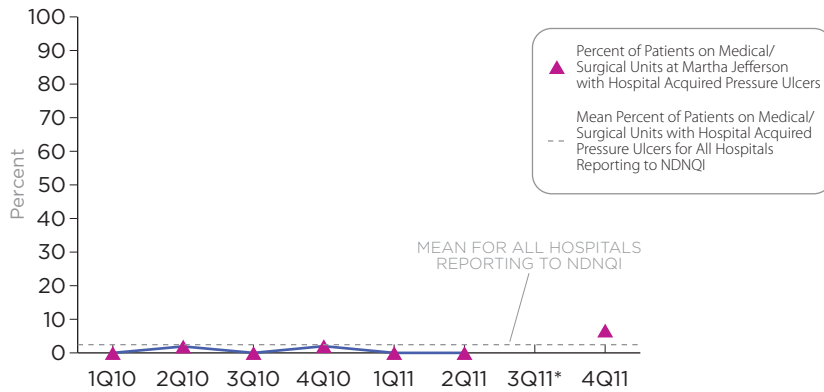
Nursing works with and within the greater Martha Jefferson community. Accomplishing the tandem feats of moving the hospital and earning redesignation as a Magnet facility in 2011 required an incredible output of energy, steady focus on goals and exemplary teamwork, and neither objective could have been achieved without a united effort — especially while continuing to provide excellent patient care around the clock. And throughout the year, the nurses' attention to patients was unwavering. As a result, two of our most important outcomes, total falls per 1000 patient days and percent of surveyed patients with hospital-acquired ulcers, either improved or remained within national norms during 2011.

Teamwork

Martha Jefferson Hospital — Falls per 1,000 Patient Days



Martha Jefferson Hospital — Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers



*During the quarter in which the hospital move took place (third quarter of 2011), Martha Jefferson did not submit data, due to changes in the size and configuration of the units. This is reflected in the chart above.



2012

If 2011 was the year of the move, 2012 will be the year of integration into the Sentara system. Though Martha Jefferson officially became part of the system in June 2011, we were wisely allowed to focus on the move at that time.

At the Martha Jefferson Triannual Nursing Leadership Retreat in February 2012, GeneMarie McGee, BSN, RN, MS, Chief Nursing Officer for Sentara, gave a talk on transformational care and Sentara's goals for the future — a talk that highlighted, reassuringly, just how closely aligned Martha Jefferson's goals are with Sentara's and how strong the resemblance is between our organizational cultures.

Sentara has been generous in sharing information about their clinical effectiveness teams, and many of our nursing leaders already are taking advantage of the opportunity to participate in those meetings. Plans are currently under way and teams are forming for additional future integration efforts.



(left) Jennifer Gaines,
BSN, RN

(right) Allison Crawford,
BSN, RN, Clin IV

goals



MISSION AND VISION OF NURSING

Mission

The mission of the Martha Jefferson nurses is to promote physical, spiritual and emotional well-being in Charlottesville and the surrounding communities; to share the joy of birth; to heal the sick and injured; and to offer heartfelt care to the dying.

Vision

Within our Caring Tradition, the nurses of Martha Jefferson will become leaders in professional nursing practice.



(back) Gail Parrish, BSN,
RN, PCCN, Clin V

(front) Anne Morris, RN

PHILOSOPHY OF NURSING

We believe in the following principles:

- Nursing practice is both an art and a science that is based on its own distinct body of knowledge.
- Nursing is a collaborative practice that acknowledges the contribution and value of all professional caregivers and ancillary staff, as well as the patient's input, as the best means of providing excellence in care.
- Nursing involves a lifelong commitment to education, learning, teaching, and the willingness and flexibility to manage change.
- Nursing is a partnership with those to whom we provide care and education.
- Nursing offers equality of care to patients and their families and loved ones, regardless of ethnic, social and economic differences.
- Nurses treat patients and their loved ones with respect, dignity and compassion.
- Nurses exhibit accountability for their own clinical practice as well as responsibility for the fiscal implications of their care.
- Nurses continually seek to enhance their competence and skills as new knowledge and technology become available.
- Nurses nurture and mentor each other, embracing both new graduates and nurses returning to the profession.
- Nurses enhance quality care by continually seeking opportunities for process improvement.
- Nurses create a professional practice environment in which patient care is evidence-based and nursing research is both valued and encouraged.