



SUSTAINING EXCELLENCE

2012 NURSING ANNUAL REPORT

Martha
Jefferson Hospital

A member of  SENTARA®



Adelle S. Karaca, BSN, RN, RNC-MNN



Amanda Boor, RN

SUSTAIN. NOURISH. FEED. SUPPORT.



Glenda Bittner, RN, OCN, Clin III



Diane Knight, BSN, RN, CPN, Clin IV

The road to excellence is both challenging and exciting. Each task accomplished along the way, each milestone achieved is cause for celebration, cheering and high-fives.

Take our Magnet® designation as an example. The entire nursing team strived towards the goal and celebrated each step along the way — the submission of the written document, the granting of a visit by the surveyors, the visit itself. Then, when a final decision was due to arrive, the team waited together in a packed room, erupting into cheers, horn blowing and confetti throwing when the all-important phone call came in with the good news.

Celebration is a delightful, spontaneous reaction to a challenging goal's attainment. The swell of pride and the sense of accomplishment are feelings to be fully indulged. But what happens after the cheering stops may be the most important indicator of whether the success will be sustained.

Neil Armstrong talks about this type of journey in his autobiography. The feted goal of the space program — and his personal goal — was landing a rocket ship on the moon and setting foot on its surface. What a momentous occasion! The whole country celebrated Armstrong's buoyant step onto the dusty, alien landscape. His words became immortalized — every school child could recite, "one small step for man, one giant leap for mankind." When Armstrong returned to Earth, there was still a space program, still a full life to be lived. But America stopped celebrating. Armstrong fell into a depression. Television network programming no longer paused to show a live feed of each rocket blasting off into space, and the nation's exploits in space became a mere footnote in the evening news.

For nursing to not only achieve the highest levels of exceptional care, but to continue to strive for greater heights, we must do better than that. We need to revise our attitudes about what success means, and we must keep

our eyes on the real goal behind the mileposts. Patient satisfaction awards and quality awards are laudable achievements, but it is the excellence they symbolize that is the real prize.

To keep the energy flowing, the emphasis has to be on the endlessness of the journey, the destination that will never be reached but only approached. And each of those accomplishments along the way — whether big or small — has to be celebrated with equal joy. An extraordinary effort is required to push toward a short-term goal like Magnet® designation, but it is the cumulative success of all of the smaller everyday tasks that counts in the long term. Consistent effort and performance — each and every day — are what sustain excellence, and that never-ending dedication to daily excellence is as worthy of celebration as receiving any award.



AMELIA S. BLACK
MSN, RN, NEA-BC
Vice President,
Chief Nurse Executive

As a leader, I humbly recognize the importance of never taking momentum for granted. It is not simply for the frontline staff to achieve — it is up to the leaders to never stop noticing, to continually recognize and nurture individual effort. Sustaining excellence is about just that — sustaining. Nourishing, feeding, supporting. Our 2012 annual report is a celebration of a year without confetti, without a major move to a new hospital or a redesignation to achieve. It is a celebration of nurses

who quietly strived to serve our patients in the safest, most compassionate and professional manner possible because it was the right thing to do. This annual report is dedicated to them, to the attitude they bring to their daily work and to the intangible quality they create — the excellence that makes the care we provide at Martha Jefferson unique, special and in a class by itself.

This annual report applauds the sustaining of excellence and celebrates the everyday heroes that make it possible.

ON THE COVER: Amy L. Brown, RN (in scrubs), and Jessica Frankfurt, BSN, RNA



Back To School

Depending on what part of the country one hails from, August and September signal the moment many parents anxiously await all summer: the start of the school year. For the kids, going back to school often brings ambivalent feelings — sadness over the end of summer mixed with joy over the return to school friends.

But for adults who are returning to school, a whole flurry of other feelings come to mind.

For **Maura Rodriguez, RN**, going back to school for her BSN — 30 years later — meant an opportunity to complete some unfinished business.

“I didn’t want to go back because I had developed a real fear of standardized testing,” said Maura. “It took me five tries to pass the boards after my associate degree. I almost gave up and became a pharmaceutical rep, but I loved clinicals and felt so at ease with the patients.” The staff on Wendel III, where Maura often serves as charge nurse, is certainly »

FRONT ROW: Connie Bossieux, RN, Clin III; Deborah Urciolo, RN; Teresa Maddox, RN, OCN, Clin IV; Robin Workman, BSN, RN • *STANDING:* Amanda Deinlein, RN, PCCN, Clin IV; Danielle Deane, BSN, RN, Clin IV; Setour Dillard, RN, OCN; Stephanie Dudley, RN; Nancy Maloy, MSN, RN, NE-BC; Rebecca Owen, MSN, RN, NE-BC; Amy Black, MSN, RN, NEA-BC; Gail Parrish, BSN, PCCN, Clin V; Ryan Thompson, MSN, RN; Shelly Glover, BSN, Clin III; Deborah Collins, BSN, RN, Clin IV; Mary Huff, BSN, RN; Laura Metheny, RN, Clin III; Maura Rodriguez, BSN, RNC-OB, Clin V • *ON THE BUS:* Abby Denby, BSN, RN, WOCN; Allison Crawford, BSN, RN, Clin IV; Sharon Fickley, MSN, RN, Clin V; Jennifer Gaines, BSN, RN, CHSE; Lisa Carmines, MSN, RN, CPN; Christi Hankle, RN, CNSN

IN 2012, MORE THAN 25 NURSES UTILIZED
SOME FORM OF SCHOLARSHIP FUNDING
FROM MARTHA JEFFERSON HOSPITAL
TO ADVANCE THEIR EDUCATION.

very grateful she persevered, and her recent BSN achievement was a further acknowledgement of her expertise.

Thanks to generous philanthropic support, Martha Jefferson nurses have numerous opportunities for returning to school. Scholarships and tuition reimbursement are available to provide financial assistance, and the program options have increased dramatically in recent years. Old Dominion University, for example, offers a combination online and webinar format. Other schools offer a total online program, with each student assuming responsibility for clinical leadership time. And still others like the program offered at the University of Virginia have a strong classroom component. Maura opted for the UVa program and received her BSN in 2010 — at the same time, incidentally, that her youngest graduated from college. As a testimony to Maura's strong leadership skills, she was asked by her school peers to give the speech at the UVa pinning ceremony.

Setour Dillard, RN, took a different route.

The nurse manager of a busy 24-bed medical-surgical/hematology-oncology unit, Cornell 2, Setour started working on her BSN several years ago when she realized the degree would be required for her to remain in her leadership role. She chose the Old Dominion University option, and at the start of her program she was in the company of friends and colleagues — according to her, that was the best part of being back in class. However, going back to school also coincided with Martha Jefferson's move to the Pantops campus, at a time when her unit was undergoing several important transitions. Setour's

numerous extended-family responsibilities placed significant demands on her time as well — so the addition of her BSN program presented a serious challenge to her hectic schedule and work/life balance.

“It's a big chunk of your life,” noted Setour, “and getting a BSN is not as easy as just taking some nursing classes. There were chemistry and statistics courses making use of math I hadn't done in 30 years. I'm not a good test taker, and then there was the APA formatting for papers — something I had never heard of when I was in school the first time. Also, my first grandbaby was born during that time, so I could only do one course at a time. The nurses I started with are already finished. I had a lot of worry about whether or not I could do it. Now that the end is in sight, though, I'm looking forward to the satisfaction of knowing I did it.”

Setour anticipates completing her BSN in July 2013 and is looking forward to a big celebration.

In 2012, more than 25 nurses utilized some form of scholarship funding from Martha Jefferson Hospital to advance their education. To receive scholarship monies, nurses are required to commit to working at the hospital for two years following graduation. Through scholarships, tuition reimbursement and scheduling accommodation efforts, Martha Jefferson is hoping to meet the Institute of Medicine's (IOM) recommendation for employing 80 percent BSN-prepared nurses by the year 2020.

MARTHA JEFFERSON NURSES
HAVE NUMEROUS OPPORTUNITIES
FOR RETURNING TO SCHOOL.



Maura Rodriguez,
BSN, RNC-OB, Clin V



Setour Dillard, RN, OCN



Census Meetings

10:57 a.m. The lights come on in the Cornell III conference room as charge nurses and unit coordinators begin arriving and recording their unit information — staffing, current census, expected discharges and expected admissions — on the whiteboard. Carolyn Marckel, RN, director of daily operations, takes the pilot seat at a computer, where she can pull up the most up-to-date listing of Emergency Room census, as well as the schedules for surgery, Cardiac Cath and EP to anticipate potential admissions.

At 11:00 a.m., a nurse manager or director, preassigned at the beginning of the year, stands to facilitate. A hush falls over the room. The facilitator recites the data from each unit, pausing to seek clarification. Is the staffing adequate for the number of patients, for this shift and the one to come? Is there enough ancillary help? Will the discharged patients be able to leave by the noon discharge time?

Then the list of unassigned patients is considered. The charge nurses discuss diagnosis and possible need for a specialty

unit, deciding which patients would be best served where, volunteering extra staff to units with call-outs, brainstorming about what staff could be called in emergently if needed — or called off if they are not. Decisions are made. Beds are assigned. Float staff is deployed. Carolyn's cell phone invariably rings with a new bed request or an update.

On days when the Emergency Department is full and the surgery schedule at capacity, Carolyn announces a second meeting later in the day, to be certain that all patients are assigned a bed as quickly as possible.

Thursday is the designated day for review of the weekend staffing schedule. Potential holes are noted and availability of float staff considered.

Then at 11:15 a.m., as the final questions are clarified, the meeting ends as abruptly as it began. Charge nurses return to their units with knowledge and appreciation of what is happening elsewhere in the hospital, feeling just a little more confident about their roles in the success of the day.



Connie Summy, BSN, RN, ONC, Clin IV

Orthopedic Discharge Brunch

Standardization can be challenging in medicine. Each patient presents with a unique issue and individual needs. And yet there are commonalities — common needs that might be best served in a group. At least that was the thinking of a handful of orthopedic nurses as they found themselves repeating the same discharge instructions over and over.

Having observed an orthopedic discharge brunch at another institution, Angie Honeycutt, NP, orthopedic nurse navigator, mentioned it to her colleagues. Frances Manley, RN, saw a poster on the same topic at a magnet conference, while Connie Summy, BSN, RN, worried that she repeated the same instructions so many times, she might inadvertently leave out important details.

Seeing an opportunity to implement an innovative process that would address existing needs and increase efficiency in the discharge process, the three nurses collaborated to develop the idea further. And as with any great solution to a challenging problem, the best answer arose from a synergy of minds. Frances, Angie and Connie began talking. Frances mentioned it to Amy Black, MSN, RN, CNE, who gave the green light, and then to Abby Denby, nurse manager, who encouraged the trio further. With the assistance of David Coy, physical therapist, and helpful input from the Wendel III staff about what had worked best on their unit, the idea was on its way to becoming a reality. And on March 1, 2012, the first orthopedic discharge brunch was held on Wendel II. »

Orthopedic Discharge Brunch cont.

Bringing the idea to fruition was a team effort. As Angie already had been holding joint camps for hips and knees since 2006, she simply included an introduction into her discharge brunch script. As the resource nurse, Connie was a natural fit to offer the detailed patient teaching at the brunch. With engagement from the rest of the staff, the team now works together to create a successful transition from hospital to home.

Starting at admission, the Wendel II nurses let patients know about the brunch and inform them that their respective care partners also should attend. The evening prior to discharge, a list is created for the night shift to ensure that patients are packed for discharge and prepared to attend the brunch. David ensures that all patients receive their morning bed exercises and instructions in time for an assisted walk to the discharge gathering.

Connie and Angie preside at all the brunches, during which Connie utilizes the teach-back method of reinforcing understanding of the discharge instructions, including wound care, pain management and anticoagulant therapy. A physical therapy aide is also available to dispense equipment, if needed. Once the group teaching is complete, the two nurses attend to any final individual questions concerning medications or surgeon's instructions. Then the physical therapy aides, nurses and nursing assistants all pitch in to help the patients leave the hospital in a safe, efficient manner.

To ensure that the return to home is going as expected, Connie initiates discharge phone calls a week after discharge, and then again at six weeks.

Emergency Department at Proffit Road – Facilitating the Transition

*M*artha Jefferson's Emergency Department (ED) has grown over the years, first by adding an urgent care facility in the Outpatient Care Center (OCC) at Pantops and then upgrading it to a full-service ED to better serve the community. But the move of the freestanding ED from the OCC to the corner of Route 29 North and Proffit Road brought challenges, shifting to a full-service, 24-hour operation accepting rescue squads. Although the idea surfaced years ago, the opening of the Proffit Road facility was delayed until after the hospital move. That timing was perfect for Kim Lowry, RN, nurse manager, and Mary Wolfe, RN, Clin IV, freestanding supervisor, who used the hospital move as a dress rehearsal.

A large multidisciplinary steering committee, including emergency room physicians and administrators, as well as personnel from IT, human resources and the lab, oversaw much of the planning — but the execution of the process planning details was spearheaded by nursing. From the very first day of operation, it was essential that the staff was fully prepared and engaged for any emergency patient. That meant all equipment had to be exactly in the right place, and all processes had to be considered for quick delivery of patient care to include pharmacy, laboratory and medical imaging — there would be no time for rearranging once the doors opened.

Under Kim and Mary's direction, the Proffit Road team practiced many processes, including how to care for a woman in active labor and how to treat a patient who needed to be intubated and placed on a ventilator for example. RNs were trained on new equipment and passed their competencies. Team members were given specific projects to initiate and implement for their unit in order to obtain the best outcome for their patients, and they made decisions on the myriad details of every tool and supply — from the location of glove boxes and hand sanitizer to the contents of the emergency carts.

On Sept. 19, 2012, the Emergency Department team at Proffit Road met their goal. The facility opened, ready to serve the community on the first day as if it were the 100th — equipped to handle any emergency.



Left to right: Lilly Azadzi, Pt. Access; Kim Lowry, RN; Amy Hunt, ED Tech

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, strive to climb the clinical ladder and share what they learn through publications and poster presentations. Below is a list of Martha Jefferson nurses certified in their respective specialties:

NURSING CERTIFICATIONS

ADMIT RECOVERY

Patricia Arcidicono, MSN, RN, CAPA
Christy A. Youngkin, MSN, RN, CEN

ANGIOGRAPHY

Katherine A. Chorzempa, BSN, RN, PCCN
Roy G. Tomlin, BSN, RN, CCRN

CANCER RESOURCE CENTER

Mary Beth Revak, BSN, RN, OCN, CBCN

CARDIAC CATH LAB

Susan R. Loomis, RN, PCCN

CARDIAC REHABILITATION

Debbie D. Wilkinson, BSN, RN, BC

CASE MANAGEMENT

Susan C. Lebeis, RN, CCM
Jackie Van Reenan, RN, CCM

CDU/PEDIATRICS

Tamara M. Gentry, RN, CPN,
Doris A. Harding, BSN, RN, CPN

Diane M. Knight, BSN, RN, CPN

Joy P. Rosson, RN, CPN

COMMUNITY SERVICES

Barbara H. Martin, BSN, RN, CDE, OGNP

CORNELL I

Angela Chatman, BSN, PCCN

Cindy Coates, RN, PCCN

Tracy L. Davis, RN, PCCN

Amanda D. Deinlein, RN, PCCN

Susan Humphrey, MSN, FN, CNL, PCCN

Samantha G. Level, RN, PCCN

Sharon G. Parrish, BSN, RN, PCCN

Emily D. Peterson, BSN, RN, PCCN

Anthony L. Sapino, BSN, RN, PCCN

Donna M. Whitford, BSN, RN, PCCN

Alan M. Young, BSN, RN, PCCN

CORNELL 2

Jennifer Branham, RN, OCN

Angela D. Craig, BSN, RN, OCN

Terresa H. Maddox, RN, OCN

Courtney Starr, BSN, RN, BC

CORNELL 3

Kelly M. Birkhead, RN, BC

Stacy L. Williams, BSN, RN, BC

DEPARTMENT OF NURSING EDUCATION (D.O.N.E.)

Layne Brophy, BSN, RN, CGRN

Lisa Carmines, MSN, RN, CPN

Mina Ford, MSN, RN, AOCNS-BC

Donna Freeman, BSN, RN, CNOR

Jennifer Gaines, BSN, RN, CHSE

Ann Goodson, MSN, RN, ONC

Kristin L. Walker, MSN, RN, CCRN

Allen Williamson, RN, CEN

EMERGENCY DEPARTMENT

Catherine Goddeau, BSN, MPH, RN, CEN

Donald J. Linden, RN, CEN

Jennifer Noble, RN, CEN

Kira Shifflett, RN, CEN

Jennifer G. Stancil, RN, CEN

Keri Tiff, BSN, RN, CEN

Hong Zhao, MSN, RN, ACNP, CCRN

ENDOSCOPY

Karron M. Good, RN, CGRN

Valerie S. Lacey, BSN, RN, CGRN

Ione T. Lee, BSN, RN, CGRN, CNOR

FREE STANDING EMERGENCY DEPARTMENT (FSED)

Meredith W. Overstreet, BSN, RN, CEN, CWON

Rebecca A. Sudduth, MSN, RN, CEN

HEART RHYTHM CENTER

Dennis Hogberg, BSN, RN, CDE

HEALTH INFORMATION MANAGEMENT (HIM)

Charlotte M. Beagle, MSN, RN, CEN, CCRN

INFUSION CENTER

Gloria B. Ascoli, RN, OCN, CRNI

Michael T. Nelson, BSN, RN, OCN

Leanna West, RN, OCN

LACTATION CONSULTANT

Lou Lamb, MSN, RN, IBCLC



Left to right: Angie Honeycutt RN, MSN, ONC, FNP-C; Connie Summy, BSN, RN, ONC, Clin IV; Frances Manly, RN, Clin III; David Coy, LPTA

“OUR NURSES QUIETLY STRIVED TO SERVE OUR PATIENTS IN THE SAFEST, MOST COMPASSIONATE AND PROFESSIONAL MANNER POSSIBLE...” — AMELIA S. BLACK, MSN, RN, NEA-BC



Jessica Marshall, RN



Lila Smith, BSN, RN, Clin IV

Left to right: Jessica Marshall, RN; Amy Gibson, Unit Secretary/Nursing Assistant; Gwen Barber, Nursing Assistant; Austin Carpenter, BSN, RN; Cherie Gentili, BSN, RN; Liz Painter, RN; Beth Carta, RN, Clin III



Amy C. Brown, RN, Clin IV



Faye Autry, Nursing Assistant

NAVIGATOR

Christi Hankle, RN, CNSN

NURSING ADMINISTRATION

Amy Black, MSN, RN, NEA-BC
 Jean Blankenship, MSN, FN, PHCNS, BC, CDE
 Abby Denby, BSN, RN, WOCN
 Setour Dillard, RN, OCN
 Tom Dillon, MSN, RN, CNOR
 Sandra H. Fields, BSN, RN, NE-BC
 Dana Graves, BSN, RN, PCCN
 Mary Ann Lucia, BSN, RNC-OB
 Nancy Maloy, MSN, RN, NE-BC
 Rebecca B. Owen, MSN, RN, NE-BC
 Faye Satterly, BSN, RN, MFA, CRNI
 Susan A. Winslow, MSN, RN, NEA-BC, PHCNS-BC

OBSTETRICS CASE MANAGEMENT

Penny Merrel, BSN, RN, IBCLC
 Suzanne E. Wentworth, MSN, RN, RNC, CCE

POST ANESTHESIA CARE UNIT (PACU)

Amy N. Williams, BSN, RN, CCAP

RADIATION ONCOLOGY

Glenda Bittner, RN, OCN
 Marsha R. Taylor, RN, OCN

SURGERY

Marcia D. Arnold, RN, CNOR
 Tim Epple, BSN, RN, CNOR
 Charlene A. Funkhouser, RN, CNOR
 Tee G. Goyer, BSN, FN, CNOR, RNFA
 Cheree D. Hansen, BSN, RN, CNOR

Marjorie R. Heflin, BSPA, RN, CNOR
 Victoria Wright, BSN, RN, CNOR

WENDEL I

Rich Casin, BSN, RN, CCRN
 Deborah Connor, RN, CCRN
 Rebecca Critzer, RN, PCCN
 Lori Franssen, RN, CCRN
 Gina Gilmore, RN, CCRN
 Daphne Sivert, BSN, RN, CCRN
 Hilda Taylor, MSN, RN, CCRN, PCCN
 Carol Wayner, BSN, RN, CCRN

WENDEL II

Beverly S. Castorina, RN, BC
 Jean W. Gillet, RN, BC
 Angie Honeycutt, MSN, RN, ONC, RNPC
 Gregory J. Huber, MSN, RN, ONC
 Rebecca F. Martin, BSN, RN, ONC
 Kimberley A. Richards, BSN, RN, ONC
 Katherine J. Stutzman, BSN, RN, ONC
 Connie E. Summy, BSN, RN, ONC
 Glenda S. Wingfield, RN, ONC

WENDEL III

Barbara Benson, BSN, RN, RNC-MNN
 Michelle Colley, RNC-OB
 Tina Connell, RNC-OB
 Sharon Fickley, MSN, RNC-OB, CNL, C-EFM
 Kristie Gregory, RN, CCBE
 Lisa M. Henkel, RNC-OB
 Christine M. Hibbert, RNC-OB
 Adelle S. Karaca, BSN, RN, RNC-MNN
 Katherine W. Kinsey, MSN, RN, PNP
 Suzanne S. Ludwick, BSN, RNC-OB
 Allyson M. Michaels, BSN, RN, IBCLC

Tracy M. Morris, MSN, RN-BC
 Nancy Park, BSN, RNC-OB
 Susan W. Rindge, RN, Forensic Nurse
 Maura M Rodriguez, BSN, RNC-OB
 Delores L. Ryan, RNC-MNN
 Elaine C. Shinsky, BSN, RNC-OB
 Kristin von Thelen, BSN, RNC-OB
 Frances Winters Dumin BSN, RN, IBCLC
 Heidi Wolfe, BSN, RNC-NIC

WOUND CENTER

Jane Fellows, BSN, RN, CWCN, CFCN
 Mary A. Mullins, BSN, RN, FNP, CWOCN

PUBLICATIONS

DeGuzman, P.B. (2012). *The Effect of Neighborhood Geography on the Health of Low-Income Women* (Doctoral dissertation, University of Virginia).

DeGuzman, P.B., & Kulbok, P. A. (Dec. 2012). "Changing Health Outcomes of Vulnerable Populations Through Nursing's Influence on Neighborhood Built Environment: A Framework for Nursing Research." *Journal of Nursing Scholarship*.

Alekseyey, S.; Byrne, M.; Carpenter, A.; Franker, C.; Kidd, C.; Hulston, L. (Sept. 2012). "Prolonging the life of a patient's IV: An integrative review of intravenous securement devices." *Med/Surg Nursing Journal*.

Michaels, A. (in Press) "Case Study: Breastfeeding twins after mastectomy." *Journal of Human Lactation*.

Silvester, J. (2012). "Automation drives hybrid distribution." *Pharmacy Purchasing and Products*.

DeGuzman, P., and Keeling, A. (2012) "Addressing disparities in access to care: lessons from the Kercheval Street Clinic in the 1960s." *Policy, Politics, and Nursing Practice*.

DeGuzman, P.B.; Akosah, K.A.; Simpson, A.G.; Barbieri, K.E.; Megginson, G.C.; Goldberg, R.I.; and Beller, G.A. (2012). "Sub-optimal achievement of guideline-derived lipid goals in management of diabetic patients with atherosclerotic cardiovascular disease, despite high use of evidence-based therapies." *Diabetes and Vascular Disease Research*.

PRESENTATIONS

Owen, R.; Denby, A.; and Blankenship, J. (January 2012). *It Takes a Village: Reducing Hospital Falls in the Inpatient Setting*. Poster Presentation, NDNQI Nursing Quality Conference, Las Vegas, NV.

DeGuzman, P.B., and Keeling, A.W. (February 2012). *Addressing Disparities in Access to Care: Lessons from the Kercheval Street Clinic in the 1960s*. Poster presentation. 26th Annual Southern Nursing Research Society Conference, New Orleans, LA.

DeGuzman, P.B. (March 2012). *Addressing Disparities in Access to Care: Lessons from the Kercheval Street Clinic in the 1960s*. Oral presentation, 12th Annual Robert J. Huskey Graduate Research Exhibition. University of Virginia, Charlottesville, VA.

PRESENTATIONS CONT.

Ascoli, G.B.; DeGuzman, P.B.; and Rowlands, A. (April/May 2012). *Peripheral Intravenous Catheters: Dwell Time and Related Complications*. Poster Presentation. Infusion Nurses Society Annual Convention & Industrial Exhibition, Las Vegas, NV. **Awarded First Place in the Evidence-Based Practice category.**

Winslow, S.; Carmines, L.; Digney, W.; Mullaly, L.; and Overstreet, M. (October 2012). *A Place for Everything, Everything in Its Place: Preparing Staff Nurses for Transition*. Poster Presentation, ANCC Magnet National Conference, Los Angeles, CA.

AWARDS

Sandra Fields, MSN, RN, NE-BC, was recognized by nurse.com as the regional award winner in the Home, Community and Ambulatory Care Nursing category for 2012.

Pam DeGuzman, Ph.D., RN, received the Research Dissemination Award from our local chapter (Beta Kappa) of Sigma Theta Tau.

Gloria Ascoli, RN, Clin V, OCN, CRNI; Pam DeGuzman, Ph.D., RN; and Aleatha Rowlands were awarded First Place for their poster in the Evidence-Based Practice category at the annual Infusion Nurse Society meeting in Las Vegas.

DEGREES

Pam DeGuzman, RN, earned a Ph.D. from the University of Virginia, 2012.

Faye Satterly, BSN, RN, CRNI, earned an MFA from the University of California at Riverside.

FELLOWSHIPS

Carol Wayner, EBP Fellow 2012: Evidence-based strategies for standardizing the assessment during sedation interruption during ventilator trials in the Intensive Care Unit.

RESEARCH PARTICIPATION

Expanding RN Scope of Practice: A Method for Introducing New Competency into Nursing Practice, in conjunction with West Virginia University, Laurie Badzek, Ph.D., principal investigator.

POSTER AWARDS FOR THE 2012 MJH NURSING RESEARCH POSTER EXHIBIT

ACUTE CARE/CRITICAL CARE CATEGORY:

1st Place: "Promethazine: Is it Worth the Risk?" by Kira Shifflett, RN, CEN, Clin IV

2nd Place: "Post-partum Hemorrhage Kit" by Maura Rodriguez, BSN, RNC-OB, Clin V

3rd Place: "Nursing's Role in the Management of Sepsis" by Gail Parrish, BSN, RN, PCCN, Clin V

HEALTH SERVICES/HEALTH POLICY CATEGORY:

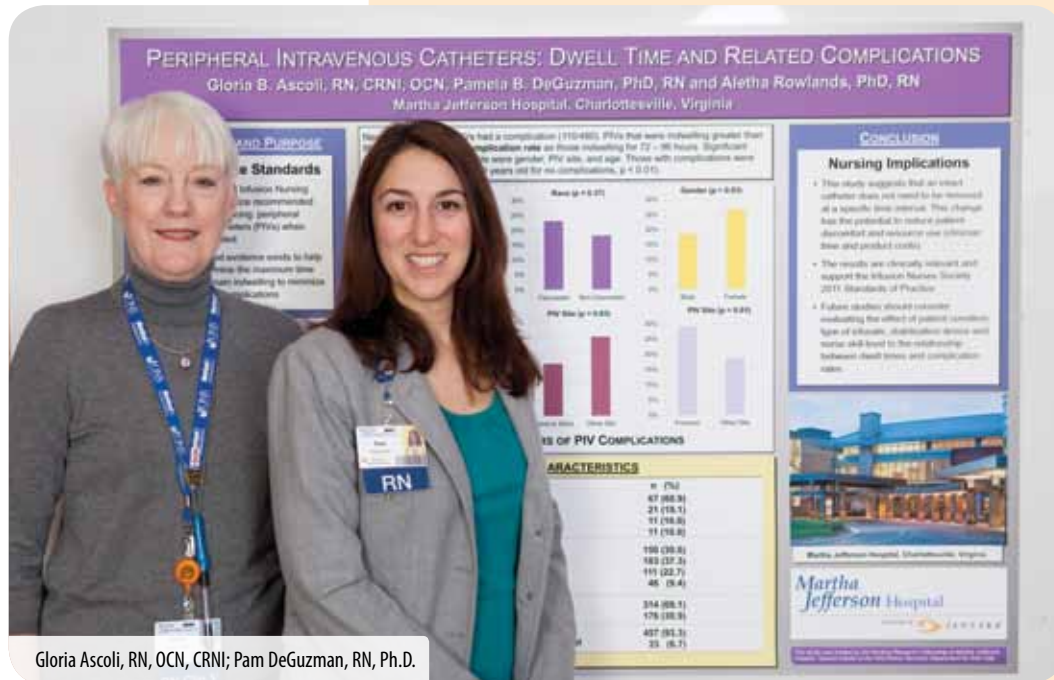
1st Place: "Effect of an Organization-Wide Fitness Challenge on BP and BMI" by Doris Harding, RN, and Joe Connor, RPh

2nd Place: "Magnet Designation: A Literature Review" by Krystyna Orzechowski, BSN, RN; Steven Thomasen, RN; and Leanna West, RN, OCN

3rd Place: "Hang Time: Safe Shelf Life for Patient-Ready Endoscopes" by Etta Toliver, RN, and Karron Good, RN, CGRN

LIST OF NURSES WHO HAVE ACHIEVED A CLINICAL III OR HIGHER ON THE MAPP

Asby, Sue Ann	CLINICIAN III	Smith, Eleanore	CLINICIAN III	Maddox, Teresa H.	CLINICIAN IV
Birkhead, Kelli	CLINICIAN III	Smith, Lisa	CLINICIAN III	Martin, Rebecca	CLINICIAN IV
Bittner, Glenda D.	CLINICIAN III	Stancil, Jennifer	CLINICIAN III	Mayberry, Mark A.	CLINICIAN IV
Bossieux, Connie	CLINICIAN III	Tiftt, Keri	CLINICIAN III	Megginson, Cheryl T.	CLINICIAN IV
Boyd, Roben L.	CLINICIAN III	Trent, Miranda G.	CLINICIAN III	Morris, Sara S.	CLINICIAN IV
Brady, Mary	CLINICIAN III	Wheeler, Susan	CLINICIAN III	Morris, Susan C.	CLINICIAN IV
Brooks, Elizabeth M.	CLINICIAN III	Williams, Tara	CLINICIAN III	Morris, Tracy M.	CLINICIAN IV
Carroll, Jan R.	CLINICIAN III	Wingfield, Glenda S.	CLINICIAN III	Peterson, Emily	CLINICIAN IV
Carta, Beth Ann	CLINICIAN III	Woodside, Allison E.	CLINICIAN III	Petrella, Barbara	CLINICIAN IV
Castorina, Beverly S.	CLINICIAN III	Young, Alan M.	CLINICIAN III	Pippin, Paula M.	CLINICIAN IV
Chorzempa, Kate	CLINICIAN III	Anderson, Heidi	CLINICIAN IV	Rosson, Joy P.	CLINICIAN IV
Defibaugh, Melody E.	CLINICIAN III	Ashnafi, Ervenna L.	CLINICIAN IV	Shifflett, Kira	CLINICIAN IV
Dickinson, Nicole M.	CLINICIAN III	Begert, Diann B.	CLINICIAN IV	Shinsky, Elaine C.	CLINICIAN IV
Drumheller, M. Brittany L.	CLINICIAN III	Bock, Joanne	CLINICIAN IV	Smith, Lila J.	CLINICIAN IV
Ellis, Kathleen	CLINICIAN III	Branham, Jennifer R.	CLINICIAN IV	Smith, Tammie W.	CLINICIAN IV
Ellis, Ruth K.	CLINICIAN III	Brophy, Valerie L.	CLINICIAN IV	Stutzman, Katherine J.	CLINICIAN IV
Fellows, Jane	CLINICIAN III	Brown, Amy C.	CLINICIAN IV	Summy, Connie E.	CLINICIAN IV
Ferrell, Carrie Depoix	CLINICIAN III	Butler, Kathryn H.	CLINICIAN IV	Toliver, Etta C.	CLINICIAN IV
Fick, Tiffany	CLINICIAN III	Byam, Tracy	CLINICIAN IV	Tomlin, Roy G.	CLINICIAN IV
Glover, Shelly	CLINICIAN III	Casin, Rich	CLINICIAN IV	Vitolo, Beth A.	CLINICIAN IV
Goranson, Connie L.	CLINICIAN III	Clatterbuck, Sheri M.	CLINICIAN IV	Wentworth, Suzanne	CLINICIAN IV
Henderson, Gabriel H.	CLINICIAN III	Colley, Michelle	CLINICIAN IV	Whalen, Julie R.	CLINICIAN IV
Holbert, Jacqueline J.	CLINICIAN III	Collins, Debra S.	CLINICIAN IV	Williams, Stacey L.	CLINICIAN IV
Huff, Mary F.	CLINICIAN III	Cooper, Jessica L.	CLINICIAN IV	Wolfe, Mary T.	CLINICIAN IV
Humphrey, Susan	CLINICIAN III	Crawford, Allison	CLINICIAN IV	Wray, Jennifer M.	CLINICIAN IV
Kincaid, Tammy J.	CLINICIAN III	Crawford, Cynthia L.	CLINICIAN IV	Arnold, Marcia D.	CLINICIAN V
Lafontaine, Lucie M.	CLINICIAN III	Davis, Vicky B.	CLINICIAN IV	Ascoli, Gloria B.	CLINICIAN V
Level, Samantha G.	CLINICIAN III	Deane, Ashley Danielle	CLINICIAN IV	Brown, Deborah A.	CLINICIAN V
Linden, Donald J.	CLINICIAN III	Deinlein, Amanda D.	CLINICIAN IV	Craig, Angela D.	CLINICIAN V
Ludwick, Suzanne	CLINICIAN III	Eppard, Aimee N.	CLINICIAN IV	Fickley, Sharon K.	CLINICIAN V
Manly, Frances	CLINICIAN III	Gnann, Deborah K.	CLINICIAN IV	Gilmore, Gina L.	CLINICIAN V
Matheny, Laura T.	CLINICIAN III	Hall, Laura T.	CLINICIAN IV	Good, Karron	CLINICIAN V
Maurice, Yolanda G.	CLINICIAN III	Hansen, Cheree D.	CLINICIAN IV	Goyer, Tee	CLINICIAN V
McNerny, Katherine	CLINICIAN III	Haynes, Teresa G.	CLINICIAN IV	Martin, Barbara H.	CLINICIAN V
Merritt, Danielle	CLINICIAN III	Hibbert, Christine M.	CLINICIAN IV	Michaels, Allyson M.	CLINICIAN V
Peyton, Meredith K.	CLINICIAN III	Jaberg, Rachel	CLINICIAN IV	Parrish, Sharon G.	CLINICIAN V
Ramwell, Carolyn B.	CLINICIAN III	Johnson, Stacey	CLINICIAN IV	Richards, Kimberley A.	CLINICIAN V
Rowe, Crystal A.	CLINICIAN III	Jordan, Susan J.	CLINICIAN IV	Rodriguez, Maura M.	CLINICIAN V
Sapino, Anthony L.	CLINICIAN III	Knight, Diane M.	CLINICIAN IV	Von Thelen, Kristin	CLINICIAN V
Schenkkan, Susan	CLINICIAN III	Krevansky, Kathy L.	CLINICIAN IV	Wayner, Carol A.	CLINICIAN V
Scott, Patricia	CLINICIAN III	Lacey, Valerie S.	CLINICIAN IV	Wilkinson, Debbie D.	CLINICIAN V
Shisbey, Rowena V.	CLINICIAN III	Laird, Tamilee C.	CLINICIAN IV		
Showalter, Teresa A.	CLINICIAN III	Larsen, David E.	CLINICIAN IV		



Gloria Ascoli, RN, OCN, CRNI; Pam DeGuzman, RN, Ph.D.

SHARED GOVERNANCE COUNCIL 2012

PRACTICE EXCELLENCE

Jean Blankenship, RN
 Jennifer Branham, RN
 Michelle Bushrow, RN
 Tracy Byam, RN
 Pam DeGuzman, RN
 Amanda Deinlein, RN
 Nicole Dickinson, RN
 Kelly Frazier, RN
 Jen Gaines, RN
 Doris Harding, RN
 Greg Huber, RN
 Debra Hunt, RN
 William Knight, M.D.
 Heather Kunk, RN
 Jessica Lam, RN
 Amparo LaRue, RN
 Kim Lavin, RN
 Mark Mayberry, RN
 Cheryl Megginson, RN
 Meredith Overstreet, RN
 Becky Owen, RN
 Kira Shiflett, RN

WORK DESIGN

Ervenna Ashnafi, RN
 Jean Blankenship, RN
 Roben Boyd, RN
 Allison Crawford, RN
 Carrie DePoix Ferrel, RN
 Shelly Glover, RN
 Cheree Hansen, RN
 Teresa Haynes, RN
 Tammy Kincaid, RN
 Nancy Maloy, RN
 Shelia Palmateer, RN
 Gail Parrish, RN
 Neli Ramirez, RN
 Dana Robb
 Dorothy Somerville, 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, case management, nursing research coordinator, nurse analyst, orientation coordinator, magnet coordinator and nurse recruiter

EDUCATION AND PROFESSIONAL DEVELOPMENT

Jean Blankenship, RN
 Angela Chevalier, RN
 Debbie Gnann, RN
 Dana Graves, RN
 Mary Huff, RN
 Courtney Kimble, RN
 Diane Knight, RN
 Susan Loomis, RN
 Frances Manly, RN
 Laura Matheny, RN
 Wendy Miller
 Emily Peterson, RN
 Carolyn Ramwell, RN
 Beth Vitolo, RN
 Kristin Walker, RN
 Sue Winslow, RN
 Kim Wood, RN



2012 SCHOOLS OF NURSING WITH EXPERIENCES AT MARTHA JEFFERSON HOSPITAL

- University of Virginia
- James Madison University
- Liberty University
- Lynchburg University
- Piedmont Virginia Community College
- Blue Ridge Community College
- Bryant and Stratton
- Walden University
- University of Delaware
- St. Petersburg College
- Chamberlain University
- Virginia Commonwealth University
- Longwood University

Left to right:
 Beth Vitolo, RN, Clin IV;
 Samantha Sweitzer, Nursing Assistant;
 Jennifer Branham, RN, OCN, Clin IV;
 Danine Stoner-Mason, RN;
 Lynne White, RN; Joanne Yoder, RN;
 Angela Craig, BSN, RN, OCN, Clin V

EMPIRICAL OUTCOMES

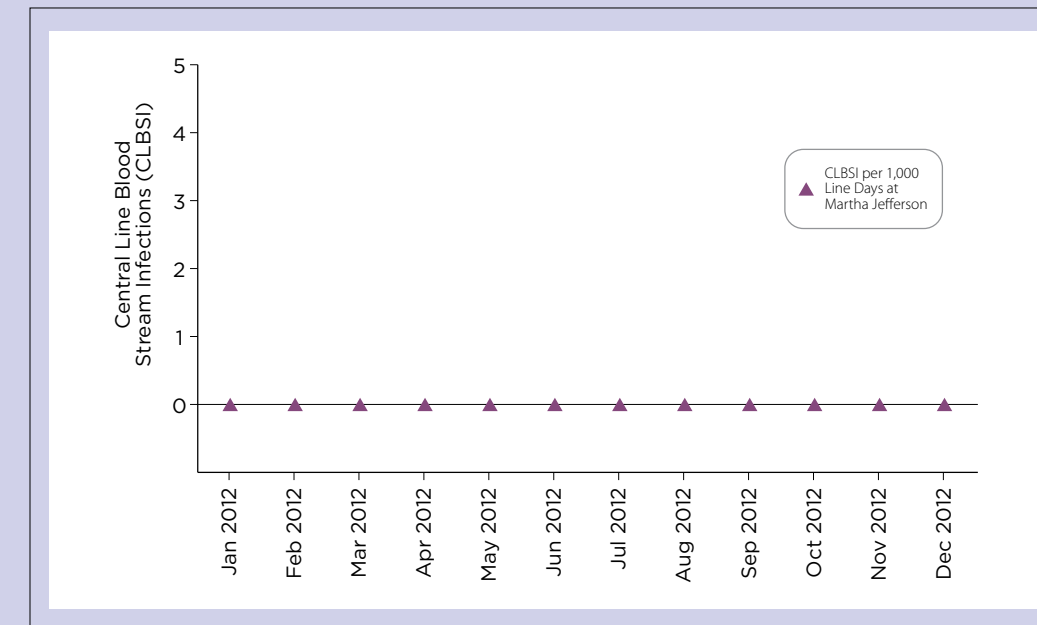


or Martha Jefferson nursing to create and sustain excellence, we must look to the larger nursing community. Excellence by definition — the quality or state of being outstanding and superior — implies comparison, and sources for nursing outcome comparisons may include past performance, a national database or other similar institutions.

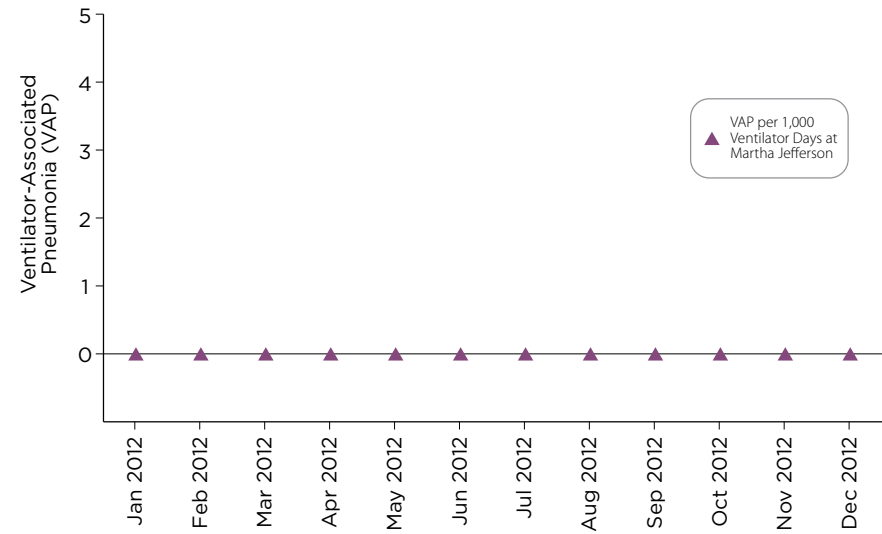
Our central line blood stream infection (CLBSI) rate, catheter-associated urinary tract infection (CAUTI) rate and ventilator-associated pneumonia (VAP) rate (see below) all demonstrate positive trends when compared with previous performance — but by any yardstick, the outcomes are stellar. In 2012, the rate of CLBSI was zero. And in the Intensive Care Unit, where urinary catheters are most prevalent, both the CAUTI and VAP rates were zero — not one single incidence of either.

Fall prevention requires constant surveillance in an environment where patients are often debilitated by illness. The Martha Jefferson trend line shows a positive direction in the patient fall rate. Equally important is that for four of the last five quarters, our fall rate per thousand patient days was below the national mean, as reported to the National Database of Nursing Quality Indicators (NDNQI).

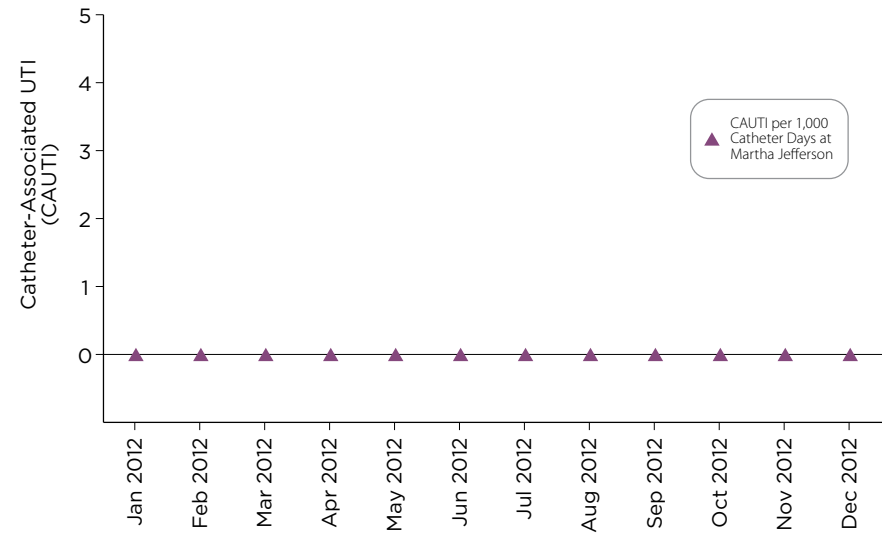
While the 2012 trend for hospital-acquired pressure ulcers (HAPU) demonstrates the positive effect of focused attention, efforts must continue to reach our goal.



CLBSI PER 1,000 LINE DAYS — WENDEL 1

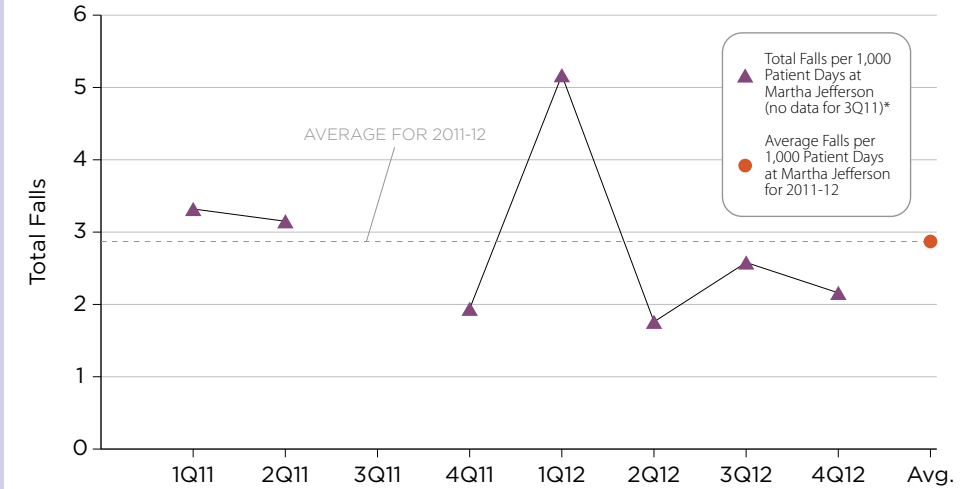


VAP PER 1,000 VENT DAYS — WENDEL 1



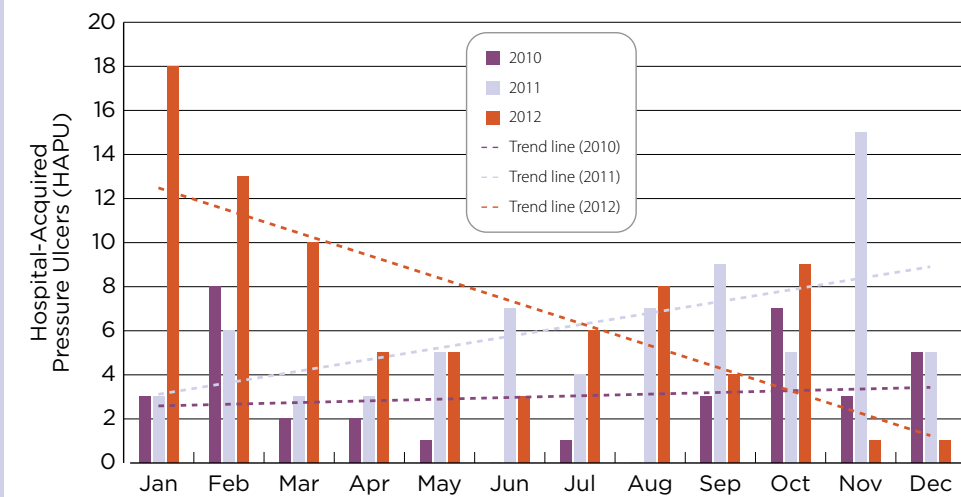
CAUTI PER 1,000 CATHETER DAYS — WENDEL 1

“PATIENT SATISFACTION AWARDS AND QUALITY AWARDS ARE LAUDABLE ACHIEVEMENTS, BUT IT IS THE EXCELLENCE THEY SYMBOLIZE THAT IS THE REAL PRIZE.” – Amelia S. Black, MSN, RN, NEA-BC



* In four of the last five quarters, Martha Jefferson's fall rate per 1,000 patient days was below the national mean as reported to the National Database of Nursing Quality Indicators (NDNQI).

TOTAL FALLS PER 1,000 PATIENT DAYS



HOSPITAL ACQUIRED PRESSURE ULCERS (HAPU), 2010-2012

SENTARA NURSING

We are fortunate to be part of a larger nursing community within the Sentara system. Under the leadership of Genemarie McGhee, MS, BSN, RN, NEC-BC, nursing is now speaking with one unified voice with the goal of consistently providing high-quality nursing care across the continuum.

A systemwide nursing effort begun in 2012 includes standardization — of terms, of job descriptions and of nursing practice — to further enhance the patient experience. Many Martha Jefferson nurses sit on Sentara committees and are taking part in systemwide initiatives. A representative sample is listed below:

Amy Black, MSN, RN, NEA-BC: Nurse Executive Council, Nursing Professional Practice Committee, Patient and Family Experience Program Management Office, and serves as executive sponsor of Falls Ad Hoc Committee and co-leader of the Patient and Family Experience Team 1 Levels of Care Committee

Sue Winslow, MSN, RN, NEA-BC, PHCNS-BC: Nursing Education Council, Nursing Research Committee, and serves as co-chair of the Systemwide Magnet Committee

Mina Ford, MSN, RN, AOCNS-BC: Patient Education Council

Kimberley A. Richards, BSN, RN, ONC, Clin V: Nursing Professional Practice Committee

Rebecca B. Owen, MSN, RN, NE-BC: Falls Ad Hoc Committee

Myra Pellissier, RN, MHA: Patient and Family Experience Team 1 Levels of Care, Critical Care Practice Forum, Restraints Ad Hoc Committee

Kristin Walker, MSN, RN, CCRN: Critical Care Practice Forum

Ashley Jones, MSN, RN: Critical Care Practice Forum

Nancy Maloy, MSN, RN, NE-BC: Surgical Services Practice Forum

Mary Ann Lucia, BSN, RN, RNC-OB: Maternal, Infant, Newborn, Pediatrics Practice Forum

Sharon Fickley, MSN, RNC-OB, EFM: Maternal, Infant, Newborn, Pediatrics Practice Forum Policy and Procedure Subcommittee

Abby Denby, BSN, RN, WOCN: General Clinical Practice Forum

Kim Lowry, RN: Emergency Department Practice Forum

Janet Silvester, RPh, MBA, FASHP: Emergency Department Practice Forum

Meredith W. Overstreet, BSN, RN, CEN, CWON: Pressure Ulcer Ad Hoc Committee

Lisa Carmines, MSN, RN, CPN: Chain of Survival

Faye Satterly, BSN, RN, MFA, CRNI: Patient and Family Experience Team 2 Scheduling and Productivity

Dorothy Somerville, RN: Clinical IT Advisory Group

Kelly Via, RN: Clinical IT Advisory Group

Our partnership with the Sentara system has also offered beneficial networking opportunities and access to similar hospitals' quality parameters for comparison. We look forward to ever greater integration as we continue to create and sustain excellence in nursing care.



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.



Amy L. Brown, 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.