

# Sentara Martha Jefferson Hospital



## 2016 *Nursing Annual Report*



# Rising to the Challenge

## 2016

was a year of many challenges and opportunities as we finalized our integration with the Sentara system and continued to acclimate to the rapidly changing world of healthcare. We met our challenges head on and embraced many of the opportunities that being a part of a healthcare system affords us. This is evident in the many accomplishments we were able to celebrate over the past year.

We had our Magnet site visit in April and received word from the Magnet Commissioner in June that we achieved Magnet designation for the third time. This speaks volumes that during busy times of transition and integration, we were still able to focus on nursing excellence, innovation, and inter-professional collaboration to ensure high quality outcomes for our patients.

Another big project in 2016 was the conversion of our electronic medical record. In September, we implemented Epic; this new electronic system allows us to join a strong clinical network with all other Sentara facilities and physician practices for improved collaboration and communication among physicians, nurses, and other clinical staff, which will help us deliver safer, more efficient care.

Of course, along with the successes, we also had some challenges. The implementation of a new eCare system was no small feat; we had to review and adopt numerous policies, procedures, and nursing practices that were consistent across

#### *On the Cover: Magnet Champions*

**Top Row (L to R):** Mark Mayberry, BSN, RN, RN-BC; Shawna Stokes, RN; Beverly Schuckert, MSN, RN; Ann Goodson, MSN, RN, ONC; Maggie Braenovich, BSN, RN; Laura Matheny, BSN, RN, C-EFM; Beth Vitolo, BSN, RN; Beth Sousa, BSN, RN, CSRN

**Bottom Row (L to R):** Kelly Via, BSN, RN, RN-BC; Tee Goyer, BSN, RN, CNOR, RNFA; Shaela Shifflett, RN, CMSRN; Nancy Maloy, MSN, RN, NE-BC; Lesley Cook, MSN, RN, NE-BC; Patti Scott, BSN, RN, RN-BC

**Not Pictured:** Allison Woodside, BSN, RN; Debbie Wilkinson, BSN, RN, RN-BC; Heather Noble, BSN, RN; Joy Rosson, RN, CPN; Karron Good, RN, CGRN; Lyndsey Schaffer, RN, PCCN; Nina Dennis, BSN, RN; Nora Kennon, RN; Leanna West, BSN, RN, OCN



Nancy Maloy,  
MSN, RN, NE-BC



the Sentara system. Many hours were spent reviewing, revising, adopting, and providing education on new policies, procedures, and practices. Our shared governance councils continue to play a key role in providing input and ensuring that we are using evidence-based practice. We have also integrated with the system's nursing councils, forums, and committees, and have nursing representation on all of these at the system level.

We continued in 2016 to fill nursing vacancies and hired 96 new nurses to help improve staffing issues. We implemented a Nurse Residency Program for our new nurse graduates to help support and retain them, but to also help them grow professionally and improve their critical thinking skills.

Throughout the challenges and successes in 2016, we were able to hold onto our Caring Tradition and our nursing mission to improve health everyday through nursing excellence. Through your hard work and dedication, we met many of our nursing goals: we had a decrease in our patient falls with injuries, a decrease in our Hospital Acquired Pressure Injuries (HAPIs), only one Central Line Blood Stream Infection (CLABSI), one Ventilator Associated Pneumonia (VAP), three Catheter Associated Urinary Tract Infections (CAUTIs), and we met our goal for the number of C. Difficile Infections (CDIs). We exceeded our patient satisfaction goal and met our Members of the Team (MOT) satisfaction goal.

Thank you for your continued commitment to rise to the challenge of a rapidly evolving healthcare system and embrace new opportunities in order to keep our patients safe and to provide high quality care.

It has been my privilege and honor to lead us through this very challenging year of integration and change and experience my first Magnet redesignation at the helm of SMJH Nursing Service. I am extremely grateful for the nurses at SMJH, their level of professionalism, their willingness to adopt change in order to improve the care we deliver to our patients. You fulfill our mission, "to improve health every day".

Thank you!

*Nancy Maloy, MSN, RN, NE-BC*

Nancy Maloy, MSN, RN, NE-BC  
Chief Nurse Executive



Donna Lienhart; Susan Schwartz, BSN, RN; Carolyn McMillin, BSN, RN, CNOR; Donna Freeman, BSN, RN, CNOR



Jonathan Davis, FACHE; Lesley Cook, MSN, RN, NE-BC; Nancy Maloy, MSN, RN, NE-BC; Amy Black, DNP, RN, NEA-BC



Heidi Curnutte, RN; Sharon Fickley, MSN, RN, RNC-OB, C-EFM









# Celebrate!

In 2016, we accomplished many achievements, which validated our commitment to excellence and positive patient outcomes.

## Magnet® designation for the 3rd time:

In April 2016, SMJH hosted three American Nurses Credentialing Center (ANCC) appraisers for a three-day site visit to verify, clarify, and amplify what we had submitted in our Magnet document. During the site visit, six of our Magnet champions served as escorts for the appraisers.

One of the Magnet champion escorts, **Leanna West**, BSN, RN, OCN, shares her reflections from the visit: “It was truly an honor to represent SMJH during our Magnet site visit. It was not only a learning experience, but it also strengthened my commitment to this hospital. I was so proud of our nurses and staff who work diligently to keep our patients safe and provide them with the utmost care. This opportunity opened my eyes as to how much hard work and dedication it takes a facility to prepare for such a designation. Ongoing Magnet designation indicates the highest quality of



Leanna West,  
BSN, RN, OCN

care by the highest quality nurses, and that is exactly what SMJH has.”

After a successful site visit in April, SMJH achieved its third Magnet designation in June 2016. Magnet Recognition from the ANCC is the highest and most prestigious distinction a healthcare organization can receive for nursing excellence and high-quality patient care. With only approximately 8% of U.S. hospitals earning the Magnet designation, and only 1% earning it for a third time, it's clearly the gold standard and something to be proud of. The appraisers and Magnet Commission specifically noted our efforts around prevention of CLABSIs along with the publication of eight nursing research articles as exemplars. SMJH achieved initial Magnet designation in 2006.



In October 2016, several of our Magnet champions were able to go to Orlando, FL to be recognized at the national Magnet conference. Although Hurricane Matthew made the trip interesting, we were honored to be able to represent SMJH!

## OTHER ACCOMPLISHMENTS IN 2016

In addition to our Magnet site visit and redesignation, we also had many other successful accreditation surveys in 2016:

- Bariatric Surgery Center of Excellence
- Chest Pain Center Accreditation
- Primary Stroke Center Certification from the DNV
- Annual DNV Accreditation
- Commission on Cancer Accreditation
- Certified Cardiac Rehab Program
- Successful implementation of a new electronic medical record

Due to the careful and diligent work of our staff on a daily basis, these awards validate the care that is provided to patients in our community and our commitment to providing exceptional care.



*Magnet Conference Attendees: Top Row (L to R):* Kelly Via, BSN, RN, RN-BC; Beverly Schuckert, MSN, RN; Laura Matheny, BSN, RN, C-EFM; Beth Vitolo, BSN, RN; Beth Sousa, BSN, RN, CSRN

*Bottom Row (L to R):* Lesley Cook, MSN, RN, NE-BC; Patti Scott, BSN, RN, RN-BC; Tee Goyer, BSN, RN, CNOR, RNFA; Nancy Maloy, MSN, RN, NE-BC

*Not Pictured:* Heather Noble, BSN, RN

## 2016 NURSE AWARDS WERE PRESENTED TO THE FOLLOWING:

### **RN of the Year:**

Danielle Schrader, BSN, RN  
(Infusion Center & Med/Onc)

### **Nursing Support Staff of the Year:**

Florine Taylor (Endoscopy)

### **Holly Metz Award:**

Jenny Hughes, RN (Admit/Recovery)

### **Preceptor of the Year:**

Brandy Maxton, RN (Infusion Center)







Ann Yonce,  
MSN, RN, RN-BC

## AN UNPRECEDENTED CHALLENGE:

# Riding THE eCARE EXPRESS

One of the biggest challenges Sentara Martha Jefferson faced in 2016 was the implementation of our new electronic medical record. The transition from Cerner to Epic in October proved to be a Herculean challenge that reinforced the criticality of our sense of teamwork and focus on best practices. We ended 2016 with a sense of relief and accomplishment that we had accomplished this task, but with the understanding that there is still much work to be done as we settle in to our new world of Epic.

The Department of Nursing Education took on the daunting task of not only learning the new system themselves, but then transferring that data to the rest of the nursing staff. Their hours and hours of planning, teaching, testing, and follow-up were paramount to a successful go live.

Ann Yonce and her team were always there to lead and support us through each step of the process. Their tireless efforts allowed us to keep our eyes on the prize as we moved through this endeavor. Below are some amazing facts that help explain the incredible effort that was required to make this transition.





Myrna White

**Meetings:**

- Nursing Subteam Meetings = 23
- ED meetings = 13
- Hospital Ops Meetings = 25
- SIPC Subteam Meetings = 65

**Policy & Procedures:**

- 2936 SMJH p/p to review/reconcile
- 2366 Sentara p/p to review/reconcile

**Monthly Fun Days Themes:**

- EPIC Round Up
- Spring into Action; Plant Yourself on the eCare Express
- Hop onboard the eCare Express
- Summertime fun on the eCare Express: Catch the Wave
- Cooking up Success on the eCare Express



DONE Epic Peep Display

**Superusers:**

- 42 inpatient Nurse SuperUsers
- 18 ED Nurse SuperUsers
- 20 OB Nurse SuperUsers

**Training #s:**

- 386 nurses
- 64 nursing care partners

**Training hrs:**

- 5692 hours RN training
- 256 hours NCP

**Nurse Educators:**

- 13 nurse educators
- At Elbow Help
- 440 shifts filled

**Build the House:**

- 90 shifts filled



*Epic Educators: Top Row (L to R):* Donna Freeman, BSN, RN, CNOR; Mina Ford, MSN, RN, AOCNS-BC; Mandy Deinlein, BSN, RN, PCCN; Cari Squire, BSN, RN; Angie Craig, MSN, RN, OCN

*Bottom Row (L to R):* Debbie Urciolo, BSN, RN; Sharon Fickley, MSN, RN, RNC-OB, C-EFM; Ann Goodson, MSN, RN, ONC; Ashley Mangum, BSN, RN; Carrie Ferrel, BSN, RN, CEN

*Not pictured:* Danielle Free, BSN, RN; Jennifer Wray, MSN, RN



# Nursing

*ED Staff:* Tara Williams, BSN, RN; Sarah Cousineau, BSN, RN; Mindy Roberts; Connie Bousieux, BSN, RN; Adele Shelton; Courtney Kimble, BSN, RN; Courtney Lambert, BSN, RN

In 2016, we were able to complete the final stages in our integration with Sentara. This included not only our transition to our new medical record, Epic, but also the standardization of policies and procedures. This involved a tremendous amount of collaboration as SMJH nurses worked with various counsels, forums, committees, and individuals at the system level to clarify, and sometimes modify, the policies and procedures we would be accepting and

implementing as part of our integration process.

During this process, we also felt it was necessary to

better align with the Sentara Healthcare and Sentara Nursing mission, vision, values, and philosophies in

order to achieve our shared goals. In 2016, we adopted the following:

	Sentara Healthcare	Sentara Nursing
<b>Mission</b>	We improve health every day.	We improve health every day through nursing excellence.
<b>Vision</b>	To be the healthcare choice of the communities we serve.	To create an environment of health and healing.
<b>Values</b>	People, Quality, Patient Safety, Service & Integrity	



**Sentara Healthcare’s Philosophy of Nursing** outlines the beliefs that help to support the overall mission and vision.

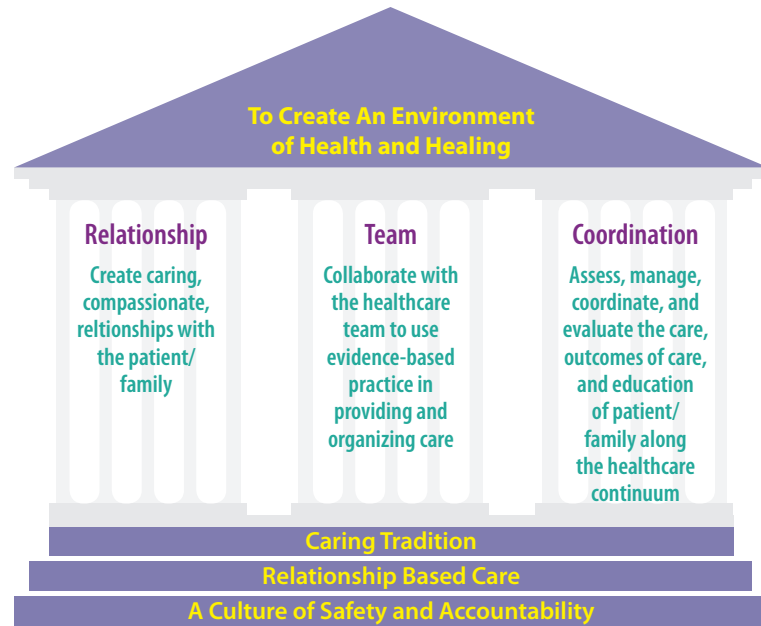
We believe:

- 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.

We also maintained principles and values specific to SMJH that we had in place to help support the achievement of the broader system and discipline mission, vision, and philosophies. As you can see “Every nurse a leader” holds its place at the top of this list.

- Every nurse is a leader.
- Nurses promote the physical, spiritual, and emotional well-being of our patients and families as embodied in our caring tradition.
- Nurses treat patients and their families with respect, dignity and compassion with our “caring tradition”, sharing the joy of birth, healing the sick, and offering heartfelt care to the dying.”
- Nursing practice is both an art and a science that is based on its own

## Sentara Martha Jefferson Hospital Professional Nursing Practice Model



distinct body of knowledge.

- Nursing is a collaborative practice that acknowledges the contribution and value of all professional caregivers, ancillary staff and 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, their families and loved ones regardless of cultural, social and economic differences.
- 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 where patient care is evidence-based, and nursing research is both valued and encouraged.





# Shared governance

The Shared Governance structure continues to be fundamental to maintaining and further developing our clinical practice standards, professional development, evidence based practice and research; with our Caring Tradition remaining at the core. In order to ensure a smooth transition for the work undertaken by our central councils, our guidelines provide for the coordination of efforts between a Past Chair, Chair, and Chair Elect on each committee. While active participation from the council members representing each nursing unit in the hospital is imperative to the success of these councils, the chair role provides structure and direction to the committee while also providing valuable experiences and perspectives to those in that role.

In 2016, the Professional Education and Development Council was chaired by Mary Huff, Practice Excellence by Lila Smith, and Work Design was co-chaired by Danielle Free and Patti Scott. The four of them provided some insight into what the councils accomplished in 2016 as well what Shared Governance has meant to them and to nursing at SMJH.





*Shared Governance Chairs and Advisors* Abby Denby, MSN, RN, NE-BC; Mina Ford, MSN, RN, AOCNS-BC; Kelly Via, BSN, RN, RN-BC; Lila Smith, BSN, RN, RN-BC; Aurora Durkee-Warren, RN; Mary Huff, BSN, RN, RN-BC; Faye Satterly, MFA, BSN, RN  
*Not Pictured:* Patti Scott, BSN, RN, RN-BC





### How did you get started in Shared Governance? How did you become chair of a central council?

**Mary:** I started in Shared Governance when I was asked by a co-worker if I was interested in taking her place on the Education Council. She had been having a hard time getting to the meetings since she was scheduled for patient care when the meetings occurred. I started attending and enjoyed seeing Shared Governance in action. Soon I was the note taker. Over several terms the Ed Council explored multiple issues and I saw real changes occur that affected staff nurses. Later I agreed to be Chair Elect. I served as Chair in 2016.

**Lila:** I started in Share Governance by being elected to attend the meeting in replacement of a previous council member who could not attend due to her classroom schedule in achieving her BSN degree. Also being a unit coordinator on our unit, it was beneficial to me to know how the Practice Council could help our unit in performing our best and what aid they could give in helping us to perform our tasks more efficiently. I was an active member for a year and was asked to be a co-chair with Aurora Durkee-Warren for the upcoming year. I took pride in being a member and then a co-chair to participate in the decision making process of making changes to our practice to make things better.

**Patti:** I was the chair of Shared Governance and I liked what we were

doing on the unit, and I wanted to get more involved. So there was an opening on the Work Design and I took it.

**Danielle:** I was a representative from the Central Float Pool on Work Design. When I moved to Cornell 3, my manager supported me to continue participating in Shared Governance and asked me to continue to be their representative. I had exposure to Shared Governance at previous employers. I worked to revitalize my unit council at Norfolk General prior to coming to SMJH. Carrie Ferrel was the chair of Work Design and was going on maternity leave so, as chair-elect, I stepped in as chair during her leave.

### What are your respective councils responsible for at SMJH?

**Mary:** The Professional Education Council has multiple responsibilities. In addition to ensuring continuing education for nurses, we oversee the MAPP Committee, Nurse Residency program, and Nursing orientation, The Patient and Family Education Council also reports to the Ed Council, and we oversee the School of Nursing affiliations.

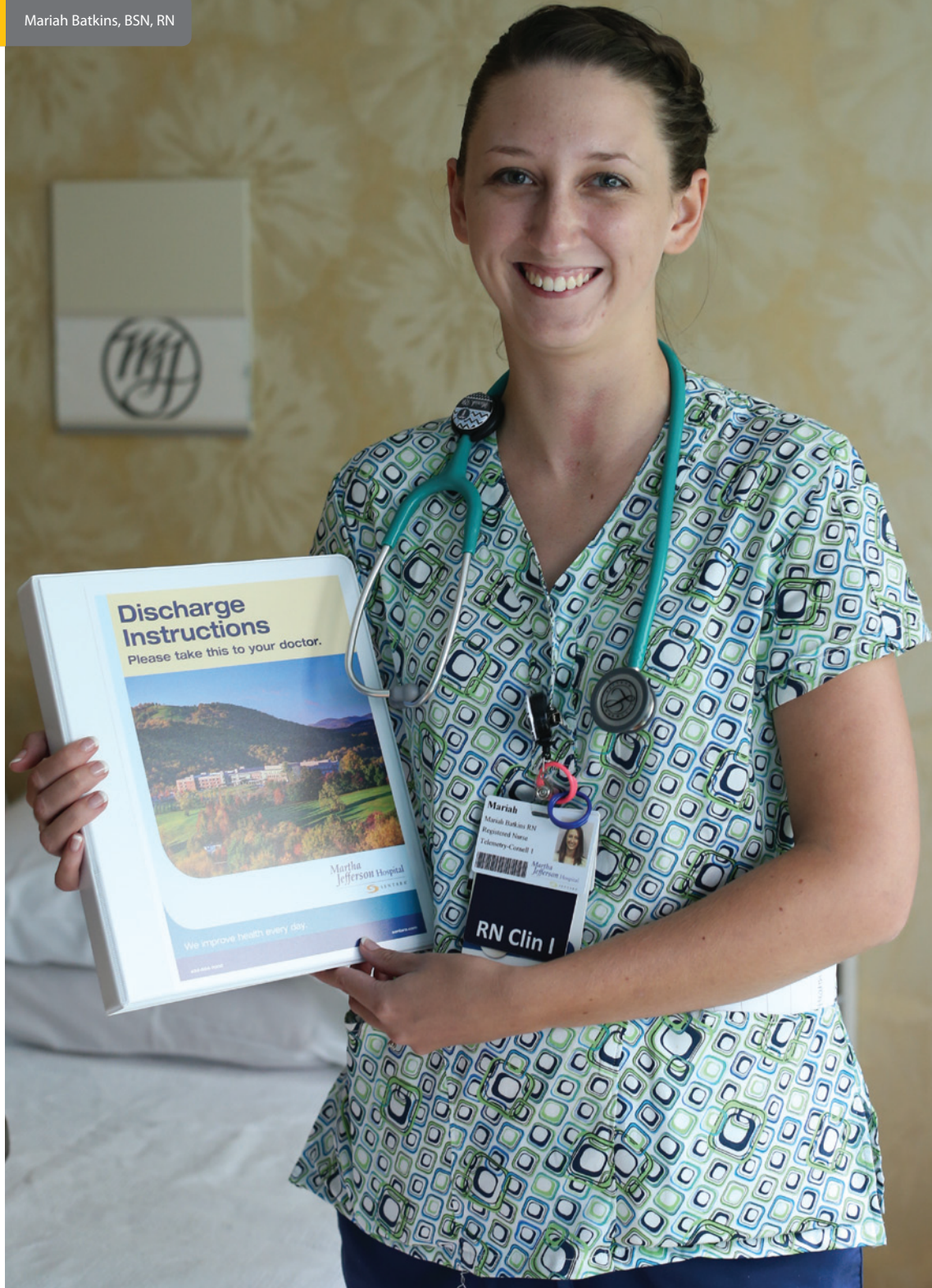
**Lila:** The Practice Excellence Council is responsible for making changes in our policy/practice/procedures through research and EBP.

**Patti:** The Work Design Council is responsible for maintaining an efficient and effective work environment for our nurses.



**What accomplishments are you most proud of from this past year in your respective councils?**

**Mary:** Nursing certification came up years ago as part of Magnet renewal. We had multiple discussions about barriers to nurses becoming certified while setting the goal for number of certified nurses for the coming year. After we concluded that the cost of preparation and registering for the certification exam was the primary barrier for nurses, Ed Council requested and received funding from the Martha Jefferson Foundation. Within the next year, CE Direct was made available to all staff nurses. Ed Council promoted its use as a way to prepare for certification without cost, and we provided information on how to apply for reimbursement for specialty certification exam fees or take ANCC exams without fees. In 2016, I was proud of the significant number of nurses who became certified. This accomplishment took more than one year; it was the culmination of several years' work by the Ed Council.





**Lila:** 1. I am most proud of making staff aware of and promoting the utilization of the code silver in the hospital. Also, re-establishing the badge alarm for staff when they are in distress. This change in our hospital practice for potentially violent patients was initiated due to an incident that occurred to me and my staff members resulting in 2 nurses being harmed because they did not have all the tools available to stop the incident from happening. The Practice Council is now following up with a Violent Behavior Predictor Tool which can address this behavior at the initial assessment of the patient. 2. Also, scripting of Effective Bedside reporting and the Checklist for effective bedside reporting. We provided these tools to the nurses at SMJH to give an effective Bedside report.

**Danielle:** As part of our Week of the Nurse celebration, we have been doing a Peeps diorama competition for 3 years (and running). Nurses are still enthusiastic and creative and want to continue this.

Phlebotomy was a hot topic for Work Design. Empowering our Nursing Care Partners to have a new skill set in phlebotomy turned out to be a good opportunity to elevate their practice. Our role was to hear each unit's successes and problem-solving techniques. For example, over 3-4 months of having to restick patient for add-on tests, the NCPs and nurses brought their concerns to Work Design. I presented these concerns at

our eCare huddles and it was agreed that drawing tubes as part of a.m. draws was best practice to avoid repeat sticks. This required collaboration among NCPs, nurses, and lab. It was a good example of the voice of the nurse and NCP to change practice for the betterment of the patient experience and workflow.

### What are some struggles you encountered or barriers you had to overcome this year? Were you able to?

**Mary:** I believe our biggest barrier to participation at Ed Council meetings and attendance at functions Ed Council sponsored is due to low staffing rates and/or high patient occupancy. Being able to attend the meeting by WebEx did enable several nurses to attend consistently when they were off or working night shifts.

**Lila:** The new Epic computer system has impacted the effectiveness and efficiency of our Practice Council. Staff are still meeting challenges in working with the new system. The Practice council and the educational team are providing follow-up and education on specific policies and procedures for the hospital ongoing to assist with this transition.

**Patti:** The Epic implementation and participation from each of the units were barriers. Our efforts to achieve Magnet® redesignation this year actually helped us.

**Danielle:** We were so consumed with eCare, a lot of the Work Design role became listening to the experi-

ences. We couldn't fix everything real-time as there were no immediate solutions to fix the issues. The Shared Governance councils became a repository of concerns as we figured out the new lines of communication and teams in place to address issues and concerns. Work Design carried concerns to the eCare team which then distributed real-time information to assist with issues as they arose. For example, blood transfusion issues went to the Department of Nursing Education who utilized a QUICK session to review the policy and offer hand-on practice with using the order sets and documenting.

### What would you tell new nurses at SMJH about Shared Governance?

**Mary:** Back in the late 70s, I was a new nurse. At a meeting of some sort, I remember saying, "I can't do anything about that, I'm just a staff nurse." A more senior nurse said, "Don't say that. You can make a difference." I didn't argue, but I couldn't see how to facilitate change without a management position at that point. New nurses should know that Shared Governance is strong at SMJH and provides staff nurses the venue to have input and facilitate change. All nurses have the opportunity to actively participate in their unit councils and the three hospital-wide councils. The staff nurses who serve as chairs report to and participate in the Nursing Leadership group, which keeps the lines of communication flowing in both directions.

**Lila:** New nurses of SMJH need to know that we listen to their voices and present their concern to the hospital through Shared Governance Councils of Education, Design, and Practice.

**Patti:** Get active on committee because it's the newer nurse voice that needs to be heard.

**Danielle:** It's a great way to get a bigger perspective on how and why things work the way they do.

### How does Shared Governance impact your job satisfaction?

**Mary:** None of us will ever have complete control over our lives. That said, wherever I have the opportunity to get details and give input, I feel more satisfaction than if my role in nursing was passive and reactive.

**Lila:** It is important that the hospital knows about our concerns and try to make effective changes if they can. And most importantly, the hospital wants to hear what we need and want to make the hospital safe for the employees and the patients.

**Patti:** We can bring things to the committee that the bedside nurses are having stress over and we can get answers. It gives the nurses in each area a place to try and bring about change.

### Does Shared Governance make a difference?

**Mary:** Definitely - yes! At both the hospital-wide and unit level, I have experienced changes that originated



Tee Goyer, BSN, RN, CNOR, RNFA; Nancy Maloy, MSN, RN, NE-BC; Peggy Altorelli; Donna Blakey; Carolyn McMillin, BSN, RN, CNOR

from ideas and observations expressed at Shared Governance meetings.

**Lila:** Shared Governance does make a difference. Policies and practices have changed due to unit councils bringing their ideas and suggestions to the Shared Governance Councils. The Council then will help the units to do their research and help the units to find the best solutions. The outcome is voted on and is made into a new policy or practice if approved.

**Patti:** It absolutely does when working correctly with positive support from administration.

**Danielle:** I have been on Work Design for 4 years. I have been exposed to higher logistics regarding

how the intentional hourly rounding impacts bedside care and also well-being of the institution as it impacts reimbursement.

Our Central Line care here at SMJH was a “gold standard”. When we went to Epic, there was a gap in documentation and potentially care. In response to that gap, Work Design worked with the system CLABSI team to develop an order set in Epic for the entire system that mimicked what we had in Cerner. This is an example of an initiative that started at the bedside, was brought to a Shared Governance council and then to a system level Shared Governance council. This new order set is being piloted at SMJH in 2017 prior to implementation system-wide.





Courtney Kimble, BSN, RN;  
Chris Hucks, MSN, MBA, RN, NP-C, NRP

# The Opportunity to Recognize *Compassionate Nursing*



Amy Adams, BSN, RN

In January of 2016, Martha Jefferson, along with our sister Sentara hospitals, partnered with the DAISY Foundation in order to meaningfully recognize the extraordinary care provided by our nurses. The Magnet Champions committee took on the task of overseeing this endeavor and worked to customize the DAISY program for our own hospital. The members of the committee designed and edited nomination forms, developed multiple ways to recognize the DAISY honorees and nominees, and chose criteria to be used when selecting honorees from the blinded nominations each quarter.

In our first year with the DAISY program, we received 159 DAISY nominations for nurses! Those nominations came from patients, family members, and co-workers. They speak volumes of the type of extraordinary care you are providing to the patients at this hospital every day.

If you have not had the opportunity to participate in one of the presentations of the DAISY award, it is quite a touching experience. Several members of administration along with the patient, family, or coworker that submitted the nomination descend upon the honoree's unit with flowers, balloons, the Healing Touch sculpture, a DAISY certificate and pin, and of course, cinnamon buns. This is always a surprise to the nurse being honored as the nomination is read and the award presented in front of their colleagues. Tears are often shed during these heartfelt moments.





A recognition display was recently installed to honor all of our SMJH DAISY recipients. The display is located on the 4th floor, to the left when you walk through the cash registers in the Café.



Tina Harris, BSN, RN



Jennifer Bing, RN



Courtney Smart, RN



Cindy Coates, RN, PCCN



Kelly Ritz, RN



Kelly White, RN

Our 12 DAISY honorees from our first year of the program are listed below:

Jennifer Bing, RN	Cornell 1
Maggie Braenovich, BSN, RN	Cath Lab
Megan O'Connell, BSN, RN	Wendel 2
Tina Harris, BSN, RN	Wendel 3
Kelly Ritz, RN	Admit/Recovery
Joann Visnesky, RN	Cornell 2
Amy Adams, BSN, RN	Wendel 3
Lietzle Ford, BSN, RN	Wendel 3
Claude Gibson, RN	ED
Courtney Smart, RN	Heart Rhythm Center
Kelly White, RN	C2
Cindy Coates, RN, PCCN	Cornell 1



Maggie Braenovich, BSN, RN



Joanne Visnesky, RN





Megan O'Connell, BSN, RN; Jonathan Davis, FACHE



Lietzle Ford, BSN, RN; Jonathan Davis, FACHE



Claude Gibson, RN; Jonathan Davis, FACHE; Courtney Lambert, BSN, RN; Nancy Maloy, MSN, RN, NE-BC; Frank Jargowsky

# The Pursuit of Knowledge

Every September, we recognize our nursing colleagues who have achieved or advanced their formal nursing education over the past year. Deciding to go back to school to further your education is a commitment of time, effort, and money. Sentara supports our nurses who are willing to make the commitment by providing reimbursement for tuition and books. We are also fortunate to have the support of our community via the Haden Nursing Institute which awards scholarships to so many of our nurses in addition to Sentara's tuition reimbursement. It's good to know that others also recognize the value of higher education in our nursing profession.

The following nurses accepted the challenge to achieve or advance their degrees and earned their BSN, MSN, or DNP degrees between September, 2015 and September, 2016.

## **RN to BSN:**

**Jennifer Frashure, BSN, RN** (Admit/Recovery)  
**Becca Davis, BSN, RN** (Central Float)  
**Candie Loya, BSN, RN** (Central Float)  
**Sherri Clatterbuck, BSN, RN** (Cornell 3)  
**Connie Bossieux, BSN, RN** (Emergency Dept)  
**Tara Williams, BSN, RN** (Emergency Dept)  
**Anne Roane, BSN, RN** (Emergency Dept)  
**Ellen Smith, BSN, RN** (Emergency Dept)  
**Bethany Sousa, BSN, RN, SCRN** (Emergency Dept)  
**Cari Squire, BSN, RN** (Emergency Dept)  
**Nicole Dickinson, BSN, RN** (FSED)  
**Kevin Proctor, BSN, RN** (FSED)  
**Danielle Schrader, BSN, RN** (Infusion Center)  
**Amber Eanes, BSN, RN** (Obs/Peds/CDU)  
**Joshua Mohr, BSN, RN** (OR)  
**Norm Dube, BSN, RN** (Wendel 1)  
**Allyson Boehman, BSN, RN** (Physician Practice)  
**Jennifer Harris, BSN, RN** (Wendel 2)  
**Stephanie Knight, BSN, RN** (Wendel 2)

## **BSN to MSN:**

**Leslie Barker, MSN, RN** (Cornell 1)  
**Jessica Kenty, MSN, RN, NP-C** (Physician Practice)  
**Hillary Simons, MSN, RN, CEN** (Emergency Dept)  
**Elizabeth Lawwill, MSN, RN, CMSRN, RPSGT** (Physician Practice)  
**Angie Craig, MSN, RN, OCN** (Information Systems)

## **MSN to DNP:**

**Hilda Taylor, DNP, RN, PCCN, CCRN, CNL** (Wendel 1)





Rebekah Critzer, RN

## An Opportune Time for RN

# Certification

Nursing certification is not a new phenomenon and it continues to grow even here at Sentara Martha Jefferson Hospital (SMJH). Nurses have been specializing in their area of expertise for over 100 years here in America. In the 1970s, a comprehensive study was performed by Margretta Madden Styles on credentialing and standards in Nursing. She is who we remember when we celebrate Certified Nurses Day on March 19th. According to Boyle, Cramer, Potter, Gatua, and Stobinski (2014), evidence-based practice has shown that having a nurse who is certified caring for a patient will improve that patient's outcome.

Nurses can be empowered by demonstrating to patients, colleagues and themselves how their knowledge and experience can be a positive force in caring for others. Many nurses at SMJH have chosen to certify in their area of specialty. Today we have 25% of our nurses who have practiced, studied and passed a credentialing exam to show accomplishment of RN certification. At SMJH, we have

support available through financial reimbursement for testing as well as avenues of study. Sentara has partnered with three certifying bodies to provide our nurses the opportunity to take certification exams without any cost to the nurse. Thanks to our Haden Nursing Institute, our nurses have access to Focused CE Direct which offers online courses to help prepare for the certification test and as many as 20 CEUs.

As of the end of 2016, we would like to commend the following nurses for taking advantage of the opportunities for certification preparation and registration in order to meet the challenge of becoming a certified nurse. Achieving and maintaining national board certification demonstrates these nurses' commitment to professional growth and to the safe and effective care of our patients.

#### Reference:

Boyle, D., Cramer, E., Potter, C., Gatua, M., & Stobinski, J., (2014). *The relationship between direct-care RN specialty certification and surgical patient outcomes.* *AORN Journal*, 100(5), 511-528.

#### Admit Recovery:

Rebecca Martin, BSN, RN, ONC  
Melissa Proffitt, BSN, RN, RN-BC  
Joy Rosson, RN, CPN  
Susan Wheeler, RN, CMSRN  
Linda White, RN, CMSRN  
Amy Williams, BSN, RN, CPAN  
Robin Workman, BSN, RN, CMSRN

#### Radiation Oncology:

Marsha Taylor, RN, OCN

#### Surgical Services:

Marcia Arnold, RN, CNOR  
Lori Boles, BSN, RN, CNOR  
Tee Goyer, BSN, RN, CNOR, RNFA  
Julianna Hoback, BSN, RN, CNOR  
Carolyn McMillin, BSN, RN, CNOR  
Victoria Wright, BSN, RN, CNOR  
Kaitlin Young, BSN, RN, CNOR

#### Vascular Interventional Radiology:

Andrew Fletcher, BSN, RN, CEN, CFRN  
Mark Mayberry, BSN, RN, RN-BC  
Carla Morris, BSN, RN, CCRN  
Sara Sandridge, BSN, RN, PCCN  
Roy Tomlin, BSN, RN, CCRN

#### Endoscopy:

Layne Brophy, BSN, RN, CGRN  
Karron Good, RN, CGRN

#### Infusion Center:

Hollis Campbell, BSN, RN, OCN  
Jessica Cooper, BSN, RN, OCN  
Patricia Kearns, RN, OCN  
Mike Nelson, BSN, RN, OCN  
Leanna West, BSN, RN, OCN

#### Cancer Care Services:

Janelle Gorski, MSN, RN, ANP-BC, AOCNP  
Mary Beth Revak, BSN, RN, OCN  
Mary Saunders, MSN, RN, OCN  
Valerie Wright, BSN, RN, CGRN



Dr Spiekermann; Dr Schartz; Amy Undercoffer, RN; Traveler RN





*Top Row:* Taneya Hantke, RN, PCCN; Tiffany Fick, RN; Jim McCoy; Binu Patel, RRT  
*Bottom Row:* Nina Dennis, BSN, RN; Jenna Cerrone

### **Cornell 1 (Telemetry):**

Cindy Coates, RN, PCCN  
 Dana Graves, BSN, RN, PCCN  
 Susan Humphrey, MSN, RN, PCCN, SCRN  
 Samantha Level, RN, PCCN  
 Susan Loomis, RN, PCCN  
 Gail Parrish, BSN, RN, PCCN  
 Tony Sapino, BSN, RN, PCCN  
 Lyndsey Schaffer, RN, PCCN

### **Cornell 2 (Med/Surg/Oncology):**

Deborah Brown, BSN, RN, RN-BC  
 Andrea Caldwell, BSN, RN, CHPN  
 Setour Dillard, BSN, RN, OCN  
 Julie Drexler, RN, RN-BC  
 Antonio Hamlette, BSN, RN, RN-BC  
 Kable Plugger, RN, RN-BC  
 Krystyna Portell, BSN, RN, RN-BC  
 Patricia Scott, BSN, RN, RN-BC  
 Lila Smith, BSN, RN, RN-BC  
 Danine Stoner, RN, RN-BC

### **Cornell 3 (Med/Surg):**

Kelly Birkhead, RN, RN-BC  
 Vera Gibson, RN, CMSRN  
 Ebony Lindsay, BSN, RN, CMSRN  
 Melinda Schmidt, RN, CMSRN  
 Shaela Shifflett, RN, CMSRN  
 Stacey Williams, BSN, RN-BC

### **Obs/Peds/CDU:**

Whitney Digney, M.Ed, BSN, RN, CMSRN  
 Tamara Gentry, RN, CPN

### **Wendel 1 (ICU/Intermediate Care):**

Kathleen Ellis, RN, CCRN  
 Jennifer Gilley, BSN, RN, CCRN  
 Gina Gilmore, BSN, RN, CCRN  
 Tenaya Hantke, RN, PCCN  
 Emily Peterson, BSN, RN, PCCN  
 Victor Somers, RN, CCRN  
 Hilda Taylor, DNP, RN, CCRN, PCCN, CNL  
 Kristin Walker, MSN, RN, CCRN  
 Carol Wayner, BSN, RN, CCRN

### **Wendel 2 (Med/Surg/Orthopedics):**

Teresa Brock, BSN, RN, ONC  
 Shannon Welch, BSN, RN, ONC

### **Nursing Resource Pool:**

Norah Anderson, RN, RN-BC

### **Surgical Program Development:**

Connie Summy, BSN, RN, ONC

### **Patient Educator:**

Bev Castrina, RN, RN-BC

### **Wendel 3 (Obstetrics):**

Kiley Bailey, MSN, RN, RNC-OB  
 Barbara Benson, BSN, RN, RNC-MNN  
 Michelle Colley, RN, RNC-OB  
 Tina Connell, BSN, RN, RNC-OB  
 Heidi English, BSN, RN, RNC-NIC  
 Sharon Fickley, MSN, RN, RNC-OB, C-EFM, CNL  
 Amanda Harrison, BSN, RN, C-EFM  
 Christine Hibbert, RN, RNC-OB  
 Mary Ann Lucia, BSN, RN, RNC-OB  
 Laura Matheny, BSN, RN, C-EFM  
 Penny Merrel, BSN, RN, IBCLC  
 Allyson Michaels, BSN, RN, IBCLC  
 Erin Muller, BSN, RN, RNC-OB, IBCLC  
 Nancy Park, BSN, RN, RNC-OB  
 Katherine Rainey, BSN, RN, IBCLC  
 Sara Read, MSN, RN, RNC-OB  
 Maura Rodriguez, BSN, RN, RNC-OB  
 Wendy Rutan, RN, RNC-LRN  
 Laura Salvatierra, BSN, RN, CLD  
 Elaine Shinsky, BSN, RN, RNC-OB, EFM-C  
 Kim Smith, RN, C-EFM  
 Kristin Von Thelen, BSN, RN, RNC-OB



Trish Adkins, RN; Courtney Starr, BSN, RN; Teresa Bzdick

### **Emergency Department:**

Hillary Bowen, BSN, RN, CEN, NREMT-P  
 Chris Hucks, MSN, MBA, RN, NP-C, NRP  
 Kristen Kennedy, BSN, RN, CCRN  
 Cynthia Lopez, RN, NREMT-I  
 Gerald Perry, RN, NREMT-P  
 Beth Sousa, BSN, RN, CSRN

### **Free-Standing ED:**

John Hammer, RN, NREMT-P  
 Brittany Shifflett, RN, NREMT-B

### **Cardiac Rehab (Health & Wellness):**

Debbie Wilkinson, BSN, RN, RN-BC, CCRP

### **Integrated Care Management:**

Karen Fassel, BSN, RN, ACM  
 Susan Lebeis, RN, CCM  
 Patra Reed, MSN, RN, CNML

### **Information Systems:**

Angie Craig, MSN, RN, OCN

### **Patient Safety & Quality:**

Megan Hall, BSN, RN, RN-BC

### **Outpatient Surgery Center:**

Patricia Arcidicono, MSN, RN, CAPA  
 Dawn Haasnoot, BSN, RN, RN-BC  
 Paula Nania, MSN, RN, CNOR  
 Jody Reilly, MSN, RN, CAPA  
 Patricia Sawyer, BSN, RN, CNOR

### **PASS:**

Teresa Haynes, BSN, RN, RN-BC  
 Mary Huff, BSN, RN, RN-BC

### **Nursing Education:**

Amanda Deinlein, BSN, RN, PCCN  
 Carrie Ferrel, BSN, RN, CEN  
 Mina Ford, MSN, RN, AOCNS-BC  
 Donna Freeman, BSN, RN, CNOR  
 Jennifer Gaines, BSN, RN, CHSE  
 Ann Goodson, MSN, RN, ONC  
 Carolyn Ramwell, MSN, RN, COCN

### **Practices/Hospitalist Group:**

Peggy Bishop, MSN, RN, AANP, ACHPN  
 Beth Carta, RN, CMSRN  
 Barrie Carveth, MSN, RN, FNP-C  
 Jennifer Hall, MSN, RN, CEN, AGACNP-BC  
 Angie Honeycutt, MSN, RN, ONC, FNP-C  
 Jessica Kenty, MSN, RN, NP-C  
 Elizabeth Lawwill, BSN, RN, FNP-C, CMSRN  
 Nicole Lepsch, MSN, RN, FNP-C  
 Barbara Martin, BSN, RN, CDE, WHCNP  
 Caroline Mateja, MSN, RN, CCRN, AGACNP-BC  
 Matthew Mildonian, MSN, RN, FNP-C  
 Cynthia Napier, MSN, RN, FNP-C  
 Imelda Solis, RN, RN-BC

### **Administration/ Nursing Administration:**

Amy Black, DNP, RN, NEA-BC  
 Lesley Cook, MSN, RN, NE-BC  
 Allison Crawford, BSN, RN, CRNI  
 Laura Decker, BSN, MSHA, RN, NEA-BC  
 Abby Denby, MSN, RN, NE-BC  
 Judy Kauffman, DNP (C), MSN, RN, CNN  
 Nancy Maloy, MSN, RN, NE-BC  
 Kelly Via, BSN, RN, RN-BC



## Nurses who have achieved a Clin III or higher on the Sentara Martha Jefferson advancement in professional practice clinical ladder program

Argon, Deborah	Clinician III	West, Leanna	Clinician III	Morris, Sara S.	Clinician IV
Barnard, Susan	Clinician III	Wheeler, Susan	Clinician III	Nania, Paula	Clinician IV
Barnard, Susan	Clinician III	Williams, Amy	Clinician III	Painter, Maura (Liz)	Clinician IV
Boor, Amanda	Clinician III	Woodside, Allison E.	Clinician III	Peterson, Emily	Clinician IV
Boyd, Roben L.	Clinician III	Adams, Amy	Clinician IV	Petrella, Barbara	Clinician IV
Brandt, Susan	Clinician III	Anderson, Heidi	Clinician IV	Pippin, Paula M.	Clinician IV
Brooks, Elizabeth M.	Clinician III	Atwell, Heather	Clinician IV	Rowe, Crystal A.	Clinician IV
Caldwell, Andrea	Clinician III	Begert, Diann B.	Clinician IV	Scott, Patty	Clinician IV
Cramer, Virginia	Clinician III	Bossieux, Connie	Clinician IV	Shaffer, Bethany	Clinician IV
Critzer, Rebekah Seay	Clinician III	Braenovich, Maggie	Clinician IV	Shinsky, Elaine C.	Clinician IV
Crusse, Kendall	Clinician III	Brown, Amy C	Clinician IV	Smith, Lisa	Clinician IV
Davis, April	Clinician III	Brown, Amy L.	Clinician IV	Smith, Tammie W.	Clinician IV
Durkee-Warren. Aurora	Clinician III	Brown, Deborah A.	Clinician IV	Stancil, Jennifer	Clinician IV
Gillet, Jean	Clinician III	Butler, Kathryn H.	Clinician IV	Stutzman, Katherine J.	Clinician IV
Goranson, Connie L.	Clinician III	Campos, Amber	Clinician IV	Summy, Connie E.	Clinician IV
Guinn, Ana Karina	Clinician III	Castrina, Beverly S.	Clinician IV	Toliver, Etta C.	Clinician IV
Henderson, Gabriel H.	Clinician III	Clatterbuck, Sheri M.	Clinician IV	Tomlin, Roy G.	Clinician IV
Henley (Pluger), Kable	Clinician III	Colley, Michelle	Clinician IV	Undercoffer, Amy	Clinician IV
Karaca, Adelle	Clinician III	Connell, Tina	Clinician IV	Vitolo, Beth A.	Clinician IV
Kearns, Patricia	Clinician III	Deane, (Ashley)Danielle	Clinician IV	Williams, Stacey L.	Clinician IV
Kunk, Heather P	Clinician III	Dickinson, Nicole M.	Clinician IV	Wright, Victoria	Clinician IV
Level, Samantha G.	Clinician III	Drumheller, M. Brittany L.	Clinician IV	Young, Kaitlin	Clinician IV
Maxton, Brandy	Clinician III	Duke, Samantha	Clinician IV	Wray, Jennifer M.	Clinician IV
Mcgehee, Jamie	Clinician III	Ellis, Kathleen	Clinician IV	Arnold, Marcia D.	Clinician V
Morris, Carla	Clinician III	English, Heidi Wolfe	Clinician IV	Cooper, Jessica L.	Clinician V
Noble, Heather	Clinician III	Fick, Tiffany	Clinician IV	Gilmore, Gina L.	Clinician V
O'connell, Megan	Clinician III	Ford, Lietzle A.	Clinician IV	Good, Karron	Clinician V
Peckham, Erin	Clinician III	Gentry, Tamara	Clinician IV	Merritt, Danielle	Clinician V
Proctor, Kevin	Clinician III	Hall, Laura T.	Clinician IV	Michaels, Allyson M.	Clinician V
Sacre, Michelle	Clinician III	Haynes, Teresa G.	Clinician IV	Parrish, Sharon G.	Clinician V
Sapino, Anthony L.	Clinician III	Huff, Mary F.	Clinician IV	Proffitt, Melissa	Clinician V
Schaffer, Lyndsay	Clinician III	Hughes, Jennifer	Clinician IV	Rodriguez, Maura M.	Clinician V
Silverman, Sarah	Clinician III	Johnson, Stacey	Clinician IV	Rosson, Joy P.	Clinician V
Smith, Gabrielle	Clinician III	Kimble, Courtney	Clinician IV	Sawyer, Patricia	Clinician V
Squire, Cari	Clinician III	Krevansky, Kathy L.	Clinician IV	Smith, Lila J.	Clinician V
Squire, Kellen	Clinician III	Laird, Tamilee C.	Clinician IV	Taylor, Hilda	Clinician V
Sznajder, Samantha	Clinician III	Martin, Rebecca	Clinician IV	Von Thelen, Kristin	Clinician V
Walker, Shaela	Clinician III	Matheny, Laura T.	Clinician IV	Wayner, Carol A.	Clinician V
Welch, Shannon	Clinician III	Melander, Victoria	Clinician IV	Wilkinson, Debbie D.	Clinician V

# 2016 Publications, Presentations,

# and Posters

Evidence Based Practice (EBP) continues to be a focal point for SMJH nursing staff. Not only do we follow EBP in order to provide the best possible care for our patients, we also seek to add to the body of knowledge so that others may learn from us. SMJH nurses were involved with the following publications, presentations, and posters in 2016.

## PUBLICATIONS

AUTHOR/AUTHORS	SUBJECT TITLE	PUBLISHER, JOURNAL OR WEBSITE
Deinlein, A.D. & DeGuzman, P.B.	Empowering Nurses Through Shared Governance to Develop an Evidence-Based Policy for Safe Use of Forced Air Warmers	Nursing Management
Winslow, S., Jackson, S., Cook, L., Williams-Reed, J., Blakeney, K., Parker, C. & Zimbro, K.	Multi-site assessment of nursing continuing education learning needs using electronic tool	The Journal of Continuing Education in Nursing
Winslow, S., Brown, K., Cook, L., Cutrell, S., Gabala, C., Ganger, M., Hall, J., Jackson, S., Linkenhoker, E., Miller, F. & Smith, C.	Top ten lessons learned from successful Magnet Project Directors	American Nurse Today
Fickley, S., Mishler, R., Black, A., DeGuzman, P.	Donor Perspectives on Supporting Nursing Excellence in a Community Hospital	The Journal of Nursing Administration

## PRESENTATIONS

YEAR	AUTHOR/AUTHORS	SUBJECT TITLE	PUBLISHER, JOURNAL OR WEBSITE
4/2016	Kelly Via, BSN, RN, RN-BC	Permission To Focus: Implementation of a Medication Administration Time-Out	(L) UVA Evidence-Based Practice Symposium

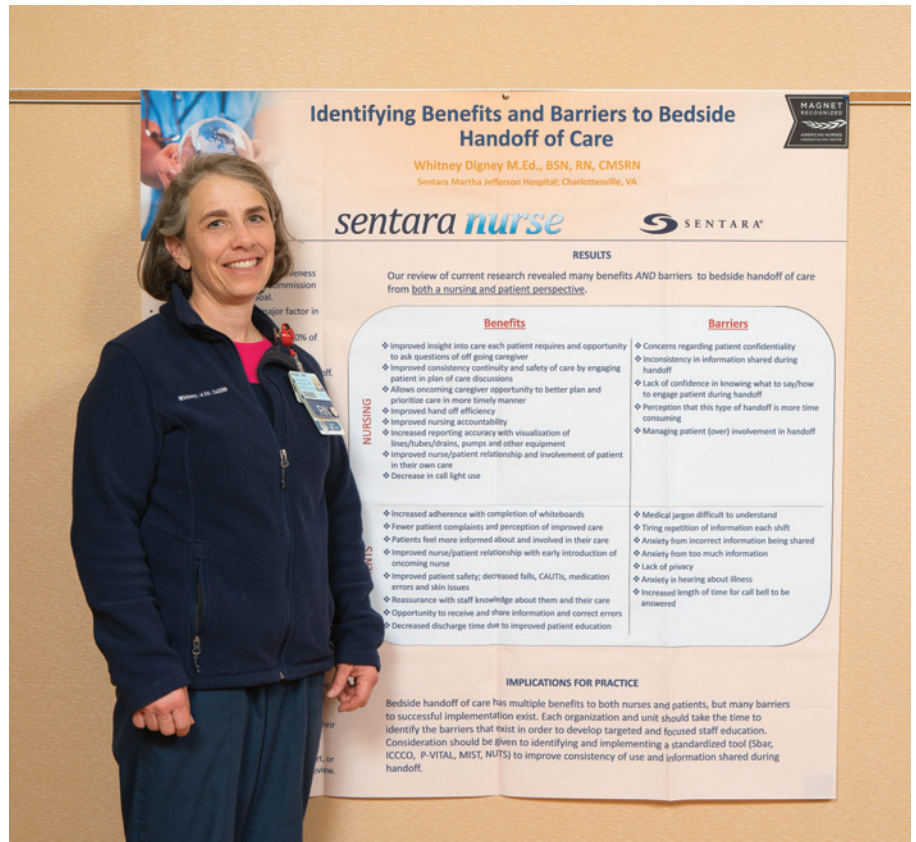
## POSTERS

YEAR	AUTHOR/AUTHORS	SUBJECT TITLE	PUBLISHER, JOURNAL OR WEBSITE
5/2016	Carolyn B Ramwell, MSN, RN, COCN	One Foot at a Time: Building a Healthy Community Through Diabetes Education and Foot Care in Appalachia	(N) Poster presentation 2016 WOCN Society & CAET Joint Conference
4/2016	Crystal Chu, BSN, RN	Development of a Tool to Predict Violent Patient Behavior	(L) UVA Evidence-Based Practice Symposium
10/2016	Kelly Via, BSN, RN, RN-BC	Implementation of Communication Strategies for a Medication Administration Time-Out	(N) ANCC Magnet® Conference
9/24/2016	Danielle Merritt, RN & Victoria Melander, BSN, RN	Unit to Unit Handoff of care: Use of a Standardized Checklist to Improve the Effectiveness of Handoff	VNA Fall Conference
9/24/2016	Jessica Cooper, BSN, RN, OCN	Understanding Best Practices For Medicating to Prevent Allergic and Febrile Non-Hemolytic Transfusion Reactions	VNA Fall Conference
9/24/2016	Heather Noble	Sugammadex: Do the benefits outweigh the cost?	VNA Fall Conference
9/24/2016	Heather Kunk	How to Best Dress Post-Cardiac Device Implant Incisions	VNA Fall Conference
9/24/2016	Whitney Digney, BSN, RN, CMSRN	Bedside Handoff of Care: Benefits and Barriers	VNA Fall Conference





Sharon Fickley, MSN, RN, RNC-OB, C-EFM



Whitney Digney, M.Ed., BSN, RN, CMSRN



Danielle Merritt, BSN, RN; Heather Noble, BSN, RN



Jessica Cooper, BSN, RN, OCN

78

currently on scholarship from the Haden Institute



87

ENROLLED IN A PROGRAM TO FURTHER THEIR EDUCATION



SMJH Nurses  
BY THE  
*Numbers*

115

MAPP participants



58.3%

BSN or higher degree

25%

SPECIALTY CERTIFIED



28

new grads in NRP





# Supporting our New Nurse Graduates



Ashley Mangum, BSN, RN;  
Mina Ford, MSN, RN, AOCNS-BC

Research shows that the first year of practice is the most challenging for new nurse graduates as they transition from being a nursing student to a professional nurse. In *The Future of Nursing: Leading Change, Advancing Health*, a 2010 report from the Institute of Medicine (IOM), a specific recommendation culminated from a growing body of evidence that nurses should have the benefit of a residency program at the start of their careers and during career transitions. In support of the IOM recommendations, one of the 2014-2016 Sentara Nursing Strategic initiatives was to implement a standardized nurse residency program, system wide to help with professional development and nurse retention.





*NRP 1st Cohort:* Abigail Zuehlke, BSN, RN; Mollie Hummer, RN; Shayla Powell, RN; Lauren Thacker, RN

In the fourth quarter of 2015, Sentara hospitals collaborated with Vizient and the American Association of Colleges of Nursing (AACN) to launch the Vizient/AACN Nurse Residency Program™ (NRP) in all twelve Sentara hospitals in 2016.

SMJH implemented the program with their first cohort in March 2016 and a second cohort in September. The Nurse Residency Program is designed to support newly graduated nurses in their transition as profes-

sional nurses and members of the healthcare team. The program is built on evidence-based curriculum developed by experts from academic medical centers and nursing schools across the country and focuses on three critical areas: leadership, patient outcomes and professional role. This program is designed for new graduate nurses who have less than one year of experience. The NRP offers a 1-year curriculum, designed as monthly 4-hour seminar sessions.

This one-year program offers educational classes, clinical laboratory sessions, and enhanced mentoring with special emphasis on critical thinking, leadership development at the bedside, communication strategies, patient safety and positive outcomes, and professional career planning. The residents also complete an evidence-based project as part of the curriculum. The program content and measures are standardized throughout the participating institutions.

The program is designed to support the new graduate nurse to:

- Use effective decision-making skills
- Provide clinical nursing leadership at the point of care
- Incorporate research-based evidence into practice
- Strengthen professional commitment to nursing
- Formulate an individual professional development plan

The nurse residents have disclosed that the most valuable aspect of the program is the hour they get each month to share their experiences, challenges, and successes with their peers in a sacred and confidential setting that is affectionately known as “Tales from the Bedside.”

The NRP is a proven program where nurse residents are not only taught how to survive their first year of professional practice, but how to thrive in the years to come. Ultimately, year-long residency programs improve retention, nurse satisfaction, engagement, self-confidence, commitment to nursing, time management, teamwork, leadership, critical thinking, socialization skills, and clinical competency.

Mina Ford, MSN, RN, AOCNS, and Ashley Mangum, BSN, RN, serve as site coordinators for the SMJH NRP.

Abigail Zuehlke, BSN, RN, a resident in SMJH’s first cohort reflects on her experience in the NRP.

“The Nurse Residency Program



Abigail Zuehlke, BSN, RN

(NRP) afforded me learning opportunities, relationships with peers across different departments, and a better understanding of hospital facilities. Over the course of 12 months I gained increasing confidence, skills, and networking capabilities. While I am sorry the program has ended for me, I know that I will continue to reap benefits long into my future with Martha Jefferson Hospital (MJH).

I learned so much during the presentations from many different professionals across the hospital. One of my favorite instructional sessions was from a pair of pharmacists who walked us through scenarios in which we had to choose the right medication label for the situation (along with a verbal order). We then had to program the infusion pump accordingly. That same session, we had a team of instructors walking us through code responses with the crash cart. I think these experiences help train us for

what lurks in our minds as a point of fear for the new nurse- the emergent situation. The more hands-on training for those emergency situations, the better! I am able to think more clearly having had extra training from seasoned nursing and pharmacy leadership.

My peers taught me a lot about the nature of floor nursing and the appropriate way to think about admission from their points of view. I now know when I walk a patient down from infusion to hand off that I may see my classmate Shayla, or maybe even Mollie. I feel more confident handing off to continue quality care for our patients. My patients also enjoy my insight into their receiving unit. I remember talking to my classmate Lauren about Advanced Life Support (ACLS) and how to begin studying. It was so inspiring to see a new nurse that had just successfully completed ACLS. She inspired me to move forward and work harder.

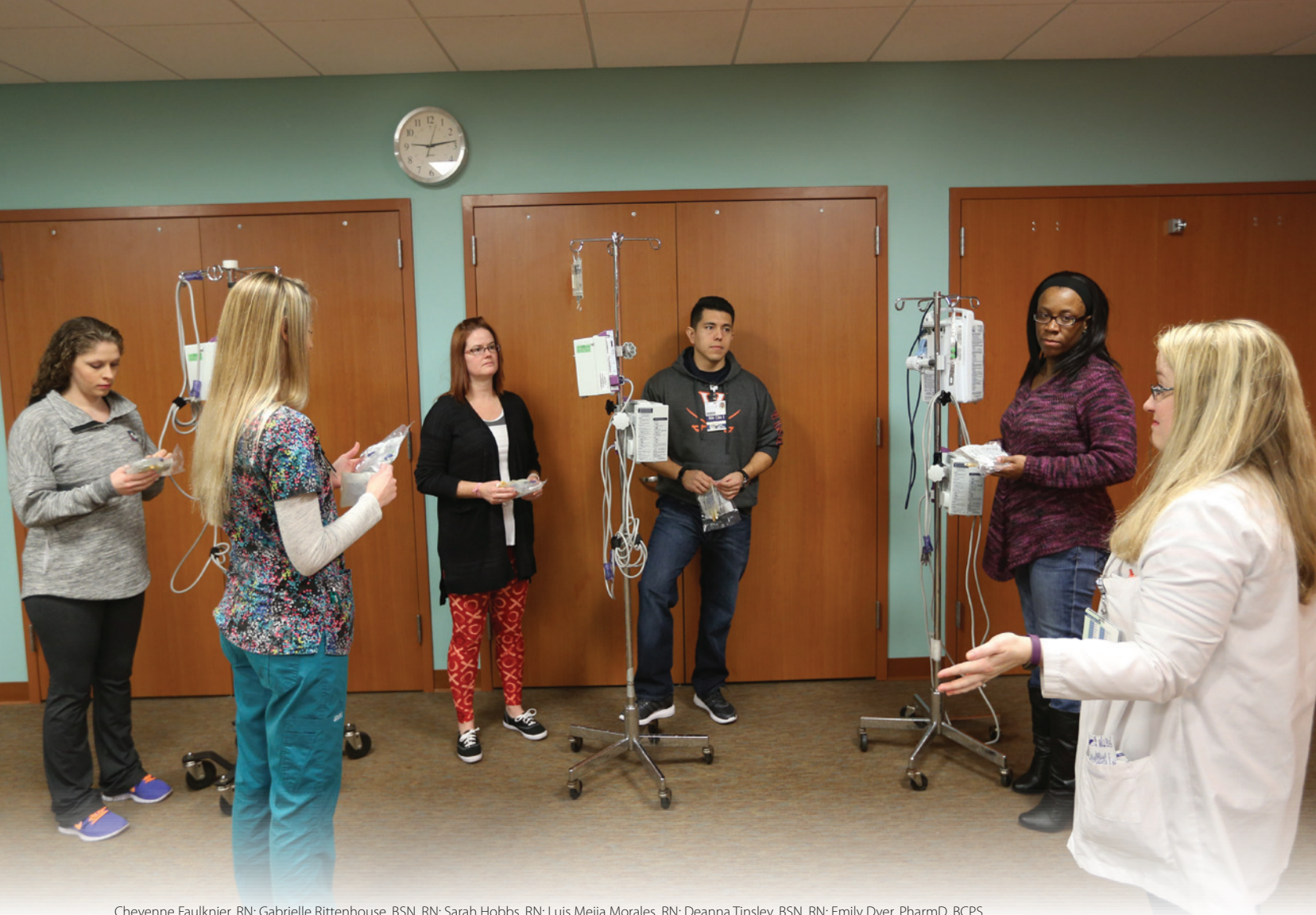
Now when I’m in the Infusion Center and we have a unique need, I have several people in mind to call for solutions or insight. Before NRP, I lacked this overview. Many times our patients need to go somewhere for imaging or other procedures. I enjoy walking them to these destinations and explaining things that I wouldn’t have been able to before NRP. The icing on the cake is when I get to the unit and recognize one of my peers or someone who took the time and energy to come personally address my





Karen Kossin, RRT;  
Hayden Whitworth, BSN, RN;  
Stephanie Palm, RN;  
Kaitlyn Mundie, BSN, RN;  
Aaron Winston, RN





Cheyenne Faulknier, RN; Gabrielle Rittenhouse, BSN, RN; Sarah Hobbs, RN; Luis Mejia Morales, RN; Deanna Tinsley, BSN, RN; Emily Dyer, PharmD, BCPS

NRP class. I truly feel a part of a family with MJH. While many of these mentors and resources are also right alongside you in your unit—you're often overwhelmed trying to learn the ABCs of your job that first year. NRP takes you out of that setting to focus on reinforcing the

bigger picture. It works!

Perhaps the nicest function of NRP is the consistent message it sends that you are wanted at MJH. As a new graduate nurse you can't help but feel that you soak up resources. Most days during my first year I felt that I took so much

from my team. I needed a lot of time, patience, and teaching. Okay, I still do! While I was only ever treated as a valuable team member, I wanted to give more. NRP put me in the midst of other new nurse 'takers' who would grow into 'givers.' It made me

feel normal and gave me the energy and patience with myself to push through my learning curve. Nursing leadership involved with the NRP gives positive examples that show us our own future if we stick around and work hard."



# Foundation

**The Haden Nursing Institute** is an investment in arguably the single most important aspect of great care and outstanding outcomes—the expertise and compassion of the nurses who serve our patients. The Institute was named for Jim Haden, Sentara Martha Jefferson’s former President, who helped to define the hospital’s expectations for great nursing during his tenure. Funded by the generosity of our community’s philanthropy, the Haden Nursing Institute will continue to focus on and support those expectations for the future good of our community.

Our goal is to raise \$17 million to accomplish these objectives: \$11 million to be utilized between now and 2020, and a \$6 million endowment of reserved funds after that time. Thanks to extensive community support, we have already raised nearly \$14 million. This multimillion-dollar initiative fosters nursing excellence through community philanthropic support for formal education and professional certification, funding for nursing research and evidence-based practice fellowships and practice innovations, support for a clinical simulation learning lab, funding for expansion of advanced practice nursing roles, and capital support for implementation of best practices and innovative care delivery models.

Below is a summary of the many nursing initiatives that are generously supported through financial contributions from the Haden Nursing Institute:



Patti Scott, BSN, RN, RN-BC

- Magnet® designation
- DAISY nurse recognition program
- Nurse Residency Program
- Professional conference attendance
- Research and Evidence Based Practice Fellowships

- CE Focus certification preparation courses
- Nursing Scholarship Program, especially RN to BSN
- Certification reimbursement

Nursing research is a core component of our efforts to find and implement evidence-based practices at Sentara Martha Jefferson and to the greater nursing community. The Haden Nursing Institute ensures that our nurses are represented at the most influential nursing conferences and symposiums, sharing their knowledge to advance nursing practice industry-wide and gaining new knowledge to share with their peers at SMJH.

In keeping with the research that ties higher education achievement to better patient outcomes, the Haden Nursing Institute has targeted advanced nursing education. Patti Scott, BSN, RN-BC, Clin IV, unit coordinator on C2, shares why she decided to go back to school and how the Haden



*Haden Nursing Institute Scholarship Recipients: Back Row: Carolyn Ramwell, MSN, RN, COCN; Mandy Deinlein, BSN, RN, PCCN; Melissa Proffitt, MSN, RN, RN-BC; Jennifer Frashure, BSN, RN  
Front Row: Ashley Mangum, BSN, RN; Tiffany Fick, RN; Amber Campos, BSN, RN*

Nursing Institute scholarship program has helped her.

“I decided to go back to school for my Bachelor’s after serving on various committees and seeing the importance of advancing my degree. After completing my Bachelor’s with the gift from the Haden Nursing Institute’s Scholarship program I decided to continue on for my Master’s. I feel a nurse can never

have enough education as medicine becomes more advanced and we see higher acuity patients on the floors.

The Haden Nursing Institute’s Scholarship program has allowed me to go back to school without the burden of debt. After losing my husband in 2011 and caring for two girls both who are attending college it is nice not to have to worry about that. I am

extremely grateful for my gift.

The process of getting and maintaining the scholarship is a very easy one. It requires one form to be completed and communication between the nursing scholarship administrator. Whenever there has been a problem it has quickly been addressed. Never be afraid to contact the administrator with your questions.”



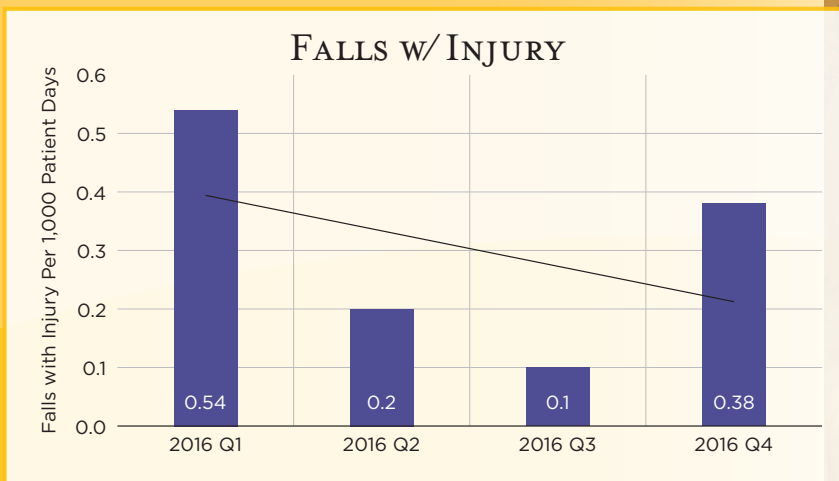
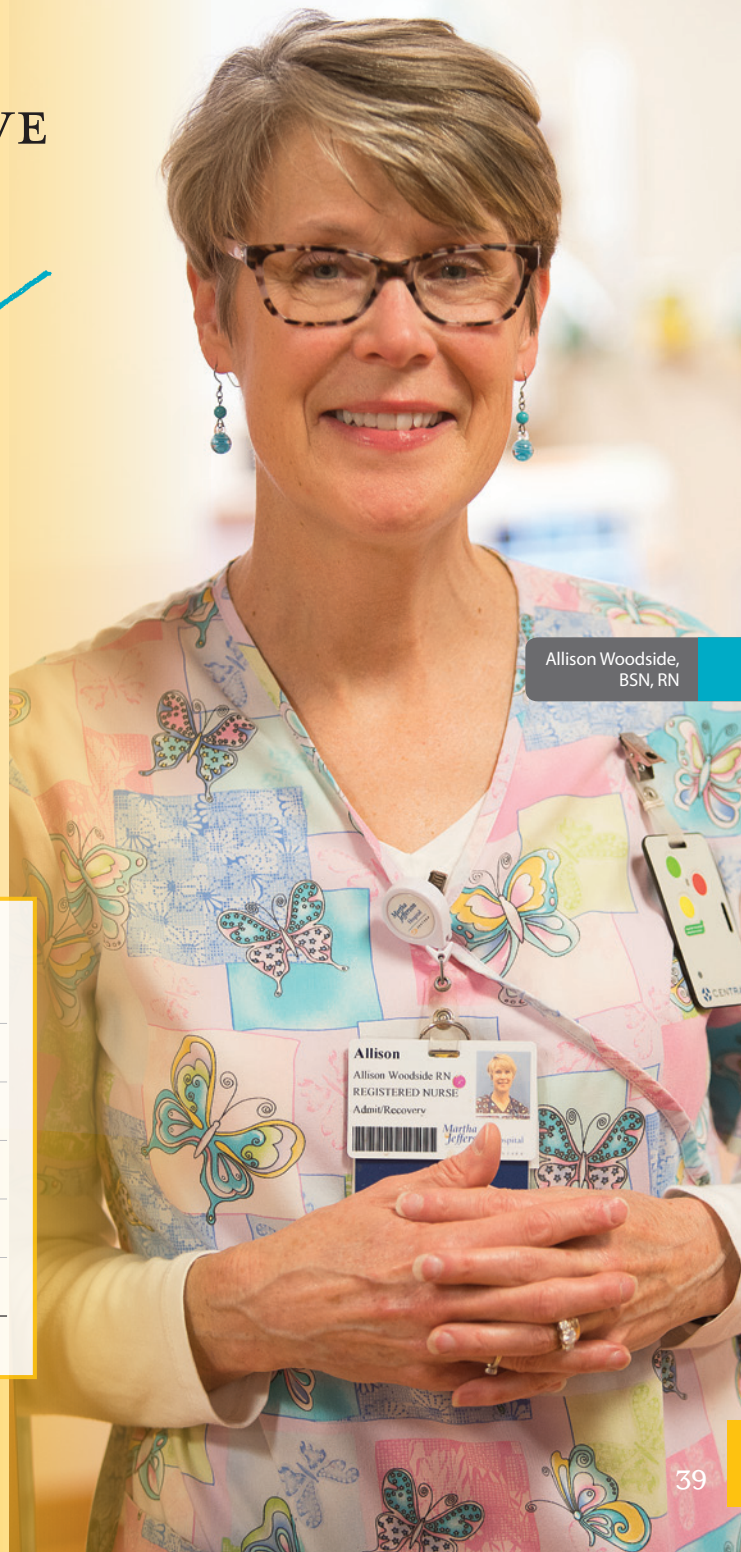
# NURSE SENSITIVE *Indicators*

Sentara Martha Jefferson  
Nurses are constantly working towards improving patient outcomes. We track nurse sensitive indicators, which are outcomes directly influenced by nursing care. The following are nurse sensitive indicators that we routinely monitor and benchmark to the National Database of Nursing Quality Indicators (NDNQI).

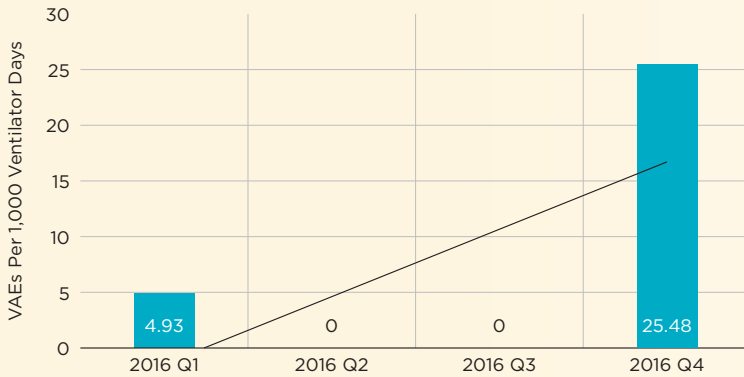
- Falls
- VAEs
- CAUTIs
- CLABSIs
- HAPUs

Although we met our goals set for 2016 for these indicators and continue to outperform the national benchmark mean, our work does not stop there. Through the

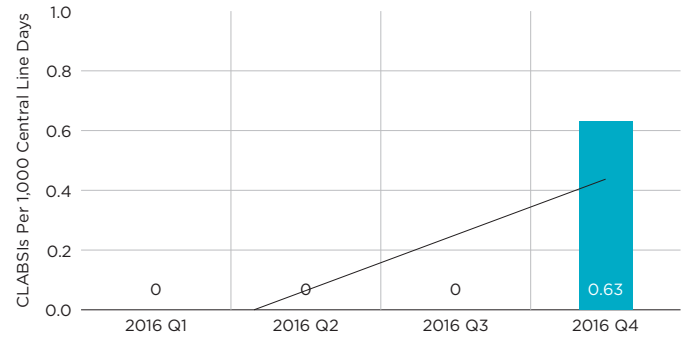
Allison Woodside,  
BSN, RN



## VENTILATOR ASSOCIATED EVENTS (VAEs)

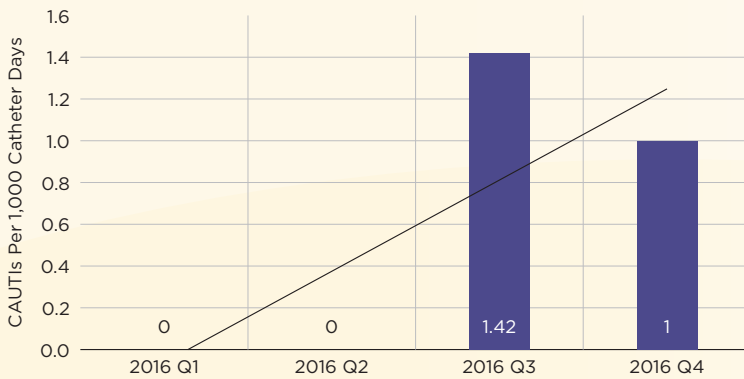


## CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABIS)

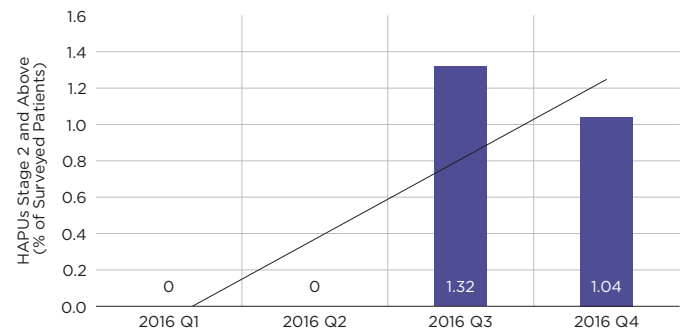


use of Shared Governance Councils and other nursing initiatives, we addressed any unfavorable trends as they arose. For example, a CAUTI team was established in 2016 to review an increase in CAUTI rates, resulting in a roving educational cart and inclusion in one of the QUICK sessions and Uniquely Yours sessions for Nursing Care Partners to review evidence-based guidelines for pericare and Foley placement. SMJH was also an early adopter of the revised system protocol for Foley care.

## CATHETER ASSOCIATED URINARY TRACT INFECTIONS (CAUTIs)



## HOSPITAL ACQUIRED PRESSURE ULCERS STAGE 2 AND ABOVE







Kathy Rainey, BSN, RN, IBCLC;  
Christine Hibbert, RN, RNC-OB

# A Tribute to DOROTHY SOMERVILLE

Dorothy Somerville, RN, BS retired from Sentara Martha Jefferson in December 2016 after more than 43 years of service. Dorothy began her career at Martha Jefferson Hospital in 1972 and left briefly to deliver her second daughter, Mina Ford. She returned part time on the 3-11 shift in 1973 and remained employed for the next 43 years. Over the course of her employment at SMJH, Dorothy held many positions within the organization always furthering the reputation and the delivery of nursing care that is Our Caring Tradition.

From her beginnings as a staff nurse on 3-11, Dorothy progressed to being the quality assurance (QA) nurse for her unit, Rucker 3, in 1983. In 1984, she was promoted to Assistant Head Nurse on Rucker 3. In 1987, she became the first hospital-wide QA Coordinator ensuring that all units were adhering to JCAHO standards and monitoring progress of care. In 1989, she was promoted to QA Supervisor and began to supervise a small department of QA nurses. In 1991, she was again promoted to Manager of QA and implemented a software system to help gather, analyze, and store quality data. By 1994, her title changed to QA, Utilization Management and Infection Control

Manager and responsibility for utilization review of all inpatients and infection control and prevention was added to her plate along with additional FTEs. In 1995, her title was changed to Manager, Patient Planning Services and in 1998, again changed to Manager of Case Management and responsibility for all social services and discharge planning functions was added to her plate. In 2000, she was promoted to Director of Risk Management and Infection Control and began to learn everything she could about risk management and prevention. By 2003, Dorothy had shed several previously held responsibilities and was named Manager of Professional Practice and Infection Control, a role she maintained until her retirement in December 2016.

Regardless of the titles and responsibilities she held, Dorothy was always known as a “nurse’s nurse”. Her pragmatism and ability to connect to nursing staff and always try to improve processes for care delivery was front and center of all she did. During our time with a Cerner electronic medical record, Dorothy was instrumental in leading a nursing technology team to develop better documentation screens, alerts, PAL lists, and anything that would make it easier for nurses to document the care they deliver.

In 2010, as we began to plan for our move to the new hospital, Dorothy worked countless hours on ensuring the safe and efficient transport of all patients, their medications and valuables. She led many table-top exercises to ensure that the nurses were well-prepared and ready to safely and effectively transfer patients to our new facility.





Dorothy Somerville,  
RN, BS

Over the past 5 years, Dorothy has been responsible for infection prevention and anything else that was assigned to her. She was instrumental in inspecting our environment of care and could be seen, along with her best buddy, Bill Weigold, reviewing refrigerators for outdated food; clean utility rooms for outdated supplies or O2 tanks left on the floor, documents hung on bulletin boards without dates, and all other manner of tasks related to improving the environment of care for patients and families.

CNE, Nancy Maloy, reflects on her memories of working with Dorothy. "I met Dorothy in 1982 when I became the Assistant Head Nurse on Rucker 3. We became fast friends as we discussed our children who were similar in age, our husbands who are politically attuned, and our nursing roles. For years Dorothy and I walked miles and miles after work or during lunch hours in and around the Locust area. As we both began climbing into various positions, we remained connected through our daily walks and constant venting. Dorothy has been a stabilizing influence in my career and my personal life and I've valued her pragmatic approach to life and work. I will miss Dorothy greatly as she was my constant lunch buddy but am happy to see her retire and enjoy more free time.

In December, we celebrated Dorothy's career and the overwhelming and lasting impact she has had on SMJH including the peers and friends she leaves to carry on her work.



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