

redefining the Caring Tradition

tra • di • tion [truh-dish-uhn], noun

1. the handing down of statements, customs, information, etc., from generation to generation, especially by word of mouth or by practice

NURSING ANNUAL REPORT 2010



Martha
Jefferson Hospital

August 28, 2011 – Moving Day – is mere weeks away.
And the remarkable nurses at Martha Jefferson are ready.

They spent much of the last few years planning and designing the nursing units in the new hospital, perfecting the layout of the patient rooms to enhance both safety and comfort. With the blueprints completed and the walls erected, 2010 became the year of final touches, the opportunity to redefine the patient and staff experience within our new environs.



Our Nursing Process Steering Committee, consisting of senior nurse leaders as well as interdisciplinary members, offered oversight, listening to and guiding the staff nurses serving on the Communication Team, the Model of Care team, the Medication Team and the Direct Patient Care Team. All worked simultaneously to define the intricate details of such things as which supplies will reside in the nurse servers and how nurse-to-nurse bedside reporting will be integrated into the workflow. Though innumerable hours have been invested, the return will be in the form of a seamless transition on Patient Move Day and the weeks that follow.

Despite the many hours spent on the new hospital, our nurses were challenged to keep their focus on the most important task – ensuring the day-to-day care and safety of our patients. And it was not forgotten. Thanks to the tremendous efforts of the No Fall Left Behind (NFL) team, the nurses succeeded in cutting our patient fall rate nearly in half in 2010.

Our Wound team continued its very successful educational campaign for the prevention of pressure ulcers. For the fourth consecutive year, the rate of Stage I and II hospital acquired pressure ulcers declined dramatically in 2010 – and there were no Stage III, Stage IV or deep tissue injuries reported at all. These rates put us well below the national average in numbers – and well above in quality.

Our IMIEW team put in many hours towards enhancing the documentation process for nursing. They helped design a new streamlined system that incorporated our bar-coded medication administration process. Once developed, they trained the

entire nursing staff in four hour classes. This undertaking was a huge leap forward in enhancing patient medication safety.

This year we also expanded the medication safety system to Day Surgery and PACU and in 2011, we will launch in the Emergency Department (ED). The ED also piloted the single sign-on and smooth roaming applications which will further our goal of bedside charting.

Our patient satisfaction scores remained high. Based on the 2010 data, Professional Research Consultants recognized the hospital with seven 5 Star Awards and two 4 Star Awards in early 2011 for Overall Quality of Care.

I am also proud to note that Martha Jefferson, a Joint Commission certified primary stroke center, was awarded the Gold Plus Award by the American Heart Association and American Stroke Association Get With the Guidelines program in 2010. This award is given to programs that maintain a minimum of five quality indicators at 75 percent or above for twelve consecutive months. Our nurses are an integral part of the interdisciplinary team that cares for stroke patients.

Despite the intensive workload, our nurses continued to pursue knowledge and education. Thirty-five nurses were enrolled in higher education in 2010. Twenty-three graduated from nursing programs, including six who earned their Associate Degrees ADN, thirteen who earned their BSN, three their Masters and one PhD.

And still they took time out to celebrate and share the privilege of nursing with a public reading at the Virginia Festival of the Book. Many of our staff nurses



submitted their heart-warming stories, leaving very few dry eyes in the audience. The event was so well-received that the Martha Jefferson nurses agreed to participate again in 2011.

All of which helps explain why we submitted our electronic documentation for Magnet redesignation to the American Nurses Credentialing Center in October 2010. Our excellent nurses, our emphasis on education and evidence based care, our quality initiatives all speak to the level of professional nursing care that earned us Magnet Recognition three years ago. Magnet status is not a prize or an award, but a credential of organizational recognition of excellence. Only seven percent of the hospitals in the U.S. have achieved Magnet Recognition and we are very proud to be among them.

Warm regards,


A handwritten signature in blue ink that reads "Amelia A. Black MSN, RN, NEA-BC". The signature is written in a cursive style.

Amelia Black, MSN, RN, NEA-BC
Vice President and Chief Nurse Executive

patient and family centered care

cen • ter • ed [sen-terd], adjective

1. having as the focus of interest or activity



For nursing to work effectively within an organization requires a strong foundation and a belief system that reminds nurses daily of why they come to work. At Martha Jefferson, that foundation is the focus on patient and family centered care, where each patient is recognized as an individual with unique needs and goals. This is evident in our nursing mission: 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.

The challenge in 2010 was to choose an effective model of care that supported nurses in achieving their stated mis-

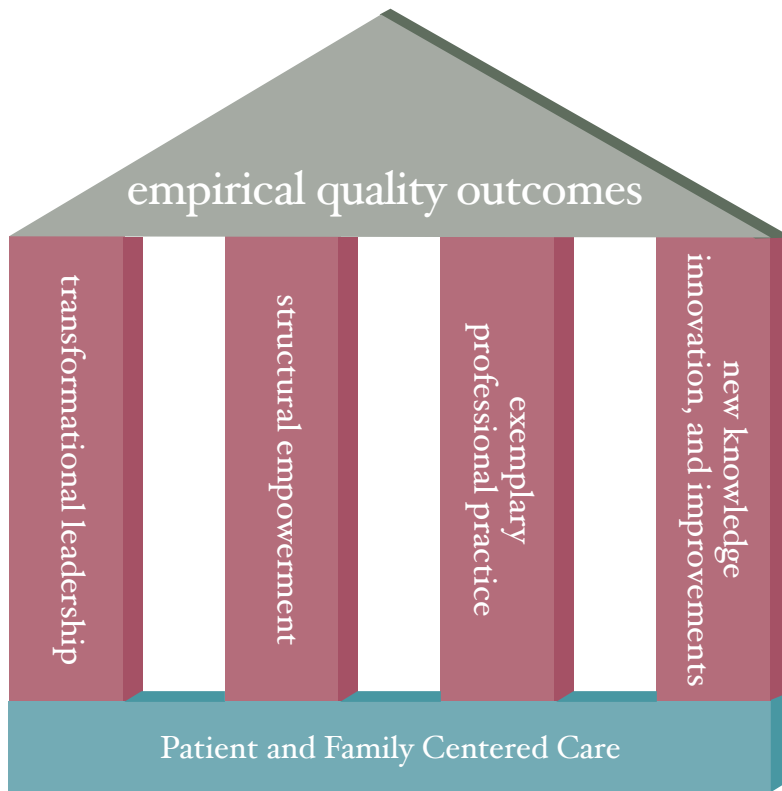
sion. As they prepared to transition to a building designed around the Planetree patient-centered architectural healing principles, they took the opportunity to reconsider both their model of care and nursing care delivery system.

Several nursing teams worked simultaneously on different aspects of care, but it was the Model of Care team that chose the overarching framework. The

team, consisting of direct care nurse representatives from each major patient unit, a Director of Nursing, the Director of Quality Improvement and nurse educators, studied the current literature for a model that combined a strong emphasis on patient and nurse satisfaction and safety.

After much consideration and discussion, they chose Relationship Based

Martha Jefferson Nurses Professional Practice Model



Care. It seemed an excellent fit with the Planetree patient and family-centered care philosophy and Martha Jefferson's culture of caring. It is founded on the principle of continuity of care, of the establishment of a primary therapeutic relationship between nurse and patient, while also emphasizing the nurse's relationship with him/herself and with one's teammates.

After choosing the model, the team began to consider and redefine the role of several key team members, including the RN, the charge nurse, the nursing assistants and the Admission, Discharge

and Teaching nurse. They also chose two inpatient units to pilot the new model.

From there the work was passed on to the unit-based shared governance councils on South 5 and South 7, for the challenging work of designing a means of scheduling and assigning staff to support relationship based care.

The goal is for full implementation to coincide with the transition to the new hospital, where the design will support increased time at the bedside – both the goal and reward for excellence in nursing care.

The Principles of Relationship Based Care as practiced at Martha Jefferson Hospital

1. A primary RN establishes a therapeutic relationship at (or soon after) each patient's admission, and maintains it throughout the patient's stay on the unit, planning and managing the patient's care.
2. To ensure the primary relationship is protected, patient care assignments are based on continuity of relationships as well as complexity of care required, and the skills and knowledge of the care giver.
3. The patient experiences personalized care that is attentive to the mind, body and spirit.
4. The patient and family know what to expect of the primary nurse relationship.
5. The primary nurse is responsible for communicating, integrating and coordinating with the interdisciplinary care team.
6. Patient care resources are available, functional, and efficient.
7. Leaders promote the nurse/patient relationship by creating a healthy work environment, by encouraging lifelong learning and innovation, and by empowering staff to make decisions and solve problems.

transformational leadership

lead • er • ship [lee-der-ship], noun

1. act or instance of leading; guidance; direction



The nurses at Martha Jefferson Hospital continue to demonstrate exceptional leadership within the organization, from the designing of the nursing units in the replacement hospital to the selection and implementation of documentation tools, to their work on interdisciplinary teams that continually strive towards quality improvement.

- ▶ The Direct Patient Care Team, consisting of staff nurses, nurse managers and nurse educators, and facilitated by a nursing director and quality improvement staff member, met in 2009 and 2010 with the charge of making the room the destination location for care. To give the nurse as much time at the bedside as possible, the team determined the supplies and equipment needed most often by the nurse and standardized their location in the room and nurse server. Their work included standardization of the head walls and computer arms as well as location of glove boxes and sharps containers. They worked with Materials Management to color-code the

“This award does not mean that our journey is over. What got us here will not be what gets us there tomorrow. We will continue to reinvent ourselves because that is what leaders do to maintain their excellence.”

Amy Black MSN, RN, NEA-BC, Vice President, Chief Nurse Executive in 2010 Nurses' Notes

clean utility and supply rooms, and to set the par levels for delivery. They also conducted an inventory of current unit equipment, such as bedside commodes and pulse oximeters and set par levels that were most likely to increase nursing efficiency.

- ▶ The Communication team, consisting of staff nurses and facilitated by a nursing director and quality improvement representative, met with the charge of developing the crucial conversations that would enhance patient safety and satisfaction and promote interdisciplinary care. Among their accomplishments was the design of a “Ticket to Ride” to enhance communication of important patient status information when patients are transported to other services, a tool for structuring the information delivered in report, a format for nurse-to-nurse and bedside reporting and the development of unit huddles.
- ▶ In 2010, the Medication Use Process Design Team documented the current state of medication use and redesigned the process around new facility changes including: use of the nurse server for medication delivery,

medication preparation in the patient room, and in-room documentation. For those areas like Labor and Delivery which do not have nurse servers, they redesigned their medication process to ensure medication access and security.

- ▶ The Nursing Process Steering Committee met biweekly in 2010 to review and guide progress of the above teams towards their goals for the replacement hospital.
- ▶ The Directors of Nursing met for quarterly retreats during 2010 to review the Nursing Strategic Plan and their progress towards meeting established goals.
- ▶ Martha Jefferson Hospital's stroke program earned the Gold Plus award presented by the American Heart Association and American Stroke Association's “Get With the Guidelines” for maintaining a minimum of five quality indicators at 75% or above for twelve consecutive months. Nurses played an important part both on the interdisciplinary stroke team and as part of the staff that care for stroke patients. The hospital is recognized

as a Joint Commission certified primary stroke center.

- ▶ Dashboard Days, a quarterly meeting of the Nursing Leadership team was led by nurse managers in rotation in 2010. The meeting is dedicated to quality improvement and offers the nurse managers the opportunity to present their action plans and discuss the challenges they face in meeting unit targets.
- ▶ In 2010, the IVIEW team, led by nursing and information technology staff, followed more than a year of planning with training and implementation of the new IVIEW documentation system for nursing, a more intuitive and efficient method of computer documentation.



Pre-Op Caregiver Desk

structural empowerment

em • pow • er • ment [em-pow-er-ment], noun

1. to give power or authority; enable

Martha Jefferson nurses are valued and recognized within the organization, enjoying wide representation on various hospital committees, such as Pharmacy and Therapeutics, the Institutional Review Board, Cancer Committee, Radiation Safety Committee and Transfusion Committee, to name a few.

The Shared Governance Councils consider bedside nursing issues and after researching the literature, implement evidence-based changes as indicated.

The Department of Nursing Education and the Institute of Workplace Learning offer numerous educational programs annually within the hospital and many of our nurses are enrolled in degree programs.



Endo Procedure Room

- ▶ In 2010, 115 nurses maintained or advanced to the upper levels of the Advanced Professional Practice Clinical Ladder.
- ▶ Thirty-five nurses were enrolled in higher education in 2010. Twenty-three graduated from nursing programs, including six who earned their ADN, thirteen who earned their BSN, three an MSN and one PhD.
- ▶ Martha Jefferson continues to host the Old Dominion University RN to BSN program on-site via satellite in the Education Center.
- ▶ The Department of Nursing Education offered 61 approved continuing education programs in 2010 that boasted an attendance of 1347 nurses.
- ▶ The following nurses were recognized by their co-workers during Nursing Week in 2010. Jennifer Harris, RN, South 5, was given the Holly Metz Award, Danielle Deane, RN, South 6, the RN of the Year Award, Preceptor of the Year went to Charlotte Beagle, RN, MSN, ICU, and the SurgiTech/LPN of the year award was given to Donna Lienhart, OR.
- ▶ In 2010, Martha Jefferson had active contracts with many regional nursing programs including: University of Virginia, Piedmont Virginia Community College, James Madison University, Blue Ridge Community College, Liberty University, Lynchburg College, Bryant and Stratton, Charlottesville Albemarle Technical Education Center, Kaplan University, Virginia Commonwealth University and Germanna Community College.



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3



exemplary professional practice

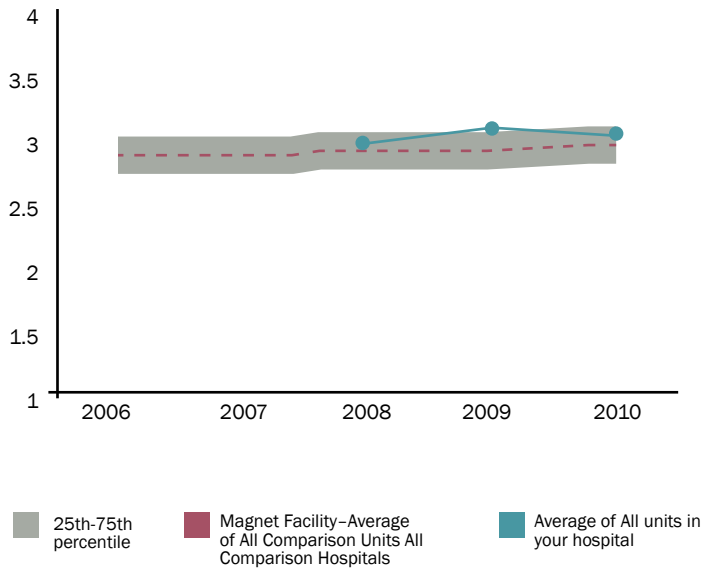
ex • em • pla • ry [ex-em-pluh-ree], adjective

1. serving as a model or example; worth imitating



- ▶ In November, 2010, the nurses on South 5 developed and planned an Orthopedic Nurse Day, to educate their nurses about equipment commonly used in orthopedics while also celebrating their specialty.
- ▶ The South 4 Education Council held an unannounced “Fire in the OR” drill, with the help of ten staff members and two physicians. A real dad volunteered to participate as the father. They ran the drill twice in order to incorporate recommended changes from the first drill. Though a “Fire in the OR” is one of those low incidence/high risk events they hope never to see, participating in drills gives staff members the opportunity to improve not only critical thinking/processing skills but also real hands-on skills in a crisis situation.
- ▶ The National Database of Nursing Quality Indicators (NDNQI) Practice Environment Scores dipped slightly in some areas and rose in others. Overall, the hospital scored higher than the mean. See right:

Martha Jefferson Hospital Mean PES Score

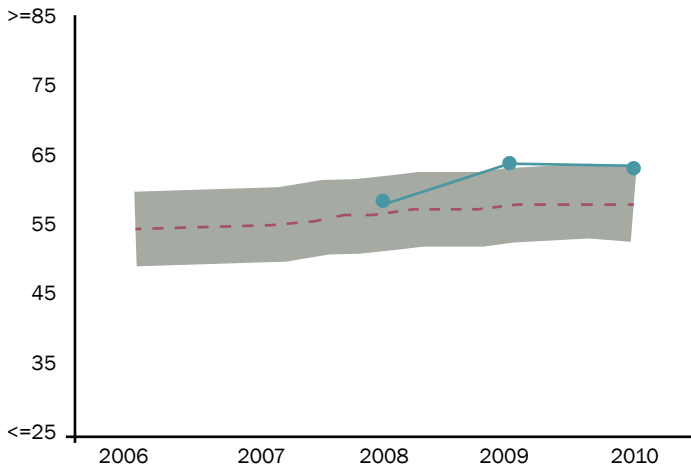


- Martha Jefferson Hospital conducts ongoing patient satisfaction surveys through the Professional Research consultants (PRC) to monitor patient response to care. In 2010, Martha Jefferson Hospital won the following recognitions:

Martha Jefferson Hospital – Outpatient. Overall Quality of Care - 5 Star Award, Martha Jefferson Hospital – Inpatient. Overall Quality of Care - 4 Star Award

Rucker 2 - Inpatient Med/Surg Overall Quality of Care - 5 Star Award
 South 4 - Inpatient OB Overall Quality of Care - 5 Star Award
 Rucker 4 - Inpatient Med/Surg Overall Quality of Care - 5 Star Award
 ED at Peter Jefferson (FSED) – ED Overall Quality of Care - 5 Star Award
 VIR - Outpatient Cardiology Overall Quality of Care - 5 Star Award
 Emergency Services (combined main & FSED) - ED Overall Quality of Care - 4 Star Award
 Radiation Oncology – Overall Quality of Care - 5 Star Award.

Martha Jefferson Hospital Job Enjoyment Score



Nourishment and Counsel/Quiet Room

new knowledge, innovation and improvements

in • no • va • tion [in-uh-vey-shuhn], noun

1. something new or different

Our nurses shared their knowledge and practice innovations with colleagues in 2010 through publications in peer-reviewed journals and poster and podium presentations at regional and national conferences.

Publications:

Good, K., Niziolek, J., Yoshida, C., and Rowlands, A. (2010). "Insights into Barriers that Prevent African Americans from Seeking Colorectal Screenings: A qualitative study." *Gastroenterology Nursing Journal*.

Rowlands, A. and Steeves, R. (2010). "Insights into Incorrect Surgical Counts: A qualitative analysis from the stories of perioperative personnel." *AORN Journal*.

Cheeks, P. and **Dunn, P.** (2010). "A New Graduate Program: Empowering the Novice Nurse. *Journal for Nurses in Staff Development*.

Blankenship, J. and **Denby, A.** (2010). "Empowering UAP to champion pressure ulcer prevention". *Nursing 2010*, 40(8), 12-13.

Weierbach, F.M., Glick, D.F., Fletcher, K., **Rowlands, A.**, and Lyder, C.H. (2010) "Nursing research and participant recruitment". *The Journal of Nursing Administration*, 40(1), 43-48.

Denby, A. and **Rowlands, A.** (January/February 2010) "Stop Them at the Door: Should a Pressure Ulcer Prevention Protocol Be Implemented in the Emergency Department?" *Journal of Wound, Ostomy and Continence Nursing*. 37(1); 35-38.

Presentations/Posters:

Denby, A., Blankenship, J., and Tucker, S. "Pressure Ulcers: Target Zero; Engaging a Rapid Cycle Improvement Team to Enhance Documentation, Reduce Cost, and Improve Patient Outcomes." Podium Presentation. October 2010. Cerner Health Conference. Kansas City, MO

Black, A. "Taking it Up a Notch: Outperforming the Magnet Mean on the NDNQI RN Survey" Podium Presentation. October 2010. ANCC Magnet Conference. Phoenix, AZ

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

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

Denby, A. "Together We Can - Prevent Pressure Ulcers." February, 2010. Third Annual Community Conference on Senior Care. Charlottesville, VA

Niziolek, J., Yoshida, C., Rowlands, A., Good, K. "Insights into Barriers that Prevent African Americans from Seeking Colorectal Screenings: A qualitative study" May 2010. Annual Society of Gastroenterology Nurses and Associates (SGNA) Conference. Orlando, FL

Awards:

"Certified Primary Stroke Center" The Joint Commission. June 2010.

"Partner for Change Award" Martha Jefferson Hospital "Partner for Change Award" Practice Green health for our commitment to environmentally responsible operations 2010.

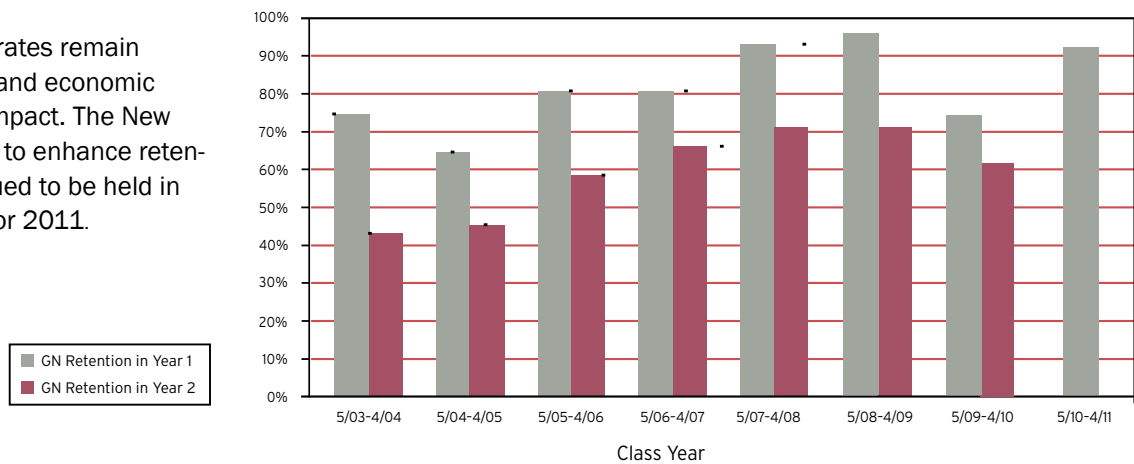
"Get With the Guidelines" - Gold Award, 2010.

"Comprehensive Community Cancer Program" by The American College of Surgeons Commission on Cancer.

Within the hospital, during nurse's week, the Annual Nursing Research Exhibit is held annually, where our nurses enter and display their posters for their colleagues. In 2010, there were thirty-three poster entries, up from thirty-one in 2009 and thirteen in 2006.

Research Project	Status	Primary Investigator
Exploring Relationship-Based Care in a Medical Surgical Setting	Orienting staff to the study; beginning data collection	Aletha Rowlands PhD, RN, CNOR Leith Mullaly RNC, MSN, IBCLC
Medicine: A Double Blind Study Examining its Effectiveness in Treating Postoperative Nausea and Vomiting	Submitted to IRB; making revisions as per IRB request	Rachelle Glover RN
Patient Education: Perception of Patient's Readiness in Caring for their Ostomy	Writing protocol	Carol Vincel RN, CCRN Abby Denby RN, BSN, CWON
Effects of Advanced Protocols on Time-to-Disposition in the Emergency Department	Data collection underway	Cassandra Barr RN
Peripheral IV Catheters: Dwell Time and Complications	Completed; findings disseminated through Nursing Grand Rounds; manuscript in progress	Gloria Ascoli RN, CRNI, OCN, CLIN V
Significant Predictors of Incorrect Surgical Counts in the Operating Room	Study completed; manuscript in progress	Aletha Rowlands PhD, RN, CNOR
The Impact of Zolpidem on the Mental Status of Hospitalized Patients Greater than 50 Years Old	Study completed; findings discriminated through our annual Nursing Research Poster Exhibit; manuscript was submitted for publication	Kim Richards BSN, RN, OCN Glenda Wingfield RN, OCN
Insights into Barriers that Prevent African Americans from Seeking Colorectal Screenings: A Qualitative Analysis	Study completed; findings discriminated through our annual Nursing Research Poster Exhibit, at a national conference; and a published manuscript	Karron Good RN, CGRN Jessica Niziolek RN, CGRN
Insights on Incorrect Surgical Counts: A Qualitative Analysis from the Stories of Perioperative Personnel	Study completed; findings discriminated through a national conference, regional conference, and a published manuscript	Aletha Rowlands PhD, RN, CNOR
Examining the Influence of Pre-operative Teaching for Women undergoing a Total Abdominal Hysterectomy	Study completed; findings discriminated through our annual Nursing Research Poster Exhibit, Nursing Grand Rounds, and at the GYN Section Meeting	Pat Checks MSN, RN, APRN, BC
Hospital Acquired Pressure Ulcers and Length of Stay in the Emergency Department	Study completed; findings discriminated through our annual Nursing Research Poster Exhibit, Nursing Grand Rounds, a national conference, and a published manuscript	Abby Denby RN, BSN, CWON
Hourly Rounding: Does it Make a Difference on Patient and Nurse Satisfaction, use of the Call-Bell and Fall Rates	Study completed; findings discriminated through our annual Nursing Research Poster Exhibit	Debra Brown BSN, RN, CCRN, Clin V Marsha Taylor RN, OCN, Clin V Angie Craig RN, OCN, Clin V
Effectiveness of Screening Colonoscopies at a Community Hospital	Study completed; findings discriminated through our annual Nursing Research Poster Exhibit and at a national conference	Karron Good RN, CGRN Jessica Niziolek RN, CGRN

• New Graduate Retention rates remain high although gas prices and economic concerns are having an impact. The New Graduate retreats, added to enhance retention of new grads, continued to be held in 2010 and are projected for 2011.



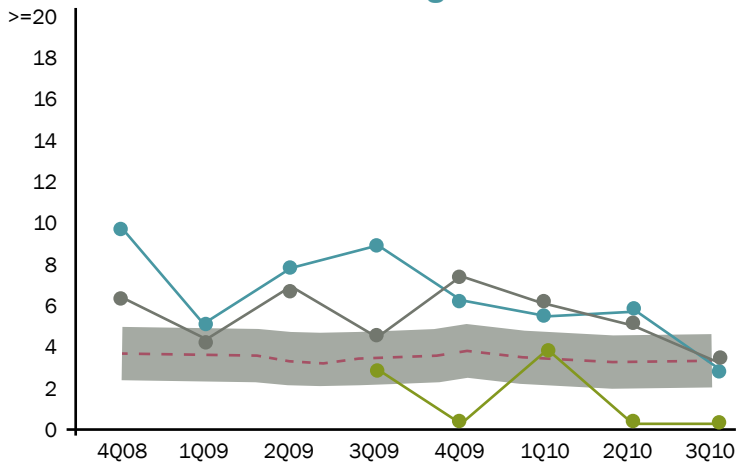
empirical quality outcomes

em·pir·i·cal [em-pir-i-kuhl], noun

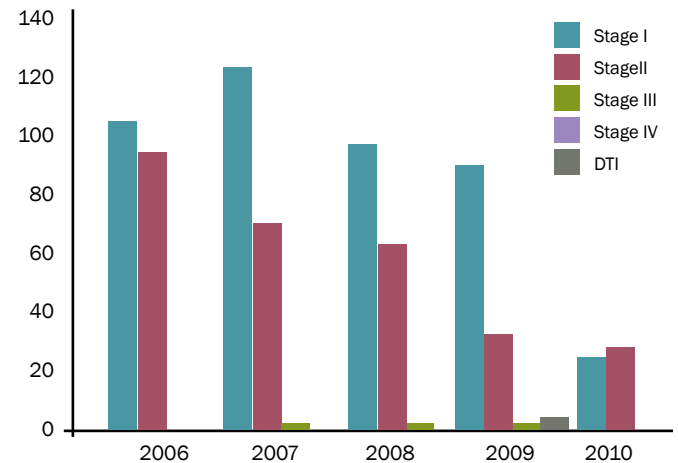
1. provable or verifiable by experience or experiment

- Of the eight CMS hospital-acquired conditions (HAC) reported between October 2008 and June, 2010, Martha Jefferson scored better than the national average on five.
- As a direct result of the work of the No Falls Left Behind (NFL) team, which implemented eighteen of twenty-five interventions, the falls rate dropped below the facility median:
- Thanks to the continued work of the Wound Team under the direction of Abby Denby, BSN, RN, CWON, our Wound and Ostomy Clinical Educator, for the fourth consecutive year, the rate of Stage I and II hospital acquired pressure ulcers declined dramatically in 2010 – and there were no Stage III, Stage IV or deep tissue injuries reported at all. These rates put us well below the national average in numbers – and well above in quality.

**Martha Jefferson Hospital
Total Falls per 1000 Patient Days
Adult Med-Surg Combined**



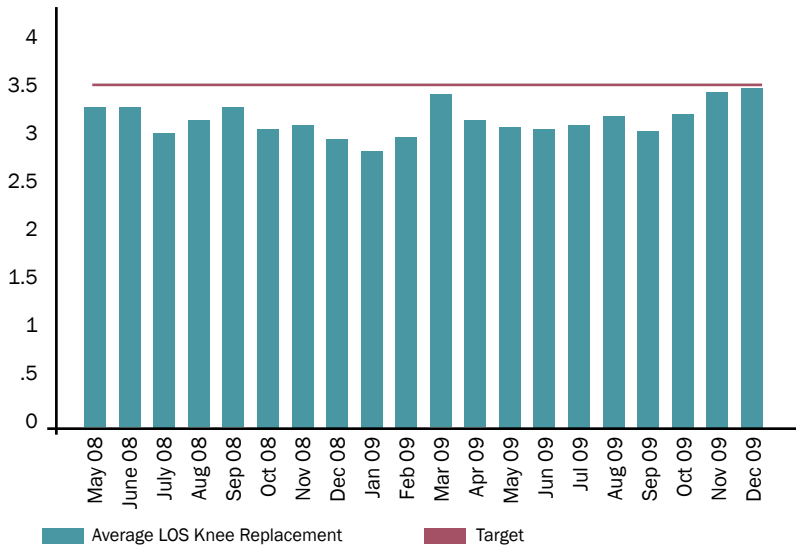
**Martha Jefferson Hospital
Acquired Pressure Ulcers**



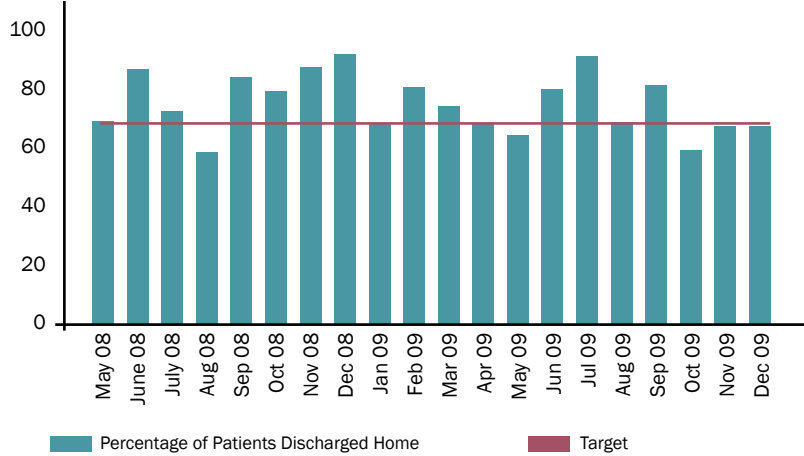
25th-75th percentile Magnet Facility
 Median: Magnet Facility
 South 7
 South 5
 Rucker 2

Post-op discharges times are indicators sensitive to the interdisciplinary care team, of which nursing plays an integral role. Times are as below:

Average Length of Stay for Knee Replacements



Percentage of Knee Replacement Patients Discharged to Home



The year ahead looks very exciting. The move to the new hospital is a day that all of nursing is looking forward to. The private rooms, the nurse servers, the standardization of equipment and supplies, in-room documentation and medication preparation are all factors which will increase nurse efficiency and time spent at the bedside.

As the unit-based councils on South 5 and South 7 continue their work on planning for the roll-out of Relationship Based Care, we can look forward to full implementation and the benefits that will come with it.

Both the move and the change in care delivery will enhance care, but new issues outside our sphere of influence are just as likely to appear. But as these last few years have proven, there is no challenge we cannot face and overcome together.

Martha Jefferson Hospital

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.

philosophy

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, 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 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 where patient care is evidence-based and nursing research is both valued and encouraged.

