



SIBLEY MEMORIAL
HOSPITAL

JOHNS HOPKINS MEDICINE

CELEBRATE THE PAST, EMBRACE THE FUTURE!

Patient Care Services Newsletter

January-February 2016

CALL FOR ABSTRACTS: Nurses are invited to showcase their projects and interventions for Nurses Week 2016. Abstracts should be a 150-250 word summary (in total) addressing each of the following components: Introduction; Objective; Materials and Methods; Results; and Conclusion. Email to Angela Stoehr, astoehr1@jhmi.edu, by **March 11th!**

TRANSFORMATIONAL LEADERSHIP

Second Annual Deans and Coordinators Breakfast

The Directors of Nursing hosted the second annual Deans and Coordinators Breakfast on February 17th. The goal of the event is to create an exemplar for enhanced academic collaboration that fosters a culture of innovation and learning opportunities for nursing students. This year's guests included Deans & Coordinators from the following Schools of Nursing: Catholic, Georgetown, George Washington, Howard, Johns Hopkins, Marymount, & Trinity. Today, Sibley supports 80 clinical nursing students & 18 practicum students including nurse practitioners. Joanne Miller, CNO, began with a Nursing State of the Union, and brought in team members Suzanne Dutton, Matt Brown, Darleen Dagey, and Ryan Garvey to showcase recent initiatives. The presentation was followed by a tour of the New Sibley. Forging stronger relationships with schools in our community will create endless opportunities to build our nursing cadre, the beginning of which include Clinical Nurse Specialists, Innovation Student Nurse in Residence, and Masters Entry into Nursing.

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From top left: Patricia Burke, Georgetown; Joanne Miller; Karen McCamant; Suzy Lindlaw; Gina Brown, Howard; Tammi Dammas, Howard

From left: David Want, Catholic; Joanne Miller; Barbra Moran, Catholic; Ryan Garvey; Darryn Dunbar



New Education Resources Available

Johns Hopkins Nursing Resources

Being a part of Johns Hopkins Medicine implies sharing many information resources with its other members. For quite a while, Sibley nurses have enjoyed access to online books, journals and nursing procedures collections provided by the main library at Johns Hopkins; now we have access to Johns Hopkins Hospital's resources directly related to the clinical practice. They are available at the Johns Hopkins Nursing Intranet :

http://intranet.insidehopkinsmedicine.org/nursing/department_sites/

Please visit the website and your department's specific pages. You will find nursing procedures, protocols, and treatments of some conditions, checklists, calculators, forms, in-service program materials, etc. — the tools and materials, which your colleagues at Johns Hopkins use in their work.

The link to the Johns Hopkins Nursing Intranet is permanently posted on the Sibley Intranet under *Library -> Quick Links* and *Library -> Nursing Practice*.

Transfer from Lippincott to Mosby

Sibley's license to the Lippincott procedures will expire soon and it will not be renewed. Where will nurses look for procedures when Lippincott is no longer available? Fortunately, Sibley has access to a similar collection – Mosby's Procedures / Elsevier Clinical Skills. It includes articles on hundreds of procedures, which incorporate best practices, the latest evidence-based information, and professional standards and recommendations.

You can either search the collection using a keyword(s) – the most relevant results will be displayed at the top of the page, or you can browse the collection by Category and Specialty and select the procedure you are looking for. If you need help, please contact the Librarian at x4110.

Soon you will see the Mosby's Procedures icon on the desktop of your computers. Right now, the collection is accessible via the **Library** pages on the Intranet or you can find it under **Patient Care**

Home > Sibley Intranet: Search Results Print Page

Quick Links

- [Cafeteria Menu](#)
- [Service Excellence](#)
- [Emergency Management](#)
- [IT Resources](#)
- [Phone Directory](#)
- [Physician Directory](#)
- [Work Order Request](#)

Sibley Intranet: Search Results

Category: Sort By:

Year:

Search Text:

Patient Care

- [Mosby's Procedures](#)
- [Quick Reference IV Therapy](#)
IV therapy chart, IV guide, IV reference, central line guide, central line reference

STRUCTURAL EMPOWERMENT

Hopkins Policy Online Overview

Hopkins Policies Online (HPO) is the new Hopkins-wide online repository system for policies. Sibley was the third Hopkins entity to transition to the new system, with only 5 entities having done so thus far. HPO is web-based which makes it available on any Sibley computer or through VPN connection. The site is single sign-on using your JHED credentials. You will find a convenient link on your desktop named "Hospital Policies" that previously linked to the old "Sibley-Sibley" intranet policy site. Update to this link requires reboot of computers so please be sure to do so in all areas.

HPO encompasses:

- Hospital policies;
- Nursing procedures and protocols (currently housed on the intranet);
- Departmental Policies; and
- We anticipate adding frequently used documents such as consents.

HPO is run by a superior search capability with algorithms better than Google. Hospital policies were entered with the most keywords of all Hopkins's entities thanks to Mike Brinkman in Quality. Thus, you are encouraged to rely on search (versus the old way of inputting policy number) as it provides far more robust results.

Training

MyLearning courses are available. Search keyword "HPO" and two courses will appear, each lasting about 15 minutes.

Maura MacDonald will be in PDR 1&2 on Wednesday March 2nd and Wednesday March 9th to provide assistance and training with the new system. Your participation and feedback is encouraged and appreciated as we want this system to be extremely useful for all users.

Maura MacDonald can be contacted by email for any further questions at mmacdo12@jhmi.edu.

New Education Opportunities at Sibley

Fetal Monitoring Course

WIS is excited to announce that starting in January 2016, our very own educators will be offering AWHONN's 2-Day Intermediate Fetal Monitoring Course on-site at Sibley! For those interested in attending a course in order to prepare for NCC's EFM Certification, this class is being made available to you. The remaining class dates are March 17th and 18th. Please sign-up in MyLearning.

After attending this course, you will receive **18 CNE contact hours**. Course materials and light breakfast will be provided on the day of the course. The deadline to register is **one week** prior to the course date. Space is limited to a maximum of **6** participants per course. More details will be available after registering. If you have any questions, please contact Jennifer Madkins at jmadkin1@jhmi.edu.

American Heart Association (AHA) BLS for Healthcare Providers Online

The education department is piloting Online BLS courses in April and May! The online courses consists of two sections: 1) online didactic course and knowledge test; and 2) a skills test offered at Sibley. Students can sign-up for a skills-test time slot in MyLearning. Three weeks prior to the skills test, an AHA email will be sent to students with their individual course key. The process is as follows:

1. Complete the online course and knowledge test
2. Print and bring the certificate to the skills test
3. Take the skills test with a Sibley instructor.
4. Receive your BLS card!

The online portion ranges from 30-90 minutes, and the skills tests are in one-hour time slots. If you have questions, please contact the education department at 202-537-4058.

Kudos Corner: Recognizing Nurses

The DAISY Award

Sibley is pleased to announce our latest DAISY winner, **Agnes Bradley** of 7W. As a DAISY winner, Agnes receives recognition on the DAISY Award website, reduced tuition at Chamberlain College of Nursing, reduced cost on ANCC certification or renewal, and recognition through various forms of social media. To read Agnes' nominations, please visit <http://www.daisyfoundation.org/daisy-award/honorees/agnes-bradley> Our next DAISY winner will be announced in March!

Special thank you to the foundation for their support of this wonderful accolade!

CONGRATULATIONS ARE IN ORDER FOR....

Sara Ouzanian, BSN, RN, CEN, for passing her certification exam in emergency nursing!

Blair Lindlaw, BSN, RN, for receiving her BSN from Chamberlain College of Nursing!

Allison Steinburg, MSN, MPH, for publishing her article [Nursing's Potential to Address the Growing Cancer Burden in Low- and Middle-Income Countries](#) in the *Journal of Global Oncology*!



Agnes Bradley, MPA, BSN: Sibley's third recipient of the DAISY Award. The DAISY Award is an internationally recognized program to honor nursing excellence.

New Awards to Come in Nurses Week!

The Nurse Engagement Council will be presenting **four new awards** for Nurses Week in May! We highly encourage you to nominate your fellow nurses, so keep an eye out for voting boxes soon!

- ◇ **The Nurse Preceptor Award** is presented to a registered nurse in recognition of his/her outstanding contributions as a role model in clinical excellence and professionalism.
- ◇ **The Nurse Innovation Award** is presented in recognition of an individual nurse, or a team that includes a nurse, in the development of a new product or process improvement to optimize efficiency or resources and provided desired results.
- ◇ **The Novice Nurse Award** is presented in recognition of the special skills, dedication and compassion in the delivery of outstanding direct patient care for a nurse who has graduated nursing school within the past two years.
- ◇ **The DAISY Nurse Leader Award** is presented to a nurse manager or director who embodies all of the classic elements of a DAISY nurse— caring and compassion, integrity, communication, and excellence— and outstanding leadership to his or her team. This award is also generously supported by the Foundation.

Sibley Snow Crew 2016

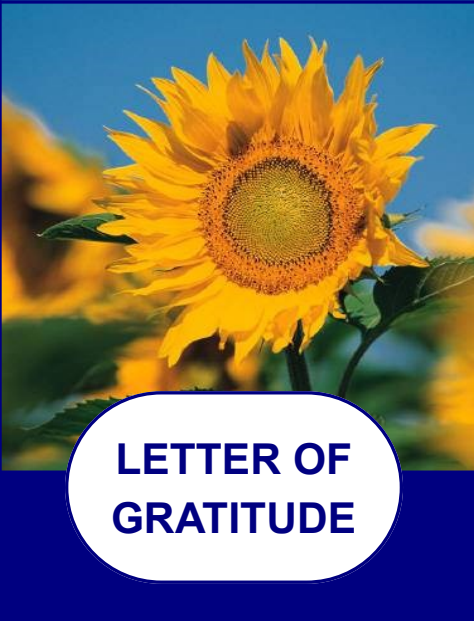
Special thank you to the staff who stayed through one of DC's most severe snowstorms! We really came together as a team to provide seamless, excellent care to our patients. Some even had some fun along the way with snowmen and an unofficial snow ball fight!

Check out Christine Tam and Hong Dao (on the right) after being here 3 days and 3 nights!



Christine Tam, 4E, and Hong Dao, 5E

February 7, 2016



LETTER OF GRATITUDE

Dear Maria of 6E,

I'm writing to thank you for taking such wonderful care of me in the hospital following my surgery. You are so good at what you do and I'm so grateful that I fell into your capable hands. You settled me in when I first came up from the OR and all went well at first, but subsequently, as other nurses shifted in and out over the next day and a half, I felt much worse. But two days later, when I opened my eyes and realized that you'd been assigned to me again, I felt a huge sense of relief. Within three hours I went from thinking I'd never be well enough to leave the hospital, to being confident I'd be able to go home that evening, which I did. All thanks to you! I'm sure that there are many, many patients who feel they way I do but perhaps not all of them take the time to write. I wanted to be sure that you knew how very much your extraordinary skill, hard work, and kindness are appreciated.

All the best!

EMPERICAL OUTCOMES

The Importance of Patient Controlled Anesthesia

Allison Steinburg, MSN, MPH, Oncology Clinical Specialist



Patient-controlled analgesia (PCA), a drug delivery system by which IV analgesia is administered, has considerable potential to improve pain management since it allows the patient to have pain relief at the level and the times needed, and it can also improve patient outcomes. Since PCAs are widely used, ongoing education to clinicians, family and patients is necessary to build awareness of procedures that should be observed, decrease the frequency of errors that may have tragic consequences, and encourage reporting of any mishaps.

PCAs are utilized across a vast array of care settings, ranging from post-surgical pain control to end-of-life palliative care. They can improve postoperative deep breathing, coughing, and ambulation. Patients who use PCAs use fewer opioids than those who do not. Morphine is the PCA drug of choice, though Hydromorphone is utilized for patients who need very high doses, and Meperidine is an option for those who are allergic to the other two drugs. To get optimal pain control and outcomes, these practices should be strictly observed.

It is imperative that rigorous patient selection criteria for PCA use be enforced. Candidates should have an appropriate level of mindfulness and cognitive ability to self-manage pain. Infants, young children, comatose and confused patients are unsuitable candidates.

PCA dosing may be offered via continuous, demand and bolus options. The pump/device prevents accidental overdosing by enforcing a lockout time of six to ten minutes between doses. During this interval, even if the patient attempts to press the button, he or she won't receive any analgesic.

Only the patient has the authority to press the demand button. A practice called "Authorized Agent Controlled Analgesia" (AACCA) or "PCA by Proxy" allows activation of the dosing button by an authorized agent such as a caregiver or nurse for the benefit of someone who can't use PCA independently, but at Sibley we do not subscribe to this practice *under any circumstances*.

Integrative Health & Integrative Nursing: What is all the hype about?



Harpreet Gujral, MSN, RN, FNP-BC, Program Director of Sibley Center for Weight Loss Surgery.
References can be found on page 9.

Have you heard the buzz word “Integrative” in various conversations and contexts? According to the Oxford dictionary, the word “integrative” means “serving or intending to unify separate things”. So it is bringing together to make a larger whole.

So what is Integrative Nursing?

According to Koithan (2013), “*Integrative nursing is a way of being-knowing-doing that advances health and wellbeing of persons, families, and communities through caring/healing relationships. Integrative nurses use evidence to inform traditional and emerging interventions that support whole person/whole systems healing*” (p.4).

What are the principles of Integrative Nursing?



Human beings are whole systems inseparable from their environment.

We are a part of the whole and for healing to happen at whole-person level, nurses need to focus on all-encompassing aspects of patient-centered outcomes like wellbeing, health, happiness, clarity, energy, purpose, and passion--- instead of just single-mindedly looking at physiological health.

Human beings have the innate capacity for health and wellbeing across all dimensions (body-mind-spirit).

“The art of medicine consists of keeping the patient amused while nature heals the disease.” (Voltaire)

A similar concept has been in nursing as documented in Nightingale’s handwritings and lately by Watson and Kreitzer. Under this principle, each nurse allows the necessary space and confidence for human beings to notice within and allow for this innate capacity for whole systems healing process to ensue.

According to Quinn (1984) “It is the use of self, in a loving and compassionate way, which provides us with our most powerful instrument for healing.”

Nature has healing and restorative properties that contribute to health and wellbeing.

Humans have instinctive desire and need to connect with nature including plants, animals, water and air, etc. Significant research suggests biophilia (love of nature) a concept introduced by Edward O. Wilson in 1984, might offer stress reduction, while an absence of greenery has been noticed as a factor for increased stress⁴.

Integrative nursing is patient-centered and relationship-based.

Working with individuals, family and communities, Integrative nurse establishes nurturing, caring relationships allowing for wellbeing and health for those the nurse serves.

Integrative nursing is informed by evidence and uses the full range of therapeutic modalities, moving from least intensive and invasive to more, depending on need.

An integrative nurse’s practice includes various resources including evidence-based practice pertaining to not only empirical sciences but also wisdom, political, ethical, personal and lived experiences from individual’s perspectives. This includes not only contemporary medicine but other modalities like energy medicine, natural products, mind and body practices, diet, etc.

Integrative nursing focuses on the health and wellbeing of caregivers as well as those they serve.

In order to heal others, Quinn (1984) urges that caregivers must first focus on self for healing to arise.

Thus allowing on self-discovery and self- healing thus creates an available space for the individuals the nurse is helping to heal.

An integrative nurse stays in the flow of being-knowing-doing on an on-going basis to best serve self and others while expecting to achieve more than just physiological improvement that would include wellbeing and higher sense of health.

Advanced Practice Providers– End of Life Care



Dr. Catherine Bishop, DNP, oncology NP who works in collaboration with Dr. Bruce Kressel at the Sidney Kimmel Cancer Center at Sibley Memorial Hospital. References can be found on page 9.

The role of the advanced practice nurse (APN) is broad and comprehensive. Viewing this role in the context of end-of-life issues brings special meaning to me as an oncology nurse practitioner. I have the honor and privilege to care for a population that regards life differently than most individuals that have not received a cancer diagnosis. The cancer population considers every day lived with their family and friends a precious gift to be nurtured and coveted. There are sensitivities that come alive in patients that have been told they have a cancer diagnosis. The simple acts of kindness, warmth and generosity become magnified for these patients, and thus they view life a little differently.

As an APN we are held to different educational, clinical, and ethical standards than the staff RN. According to Stanley (2005) society demands that practitioners be knowledgeable in the applied field of health care ethics and the process of ethical decision making. Ethical issues facing APNs in daily practice include but are not limited to informed consent, the right to refuse treatment, the level of competence of incapacitated patients, breaches of confidentiality, dealing with poor prognosis and terminal illness counseling, withholding of information and truth telling, resuscitation/end-of-life decisions, and genetic counseling and privacy concerns. The APN understands that end-of-life issues are unique to families and patients and therefore become a process instead of a topic of discussion to be addressed on a single occasion.

Withholding or withdrawing life sustaining treatment for patients with a documented cancer diagnosis is as difficult as it is for an acute accident victim. Remember, the oncology population views their disease as a force to be reckoned with—they are fighters. Most have struggled with their cancer and believe they will beat it. Coming to the point where they must decide to continue fighting for the sake of quality of life vs. quantity of life is a turning point for them and their families. APNs can be facilitators of meaningful conversation regarding withdrawing life sustaining treatments for patients when it is clinically evident that these measures are no longer useful. We often think that these conversations are more appropriate to have with family members, yet ethically this removes the patient and ignores their right to autonomy. This conversation must be initiated with great sensitivity for cultural, family, and personal beliefs. I believe that listening and asking simple questions of your patient will yield a great deal of information regarding their private and personal views on this necessary topic as they approach the last phase of life. The physician and APN tend to address many clinically focused issues in end-of-life discussions such as pain control and other relevant symptoms. However, sometimes the private and personal issues of the patient are ignored. The meaning of life, spirituality, religion and relationships are extremely important to most patients and addressing them add to a meaningful, sensitive conversation.

In a three-part study, researchers attempted to develop a quality-of-life scale that was sensitive to the changes in clinical status among patients with cancer who had a life expectancy of six months or less (Greisinger, Lorimor, Aday, Winn & Baile, 1997 as cited in Ryan, 2005). Patients rated existential concerns (hope, meaning and purpose) highest and reported that although their disease was assessed repeatedly, their spiritual, existential, familial, and emotional concerns rarely were addressed. The study provided insight into the importance of acknowledging the concerns of patients with advanced cancer directly.

Holistic care of our patients is necessary throughout the trajectory of illness. There is no time when it is more important than the last phase of life. This phase of life is a summary of an entire lifetime of principles, ideas, feelings and world views and must be brought full circle for the patient and their family to provide peace and closure at the end of life. Let us make sure that we always do the right thing for our patients.

Engagement Strategies on the Renaissance

Patty Haresign, MS, RN-BC, Education and Training Specialist

Denise Thompson, BSN, RN, Director of Nursing Renaissance

TIP of the Week

Creating a *Tip of the Week* has been a great way to engage staff in creating a picture or short video on an evidence based practice a unit or service is implementing. This is created by staff, reviewed by unit leaders and distributed to all team members. Staff members are empowered to be creative and have fun crafting a message to support one another in achieving the outcomes desired. All it takes is a cell phone camera and a group of dedicated individuals. Here is a REN Tip of the Week promoting our new safety checklist and a team approach to keeping our residents safe!



Journal Club

The Sibley Renaissance Nurses are starting a Journal Club! Although Journal Clubs have formally been a mechanism to evaluate and critique research, The REN nurses are starting their Journal Club in a less intimidating manner and on a more realistic scale. With their desire to remain current and engage in evidence based practice that will enhance the quality of care, these nurses have selected an article that has direct clinical application to improve an outcome and is of interest to all care providers.

How did they start?

1. Selected a coordinator who reviews and selects an appropriate article. This can be an article that is reviewed by several staff nurses or the manager, nurse practitioner or educator
2. Identify powerful questions for discussion: i.e.
 - What are the key points/findings of the article?
 - How would the findings be applicable to our clinical setting to enhance practice?
 - How does this apply to our current practice (self- reflection of current practice vs. Desired practice)
 - What outcomes are we be seeking to achieve? Be specific so that the outcomes can be measurable.
 - Skills ?
 - Knowledge?
 - Attitudes?
 - What actions are necessary to implement to reach these outcomes?

Next Steps:

3. Engage all staff
 - Create and post a flyer announcing dates, time and location of Journal Club meeting
 - Make copies of article available on the unit
 - Email invitations with the article to all staff members



Stay tuned! In the next newsletter we will write a synopsis of our meeting, actions taken and measurement criteria for achieving our goals.

WIS Caring Moments Video

For the past few months, WIS has been collating Caring Moment stories for a short, heartfelt video. Ryan, Pauline, and Patty Haresign organized a “Movie Premiere” to showcase the final video last week. They created posters, a concession stand, and turned the WIS conference room into a theater. Staff were able to pop-in during their shift to view the 5-minute production and enjoy snacks.

Below are some staff reactions:

“It brought me to tears— Amy’s story, what a great caring moment to share!” — Sarah Renthlei, RN

“What a wonderful production! It is amazing to have people explain why they love what they do. The key to making patients happy is to make the staff happy!” — Dr. Abubakar, MD

“That really warmed my heart!” — Mame Niane, RN



Above: Pauline Solomita with her handmade concession stand!



Contact Us

If you have a story you’d like featured, please let us know!

Karen McCamant, MSN, RN ACNS-BC

Director, Professional Nursing Practice and Magnet

Editor, *Celebrate the Past, Embrace the Future!*

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“Caring is the essence of nursing.”

- Jean Watson

References from *Integrative Health & Integrative Nursing* Article:

Kreitzer, M.J. & Koithan, M. (2014). *Integrative Nursing*. New York: Oxford Press. Retrieved from <http://www.csh.umn.edu/education/focus-areas/integrative-nursing/principles-integrative-nursing>

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Ryan, P. Y. (2005). Approaching death: A phenomenologic study of five older adults with advanced cancer. *Oncology Nursing Forum*, 32,(6), 1101-1108.

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ALL CERTIFIED NURSES ARE CORDIALLY INVITED TO A
SPECIAL EVENT TO CELEBRATE NURSING EXCELLENCE...

CERTIFIED NURSES DINNER!

TUESDAY MARCH 22, 2016
4:00- 7:00 PM

CHEF GEOFF'S
3201 NEW MEXICO AVE. NW, WASHINGTON, DC 20016

This event will feature guest speaker

Harpreet Gujral, MSN, RN, FNP-BC

Program Director of Sibley Center for
Weight Loss Surgery who will speak
from 5:00 - 5:45 PM on integrative
medicine and self-care for nurses.

Please join us for this special event!



RSVP TO PAULINE SOLOMITA BY 3/18/16: PSOLOMI1@JHMI.EDU