



SIBLEY MEMORIAL
HOSPITAL

JOHNS HOPKINS MEDICINE

Celebrate the Past, Embrace the Future!

For Sibley Nurses, by Sibley Nurses

Patient Care Services Newsletter

February 2017—April 2017

EMPIRICAL OUTCOMES

Advanced Practice Providers

Final DNP Defense of Sibley Nurse Practitioners

Joan Smith is a GI nurse practitioner with more than 14 years in gastroenterology. On April 30th, Joan graduated from Chatham University in Pittsburgh, Pennsylvania with her Doctor of Nursing Practice (DNP) degree. To address the clinical problem of low uptake of colon cancer screening among African Americans, her capstone focused on the implementation of an educational intervention to increase colon cancer screening knowledge while increasing colon cancer screening participation among African Americans. Her study found statistically significant results in increasing education knowledge post-intervention. She recently submitted her abstract for consideration of presentation at the 2017 National DNP Conference. In addition, she was invited to join the Chi Zeta Chapter of the honor society of nursing, Sigma Theta Tau International.

Beth Abate (pictured below) is a Nurse Practitioner for the Johns Hopkins Memory and Care Clinic at Grand Oaks. On April 18th, Beth successfully completed her final defense in Baltimore. Her project was titled, "Methods to Reduce Avoidable Emergency Department Transfers in Assisted Living Facility." Beth worked with Grand Oaks LPNs and implemented an intervention with two foci: knowledge and communication intervention. Her study found



improved LPN knowledge of geriatric syndromes, while satisfaction surveys indicated a positive LPN acceptance of standardized communication tools in the assisted living setting. Beth will be graduating with her Doctor of Nursing Practice (DNP) degree from the Johns Hopkins School of Nursing this May.

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Our Mission is "To deliver excellence and compassionate care- every person, every time."
Our Vision is that "Sibley will be the role model for innovation in healthcare and wellness, for all."

We Are
SIBLEY

Avenue to Always: Bundle Fair Wrap-Up

Parking Lot, Early Wins, and More!

To all those who attended the bundle fair, thank you! You deserve major credit in helping us achieve our mission of excellence and compassionate care every person, every time. All 510 of you! Many of you submitted feedback and follow-up questions via our “Parking Lot” boards, so we’ve collated major themes below for you:



Area of Opportunity	Current Concerns	Resolution/Follow-up
Clinical Phone System	<ul style="list-style-type: none"> Nurse Call alarms do not alert provider’s phone Phones frequently drop coverage Large units make it difficult to find call light and hear alarms (ex. bed alarm) 	<p>Sibley Leadership is sourcing interim phone solution until Johns Hopkins Enterprise finalizes permanent system-wide decision. Permanent solution will arrive as early as February 2018 .</p> <p>The interim solution will have nurse call alerts and strong coverage, but may not be a smart phone. The solution will arrive as early as summer FY18.</p>
Bedside Shift Report Clock-In	<ul style="list-style-type: none"> Can only clock-in 7 minutes early for change of clothes. Safety Shift Huddle begins at 7 AM, and Bedside Report right after. No time for RN to thoroughly review patient charts prior to report. 	<p>Thorough chart review is critical to patient safety. Since each unit operates differently, this is a great challenge for your CUSP teams to do rapid cycle change or Design Project. We can all learn from each other on how best to tackle this concern.</p>
FCCU Printing	<ul style="list-style-type: none"> FCCU does not have capability to print directly from desktop in patient room (ex. printing Lexi-comp medication education sheets) 	<p>Per IT: please ensure the correct printer location is selected (either A or B side) on the dropdown menu under “printer”</p>
EVS Cleaning Carts and Other	<ul style="list-style-type: none"> Renaissance and ICU/Tele need cleaning cart Emptying trash and linen stockpiles 	<p>Cleaning carts are now placed in Ren rehab gym and conference room. ICU/Tele placed near team station.</p> <p>Cleanliness is a shared responsibility, please aid your EVS teammates in emptying trash and linen regularly.</p>

Also, you may remember filling out an evaluation form at the end of the fair to receive 2.0 ANCC Contact Hours. Well, your results are in! On a scale of one to five, here’s how we did:

- Stations were covered in a way that was clear and meaningful: **4.81**
- Format was engaging: **4.80**
- Presenters were knowledgeable: **4.82**

We are so glad you enjoyed the presentation. We videotaped the entire fair, so all new orientees will receive the same education in the form of a MyLearning module beginning in May.

Now that you’ve all received our care delivery model education, it is time for the hard part: hardwiring excellence and sustainability! We know you are working hard to ensure our commitment to our bundle best practices, and so far it is paying off! If we look at the average percentile rank from July-January (pre-bundle fair) against February-April (post-bundle fair), our scores are rising (See right). **Keep up the extraordinary work!**

Nurse Sensitive Domains	Change in Percentile Rank
Nurse Communication Overall	+37.3
Treated with courtesy and respect	+30.9
Listened carefully	+36.9
Explained in an understanding way	+28.6
Staff Responsiveness Overall	+3.8

Feature Story: Precepting Tips

Meet our New Editor-in-Chief!

Laura Kinsella, RN, BSN, CEN, is a registered nurse in Sibley's emergency department. She's been a nurse for 3.5 years, but in a previous life she worked as an editor for a publishing company in New York City. Laura has recently brought her editing experience to the PCS Newsletter. If and when you have any stories for us—about nurses, accomplishments on your units, or awards or kudos to share—please send them to Laura for inclusion in the newsletter at lsulli15@jhmi.edu.



It may be hard to remember, but at one time, *you* were a shy, nervous student. Back in nursing school, there was probably a time when you were hesitant to touch a patient or afraid to ask the wrong question. You may have had trouble giving report, asking the right questions, or calling physicians on the phone.

Occasionally at Sibley you may be asked to be on the other side of that relationship. Perhaps there is a practicum student or a clinical group visiting the unit to shadow you and your colleagues. Certainly, students deserve an opportunity to learn, but the harsh truth is that it can sometimes be a burden to take on a nursing student in addition to getting the day's work done.

Some nurses were born to precept and leap at the chance to take a nursing student under their wings. But just because you are a good nurse does not mean it will be easy for you to teach *someone else* how to be a good nurse. Some of the best nurses may be terrible teachers, and that's OK! If you've ever found yourself struggling to be patient, here are a few tips for making the best of the experience.

Set goals. At the beginning of your shift, ask the student to establish a daily goal. What does he or she want to get out of this day? Does she want to finally start an IV with success, work on assessment skills, or to follow one single patient? Does he want to practice passing medication or to master wound care and dressing changes? With a clear goal established, both of you will know where to focus your time and energy during the day.

Emphasize safety. Remind the student to consider how to be safe in all areas of practice. Ask them to point out important times for safety. Look for teachable safety moments. Did the student handle sharps, or wear appropriate PPE?

Get them involved. Does someone else on the unit have a great patient or an interesting case? Was there a rapid response down the hall? Tell the student to observe other things occurring on the unit. Get her to take vital signs frequently and to touch as many patients as possible.

Deliver good-bad-good sandwiches. By the time you're as experienced as you need to be to precept a student, you've no doubt learned not to take anything personally. The student, on the other hand, may be very sensitive to feedback. Couch criticism or tips for improvement with two bits of praise. *"It's so great that you were able to assist her to the bathroom. Don't forget to reset the bed alarms and make sure the side-rails are up, because Mrs. A is a fall risk. Great job with rounding for comfort so she wasn't tempted to get out of bed herself!"*

Talk out loud as much as possible. You may find it hard to narrate yourself, and it can certainly be tedious to explain the method to your madness and the way you prioritize your tasks. If it feels difficult, do it in front of the patient, so you can give both the patient, maybe the family, and the student all the benefit of your explanations. Remember, nurses are like icebergs: If you don't explain what you're doing, it's likely the nursing student is missing 90% of what is actually happening!

Finally, **give yourself permission to speak up.** If it's not a good time to be paired with a student, if you are burnt out by new grads and orientees, or if you are not really the teaching type, tell your manager. Perhaps they can be matched with someone else, which would be better for *both* of you.

Kudos Corner: Recognizing Nurses

Darleen Dagey, OR Educator, named Top Forty under 40 by AORN

The "Forty Under 40" award is a new recognition program by the Association of Peri-Operative Nurses (AORN). This program aims to recognize emerging perioperative leaders under the age of 40 to support their involvement in AORN. It is awarded to members who have demonstrated volunteerism and leadership to advance the profession of perioperative leadership. A group of 40 perioperative nurses were recognized at the 2017 AORN Global Surgical Conference and Expo in Boston in April, including Sibley's OR Educator **Darleen Dagey, MSN, RN, CNOR**.



Darleen's article, "Using Simulation to Implement an OR Cardiac Arrest Crisis Checklist," was published in the January issue of *AORN Journal*. Her article was an expansion of a 2016 poster presentation at the 2016 AORN Surgical Conference and Expo that won an award for Attendee's Choice in Clinical Innovation. Simulations have become a regular part of the training and culture within the OR, and there are plans to expand simulation training to other perioperative services including Endoscopy and the SASC.

Newly certified nurses!
Rosemary Trejo, 6B Ortho
Allison Kinghorn, 7B MS

Continued enrollment in Sibley's PACE program!
Joanne Emswiler, RN III, FCCU
Anne McMurray, RN III, 6B Ortho
Marie Newman, RN IV, OPS-enterostomal therapy
Pat Parker, RN III, Endo

Patient Letter of Gratitude

Attention: Nanci Little Gosnell, Brenda Edwards, Kelly and Sungsoon in pre op, Dr. Ashley Sharp, Heidi, Beverly and Tamara in the operating room, Dr. James Bruno, and Nikki in recovery

I wrote a similar letter in December 2016, after my mastectomy on the 13th. Following four months of chemo, it was time to remove the expanders and finish the reconstruction on April 25th. Once again I find myself thanking a stellar staff of warm, caring professionals. From the moment I walked into the waiting room, everyone assured me that my health and best interest were foremost. Professionally appropriate, skilled and precise, the Ambulatory Surgery Center was the perfect place for my reconstructive surgery. There was not a moment when I felt isolated, uninformed or frightened. Warm, reassured, and well cared for from my admission at 7 am to my discharge at 3 would be the best way to describe my experience.

Thank you all for teaming together to make this experience as easy as possible for me as a patient and for my family waiting with me. Thank you Nanci for being my guardian angel throughout this process. There was a lot of love around me on Tuesday, as well as professional skill. I have some knowledge of that as I spent most of my adult life as a cardiac catheterization laboratory technician. Well done all.

With heartfelt appreciation,
 C.E.

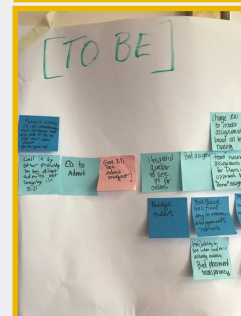


LEAN Spotlight: ED Throughput and Surge Planning

Throughput Kaizen Event

Mid-April, representatives from several of Sibley's nursing departments as well as staff from Bed Board, Environmental Services, Patient Care Services, and the hospitalist team met with **Lean Champion Jun Orlanes** and **Director of Throughput Darryn Dunbar** for a Kaizen rapid improvement event regarding patient throughput. With increased patient volumes and a larger hospital facility, it is imperative to move patients safely and efficiently through Sibley's inpatient departments—from door to discharge.

The Kaizen and LEAN training models focus on accurate representation of a current state versus the ideal envisioned state. Together, team members worked to identify challenges and propose solutions to streamline processes and eliminate waste. The Kaizen event also made significant progress toward increasing transparency and understanding among Sibley's departments.



ED Surge Planning

The robust ED CUSP team comprises nurses, techs, advanced practice providers, physicians, RN IIIs and IVs, a safety nurse, and ED leadership. In recent months, the CUSP team has gotten so large and tackled so many issues that the frequency of meetings has recently increased to accommodate greater topics for discussion and increased staff participation.

The goal of the ED CUSP group in 2017 has been to improve internal department throughput, from registration through disposition. The team has focused on innovative ways to expedite patient treatment and care. The team's efforts led to the definition of a new nurse role in the department: the Quick Start Nurse. Generally working the 13:00-01:00 shift, the Quick Start Nurse is now a critical liaison between the front of the department and the back. This nurse assists in intake to quickly triage and transport patients to open rooms in the back, and when the ED beds are full, he or she begins to care for patients in the Quick Look Zone. In this area, patients can be seen rapidly by a provider in semi-private bays, helping to reduce delays of care and length of stay. The Quick Start Nurse can assess patients, initiate IVs or lab tests, give basic medications, and facilitate imaging studies. He or she is also able to float to the back and assist with critical patients, discharges, and room turnover, freeing up valuable space. This role has allowed the ED to rapidly treat as many patients as possible during times of peak surge volume.

In coming weeks, the ED CUSP team will be designing a model for rapid, real-time communication through the use of new headsets for key staff in the department. It is hoped that using radio will increase communication, decrease foot traffic in the large space, and lead to even faster patient care.

Contact Us

If you have a story you'd like featured, please let us know!
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Editor, **Celebrate the Past, Embrace the Future!**

