



SIBLEY MEMORIAL  
HOSPITAL  
JOHNS HOPKINS MEDICINE

# Celebrate the Past, Embrace the Future!

Patient Care Services Newsletter

March—May 2016

## TRANSFORMATIONAL LEADERSHIP

### Together...We Are Sibley!

*Joanne Miller, DNP, RN, NEA-BC is the Chief Nurse and VP of Patient Care Services*



I sincerely hope that you would agree ... This is truly the most exciting hospital family to be part of today. Over 1,100 employees participated in the development of our new:

**Mission- To deliver excellence & compassionate care- every person, every time.**

**Vision- Sibley will be the role model for innovation in health care and wellness for all.**

Please accept my sincere gratitude to each and every one of you for engaging in the process and sharing your voice so we can embrace our future with our new mission and vision.

You may be asking yourself, what does this mean for nursing? While I cannot answer exactly what it **all** means, I can share with you that these new statements will frame the development of the new philosophy of nursing for Sibley. Similar to the participative approach that we utilized for the new mission and vision, we will gather your thoughts and ideas on what YOUR philosophy of nursing is! We have some innovative ideas and approaches to help you articulate and have fun sharing these ideas with us.

Here are some examples of how nursing can integrate the new mission and vision into our people and patient and family centered care priorities (PFCC). Our people priority is to attract, engage, retain and develop the world's best people. We have heard you loud and clear and as a result, together we will redesign the PACE model so that it is aligned with our success sharing goals and you don't need a degree in creative writing to participate. Additionally, we will implement programs to support work-life effectiveness such as 100% self-scheduling.

Our PFCC priority is to be the national leader in safety, science, teaching, and provision of patient and family centered care. The principles of PFCC include dignity and respect, information sharing, participation, and collaboration. Components of the care delivery model that reflect PFCC include bedside shift report, nurse leader rounds, and hardwiring purposeful rounding. These best practices must become standard workflow and care that our patient's expect from Sibley. It is critical to identify and address unique experience expectations through the implementation of "See me as a person" and the 5 minute caring moment.

We are in this together and through transformational leadership and staff engagement, we will embrace a strong future!

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*We Are*  
SIBLEY

## Continual Improvement and Outreach

### Pathway to Excellence® Conference

Thanks to the support of the Foundation, Sibley sent 25 nursing delegates to the 2016 ANCC Pathway to Excellence Conference in Philadelphia, PA from April 28th-29th. The Pathway to Excellence Program® recognizes health care organizations and long term care institutions for positive practice environments where nurses excel.



**Stay tuned to learn more about what this designation could mean for Sibley!**

### Improved Website

Take a look at our new and improved nursing pages on the Sibley website! Click [here](#) to browse, or from the Sibley home page -> Patient Care -> Your Care Team -> Nurses. Send any suggestions to [astoehr1@jhmi.edu](mailto:astoehr1@jhmi.edu).

### Community Outreach

On March 29th, Maureen Ross NP (Oncology), Karen Going NP (Neuro) and Jennifer Knittig RN Stroke Coordinator represented Sibley Memorial Hospital at the Federal Office of Environmental Information. The event was held to honor women in Public Service and Government.

The audience consisted of 75 women Federal Government Employees ranging in age from mid 20's to mid 60's. Maureen (pictured 2nd on the right) provided a very informative talk on breast cancer with a focus on prevention and detection.

Karen (pictured 5th from the left) and Jenni (pictured 4th from the left) addressed signs and symptoms of stroke, risk factors for stroke and the importance of a healthy life style. Two other presenters in attendance talked about domestic violence with focus on the resources for victims of domestic abuse in the district.

All the speakers were extremely well received, and the audience was the most attentive and engaged!



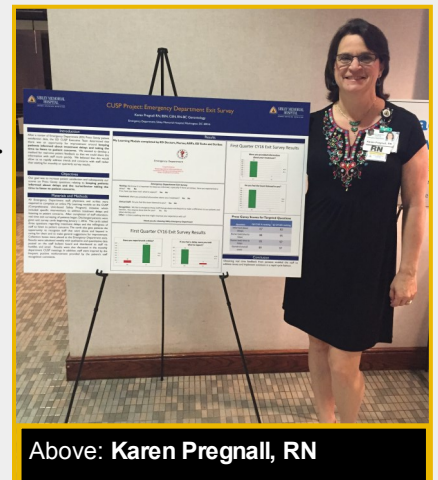
# Avenue to Always: Our Patient Experience Journey

## Nurses Week Poster Presentation

We sincerely thank the nurses who contributed to our Nurses Week Poster Presentation session, not only for their valued participation, but for their continued dedication to patient– and family-centered care. Measurement is a critical component to the achievement and sustainability of a patient-centered culture, but it must be used in combination with a commitment from senior leadership, standardized processes, and an engaged workforce that monitors outcomes. All posters presented are forwarding us on this mission, whether through CUSP, Design Thinking, Lean, or personal discovery and improvement.

Of the 16 wonderful posters, half of the interventions targeted the ever-challenging patient experience domain. Using the tools and resources available to Sibley nurses, we’ve had a significant impact on reaching our Success Sharing goal of 550. Below are some of the interventions— explore what could work on your unit!

**ED Exit Survey by Karen Pregnall:** All emergency department staff were required to complete an online My-learning on the CUSP initiative, which included specific interventions to address treatment delays and listening to patient concerns. Real time exit survey cards were given to each discharged patient beginning January 1, 2016 and collected in boxes by the exit. Results were tabulated monthly with qualitative and quantitative data distributed to staff and discussed in daily huddles and ED CUSP meetings. Results show a 19 percentile rank increase in “Information about Delays” and 6 percentile point increase in “Standard Overall Score.”



Above: Karen Pregnall, RN

**“It’s All in the Stars” by WIS CUSP:** Over the past year, WIS CUSP has initiated multiple improvement methodologies to target Nurse Communication scores, including but not limited to: “knock-and-pause,” 5-minute caring moment, including the patient in bedside shift report, providing a list of resources for patients after discharge, dedicating personnel to completing discharge phone calls within 48 hours, and sharing staff-led “Tip of the Week” through emails and huddles as a gentle reminder to practice the new initiatives. The combination of these effort have attributed to an overall percentile rank increase from 388 in FY15 to 476 in FY16.

**Patient Concern Cards by Lisa Kirk:** The 4E orthopedic team created “Care and Concern Cards” to communicate any specific concerns that the patient has related to their surgery and recovery— from pain management, mobility, recovery, and even pet care. The nurse collaborates with the patient to review concerns, establish goals to address the concern, and write the goals on the patient’s bedside communication board. Throughout the hospitalization, the concern is addressed by the health care team and goals are adjusted to meet patient’s need. Compared to FY15, percentile points around Nurse Communication doubled(!) to the 81st percentile.

**“Aim For the Stars” by SASC CUSP:** SASC CUSP is transforming care and patient safety by improving patient safety practices and culture. Such practices include using: the tenants of Power of Service, preferred name, 5-minute caring moments, personally signed Thank You cards upon discharge, and a “Passport to Discharge” brochure reviewed at multiple stages starting at pre-surgical testing through discharge. As a result, SASC’s Top Box HCAHPS scores have consistently held above 90 percent since FY15.

## Kudos Corner: Recognizing Nurses

### Certified Nurses Day

Sibley celebrated Certified Nurses Day with an evening event at Chef Geoff's on March 22nd. Harpreet Gujral, Program Director for Bariatrics, engaged the attendees in conversation on self-care. Gift bags with aromatherapy oil, a compact mirror, mandala coloring exercise, soap, chamomile tea, and small bites of chocolate were shared with delight. Check out some photos below! And special thank you to Pauline Solomita, Joanne Miller, and Harpreet for organizing such a beautiful event!



### Patient Letter of Gratitude

Written to Jerry Price in honor of **SASC**:

Good morning! I'm sure you know that I recently had the pleasure of being a resident of the new Sibley Medical Building. I wanted to let you know that I have never had a more comfortable, welcoming experience at a hospital in my entire life!

From the moment we entered the surgical center, we were greeted by Brenda (an absolute pleasure) who put me at ease immediately. Things only improved from there. The nurses that attended to me prior to the surgery were Ayana and Linda, Dr. Sharp, the anesthesiologist and her assistant Erin were fantastic. Then after the surgery the nurses truly could not have been kinder or more comforting. Becky, Aly, Nikki and Nancy really went above and beyond to make sure I was not in pain and I truly felt cared for to the point of being pampered!

I'm sure a man of your position must get a lot of letters stating any problems that occurred in your facility and I felt it was necessary to let you know that your entire staff was impeccable and my entire experience could not have been gone any better.

Thank you so much for the level of care you expect from your employees. I will not hesitate to recommend Sibley to anyone of my friends and acquaintances.

# Kudos Corner Continued: Recognizing Nurses

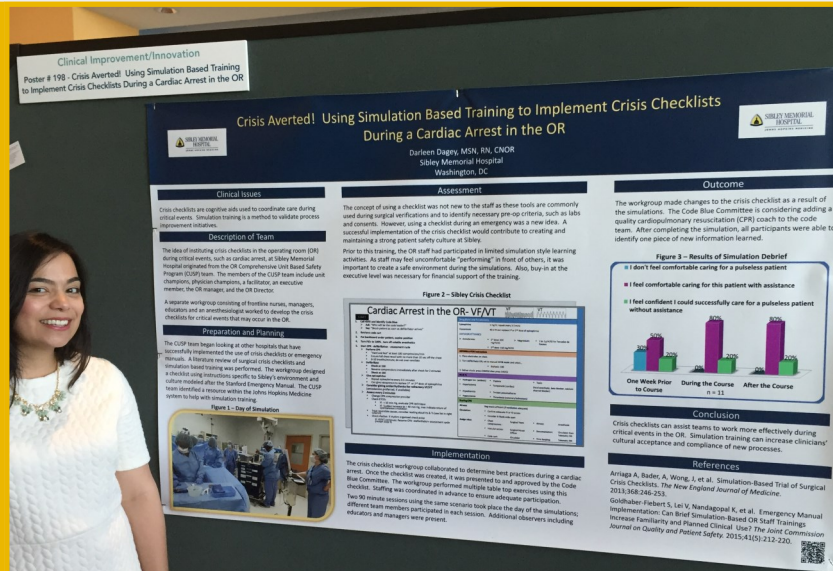
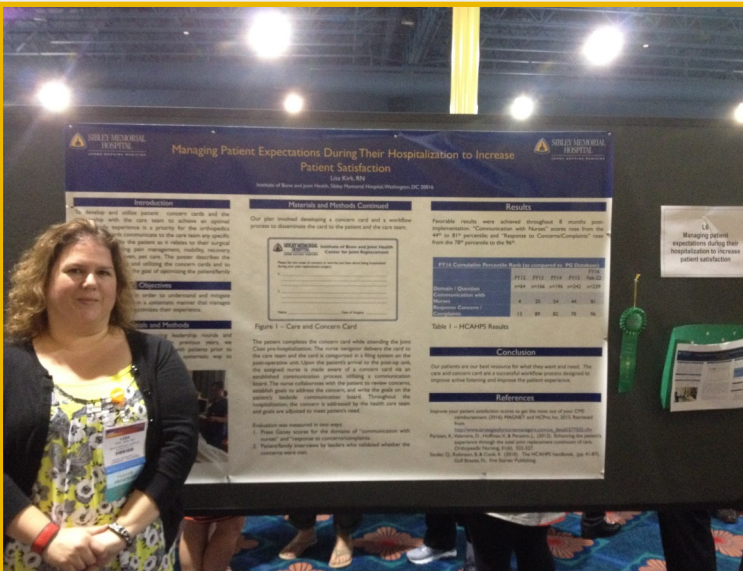


Sibley is pleased to announce our latest DAISY winner, **Christy Conner** of the ED. As a DAISY winner, Christy receives recognition on the DAISY Award website, reduced tuition at Chamberlain College of Nursing, reduced cost on ANCC certification or renewal, and recognition through various forms of social media. To read Christy's nomination, please visit <https://www.daisyfoundation.org/daisy-award/honorees/christy-conner>

Our next DAISY winner will be announced in June!

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

**Christy Conner, RN: Sibley's fourth recipient of the DAISY Award. The DAISY Award is an internationally recognized program to honor nursing excellence.**



**Congratulations are in order for....**

**Lisa Kirk (pictured left) of 4E:** Lisa's poster "Managing Patient Expectations During Their Hospitalization to Increase Patient Satisfaction" placed third in the leadership category at the National Association of Orthopaedic Nurses Congress!

**Darleen Dagey (pictured right) of Education and Training + Perioperative Services:** Darleen's poster "Crisis Averted! Using Simulation Based Training to Implement Crisis Checklists During a Cardiac Arrest in the OR" was honored as the Attendee Choice Winner in the Clinical category at the Association of periOperative Registered Nurses annual conference!

## Kudos Corner Continued: Recognizing Nurses

### Washingtonian Excellence in Nursing Awards Ceremony

Washingtonian Magazine honored thirty-one of the top nurses in the D.C. area at the third biennial Excellence in Nursing awards dinner on May 4 at the Carnegie Library.

Sibley was honored to have two finalists, Suzanne Dutton (NICHE) in the Nursing Education and Research category, and Mary Cox (medical oncology), in the Nominated by Patients category.

Congratulations to our finalists!



### Human Resources Employee Recognition Awards

Each year, HR calls for nominations for the Team Award and Heart Award to be presented following Hospital Week. The Heart Award was established in 1987 by Dr. Frank Billingsley in memory of his daughter, Rebecca Lee, and is meant to be awarded to a registered nurse who has continually demonstrated the qualities of compassion, sensitivity, thoughtfulness, and understanding. The Team Award is presented to a multidisciplinary group specifically brought together for the express purpose of achieving objectives consistent with the hospital mission.

This year, we are pleased to announce...

- ◇ **Brian Goodspeed as the recipient of the Heart Award!**
- ◇ **The clinical team on 6E as the recipient of the Team Award!**

These winners and beautiful nominations will be featured in the next issue of *The Vantage* newsletter—circulated over to over 2,100 community members!



From left: Brian Goodspeed, Matt Brown, and Darryn Dunbar



The multidisciplinary 6E clinical team

## Kudos Corner Continued: Recognizing Nurses

### Nurses Week Awards Ceremony

The Nurse Engagement Council, chaired by Denise Thompson and Patricia Haresign, was pleased to present four new, annual awards during National Nurses Week! The Council held a High Tea Awards Ceremony on May 13th to honor those with exceptional nursing practice. The Council sorted through over 50 anonymous nomination letters to choose the following winners:

- ◇ **The Nurse Preceptor Award**, presented to **Maria Roberts of 6E**, in recognition of her outstanding contributions as a role model in clinical excellence and professionalism.
- ◇ **The Nurse Innovation Award**, presented to **Darleen Dagey of Education and Training**, for the development of several new products or process improvements that optimized efficiency, resources, and patient care.
- ◇ **The Novice Nurse Award**, presented to **Christine Fennel of Behavioral Health**, for the special skills, dedication and compassion in the delivery of outstanding direct patient care for a recently graduated nurse.
- ◇ **The DAISY Nurse Leader Award**, presented to **Sheila Evans, Oncology Program Administrator, National Capital Region**, who embodies all of the classic elements of a DAISY nurse— caring and compassion, integrity, communication, and excellence— and outstanding leadership to her oncology team. *This award is also generously supported by the Foundation.*

**Congratulations to our winners and all those nominated!**



From left: Vivian Gibson, Linsley Nyack, and Maria Roberts

From left: Joanne Miller and Sheila Evans



From left: Darryn Dunbar, Christy Fennell, and Carolyn Sabina

From left: Mel Coker, Darleen Dagey, Patricia Haresign, and Ann Marie Thomas

# Advanced Practice Providers— Birth of an NP Council

*Dr. Catherine Bishop, DNP, oncology NP works in collaboration with Dr. Bruce Kressel at the Sidney Kimmel Cancer Center at Sibley Memorial Hospital. This article was published in the Spring 2016 issue of APHSO Advance.*



I joined Johns Hopkins Kimmel Cancer Center at Sibley Memorial Hospital located in Washington, DC, in July 2012. Initially, as we were a small group consisting of two oncologists and myself—an oncology nurse practitioner (NP)—I realized that my physician colleagues were not clear on what my scope of practice consisted of, or how I would or could function within the all-physician group. I believe I was frequently being tested in the beginning in order for them to better understand what my role could be. Many oncologic clinical situations were presented to me by my physician colleagues, I believe with the goal of assessing my experience and knowledge. This was a good process for all, as my 18 years of oncology experience was apparent and seemingly reassured them.

## Identifying a Need

However, there were several misconceptions about how NPs could practice within the city of Washington, DC. Currently 21 states plus the District of Columbia have adopted full practice authority (see [aanp.org](http://aanp.org)). “Full practice authority” means practicing to the full extent of my clinical training and education. I realized that if my oncology physician colleagues were not clear on my role, perhaps many within the interdisciplinary groups may not be clear on it either. I felt it necessary to get the word out on my education, training, and experience. I learned that other NPs within the institution felt the same way. There was no formal or informal gathering of NPs that existed within the institution. I was aware of other institutions that had Advanced Practice Councils where they met on a regular basis to discuss common goals and educational needs of the advanced practice provider (APP) as well as generate a presence and voice within their institutions. There seemed to be a need and place for this type of council within our institution.

## Launch of the NP Council

In February 2014, three of us (a pre-surgical testing NP, a psychiatric NP, and an oncology NP) met with the director of the Hospitalist group to discuss the creation of the first NP council at our institution. We bounced ideas off one another and promised to continue meeting with the goal of getting organized. We already had the full support of a leading physician. This was a first important step in getting organized in a formal manner. Our goal was to be recognized as full providers working within the entire health-care team. After several meetings, good organization, and leg-work from the three founding members, we formally met with many of the NPs within the institution. The new NP Council was born. As a cohesive group we had many thoughts on what our charter would be and some of the objectives we wished to accomplish. Our immediate objectives included:

- ◇ Educating the medical and nursing communities in terms of our scope of practice
- ◇ Highlighting the work of NPs and creating a presence for them within the institution
- ◇ Modifying the current culture within the institution regarding NPs practice
- ◇ Promoting collaboration within the institution and across all settings
- ◇ Support for DEA and advanced practice nursing licensing, continuing education, and recertification

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## Birth of an NP Council © APSHO Advance, Spring 2016

We organized an effort to showcase some of the NP research and quality improvement projects during National Nurse Practitioner Week in November 2014. We set up our posters in the main lobby at the main elevator bank of the hospital in order to get the largest and most diverse audience. This included our physician colleagues, other advanced practice providers, nurses, administrators, patients, and visitors. The all-day poster presentation was the beginning of our marketing effort, and it was quite successful. The second step in our marketing effort included having a professional photo taken by the institution's photographer for the purposes of highlighting our group in the hospital-based newsletter. We also managed to have the photo video streamed on the digital monitor in the main lobby.

### Administrative Support

We were fortunate that the institution had recently hired a new Chief Nursing Officer (CNO), who was supportive of our efforts and who had ideas that would foster and highlight the role of the NP. She attended one of our meetings and addressed all of the items on our agenda:

- ◇ Standardizing both our title and category status within the physician directory. Our category status was listed as Allied Health Professional. We requested our title and category status be listed as NP.
- ◇ Creating consistency within the institution in listing our initials. Our name badges listed our credential as CRNP. Many people, including patients, did not know what a CRNP stood for. We requested that NP be the preferred credential.
- ◇ Financial support for DEA licensing, advanced practice nurse licensing, certification/recertification, and CEU/CME acquisition

The CNO was swift in her actions. She met with the Vice President of Medical Affairs and the Chief Medical Officer, who supported our requests. Gaining support from leadership was a pivotal moment in reaching some of our immediate objectives.

I met with the Director of Digital Strategy to discuss and plan for including NPs on the website. After months of meetings and approval from Nursing and Medical leadership, NPs have been added to the newly designed website with a dedicated page describing each individual NP and their specialty area of practice. Additionally, a select number of NPs who are able to take direct patient appointments have been added to the "Find a Doctor" link on the site.

A hospital-wide newsletter, spearheaded by the CNO and Director of Professional Nursing Practice and Magnet, highlights NP practice, projects, research, articles, and case studies, with contributions from many of the NPs currently practicing.

### Conclusion

Many individuals have worked to make this NP Council a reality. It has taken a true group-think, along with commitment and great effort, to get this endeavor off the ground. We have only just begun to have our voices heard in a collegial manner. We have worked hard in making the NP Council a viable entity. Our hope is to reach our goal of being recognized as full providers working within the entire health-care team, and gaining well-deserved clinical respect in our specialty areas of practice. We have no doubt that these improvements will translate into exceptional patient care.

### Acknowledgments

I would like to acknowledge my colleagues Laura Pachelli, MSN, NP; Charles Martinez, MSN, NP; Joanne Miller, DNP, RN, CNO; Therese O'Donnell, MD; and Daniel Goldberg for their efforts and support in this endeavor.

# Advanced Practice Providers: Better Health Opportunity

*Maureen Ross, MSN, MPH, ANP-BC, works at Sibley's Sidney Kimmel Cancer Center as an oncology NP*



## **Sibley/JH Cancer Survivorship Care Plan and Health Promotion: A new EPIC template any NP can borrow and adapt for their specialty**

Consider this – A cancer diagnosis is a serious motivator. I urge every patient to use it to fire their desire. After a hard diagnoses and treatment, a healthier happier life is a best outcome (or shall I say a great revenge?)

The purpose of Cancer Survivorship Counseling is not merely to document on a tidy little form a person's cancer history with all its unpleasant details past, present and future (monitoring for recurrence, endless follow-up etc.). Counseling provides an amazing opportunity to help a survivor see themselves as a change agent for better health personally as well as for their family and their communities. Hence more than half of the consultation is spent working with the patient to assess where they are, where they want to be, and how to get there, health-wise. The end product on paper (the SCP) is a care summary and a health promotion plan. But the hope is that the work done together will spark a desire, and a realistic commitment, to promote healthy behaviors. I advise my patients that whatever they may need to change in their lifestyle is most likely exactly what their family, friends and co-workers need to do as well. And this is why the template can be used as a health promotion tool for many specialties.

### **Background on how the Survivorship Template was created**

I first used and compared established plans such as Journey Forward, ASCO and another SP template to see which was most efficient/easy and complete to use, fitting all the guidelines from ASCO and other boards. Ideally documentation should take 30 minutes or less. In my previous practice that's about what it took most of the time. Currently though, documentation takes an hour due to the vagaries of EPIC. An hour seems to be the industry norm but we need to get it under 30 minutes to make it practicable. Since cancer staging and treatment documentation is what slows us down, I would estimate it takes 15 minutes to complete without using that data. Again, this is why I invite others to adapt this form and change it for their specialty use. In fact, the health promotion section could be used for most adults with or without cancer and branded by department (eg. diabetes clinic, cardiac rehab, primary care).

### **The 40-60 minute consultation**

There are details about completing the template we don't need to review now. What makes this SCP unusual is that we review pre-existing health issues that could affect the odds of having or developing a healthy life style, and we thoroughly evaluate current habits and identify support systems. The habits list is comprehensive, including diet (fruit, veggies, red meat, calcium, fish, fiber, food preparation, alcohol), exercise, work life balance, sleep, sex, and who the patient can identify as potential partners in new behavior. E.g., bring husband and teens with her to nutrition consult. Shop together for healthy foods, don't bring home the stuff that's not healthy. Look at work life. Do colleagues bring in unhealthy snacks? Can the patient avoid these, or better yet talk her colleagues into trying healthier snacks and take lunch time walks? This is the change agent opportunity... Explore the options for corralling and engaging partners in reaching her "better-health" goals and get excited about potentially becoming a change agent at home and at work!

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## Better Health Opportunity

### The Health Promotion Plan (HP)

*Optional but easy and I think very important and practical.*

Goal- Highlight areas of need, and help patient identify strategies to meet reasonable goals. The BMI auto-populates as well as Ideal body weight. For best health , usually the goal is to have a BMI under 25. Health habit and goals are what I concentrate on for pretty much the last half of our 1 hour meeting.

After the counseling, when I have completed the SCP template, the documentation is really all done. The HP plan adds more detail and where there are italics I personalize the paragraph. E.g., who did we agree might be a good partner(s) for joining her to reach a goal? What did we decide she might want to do to get more sleep? Was there anything we wanted to reassess in a few weeks or months from now (eg. Intervention for depression, anxiety or hot flashes?) Did we agree she might cut her alcohol consumption from 1 glass wine daily to say 3 glasses a week? How did she think she might incorporate more veggies? I just peek at each paragraph looking for Italics and personalize that part for each patient.

For details on how to print out a great looking report, contact me, it's easy but a step beyond just printing (we all know what EPIC notes look like printed...not pretty) The Admin Assistant prints out the SCP in color to mail to the patient, the referring MD and the PCP. I created template cover letters (open in EPIC a "blank letter with letterhead", and insert the smart phrase (either .mrletterpcp, or .mrlettertoptscp). The required info such as patient and PCP names and addresses auto-populate along with the form letter which I then personalize as appropriate.

The AA places the SP and Health Promotion Plan in a translucent report cover. We attach in the back of the report a list of useful websites and support groups, and any local oncology programs coming up etc. Most importantly, we include a salmon colored evaluation form and return envelope. The report and letter is mailed to the pt. At follow up visits we have the opportunity to revisit the SCP goals at those visits.

### Conclusion

To live better, healthier and happier after cancer is a worthy goal, and it is my hope for all our patients. The survivorship care plan is a tool I use with patients to Identify strengths and areas for improvement, support systems, and goal setting for better habits. It becomes a living document. And it is so flexible that it can be amended for other diagnoses, for the purpose of health promotion. The epic smart phrase is .MRSURVIVORSHIP. Check it out and if you can adapt it, welcome to it!

**For additional questions, please contact Maureen Ross at 703-675-3035**

### Contact Us

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

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