



SIBLEY MEMORIAL  
HOSPITAL

JOHNS HOPKINS MEDICINE

# CELEBRATE THE PAST, EMBRACE THE FUTURE!

Patient Care Services Newsletter

November-December 2015

## STRUCTURAL EMPOWERMENT

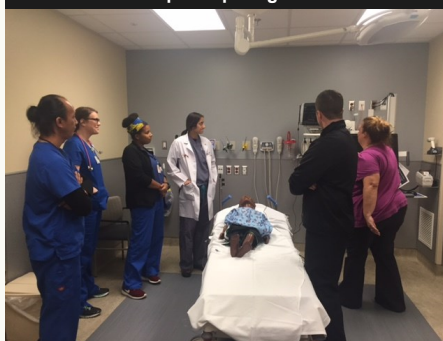
### Ethics Advisory Committee

Did you know that at Sibley Memorial Hospital, anyone may request an Ethics Advisory Committee consult? The role of the committee is to provide guidance, emotional support, and pertinent resources to facilitate dialogue to achieve an acceptable resolution. While the full committee is made up of doctors, nurses, clergy, administrators, patient care coordinators and hospital trustees, a small on-call team is available. To request a consult from inside of the hospital, dial "0" and ask the operator to page the on-call committee member, who will return your call. Conversations about ethical issues can become confusing and difficult. The ethics advisory committee can provide help in clarifying choices, illuminating alternatives, and providing supportive framework for thoughtful discussion.

### ED Pediatric Code Simulations

The Sibley Emergency Department staff (Nurses, Physicians, and ED Technicians/EMT's) have been participating in Pediatric Simulations for nearly two years. A simulation team from Johns Hopkins, consisting of simulation technicians and a physician, come to Sibley every month to engage a team of ED staff through a critical pediatric clinical scenario that allows them the opportunity to respond in a safe, non-threatening, and harm free environment. On each simulation day, two sessions take place with at least one physician, three nurses and one EMT on each simulation team. The goal is for the staff to attend 2-3 simulations per year. After the scenario takes place, the simulation team debriefs with the ED staff to discuss what went well and opportunities for improvement. All nurses in the ED are required to become ENPC (Emergency Nursing Pediatric Course) certified within 6 months of employment. Some are certified in PALS (Pediatric Advanced Life Support) as well. Sibley does not care for a high volume of children in our Emergency Department, however, it is imperative that we are prepared to care for whatever may present itself by ambulance or arrival with parents. Simulations are an engaging way to learn and staff enjoy this venue of continuing education and skill validation.

Below: ED staff participating in simulation



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## Climbing the Ladder in Woman and Infant Services

We are pleased to announce that Ryan Garvey has recently accepted the position as Director of Women and Infant Services. Ryan has been a Sibley family member since September 2007, where she joined the Family Center Care Unit (FCCU) as a staff nurse. Four years later Ryan earned her way to the Nurse Manager of FCCU position and most recently served as interim director of WIS. Ryan is a member of the American Organization of Nurse Executives. She received her BSN from Villanova and MBA from Marymount University.

Congratulations are also in order for Jennifer Suess, who accepted the Nurse Manager of Labor and Delivery position. Jennifer joined Sibley in 2013 and most recently worked as a Perinatal Safety Nurse and interim Labor and Delivery Nurse Manager. She received her BSN from Mississippi University for Women and Masters of Science in Clinical Nurse Leadership from Sacred Heart University.

As well, Alexis White accepted the Nurse Manager of Family Centered Care. Alexis joined Sibley last year as an L&D travel nurse with nurse management career goals. Her background is in Women's Health and Labor and Delivery/Postpartum and, prior to Sibley, Alexis served as a Manager at a Women's Health Institute at Carolinas

Healthcare System. Alexis is a two-time graduate from Liberty University where she received her BSN and MSN in Education. She is also an AWHONN Member and previous Daisy Award Winner outside Sibley.



From left to right: Ryan Garvey, WIS Director; Alexis White, FCCU Manager; Jen Suess, L&D Manager

**Please congratulate these leaders in their new roles!**

## Fresh Faces: Have you met...?

### Allison Steinberg, MSN, MPH, RN, OCN<sup>®</sup>

Allison Steinberg is a clinical nurse specialist for oncology services. She started her oncology career as a nurse clinician at Johns Hopkins Sidney Kimmel Comprehensive Cancer Center where she treated patients from diagnosis through end of life. She completed her master's in nursing and master's in public health from Johns Hopkins School of Nursing and Johns Hopkins Bloomberg School of Public Health. Most recently she managed health education at the American Society of Clinical Oncology, where she organized and created online and print educational content for Oncologists, PAs and NPs. She has a passion for oncology and oncology nursing education – both on a domestic and global scale; she has spent time nursing in Singapore and Ethiopia and is a member of the International Society of Nurses in Cancer Care's Education Committee. She is the president-elect of the Oncology Nursing Society's National Capitol Chapter, where one of her goals is to recruit more new nurse graduates into the oncology field.



### Timothy "TJ" Tomlinson, MSN, RN, CEN, PCCN

Timothy "TJ" Tomlinson will start as the Nurse Manager of the Emergency Department on January 4, 2016. He brings a strong clinical background in Emergency and Cardiac Nursing and is board certified in both specialties. TJ has leadership experience in Emergency & Cardiac Care, Infection Prevention and Staff Education. He has a Master of Science in Nursing Leadership and a Bachelors of Science in Nursing from the University of Nebraska Medical Center. TJ resides in Alexandria and first became familiar with Sibley as a contract nurse when we opened the new unit in September. He was identified by senior Sibley nursing staff as someone with leadership qualities who should pursue leadership opportunities here!



## Kudos Corner: Recognizing Nurses

### The DAISY Award

Sibley is pleased to announce our latest DAISY winner, **Sarah Renthlei** of FCCU. October's presentation of the DAISY award was made extra special by the attendance of Bonnie and Mark Barnes, founders of the DAISY Foundation, as well as multiple DAISY sponsors! As a DAISY winner, Sarah 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 Sarah's nominations, please visit [http://daisyfoundation.org/daisy-award/daisy-nurses/2015/10/renthlei\\_sarah](http://daisyfoundation.org/daisy-award/daisy-nurses/2015/10/renthlei_sarah) Our next DAISY winner will be announced in December!



Sarah Renthlei, RN: Sibley's second recipient of the DAISY Award. The DAISY Award is an internationally recognized program to honor nursing excellence.

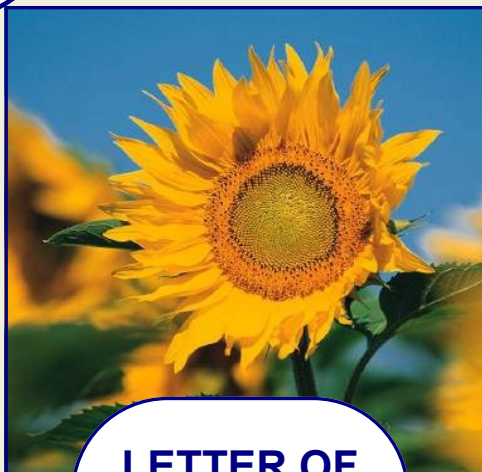
### Sibley Nurses to Present at National Conferences

Congratulations to **Darleen Dagey**, MSN, RN, CNOR, Perioperative Nurse Educator, and **Jill Kalaris**, BSN, RN, CNOR. Darleen's poster, Crisis Checklists Simulations, was accepted for presentation at the AORN Surgical Conference and Expo in California. Jill's poster, "Utilizing Lean Methodology to Reduce OR Turnover Time for Orthopedic/Total Joint Surgeries," was accepted for presentation at National Association of Orthopedic Nurses. This is the second year that Jill has had a poster accepted.

Congratulations to NICHE Program Coordinator, **Suzanne Dutton**, MSN, RN, GNC-BC, and NICHE Nurse Navigator, **Matthew Brown**, MSN, RN, GNC-BC, who will be presenting at the 2016 Annual National NICHE Conference in Chicago. Suzanne and Matt will co-present two sessions, *Senior-Focused Transition Program*, and *Expand NICHE Program with a Geriatric Nurse Navigator*.

### Specialty Certified Nurses

Congratulations to **Mary Cox**, RN, BSN, MSN, OCN and to **G. Alex Ford**, BSN, RN, OCN, for achieving their specialty certification in oncology nursing.



### LETTER OF GRATITUDE

November 24, 2015

"Dear Ms. Hawkins,

Today I will go home after spending days in the care of staff on 5 East. I had an extensive surgery requiring considerable nursing care for recovery to take place. Your team of RNs and CAs were overwhelmingly outstanding in their professionalism, enthusiasm, and kindness during my stay. As a former school administrator, I know this does not happen by accident. I applaud the proactive work you are doing to maintain this culture of patient-centered care.

While I was treated by many of your RNs and CAs, Briana (RN) and Georgette (CA) worked with me the most frequently and they were wonderful. Brianna was always thinking ahead and planning for what I would need most. She explained things and calmly helped me to navigate unanticipated challenges as they arose. Georgette has the soothing presence of a loving mother. She always made me feel supported.

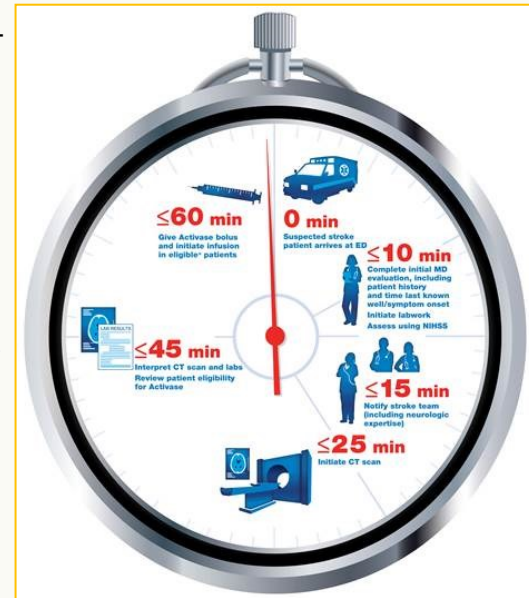
Thank you for making this challenging and life altering experience the best it could possibly be."

# Minutes Matter– Ensuring Correct Time Stamps in EPIC Documentation

When documenting in Epic, please make sure to clarify actual time you completed an intervention or activity. Epic will automatically record the time you document. If you don't edit this automatic time stamp and specify the actual time you completed the activity, the documentation may be inaccurate. With so many initiatives where minutes matter, such as sepsis and stroke responses, little variations in times can make a big difference in our compliance with regulatory requirements.

*“A key premise of EHRs is to make patient care data immediately available to the entire healthcare team so that it is accurate and actionable. To not do so negates an important advantage of electronic documentation. How important is it that nurses chart in real time? ‘Patients’ lives depend on it . . .Nurses are not the only ones who have that chart now -- everyone has it, and they all depend on it for up-to-the-minute information. We can't wait to chart anymore.”*

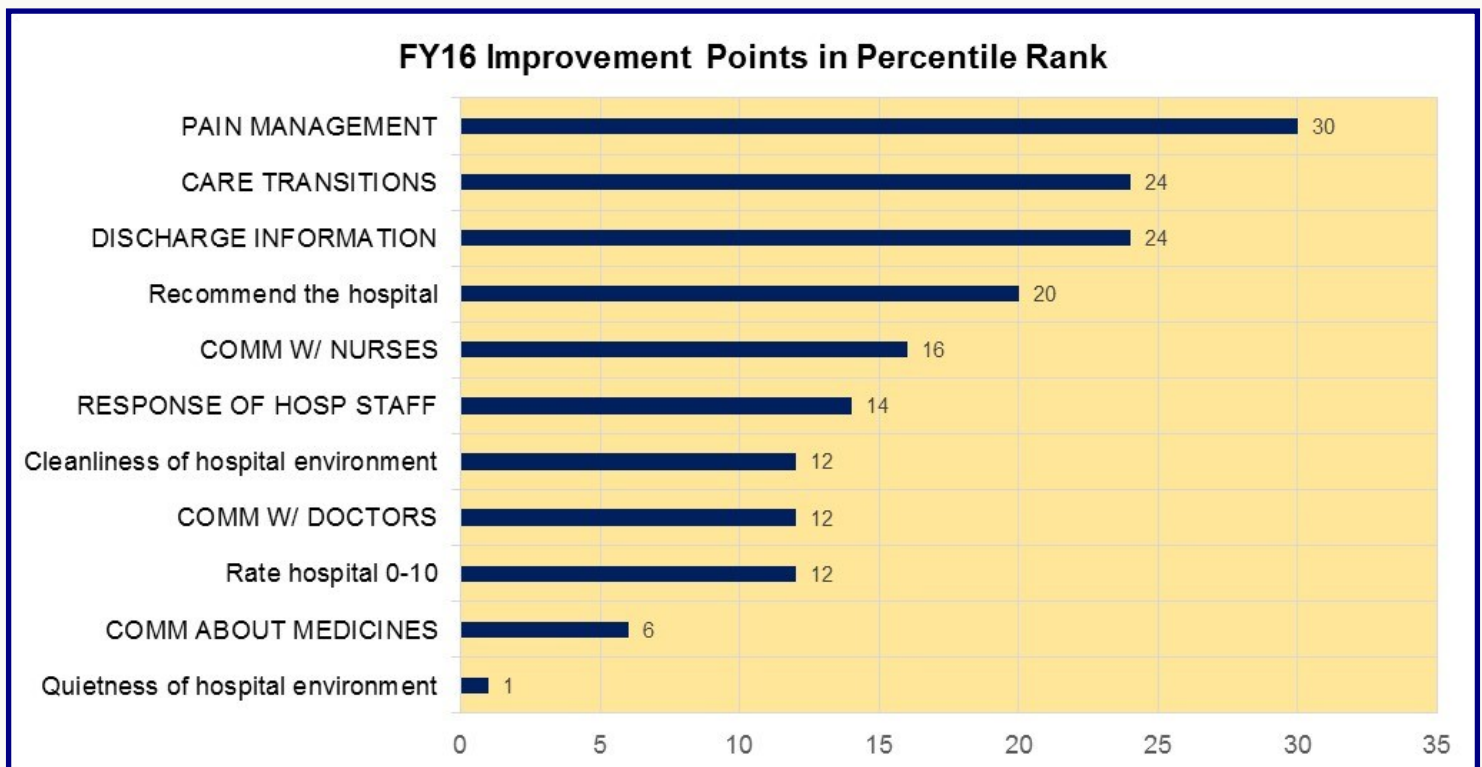
Excerpt from Stokowski, 2013. Electronic Nursing Documentation: Charting New Territory



## EMPIRICAL OUTCOMES

### Patient Experience Improvements

Congratulations on all our CUSP teamwork! Compared to end FY15, we have improved a myriad of HCAHPS domains and questions. Press Ganey (our HCAHPS vendor) compares our scores to similar hospitals in their database (about 1,000 of them), providing us a “percentile rank.” Since July 1 of 2016, we have improved a cumulative 109 points in percentile rank— bringing us closer to the organizational and Success Sharing goal of 550. Keep up the great work everyone! Our hard work is paying off!



# Advanced Practice Providers— The Future of Nursing

These are excerpts from an article written by **Catherine Bishop, DNP, NP**, an oncology NP with the Johns Hopkins Kimmel Cancer Center at Sibley Hospital. Dr. Bishop practices alongside Dr. Bruce Kressel caring for a variety of oncology patients.

The future of nursing education and practice was outlined in a landmark report published in October 2010 by the Institute of Medicine (IOM). The report was a 2-year joint effort between the Robert Wood Johnson Foundation and the IOM entitled *The Future of Nursing: Leading Change, Advancing Health*. The committee members who proposed future recommendations were distinguished leaders in nursing, medicine, healthcare administration, and business. In the final report there were 4 key issues (Table 1) and 8 recommendations (Table 2) that reflected the need for nurses to continue their formal education and expand current roles. This pivotal undertaking will place nurses in strategic positions to transform our nation's healthcare. The business of healthcare is more complex than in years past. Nurses need to have a broader education in order to successfully care for the patient in a complete and comprehensive manner. The IOM report highlighted nursing competencies to include leadership, health policy, system improvement, research, and evidence-based practice. Additionally, teamwork and collaboration across the entire spectrum of healthcare are critical elements in caring for patients today in any setting. Gone are the days when a patient is discharged from the hospital to go directly home. Coordination of care and transition to interim care facilities are common and necessary in order for a patient to achieve normal activities of daily life. However, this coordination and skill in teamwork and collaboration are typically not part of nursing school curricula, even though they are an essential part of caring for patients today. As a result of the IOM report, schools of nursing will likely take a careful look at curricula and may realize that some of what is being taught today could perhaps be replaced with lessons in these important elements of care.

The IOM report is the result of thousands of hours of deep discussion between highly respected individuals in many professional fields. The report concluded that nurses need to be part of the global discussion regarding the health of our nation. Specifically, advanced practice nurses (APNs) need to be able to practice fully, as compatible with their graduate education and training. APNs, particularly nurse practitioners and clinical nurse specialists in oncology, are one solution in caring for the many survivors that will make up an enormous population in the years to come. These advanced practitioners should be able to practice in a collaborative manner with (not under the supervision of) an oncologist. According to Peter Yu, MD (oral communication, November 2011), an oncologist with the Palo Alto Medical Foundation in Mountain View, California, "we are directing our NPs to genetic counseling and survivorship programs where they can develop new models [of care] that are not constrained by the past."

**Table 1 Key Issues**

- |  |
|--|
| Nurses should practice to the full extent of their education and training  |
| Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression |
| Nurses should be full partners with physicians and other healthcare professional in redesigning healthcare in the United States                |
| Effective workforce planning and policy making require better data collection and information infrastructure                                   |

Adapted from *The Future of Nursing: Leading Change, Advancing Health*. Report recommendations. Institute of Medicine of the National Academies, October 2010.

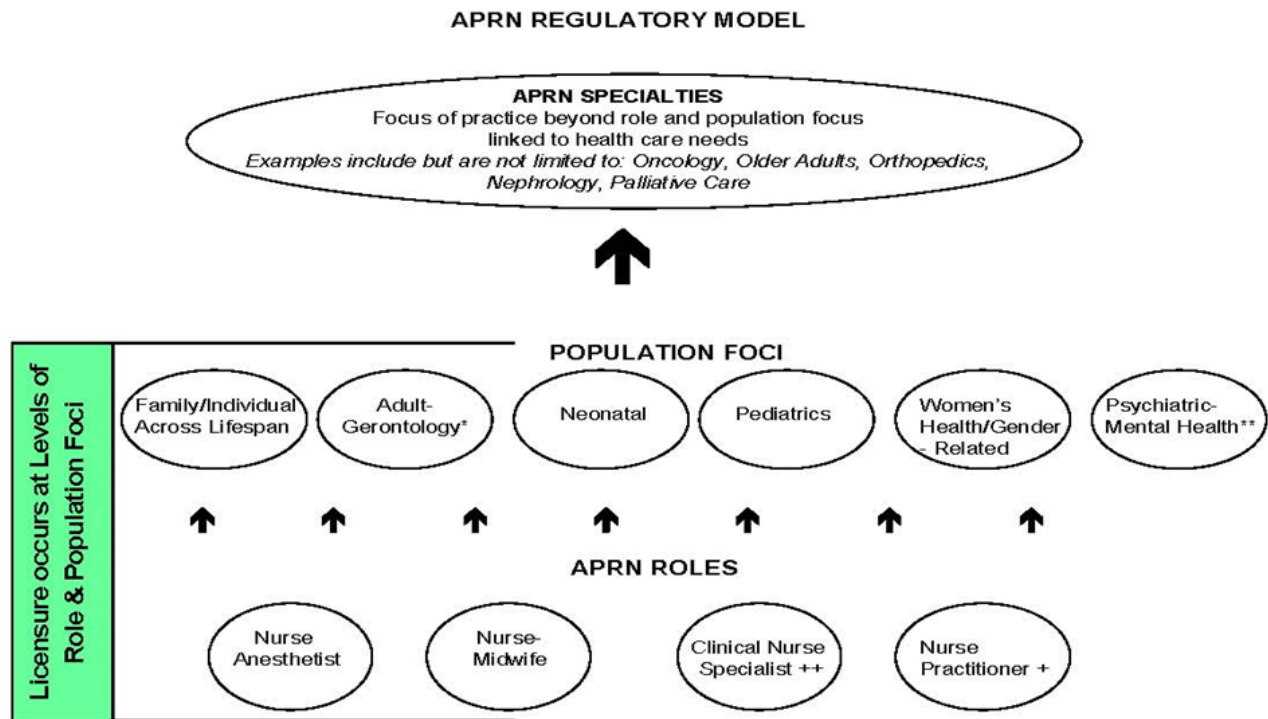
**Table 2 Recommendations**

- |  |
|--|
| Increasing the number of nurses with baccalaureate degrees from 50% to 80% by 2020 and encouraging nurses with associate degrees and diplomas to enter baccalaureate programs within 5 years of graduation |
| Doubling the number of nurses with a doctorate by 2020   |
| Addressing the faculty shortage by creating salary and benefits packages that are market competitive   |
| Moving to have at least 10% of baccalaureate program graduates enter master's or doctoral degree programs within 5 years of graduation   |
| Removing scope of practice barriers that inhibit advanced practice nurses (APN) from practicing to the full extent of their education and training and serving in primary care roles                       |
| Enhancing new nurse retention by implementing transition-into-practice nurse residency programs  |
| Embedding leadership development into nursing education programs and increasing the emphasis on interdisciplinary education  |
| Ensuring that nurses engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the life span  |

Adapted from *The Future of Nursing: Focus on Education*. Report recommendations. Institute of Medicine of the National Academies, January 2011

## Advanced Practice Providers Continued...

In addition to the IOM recommendation that advanced practice registered nurses (APRNs) be able to practice to the full extent of their education and training, the APRN Advisory Panel met with the APRN Consensus Work Group in April 2006 to discuss APRN issues. For some time they worked in parallel, but they eventually joined forces in January 2007 to begin a dialogue for the purpose of developing a document that would become a new model for advanced practice nurses—APRN Model of Regulation. Advanced practice nurses are defined as certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).



Goals of the APRN Consensus Model include improved mobility for APRNs, standardization in educational programs, and homogeneity in independent practice, assuring the public that the APRN is highly prepared and certified to provide safe quality care and better access to the APRN for all patients. The target date for implementation is 2015. Implementation will likely be staggered, and full implementation may go beyond the target date.

Healthcare systems and the manner in which we deliver care are changing and becoming increasingly more important to the consumer, healthcare provider, and institution. Nursing has always played a critical role in the implementation and delivery of care. Now, more than ever, nursing has the opportunity to be front and center in the sharing of ideas to improve the trajectory of care for patients. The IOM report and the APRN Consensus Model both serve as road maps for now and the future in guiding the profession of nursing in its quest to make valuable contributions to the overall health and well-being of all those we serve.

### References

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2. Aiken L, Clarke SP, Cheung RB, Sloane DM, Silber JH. Educational levels of hospital nurses and surgical patient mortality. *JAMA*. 2003;290:1617-1623.
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Last modified: May 21, 2015

5. Bishop, C. (2012). A new look at nursing education and practice. *The Oncology Nurse APN/PA*, April 2012, Vol 5, N03

## ED Hand Hygiene Photo Contest

The ED leadership team challenged staff to a hand hygiene photo contest. Intended to increase employee engagement and hand hygiene compliance, the contest asked staff to submit their best quirky, informative, or fun pictures on hand hygiene. The contest took place in the two weeks between 26-October and 9-November. In the five weeks prior to 26-October, the ED Hand Hygiene rate was 85.8%. In the five weeks after 9-November, **compliance rose to 95.4%!**



Thanks to everyone who participated! If your unit is hitting a hand hygiene slump, consider this employee engagement strategy!

## Fall CUSP Training at Sibley Memorial Hospital

Twenty-two Sibley employees attended the CUSP training held on the SMH campus on October 23, 2015. Several other employees from other Hopkins hospitals attended as well. In this picture, attendees were asked to develop something that would reduce transmission of *C. Difficile* in the inpatient environment. The team pictured right (James Thomas, Darryn Dunbar, Vivian Gibson, Lisa Kirk, and Caroline Collantes) created a "Brown Cart" with everything staff would need to care for a patient with *C. Diff*, including PPE, teaching materials, and a place to hang lab coats while seeing the patient.

The Brown Cart was selected as the top submission during the training (and there were several very innovative ideas!). Who knew safety training could be so FUN?



## Lean Huddle Boards

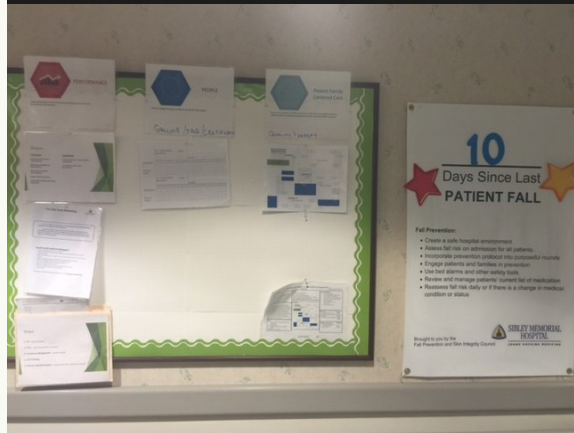
Daily huddles are a team communication tool. They provide an excellent avenue for increased communication between staff, from review of critical and quality metrics to timely and valuable coaching. Sibley’s Lean department has taken this tool and transformed it into a daily visual aid. These “huddle boards” create a two-way transparency for the staff and organization: staff are able to track their performance, while the organization can track all the different projects going on in the unit. Visual charts reflect how processes are performing. Keeping these charts current “leads to identifying problems as they occur, like preserving evidence at the scene of the crime, where the process stumbled or was out of “standard”. Ultimately, huddle boards focus on improvement, looking for clues, to understand and advance practice. Dr. Alicia Jones of the Lean team is spearheading many of these efforts. Contact the Lean department to boost your huddle board today!



Top and bottom: SASC huddle boards display employee recognition, metrics, and ongoing projects



Below: REN huddle boards display metrics, ongoing projects, and number of days since last patient fall



### Contact Us

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

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*“Save one life, you’re a hero.  
Save 100 lives, you’re a nurse.”*

- Anonymous