

# Annual Nursing Report

2013



# An Introduction to the 2013 Nursing Annual Report



Nursing Staff at St. Jude continued to improve services to our patients, maintain and grow collaborative relationships with other departments and demonstrated professionalism and excellence of services at St. Jude Medical Center. Each of us can be very proud of the many accomplishments during this 2013 "year of transitions".

St. Jude is a "Learning Organization" and our nursing division continues to be committed to life-long learning as evidenced by the growing number of BSN and MSN prepared nurses. There is a continual increase in nurses with specialty certifications throughout our ministry. We are on track to meet our goal of 100 percent BSN nursing staff by 2020. Nursing managers as well as many clinical staff are now masters prepared. This is primarily due to the influence you, as professional nurses, have had on each other. SJMC nursing division leadership 'walked the talk' as life-long learners, as many nurse leaders transitioned to expanded and new roles.

The St. Jude interdisciplinary approach to Magnet designation continued to move forward. Phase one of our Magnet journey enabled hard wiring of structures and process as we moved into phase 2 of preparations, which focused on enculturation of practices. Many of our required documents were prepared by nursing staff and readied for submission.

The successes of the Innovation Unit were made possible by a dedicated interdisciplinary team of care providers with the departmental support of IT, Pharmacy, Dietary and Facilities. The opportunity was empowering for our staff, and our patients were the recipients of best practice implementation. Many of the concepts were implemented in the new Northwest Tower as best practices.

Succession planning is important for each leadership or specialty position, particularly for Chief Nursing Officer retirement preparations. An excellent team of Nursing Directors allowed for the CNO replacement to be from within the ministry. Laura Ramos was selected for the position and we worked together during the transition. I was saddened to leave the warm and supportive arms of St. Jude and her nurses but happy to know you will have an excellent leader in Laura for years to come.

Linda Jenkins, RN, BSN, MBA, NEA-BC  
Vice President, Patient Care Services  
Chief Nursing Officer



Laura Ramos,  
RN, MSN

## Journey to Excellence:

In 2013 we continued our Journey to Excellence pursuit with our sights set on our eventual Magnet designation; implementing leadership development, continued mentoring, and succession planning. During Phase 1 of our document writing, we discovered additional gaps. Our patient experience scores were less than excellent, and we often lacked baseline data to substantiate our empirical outcomes. After significant discernment, the decision was made to withdraw our first Magnet application. Nursing leaders participated in a two day 2P event including a gap analysis, and a plan of action was implemented targeting specific tactics to ensure our future success. With Tracey Larsen, RN, MSN, as the Magnet Program Director, we submitted our second application in December of 2013 and received a document submission date of February 1, 2015. Our Core Team and Magnet Ambassadors continued to learn more about the Magnet components, document requirements, and remained focused on improving the patient experience scores, as well as educating peers, and modeling excellence.

- 53.03 percent of our direct care nurses have BSN degrees (compared to the Magnet Hospital average of 49.88 percent)
- 7.38 percent of our direct care nurses have MSN degrees (compared to the Magnet Hospital average of 3.4 percent)
- 91 additional nurses are currently enrolled in BSN or MSN degrees
- 243 members of our direct care nurses have professional certifications
- There were 31 nurses who achieved CNIII certification and 2 CNIV certification.



Pictured back row L-R: Lisa Fahey, RN; Eleanor Rudolph, RN; Chara Mulder, RN; Morgan Lopez, RN; Nicole Cotugno, RN; Erika Herrera, RN; Kristen Miller, RN; Katherine Frutche, RN Front row L-R: Briana Newman, RN; Stacie Lomibao, RN

# New Knowledge, Innovation, and Improvement:

## Completed Research Studies

- *The St. Jude Medical Center Innovation Unit: Going from Good to Great* – Tracey Larsen, RN, MSN
- *Breast Cancer Nurse Navigator's Role Facilitating Care Transitions in Cancer Survivorship* – Danelle Johnston, RN, BSN
- *Interdisciplinary Education for Cancer Survivorship* – Danelle Johnston, RN, BSN, OCN & Gianna Laiola, RN, BSN
- *Patient Hand Washing in the Critical Care Unit and the Impact on Catheter Associated Blood Stream Infections and Catheter Associated Urinary Tract Infections* – Claudia Skinner, RN, MSN

## Research Studies in Progress

- *Preoperative Hair Removal* – Lynda Gagnon, RN, MSN
- *Mentoring Development Program, Phase II* – Mary Terrazas, RN, MSN
- *Team Crew Simulation Training, Nurse Advocacy, and Patient Harm Reduction in the OR* – Teresa Frey, RN, BSN
- *Preoperative Prostatectomy Class for Patient Education and Distress Reduction* – Gianna Laiola, RN, MSN
- *Mentoring New Graduate Nurses for Retention, Job Satisfaction and Professional Development* – Shawn Aguirre, RN, BSN
- *Community Cancer Prevention and Screening Education* – Danelle Johnston, RN, MSN & Gianna Laiola, RN, MSN
- *Nursing Beliefs and Practices Related to the Promotion of Maternal-Infant Bonding* – Cindy Saunders, RN, BSN

## Published Articles Authored or Co-Authored by St. Jude Medical Nurses

- Rutledge, D. Wickman, M., Cacciata, M., Loucks, J. & Drake, D. (2013). Hospital staff nurse perceptions of their competency to care for psychiatric patients. *Journal for Nurses in Staff Development*.
- Wickman, M. Drake, D., & Heilmann, H. (2013). Quality improvement methods and nursing hospital practices. *Journal of Nursing Management*.
- Johnston, D. (2013). Current state of care transitions and cancer survivorship. *Journal of Navigation and Survivorship*

## Poster Presentation at National Conferences

- *The Use of Web Cameras in the NICU to Assist with Maternal-Infant Bonding* - Advanced Practice Neonatal Nurses Conference – Deborah Stone, RN, MSN, NNP-BC, CNS Deana Enfield, RN, BSN
- *Applying Health Literacy to Improve the Rate of Post-Hospital Follow-Up* - Institute of Healthcare Advancement – Heather Heilmann, RN, MSN; Krista Morrison, BS
- *The Effect of a 6-Minute Minimum Colonoscopy Withdrawal Time Policy on Polyp Detection* - The Society of Gastroenterology Nurses & Associates, Inc. 40th Annual Course – Cindy Hwang, RN, MSN
- *Dare to Change: "Remove those Foley Catheters!"* - An Evidence-Based Approach to Eliminating CAUTI - American Association of Critical Care Nurses, National Teaching Institute – Tamera Crosser, RN, MSN, Marie Herrera, RN, BSN, Therese De Guzman, RN, BSN
- *Let's Flow: Preventing Emergency Department Gridlock, a Five-Year Perspective* - Emergency Nurses Association Annual Conference – Jennifer Lawson, RN, BSN, Ruth Carlstedt, RN, MSN
- *Interdisciplinary Team Education to Improve the Care of the Cancer Survivor* - Fourth Annual Academy of Oncology Nurse Navigators Conference – Danelle Johnston, RN, MSN, OCN, CBCN; Gianna Lioala RN, MSN
- *Community Cancer Center Launches Oncology Rehab Program Demonstrating Improved Quality of Life Measures* - Fourth Annual Academy of Oncology Nurse Navigators Conference – Gianna Lioala RN, MSN
- *Breast Cancer Nurse Navigator Facilitating Care Transitions in Cancer Survivorship* - Fourth Annual Academy of Oncology Nurse Navigators Conference – Danelle Johnston, RN, MSN

## Podium Presentation at National Conferences

- Reducing CAUTIs Using the Larrabee Evidence-Based Practice Model for Change - American Association of Critical Care Nurses, National Teaching Institute – Claudia Skinner, RN, DNP

# Service Line Accomplishments

## Maternal/Newborn Services

Director: Shari Kelly, RNC-OB, BSN

- Developed a process improvement strategy to reduce infant readmissions related to Hyperbilirubinemia.
- Formulated a multidisciplinary team to further business development, focus on volume growth and optimize clinical services and patient experience across the integrated delivery network.
- Implemented neo-wrap for micro-preemies transferring the baby straight to preheated warmer and adjusted delivery room temperature to produce excellent outcomes.
- Labor and Delivery decreased length of time in triage. Ran an audit and implemented a hard stop at four hours for MD decision for admit or discharge.



## Surgical Services Service Line

Director: Joanne Bonnot, RN, MSN, NE-BC

- Implemented the surgical services value imperative focused on improved start times, reallocation of resources and reduction of cost per case.
- Implemented evidence-based practices focusing on surgical site infections
- KFCC implemented the patient prep project successfully decreasing test cancellations by 50 percent
- Implemented the 6-minute colonoscopy which has proved more effective for finding abnormal conditions



## Cardio/Neuro/Emergency Service Line

Director: Laura Ramos, RN, MSN

- Implemented the acute kidney injury process improvement project to prevent kidney injury related to IV contrast
- Critical Care launched a successful journal club to engage and raise awareness of evidence based practices and care arena
- Step-Down piloted the fall mats to reduce patient injury from falls that subsequently spread as a best practice house-wide
- 3N implemented patient experience tactics to improve call-light responsiveness
- Emergency Department implemented a 4-level stratification enabling enhanced ED and inpatient collaboration to improve hand-off communication and patient experience
- Trained several front-line nurses to use hand-held ultrasound machines to facilitate timely IV starts



## Medical Surgical Service Line

Director: Tracey Larsen, RN, MSN, NE-BC

- Collaborated with the safety committee to develop a threat management team to support staff and ensure patient safety
- Successfully cross-trained 46 nurses and PCTs from the Transitional Care Clinic
- Developed evidence-based practice and implemented the sitter camera to reduce patient falls
- Multidisciplinary team collaborated and implemented revised complex chemotherapy order sets
- Expanded palliative care services adding an additional nurse practitioner and three palliative care board-certified physicians



# **Structural Empowerment**

Our BSN 2020 goal remained in full force and many more staff RNs returned to school, often taking a colleague or two with them. Additionally, our specialty certifications went up in most departments.

## **Shared Governance Accomplishments**

### **Education Council**

- Created a communication pathway for tracking and reporting staff compliance with educational initiatives to our leadership team
- Utilized Share Point to reduce cost and waste related to monthly meeting agendas and minutes.
- Developed standard work (SW) for returning leave of absence (LOA) employees ensuring education requirements are met.
- Influenced change using evidence based literature regarding Surgical Site Infections (SSI) which led to the development of an impact team to address this practice change at the bedside
- Annual Needs Assessment Survey was approved by the education council.

### **Nursing Practice Council**

- Collaborated with Nurse Managers in developing a standardized process for labeling patient care items
- Selected 2013 Nurses Week gift
- Made recommendations for DAISY submissions boxes; selected the submission box and proposed proper locations of submission boxes
- Collaborated in the revisions of the "falls risk assessment" in MEDITECH
- Participated in decision making process regarding the location of Nursing "E books" to promote easy accessibility
- Participated in the update/revision of the Staffing and Scheduling policy
- Proposed recommendations for "hydration stations" accepted; recommended each unit identify where they would prefer their hydration station be located
- Professional standards addressed with Linda Jenkins and social media policy revised based on Nursing Practice Council recommendations

- "Ticket to Ride" process revised; "ticket" information revised based on NPC feedback
- Joy Jones application revised based on NPC recommendations
- Quality of Life containers selected based on feedback from NPC members
- Insulin Protocol proposal to eliminate 2nd person check for SQ administration voted and approved by NPC members
- Standard Work for use of Quality of Life containers in collaboration with Julie Kim, Nurse Manager
- Approved safe patient handling training materials
- Sweet Dreams; supply cart items revised based on NPC feedback

### **Research Council 2013**

- Created educational modules in HealthStream on distinguishing among Research, Evidence-based Practice (EBP), and Quality Improvement (QI).
- Conducted a Show Me the Evidence poster presentation featuring work that is being done hospital wide to ensure that practice is consistently based on the best evidence.
- Hosted the St. Jude Symposium, The Future of Nursing: Taking Charge of Our Future Today, featuring Gloria McNeal, PhD, ACNS-BC, FAAN as the keynote speaker. The purpose of the symposium was to promote awareness of the landmark Future of Nursing Report (2010) and to identify strategies designed to promote interprofessional collaboration, lifelong learning, and effective work relationships.
- Highlighted unit innovation projects at the St. Jude Express to promote internal communication and awareness of innovative work that is being accomplished hospital wide in ensuring quality patient care.
- Reviewed and approved the innovation definition developed by the Research Council. Members identified differences among Innovation, EBP, and Show Me the Evidence posters.

## **Center of Excellence**

Director: Director, Jill Johnson, RN, NP, MSN

Educators helped advanced EBP implementation at the bedside by supporting the 30+ Clinical III RN's each with three improvement projects.

The volume of simulation scenario exercises increased exponentially both to improve the competency and the confidence of staff. The Education Open House events, Tuition Reimbursement program, and commitment to precepting employees helped increase our BSN rate from 53.33% to 61.03%. The inaugural Research event was conducted at lunchtime to inform and disseminate information on the various projects underway.



- 805 members of staff participated in events in the Simulation Lab across all nursing and ancillary departments
- 31 Clinical Nurse IIIs advanced and 2 Clinical Nurse IV advanced
- The medical librarian implemented EBSCO Discovery to increase E-database usage (EBSCO and OVID) by 10% from FY13 to FY14; this goal was exceeded. Target usage number was set at 35,941 and the total usage reached was 88,520 during this time period.

## **Celebrated excellence including:**

- Quarterly St. Jude Express events featuring informational booths celebrating the achievements of all departments
- Monthly interactive and educational Center of Excellence cart rounds with staff
- Shared Governance Christmas Social and Clinical Advancement Social shared successes, as well as research and innovation celebrations during hospital week and nurses week

## **DAISY Award recipients recognized:**

- Lisa Scharf BSN, RN
- Angela Pacis BSN, RN
- Diane Gleeson NP, RN
- Britney Hagge BSN, RN
- Joy Lanfranchi BSN, RN
- Jolie Hultner BSN, RN
- Dorothy Lippman-Salovesh NP, RN
- Maria Leopoldo BSN, RN

## **Exemplary Professional Practice:**

Several nursing departments continued to collaborate with Improving Performance facilitators to lead or co-lead rapid improvement events (RIE's) to invent new and improved ways of caring for our patients. Other departments collaborated with our Patient Experience department to create new and hardwire existing evidence based practices such as "3 Minutes @ the Bedside", spread the Quiet Campaign, and Sweet Dreams.

## **Transformational Leadership:**

Nursing leadership enrolled and participated in the Leadership Excellence Institute's first cohort and year-long formal leadership development which included the 360 peer evaluation tool. Succession planning efforts remain a focus as nursing leaders are prepared for ongoing leadership opportunities and growth. Linda Jenkins sought opportunities to ensure succession planning was incorporated into daily operations and reminded the executive leadership team that she was on a road to retirement. Such opportunities were made available for the nursing directors to attend executive leadership meetings, on call opportunities for the Chief Nursing Officer and attendance at key operational meetings. Seeking day-to-day opportunities and mentoring linked with formal leadership institutes have proven to be successful tactics to succession designations within the nursing division.

# Center of Excellence

## ST. JUDE MEDICAL CENTER PROFESSIONAL PRACTICE MODEL

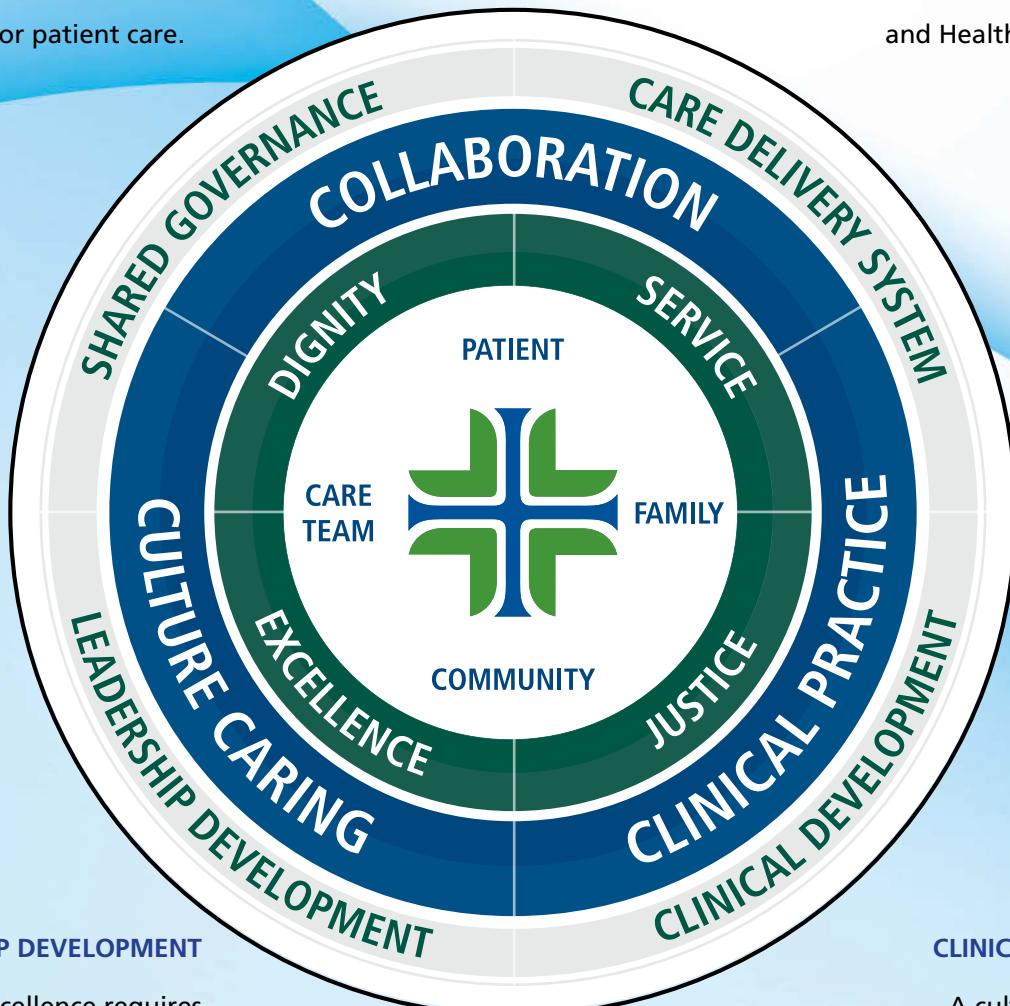
How clinicians practice, collaborate, communicate and develop professionally

### SHARED GOVERNANCE

Through shared decision making, direct care providers guide and create continuous improvement for patient care.

### CARE DELIVERY SYSTEM

Individualized, patient and family-centered care supports Sacred Encounters, Perfect Care and Healthiest Communities.



### LEADERSHIP DEVELOPMENT

Because excellence requires competent leaders at the bedside, we promote leadership development opportunities for all clinicians.

### CLINICAL DEVELOPMENT

A culture of continuous learning promotes individual and team approaches to learning and performance validation, and dedicate resources to supporting professional growth.

**ACHIEVING MAGNET EXCELLENCE**

