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Welcome to this special issue of ADVANCE for Nurses, which features some of the best articles we published in 2012.

ADVANCE’s annual Best Nursing Team awards program is gearing up for the coming year. In “2012 Best Nursing Team,” we look back at last year’s top teams and what made them successful.

Certification in nursing specialties, which validates expertise in knowledge and practice, has been around for years but is becoming increasingly popular. “Cardiac Certification” examines how facilities are supporting efforts by nursing staff to achieve certification through reimbursement, differential and on-site CEUs.

The Beacon Award for Excellence from the American Association of Critical-Care Nurses recognizes critical care units that do everything right to ensure patient safety, employee engagement and high-quality care. In “A Beacon for Excellence,” nurses on ICUs who have earned the award discuss learn what makes them among the best in the critical care arena.

“Reaching Magnet” examines how Magnet designation represents an organization’s continued commitment to quality outcomes and to be successful the hospital as a whole has to be dedicated to excellence.

In “Neurological Revolution,” nurses share the story behind how the Florida Hospital Neuroscience Institute is helping change care delivery for patients needing neurological services. “In the Cardiac OR” explores the launch of a new open-heart program at Florida Hospital Waterman.

“Educating Nurses” spotlights a pediatric residency curriculum that integrates simulation throughout the curriculum. Nurse residents practice medication safety, professional interactions, management of the decompensating patient, assessment of the intravascular access device and troubleshooting, and prioritization.

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From the Editor
shortened and complications have lessened because of patients avoiding pressure ulcers while they are being treated.

The data has shown a steady decrease in the incidence of HAPU. In the fourth quarter of 2009, HAPU exceeded 10 percent, but by second quarter 2011, the Skin Prevalence study showed a hospitalwide HAPU rate of 0.8 percent.

The most recent fourth quarter study confirmed the benefits of increased expertise with a HAPU prevalence of 0 percent.

On top of this clear improvement, patients have shown increased satisfaction and understanding of their care. Nurses make a point to explain the Skin Prevalence studies and the corresponding benefits.

**RUNNER-UP:**

**Safe and Efficient**

- Beginning in 2009, Surgical Services nurses at The Medical Center of Plano, Plano, TX, began an initiative to not only have safe surgical care, but also to improve efficiencies in doing so. The result: a nurse-led team to analyze opportunities and implement a Surgery Playbook.

- The team started the initiative baselined at a 3.54 percent surgical site infection rate and this year, the rate bottomed out at 0.27 percent. Additionally, they instituted High Reliability Organization Training for all personnel working in procedural areas.

- In 2011, the Surgical Services team hit a plateau in reducing turnover times at 22.7 minutes in Quarter 1. However, in Q2, turnover times dropped to 13.8 minutes and in Q3, maintained the gain at 14.2 minutes.

- Secondary gains to the initiative were increased outpatient satisfaction scores; increased surgical case growth from 2008 to present of 55 percent; and decreases in immediate use sterilization.

**WINNER:** Skin Care Committee, Texas Health Presbyterian Hospital Dallas

- Through extensive education, collaboration and innovation, the Skin Care Committee at Texas Health Presbyterian Hospital Dallas lowered the prevalence of hospital-acquired pressure ulcers (HAPU) facility wide to 0 percent.

- Texas Health Dallas has included nurses in process improvements, including HAPU, for more than a decade, but in recent years the nurses on the Skin Committee have taken interventions to the next level.

- Together they came up with a variety of initiatives centered on increasing the knowledge and expertise of all caregivers involved in skin assessments and interventions.

**Fresh Ideas**

The team, which meets monthly, partnered with the wound, ostomy and incontinence nurses, physical therapy and nutrition units to identify best practices. New processes were put in place that promoted early identification of HAPU, as well as staff awareness and understanding.

- For instance, the “turning buddy” system was implemented, which establishes a schedule ensuring patients are turned every 2 hours.

**Positive Outcomes**

Since the revamping of the Skin Care Committee, hospital stays have have safe surgical care, but also to improve efficiencies in doing so. The result: a nurse-led team to analyze opportunities and implement a Surgery Playbook.

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- Secondary gains to the initiative were increased outpatient satisfaction scores; increased surgical case growth from 2008 to present of 55 percent; and decreases in immediate use sterilization.
Great nurses run in our family.

Congratulations to the nurses of Texas Health Presbyterian Hospital Dallas for being named the 2012 Best Nursing Team, Skin Care Committee by ADVANCE for Nurses. Day after day, our nurses connect with and improve the lives of those we serve in the community. Their dedication to improving patient care is unmatched as they lead the way to making health care human again.

If you’re interested in joining the Best Nursing Team, we have immediate career opportunities available at hospitals across Dallas/Fort Worth. Call or visit us today.

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RUNNER-UP: Beyond the Bedside

Nurses at University of Texas MD Anderson Cancer Center, Houston, raise nearly $100K for melanoma research. The nursing staff came together in 2011 to plan a Melanoma Silent Auction to support melanoma research in collaboration with AIM for a Cure at Melanoma, which was having a 5K fun walk that same year. A team of melanoma physicians, nurses, nurse practitioners, and their families walked together to show support in fighting melanoma. The Melanoma Silent Auction was a success, raising more than $2,200 for melanoma research. The AIM walk raised more than $97,000.

RUNNER-UP: Easing Addiction

In late 2010, Rebecca Porter, BSN, RN, CNII, a staff nurse in the MICU at Duke University Health System, Durham, NC, raised concerns to the MICU Performance Improvement Committee about better meeting the needs of patients experiencing alcohol withdrawal syndrome (AWS). The committee recognized the issue was “not just an ICU problem.” Therefore, the PI Committee formed the multidisciplinary AWS Work Group to bring consistency and standardization to the care of patients with AWS throughout the acute care environment. The Work Group included 14 nurses, six physicians and three pharmacists, who first met in November 2010. The AWS pilot went live Dec. 19, 2011. Although the pilot is on the med/surg units, the efforts of the Work Group raised awareness about AWS throughout the hospital. Between Dec. 19, 2011, and Jan. 9, 2012, nurses used the pathway to guide the care of patients experiencing AWS on five separate step-down and ICUs. To date, documented outcomes of the AWS Work Group include launch of the pilot project, better screening for AWS throughout the hospital, development and use of a consistent order set through CPOE, consistent safer nursing care for AWS patients and a decreased hospital length of stay.

RUNNER-UP: Flexibility At Its Best

Today, there is an ongoing nursing shortage that continues to threaten hospital’s staffing stability and bottom lines. Many hospitals have become dependent on both contracted travelers and local temporary staff to fill the gap. DeKalb Medical System, Decatur, GA, instead is turning to its own staff. The DeKalb Medical System float/resource pool (comprising three hospitals) consists of 89 RNs, 14 PCTs and 4 OSAs. James Metzger, MSN, RN, manager of nursing resources, has been able to build a cohesive group by creating an environment that recognizes contributions the staff makes. He has seen many accomplishments by the four pillars that they value: quality, people, service and finance. They have recently divided the team: med/surg and critical care resource teams. By doing this DeKalb has utilized the resources appropriately, thus creating an environment of satisfaction.

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nurses at each facility are encouraged to earn either their critical care certification (CCRN) or progressive care certification (PCCN).

General critical care certification may be obtained in addition to cardiac medical certification (CMC) or cardiac surgical certification (CSC). With the same goal in mind, each facility has built an atmosphere that promotes continual learning and success through certification.

At the beginning of 2010 about 22 percent of nurses in the cardiovascular division of Piedmont were certified in a specialty, which "was simply not good enough," according to Brent Robinson, MS, NP, CCRN, executive director of nursing.

In an effort to increase the number of certified RNs, the Certification Counts program was launched that same year. Today, approximately 50 percent of the cardiovascular nurses at Piedmont are certified.

The program is multifaceted, providing financial incentives, as

Specialty certifications not only benefit the nurses who earn them, but also employers and patients, according to a study from the Nursing Credentialing Research Coalition.

Today, employers are not the only ones demanding more from their nurses. Patients and nurses themselves are setting higher expectations. Certification is the foundation for a more confident nursing staff with a specialized understanding of their chosen field, which in turn creates a more effective environment and better patient care.

This is especially true for critical care environments, which includes cardiac units such as telemetry, coronary care, and cardiac rehabilitation to name a few.

Certification is a key tool for nurses intent on gaining the knowledge and skills necessary to perform at the highest level and so, many facilities are implementing programs to emphasize the value of certification while providing worthwhile incentives.

Certification Incentives
The Piedmont Heart Institute in Atlanta and WakeMed Health & Hospitals in Raleigh, NC, are two such institutions. Cardiac

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Cardiac
Well as resources to ensure successful completion of the exam. Each year Piedmont brings in a national speaker to lead a free review course open to any cardiac nurse who wishes to take part.

Nurses who pass the exam are eligible for 100 percent reimbursement, as well as a certification differential, according to Robinson. Certification must be renewed through adequate practice hours and continuing education hours; so, Piedmont offers a monthly journal club with state-approved continuing education offerings.

WakeMed also provides exam reimbursement and the potential for a salary increase. Occasional free certification review courses are offered. Additional certification review courses are also available to WakeMed nurses, sponsored by various local and national continuing education providers.

“Financial incentives are also available for certified nurses through our professional staffing ladder, known as the Professional Recognition Program for Nurses, as well as our yearly staff nurse evaluation system,” said Felecia S. Williams, MSN, RN, CCRN, clinical educator/supervisor of Heart and Vascular Services at WakeMed. “The certifications can count toward meeting standards that would allow employees to receive raises as applicable depending on their score in the standard.”

Certification’s Value
Nurses and administrators agree certification, regardless of the specialty, promotes staff confidence, as well as eases the promotes confidence among patients and families. It allows facilities to provide the best possible environment and optimal patient care.

Julie Gattis, BSN, RN, CCRN-CMC, of WakeMed saw certification as a challenge and a chance to expand her knowledge base.

Nurses who take this extra step show their commitment to their profession and the well-being of the patients they serve.

Since increasing the number of certified RNs, Robinson has seen higher customer service scores at Piedmont, as well as a reduction in ventilator-associated pneumonia rates and central line infection rates. “We have very good outcomes when it comes to our core measures,” he said.

Nurse to Nurse
The importance of certification is not just upheld by nursing management. Today certified RNs are going above and beyond to encourage their peers to sit for the exam in their specialty of choice.

Previously certified nurses are not just encouraging their fellow RNs to take the exam, but also offering advice on how to face the challenge.

“There are all sorts of resources and I would say just find whatever is most comfortable for your learning style and do it,” Gattis said. “It takes time and a lot of work, but I definitely think it is worthwhile.”

Critical Care
A Beacon for Excellence
The Beacon Award for Excellence recognizes critical care units that do everything right to ensure patient safety, employee engagement and high-quality care

By Danielle Wong Moores

Nurses by their nature are competitive, and nowhere is that more evident than in a critical care unit, where nurses are the frontline in the battle against infection.

Excellent care seems to mean even more when you are caring for critically ill patients. And that’s why the American Association of Critical Care Nurses created the Beacon Award for Excellence.

Since the award’s inception in 2003, only 383 out of more than 6,000 critical care units across the U.S. have been recognized for excellence in care. And in Florida, only 31 units in 15 hospitals have been honored by this award.

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Catlin Nalley is editorial assistant at ADVANCE.
Ballantyne and her team significantly affected infection rates by moving to an all-RN model on their unit. By replacing patient care technicians with RNs, they lowered the nurse-patient ratio from 4 or 5 to 1, to 3 to 1. The streamlined communication resulted in better connections with patients — and better care.

New for Beacon this year is a major change — any hospital unit that cares for high acuity and critically ill patients and meets evidence-based standards of excellence and patient care can apply. Haight sees this as a huge benefit to patient care. “It’s infectious,” laughs Ballantyne. “It’s the only area we want to be infectious in — to be excellent.”

Danielle Wong Moores is a frequent contributor to ADVANCE.

Growing & Excelling
More units at Tampa General Hospital have earned the Beacon Award than any other hospital in Florida. Part of that may be due to the culture.

As a Magnet hospital, Tampa General has a focus on fostering a collaborative culture. “Tampa General is very focused on self-governance as far as staff are concerned,” said Tina Haight, MBA, MSN, RN, nurse manager, pediatric ICU, which earned the Beacon award in 2010. “And staff are very action-oriented when they see something that needs to be taken care of better it’s not just a job to them.”

Best Practices & Outcomes
St. Vincent’s newest ad campaign focuses on the work of nurses, with the slogan, “Above. Beyond. Because.” One commercial focuses on St. Vincent’s CCU, which earned a Beacon Award in fall 2010.

In it, a dying patient’s last wish was to see his three dogs. Hospital policy prohibits pets from being allowed inside the building, but after hours of calls and working with the family, his nurse arranged for him to meet his dogs outside on hospital grounds. The joyful meeting gave her patient the will to live a few more days so he could go home and die with dignity.

It’s a true story that exemplifies the extent nurses at St. Vincent’s ICUs will go to ensure they are doing what’s right for the patient. It’s also a reason why in 2004 St. Vincent’s was chosen as an alpha site by Ascension Health to develop a SKIN bundle (Surface selection, Keep them turning, Incontinence and Nutrition) to help reduce the incidence of pressure ulcers.

“Since then, it has been spread to all our Ascension facilities and now throughout Kaiser Permanente,” said Kleinhelter. “Pressure ulcers are just a piece of what we do really well.”

That piece includes ranking well below Beacon standards for infection rates, including a ventilator-acquired pneumonia rate of .85, as compared to a Beacon standard of 5.8 or less. St. Vincent’s keeps VAP rates on the forefront by posting the data in a visible way — ensuring that data is not just lost on a graph.

It’s a simple solution, but posting infection rates has also helped Tampa General’s PICU stay on track, with VAP and CAUTI rates at “zero” for 2011.

At Florida Hospital’s cardiothoracic progressive care unit,

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Hospitals across the country are prompted to pursue Magnet status for a variety of reasons, but the common thread throughout is a desire to build an environment that promotes high staff engagement and quality patient care.

The vision of Magnet, which was developed by the American Nurses Credentialing Center, is that these organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally.

Bedside First
Every level of staff must be devoted to achieving this goal, from the staff nurses to the managers to the CEO. “It has to come from the grassroots, not from the top down. You have to create the culture of Magnet; it’s got to be woven into every aspect of care, felt and demonstrated at the bedside,” said Janice Kishner, MSN, MBA, RN, FACHE, chief nurse executive at East Jefferson General Hospital, Metairie, LA, a facility that recently earned its third redesignation.

Without the support of direct care nurses, organizations will not achieve high levels of success because they are involved in every aspect of care and instrumental in creating positive change.

“You have to create a vision of what a Magnet hospital looks like. Once nursing buys into the vision and sees their successes, the culture changes to a professional model in which nursing owns their practice and subsequently their outcomes,” said Janell Cecil, MSN, RN, senior vice president/CNO, University of Tennessee Medical Center, Knoxville.

Network of Support
Facilities on the path to their first Magnet designation will find success through a hospital-wide support system as well as from the guidance of other organizations that have already gone through the process.

Velinda Block, DNP, RN, NEA-BC, at UAB, Birmingham, AL, which has been designated three times, emphasizes you can never get too much help or support. Magnet hospitals have access to other Magnet CNOs and program directors through listservs, which Block says is a resource that should not be ignored.

Guidance from long-time Magnet facilities was crucial in University of Tennessee Medical Center’s success, which just received its first designation, according to Cecil. “They’d walked the walk and could tell us where there were landmines and potholes, which really helped keep us on the journey,” she said.

Constant Evolution
In recent years, the standards for Magnet status have changed, calling for more attention to outcomes, especially for facilities that are pursuing redesignation, according to Kishner.

“At the time of our second designation, the entire criteria had changed to be more focused on quality outcomes and RN satisfaction, and then when we did it the third time more emphasis was placed on outcomes,” she said.

Jeanie Hallaron, MSN, RN, NE-BC, clinical excellence director at Walt Disney Pavilion at Florida Hospital for Children, Orlando, who helped lead the way to the facility’s first designation last year, urges organizations new to the journey not to become stagnant.

Her hospital is already preparing for the next step. “It’s not just OK to say we’ve done this, and now it’s time to move on to something else. It is really a way of being in a culture and consistently striving to always do the very best you can for your patients.”

Staff at Catawba Valley Medical Center, Hickory, NC, who are preparing to apply for their fourth redesignation, always strive to find new ways to improve. “The Magnet standards are always in the background as we work,” said Eddie Beard, DNP, RN, NEA-BC, senior vice president/CNO at Catawba Valley. “It is an ongoing process with unparalleled benefits.”

Patient Focused
The environment that Magnet creates through constant change and improvement is one where the staff is engaged and satisfied, which leads to higher rates of retention, according to Block.

Magnet designation motivates hospitals to provide the best possible care and instills in the staff a desire to never stop pushing their limits.

Catlin Nalley is editorial assistant at ADVANCE.
Magnet-designated healthcare organizations in the South region

**ALABAMA**
- UAB Hospital, Birmingham (2002)

**FLORIDA**
- Baptist Health System (2007)
  - Wolfson Children's Hospital, Jacksonville
  - Baptist Medical Center Beaches, Jacksonville
  - Baptist Medical Center Downtown, Jacksonville
  - Baptist Medical Center Nassau, Fernandina Beach
- Baptist Medical Center South, Jacksonville
- Baptist Hospital of Miami, Miami (1998)
- Flagler Hospital, St. Augustine (2006)
- Holy Cross Hospital, Ft. Lauderdale (2003)
- James A. Haley Veterans' Hospital, Tampa (2001)
- Mercy Hospital, A Campus of Plantation General Hospital, Miami (2006)
- Miami Children's Hospital, Miami (2003)
  - Mease Countryside Hospital, Safety Harbor
  - Mease Dunedin Hospital, Dunedin
  - Morton Plant Hospital, Clearwater
  - Morton Plant North Bay Hospital, New Port Richey
- Shands Jacksonville Medical Center, Jacksonville (2011)
- Shands at the University of Florida, Gainesville (2003)
- South Miami Hospital, Miami (2004)
- Tampa General Hospital, Tampa (2005)
- Walt Disney Pavilion at Florida Hospital for Children, Orlando (2011)
- Winter Haven Hospital, Winter Haven (2008)

**GEORGIA**
- Atlanta VA Medical Center, Decatur (2009)
- Medical Center of Central Georgia, Macon (2005)
- Saint Joseph's Hospital of Atlanta, Atlanta (1995)
- St. Joseph's/Candler, Savannah (2002)
- University Hospital, Augusta (2005)

**LOUISIANA**
- East Jefferson General Hospital, Metairie (2002)
- Ochsner Medical Center, New Orleans (2003)
- Our Lady of the Lake Regional Medical Center, Baton Rouge (2010)
- Woman's Hospital, Baton Rouge (2006)

**NORTH CAROLINA**
- Catawba Valley Medical Center, Hickory (2001)
- Cone Health (2005)
  - Annie Penn Hospital, Reidsville
  - The Behavioral Health Center, Greensboro
- The Moses H. Cone Memorial Hospital, Greensboro
- The Women's Hospital of Greensboro, Greensboro
- Wesley Long Community Hospital, Greensboro
- Duke Raleigh Hospital, Raleigh (2009)
- Duke University Hospital, Durham (2006)
- Durham Regional Hospital, Durham (2008)
- FirstHealth Moore Regional Hospital, Pinehurst (2006)
- Forsyth Medical Center, Winston-Salem (2004)
- Gaston Memorial Hospital, CaroMont Health, Gastonia (2007)
- High Point Regional Health System, High Point (2001)
- North Carolina Baptist Hospital of Wake Forest University Baptist Medical Center, Winston-Salem (1999)
- Presbyterian Hospital Charlotte, Charlotte (2008)
- Presbyterian Hospital Huntersville, Huntersville (2008)
- Presbyterian Hospital Matthews, Matthews (2008)
- Presbyterian Orthopaedic Hospital, Charlotte (2008)
- Rex Healthcare, Raleigh (2006)
- Southeastern Regional Medical Center, Lumberton (2008)
- University of North Carolina Hospitals, Chapel Hill (2010)

**OKLAHOMA**
- INTEGRIS Baptist Medical Center, Oklahoma City (2007)
- Mercy Hospital, Oklahoma City (2005)
- St. John Medical Center, Tulsa (2010)

**SOUTH CAROLINA**
- Bon Secours St. Francis Hospital, Charleston (2010)
- Spartanburg Regional Medical Center, Spartanburg (2005)

**TENNESSEE**
- Johnson City Medical Center of Mountain States Health Alliance, Johnson City (2005)
- The University of Tennessee Medical Center, Knoxville (2011)
- Vanderbilt University Hospitals and Clinics (2006)
  - Monroe Carrell Junior Children's Hospital at Vanderbilt, Nashville
  - Psychiatric Hospital at Vanderbilt, Nashville
  - The Vanderbilt Clinic, Nashville
- Vanderbilt University Hospital, Nashville

**TEXAS**
- Baylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas (2007)
- Baylor Regional Medical Center at Grapevine, Grapevine (2012)
- Baylor Regional Medical Center at Plano, Plano (2012)
- Baylor University Medical Center, Dallas (2004)
- CHRISTUS Hospital-St. Elizabeth and St. Mary, Beaumont (2007)
- CHRISTUS St. Michael Health System, Texarkana (2012)
- Children's Medical Center, Dallas (2009)
- Cook Children's Medical Center, Ft. Worth (2006)
- Denton Regional Medical Center, Denton (2012)
- Dell Children's Medical Center of Central Texas, Austin (2002)
- Medical City Dallas Hospital, Dallas (2003)
- Memorial Hermann Memorial City Medical Center, Houston (2009)
- Memorial Hermann The Woodlands Hospital, The Woodlands (2010)
- Michael E. DeBakey VA Medical Center, Houston (2004)
- Plaza Medical Center of Ft. Worth, Ft. Worth (2010)
- Seton Medical Center Austin, Austin (2002)
- Seton Northwest Hospital, Austin (2002)
- St. Luke's Episcopal Hospital, Houston (2001)
- The Heart Hospital Baylor Plano, Plano (2011)
- Texas Children's Hospital, Houston (2003)
- Texas Health Presbyterian Hospital Dallas, Dallas (2006)
- Texas Health Presbyterian Hospital Plano, Plano (2007)
- The Medical Center of Plano, Plano (2007)
- The Methodist Hospital, Houston (2002)
- The University of Texas MD Anderson Cancer Center, Houston (2001)
- University Health System, San Antonio (2010)
- University Medical Center at Brackenridge, Austin (2002)
- University of Texas Medical Branch, Galveston (2012)
40-bed Neuro Critical Care Unit opened in May 2012.
Large electronic boards are located throughout the unit to assist in locating patients. These informational transfer tools help to identify caregivers and their phone numbers for quick access.
To facilitate multidisciplinary care planning, a traditional conference room was traded in for oval conference space in the middle of the nurse’s station. The whole team comes “to the table” to discuss a patient’s needs.

Workflow a Priority
Organizational workflow impacts quality, safety and efficiency in patient care, so our nurses made workflow design a priority. The desire to be close to assigned patients, have vital equipment and supplies at the fingertips, and be within a short distance to access nutrition, medication, supplies and utility rooms drove this element.
Wishes became reality with nurse alcoves (mini-stations) situated in front of every two patient rooms and equipped with computers, point-of-care monitoring devices, chart holders and personal protective equipment.
A mobile lockable supply cart in every patient room was added to decrease “sneaker time” and is now one of the nurses’ favorite items.
Throughout the core of the station, designated areas equipped with computers, printers and phones provide work space for support and ancillary staff.
We created an ideal patient room; one that would support whole-person care, have the latest technology and provide a healing environment. The team requested:
• Patient rooms large enough to accommodate needed equipment; designated bariatric rooms include built-in lifts and equipment for maximum patient and staff safety.
• An environment that promotes healing; each room includes a designated family area with comfortable furniture and therapeutic lighting shown to reduce postoperative complications.
• Floor-to-ceiling windows that provide natural light and capitalize on beautiful lakeside views.

Continued Excellence
Our nurses must practice at the highest standards in our specialty set by national organizations like the American Association of Neuroscience Nurses to achieve quality standards of practice and professional performance.

The Florida Hospital “neurosurgical revolution” building phase is scheduled for completion by Nov. 1, 2012, totaling 120 beds: 40 critical care, 40 neurosurgical and 40 neuro medical.

Mary Jo Petersen is director of nursing and Misti Tuppeny is a neuroscience clinical nurse specialist at Florida Hospital Orlando.
In the Cardiac OR

When Florida Hospital Waterman launched an open-heart program last year, experienced nursing staff got the program up and running

By Danielle Wong Moores

When Ontoinette Hanks, BSN, RN, charge nurse of the cardiovascular ICU at Florida Hospital Waterman (FHW), Tavares, FL, checked her email one day in early June, she was surprised to learn the heart center had reached a milestone: its 100th case.

“I said, 'We didn’t do 100 cases already?’” Hanks recalled. “It’s gone by so fast.”

FHW only recently launched its open-heart surgery program, with a goal of reaching 100 cases by the end of its first year. That the hospital met that milestone just a little more than 8 months in is first a testament to the need in the community, more than 30 percent of which is older than 65, an age when there’s high risk for cardiovascular-related issues.

But it’s also a testament to the quality of the program. The open-heart service is helmed by Gary Allen, MD, a fellowship-trained cardiothoracic surgeon who specializes in coronary bypass surgery — both traditional and “beating heart” — as well as traditional and minimally invasive valve surgery, laser surgery, and surgery for aneurysms and rhythm disorders.

Months before the launch, the hospital also began actively recruiting nurses and other staff experienced in open-heart surgery and care, or with extensive ICU experience, who were willing and interested in building a new open-heart program.

Building a New Culture

When the hospital sent out its call, nurses and staff from near and far responded. Recruited in February 2011, night shift charge nurse Sandy Gallion, BSN, RN, left a 5-year stint in pediatrics to return to her first love — adult heart care.

“It was a wonderful opportunity,” agreed cardiovascular OR coordinator Twunana Phelps-Keaton, BSN, RN, CNOR, CRNFA, who relocated from Ohio and brought open-heart surgery experience from the Cleveland Clinic. “It was a good opportunity for me to grow by starting up a program and bringing it all together.”

Nursing staff, including Gallion, Phelps-Keaton and Hanks, were all hands-on in building the program, including hiring, developing policies and procedures, ordering equipment, organizing rooms, choosing uniforms, even selecting paint colors.

That activity helped build a united culture that was dedicated to its mission of serving heart patients and focused on solutions.

Growing Pains

But any program developing from infancy is bound to have a few growing pains, and FHW’s was no different.

For example, a state-of-the-art table was perfect for the OR, but didn’t work so well when the OR proposed bringing patients down to the unit on it, requiring extra staff and time. The unit offered another option: Why don’t we come to you instead? “It was a great compromise on both sides,” Gallion said. “Everyone was willing to talk about it and come up with a better solution.”

Innovative Care

It’s estimated that around 80 percent of all heart bypass surgeries in the U.S. are performed on a heart and lung machine, which takes over the work of those organs during procedures.

FHW is among that other 20 percent, which includes leading institutions such as...
Perioperative

as Vanderbilt and Johns Hopkins, offering “beating heart” or off-pump cardiac bypass surgery, in which the heart continues to beat throughout the procedure.

According to Allen, the procedure is more challenging, but offers greater benefits to the patient, including shorter operating times, fewer postoperative complications, reduced risk of stroke and shorter length of stay.

Coupled with cutting-edge procedures is cutting-edge care. The CVICU was the first at FHW to launch collaborative rounds, which include the surgeon, PA, dietitian, case manager, intensivist, nursing, pharmacy, respiratory, physical therapy, cardiac rehabilitation, and the patient and family. Starting on postop day one through discharge, the group gathers at the patient’s door daily at 7:30 a.m. to review the plan of care.

Future of Heart Care

With the program off to a running start, FHW is already looking forward to growth: opening an adjacent cardiac medical ICU, which would double the unit from eight to 16 beds, and hiring more staff. Service-wise, FHW has already begun caring for heart transplant candidates, preparing them for transfer to Florida Hospital Orlando’s heart transplant program. More minimally invasive procedures and possibly robotic surgery are also in the program’s future.

The program’s success is based on several factors, according to nursing staff. It’s about dedication, communication and hospital support, Phelps-Keaton said. It’s also the great team, Gallion said, and the autonomy.

For Hanks, it’s all about the innovative care, plus community support.

“I’m excited about how much progress we’ve made,” she said. “We’ve far exceeded the quality outcomes, numbers and expectations. I’m really excited to keep moving forward.”

Danielle Wong Moores is a frequent contributor to ADVANCE.

Pediatrics

Educating Nurses

Simulation provides nurses at All Children’s Hospital, St. Petersburg, FL, with realistic scenarios in a safe environment

By Beth Puliti

Research has shown new graduate nurses face a variety of challenges as they transition from the classroom to clinical settings. In addition, there is a need for graduate nurses to develop prioritization skills.

“With the limitation of clinical sites for student nurses, many nurses graduate with limited opportunities to apply clinical judgment in a pediatric setting,” said Lisa McGuire, MSN, RN, CPN, advanced clinical education specialist and simulation program coordinator at All Children’s Hospital in St. Petersburg, FL. The hospital is a member of Johns Hopkins Medicine.

At All Children’s, a team of educators and leadership has built a nurse residency curriculum that integrates simulation throughout the program. Nurse residents practice medication safety, professional interactions, management of the decompensating patient, assessment of the intravascular access device and troubleshooting, and prioritization.

Funded through donations raised by Wal-Mart and Sam’s Club associates, the state-of-the-art simulation center opened its doors this past January.

Preventing Patient Harm

Simulation is an emerging technology that promotes active and experiential learning, McGuire explained. Dependent on the objectives, however, simulation by itself may not be the most effective approach. Through research, it has been shown adult learners favor varied methods of learning and opportunities for active participation in the learning process.

McGuire believes multiple disciplines must have the opportunity to practice team communication and handling unexpected situations in a safe, non-judgmental environment that replicates the setting in which they work. Having the opportunity to practice with co-workers provides the realism necessary to effectively improve communication and learn.

Through simulation, the nurse residents can practice making decisions, speaking up, and later reflecting if that decision might have put themselves and/or their patients in jeopardy. The more realistic the environment and scenario, the greater the ability to later apply the gained knowledge.

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Learning Together
The Simulation Center at All Children’s offers a variety of scenarios for all staff at different levels, including nurses, physicians, physician residents, respiratory therapists, patient technicians, phlebotomists, security personnel and Health Unit coordinators.

Multiple low-fidelity simulators and high-fidelity simulators are used within the Simulation Center. Some are portable and can be taken throughout the hospital if necessary to evaluate flow and current processes for gaps in safety. Simulators cover the lifespan, and All Children’s currently has newborn, child, teenager and adult mannequins with multiple capabilities.

Airways can be occluded, lung compliance changed, tongues can swell, adverse lung sounds can be created, a variety of heart rhythms and murmurs created, as well as bowel sounds. The mannequins have pulses and can cry and speak. One even has software that allows for it to correctly respond physiologically to medications given to it, whether right or wrong.

Realistic Rooms
One of the simulation rooms replicates the med/surg rooms or a room found in the EC/ICUs, dependent on the equipment provided. Another room resembles the NICU. A conference room with a patient head wall and supplies can be converted into a patient room if necessary. Simulation screenings and debriefings are performed in this room. There is also a control room where educators can program the simulators to run and videotape the rooms for debriefing following the simulators.

Research on simulation has demonstrated the value of videotaping and debriefing, McGuire said. Videotaping allows learners to observe themselves in the moment, self-reflect and discover. Learning also takes place during debriefing.

Following debriefing, learners are given the opportunity to practice the scenario again, to reinforce what they attained from the first attempt and practice what they may have not gotten perfect the first time.

Opportunity for All
McGuire noted that everyone comes to the simulation center expecting to practice and learn from each other, whether it is the medical emergency team or one nurse learning from a peer how to better communicate. Everyone must sign a confidentiality agreement so learners feel safe.

All Children’s has seen a marked reduction in its turnover rates since the curriculum redesign and the addition of simulation into the nurse residency program.

“We want to ensure we provide opportunity for simulation for all healthcare providers in the hospital setting. It is for this reason All Children’s Hospital, with the support of the Wal-Mart/Sam’s Club associates, is building a second phase of the simulation center,” McGuire noted.

Upon completion of phase two in early 2013, the center will have more than 2,600 square feet of usable space. An operating room suite complete with booms, OR lighting and equipment will be in place. The new area will include an additional conference room and two exam bays.

“This will allow the OR staff to evaluate new equipment, train new staff, create new curriculum for residents, practice the ‘what ifs’ and evaluate processes,” she concluded.

Beth Puliti is a frequent contributor to ADVANCE.
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