



CATAWBA VALLEY
MEDICAL CENTER

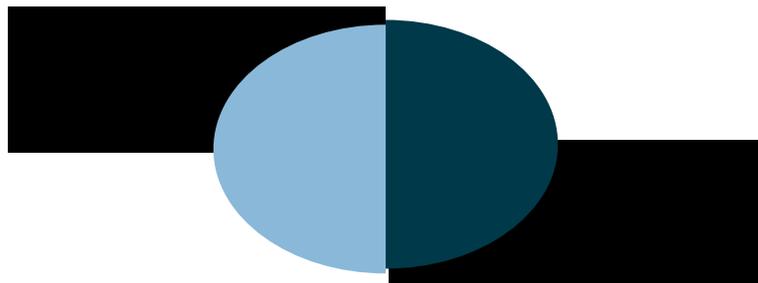
The Science of Nursing
The Art of Nursing
The Patient Perspective

2017 CVMC NURSING REPORT



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A Message from the CNO...

As Eddie Beard was preparing to take on the CEO role, and I transitioned into the CNO role in May of 2017, I was humbled, honored and energized by the warm welcome I received. I was extremely fortunate to have Eddie as my mentor for sixteen years and I hope to exemplify his leadership and continue to bring distinction to the role.

During this year I have been fortunate to spend time in clinical and patient care departments that are less familiar to me including the OR, Diagnostic Services, and the Medical Unit. In the OR I watched complex choreography unfold during a surgical procedure. In the Cath Lab, MRI, and CT, staff moved around me in their own intricate ballet. Everyone had their part to play and the team work was exhilarating to watch. I also had the opportunity to spend many hours observing nurses on the Medical Unit seeing the reality of what high quality inpatient care requires today. These experiences have only reinforced what we know about our industry; that our patients are increasingly complex and to obtain the outcomes we desire, we will need to rethink how we deliver care. I believe as Magnet nurses we can take on this challenge as an opportunity to demonstrate our knowledge, talent, and creativity.

Along with many team members, I have been deeply involved with the writing of our 5th Magnet document due for submission on August 1, 2018. There are 80 standards that we write to, meaning that we are telling at least 80 stories as well as presenting the data from our quality and patient experience scores. For me, each story is a revelation of the remarkable work that our Magnet nurses are engaged in throughout the organization. The document is evolving into an illustration of CVMC nurses' efforts to improve safety and quality, conduct research, participate in community events, improve onboarding for new nurses and continued competence for tenured nurses, and of course our continuing determination to improve patients' experience. They all speak to our mission of "Exceptional Healthcare. Every Person. Every Time." and to our values of Respect, Accountability, Innovation, Service, and Excellence.

I would like to extend my sincere gratitude for your support as I continue to grow in this role and to thank you for what you do in the service of our patients, our organization, and our community.

Sincerely,
Adina



Adina Andreu, RN, MS, CNM, NEA-BC
Vice President/Chief Nursing Officer

Mission Statement

Exceptional Healthcare. Every Person. Every Time.

2017 Stats

| | |
|------------------------------------|---|
| Licensed Beds | 258 |
| Service Area | Catawba, Caldwell, Alexander, Lincoln, Burke |
| Average Number of Employees | 1953 |
| Outpatient Visits | 247,403 |
| Adult Admissions | 11,360 |
| Adult Inpatient Days | 52,163 |
| Surgeries | 10,599 |
| Deliveries | 2031 |
| Emergency Dept Visits | 59,882 |
| Average Daily Census | 143 |

CVMC Nursing Mission

The nursing mission is to support the mission of Catawba Valley Medical Center through the science and art of professional nursing practice while engaging the patient's/person's perspective.

CVMC Nursing Vision

The nursing vision of Catawba Valley Medical Center is to be a role model for the achievement of excellence in professional nursing practice within an acute care setting.

CVMC Nursing Philosophy

Nursing is a professional practice discipline existing to provide care to patients, their families and/or communities served. The goal of nursing is to assist patients in attaining their maximum level of wellness or dignified death. Registered nurses diagnose and treat human response to actual or potential health problems through the nursing process. Nursing interventions are intended to produce beneficial effects and contribute to quality outcomes. Professional nursing practice is defined by, but not limited to the NC Nurse Practice Act, ANA Code of Professional Practice, Nursing's Social Policy Statement, ANA Nursing Scope and Standards of Practice, ANA Scope and Standards for Nurse Administrators, as well as various other organizational practice standards. Each nurse remains accountable for the quality of care within his or her scope of practice. Nurses engaging in professional practice are dependent upon their educational preparation, their experience, their role, and the nature of the patient population they serve.



The Science of Nursing

"What is the point of having
experience, knowledge or talent
if I don't give it away?"
-Isabel Allendale

The Wizardry of Research

2017 RESEARCH THEATRE

The 9th annual Research Theatre, The Wizardry of Research, was held October 10 with 98 participants in attendance.

Terry Wicks, MHS, CRNA, presented his research entitled Implementation of Objective Measurement of Endotracheal Tube and Laryngeal Mask Airway Cuff Pressures. Charlotte Pope, MSN, RN, presented her research on Measuring the Effectiveness of Preoperative Colonoscopy Nursing Education. Adina Andreu, Vice-President and CNO, shared the following perspective, *“Having attended all previous Research Theatres, it has been wonderful to see its growth as well as the increase in attendants.*

This year we had two articulate presenters that completely engaged the audience with research that directly impacts our patients and staff. The event succeeded in its goal to inspire and impress. Thank you to all who made it happen.”



Newborn Nursery Implements Practice Change

Between 8/1/15-7/31/16, approximately 5.39% (23/427) of admissions to the Level III Nursery at CVMC were for a primary diagnosis of hypoglycemia. If a baby is admitted for hypoglycemia, an intravenous line is started and they have a minimum two day stay.

After a literature search, leadership and medical staff approval, the nursery decided to change the practice of simply feeding an infant formula/breastmilk to correct a low blood sugar to administering 40% dextrose gel. Administering a weight based dose of 40% dextrose gel is equivalent to administering a weight based bolus of D10W intravenously; but the infant doesn't have to experience an invasive procedure. We implemented the practice change on August 1, 2016. By July 2017, sixty-one infants received dextrose gel. Following the practice change, neonatal hypoglycemia NICU admissions were 1.62% (7/431). This 3.8% reduction was statically significant ($p=.003$).

Impact of Oral Dextrose Gel on NICU Admissions for Neonatal Hypoglycemia
 Hillery Thacker, MSN, RNC
 Catawba Valley Medical Center | Hickory North Carolina




BACKGROUND

Hypoglycemia
It is very common for an infant to have a low blood sugar immediately after birth and in the first few hours of life. This is a normal adaptation to perinatal life. Infants at higher risk of neonatal hypoglycemia (NH) include: large-for-gestational age, less than greater than unknown gestational age, and infants of diabetic mothers. Often transient hypoglycemia is asymptomatic in infants. A blood glucose level <40 mg/dL is an accepted threshold for NH, as recommended by the American Academy of Pediatrics.

With NH, there are various symptoms the infant may have including: jitteriness, shivering, unwillingness to eat, lethargy and an elevated breathing rate. When blood glucose gets too low and/or treatment is delayed, the infant can have more severe symptoms such as seizures and loss of consciousness, leading to brain damage. These symptoms are not exclusive to NH, but rather could also be the result of neonatal sepsis.

Hypoglycemia Admissions & Impact in the NICU
Between January 1, 2015 and July 31, 2016, approximately 4.2% of admissions to the Level III Nursery at Catawba Valley Medical Center (CVMC) were for hypoglycemia (< 25 mg/dL). In such cases, after being separated from the mother a peripheral intravenous line (I.V.) is placed and the infant is given I.V. dextrose to raise higher blood glucose. Typically this results in at least two days or longer separation of mother and baby interrupting bonding time, interfering with breastfeeding, and may put undue stress on mother and baby.

Project Purpose
This project was designed to reduce NICU admissions for a primary diagnosis of hypoglycemia through administration of oral dextrose gel.

INTERPROFESSIONAL TEAM

- Neonatal Nurses & Pediatrics Coordinator, Director, Resource Coordinator
- Birthing Center, Clinical Care Manager
- Women & Children, Administrator
- Level III Nurses
- Level III Nurses
- Neonatallogist
- Pharmacist
- RNAs

PDSA Cycle

Plan: Review of Neonatal Conditional Orders (NCO)

Do: Administration of dextrose gel by neonatal nursery nurses

Study: Retrospective comparison of hypoglycemia or other outcomes prior to and following implementation of NCO

Act: Continue with implementation of revised NCO

Step 1: PLAN

Approvals Obtained

- Neonatologist
- Pediatric Medical Staff
- IRB approval of dextrose gel QI research study

Newborn Conditional Orders Revision

- Any Level I newborn with blood sugar <40 mg/dL will receive 40% dextrose gel
- Administer a 2nd dose of dextrose gel if 2nd blood sugar is between 20-39 mg/dL
- Orders will reflect dextrose gel

Education

- Revised newborn conditional orders introduced and explained in a quarterly staff meeting
- Staff nurses viewed a 2-minute video on the administration of oral dextrose gel via HealthStream
- Staff nurses demonstrated administration of oral dextrose gel during a competency day

STEP 2: Continued

Administration of Dextrose Gel

- Wipe one side of baby's buccal mucosa (inside cheek) with a clean piece of gauze
- Slowly squirt 1/2 of the gel dose in the dry side of the baby's buccal mucosa, while massaging the cheek on the outside
- Repeat process for other side; wipe with gauze, administer remaining 1/2 dose, massage outside of cheek.



Dextrose Gel Algorithm

Criteria for Blood Glucose Testing

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    graph TD
        A[Criteria for Blood Glucose Testing] --> B[Level I Nursery]
        A --> C[Level II Nursery]
        A --> D[Level III Nursery]
        B --> E[If blood sugar < 40 mg/dL, administer 40% dextrose gel]
        C --> E
        D --> E
        E --> F[If blood sugar < 20-39 mg/dL, administer 2nd dose of 40% dextrose gel]
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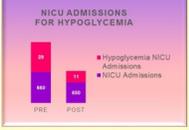
STEP 3: STUDY

Retrospective QI Research Methods

- Hypoglycemia admissions from Level I nursery to NICU prior to and after implementation of dextrose gel compared
- Doses administered to eligible infants
- Incidence of hypoglycemia in Level I nursery
- Estimated economic impact with introduction of dextrose gel

Step 3: Continued

NICU ADMISSIONS FOR HYPOGLYCEMIA



Economic Impact of dextrose gel on NICU Hypoglycemic Admissions

Full Average Hospital Stay for All Hypoglycemia Admissions

| | |
|------|-----------|
| Pre | \$167,798 |
| Post | \$38,325 |

Pre-Dextrose Gel Phase: 1/1/2015 - 7/31/2016
 Post-Dextrose Gel Phase: 8/1/2016 - 1/31/2018

- 62.8% decline in NICU admissions for hypoglycemia following implementation of dextrose gel found to be significant, $p<0.003$
- Cost savings, based on mean length of stay for all hypoglycemia NICU patients, estimated to be over \$150,000
- In the Post-Phase, 103 infants received 1 or 2 doses of dextrose gel

Step 4: ACT

Sustaining the Practice Change

- Continue using dextrose gel
- Provide continued encouragement of breastfeeding and non-separation of mother and baby
- Educate new staff and provide annual staff education
- Potential for implementation of dextrose gel in NICU

ACKNOWLEDGEMENTS

Lauren Shoemaker, BSN, RNC-EM, Jackie Miller, MSN, RN, NE-BC, Lori Schiewel, MSN, RNC, Cynthia Conner, BSN, RN, CPN, Rebecca Creech, PhD, PA-C

CONTACT INFORMATION & DISCLOSURE

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 Catawba Valley Medical Center, 610 Ferguson Church Road SE, Hickory NC 28602
 thackerh@cvhsc.com | 815-328-2291
 Nothing to Disclose



Nurse Received Oncology Nursing Foundation – Congress Scholarship

Congratulations to Mandy Riley, BSN, OCN on being a recipient of the 2017 Oncology Nursing Foundation Congress Scholarship! This one time \$1,200 scholarship is awarded to registered nurses who have shown interest and initiative in improving cancer care overall. In 2017, only 71 nurses nationwide were awarded this scholarship which allowed them to attend ONS Congress (the largest oncology nursing conference in the nation).

Mandy has been at CVMC since 2007, obtained her Oncology Nurse Certification in 2016 and is a fantastic resource as one of our night shift charge nurses. Congratulations Mandy on this accomplishment!



Trudy Huey Awarded Nurse of the Year

On September 29, 2017, Trudy Huey, MSN, RN, CWOCN was awarded the Nurse of the Year Award by the Southeast Region of the Wound, Ostomy and Continence Society (SER of the WOCN Society).



The Southeast Region is represented by approximately 700 nurses, comprised of Alabama, Florida, Georgia, North Carolina, South Carolina and Tennessee. She was nominated and chosen for this award by members of the SER of the WOCN Society for her contributions as a leader, planner and teacher of clinical practice for wound, ostomy and continence care.

Trudy is known as a clinical expert within the nation and was elected and currently serves on the national board of the WOCN Society. Trudy implemented the Wound Ostomy Continence (WOC) Program for CVMC and currently leads and coordinates the clinical practice for WOC patients. We are very fortunate to have a nationally known expert leading our WOC Program at CVMC and serving our community.

Annual Skin Fair

On September 13 & 14, The Skin Care Committee hosted the annual skin fair in AHEC 112. This uniquely themed event is always fun to attend, as well as beneficial for clinicians. Many vendors of products used at CVMC were available at the fair as well. This year, the vendors included Molnycke, Convatec, SmithNephew, Anacapa, IV Armor, Milliken, 3M, KCI, Systagenix, HillRom, Sizewise, Liko Lifts, Drawtex, Medline, Polymem, Coloplast, Sage, and Bioderm. In addition, CVMC's Clinical Analysis Value Committee was represented. The Skin Care Committee led by Trudy Huey, includes Nancy Hammer, RN, Sheila Heesch, RN, Stephanie Morton, RN, Michael McDonald, RN, Doris Goff, RN, Sandra McCallum, RN, Jennifer Anderson, RN, Terrill Coulter-Davis, RN, Holly Humphries, RN, Casey Mueller, RN, Amy Barnes, RN, Estera Ciaca, RN, Barbara Mason, RN, Hillery Thacker, RN, Brian Badders, PT, and Melinda Parks, RD.



The Art of Nursing

It's a beautiful thing when
a career and a passion come
together.

Nursing Leaders



Adina Named Chief Nursing Officer at CVMC in 2017

Adina Andreu, MS, RN, CNM, NEA-BC, began her career at CVMC as a labor & delivery nurse in 1998. In 2000, she began practicing as a Certified Nurse Midwife at CVMC and moved into nursing leadership in 2002. She became a Vice President at CVMC in 2015, overseeing various service lines such as Med/Surg Division, Pharmacy, Women and Children's, Maternity Services, Cancer Program, Clinical Dieticians, Utilization Review, & Research and EBP.

In 2017, Adina was appointed as Chief Nursing Officer and is responsible for nursing services at CVMC. Adina is only the third CNO in CVMC history.

Margery Adams, Director of Nursing 1971-1994 and subsequent VP

Eddie Beard, VP & CNO 1994-2017

Adina Andreu, VP & CNO 2017

Penni Coates-Huffman DNP, APRN, NNP-BC has been named Director of the NICU, Newborn Nursery and Pediatrics. As Interim Director, Penni demonstrated great communication and problem solving skills and has assumed her new role pursuing the goals of promoting teamwork and safety within the units.



Penni began her healthcare career in 1999 with a BS in Exercise Science from UNC-CH before earning a RN from Rockingham Community College in 2003. She then graduated from the University of

South Alabama with a MSN in 2005 and a DNP in 2012. She has worked as a Neonatal Nurse Practitioner at CVMC since 2010. Penni resides in Conover with her husband Kevin and 3 children.

North Carolina Air National Guard's 156th Aeromedical Evacuation Squadron helped to evacuate a hospital in Key West prior to the arrival of Hurricane Irma. We are proud to have one of our very own, Lieutenant Colonel Chuck Scronce, be a part of that mission. Thanks for all you do, Chuck!



CVMC Chosen to Present at Premier's Break-throughs Conference and Exhibition

Adina Andreu, Chief Nursing Officer, and Michelle Lusk, MSN, RN, CIC, CPHQ, Assistant Vice President of Quality, presented the concept of unit-based Performance Improvement (PI) Councils. This innovative approach connects nursing peer review and leadership/risk management investigations in a way that is focused on improving patient care and correcting process and system issues.



Michelle Lusk, Assistant Vice President of Quality, and Thomas Fields, Operating Room Director, presented the successful strategies that were implemented to reduce surgical site infections (SSIs). Over the last two years, CVMC has experienced a 32% reduction in SSI number and rate.



On May 4th, Misty Oxentine, MSN, RN-BC, Director of Nursing Education, received the Catawba Valley Community College Outstanding ADN Clinical Community Partner

Award. Benita Beard, presented the award during the Annual Nursing Pinning Ceremony.

Nursing C.A.R.E. Employees for 2017



“Katie has a positive attitude and is always willing to help. She made us an internet sensation by going above and beyond knotting Halloween costumes for NICU babies. Katie does this every holiday to make our families feel like they are cared about and it always makes a huge impact. She even made hard hats for our babies for the move to the pavilion. Katie takes pride in her work here at CVMC. She is an excellent clinician as well as a wonderful patient advocate. Katie definitely deserved to be the CARE Employee.”

*Katie Windsor
January 2017*



“Aubrey provides excellent care to all her patients. She treats every patient that she encounters as if they’re family. She goes above and beyond to assist patients, their family members, and colleagues in every way possible. She is involved on several committees in the hospital and is a member of the ENA. She precepts new nurses and students to the Emergency Room. Aubrey is one of the most patient people that I have ever met. She is compassionate, caring and an asset to the CVMC community. She always has a warm smile and a positive attitude. She provided comfort, reassurance and compassion for all her patients and their families in some of the most difficult situations. She is a leader and an excellent resource in the ER.”



*Aubrey Tamraker
May 2017*

Nursing C.A.R.E. Employees for 2017

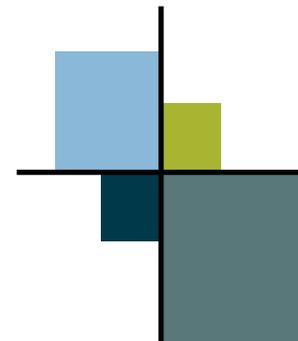


*Melissa Rose
December 2017*

“My husband, Bill, recently sent you a note acknowledging the superior level of care the 6th floor staff provided during my stay at CVMC. I wanted to reiterate his sentiment and let you know that the care during my second visit was as exceptional as the first. We saw many of the same faces during each visit and while they were all very professional and provided excellent care, there is one that I would like to acknowledge specifically. Melissa Rose was my nurse during the worst sickness I have ever experienced. When one medication did not relieve the nausea, she was relentless in her effort to get in touch with the doctor (who happened to be in surgery) to request a different medication. I watched as she navigated through the proper channels with a strong sense of urgency and don't slow down until the new medicine was administered and I was resting comfortably. While I know the expectation of your team is to provide superior patient care and satisfaction, Melissa went above and beyond that night and showed a genuine concern for my well-being. I was fortunate enough to have her as a nurse on my second visit and again she provided the same excellent service with a caring spirit. It is nurses like Melissa that make a difference in people lives and your are fortunate to have her as a part of the CVMC team.”

C.A.R.E. Employees Role Model:

- Courtesy
- Accountability/Personal Responsibility
 - Respect
 - Enthusiasm



Charge Nurse Development Continues

Nurse leaders across the organization continue to offer the Charge Nurse Curriculum to staff. The curriculum consists of six individual classes. The rotation of classes begins in August each year. The class topics and presenters are as follows:

- ◇ Leadership Styles and Daily Operations of the Charge Nurse; **Stephanie Chapman**
- ◇ The Charge Nurses Role in Managing Conflict, Enhancing the Patient Experience, & Creating a Just Culture; **Adina Andreu**
- ◇ The Charge Nurse Role in Promoting a Positive Work Environment; **Jackie Miller**
- ◇ Staffing Decision Skills & Tools: What, Who & How; **Amanda Gaddy & Amanda Walker**
- ◇ Charge Nurse Education: Disaster Training ; **Mike Helton**
- ◇ Charge Nurse Development: Incivility in the Workplace; **Stephanie Chapman & Jackie Miller**

Retention, Recruitment & Recognition Committee

Across the country hospitals are seeing an increase in RN turnover and CVMC is no different. With healthcare becoming more our patient focused, many RN jobs are opening up that have never been available. CVMC is committed to retaining our more than 600 Registered Nurses and to help with that retention there is now a Retention, Recruitment & Recognition (RRR) Committee. The RRR committee consists of the chairs and co-chairs of each of those sub-committees. Led by Michele McGlamery, MSN, RN, CNOR, NEA-BC and Misty Oxentine, The RRR committee is committed to recruit, retain, and recognize qualified, competent and caring nurses to achieve nursing excellence and satisfaction at CVMC.

Pictured L to R: Tina Watts, Jackie Miller, Michele McGlamery, Adina Andreu, Thomas Fields, Miriam Smith, Misty Oxentine.



Recruitment Committee



The Recruitment Committee is a part of the RRR Committee and its purpose is to provide strategic direction for the recruitment of new graduate nurses and those with prior experience. Our committee meets monthly to discuss different strategies to enhance the recruitment process at CVMC.

Pictured L-R: Christine Erickson, Louanne Fitzgerald, Deb Sites, Rose Cook, Patrick Miller, Miriam Smith. Not pictured: Missy Staton, Judy Parker, Tara Paterno, Laura Queen

Recognition Committee

The Recognition Committee is working to promote the profession of nursing through meaningful recognition engagement, achievements and the acknowledgment of nursing excellence at CVMC. The committee is responsible for recognition of nurses annually during Nurses week, the RISE award, and recognition of newly certified nurse as well as National Certified Nurses Day. The committee is also working diligently to develop a nursing recognition program that will be revealed at a special celebration during Nurses Week 2018.



Pictured L-R: Hillery Thacker, Sonya Fleming, Stephanie Brown, Kelly Tapp, Gail Settlemire, Susan Knowles, & Rebekah Deal. Front row: Tina Watts, Addie Scronce & Amanda Walker. Not pictured: Niki Hilton, Madison Abernethy



Pictured L to R: Jackie Miller, Seth Watts, Charlotte Pope, Kim Grose, Leah Howell. Front row: Laura DeBoer, Dana Argiro, Katelyn Millisaps, Kelli Vasquez. Not pictured: Kyle Frisbee, Annette Gwaltney, Kelly Ward

Retention Committee

The purpose of the Retention Committee is to address the various needs of the nursing staff to enhance job satisfaction and reduce nursing turnover. We have set goals to decrease nurse turnover, develop and implement a nursing exit survey to evaluate what influences our RN staff to change jobs and what retains them in their current job, and to assist with the roll out of the NDNQI Nurse Satisfaction Survey results to front line staff.

2017 Nursing Graduates

May 2017

Paige Sigmon, BSN, UNC Wilmington
Stacey Thomas, DNP, UNC Greensboro
Kayla Mirtsching, BSN, Lees-McRae
Christine Erickson, MSN, Lenoir-Rhyne
Shanae Gantt, BSN, Western Carolina
Kyle Frisbee, BSN, Lenoir-Rhyne
Kelly Goforth, BSN, UNC Wilmington
Barbara Rauscher, PhD, East Tennessee State
Miranda Wright, BSN, Lees McRae
Terrill Coulter-Davis, MSN, Lenoir-Rhyne
Savannah Sloan, BSN, Western Carolina
Katie Dockery, BSN, Lenoir-Rhyne
Kelsey Allman, BSN, Western Carolina
Diana Wakefield, BSN, Western Carolina
Melissa Rose, BSN, Winston-Salem State
Latosha Smith, BSN, Winston-Salem State
Tiffany Whittington, BSN, Winston-Salem State
Whitney Patterson, DNP, UNC-Charlotte

Nursing Assistants/Techs to RNs

Jamie Johnson, ADN, CVCC
Courtney Nelson, ADN, Western Piedmont
Kasey Bowman, ADN, CVCC
Haley Ewing, ADN, CVCC
Carmen, Caudill, ADN, Caldwell CC
Mindy Rhoney, BSN, Lenoir-Rhyne
Yangnan Emmett, ADN, Caldwell CC



July 2017

Meredith McSwain, BSN, UNC-Wilmington

August 2017

Andrew Honeycutt, BSN, Appalachian
Ashley Masters, BSN, Appalachian
Courtney Williams, BSN, UNC-Wilmington
John Byrd, MSN, Lenoir-Rhyne
Charlotte Pope, MSN, Lenoir-Rhyne
Heather Spencer, BSN, Appalachian
Josh Coffey, BSN, Appalachian
Christy Morgan Stafford, BSN, Appalachian
Amber Thompson, BSN, Appalachian
Jaime Trevorrow, BSN, Appalachian
Justine Hannah, BSN, Appalachian
Bo Homsombath, BSN, Gardner-Webb
Beth McKemy, BSN, Appalachian

December 2017

Lindsay Williams, BSN, Western Carolina
Nicole McDaniel, BSN, Western Carolina
Jessica Propst, BSN, Lees McRae
Suzanne Loftin, MSN, East Carolina
Cindy Benfield, BSN, Western Carolina
Courtney Miller, BSN, Lenoir-Rhyne
Alex Huffman, BSN, Lenoir-Rhyne
Nani Galan, BSN, Western Carolina

2017 New Certifications

Kim Grose, BSN, RN-BC, CCRN, newly certified in Critical Care
Shanae Gantt, RN, PCCN, newly certified in Progressive Care
Tina Slagle, BSN, RN, ACM, newly certified in Accredited Case Manager
Kym Kelley, BSN, RN-BC, newly certified in Med-Surg
Angela Whisenant, MSN, RN-BC, newly certified in Med-Surg
Patrick Lancaster, RN, CCRN, newly certified in Critical Care
Whitney Smith, RN, C-EFM, newly certified in Electric Fetal Monitoring
Jennifer Starnes, RN, CNOR, newly certified in Operating Room
Adam Fincannon, BSN, RN, CCRN, newly certified in Critical Care
Lindsey Walker, BSN, RN, CCRN, newly certified in Critical Care
Laura Queen, BSN, RN-BC, newly certified in Med-Surg
Michael McDonald, RN, CCRN, newly certified in Critical Care
Meredith Place, BSN, RN, ONC, newly certified in Orthopedics
Dana Argiro, BSN, RN, CCRN, CPAN, newly certified in Peri-Anesthesia
Jennifer Forney, RN, C-EFM, newly certified in Electric Fetal Monitoring
Leah Kittrell, RN, C-EFM, newly certified in Electric Fetal Monitoring
Dana Gustin, BSN, RN, C-EFM, newly certified in Electric Fetal Monitoring
Sheila Miles, RN-BC, newly certified in Med-Surg
Josh Coffey, RN, CCRN, newly certified in Critical Care
Rachael Showfety, BSN, RN-BC, newly certified in Med-Surg
Courtney Williams, BSN, RN-BC, newly certified in Med-Surg
Kyle Frisbee, BSN, RN, CCRN, newly certified in Critical Care
Heather Spencer, RN, CCRN, newly certified in Critical Care
Sara Rice, BSN, RNC-LRN, newly certified in Low Risk Neonatal
Amanda Templeton, RNC, LRN, newly certified in Low Risk Neonatal
Erica May, RN-BC, newly certified in Med-Surg



2017 New Certifications, cont.

Lindsay Williams, RN, PCCN, newly certified in Progressive Care

Kelly Phillips, RN, C-EFM, newly certified in Electric Fetal Monitoring

Megan Jaynes, BSN, RN, C-EFM, newly certified in Electric Fetal Monitoring

Whitney Dietz Beal, BSN, RNC-NIC, newly certified in Neonatal Intensive Care

Nasin See, BSN, RN, OCN, newly certified in Oncology

Emily Harwell, BSN, RN-BC, newly certified in Med-Surg

Lindsay Lewis, BSN, RN-BC, newly certified in Med-Surg

Chelsey Bumgarner, BSN, RN-BC, newly certified in Psychiatry

Debra Pitts, RN-BC, newly certified in Med-Surg

Dannelle, Hester, BSN, RN, CLE, IBCLC, new certified in IBCLC

Misty Hall, RN-BC, newly certified in Med-Surg

Alicia Fortner, BSN, RN, CPEN, newly certified in Pediatric Emergency

Kelly Byrd, RN, CPEN, newly certified in Pediatric Emergency

Lauren Marksberry, BSN, RNC-LRN, newly certified in Low Risk Neonatal

Laura Miller, RN, PCCN, newly certified in Progressive Care

Heather Hubbard, BSN, RN, PCCN, newly certified in Progressive Care

Linda Lail, BSN, RN, CPEN, newly certified in Pediatric Emergency

Britney Spaeth, BSN, RN-BC, newly certified in Med-Surg

Misty Oxentine, MSN, RN-BC, newly certified in Nursing Professional Development

Candy Ashburn, RN, CMSRN, newly certified in Med-Surg from AMSN

Chastan Watts, RN-BC, newly certified in Med-Surg



At the close of 2017, **70%** of CVMC nurses were Nationally Certified!!

R.I.S.E. Recognizing Improvement and Sustaining Excellence

The Nursing Recognition Committee would like to congratulate PACU nursing staff on being recipients of the 2016-2017 R.I.S.E. (Recognizing Improvement and Sustaining Excellence) Award. The R.I.S.E. Award was initiated by the Nurse Practice Council in 2015 to recognize nursing units that showed the most improvement for their selected indicators on their scorecards. The scorecards are divided into sections based on CVMC's nursing model: Science of Nursing, Art of Nursing and Person/Patient Perspective. A scoring system was developed to provide points for those indicators that met or exceeded the goal. A higher weighted score was given to the clinical and patient experience indicators (45% each) as compared to the Art of Nursing indicators (10%).

PACU was successful in achieving the highest number of points possible for selected indicators on their R.I.S.E. scorecard. They achieved and sustained their goal for the following clinical indicators: 1) reviewing and individualizing the plan of care and 2) time for phase I PACU stay. In addition, for the art of nursing, they reached their goal of certified nurses and had 100% PEP completion. Laura DeBoer, RN, BSN, CPAN, CAPA, Resource & Professional Development Coordinator for PACU stated "This confirms what an amazing staff we have in PACU. Each nurse helped to contribute to our department winning this award."



Pictured L-R: Paul Packard, Cathey Angel, Carmen Ivan, Teresa Shook, Mary Killian, Laura DeBoer, Julie Collins, Ashley McGuire, Holli Jenkins

Clinical Care Council

In 2017, the Patient Care Coordinators Council evolved into the Clinical Care Council, reporting through Nurse Executive Council. The purpose of this council is to provide a venue for collaboration amongst the Patient Care managers, Clinical Care Managers and Patient Care Coordinators throughout the acute care environment. Focusing on enhancing the quality of patient care through clinical expertise and serving as a resource in evaluating patient care outcomes and guiding evidence based nursing care. The council facilitates activities and provides a forum for fostering interdisciplinary relationships to provide optimal patient care.

Lead by Stephanie Chapman, Med-Surg Administrator and Jonell Fields, Transitions of Care Manager, the council has developed a roadmap of quality indicators, framing the focus of the council. Topics include: HCAHPS: Discharge Information and Care Transitions, Discharge Folder Audits, Stroke, Heart Failure, Sepsis, Inpatient Quality Measures, Restraints, Flu Vaccine and Patient Flow all examined with the goal of closing the quality-to-practice gap at CVMC.

Professional Development Coordinators Council



The Professional Development Coordinators are constantly striving to provide and encourage professional development of nurses at CVMC through specialty certification and obtaining higher degrees. In 2017, 55% of nursing units increased or maintained their certification rates and 70% increased or maintained BSN or higher rates.

The **Medical, Orthopedic, and Oncology** Unit certification rates were 90% or greater at the close of 2017!!

Lead by Misty Oxentine, Director of Nursing Education, the group concentrates on Onboarding/ Orientation, Competency Management, Education, Role Development, and Collaborative Partnerships.

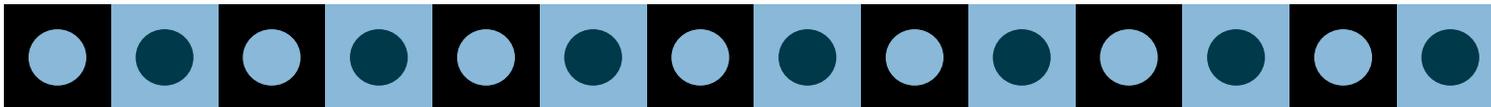


Nurse Executive Council

The Nurse Executive Council members include the Chief Nursing Officer, Nursing Vice Presidents, and Nurse Administrators from the Emergency Department, Surgical Suite, Health Informatics, Women & Children Services, Medical/Surgical/Oncology, Rehabilitation & Wellness Services, Psychiatry, and the Director of Professional Nursing Practice. The council meets weekly to discuss and make decisions on nurse related topics.

Accomplishments of 2017 include:

- Restructured the council along with name change (previously Nurse Leadership Council)
- Developed a RN hire spreadsheet to track data for RNs that are terminated or move within departments in the hospital
- Facilitated a group of directors to examine the use of registry, IRT practices and new grad hiring recommendation. Out of this group came a request for 13 new grads for FY18-19 that was approved by executive leadership. Also, bonus guidelines were reviewed from area hospitals with a TAG formed to review and make a proposal to executive leadership for a more formal bonus structure to proactively staff patient care areas and decrease the use of incentive pay, overtime and contract staffing
- Increased PEP incentives for nurse participation in the community
- Revised Shared Governance Model by dissolving the Nurse Practice Council and developed additional opportunities for staff nurse involvement by opening positions in PI councils, Retention, Recognition, and Recruitment committees, and Unit Based Shared Governance..
- Updated the Nursing Strategic Plan and revised the roadmap for reporting structure for each item on the strategic plan



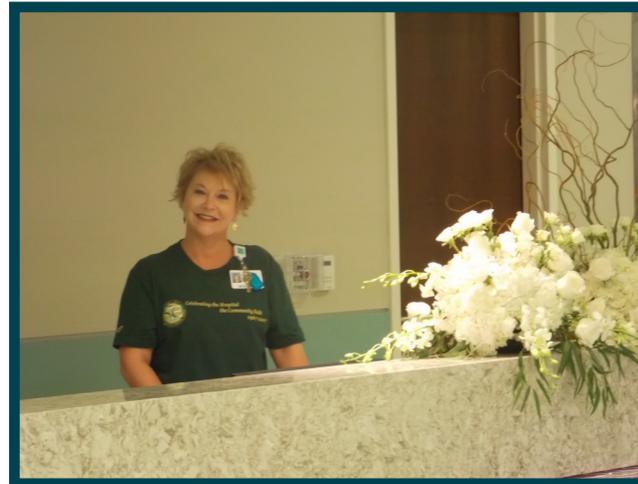
Project Management

A Glimpse from Ginger Biggerstaff

Project management has emerged as a prominent business skill set in healthcare which benefits the organization by building or strengthening interprofessional relationships, managing costs, mitigating risk, and producing outcomes.

The project manager role is to understand the scope and efforts required to guide others (at all levels within the organization) through the various project phases. Having a Project Manager who can truly partner with key stakeholders prevents project efforts from being derailed and keeps a team aligned around the objectives. The value of having a strong leader as well as a facilitator for a project cannot be understated.

Project management has been embraced at CVMC and demonstrated by the development of Project Manager roles. As the Project Manager supporting the Executive Leadership Team, I have been charged with managing various clinical and non-clinical projects. Preparation for this position not only included my education and professional certification but more importantly, clinical experience gained through various roles held within the organization over the past 28 years including that of a direct care nurse, unit coordinator, AOD and director of education and health outreach programs. Skill sets gained through leadership development activities, facilitation training, graduate level precepting, mentoring and most importantly, being receptive to being coached & learning from peers, have strengthened my capabilities for building trust and sustaining relationships which I foresee as critical to producing successful project outcomes.



With having a clinical background, it is especially exciting to support and partner with nurse leaders to help them manage their projects. In fact, the project management methodology I've chosen to use mimics the nursing process. Why not? It seems natural to me, is a scientific approach to problem solving and is a framework easily understood among disciplines.

Project Management, cont.

Assess

- Develop a project scope thru collection of information and data
- Determine the problem based on the 'current state' and stakeholders' readiness for improvement

Plan/Design

- Develop an action plan to meet the future goal which includes the project schedule, tasks, deliverables, stakeholders, resources, strategies for risk mitigation, cost control and measurable outcomes
- Incorporate evidenced-based research and best practices

Implement

- Execute the action plan to achieve specific goals ('future state') while concurrently monitoring to mitigate unforeseen risks

Evaluate/Monitor

- Determine if the goal was met
- Reflect on lessons learned
- Maintain a sustainable product evidenced by its value to the organization

At Catawba Valley Health System, clinical and non-clinical project teams have proven to be committed to delivering value-added products. Listed are projects which were completed &/or implemented during fiscal year 2016-2017.

- 50th Anniversary Celebration and History Program
- Braun IVP Phase 2: DOSETRAC Software Implementation
- ED/Cardiology Services Renovation/Build - Design
- Intranet Re-Engineering
- Internet Re-Engineering
- Magnet Re-Designation
- Meaningful Use Stage 3
- Meditech BedBoard Dictionary Re-Build, Patient Flow Improvement (Phase I)
- Nova Glucose Meter Implementation

Professional Enrichment Program

The Professional Enrichment Program (PEP) at CVMC is a structured process used to recognize and reward nurses who voluntarily demonstrate individual advancement in the nursing profession through activities that promote the CVMC Nursing Professional Practice Model and the nursing strategic plan. Goals of the program include advanced nursing education, board certification, improvements in nursing practice through research, evidenced based practice and performance improvement activities, participation in decision making and professional growth and development. The 2016-2017 PEP Cycle was very successful!

2016-2017 PEP Cycle Stats:

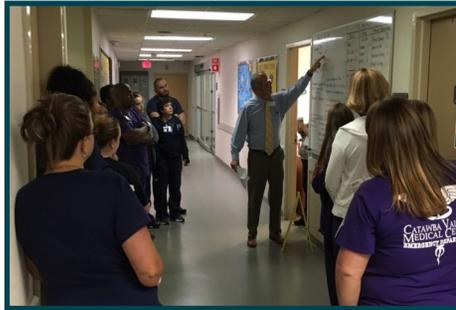
- 380 RNs applied to participate (68%)
- 281 RNs submitted a PEP portfolio of the 367 eligible RNs (77% participation rate)
- Monetary awards totaled **\$231,348** to PEP participants

Approved Provider Unit

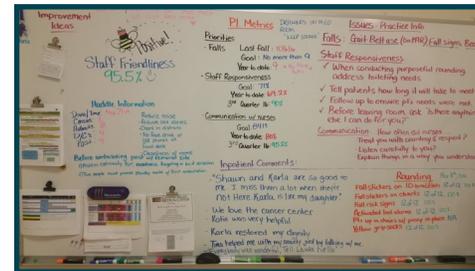
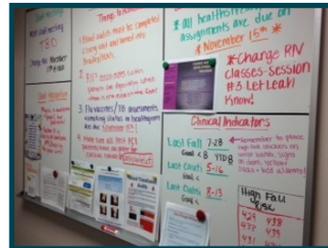
In 2017, the Approved Provider Unit at CVMC offered 227 educational events to 2069 participants. The grand total of individual contact hours was **6841.25!!** **Patty Tucker, MSN, RN-BC** is the Lead Nurse Planner. Other Nurse Planners include **Ann Moore, MSN, RN-BC, CEN**, **Beth Rudisill, MSN, RN-BC**, **Rose Cook, MSN, RN, ONC**, **Misty Oxentine, MSN, RN-BC**, and **Hillery Thacker, MSN, RNC, LRN**.

CVMC, Department of Organizational Learning, is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Nursing Utilizing LEAN



Huddle boards continued to be implemented throughout nursing units to improve communication, discuss the plan for the day, discuss safety concerns, professional development opportunities, review Performance Improvement/Quality Metrics, recognize staff, and discuss improvement ideas. The standard for huddle is to be conducted each shift, real time, and each member of the team is involved with the opportunity to provide input and recommendations.



The Medical Unit began a LEAN project in 2017, evaluating the Care Delivery Model. Adina Andreu, CNO, led the interdisciplinary team to evaluate delivery of care on the Medical Unit. The project began by collaborating with direct care staff, charge nurses, and nursing assistants to establish a value stream of a typical day on the unit. Staff were observed by hospital administration to examine workflow. A core group of six nurses and three nursing assistants worked with Adina, Stephanie Chapman, MSN, RN, NEA-BC, COS and Medical Unit leadership to develop a team-based care delivery model. The new model is expected to be rolled out sometime in 2018. Stay tuned!



Community Partner

Catawba Valley Medical Center and Catawba County Schools have co-sponsored the Health Career Summer Internship Program for the last 26 years. This program requires the student applicant to participate in a formal interview and, once selected, participate in activities that include 70 contact hours of presentation, tours/ observations, and clinical internship experiences .

Patty Tucker, Education Compliance Coordinator in Organizational Learning, has overseen this student-centered program for many years and each year has seen the benefits of investing in students. Because of her creative approach to coordinating the summer program's activities, these summer interns have had the opportunity to explore healthcare careers in which they have an interest, giving them first-hand exposure to their potential future career. We are excited to say that many of the students that have participated in this program are now long-term employees at CVMC and are now paying it forward by mentoring high school students.

Organizational Learning hopes that you sense the excitement we have for students. We enjoy the collaboration we have with the community and look forward to continuing to be a student advocate and offering student experiences in the future. We believe that time spent with students is an investment in our community's future.



Pictured Left:
Patty Tucker
with an intern.



Right Upper:
Holly Humphries
tours the interns in the
OR.



Ann Moore tours the interns in the ED



Right Lower:
Interns smile
with the
Neonatal
Transport Truck



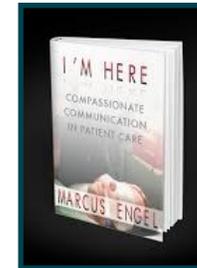
The Patient Perspective

It is not how much you do,
but how much love you put in
the doing."

Mother Teresa

Patient Experience

Star Preceptors and Professional Development Coordinators participated in a book club during the summer of 2017 to reflect on patient experience. Sonya Fleming, The Director of Patient Experience, facilitated the learning, which consisted of a ten-week discussion board regarding the book, “I’m Here, Compassionate Communication in Patient Care” by Marcus Engel. The book is an excellent example of the patient’s perspective and a reminder of the impact that those in healthcare have through their interactions with their patients.



Patient Experience week was April 24-28. A number of activities occurred during that week:

- The C.A.R.E. Channel was introduced to hospital staff
- The Human Connection Challenge
- Contest: What’s Your Story?
- Webinar from The Beryl Institute: Employee Engagement: A Central Driver in Your Patient Experience Efforts
- Traveling Photo Frame



Celebration Bell Donated by Melanie Lutz, MSN, RN, OCN

A celebration bell has been placed in the Infusion Center for patients to ring on their last day of treatment. This is a practice in many cancer centers across the nation as a way to signify the end of active treatment and celebrate with other patients and staff. The bell has quickly become a treasured moment for everyone. All of the patients get a morale boost when someone else finishes treatment and anxiously await their turn.

Melanie Lutz, RN, donated the bell in memory of her mother, Joyce Lineberger, who lost her short battle against lung cancer in 2008 at the young age of 62.



Events in 2017

Solar Eclipse

A total solar Eclipse took place on Monday, August 21, 2017. CVMC Nurses enjoyed taking a few minutes from their busy day to witness the event. Eclipse glasses were on hand as well as innovation using saltine crackers, tape and straws!



CVMC Turns 50!

CVMC celebrated in style with a number of fun activities!





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