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Once again, Novant Health Thomasville Medical Center nurses have demonstrated their commitment to nursing excellence. This annual report is only a small document of the accomplishments for the year 2013; however it should give us a sense of magnitude in the progress that has been made.

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2013 hospital statistics

In 2013, Novant Health Thomasville Medical Center and the division of nursing

- Discharged 4,209 patients
- Had 24,331 total patient days
- Delivered 556 babies
- Treated 35,991 patients through the emergency department
- Performed 4,057 surgeries

Novant Health Thomasville Medical Center was awarded ISO Certification through DNV (Det Norske Veritas) Healthcare. ISO Certification reflects successful implementation of a quality management system that is built to increase efficacy and predictability, as well as eliminate waste and duplication. Novant Health Thomasville Medical Center is the second hospital in North Carolina to achieve this certification.

“Feel Good Friday” was unveiled at Novant Health Thomasville Medical Center. This complimentary program features volunteers who are willing to provide different services for cancer patients such as manicures, hair care, massages and even making crafts. Feel Good Friday is open to all cancer patients as well as their caregivers.

Novant Health Thomasville Medical Center has earned The Joint Commission’s Gold Seal of Approval for its chronic obstructive pulmonary disease program. This certification award recognizes healthcare facilities’ dedication to continuous compliance with The Joint Commission’s state-of-the-art standards. Novant Health Thomasville Medical Center is proud to be the first hospital in the state of North Carolina and the eighth hospital in the nation to achieve this certification.
Dear nursing staff, partner colleagues, patients, families and community members:

I am ecstatic to introduce our fourth nursing annual report! We have a lot to reflect on given the challenges that we continue to face in healthcare. Nursing is all about navigating our patients through their most vulnerable life moments, which requires both skill and compassion. Our nursing practice model, Duffy’s Quality-Caring Model, provides us the foundation to provide this crucial yet delicate care balance in order to provide the remarkable patient experience. It is undeniable that 2013 was a very challenging year for our nurses and the organization as a whole, yet I continue to be amazed at how we continue to rise above these challenges and attain remarkable successes.

You may ask, “In what way are you ‘rising above’ challenges?” Well...

Novant Health Thomasville Medical Center (NHTMC) has completed our fifth year of shared governance, which is evident in the massive improvements we have sustained. Our UCIC/DCIC Leaders Group has transformed to become Service Excellence Leadership Group (SELG), which gives this team a more hands-on focus towards staff-driven change at the unit level. SELG, in collaboration with Physician Facilitated Practice Council (PFPC) and Professional Practice and Development Council (PPDC), produced the PUSH campaign, which is designed to move us closer to Novant Health’s promise by encouraging staff members to use every opportunity to build authentic, long-lasting relationships with those we serve.

2013 also marked adoption of the care team model for our inpatient units and geriatric behavioral health services, with the ultimate goal to return nurses to the patient bedside 70 percent of the time. Measurements from this adoption showed an increase from 25 percent of nurses’ time at patient bedside to approximately 55 percent since implementation. Our emergency department and surgical services teams plan to implement their care models in 2014.

Our leadership transformation is well underway as we continue to hire and orient new clinical unit leaders to help return the nurse manager back to the unit 50 percent of his/her time. RN team leader classes have assisted with this successful transition, and we continue to look for pilot opportunities to enhance and stabilize these models of care delivery.

As you can see, nursing and care partners have been extremely busy in 2013. I look forward to celebrating our accomplishments with you and continuing our successes throughout 2014!

Christy Grabus, MBA-MHA, RN
Novant Health Thomasville Medical Center chief nursing officer
Veterans Health Administration

Nurses in leadership positions are required to communicate on many levels to align patient and staff needs, as well as those of the organization. Due to the complexities associated with nurse leadership, Novant Health Thomasville Medical Center continues to offer the Veterans Health Administration (VHA) Nursing Leadership Excellence Series to address the challenges and enhance the roles of directors of nursing, nurse-managers, nursing supervisors and charge nurses. Courses are offered via Web conference with contact hours. The 2013 educational offerings included:

- **Part 1:** Hey, Cupcake! We’re All Leaders!
- **Part 2:** The Nurse Manager’s Role in Reigniting the Spirit of Caring
- **Part 3:** Short on Sleep = Short on Safety: How to Optimize Your Staff or Shift Work
- **Part 4:** Resolving the Disrespect Disconnect
- **Part 5:** Innovative Leadership in the Face of Healthcare Reform
- **Part 6:** Professional Boundaries & Practice in a Facebook Age

NDNQI RN Survey

In October 2013, NHTMC participated in the National Database of Nursing Quality Indicators (NDNQI®) RN Survey to hear the voices of our direct care nurses as it relates to their job satisfaction. The survey measures nurses’ satisfaction with various components of their job roles, which include task, nurse-nurse interaction, decision-making, autonomy, professional status, etc. Weekly competitions and prizes motivated nursing staff and their units to participate in the survey.

**Congratulations to the following units for achieving 70 percent or higher participation rates in 2013.**

- Geriatric behavioral health: 76 percent
- Intensive care unit: 100 percent
- Medical-surgical: 100 percent
- Surgical services: 77 percent
- Women’s center: 95 percent

NDNQI RN survey participation

![NDNQI RN survey participation chart]

Andrew Black, MSN-MHA, RN
The Magnet Recognition Program considers organizational structure, personnel policies and programs, the healthcare organization’s partnerships with the community and professional development practices as elements of structural empowerment. These elements are vital for the professional practice of nursing because the practice environment influences nurses' ability to achieve positive outcomes. Like the American Nurses Association Code of Ethics, Magnet recognizes that education, practice, administration and new knowledge development are interdependent. Having an environment that promotes education, professional development and community involvement maximizes nurses’ effectiveness.
Educational accomplishments

Nursing is a rigorous discipline that requires updated information on a regular basis to ensure the best possible care is provided to patients. Achieving nursing excellence requires a commitment to professional development and continuous learning. Through support and encouragement, we have been able to assist staff in advancing their education. The following nurses completed their educational programs in 2013.

**Licensed Practical Nurse**
- Amanda Glann – Geriatric behavioral health
- Brooke Hedrick – CDU

**Associate Degree in Nursing**
- Melanie Brown – Geriatric behavioral health
- Jill Hamm – Geriatric behavioral health
- Maggie Jones – Geriatric behavioral health
- Amy Joyce – Geriatric behavioral health
- Felicia McDonald – Medical-surgical
- Cassandra Parrish – Geriatric behavioral health
- Barbara Ward – ICU
- Melissa Whitt – Medical-surgical

**Bachelor of Science in Nursing**
- Krystal Freeman – Women’s services
- Jena Gaither – Medical-surgical
- Luci Hilton – Clinical improvement
- Jeanine Hutchinson – Surgical services
- Sharon Jones – Geriatric behavioral health
- Kailee Scott – CDU
- Courtney Yates – Women’s services

**Master of Science in Nursing**
- Anne Marie Mukamana – CDU
- Jennifer Whitaker – ICU
- Jo Waugh – Employee health

Professional certifications

Professional certifications imply professionalism and accomplishments within specialty areas of the profession of nursing. As healthcare resources become scarce, professionalism and expertise of certified nurses are invaluable to our patients and peers. Certification is the natural evolution of the nursing profession as it plays an important role in the assurance of high patient standards of care and better outcomes. To encourage certification of more nurses, NHTMC is allowing nurses to request up-front payment for associated application and exam fees.

Let’s applaud our nurses for obtaining and maintaining their professional certifications.

**Certified ambulatory perianesthesia nurse**
- Angie Kearns – Surgical services
- Vicky Williams – Surgical services

**Certified case manager**
- Jerri Allen-Gilliam – Clinical improvement
- Alicia Heintzelman – Surgical services

**Certified critical care registered nurse**
- Peter Schwartz – NRT

**Certified emergency nurse**
- Rhonda Cranford – Emergency department
- Lou Hawkins – Emergency department
- Amy Gunter Helms – Emergency department
- Donna Kirby – Emergency department
- Lisa Williams – Emergency department

**Certified gastroenterology**
- Jennifer Grayson – Emergency department

**Certified infection prevention**
- Martha Musselman – Clinical improvement

**Certified inpatient obstetrics**
- Melody Hill – Women’s services
- Michelle Lamacchia – Women’s services
• Stephanie Lindsey – Women’s services
• Shannon Toler – Women’s services

Certified maternal/newborn nurse
• Trisha Garner – Women's services
• Krystal Freeman – Women’s services
• Tracy Hicks – Women’s services
• Annette Odom – Women’s services

Certified medical surgical registered nurse
• Robin Ball – CDU
• Sherry Clay – CDU
• Melanie Craver – Administration
• Tatum Pope – Medical-surgical
• Betsy Williams – Administration

Certified nurse, operating room
• Rhonda Everhart – Surgical services
• Tammy Hedrick – Surgical services
• Karen Pledger – Surgical services
• Lynn Russell – Surgical services

Certified pediatric nurse
• Lanita Doub – NPER

Certified healthcare quality
• Martha Musselman – Clinical improvement

Certified radiology nurse
• Kathy Gwyn – Radiology

Family Nurse Practitioner
• Alice Griffin – Geriatric behavioral health

International lactation consultant
• Annette Odom – Women’s services

Low risk neonatal nurse
• Jo Cheever – Women’s services

Nurse executive certification
• Christy Grabus – Administration
• Elizabeth Parnell – Administration
• Elizabeth Warden – Education

Sexual assault nurse examiner
• Rhonda Ayers – Emergency department
• Christina Gallimore – Emergency department/ICU
• Amy Gunter Helms – Emergency department
• Dawn McClamrock – CDU
• Maxine Tatum – Emergency department

Professional organizations
Professional nursing organizations are fundamental in advancing the role of nursing and healthcare. The American Nurses Association (ANA) advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive view of nursing, and lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public. ANA is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent member nurses associations and its organizational affiliates. This association also originated and maintains the Code of Ethics for Nurses to shape the future of the profession.

Being a constituent member of the ANA, the North Carolina Nurses Association (NCNA) has been the voice of North Carolina’s nurses since 1902 and continues to lead the charge in the quest of keeping local nurses on the cutting edge of nursing policy, legislation, education and practice. NHTMC continues to host NCNA District 9 meetings on site to heighten our nurses’ awareness and increase membership.

• Marcy Shipwash, RN, BSN – NCNA program coordinator for Novant Health Thomasville Medical Center
Leadership roles in professional organizations

There are some nurses who have chosen to pursue leadership positions in various professional organizations. This involvement allows nurses the opportunity to influence the decisions made at the national and state level that affect the practice of nursing and advance the nursing profession.

Association of Occupational Health Nursing
- JoElla Waugh – Treasurer, NC Chapter

Association of Infection Preventionist
- JoElla Waugh – Treasurer, NC Chapter

North Carolina Association of Healthcare Quality
- Martha Musselman – Secretary

North Carolina Nurses Association
- Romona Carver – Associate regional director
- Christa Gallimore – Treasurer, District 9
- Angie Kearns – Regional advisory council, Triad region
- Lynn Russell – Nominating committee, Triad region

North Carolina Bariatric Nurses Association
- Christy Grabus – Founding member

Radiology and Imaging Nursing
- Kathy Gwyn – Member at large, Carolina chapter

Enhancing the image of nurses
Awards and honors

NHTMC values and promotes the commitment to life-long learning and continuous personal and professional development. Nursing involvement throughout the organization and the community enhances the image of the profession and improves patient outcomes. Amazing nurses demonstrating their specialized knowledge contributes to incredible care. Nurses are recognized in various ways for their accomplishments.

Thomasville Terrific 10!

NHTMC continues to honor nurses who go beyond the call of duty through an internal recognition program, Thomasville Terrific 10! An elegant celebration was hosted at Colonial Country Club of Thomasville where the recipients were praised for their dedication to service. Christy Grabus, MSN, RN, was the keynote speaker.

2013 winners were:
- Dorothy Carroll, RN – Women’s services
- Lanita Doub, RN – NPER
- Melody Hill, RN – Women’s services
- Angie Kearns, RN – Surgical services
- Michelle Lamacchia, RN – Women’s services
- Stephanie Lindsey, RN – Women’s services
- Kathy Michael – Surgical services
- Annette Odom, RN – Women’s services
- Lynn Russell, RN – Surgical services
- Shannon Toler, RN – Women’s services
Remarkable 45!

By tradition, the Greater Winston-Salem Market of Novant Health honored several nurses and nurse leaders for their professionalism and leadership. A celebration was hosted at Novant Health Forsyth Medical Center’s Conference Center to pay homage to the recipients for their commitment to the profession of nursing and continuance to provide remarkable service. Keynote speaker, Jim Swauger, PhD, saluted nurses for making a difference in his care while going through a life-changing illness.

The winners from Novant Health Thomasville Medical Center in 2013 were:

- Jerri Allen-Gilliam, RN – NPER
- Lanita Doub, RN – NPER
- Krystal Freeman, RN – Women’s services
- Shannon Toler, RN – Women’s services

North Carolina Great 100

The Great 100, Inc. is a grassroots organization with a mission to recognize Nursing Excellence and provide scholarships for Nursing Education in North Carolina. This organization depends on peer nominations to identify deserving nurses who make a difference in their community and professional setting.

The NHTMC nursing winners in 2013 were:

- Jerri Allen-Gilliam, RN – NPER
- Ann Hardy, RN – Surgical services

Career Ladder

The Career Ladder program provides a professional framework for developing, evaluating, promoting and rewarding nurses who are direct caregivers. Nurses begin as a Level I nurse upon employment and automatically advance to Level II after completing orientation. Career Ladder advancement is achieved by documenting continuing education, attainment of specialty certifications, and participation in hospital councils and/or community events. Nurses must submit a portfolio each year to maintain advancement. Participation is voluntary. Please congratulate the following nurses who advanced to Levels III or IV in 2013.

- Robin Ball, RN – CDU
- Rhonda Cranford, RN – Emergency department
- Krystal Freeman, RN – Women’s services
- Kathy Gwyn, RN – Radiology
- Melody Hill, RN – Women’s services
- Kathy Hunt, RN – Geriatric behavioral health
- Tracy Hicks, RN – Women’s services
- Michelle Lammachia, RN – Women’s services
- Stephanie Lindsey, RN – Women’s services
- Karen Pledger, RN – Surgical services
- Melony Seay, RN – Women’s services
Circle of Excellence

Another way to recognize nurses is through nomination to Circle of Excellence. Circle of Excellence is a program designed to recognized employees who demonstrate excellence and work to provide a remarkable patient experience in every dimension, every time.

These employees consistently exceed in demonstrating Novant Health’s core values of compassion, personal excellence, teamwork and diversity in his/her daily work.

- Sherry Clay, RN – CDU

Committed to community involvement

NHTMC recognizes our nurses’ loyalty to the hospital and their full dedication to our patients and families. Many of our nurses go above and beyond their job duties by supporting local, national and international causalities.

- **Emergency department nurses** collaborated with Davidson County Schools, Police and County emergency management to conduct an Active Shooter Drill
- **Geriatric behavioral health nurses** participated in the Senior Games by providing food for the elderly
- **ICU nurses** collected and delivered food to a local family over the holidays
- **Vicky Williams, RN** provided assistance with winter heating by chopping and transporting wood to members of the community
- **Women’s services** hosted Ladies’ Night Out, to educate new moms and combat childhood obesity. This event focused on local fitness, fashion, beauty, and free health screenings for women

Our nurses also participated in several Novant Health Thomasville Medical Center-sponsored events to help raise funds and awareness surrounding health needs in our communities. These include:

- Bush Hill Festival
- Children at Play Initiative
- Spring Daze
- Area school career days
- Doozie Run for Family Services of Davidson County
- Numerous church/civic group health fairs
- Thomasville Christmas Parade
- Day of Dance for the heart
- Denton Fall Festival
- Everybody’s Day Festival
- Juvenile Diabetes Research Foundation Walk for the Cure
- Lexington Spring Daze
- March of Dimes
- Alzheimer’s Longest Day
- EMS day celebration
- MLK Health Fair
- Relay for Life
- Susan G. Komen Race for the Cure
- Transformation Nation Triad
- United Way

Medical mission trips aim to deliver care to areas of the world where it is non-existent. Reasons for a shortage of medical care in these areas can include armed conflict, poverty, a natural disaster or an epidemic. NHTMC’s Medical Outreach Scholarship program exists to assist staff in pursuing opportunities to provide medical care to individuals throughout the world in need of care.

- **Stacy Gaines – Surgical services, Nicaragua**
- **Tammy Hedrick – Surgical services, Nicaragua**
Exemplary professional practice

Exemplary Professional Practice requires nurses to have a comprehensive understanding of their role and how to apply it to patients, families, communities and the interdisciplinary team. The goal of this component of Magnet is not just to establish a strong professional practice, but also to explore what the professional practice can achieve. Nurses at NHTMC strive for exemplary practice, which facilitates turning our vision of healing ourselves and those we serve through advocacy, collaboration, and caring using knowledge as our foundation and love as our driving force, into a reality. In 2013, we have acted on a range of initiatives to ensure that we provide the best quality nursing service to transform patient care.
Transforming care

The transformation plan was born from the Novant Health Strategic Planning process and the future vision of Novant Health. Implementations of Bundle One Solutions were tools to assist staff in providing predictable care for patients and their loved ones. The concept of transformation affords true collaboration and effective decision making among healthcare workers that results in better clinical outcomes. Novant Health promotes conscious awareness of how transformation ties into the six elements of the Remarkable Patient Experience:

- Quality
- Authentic personalized relationships
- Safety
- Voice and choice
- Affordability
- Easy for me

NHTMC believes that transformation initiatives will enhance care delivery and elevate the practice of healthcare professionals.

Safety continues to be a primary focus of NHTMC as we pride ourselves on ensuring that our patients are cared for in a safe environment. Knowing that excellent hand hygiene practices are shown to significantly reduce all infection rates, NHTMC revitalized the hand hygiene program by developing the KISS campaign to remind staff to “Kick Infections, Stop the Spread.” The campaign involved hand hygiene champions holding staff accountable by giving the hand signal “five” when a coworker was observed not using appropriate hand hygiene or PPE. Auditors reward staff with Hershey kisses for observed compliance with hand hygiene or PPE. NHTMC’s hand hygiene rates have been 100% and PPE 95% since implementation of KISS.

NHTMC’s emphasis on quality continues through the expansion of Quality Core Measures to outpatient measures, such as “ED Throughput,” which has a goal to provide appropriate and safe care in a timely manner. Taking CMS goal of 43 minutes of ED admit decision to departure time into account, TMC’s ED Throughput Group implemented ED Provider in Triage, Bed Ahead Process, and Bridge Orders for admissions to reach this goal. NHTMC was able to decrease the admit decision to departure time from 90 minutes to 70 minutes; showing 22% reduction in 2013.

Inpatient ED metrics 2012-2013

- ED-1b median time from ED arrival to ED departure for admitted ED patients – reporting measure
- ED-2b admit decision time to ED departure for admitted patients – reporting measure
Case management

NHTMC continues to be deeply committed to improving care transitions for patients at risk of being readmitted to an acute care facility within 30 days of discharge from the hospital by offering NHTMC to Home Program. The NHTMC to Home Program includes participation in the CCTP Medicare Demonstration Project known as ANCHOR (Actively Navigating Care at Home to Overcome Readmissions).

The case management department employs a full-time outpatient case manager that meets with the identified hospitalized patient and their family/caregiver to introduce the program and engage them in the enrollment process. The outpatient case manager’s role is designed to provide support post discharge to the enrollee by making an initial home visit and follow-up phone calls. The program seeks to identify individual needs and remove any gaps or barriers to care, including medication compliance, social, economic, and educational barriers, which might negatively impact their health. Participants might have one of the following diagnoses including, but not limited to; congestive heart failure (CHF), myocardial infarction (MI), pneumonia, chronic obstructive pulmonary disease (COPD) and diabetes. Disease specific education and referrals to appropriate programs or available community resources are key components of this program.

Most recent readmission data calculated using CMS (Medicare Fee for Service) Hospital Wide All Cause 30 day Readmission methodology shows a reduction in readmissions at NHTMC from 8.3% to 4.1%.

Departmental best practices

Emergency department

Visiting an emergency department can seem like an extended care in purgatory due to the high demand for services, increased visits, overuse and misuse of services and escalating healthcare costs. Results of this situation are that emergency departments are overcrowded, patients are experiencing long wait times, admitted patients are being boarded, and patients in need of emergency medical care are leaving without treatment.

In essence of this crisis, NHTMC’s emergency department has looked at a variety of initiatives that would enhance length of stay (LOS) from admissions to discharges. One quality improvement initiative was implemented to improve patient flow through the emergency department by redesigning the triage process to increase the efficiency and timeliness of initial patient contact with a licensed medical provider in an effort to decrease the average LOS for patients being discharged from the emergency department. To accomplish these goals, an emergency department provider was reallocated to the triage area to expedite the evaluation of patients, implement standing orders, and initiate diagnostic studies. By December 2013, the emergency department’s LOS decreased from 153 minutes to 121 minutes. Emergency department staff members continue to evaluate methods to further decrease the LOS for discharges in accordance to CMS benchmark of 93 minutes.
Outpatient ED metrics 2012-2013

- **2/12:** Initial team meeting
- **5/12:** Emergency department standing orders initiated
- **6/13:** Construction of secured BH ED rooms completed
- **7/13:** Provider in triage
- **11/13:** "PAD" go-live

**OP 18-b median time from ED arrival to ED departure for discharged ED patients - reporting**

**OP 20 door to diagnostic evaluator by a qualified medical personnel**
Geriatric behavioral health

Geriatric behavioral health staff members understand that aging can bring complex challenges physically, emotionally and cognitively. As the average lifespan steadily increases in the United States, the number of elderly requiring healthcare continues to grow which has been just cause for geriatric behavioral health to expand twice in the last two years to accommodate the growing need to treat patients older than 55 years of age. Recognizing that the provision of comprehensive, coordinated care offers the best quality of life prompted geriatric behavioral health to take a creative multidisciplinary approach when caring for the elderly.

One creative approach was Drumming Therapy, which is a method of utilizing the natural power of rhythm and music for healing to an individual or group. This intervention is offered during recreational therapy groups or in 1 to 1 sessions, beginning with a brief introduction about the origins of drums and ways to invoke sound. Geriatric behavioral health patients are given a few warm up exercises to complete along with a traditional African Rhythm.

The group therapy sessions last anywhere from 30 minutes to an hour and involve teaching patients, who are grouped according to their function level, therapeutic rhythm techniques that can reduce anxiety and stress, lower blood pressure, help boost the immune system and promote the production of endorphins, the body’s natural painkillers. Patients participate in the therapy at least once a week in groups from four to 15 people.

Since implementing this approach, geriatric behavioral health has noticed positive patient outcomes related to depression (GDSP), cognitive function (MMSE), and behavioral problems (PDRS).

GBHC 2013 patient outcomes
Intensive Care Unit (ICU)

According to the Journal of Healthcare Management, the strongest influence on patient satisfaction scores is nursing care with a direct link to nursing engagement. This reality is what prompted ICU staff to initiate a process improvement plan called, “Family Ties,” in an effort to increase customer satisfaction by enhancing communication with patients’ primary contact persons. ICU chose to track three questions from National Research Corporation (NRC):

1. During the hospital stay, how often did nurses listen carefully to you?
2. During the hospital stay, how often did you have confidence and trust in the nurses treating you?
3. During this hospital stay, did nurses discuss your worries or concerns with you?

Specific interventions included reviewing customer satisfaction scores during monthly staff meetings, defining a specific time that ICU staff would communicate with patients’ identified support persons, designing a script for staff to educate families, and performing random chart audits to monitor staff compliance. Since implementation, ICU’s customer satisfaction scores have increased to greater than the 80th percentile in all three questions.

Medical-surgical

Discharging patients from the hospital is a complex process that is fraught with challenges ranging from waiting on MD consults, patient transportation, and staff responsibilities. Medical-surgical noted that these challenges surmounted to patient discharges taking an average of 4 hours to complete. To counteract this issue, nursing leaders began to study the time of day when patient discharges were most prevalent and designate an admission/discharge nurse to work in conjunction with the lead nurse.

The lead nurse attended daily care conferences to discuss patient status with interdisciplinary staff and relay patient updates to his/her team. Once care conference ended, the lead nurse communicated anticipated discharges to the admission/discharge nurse who then proceeded to contact the MD to obtain information on new medications, discharge orders, and prescriptions. Since implementing the admission/discharge nurse, the average time discharge orders are written to patient departure was 2.49 hours; which is a decrease of approximately 40 percent.

ICU family ties

[Graph showing customer satisfaction scores over time]
Surgical services

Value Analysis (VA) is considered to be an organized approach to improving the profitability of product applications by utilizing many different techniques in order to achieve this objective. Value analysis teams (VAT) have experienced great success in saving money for healthcare organizations. Surgical services established a Value Analysis Team (VAT) to work creatively with OR staff, physicians and sales representatives in an effort to provide cost savings of supplies and implants.

The plan involved establishing guidelines for introducing and/or changing a product. Sales representatives make an appointment with the leaders to discuss the advantages and cost of a new product along with the name of the requesting surgeon. After the initial appointment, the leader presents the requested product before VAT for approval, disapproval or trial. If approval is given, the sales representative submits the new product to Novant’s MedApprove process. In the event of disapproval, the requesting surgeon may appeal to the OR committee for review. Since the establishment of VAT, Surgical Services has noticed a cost savings and revenue enhancement total of $184,250.55.

Novant Health Women’s Center

Medication errors are a serious public health threat that claims the lives of 44,000 to 98,000 Americans each year. Research has shown that errors occurring earlier in the medication process are more readily detected while very few are caught at the administration stage. Barcoded patient wristbands provide the necessary foundation for preventing errors by ensuring accurate patient information is always available at the point of care. These wristbands also improve the effectiveness of five rights checks for medication administration and provide a platform to extend safeguards to other patient care activities.

Novant Health Women’s Center identified that improvement in patient safety related to medication administration was needed due to infants not having barcode identification. Pre-observations were conducted related to current methods of identification for medication administration. These observations verified that the process of infant identification varied according to the various healthcare providers. Variations included:

- Visualization of the newborns ID bracelet
- Visualization of the crib card
- Visualization of barcode on patient chart
- No identification at all

Observation results caused Women’s Center staff to evaluate options of various bracelets with consideration for newborn skin integrity. Pharmacy and information technology departments were also consulted regarding the feasibility of infant barcode bracelets. Staff members also created a nursery supply kit for bassinets, which included the bracelets. Following implementation of the bar code bracelet, observation results showed that the variations of newborn identifications have substantially changed.
Women’s Center safety initiative

- No identification: 49%
- Visualized chart bar code: 32%
- Visualized crib card: 16%
- Visualized ID bracelet: 3%
- Scanned bar code bracelet: 6%
- Scanned chart bar code: 94%

Did not scan

Women’s Center safety initiative
New knowledge, innovations and research

The fourth component of Magnet Recognition embraces the quest for continual quality improvement. Discoveries regarding patient care improvements can be found through literature reviews, research studies, and participation with other professionals. Knowledge can be shared formally through journal publications and podium presentations, as well as through informal local professional meetings and unit-unit discussions within the same organization. As NHTMC continues on our journey towards Magnet Recognition, it is crucial to demonstrate how we identify patient care issues needing improvement, how we address the issues, and the results that we achieve.
Nursing research completed in 2013

NHTMC Nursing Research Council continues with its five year longitudinal descriptive study titled, “The Impact of Shared Governance at a Small Community Hospital over Time;” which measures the professional practice environment, perception of nursing leadership, nurse empowerment, nurse satisfaction, risk for practice errors, and comfort with evidence-based practice.

In 2013, 166 surveys were distributed to staff members with 89 surveys returned; revealing a 54% return rate. Of those that participated, 93% were RNs, 7% LPNs, 86% were staff nurses and 92% were employed full time. Fifty-two percent of nurses reported no prior experience with shared governance. Average years employed at NHTMC was 6.72 and the average number of years as a nurse was 12.12.

Results have shown a positive correlation between professional practice environment, nursing leadership, shared governance, and work satisfaction for five consecutive years. This means that as the perception of the professional practice environment went up, so did the perception of nursing leadership, shared governance, and work satisfaction. The two variables most predictive of professional practice environment were nursing leadership and shared governance, which are parallel to the results from 2009 to 2013.

Nursing practice environment and nursing satisfaction

Leadership

Shared governance
Podium presentations

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; Swallowing Disorders in the NHTMC GBH Nursing Unit; Catherine Brown, PhD, speech therapy and Daria Kring, PhD, RN, department of nursing practice, education and research

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; Cultivating Professional Growth & Development; Trisha Garner, MHA, RN, women’s services

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; NHTMC to Home; Curtis Reeves, RN, case management

Poster presentations

16th National Mother Baby Conference, Las Vegas, NV; Bloom Where You’ve Been Planted; Trisha Garner, MHA, RN, women’s center

North Carolina Nurses Association 106th Annual Convention, Greensboro, NC; Bloom Where You’ve Been Planted; Trisha Garner, MHA, RN, women’s services

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; Born to Fly; Krystal Freeman, BSN, RN, women’s services

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; Reprocessing and Waste Management for Remarkable Savings; Ann Hardy, BSN, RN, surgical services

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; Safety First: Assuring Newborn Stability While Bonding; Tracy Hicks, RN, women’s services

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; The Flow of Eyes; Angie Kearns, BSN, RN, surgical services

Novant Health Annual Nursing Research Symposium: Winston-Salem, NC; Waste Equals Money; Mickie Warren, RN, Women’s services

Novant Health Thomasville Medical Center Shared Governance Day: Thomasville, NC; Swallowing and the Geriatric Behavioral Health Patient; Cathy Brown, PhD, speech therapy

Novant Health Thomasville Medical Center Shared Governance Day: Thomasville, NC; New Knowledge, Innovation, and Research continued; Grace Faircloth, BSN, RN, geriatric behavioral health

Novant Health Thomasville Medical Center Shared Governance Day: Thomasville, NC; Dehydration and the Geriatric Behavioral Health Patient; Kathy Hunt, RN, geriatric behavioral health

Novant Health Thomasville Medical Center Shared Governance Day: Thomasville, NC; NHTMC to Home; Curtis Reeves, RN, case management
2014 nursing goals

For 2014, new goals and targets have been established to facilitate our journey toward Magnet Recognition.

1 Care Team Role & Development
   - Monitor progress of care model implementation
   - Implement care models for surgical services and emergency department

2 Development of Leader Roles
   - Develop leader education calendar
   - Implement Clinical Unit Leader Role throughout the facility

3 Enhance Recruitment and Retention
   - Retention Team to address staff concerns
   - Fill vacant positions to decrease use of CSSO and eliminate contract labor
   - Develop annual education plan

4 Communication and Change Management
   - Increase number of internal auditors for ISO
   - Develop process to conduct audit throughout the facility

5 Shared Governance
   - Increase engagement and participation in Shared Governance Councils
   - Monitor attendance in council meetings
   - Support decision making process of NEC