# momentum on the Road to the Future NURSING ANNUAL REPORT 2015 MedStar Washington Hospital Center



# MEDSTAR WASHINGTON HOSPITAL CENTER

## momentum

is forward movement and energy.

It captures the power and teamwork of the MedStar Washington Hospital Center Department of Nursing for FY15.

As you will see in this Annual Report, we made great progress in the professional practice of nursing, from safety initiatives and pioneering patient care, to nurse education and professional development.

In a year with challenges that included preparing for the potential spread of the Ebola virus in the U.S., our nurses not only rose to the occasion, but won awards and Presidential validation for their teamwork, education and leadership. In a year when changes continued to affect health care practice and delivery, our nurses focused on growing the body of evidence based practice nursing research, and dedicated themselves to bringing these best practices to life at the bedside. In a year when ambulatory care became an ever-more important part of modern patient care, nurses at MedStar Washington Hospital Center not only embraced this new direction, but led the way in establishing new care paradigms at the 53 outpatient practices we now oversee.



As you look at the incredible number of goals we achieved, guided by our Strategic Plan, you will appreciate how much work is involved in these serious efforts to improve patient safety and satisfaction. You will see why it is important that so many nurses participate in our Strategic Planning sessions, so they can build the Roadmap to take them into the future.

Then all of us, working together, create ... momentum.

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Susan Eckert, MSN, RN, NEA-BC, CENP Senior Vice President & Chief Nursing Executive

## momentum in Public Health

#### **Preparing for Ebola**

Nothing highlights momentum in the Department of Nursing as well as the team that helped lead the regional response to a potential Ebola epidemic.

As the largest hospital in the nation's capital and one of the main trauma centers in the region, MedStar Washington Hospital Center serves a diverse community that ranges from national leaders to long-time residents. In the fall of FY15, when it became clear that a patient suspected of having the Ebola virus could appear in any emergency department in the U.S., nurses at the Hospital Center prepared to deliver the highest quality care while maintaining the patient's safety, the safety of all staff and protecting the community at large.

The work of the Ebola Team involved Hospital Center physicians, emergency preparedness experts, infectious disease specialists, facilities managers, security officials and clinical specialties such as laboratory and respiratory therapy. Collaborating with federal and local government officials, the Team evolved the Hospital Center's Ebola response protocols and trained more than 400 Hospital Center associates for treating patients suspected of having the Ebola virus. A complete simulation biocontainment unit was built to practice the procedures that would be used.

Specifically, the Department of Nursing involvement included:

- 3 150 nurses with critical care expertise who volunteered for Ebola patient training and care
- >> More than 150 classes offered through the Center for Excellence in Nursing, in the rapid evolution in personal protective wear protocols—training all Ebola Team volunteers in how to put on (don) and take off (doff) the protective gear worn while treating a patient suspected of having the Ebola virus
- >> More than 40 training sessions with nurses in the Emergency Department, in recognizing, containing and caring for a suspected patient with the Ebola virus, with a focus on staff safety
- >> Communication and information for more than 2,400 associates in the Department of Nursing, to help identify patients who might harbor the Ebola virus and protocols for isolation and treatment
- >> Sending leaders to conferences and practice sessions at the Centers for Disease Control and Prevention (CDC) and the original four designated Biocontainment Units in the nation, to stay up to date on rapid developments in protocols, protective equipment and treatment

The Ebola Team evolved into the Biocontainment Team, and continues to practice protocols in the event of a highly infectious disease outbreak in the D.C. region.





ABOVE: Leadership included Gregory Argyros, MD, chief medical officer; Glenn Wortmann, MD, section director, Infectious Diseases; Nancy Donegan, RN, director, Infection Control; Janet Thorne, RN, nurse director, Nurse Response Team and Biocontainment Unit Team; Craig DeAtley, PA-C, director, Emergency Management; Maryanne Szestak, RN, nursing director, Emergency Services; Ligia Pic-Aluas, MD, Epidemiology; and John Sullivan, president.





ABOVE: Some of the members of the Ebola Team gather around the banner to celebrate their achievements.

The Hospital Center Ebola Team's expertise was widely recognized:

- >> The Hospital Center became one of the original 35 treatment centers nationwide designated by the U.S. Department of Health and Human Services to handle Ebola cases, thanks to its extensive preparation.
- >> The Hospital Center was designated an Ebola Response Center not just for the District of Columbia, but also for the state of Maryland.
- >> The Ebola Team won the Hospital Center President's Patients First Award for its commitment and dedication in carrying out Ebola-related plans and training.

- >> The Ebola Team won the highest honor from the Maryland Hospital Association: the Distinguished Service Award.
- >> The Ebola Team won the Patient Safety Award of 2015 from the District of Columbia Hospital Association for its preparedness training and response.
- >> Nurse educator Charlie Sederstrom, MSN, RN, was a GEM (Giving Excellence Meaning) award finalist for his work coordinating and leading the Ebola preparedness training program.

## momentum in Professional Development

Changes in health care—from technology advances to increasing focus on evidence based practices—continue to drive nurses to more education and professional development.

At MedStar Washington Hospital Center, professional development for nurses and nursing team members like patient care technicians was a key focus for the Department of Nursing in FY15.

Nursing's division of Quality, Safety and Education provided 1,200 live classroom hours with 2,700 nurse attendees. Courses ranged from training on specialized equipment such as Left Ventricular Assist Devices (LVADs) to how to become a clinical coach or resource nurse. Nurses spent weekends in courses for certification training, and clinical specialists like the wound ostomy team brought

instruction in Hospital Acquired Pressure Ulcers (HAPU) and wound management to the units.

272 Nurses received more than \$1.7 million in tuition reimbursement

One of the year's most anticipated accomplishments was the launch in January 2015 of a new Clinical Advancement Program (CAP). Hospital Center Nurses can now earn one of three levels of bonus pay for their participation in professional development, nursing committee and mentoring activities.

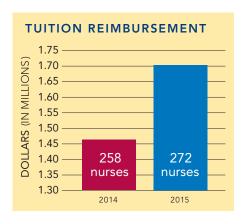


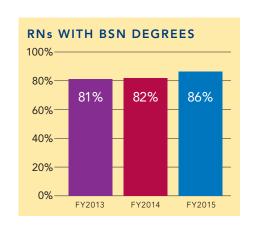












Other accomplishments in professional development for FY 15 include:

1,200
hours of classroom
instruction provided by
Hospital Center nurse
educators

- The Department of Nursing launched the Leadership Academy, a new, targeted effort to develop nursing leadership skills for more than 130 nurse managers. In addition to preparation for nurse leader certifications, the Leadership Academy offers training in management competencies, including communication and
- >> Stroke Certification: The more than 40 nurses on unit 4E prepared for and completed NIH Stroke Certification as part of the newly designated Comprehensive Stroke Center. All nurses on the unit take annual recertification tests.

coaching.

>> NICHE Exemplar Status: NICHE (Nurses Improving Care for Healthsystem Elders) granted MedStar Washington Hospital Center its highest level designation, for having more than 100 NICHE-certified nurses. NICHE training expanded in FY15 to include patient care technicians.

With more than 40 areas of specialty care, the Hospital Center continues to offer training for nurses who seek new practice skills. In FY15, 230 nurses participated in one of five bridge programs: critical care, emergency medicine, intermediate care, perioperative services, and women's and infants' services. Another 272 nurses received \$1.7 million in tuition reimbursement.



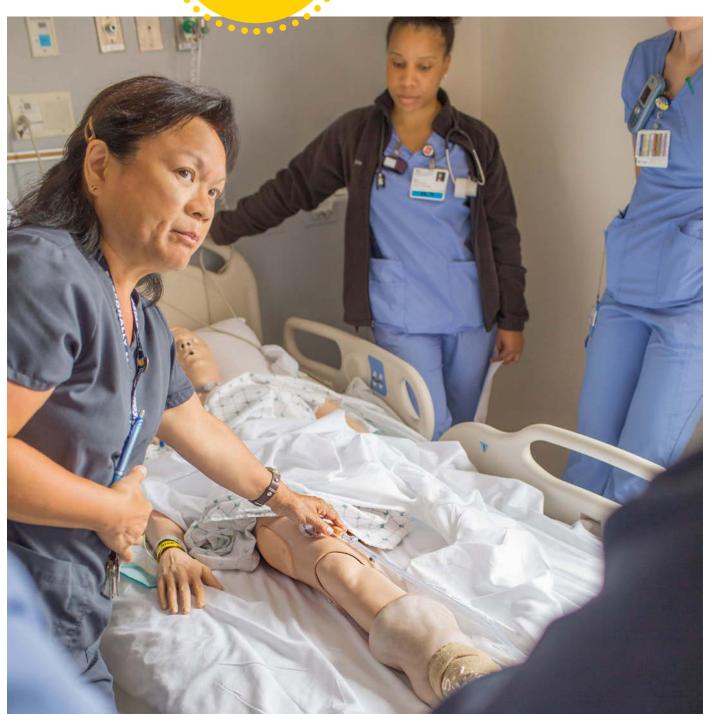
#### **Clinical Advancement: Getting to Level Three**

For critical care nurse Sarah Bain McLaughlin, the new clinical advancement program couldn't have come at a better time. "One day last year, Chief Nursing Executive Sue Eckert was shadowing with me on 2H, and we talked about ways to incentivize nurses to get more training," McLaughlin recalls. "I told her it would help motivate nurses to get the training they should be getting anyway, if there was some way to be compensated. She agreed." So when the Clinical Advancement Program began accepting applications in January, McLaughlin was ready. Among her activities: serving as a resource nurse, getting her critical care nursing (CCRN) certification and participating in a research committee with neurosurgeon Rocco Armonda, MD. All together, she had enough credits to get a Level 3 bonus. "The development is good anyway, because these are all things I want to do for my practice and my patients," she says. "But it's nice to have the work be officially acknowledged, too."

in Nursing Expertise

percent of nurses have worked here more than seven years

After years of steadily increasing the number of nurses at MedStar Washington Hospital Center, the Strategic Plan for FY15 focused on maintaining this robust staffing. The goal: to allow nurses the time and support to develop their expertise in their practice area. The total number of bedside nurses at the end of FY15: 1,784.







#### A SURGICAL MOVE

Change doesn't happen overnight, but it can happen in the wee hours of the morning, at least in the 38 operating and procedure areas at the Hospital Center. Perioperative services was given fresh momentum in FY15, with the appointment of Caren Lewis, MSHA, BSHA, BSN, RN (pictured left), to the new role of vice president, Perioperative Services.

Lewis, who had served previously as chief nursing officer at two hospitals, was already at the Hospital Center as an interim leader in the nursing director role. Increasing demands for surgical time, a broad perioperative workflow project, the formation of a perioperative governance council and a need to expand both pre- and post-surgical areas, meant the demands of the division had grown, and required an experienced leader with expertise in both new development and excellent outcomes.

The Tennessee native says the new position is a great match for her skills and her passion for excellence. "The clinicians here are absolutely committed to their patients and to providing state-of-the-art care," she says. "I wake up every morning, excited about coming in to work here."



#### **COACHING THE COACHES**

After two years at the Hospital Center, Chelsea Cody, RN (pictured middle), knew that becoming a clinical coach for new nurses on the cardiac unit 4C would add to her skills and credits for the Clinical Advancement Program. So she worked as a preceptor for a new nurse and realized she wanted some help. "I found I didn't know what they should be doing," she says. "There's a lot that goes into being a coach." Cody signed up for a new clinical coaching class taught by nursing educators. "It was fun, and really helpful," she says. "I was shown a picture, and I had to describe it for someone else to draw. It taught us the different ways to explain how you do things on the unit." The most helpful: a checklist of coaching topics and steps. "The tools from the class are really good," she says. Although she has served as a resource nurse on 4C many times, "Now I want to take the class they offer on resource nursing."

## momentum in Teamwork



#### WORKING IN TEAMS

On associate engagement surveys and other workplace assessments, teamwork is one of the highest-rated categories at MedStar Washington Hospital Center. The camaraderie and support of colleagues in the Department of Nursing gets consistently high marks.

Among the team-oriented initiatives from the FY15 Strategic Plan:

- >>> Focused development of nurse director/medical director relationships for
- >>> Expansion of Nurse Responder Team and Nursing Supervisor Teams
- >>> Revival of Nurse Engagement Committee
- >>> Optimized scheduling of unit clerks
- >> Unit clerk float pool doubled

#### **TEAM BUILDING**

One of the FY15 Department of Nursing Strategic Plan priorities: strengthening engagement and education for the Hospital Center's 140 patient care technicians (PCTs). These vital team

members contribute significantly to bedside care and patient satisfaction.

In five meetings in FY15, a special committee surveyed PCTs, began research and training programs and launched recognition programs, such as the first-ever PCT Appreciation Day and PCT category in the Nurses Choice Awards during Nurses Week. The results were dramatic: a 50 percent decline in PCT turnover and a vacancy rate near three percent.

#### PARTNERS IN CARE

Chief Nursing Executive Susan Eckert, MSN, RN, NEA-BC, CENP, and Senior Vice President of Medical Affairs and Chief Medical Officer Greg Argyros, MD, MAPC, FCCP, pursued a joint initiative in FY15: strengthening the professional collaborations between the nursing directors and medical directors on each of the Hospital Center's 32 inpatient units. The goal: optimal communication and focused momentum to strengthen the clinical teams.

For "dyads" (parnerships) such as Linda Conley, BSN, RN, CCRN, CNMLRN and Nimesh Shas, MD (pictured left) in the Cardiovascular Recovery Room (CVRR), the initiative gave support to the work they do every day. "We meet a dozen times a day," says Conley. "This is a very active unit with an extraordinarily acute patient population. We practically live here."

As directors, they manage the postsurgical unit's 40 critical care nurses, nurse practitioners and clinical specialists. They monitor and discuss tracking tools and outcomes, launch process improvement initiatives and bring new education to the unit. For Conley and Dr. Shah, FY15 also involved planning for the CVRR's move to the new MedStar Heart Hospital space next year.

At twice-yearly meetings, all the dyads now report on best practices, including what most supports collaboration among clinicians on their unit. "This relationship forms the basis for how well the teams work," says Eckert. "We formalized it to strengthen it."



pursuing a BSN



#### **CRYSTAL CLEAR**

She has a Bachelor's degree in social work, "which makes it easy for me to relate to and understand the nurses and the patients," Crystal Spain says. But Crystal (right), a patient care technician on 3F, is currently in school to become a registered nurse. "I'm inspired by the nurses I work with," she says. They, in turn, are inspired by her: she participates in multiple committees and "works hard to engage her peers," says the unit's patient care manager Catherine Tierney, BSN, RN. "We couldn't do it without her." That team support shaped Spain's goal: to continue working on 3F—as a nurse.



#### in Patient Care

#### ABOVE ALL, PATIENTS FIRST

In FY15, MedStar Washington Hospital Center reconnected all associates to the mission with the theme, "Above All, Patients First." The Department of Nursing Strategic Plan includes many patient-first initiatives, and among those accomplished in FY15:

- >> Expanded and enhanced the ambulatory setting scope and practice, both at the Hospital Center and in new off-site facilities
- >>> Continued perioperative work flow process improvement
- >>> Expanded IMC capacity in cardiovascular services
- >> Opened inpatient units in the new MedStar Heart and Vascular Institute
- >> Completed a pilot on bedside report at shift transition, with a roll out to all inpatient units in FY16





#### **KEEPING CLABSI FREE**

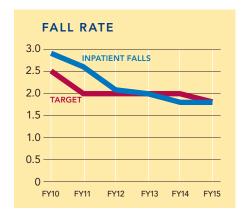
Units throughout the Hospital Center focus on eliminating central line-associated bloodstream infections (CLABSI), with great results in FY15: four units achieved more than a year without the serious infection.

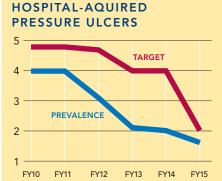
The leader was the neonatal intensive care unit (NICU), which celebrated three years without a CLABSI at the end of July 2015. This rare milestone has been reached by

only a few NICUs throughout the country. Thanks to careful teamwork and several nurses dedicated to the insertion of PICC (peripherally inserted central catheter) lines for intravenous medication and nutrition, the NICU manages to keep everything sterile around a central line, despite the neonate's small size.

Unit 2G (pictured above) passed 500 days, a rare milestone for a medical

ICU, where many patients arrive with PICC lines already inserted. Their best practices included training all members of the nursing staff in dressing changes, rounding with physicians to make certain the lines are needed, and having two team members for any dressing change—one to change, and one watching—to make certain all sterile procedures are followed.





# FALL RISK



#### **ENGAGED ON SAFETY**

To highlight safety efforts and engage nurses in safety planning, in FY15 the Department of Nursing initiated a "Safe September" campaign that asked teams to establish a safety goal for the month. Groups chose a target, such as "No Falls" or a staff safety initiative, such as "No Needle Sticks." Each unit created strategies for achieving the goal. 35 units implemented 40 different goals, and some units adopted two or more goals. By the end of the month, 23 units had reached 100 percent of their goals—a 65 percent success rate. Even units that did not meet their target saw improvements in safety.

#### **SPECIALIST SUPPORT**

The six clinical specialists in the Department of Nursing play important roles in the quality, safety and education of bedside nurses. These specialists:

- >>> Develop the policies and procedures required to be in compliance with regulatory bodies such as The Joint Commission
- >> Audit monthly safety incidents, such as falls, central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI)
- >>> Work with nursing leaders and nurses to develop quality and safety improvements
- Perform peer review on patient events to identify any gaps in practice and necessary remediation
- >>> Roll out initiatives and education on topics including infection control and safe lift equipment



#### **PATIENT FIRST**

Clinical Specialist Lee Hicks, RN, (left) confers with 4D Patient Care Manager Kim Sinkford, RN, about nursing policies and procedures on the cardiac observation unit.

in Patient Satisfaction



#### IMPROVING THE PATIENT EXPERIENCE

Patient surveys and satisfaction measures continue to drive payments received by acute care hospitals, so in FY15 there was significant momentum in efforts to improve the patient experience.

- >>> Revised nursing leadership: Nursing leaders below the nursing director level were renamed patient care managers and job descriptions revised to clarify their role in the patient-first mission.
- >> Piloting bedside report: Rather than discussing patient progress at a computer or over charts, nurses take their change-of-shift reports at the bedside. The advantages: patients are more aware of the plan of care, can ask questions and feel more knowledgeable about, and engaged, in the expectations of their stay. At the Hospital Center, bedside report piloted on several units in FY15, and will roll out to all units in FY16.
- >> Becoming "Baby Friendly": Women's and Infants' Services and NICU nurses are taking classes and revising some postpartum procedures as they begin the journey to "Baby Friendly" designation. The global initiative focuses on infant feeding and mother/baby bonding, and includes features such as "Kangaroo Care," where mothers spend time holding their neonates "skin-to-skin" in the NICU.

BELOW: Nursing Director Chioma Nwachukwu (second from left) with the Endoscopy nursing team.





#### BRINGING THE CLINIC TO THE PATIENTS

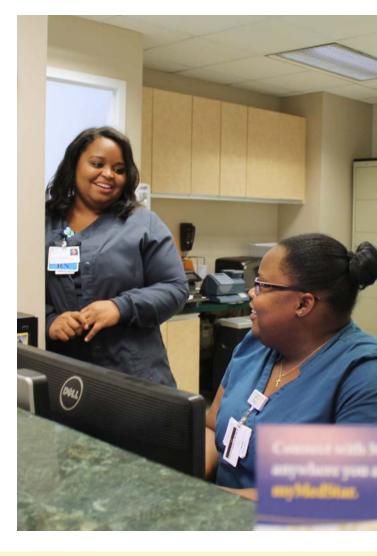
MedStar Health's strategic plan, called MedStar 2020, includes facilitating patient care with outpatient practices conveniently located in areas where patients live and work. For the Department of Nursing at the Hospital Center, that means a new responsibility for nurse managers and associates at each of these practices. By the end of FY15, there were 53 such practices, formerly known as ambulatory facilities, throughout the District of Columbia, Maryland and Virginia affiliated with the Hospital Center.

Kendra Moats (pictured at right, standing, with Medical Assistant Tatiana Garner) is one of the new nurse managers, called Ambulatory Nurse Coordinators (ANC), and for the past year has been running the MedStar Washington Hospital Center outpatient practice on K Street. A clinical nurse for eight years and a three-year veteran of unit 3F, Moats says she enjoys the change of pace as both a clinical nurse and manager in a multispecialty clinic that sees colorectal, plastic surgery, urology and endocrine patients.

"It's very concentrated, specialized care," she says of the clinical half of her job. "I assist with minor in-office procedures. Rather than care for a team of patients at one time, the focus is on the individual patient in the ambulatory setting."

As a manager, Moats oversees physician orientation, patient relations, records and staff. "I am a one-stop shop," she says. "To do this job, you need both leadership and clinical skills."

Moats and her ANC colleagues meet regularly at the Hospital Center and participate in Hospital Center nursing leadership meetings and activities. "I do miss having the rapid response team that is on main campus. For emergencies, I have to call 9-1-1. But otherwise, I do still feel very involved in the Department of Nursing as a different and vital part of the team."





For Third Floor Operating Room and Endoscopy Lab Nursing Director Chioma Nwachukwu, DNP, RN, it was a series of events that made it clear change was needed in the Endoscopy Lab, a group of eight procedure rooms for upper and lower endoscopies and endoscopic retrograde cholangiopancreatography (ERCP). There were, for example, an increasing number of cases that were going beyond their scheduled time, which made it difficult for both patients and nurses. "It was clear that I needed to take a deeper dive, to see what changes we could make to make the lab function more efficiently," she says.

So Nwachukwu began weekly staff meetings "to flush out the opportunities, to raise the staff's expectations and to make the change message consistent." She also sought the perspective and input of her experienced team of nurses. "I acted on their feedback, and we made changes in stages, with consensus rather than mandates." Among the areas that the team discussed and eventually improved were patient flow, supply ordering and accountability and block timing for procedures. "In collaboration with our medical director, we accommodated physicians so they could remain in one room. It improved efficiency."

The difference, says Nwachukwu, is dramatic. "Because of this restructuring, our days finish mostly on time instead of being delayed." Patients benefit the most. "It's simply a better experience."



Nursing leader rounds

a month

in Research and Scholarship

#### **DEFINING BEST PRACTICES**

From practicums to professional development, from participating in the University HealthSystem Consortium (UHC) Residency Program to recognized journals, nursing research at the Hospital Center continues to grow. Driven partly by affiliations with clinical programs, such as the George Washington University School of Nursing's Accelerated Degree program for second-degree BSN, nurses and other clinicians gain needed practical experience by rotating through Hospital Center operating rooms, Emergency Department, specialty units such as the 3E burn unit, or critical care areas.

Among the scholarly works generated by nurses at the Hospital Center in FY15:

- >> 20 poster presentations and 15 paper presentations at national conferences
- >> 11 books or chapters in books
- >> More than 80 unit-based research projects and poster presentations by UHC nursing residents

In FY15, one of the UHC projects, "Nursing Confidence with Formal Education on Sternal

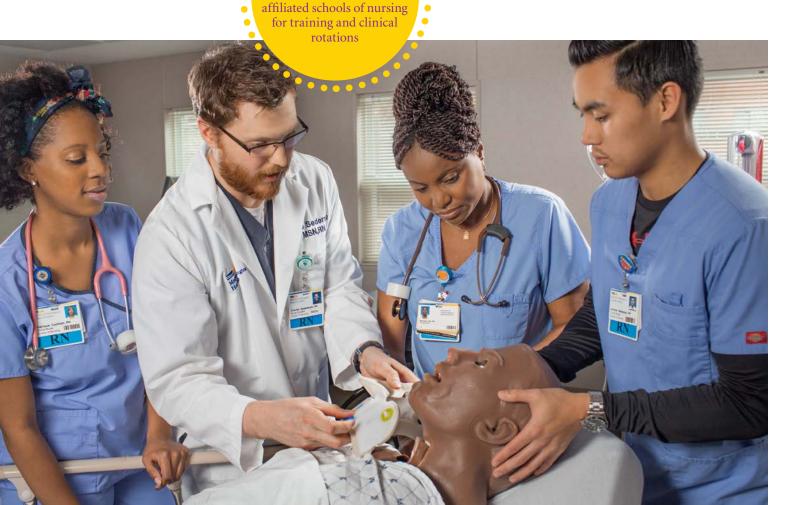
Precautions" by residents on 4NW, was presented at the national UHC conference.

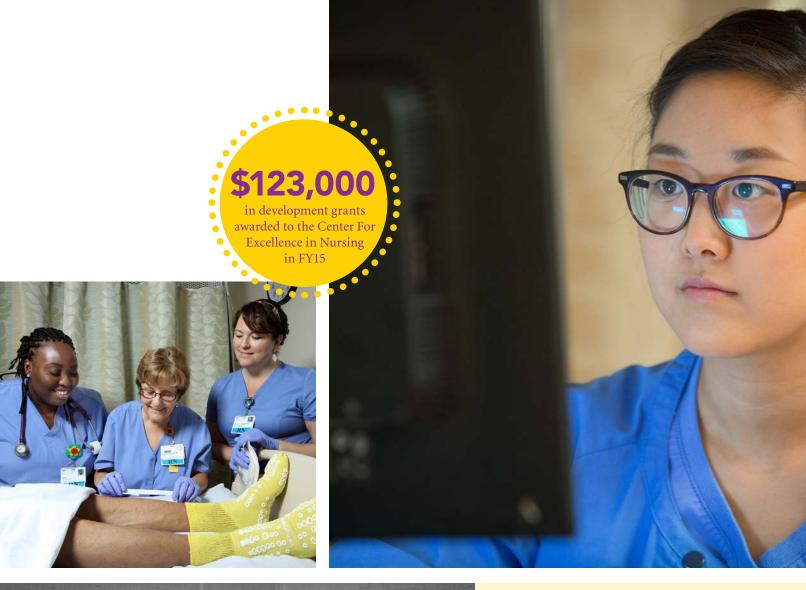
#### EDUCATION FOR EDUCATORS

Thanks to a Center For Excellence in Nursing (CEN) grant, in FY15, 14 MedStar Washington Hospital Center educators received training at the George Washington School of Nursing's Virginia campus.

The educators learned how to script, set up and run a simulation, and how to debrief participants so the training has maximal impact.

The CEN is currently building a dedicated simulation laboratory, to provide state-of-the-art clinical practice for both new-to-practice nurses and those continuing their professional development in new clinical specialties.







#### **TEACHING TRIO**

On any given day, they could be working at MedStar Washington Hospital Center or at the George Washington School of Nursing (GW SON) in Ashburn, Virginia. As the Hospital Center's Clinical Nursing Instructors, Dina Rosenthal, MS, RN, Mary Bantell, EdD, RN, and Catherine Reisenberg, PhD, RN, work with both nurse associates and student nurses, teaching everything from cardiac/neonatal assessment and simulation at the Hospital Center to didactic lectures for nursing students at GW SON. They also oversee nursing students from 20 affiliated nursing schools who complete clinical rotations and senior practicum in the Hospital Center's clinical environment."We also facilitate practicums for our own nurses who are earning graduate degrees," says Reisenberg. This year, the third cohort of GW SON second degree BSN students who are participating in Washington Squared (W2), the collaboration between GW SON and the Hospital Center, begin clinical rotations here. "We are here to promote new-topractice nursing and to introduce this hospital to new nurses," Reisenberg says. "The Department of Nursing provides many opportunities. We help make it all possible."

#### in Collaborative Governance



#### **COUNCILS GIVING COUNSEL**

One of the most significant achievements in the Department of Nursing Strategic Plan was the launch and development of four Collaborative Governance Practice Councils at MedStar Washington Hospital Center. In FY15, all councils were fully staffed and functioning, giving nurses an important voice in nursing practice.

#### NURSING PROFESSIONAL DEVELOPMENT COUNCIL

In the Department of Nursing, the Nursing Professional Development Council (NPDC) is devoted to promoting awareness about practice development, such as specialty certifications, and the available resources that can assist nurses in pursing practice development.

### NURSING EVIDENCE BASED PRACTICE (EBP) AND RESEARCH COUNCIL

Thirteen nurses participate in the longest-running practice council at the Hospital Center, focused on promoting evidence based practices among nurses, and supporting nurses who are conducting research. Council members visited units during Nurses Week, to let nurses know about research resources and some of the ways the Council can help find the most up-to-date research for a nursing practice question.

#### NURSING PRACTICE COUNCIL

The Nursing Practice Council provides guidance for standards of nursing practice at the Hospital Center. It is responsible for developing, reviewing, and updating standards of care. The Council promotes development of

innovative communication for nurses about nursing practice. They assisted in rolling out the Alaris® pumps, revised the hypoglycemia protocol for prevention of hypoglycemia-related complications and changed high-risk medication error policy to "independent double checking."

#### NURSING INFORMATICS COUNCIL

The Informatics Council consists of frontline nursing staff dedicated to improving the electronic medical record at MedStar Washington Hospital Center, specifically as it relates to reliability, ease of use and compliance with regulatory standards. The committee bases these improvements on nursing feedback, patient safety goals and the nursing strategic plan.



## at a glance MedStar Washington Hospital Center FY15



Beds	926
Total patient visits	427,691
Emergency Department visits	87,009
Inpatient surgeries	11,948
Outpatient surgeries	11,139
LVAD procedures	75
Heart transplants	16
Infusions (Cancer and Medicine)	23,296
Births	3,361
Burn admissions	478
Interventional Radiology procedures	6,350
MedSTAR helicopter missions .	1,773



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