

A photograph of a nurse in teal scrubs using a stethoscope to listen to a patient's chest. The patient is wearing a white hospital gown with a colorful pattern. The nurse has a stethoscope around her neck and a name tag on her chest. The background is a soft, out-of-focus light.

*Caring*

within a

*Tradition*  
of  
*Excellence*

20  
13

**NURSING  
ANNUAL  
REPORT**





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Dear MUSC Health Nursing Community,

Thank you for taking the time to read this annual report. This is YOUR report and it shows another great year of nursing excellence at MUSC!

This past year, MUSC continued our journey as one of the nation's medical centers retaining a top 25 status in University Health Consortium's (UHC) Quality and Accountability Scorecard. This is the result of the tireless efforts of MUSC Health staff and faculty at all levels of the organization. The nursing team plays a KEY role in this due to your professional expertise, 24/7 vigilance and caring approach.

However, we cannot rest on our laurels! All students of quality and patient safety improvement understand the concept of continuous improvement. Therefore, in order to maintain momentum and progress, our top priorities in the next few years are as follows:

1. High Reliability Organization (HRO) – promulgate the concepts of HRO in all operations throughout the organization (key components of which are having a culture of safety, robust process improvement and leadership engagement)
2. MUSCare Plans - care standardization for conditions, symptoms and procedures through the development and implementation of distinct MUSC care delivery plans
3. Transparency (internal and external) of metrics of all types (quality, operational, financial)
4. Teamwork and Communication enhancement in all facets of the organization
5. Just Culture - operationalizing the tenets of a Just Culture

In order to achieve these, we need nurses to continue to demonstrate excellence and leadership. This comforts me as I know the tremendous power and commitment of our nursing team!

Thank you for the great care and leadership you provide every day!

A handwritten signature in black ink, reading "Patrick M. Cawley". The signature is written in a cursive, flowing style.

Patrick Cawley, MD, MHM, FACHE  
Executive Director / CEO, Medical Center and  
Vice President for Clinical Operations, University





Dear MUSC Nursing Colleagues,

I am pleased to present the 2013 Nursing Excellence Annual Report for the Medical University of S.C. Hospital. This report reflects your dedication to MUSC and all it represents for our patients, families, your professional colleagues and the profession of nursing.

At MUSC we always start meetings with "wins" to celebrate examples of MUSC excellence. Likewise, our 2013 Nursing Excellence Annual Report begins by celebrating many accomplishments. There is much to celebrate and I am so proud of your achievements!

Our MUSC Nursing Mission aligns with the Professional Practice Model developed by MUSC nurses, "Caring within a Tradition of Excellence." Excellence provides the strong framework and caring is at the core of what we do – touching patients first, then their families, as well as the community. Embedded in what we do for patients, families and the community are our core values: Collaboration, Expertise, Advocacy, Integrity, Innovation and Accountability. In this publication we focus on you, our nurses and what makes you special. We share many examples of how MUSC nurses embody our core values making a difference in patients' lives and outcomes while providing an outstanding learning environment for students pursuing diverse professions. We share examples of nurses who are passionate about delivering exceptional care to our patients, cultivating quality and patient safety, participating in shared leadership and furthering professional development through certification and advanced education.

I admire you and thank you for all you do to ensure the best care for every patient every day. I am honored to serve as your CNO.

Best regards,

A handwritten signature in black ink that reads "Marilyn J. Schaffner". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Marilyn J. Schaffner, Ph.D., NEA-BC, CGRN, RN  
Chief Nursing Officer &  
Administrator for Clinical Services

# Awards

## Examples of how MUSC is Changing What's Possible...

The DAISY Award recognizes extraordinary nurses for the extraordinary work they do every day. The DAISY Foundation was established for the elimination of Diseases Attacking the Immune System.

Nurses are nominated for the DAISY award across the nation each month. The remarkable skill and kindness rendered by DAISY Nurses are the reasons they are unsung heroes and are honored at a special celebration with a certificate, award pin and a hand-carved sculpture called, "A Healer's Touch."



Jayne Quinn, BSN, RN-BC, Stephanie Greiner, BA, ADN, RN and Sharon Schwarz, MSN, APRN, RN, CDE, just a few of our DAISY Nurses 2013

# Awards

## **DAISY Award Winners**

### **January 2013**

Natasha Sheppard, BSN, RN

### **February 2013**

Danielle Nowakowski, BSN, RN

### **March 2013**

Sharon Schwarz, MSN, APRN, RN, CDE

### **April 2013**

Jacqueline Bulanow, BSN, RN, CCRN

### **May 2013**

Elizabeth Roehner, BSN, RN, CCRN

### **June 2013**

Jennifer Shaw, ADN, RN

### **July 2013**

April Brown, ADN, RN

### **August 2013**

Christine English, BSN, RN

### **September 2013**

Jill Doherty, BSN, RN, CCRN

### **October 2013**

Laura Shieder, BSN, RN

### **November 2013**

Jayne Quinn, BSN, RN-BC

### **December 2013**

Stephanie Greiner, BA, ADN, RN

# Awards

**April Brown, BSN, RN**, was nominated for a DAISY Award by the family member of a patient for her compassionate care. Here is what the sister of the patient had to say...

“ My family greatly appreciates the care given to my sister by the MUSC staff. I would like you to know that April Brown provided outstanding care to my sister. She responded promptly when called, which was often, and periodically checked to make sure neither my sister-in-law or I needed anything. Over the past 30 years, I have visited five hospitals in the U.S. either as a patient or with my wife, mother, daughter or daughter-in-law. Ms. Brown is by far the most caring and sensitive nurse I’ve ever met. True story: my sister could not talk due to the tracheostomy and was not always lucid. After running Ms. Brown ragged the night before, upon waking, my sister indicated that she was in great abdominal pain. I asked, “Do you want me to get April?” She grimaced, held her abdomen and nodded in approval. I caught Ms. Brown just after her shift ended. Ms. Brown gently asked my sister if she was okay while holding her hand. My sister nodded yes. When Ms. Brown asked her if her stomach hurt, my sister smiled and shook her head no. Ms. Brown then asked if there was something she could get for her, and my sister motioned for her to sit in the chair facing her. Ms. Brown sat in that chair. Please tell Ms. Brown, her supervisors and any administrator who needs to know that she is a real treasure. She is a gifted nurse, a delightful person and valuable employee.”



April Brown, BSN, RN, 6W



# Awards

## 2013 Nurse of the Year

### Sharon Schwarz, MSN, APRN, RN, CDE

MUSC honors the Nurse of the Year by selecting a winner from nominations submitted for nurses employed in any capacity throughout the organization. The winner is honored at the Nurses Week Award Ceremony in May. Here is an excerpt from Schwarz's nomination...

“Schwarz demonstrates MUSC excellence daily concerning her care for patients, teamwork and commitment to upholding MUSC's mission,” said Heather Dolan, BSN, RN. “In my years as a nurse, I have come across many nurses that say, ‘I love what I do,’ but Sharon is the rare exception where I never have to ask if she enjoys being a nurse since it always shows! Her passion for nursing is what inspires me and the nurses she works with every day. Nursing students seek her since she has a passion to teach them. Parents of our patients love her because she treats each patient as if they were her own. We are fortunate to have Sharon as part of our MUSC family, and I think a parent recently explained it best...”

“On March 19, 2012, our 4-year-old daughter was diagnosed with juvenile diabetes. From day one, Sharon has been extremely helpful. She officially became our angel during our journey. She has gone above and beyond the call of duty for our family by walking us through every step with great kindness, intelligence and strength. She made herself available to us over the weekend and made this scary time a bit easier to manage. She will always have a special place in our hearts. We are forever indebted to her service!”



Heather Dolan, BSN, RN, Sharon Schwarz, MSN, APRN, RN, CDE  
and Marilyn Schaffner, Ph.D., NEA-BC, CGRN

# Awards

## MUSC Nurses Earn Eight Palmetto Gold Awards

Eight of MUSC's clinical and acute care nurses and nursing educators were recognized among 100 exceptional nurses across South Carolina as 2013 Palmetto Gold Award Winners. Recipients recognized for their excellence and outstanding commitment include Pamela Williams, JD, Ph.D, RN , Janet Byrne, MSN, RN, Jennifer Shearer, Ph.D., RN, CNE, Barbara Haase, APRN, MSN, CPNP, IBCLC, RN, Shannon Smith, DNP, RN, ACNS-BC, Dawn Terzulli, MSN, PCCN, RN, Carrie Cormack, MSN, APRN, CPNP, RN, and Amy Williams, MSN, APRN, CPNP, RN.

The recipients were nominated by leaders working in nursing among statewide hospitals and education programs. Since 2002, the South Carolina Nurses Foundation honors 100 outstanding nurses annually for their contributions to patient care achievements while raising funds to endow nursing scholarships for students in nursing programs.



Palmetto Gold Recipients  
Dr. Pamela Williams,  
Janet Byrne, MSN, RN,  
Dr. Jennifer Schearer;  
on bottom row, from left, are  
Barbara Haase, APRN, MSN, RN,  
CPNC, IBCLC, and  
Dr. Shannon Smith.

# Awards

## **U.S. News and World Report Ranks MUSC Among the Best Hospitals of 2012**

MUSC was recognized by U.S. News and World Report for its high performance in 13 of the 16 adult clinical specialties and was one of only 140 hospitals in the country to have received recognition. MUSC Children's Hospital is one of only 76 facilities to be recognized in one or more categories. Plus, MUSC was ranked first in South Carolina.

## **National Alliance on Mental Illness Names Institute of Psychiatry Hospital of the Year**

National Alliance on Mental Illness (NAMI) named the Institute of Psychiatry (IOP) the 2012 Hospital of the Year based on their advancements in brain stimulation treatment, recognition as a comprehensive depression center by the National Network of Depression Centers based on its active role in public health, as well as advocacy for people with mental illness.

## **Nationally Ranked Comprehensive Depression Center**

IOP has been designated as one of only 21 Comprehensive Depression Centers of excellence by the National Network of Depression Centers (NNDC). The MUSC Comprehensive Depression Center (CDC) incorporates brain stimulation techniques developed by MUSC faculty and collaborators, as well as novel programs focusing on the relationship between mood disorders and the creative arts, depression in medical disease, neuromodulation and women's reproductive biobehavioral health.

## **Department of Psychiatry Ranks Ninth in National Institutes of Health (NIH) Funding**

The Department of Psychiatry and Behavioral Sciences at MUSC currently ranks ninth in National Institutes of Health (NIH) funding among departments of psychiatry and is also home to a number of nationally-recognized clinicians, researchers and programs.

## **Center for Drug and Alcohol Programs Ranks 11th Best Program**

Center for Drug and Alcohol Programs (CDAP) is one of the nation's premier academic centers for the study and treatment of alcohol and substance abuse. U.S. News and World Report recognized CDAP as being the eleventh best drug and alcohol abuse academic program in the United States. CDAP's Alcohol Research Center is one of only 14 NIH funded alcohol research centers in the nation.



Dawn Vocolina, RN, Evelyn Middleton, BSN, RN, Katherin Walden, RNC, Rhonda Peterson, RNP, Annette Warren, RN, Nancy Nzioka, RN, Allison Meeks, APRN-BC



# Awards

## Andrea Coyle Receives Honorable Mention from "Nursing 2013" for Nurse of the Year

Andrea Coyle, MSN, MHA, RN, was one of 12 nurses awarded an honorable mention in Nursing 2013's Nurse of the Year Award.

Here is the nomination submitted by Cheryl Holderfield, MSN, CCRN, CNRN, CNS, RN...

I understand you are searching for an individual that best represents the journal's four pillars of excellence: Elevate, Inspire, Innovate and Energize. I know such an individual. Coyle is able to walk into a room with a smile, utilizing the pillars of excellence, inspire the nursing staff at our organization to feel as though they are empowered to reach any goal. Coyle's enthusiasm and great desire to elevate our organization's nurses to the highest level recognized in our city is contagious.

Several examples of Coyle's determination to gain the majority of our nurses valued input has been demonstrated by her years of dedication to the Nurse Alliance Committees. Coyle connects with staff members by using innovative ideas and suggestions coming directly from nurses across our organization. Since Coyle's initial involvement with Nurse Alliance, attendance has nearly doubled and the number of nurses who are certified has increased significantly.

During the annual nurses' week celebration, Coyle brought out the best in our nurses by promoting them throughout the celebration. Her leadership style is leading by example, whether it is the first to volunteer for projects or submitting a poster. Coyle has served as the master of ceremony for the past few years for MUSC Nurses' Day Ceremonies. It is evident Coyle has an appreciation and respect for her fellow nurses.

Another example I want to share with you illustrates the energy Coyle exerts for projects taking months of time invested to be successful. Our organization's staff members are on a journey to achieve Magnet status. Having traveled this path with two other organizations, I knew what was ahead. Coyle's attitude is positive, and the pride she has for staff members can be felt simply by watching the smile cross her face as someone describes the great job their unit is doing.

Coyle is also a mentor in our organization. This is one of the most important roles a nurse has over the spectrum of their career. Coyle encourages new nurses to be their absolute best while continuing to grow. She sets a standard for staff members by holding herself accountable and tirelessly joins in wherever needed, for reasons that the average person would not think were important. As I reflect on the past year, I have to admit Coyle has inspired me to mentor others with the energy that I once had. She may not realize that she has brought me back to life. It feels good to make a difference once again!

Coyle truly elevates nurses and inspires people to make a difference. Coyle recognizes opportunities to innovate practice. Her energy is refreshing while challenging others to change what's possible.



Andrea Coyle, MSN, MHA, RN



# Awards

## Exceeding Expectations

These nursing leaders were recognized for exceeding expectations for a specific MUSC Pillar Goal.

### Service

Karen Stephenson, MSN, RN,  
Labor and Delivery Nurse Manager

Sandra Belton, MSN, RN, Senior Care Manager

Jennifer Minick, MSN, RN, 3W Nurse Manager

### People

Deborah Adams, MA, BSN, RN, Neuroscience Manager

Christina Vitello, MSN, RN, 5W Nurse Manager

Angela Richards, MSN, APRN, RN, GCNS-BC,  
IOP Access Center Manager

### Quality

Patricia Condon, MSN, RN, NE-BC, Women's Health Manager

Perette Sabatino, MSN, RN, Stroke Program Manager

### Finance

Marc Gerber, BSN, RN, Meducare Manager

Jennifer Wright, BSN, RN, 7A Nurse Manager



Christina Vitello, MSN, RN, 5W  
Nurse Manager

# Awards

## **Silver Beacon Award Shines on STICU, MICU and NSICU Staff**

MUSC's Medical Intensive Care Unit (MICU), Neuroscience Intensive Care Unit (NSICU) and Surgical Trauma Intensive Care Unit (STICU) were recognized with the silver-level Beacon Award for Excellence by the American Association of Critical-Care Nurses (AACN). This nationally recognized award honors critical-care units for achieving high quality outcomes in patient care, practices and processes.

This is the third consecutive Beacon Award presented to STICU & NSICU since 2008 and second award for the MICU. MUSC is South Carolina's major tertiary care academic medical center, designated as a Level 1 by the American College of Surgeons, the only such designation in South Carolina.

Evidence demonstrates patients admitted to Beacon units are more likely to receive a high level of patient care, develop fewer complications and report a greater overall satisfaction of care, according to AACN. Nurses who work on these units also reportedly experience greater collaboration between health care teams, higher morale and lower staff turnover.

The award is presented in three categories – bronze, silver and gold. The application requires comprehensive documentation of each unit's profile, leadership structures and systems, staffing and staff engagement processes, communication, professional development and evidence-based practices and clinical outcomes. The designation is active for three years.

"The NSICU sets its standard of care at the highest possible level in order to mirror the mission of the organization and to contribute to the goals set by the service line using a multidisciplinary, evidence-based approach in our practice to improve patient outcomes while providing patient centered care," said NSICU Nurse Manager Cheryl Holderfield, MSN, RN, CCRN, CNRN, CNS. The NSICU was the first ICU in S.C. to be recognized with the Beacon Award in the fall of 2008, followed immediately by the STICU & MICU in early 2009.

The 17-bed STICU serves adult patients diagnosed with life-threatening traumatic injuries and patients who are post-surgical. The STICU staff was recognized for establishing systems and processes through using evidence-based practices and creative efforts to improve patient care. Working with unit-based councils and committees, the STICU staff established hand hygiene and ICU mobility programs as well as improved multidisciplinary collaboration. The unit continues to approach and exceed industry benchmarks.

STICU Nurse Manager Cindy Little, MBA, MSN, RN, CCRN, NE-BC, also emphasized the unit's concentrated plans to increase nurses with adult critical care nursing certifications. The team works together to increase evidence-based practices to reduce catheter-associated urinary tract infections and improve movement of patients to the operating room.

"I'm proud of our team's continued level of excellence. Most of the STICU nurses simply say, 'This is what we do every day.' Our STICU councils and ad hoc committees research best practice and incorporate it into our routine," said Little.

MICU Nurse Manager Janet Byrne, MSN, RN, feels this award signifies a commitment to excellence in her unit's daily practices. Since winning the award in 2009, MICU's interdisciplinary team has focused more on outcomes and streamlining practices that are evidence-based.

"We have a team of some of the most intelligent, well-trained and highly professional nurses in the U.S. They are intelligent, selfless individuals who are always striving to improve care," said Byrne.

# Awards

MICU's policies, protocols and guidelines are developed based on the latest research and recommendations from AACN and the Society of Critical Care Medicine. Some recent innovations established by staff are daily sedation awakening, weaning trials, progressive early mobilization of patients, interdisciplinary team rounding and an environmental cleaning project.

Dee Ford, M.D., also praised the MICU team for their achievement.

"The Beacon award is a well-deserved accolade for the MICU that reflects high standards being consistently upheld by hundreds of dedicated staff," said Ford. "It's a testimony to the successful implementation of known best practices as well as development of innovations in patient care."

**STICU Beacon team members include:** STICU Nurse Manager Cindy Little, MBA, MSN, RN CCRN, NE-BC, Patrice White, BSN, RN, Wendy Gibson-Butler, RN, Melissa Ray, BSN, RN, CCRN, and Lynze Eades, RN

**MICU Beacon team members include:** MICU Nurse Manager, Janet Byrne, MSN, RN, Andrea Meaburn, MSN, RN, ANP-BC, CCRN, CHPN, Deidra Huckabee, MSN, RN, CCRN, Laurie Weatherbee, MBA, BSN, RN, Kristin Ashby-Nivia, BSN, RN, Damon Clembury, BSN, RN, Marilyn James, BSN, RN, CCRN, Jessica Bullington, BSN, RN, Mary Allen, RN, CIC, Shawn Valenta, RRT, MHA, Dee Ford, M.D., Tori Jacobson, PCT, and Alice Boylan, M.D.

**NSICU Beacon team members include:** NSICU Nurse Manager Cheryl Holderfield, MSN, RN, CCRN, CNRN, CNS, Mark McCaslin, RN, CCRN, CNRN, SCRN, Denise Batchelor, BSN, RN, CCRN, Amanda Lewis, BSN, RN, and Jenny Mann, BSN, RN



Cindy Little, MBA, MSN, RN, CCRN, NE-BC, Jarred Blevins, RRT, ACCS,  
Brian McKinzie, PharmD, BCPS, BLNSP, Penny Perez, ADN, RN, CCRN, Mike Iorio, BSN, RN,  
Sheryl Weathers, RRT, AS, Joe Whitlock, CRT, AS, Sharon Jones, ASB,  
Jameela Goudarzi, BSN, RN, Lina Norena-Dall, PCT, Veronica Ramos, BSN, RN, Ashley Duffy, PCT



# Awards

## Circle of Excellence Society Inducts Byrne and Holderfield

The American Association of Critical Care Nurses recognized two of MUHA's nursing leaders by inducting them into the Circle of Excellence Society at the National Teaching Institute Annual Conference in 2013. MICU Nurse Manager Janet Byrne, MSN, RN, and NSICU Nurse Manager Cheryl Holderfield, MSN, RN, CCRN, CNRN, CNS, received this prestigious award for exemplifying excellence and innovation in the care of acutely and critically ill patients and their families.



Janet Byrne, MSN, RN, and Cheryl Holderfield, MSN, RN, CCRN, CNRN, CNS

## Johnson and Johnson Promise of Nursing Honors 28 MUSC Nurses

The Johnson and Johnson Promise of Nursing Gala honored 28 MUSC nurses while celebrating nursing. Janice Freeman, BSN, RN, CCRC, was one of four guest speakers who shared her story of how she became a nurse. Freeman received a standing ovation for her eloquent expression. Plus, MUSC represented three of the four video finalists. The following areas submitted videos: Women's Care, Neonatal Intensive Care Unit, Children's 9 East and Neurosciences. Alex Herlocker, RN, developed the winning video featuring a song he composed along with the theme, "No More Falls!"



# Awards

## **SGNA Award Presented to Dr. Marilyn Schaffner**

Marilyn J. Schaffner, Ph.D., NEA-BC, CGRN, Clinical Services Administrator and Chief Nursing Officer, was praised for her leadership and service in promoting gastroenterology and endoscopy nursing at both the national and regional levels.

Schaffner was presented with the distinguished service award from the Society of Gastroenterology Nurses and Associates board of directors for her accomplishments, high standards and career commitment at the organization's 40th annual meeting in Austin, Texas.

Schaffner, who has been a nurse at MUSC since 1995, has been a member of SGNA for more than 25 years. In 2000, she was named Clinical Services Administrator and Chief Nursing Officer for the medical center. Throughout her career, she has firmly believed that in giving of yourself, much can be gained in return.

The award is among SGNA's highest honors and recognizes an individual's contributions in public service, legislation and community involvement. Schaffner credits much of her success to the guidance and tutelage of mentors.

"This is the most distinguished award that I have received. To be acknowledged for the path others have laid before me is incredible," said Schaffner.



Dr. Marilyn Schaffner, Clinical Services Administrator and Chief Nursing Officer, and Phyllis Malpas, MUSC Endoscopy Manager and SGNA immediate past president

# Collaboration

By practicing expert communication skills, functioning as a member of a team and working to enhance the team's functioning to benefiting caring.

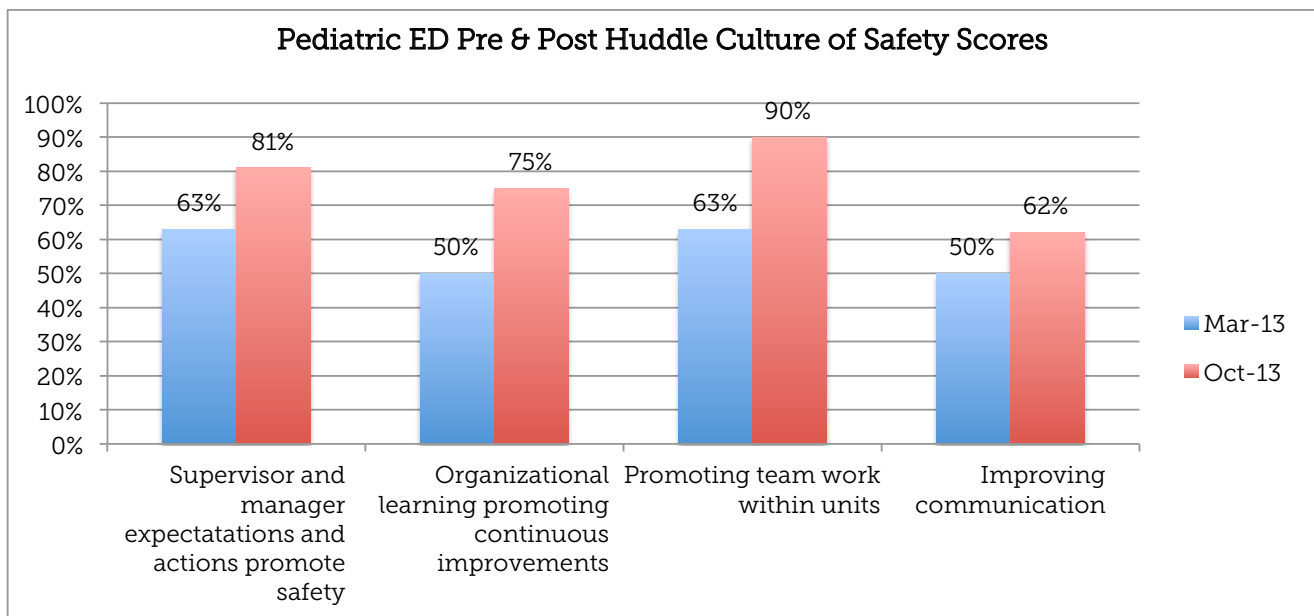
## Huddles Lead to Optimal Outcomes

Several units incorporated daily huddles in their practice to improve communication and patient safety while promoting employee engagement. These efforts led to efficient quality improvements.

## Pediatric Emergency Department Huddles

Throughout the past year, the Pediatric Emergency Department's staffing plan has evolved resulting in many different work shifts with limited staff overlapping during the morning shift change when staff meetings have normally been conducted. This change led to a lack of awareness and communication among the team, leaving consistent messaging only being communicated electronically. Daily huddles were performed along with a weekly huddle information sheet being distributed highlighting wins, recognitions, new practices, clinical issues, safety concerns and reminders. The new format encourages ongoing discussions among all team members and helps promote new approaches. Huddle items are collected the week prior from various team members. The goal for this pilot is to facilitate smaller organizational changes and provide reminders each week enabling more time to be dedicated for guest speakers and team development during staff meetings. Monthly huddle recaps are issued in an effort to highlight key points.

According to employee surveys, daily huddles have facilitated the following improvements:



# Collaboration

## MSICU Huddles

MSICU staff members were surveyed 90 days after initiating huddles, and 86 percent of them felt it was a beneficial process for improving communication.

“There was resistance when the huddles were first implemented as many staff stated they would be too busy to interrupt care to attend,” said Emily Shaver, BSN, RN. “I realized the effectiveness of the huddles when I noticed our nurses took an active role encouraging their peers to attend and were able to recap what was discussed the week before.”

MSICU huddles last anywhere from five to 15 minutes providing an opportunity for staff to discuss solutions for relevant issues, promote evidenced-based practices, changes in policies and patient safety concerns.

## Outpatient Ambulatory Clinic Huddles

The Outpatient Ambulatory Clinics implemented huddles as a component of daily continuous improvement in an effort to facilitate a culture centered on safety and excellence. Each huddle includes two key questions:

What do we need to know that will adversely impact or delay patient care today?

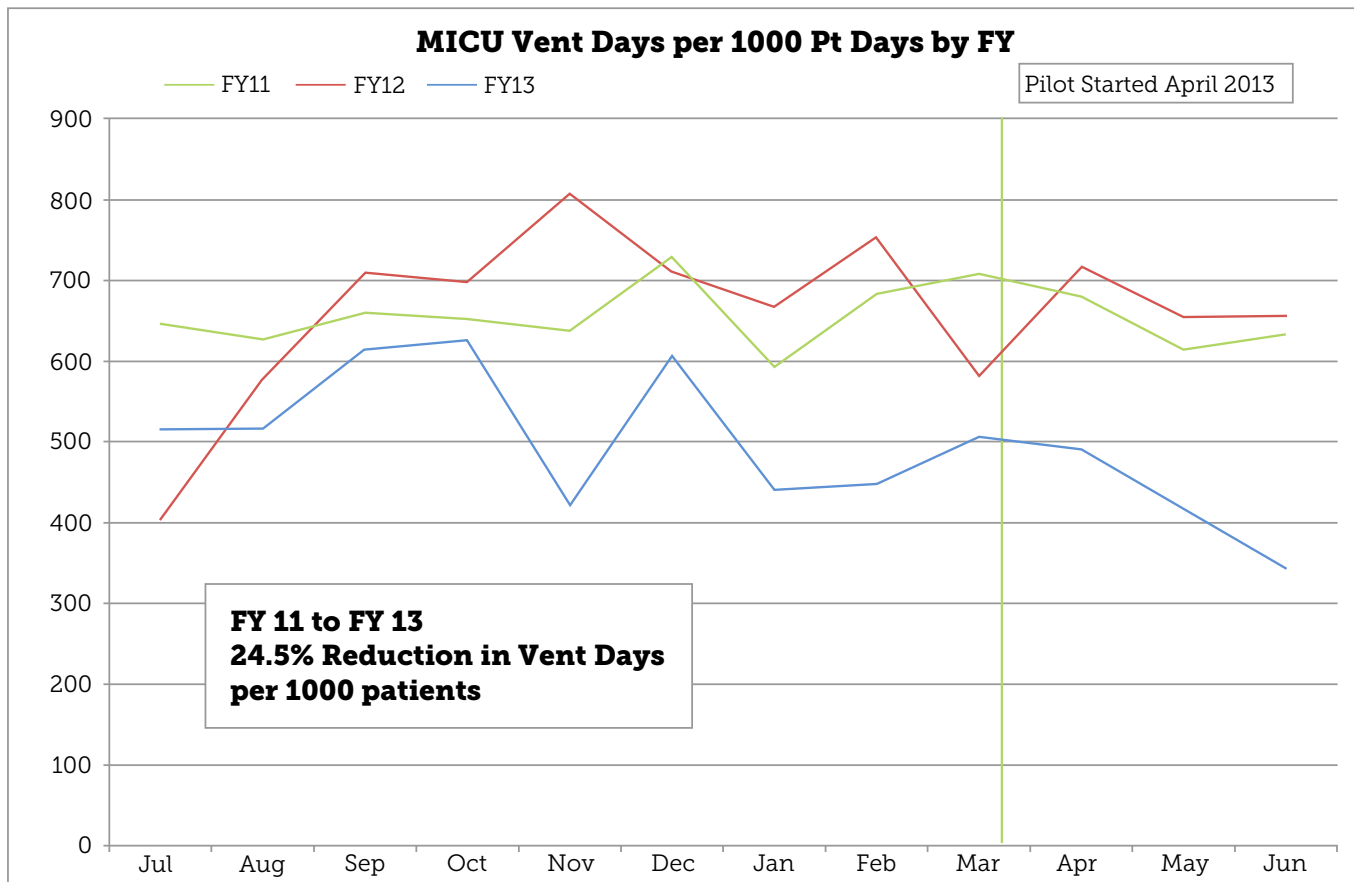
Did any unsafe conditions occur yesterday that should be reported?

“Huddles have certainly improved our communication and teamwork among our clinic areas,” said Gayle Wadford, MSN, MBA, RN. “We have been able to address several issues that have been concerning us for quite some time just by bringing to light the issues we were having and forwarding the concerns to the appropriate people. To be quite honest, huddles have decreased frustration because there is always an avenue to voice issues when they arise so they can be addressed in a timely manner. We have managed to gain support for huddles since we have been able to show we are listening and will strive to remedy any issues that are uncovered by the process.”

# Collaboration

## MICU Early Mobility Huddles

An interdisciplinary team of professionals from Pulmonary Critical Care, Nursing Leadership, Physical Therapy, Pharmacy and Respiratory Therapy collaborated on the development and implementation of an early mobility program for ventilator patients. The group started a pilot in March of 2013 and had weekly huddles to monitor the ICU Mobility Program and establish action plans ensuring its success. The six month pilot has been extended due to its success in achieving a reduction in length of stay, decreased ventilator days and going the entire six month pilot without a single incident of ventilator associated pneumonia.





# Collaboration

## ART 5W Oncology Huddles

5W instituted daily huddles to connect with staff members more frequently and included Environmental Services (EVS) as a part of their participation in the Clean Hospital Environment Improve Project. Meetings were conducted daily at the nurses' station lasting approximately 10 to 15 minutes. The huddles began with members expressing wins, moved onto news, updates, changes, Magnet updates, clinical counsel updates and then welcomed questions, concerns or comments from staff members. Each Friday a huddle recap newsletter was shared highlighting the topics discussed during the week. Since huddles were conducted seven days a week, 100 percent of staff members were reached, providing them an opportunity to interact with EVS and other disciplines. In-services were then scheduled for implementing new procedures allowing more time for learning. Prior to implementing huddles, the cleanliness scores were some of the lowest in the facility and have since improved drastically. EVS representatives continue to attend huddles regularly and are an integral part of the team. Melissa Simmons was named Employee of the Month by the Art 5W staff and has since been promoted as an EVS team leader.



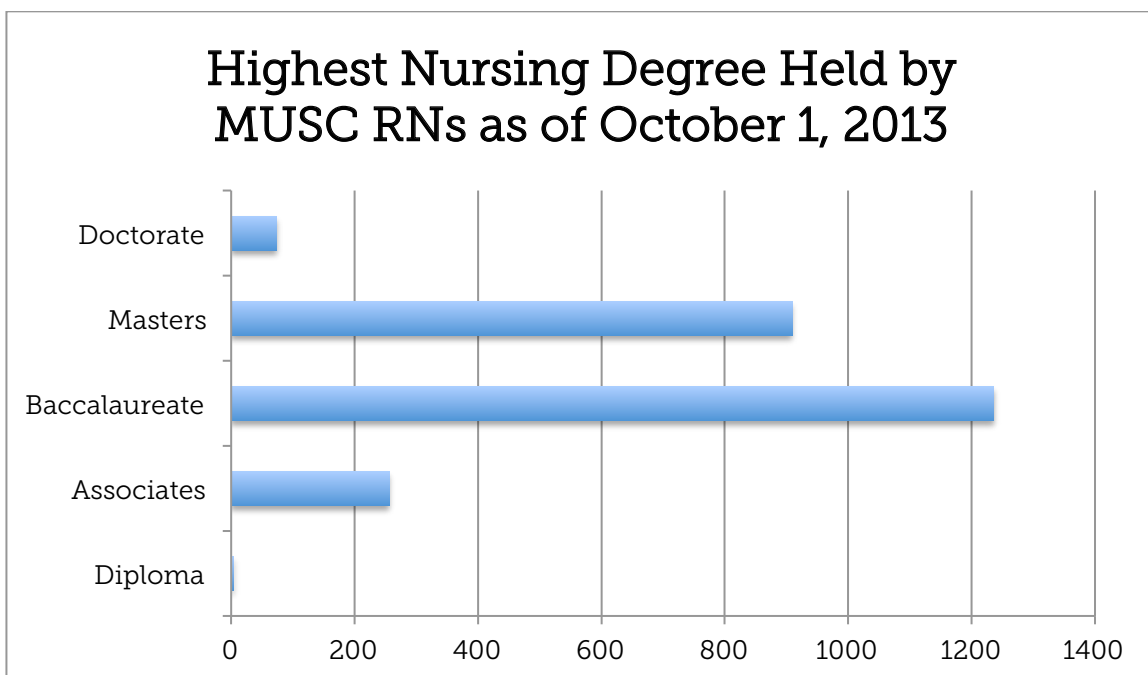
Kathy Wanstall MSN, RN, Jessica Shaw, RN, CUL, Danielle Lingard, PCT, Sabrea McKinney, PCT, Donna Lewis, ASB, Joe Singleton, EVS, Tibithia Jackson, RN

# Expertise

Growing from novice to expert and applying the highest level of skill to all aspects of care.

## Complexity of Health Care Increases

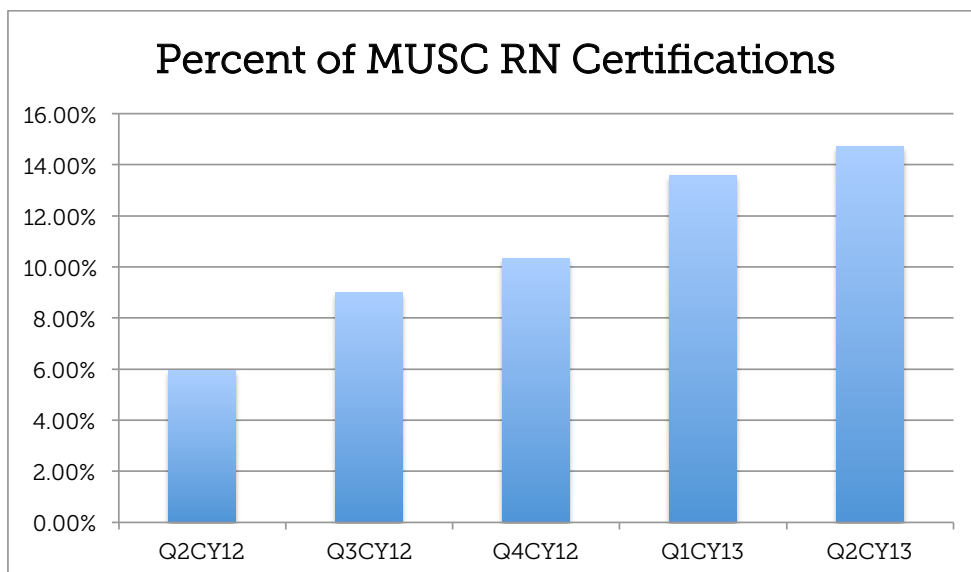
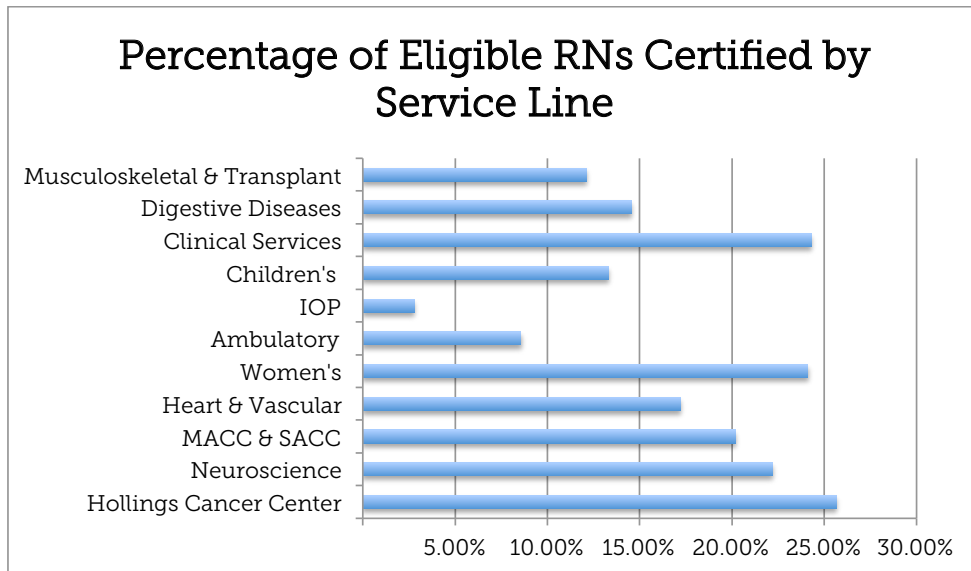
In July 2013, MUHA adopted a structure implementing minimum education requirements for new hires along with expectations for continuing education. The goal is to increase the percentage of bachelor's prepared nurses, as well as Advanced Practice Nurses in leadership roles. The Institute of Medicine's (IOM) Future of Nursing 2010 report discusses the complexity of health care now being faced and how drastically it's changed from past decades. This level of complexity necessitates a stronger educational base for nurses to perform optimally. Recommendations from the American Nurses' Association, the Association of Nursing Professional Development and other professional organizations were considered as the plan was formulated. The IOM Report advocates for nurses to achieve higher levels of education by 2020. Additionally, Patricia Benner's Novice to Expert states that nurses, as members of a professional discipline, are responsible for an identifiable body of knowledge and a set of complex processes, behaviors and services which they apply to the care of patients and families. Through extensive clinical practice, participation in formal and informal learning activities and guidance from expert practitioners, nurses can extend the depth and scope of practice, while increasing their professional contribution and becoming more competent in their specialty. Nurses are encouraged to obtain specialty certification to be officially recognized for the clinical expertise acquired throughout their career.



# Expertise

## MUSC Nurses Surpass Certification Goal

The MUSC Medical Center values professional certification as evidence of specialized knowledge and expert clinical judgment. The American Board of Nursing Specialties defines nursing certification as a formal method of recognizing specialized knowledge, skills and experience in which nurses improve patient outcomes. Throughout the past year, MUSC has taken action to support nurses wishing to achieve specialty certification. Allocating funds to help with registering for exams, facilitating review courses locally or through South Carolina Health Education Consortium, encouraging study groups, as well as sponsoring a testing site are just a few of the strategies that have enabled MUSC to exceed its goal of increasing the percentage of certified nurses by at least 5 percent annually.

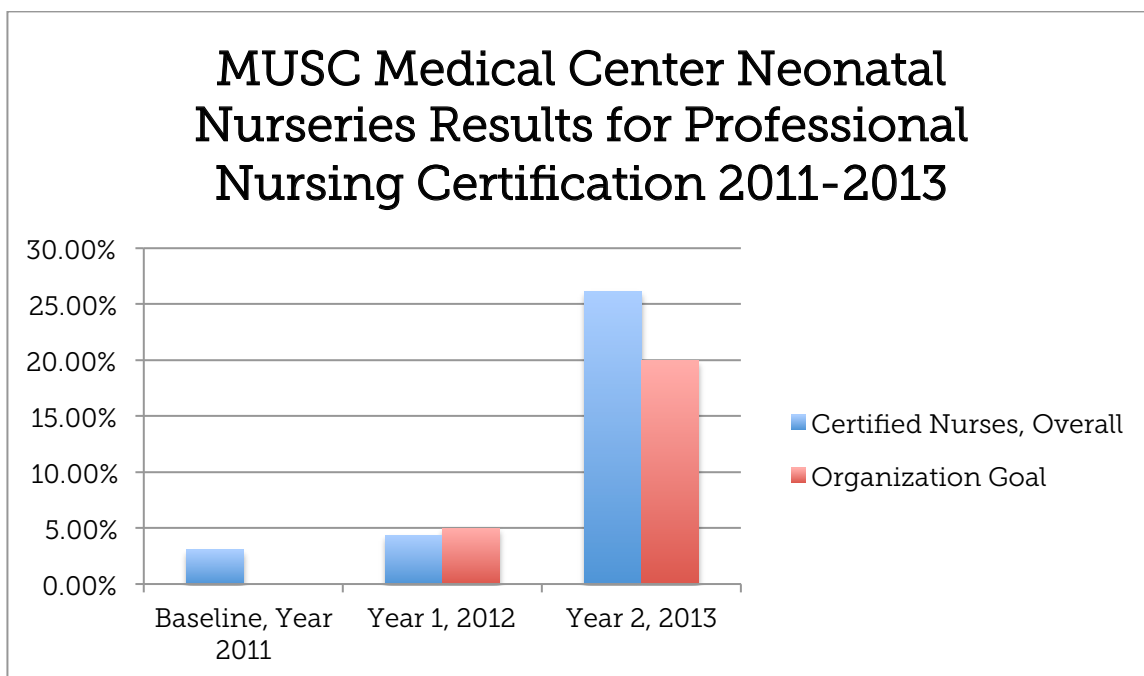


# Expertise

## Improving Neonatal Nurses Certification

Neonatal Nurseries Clinical Director MaryLaura Smithwick, MSN, RN, and Neonatal Nurseries Nurse Educator Sara Gayle McConnell, BSN, RN, RNC-NIC, assessed the certification rate of nurses in their nurseries in February 2013. The nurseries posted a modest certification rate of 8 percent with a total 12 certified nurses. Smithwick and McConnell knew certification was critical for empowerment and set a goal of 20 percent certification among their staff members.

McConnell focused on two unique initiatives to reach this goal. The first initiative encouraged intermediate care nurses to take the certification exam. The second initiative offered a paper test on campus since it was more convenient and helped nurses overcome computer test anxiety. These efforts produced an increase in unit level certification from just 8 percent in February 2013 to 28 percent in November 2013.



## Certified Case Managers Optimizing Outcomes

The Case Management Division partnered with Low Country AHEC to present a two day course preparing registered nurses and social workers to become certified case managers. Since that time, five nurses and three social workers have become certified.

“This has changed our practice by validating the experience and knowledge base of the nurse case manager and social worker,” said General Medicine Nurse Case Manager Jennifer Fox, MSN, RN, ACM. “The board-certified nurse case manager and social worker are better able to provide the right services to patients across the continuum of care, including those with serious or complex medical conditions and catastrophic injuries and illnesses. The certified case manager acts in an individual’s best interest in a fragmented health care system to provide optimum value and desirable outcomes for all involved.”



# Expertise

## Certified Nurses Facilitate Epic Implementation

A key component of a well-planned Epic electronic medical record implementation is the presence of Epic certified nurses on build and support teams. Epic certification required a number of trips to the Epic training facility in Wisconsin, as well as numerous examinations and projects. The estimated cost of certifying an employee is \$27,000, and certification is mandatory for all Epic builders. The nursing informatics team, formerly known as the Redcoats, has eight certified nurse builders, and the Epic analyst team is comprised of 28 certified nurses. Epic analysts are responsible for all of the duties concerning building the system. While nursing informatics provides support, they will also serve as expert liaisons to end users during the preparation for implementation, rollout and optimization.

## RNs Advancing the Clinical Ladder

These outstanding nurses have been promoted to RN III status based on their contributions to providing better outcomes at MUSC.

R'celle Boyd, RN, CGRN  
Sonya Spruill, RN  
Teresa Anderson, BSN, CCRC  
JoAnn Ellison, RN, CPAN  
Samuel Willis, BSN, RN  
Sheryl Naugle, RN, RN-BC  
Savannah Galloway, RN  
Susan Fawcett, RN  
Jo Allison Duane, RN  
Tracy Marie Fields, RN  
Jessica Bullington, BSN, RN  
Erin Spalviero, RN, CCRN  
Jessica Hay, BSN, RN  
Trish Haley, RN, CCRN  
Maegan Manson, BSN, RN  
Mary Hegedus, BSN, RN

Christine Weber, BSN, CMSRN  
Metzfe Astel Sulyma, BSN, RN-BC, ONC  
Mary Shearer, BSN, RN  
Amanda Peebles, BSN, RN  
Angela Whitcomb, BSN, RN  
Dennis Wysong, RN  
Abby Wilkins, RN  
Terri Thompson, RN  
Lorena DelGrosso, RN, CPN  
Karen Wildes, BSN, RN  
Karen Hawkins, RN, CPN  
Katelyn Fennell, RN  
Patricia Thompson, RN  
Jennifer Bourque, RN  
Karen Benedict, RN



MUSC RN IIs

# Expertise

## Hwajoo Haynes Exemplifies Transformational Leadership



Hwajoo Haynes,  
MSN, APRN, ANP-BC, CCTC, RN

Hwajoo Haynes, MSN, APRN, RN, ANP-BC, CCTC, is the Lead Heart Transplant Nurse Practitioner for the Heart Transplant and Heart Failure Program. Haynes' practice is driven by providing care to complex patients through a multidisciplinary team approach she finds both rewarding and challenging since heart transplant operation not only changes the lives of patients, but their family members, as well. Being able to provide quality care to these patients is a humbling experience that motivates her daily practice.

Haynes was surrounded by several relatives who practiced medicine while growing up in South Korea. When she was a senior in high school, her father took her to visit her uncle, who was the dean of the medical school, to discuss her aspirations for college. Her uncle informed her about a nursing school that had just opened, and she then decided to pursue an exciting career opportunity in nursing.

Haynes continues to share her knowledge and expertise in the area of post-transplant malignancies with transplant nursing colleagues around the world. She has presented her work at the following meetings:

- 22nd International Transplant Nurses Society (ITNS) Annual Symposium in 2013 in Washington D.C.
- 21st ITNS Annual Symposium in 2012 in Seattle, WA
- 31st International Society for Heart and Lung Transplantation (ISHLT) Annual Meeting in 2011 in San Diego, CA
- 12th Congress of Asian Society of Transplantation in 2011 in Seoul, South Korea
- 12th ITNS Annual Symposium in 2003 in Scottsdale, AZ

Haynes continues to seek professional development by visibly representing MUSC on the national and international level through presentations and by serving as an International Transplant Nurses Society (ITNS) Committee Member. Her application to be an abstract reviewer for the 2014 ITNS Annual Symposium was recently accepted leaving her excited about what's ahead.



# Expertise

## **MUSC Excels at National Stroke Designation Survey**

At the conclusion of the MUSC National Stroke Designation survey, one surveyor said, "MUSC is among the best in the country and should be very proud of the care you provide." MUSC has been a nationally recognized stroke center since July 2007. Perette Sabatino, MSN, RN, stated the program has tripled in size and added 13 telestroke sites throughout S.C. since that time. The performance measures, mortality rate and door to needle time at MUSC have some of the best outcomes in the entire country.



Andrea Urbanski, Neuroscience Service Line RN II

## **MUSC Achieves Diabetes Certification**

MUSC is one of three academic institutions in the country and one of a handful of hospitals with over 400 beds to achieve Advanced Inpatient Diabetes Certification from the Joint Commission (JC) recognizing excellence in inpatient Diabetes care. The JC reviewer was impressed with the nurses' abilities to articulate the process for caring for diabetic patients throughout the Children's Hospital, Institute of Psychiatry, Ashley River Tower and University Hospital, according to Diabetes Program Manager Pamela Arnold, MSN, APRN, RN, BC-ADM, CDE. MUSC received a perfect rating.

# Advocacy

Keeping both the patients' and families' needs priority while recognizing vulnerability and using influence to assure those needs are central to our compassionate interdisciplinary care and treatment planning.

## **Sexual Assault Nurse Examiners (SANE) Offer Compassionate Care**

Sexual assault is a devastating and prevalent crime with long-term negative implications for victims and their families. It may result in a range of physical, psychological, acute and chronic health problems. SANE programs are recognized nationally as best practice concerning treatment of victims of sexual assault providing compassionate, immediate and coordinated care.

The MUSC SANE program serves patients 18 and older, who report or are concerned about a potential sexual assault occurrence. Adults may report the assault to the police or make an anonymous report and are entitled to receive a medical forensic exam, evidence collection and treatment, including medication to prevent pregnancy and sexually transmitted infections, without incurring a charge. All exams and medications are funded through the State Office of Victim Assistance (SOVA). A state of the art digital forensic photography system is utilized and will enhance efforts to identify and document injury. For patients who report a sexual assault to law enforcement, this may result in an improved criminal justice outcome. Patients receive immediate assistance through People Against Rape (PAR), which provides treatment and information about local resources, support, crisis intervention and assistance with referrals. SANE and PAR advocates work together providing victim-centered care to the patient.

The program is comprised of eight representatives certified to support pediatrics, adolescents and adults, as well as board certified in Advanced Forensic Nursing. Nurses are on call and respond to patients arriving at the emergency room 24 hours a day. A SANE representative works specifically with community agencies to provide education to health care providers, hospitals, clinics, law enforcement and colleges. SANE participates in state initiatives to improve health care for victims of sexual assault and provides 24 hour consultation to nurses and physicians at MUSC in need of their services.



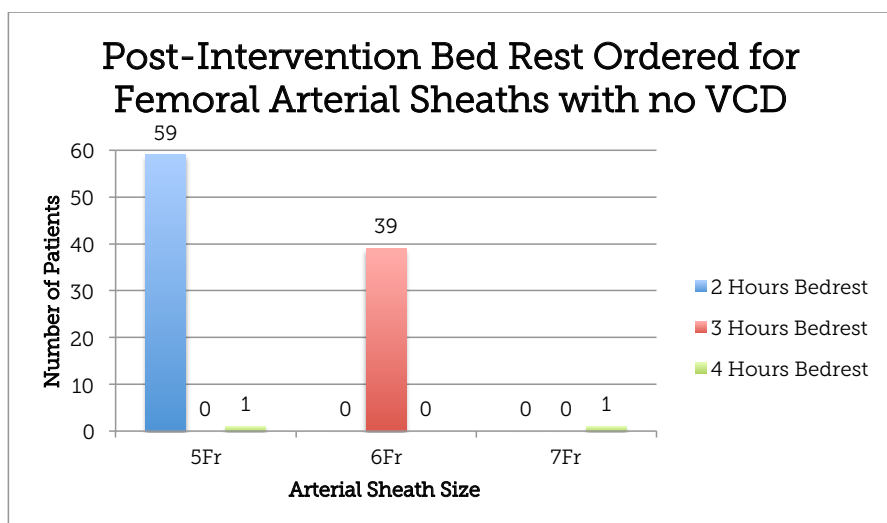
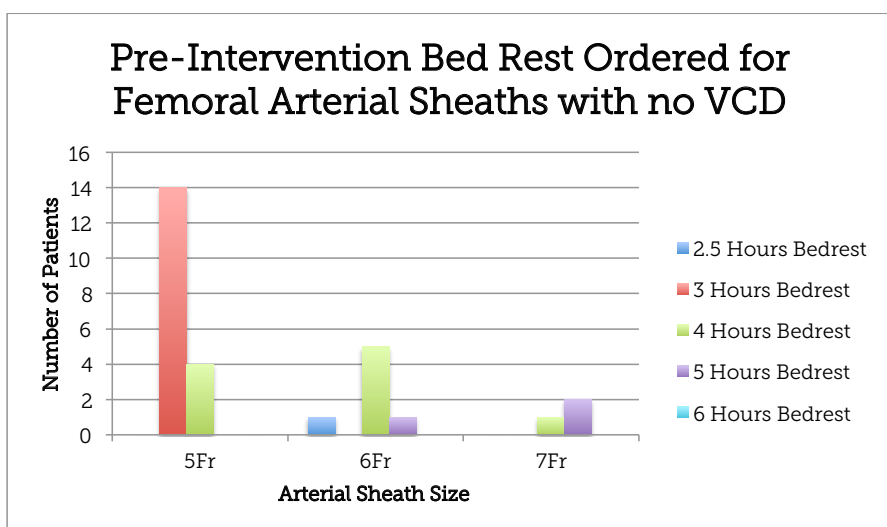
# Advocacy

The first multi-disciplinary SANE training was conducted in Charleston, S.C., in the summer of 2013. 50 nurses, law enforcement officers, detectives and advocates registered for training provided by Kathy Gill-Hopple, Ph.D., AFN-BC, RN, SANE-A, SANE-P, a SANE representative from the pediatric team, Ron Acierno and experts from South Carolina Law Enforcement Division (SLED), the solicitor's office and other advocacy groups. This training served as an opportunity for all team members to learn about each other's roles and responsibilities while becoming more familiar with victim-centered care.

## Bed Rest Protocol Decreases Complications

Elizabeth Boessneck, BSN, RN, Meredith Sherman, BSN, RN, and Melissa Southard, BSN, RN, from the Heart and Vascular Center advocated for their patients by collaborating with cardiologists concerning the development and implementation of a standardized bed rest protocol for patients undergoing heart catheterizations. Positive outcomes achieved after implementation of the protocol include:

- The average bed rest for femoral arterial sheaths decreased just over an hour.
- The average bed rest for femoral venous sheaths decreased by an hour and a half.
- Patients were given the option of elevating the head of their bed less than 30 degrees after the first hour of hemostasis, and 64 percent opted to do so.
- The complication rate following protocol implementation was less than 1 percent.



# Advocacy

## Outstanding Leaders Thriving in Professional Organizations

Brandon Gates, BSN, RN, treasurer, Men in Nursing

Cheryl Holderfield, MSN, RN, CCRN, CNRN, CNS, serves as the ambassador for the American Association of Critical-Care Nurses (AACN), South Carolina Organization of Nurse Leaders (SCONL) 2014 vice chair elect and the Board of Nursing Practice and Standards committee member.

Phyllis Malpas, MA, RN, CGRN, Society of Gastroenterology Nurses and Associates (SGNA) immediate past president

Janice Freeman, BSN, RN, CGRN, SGNA research committee member

Sheryl Carlson, Ph.D., APRN, NNP-BC, RN, acting president of the National Association of Neonatal Nurses (NANN)

Ofelia Campos, BSN, RN, CCRN, vice president of the National Philippine Nurses Association of Charleston

Heather Dolan, BSN, RN, South Carolina Nurses Association board member

Rosemarie Battaglia, MSN, RN, American Association of Ambulatory Care Nurses, National Task Force Nurse Sensitive Indicators, member



Phyllis Malpas, MA, RN, CGRN

# Advocacy

## **Patient Family Partnership Council Destigmatizes Mental Illness**

The Institute of Psychiatry (IOP) provides the most thorough care available for a full range of psychiatric problems. Patients benefit from attention by nationally recognized psychiatrists, psychiatric nurses, social workers, psychologists, and researchers working together to provide care emphasizing confidentiality and mutual respect. One of the hallmarks of IOP's treatment approach includes the Patient Family Partnership Council (PFPC) implementation of family and patient centered care. The PFPC consists of four family members and four consumers, each having first-hand experience with mental illness or addiction, who serve on a patient satisfaction team, admission criteria task force and contribute to new employee orientations. The group also facilitates crisis intervention training for MUSC Safety and Security staff members, as well as a weekly spiritual support group for inpatients.

## **Trauma-Informed Care Promotes Well-being**

It is not rare for individuals to be exposed to traumatic events throughout their lives with the severity and frequency causing debilitating effects. The IOP treatment team is sensitive to patients who have suffered traumatic events and works diligently to avoid anything that aggravates memories of interpersonal violence or victimization. Trauma-informed care is based on five principles:

**Safety:** Ensuring physical and emotional safety.

**Trustworthiness:** Maximizing trustworthiness, making tasks clear while maintaining appropriate boundaries.

**Choice:** Prioritizing consumer choice and control.

**Collaboration:** Maximizing collaboration and sharing of power with consumers.

**Empowerment:** Prioritizing consumer empowerment and skill-building.

# Advacacy

## Foster Care Program Optimizes Health Outcomes

According to the American Academy of Pediatrics and Healthy Foster Care America, approximately 800,000 children spend some time in foster care each year. The average length of stay often extends to 33 months. Nearly 25 percent of children in foster care will have more than three home placements. The MUSC Foster Care Support Clinic (FCSC) collaborates with the South Carolina Department of Social Services (DSS) to provide medical services to high risk children in the foster care system throughout the area.

The FCSC's Tracy W. Halasz, Certified Pediatric Nurse Practitioner, works with Machel Green, Human Service Coordinator, and the MUSC General Pediatric Attending Physicians to provide care and coordination to foster children in an outpatient setting. As of June 2013, 321 children were enrolled in FCSC, and enrollment is steadily expanding. One of Halasz's goals in the coming years involves increasing availability of adequate medical, mental health and developmental care to foster care children and families in order to provide continuity for this patient population, as well as optimize health outcomes and decrease hospitalizations. Halasz has been working to promote the FCSC in the area, as well across the state, and was recently asked to participate in the South Carolina Foster Care Health Advisory Committee to help champion a system of care that assures children in the foster care system of South Carolina have timely access and are provided the highest standard of medical and mental health care available.

## Magnets Reduce Emergency Room Visits by 50 Percent

Bonnie Rab, ADN, RN, obtained a grant and developed refrigerator magnets that were distributed to parents of children with epilepsy. The magnet was intended to be a quick reference to help parents manage their child's diagnosis and seizures since the educational tools distributed in clinic visits were often lost or discarded. The magnets were successful in achieving a 50 percent reduction of total emergency room visits.

### RESULTS

- Parent Survey (see figure 2):**
- 532 responses
  - 95% reported Seizure Management Magnet was helpful

- ED Visits (see figure 3):**
- 50% reduction in total ED visits for seizures in children
  - 58% reduction in ED visits for seizures in children that did not lead to inpatient admission
  - Average total ED visits for seizures per child dropped from 1.06 to 0.53 after intervention

**Figure 1.** First Aid Seizure Magnet

**First Aid for Seizures**

- Signs of a seizure: shaking of arms, legs or whole body, blank staring, confused speech
- Place child on their side; remove any hard objects that could harm your child.
- Speak calmly to your child
- Time the Seizure

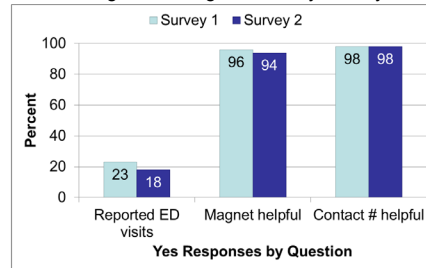
**When to call 911**

- If the seizure lasts longer than 5 minutes
- If your child has multiple seizures
- If seizures do not stop after giving emergency medication

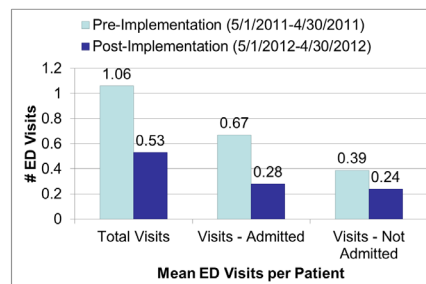
**Important Phone Numbers**

- 843-792-3307 - Monday through Friday 8:30 am-4pm
- 843-792-2123 - After hours (Ask to speak to the pediatric neurology resident on call)

**Figure 2.** Parent responses to Seizure Management Magnet Efficacy Survey



**Figure 3.** Comparison of Frequency of ED Visits before and after Seizure Management Magnet Distribution





# Advocacy

## Acute Directional Unit (ADU) Offers Patients Better Options

Digestive Disease Center (DDC) Outpatient Nurse Manager KellyAnne Lee, BSN, RN, CCRN, observed a backlog of patients needing short term intravenous fluids and blood transfusions. Lee proposed the concept of an observation unit to DDC Service Line Administrator Brian Sloan, MBA, Chief Nursing Officer and Administrator for Clinical Services Marilyn Schaffner Ph.D., RN, NEA-BC, CGRN, and Chief Executive Officer Pat Cawley M.D. A business plan was approved and the Acute Directional Unit (ADU) opened in May 2013. The throughput of patients has since increased significantly resulting in an increase of bed availability for patients that need to remain longer allowing more rapid transfer of patients from outside facilities, clinics, endoscopy units, as well as the Chest Pain Center (CPC).

Plus, the ADU has been successful from patients' perspectives. One example involves an oncology patient at the CPC that required two units of blood. This patient did not want to be admitted and voiced his desire to return home. Pennington facilitated the patient's transfer from the CPC to the ADU. After two units of blood, the patient was discharged home to be with his family.

The ADU serves patients suffering from chronic pancreatitis, a disabling disease causing pain, nausea and vomiting. These patients are able to bypass the CPC and are directly admitted to the ADU where staff members are prepared to handle their acute needs. Before opening the ADU, these patients were frequently readmitted with acute exacerbations, but are now able to receive care without admission to the hospital. Readmissions for patients with acute pancreatitis have decreased by 30 percent, which can be attributed to the ADU.



KellyAnne Lee, BSN, RN, CCRN

# Integrity

Caring for oneself and colleagues with actions guided by the American Nurses Association's Ethical Code for Nurses.

## Competency Assessment Model Encourages Employee Engagement

MUSC continually adapts to the ever changing world of health care. Recently, leaders decided to take a step back and analyze methods for evaluating annual competencies and now embrace a more collaborative approach by encouraging employee engagement through the identification of competencies.

“Basically, it takes the ownership of the competencies from the unit educator and administration to the employee,” said Tracy Ferro, MSN, RN, PCCN, “It’s an employee centered model, and they’re in control of it.”

MUSC sought the guidance of Donna Wright, Creative Health Care Management Consultant, MS, BSN, RN, because of her expertise in transformative health care. Wright conducted a workshop for MUSC leaders in September 2012 where she advised how to implement her renowned Competency Assessment Model and addressed opportunities specific to MUSC.

MUSC nursing professional development facilitators, human resources and the clinical education department identified individuals committed to adopting this model. These early adopters discussed the need for establishing differentiation between verifying annual competence and ongoing annual education. They concluded the current model overused computerized modules that were only accessed once a year, and the modules were not the most effective method for verifying competency. An action plan was created to define true ongoing competency resulting in fewer Computerized Annual Training and Tracking System (CATTs) modules.

Tracy Ferro, MSN, RN, PCCN, RN, and Leigh Dangerfield, MSN, RN, PCCN, took the lead by piloting Wright's Competency Assessment Model within their units at the Heart and Vascular Center. Ferro and Dangerfield solicited employee feedback in staff meetings and posted worksheets in their units providing employees an outlet to identify what mattered to them most. Staff members autonomously chose their competencies based on concepts addressing new processes, changes, problematic aspects, as well as the high risk situations. Competency statements now require employee signatures to not only reinforce accountability to MUSC, but most importantly, to themselves.

# Integrity

Evidence-based verification methods were designed to evaluate competency while at work. Rather than scheduling education workshops that passively assess employee knowledge, on-the-job verification more accurately assesses knowledge since skills are evaluated in real time. This results in cost savings due to the utilization of fewer indirect hours since nursing professional development facilitators no longer conduct competency workshops. Dangerfield noted that critical thinking skills are more likely to come into play with this type of verification, which helps providers prepare for situations they have yet to encounter.

“On-the-job verification, ultimately for us, is the most intuitive way to verify your competency, instead of during a mock scenario on a competency day,” Ferro said.

The Competency Assessment Model complements our Nursing Strategic Plan and incorporates three elements of MUSC’s Nursing Professional Practice Model:

Collaboration – Practice has been transformed by identifying competencies based on employee feedback that is truly reflective of their dynamic work.

Accountability – Employees now drive this process and their commitment to the institution will continually be assessed.

Innovation – This approach reinforces MUSC’s mission while increasing employee engagement through the recognition of their contributions.

MUSC will implement an annual deadline throughout the hospital in July 2014.

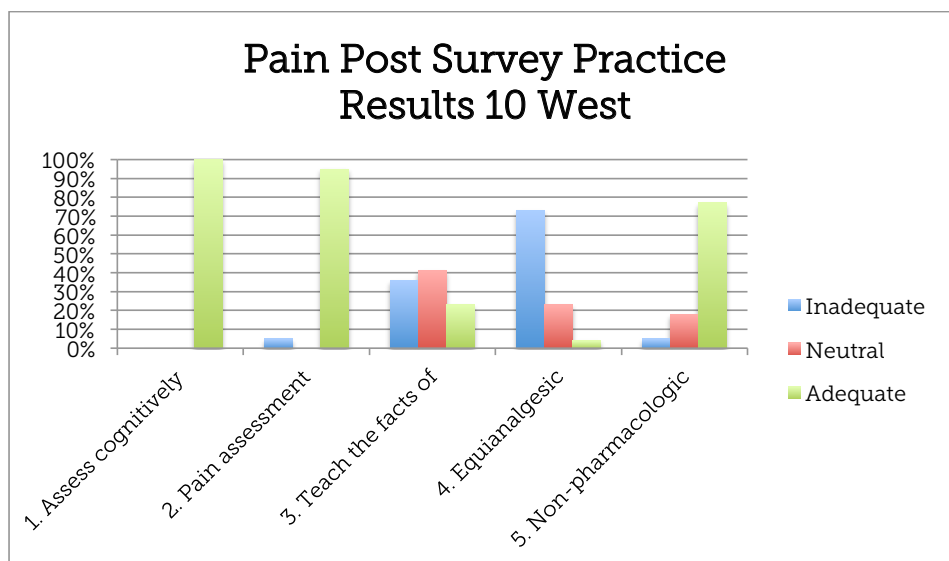
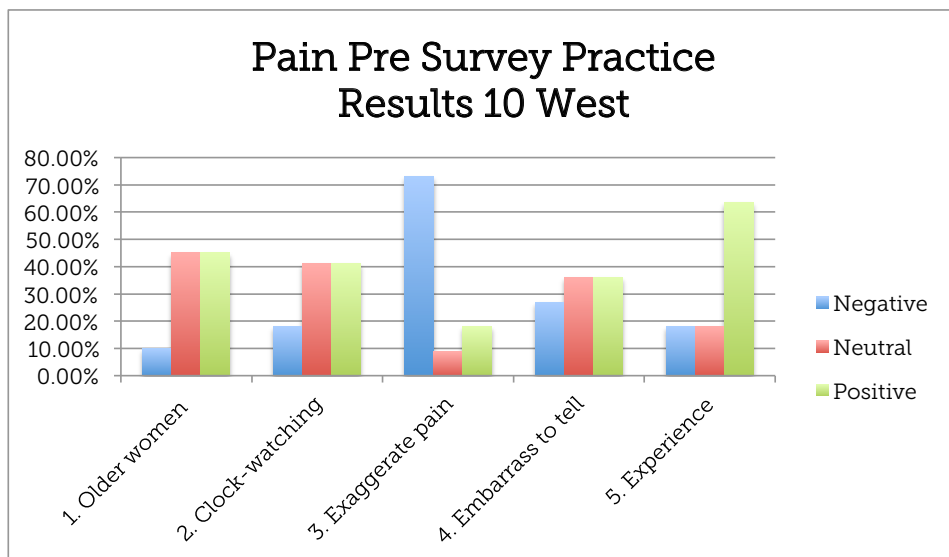


Erin Johnson, BSN, RN, PCCN, Tracy Ferro, MSN, RN, PCCN, & Leigh Dangerfield, MSN, RN, PCCN

# Integrity

## 10W Produces Better Pain Management Outcomes

A need for defining a competency to increase staff knowledge concerning pain management was identified in a charge nurse meeting. Staff members from 10W began working on an IMPROVE Project, MUSC's management philosophy for continuous improvement, to address this opportunity. After reviewing evidence-based literature, hardwiring proper pain management practice and providing ongoing education to reinforce objectives, significant positive change towards nurses' attitudes and their practice became evident.



## Nursing Strategic Plan Promotes Excellence

MUSC's Nursing Strategic plan aligns with the organizational strategic plan and demonstrates how nurses contribute to the mission, vision and values of MUSC. This plan was developed by nurses throughout the organization to compliment the driving strategies of the MUSC Health Strategic Plan. The nursing mission is defined by the title of our Professional Practice Model, "MUSC Nurses: Caring within a Tradition of Excellence."



# Integrity

## Leading an Organizational Culture Change

As the conditions surrounding the current health care environment become increasingly more uncertain, health care systems across the nation are focusing on creating better work environments for their employees, physicians and students. Negative behaviors in health care are a threat to patient safety, staff satisfaction, staff productivity and can lead to high rates of turnover.

A survey was administered to MUSC clinical staff, physicians and residents in January of 2012 to quantitatively and qualitatively measure the presence of unprofessionalism exhibited through negative behavior. The survey demonstrated a high frequency of responses indicating unprofessionalism is a regular issue in our work place, which resulted in our journey towards Professionalism led by Chief Nursing Officer, Marilyn Schaffner, Ph.D., RN, NEA-BC, CGRN.

In November 2012, an inter-professional team was invited to participate in an all-day workshop. The group was divided into four major groups. The groups focused on process, communication and accountability while asking the following questions:

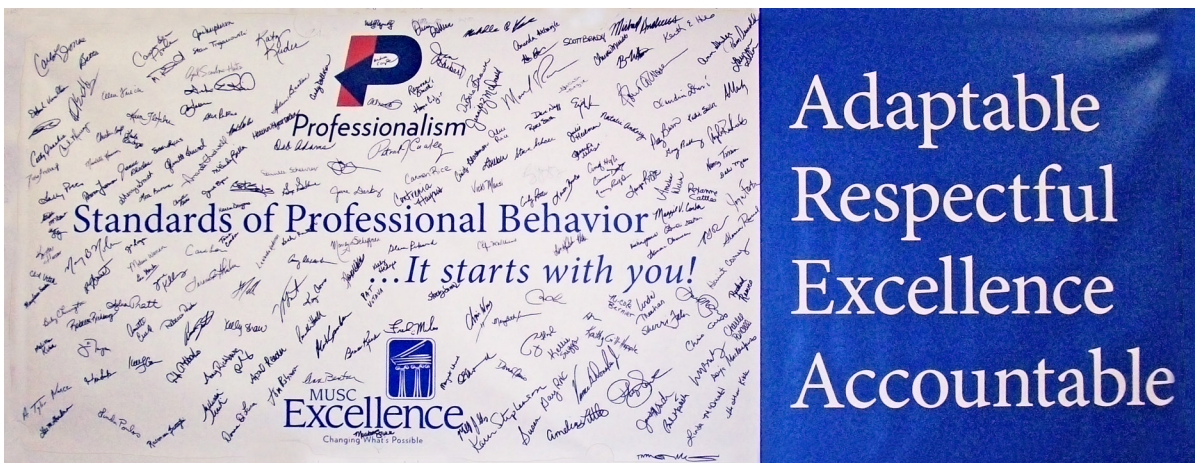
What would our process be for eliminating this behavior?

What would be our method of communicating change to a professional environment?

How would we ensure accountability for professional behavior?

One group focused on developing a code word for unprofessional behavior. In January 2013, three task forces: Process, Communication and Accountability, were developed involving leaders and staff throughout the organization. These groups developed a method to transform culture towards eliminating unprofessional behaviors in our health care organization. Staff coined a code word, U-Turn, to be used to indicate someone is engaging in negative or unprofessional behavior. Videos including staff and physicians were developed demonstrating unprofessional behaviors, the use of the code word and appropriate responses. The MUSC Standards of Behavior were renamed as Standards of Professional Behavior and are now more descriptive of the behaviors encompassing professionalism. Response cue cards were developed to promote professional responses, as well as a pathway to resolution to enforce accountability of staff and physicians.

The expectation that everyone conducts themselves in a professional manner while holding each other accountable for the well-being of all staff, patients and their families is now evident across the organization.



# Innovation

Using scientific research to shape nursing practice, building knowledge that moves the discipline of nursing forward and enhances the care of people, families, as well as the community.

## **Embracing the Baby-Friendly Hospital Initiative**

When a mother holds her baby in her arms for the first time, she may be overcome with joy as she vows to provide her child with the best start in life. MUSC employees are doing their part making it that much easier for parents by embracing the Baby-Friendly Hospital Initiative (BFHI).

The journey to earn Baby-Friendly designation began in June 2012 when MUSC was selected as one of 89 hospitals out of 235 applicants to become a member of Best Fed Beginnings, a nationwide effort helping hospitals improve maternity care.

BFHI is a global program recognizing hospitals and birthing centers offering optimal levels of care for infant feeding, as well as promoting bonding between mothers and their children. MUSC officially achieved this designation in September 2013. At that time, only 3 percent of hospitals across the nation had earned this designation. MUSC is the first academic medical center in South Carolina, as well as the first of the 89 hospitals part of the Best Fed Beginnings Collaborative to attain this designation. As of December 2013, 170 U.S. hospitals and birthing centers in 40 states and the District of Columbia were designated as Baby-Friendly. These facilities implement a set of evidence-based maternity care practices using the Tens Steps to Successful Breast-feeding:

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breast-feeding within one hour of birth.
5. Show mothers how to breast-feed and maintain lactation even if separated from their infants.
6. Do not give infants food or drink other than breast milk unless medically indicated.
7. Practice rooming-in allowing mothers and infants to remain together 24 hours a day.
8. Encourage breast-feeding on demand.
9. Do not give pacifiers or artificial nipples to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge.

# Innovation

"It's so beautiful to watch where we were, and where we are now," said Barbara Haase, APRN, MSN, APRN, RN, CPNP, IBCLC. "It's a major accomplishment for a hospital to become Baby-Friendly, and one of the things I credit our administration with is that they were so on board with this."

Haase is currently working towards her doctorate degree and focusing on the implementation of evidence-based practice in nursing, specifically how it can be accomplished while empowering nurses and improving patient care. On this journey, she learned the most effective way to facilitate institutional change is through the dedication of a strong team with all disciplines on board.

"In essence, it should be about a force moving forward, the art of getting people on board and moving things ahead throughout the entire hospital," said Haase. "And that's why it's been so critical to have nurses involved at every turn. We have to have nurses' buy-in, nurses' involvement and nurses' opinions. They are the masters at the bedside that know best about what can and cannot be accomplished, and how we can achieve that."



Molly Gross, BSN, RNC, IBCLC, educates a mother of twins on the Best Fed initiative.



# Innovation

## Reducing Contrast-Induced Injuries

The determination to exceed quality benchmarks and change outcomes served as the catalyst for reducing contrast-induced injuries among cardiac patients. Acute Kidney Injury (AKI) is defined in the Percutaneous Coronary Intervention (PCI) Registry as a 50 percent or greater increase in creatinine (cr) post PCI. MUSC voluntarily participates in this national database in an effort to improve this metric.

The incidence of AKI at MUSC was nearly 4 percent higher than 50 percent of institutions in the fall of 2009. As a result, more patients were experiencing Contrast-Induced Nephropathy (CIN), an injury to the kidney occurring after exposure to intravascular contrast media resulting in either brief or long lasting effects including mortality. Hospitals spend \$11,812 to treat each incidence of CIN during one year, according to Critical Care Medicine.

The Heart and Vascular Center's doctors, nurses, radiologic technologists, cardiovascular technicians and pharmacy representatives began collaborating in July 2010 to work on an IMPROVE Project, MUSC's management philosophy for continuous improvement. The project was led by Natalie Ankney, MSN, BSN, NE-BC, Medicine Acute Critical Care and Surgery Acute Critical Care Director, Jennette Freund, BSN, RN, Cath Lab Coordinator, Carla Morton, ADN, RN, HVC Quality Nurse, Melissa Southard, BSN, RN, Prep and Recovery Coordinator, and Chris Nielsen, M.D., Cath Lab Director. The project scope defined an evidence-based process for best practice while also achieving the 50th percentile ranking in the PCI Registry.

Project initiatives included review of research concerning how contrast affects kidneys in consideration with comorbidities, educating staff and doctors about low osmolality contrast selection, implementing standing orders, reviewing monthly contrast usage reports, reviewing protocols and their reasoning, as well as monthly meetings to review cases, find trends and identify opportunities. Initially, patients with abnormal creatinine levels were the only ones being hydrated; however, the Hydration Protocol was developed to ensure all patients received hydration since research shows this is the best prevention of kidney damage. Sodium bicarbonate intravenous therapy infusions were being used, but once there were national shortages, alternatives were considered. After a cost analysis was performed, saline was utilized as the replacement since it is equally effective. With saline being readily available, this removed an additional barrier due to the pharmacy no longer preparing sodium bicarbonate.



Ryan Garding, RT(R)CI, a leader in quality & safety in the Adult Cardiac Cath Lab



# Innovation

“We’ve opted to go above and beyond on protection with hydration,” said Southard.

The initiative is a focus of quality improvement, as well as a master’s degree project being performed by Rick Kidd, BSN, RN, CCRN. Kidd is implementing a change of practice through the development of a universal protocol preventing injury during Cath procedures by employing a point system. This system will help identify patient populations with high risk factors and whether the low-osmolar or iso-osmolar contrast is more appropriate. While the protocol has already been embraced, Kidd plans on formalizing this evidence-based practice and submitting to the Institutional Review Board in 2014.

As research is performed and an algorithm is formulated, Kidd will likely discover generalizations that extend beyond cardiac patients. He plans on sharing this knowledge to increase awareness across the hospital since it may be applicable to other patient populations exposed to contrast.

“That’s the beauty of working at a large hospital, you can truly make a drop in the pond that ripples all the way to the shore,” said Kidd.

## **Meduflex Changes Perception of Staffing Pools**

Since its inception in early 2010, MUSC has hired over 150 new graduate nurses for Meduflex, an organizational float pool for inpatient and outpatient departments. This innovative program was led by Steve Schaer, MS, BS, RN, and Linda Foster, MHA, BSN, RN, and designed to increase the number of nurses available in MUSC’s float pool and decrease the use of agency and travelers. The program has been highly successful and changed the perception that staffing pools need to be comprised of experienced nurses. New graduates are highly adaptable, competent practitioners who are capable of working on multiple units in a large academic medical center with mentoring and support.

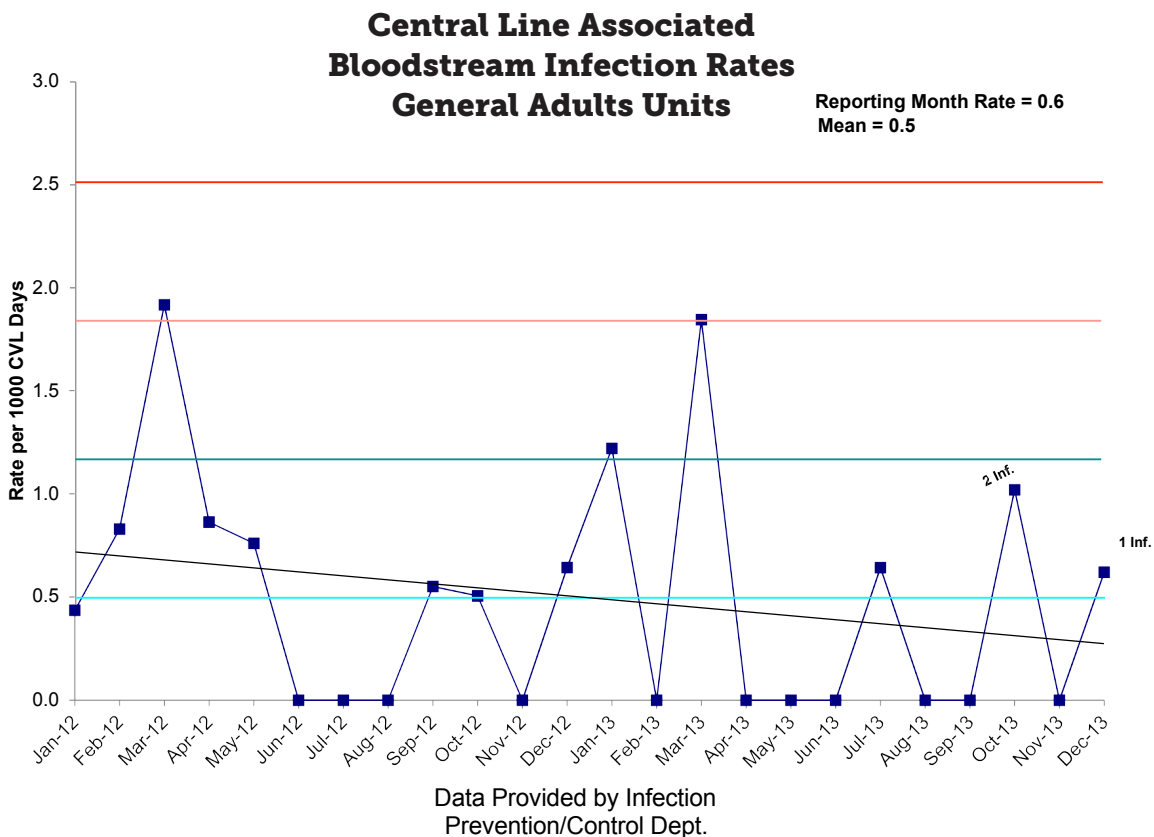
“I joined Meduflex in April 2013 and have been so happy with my decision,” said Sarah Bowles, ADN, RN. “I love being able to experience different units in the hospital, and I feel that I have become more well-rounded because of this program. While I am not an expert in any particular area, I have gained knowledge about each specialty and enjoy the variety that comes with Meduflex. My advice to new graduates considering Meduflex is to not be intimidated by the prospect of floating around the hospital. I never thought I would want to float, but the training that Meduflex provides is more than adequate. I absolutely love going to a different floor each day, meeting new people and knowing that I am able to help in any medical surgical unit.”

# Accountability

Utilizing resources in a manner that demonstrates respect for fiscal responsibility and people, as well as the recognition of the interdependence of life on earth.

## Preventing Central Line Associated Blood Stream Infections (CLASBI)

MUSC was nationally recognized for reducing organizational Central Line Associated Blood Stream Infections (CLABSI) rates at the American Association of Critical Care Nurses (AACN) National Teaching Institute in February 2013. Several departments demonstrated their ongoing commitment to eliminating CLABSI.



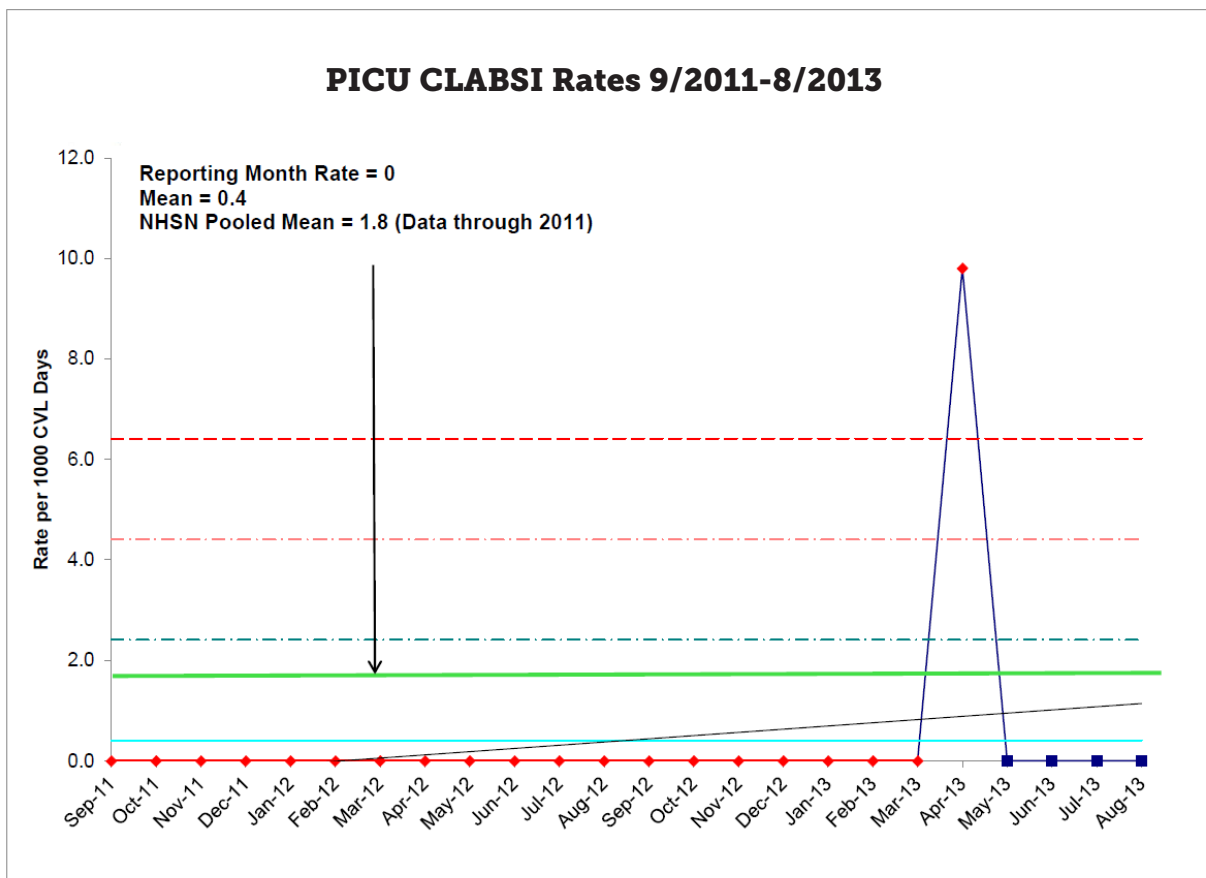
The Pediatric Intensive Care Unit (PICU) recognized an opportunity to impact CLABSI rates and dedicated themselves to improving practice in 2009. This was the beginning of the journey to zero. Staff members joined the South Carolina Cohort of the National Stop Bloodstream Infection (BSI) Collaborative and instituted mandatory education of evidence-based central venous line (CVL) insertion, care and maintenance bundles. Unit leaders explored the concepts of a culture of safety and decided to humanize and personalize infection prevention practices. CLABSI rates became stories of real patients and outcomes instead of just numbers. Each staff member committed to providing the best evidence-based care to every patient every day. They stopped using the word "only" as a descriptor when reporting the number of CLABSIs since anything other than zero affected a child's well-being. Additionally, establishing an inter-professional culture of safety team including unit champions from nursing, medicine, pharmacy, respiratory therapy, infection prevention and administration resulted in 29 of the 30 months having zero CLABSIs.

# Accountability

Infection Prevention and Control Manager Linda Formby, BSN, RN, CIC, and Hospital Epidemiologist and Medical Director Cassy Salgado, M.D., MS, accepted the Outstanding Achievement and Leadership Award for Elimination of Central-Line Associated Bloodstream Infections on behalf of MUSC. This award was sponsored by the Department of Health and Human Services and the Critical Care Societies Collaborative and was presented in conjunction with the National Teaching Institute and Critical Care Exposition.

The application was one of eight selected to receive this prestigious award; however, while most were recognized for elimination of health care-acquired infections (HAI) in a single intensive care unit (ICU), MUSC was recognized for elimination of CLABSIs in four ICUs. This is quite an accomplishment reflecting continued dedication and collaboration between all care providers among the ICUs, infection preventionists, as well as support provided by hospital administration and leadership.

Highlighted collaborative efforts to improve CLABSIs include adoption of the Institute for Healthcare Improvement (IHI) line insertion bundle, service line leadership goals, formation of a multidisciplinary zero BSI team, development and implementation of a line care maintenance bundle and participation in state and national CLABSI prevention projects. These efforts resulted in significant improvements in culture of safety and awareness of HAI. MUSC sustained significant reductions at 62 percent over 36 months in CLABSI rates, a 66 percent relative decrease in overall ICU CLABSI rates, as well as a 92 percent relative decrease in overall pediatric ICU CLABSI rates.



Data Provided by Infection Prevention and Control

# Accountability

## **Nurse Alliance Council Encourages Nursing Inquiry**

The Nurse Alliance (NA) Research Council is charged with educating nurses about the research process and encouraging nursing inquiry, leading to the use of evidence-based practice. The council has developed and implemented structures supporting evidence-based practice and the involvement of clinical nurses in research throughout the past year.

- To ensure continuity implementing best practices based on evidence, the group evaluated a variety of models and selected The Iowa Model of evidence-based practice to promote quality care as the conceptual framework that will be used by nurses at MUSC. Used in conjunction with MUSC's IMPROVE process, the Iowa Model will ensure nurses are practicing based on current evidence and improving patient outcomes.
- The Clinical Scholars program continues to be directed by the NA Research Council. Andrea Urbanski, BSN, RN, is enrolling patients in a study on the effectiveness of standardized pain management education. Four new scholars were selected for the current year: Deidra Huckabee, MSN, RN, CCRN, RN, (sepsis), Barbra Cobb, MSN, MHA, RN, (pediatric procedure unit handoff project), Melanie Scianna, BSN, RN, (relationship between spirituality and healing), and Merissa Searcy, BSN, RN, (transfusions and necrotizing enterocolitis prevalence in the low birth weight infants).
- Members of the group have developed guidelines for nurses conducting evidence-based practice and research projects within the organization, bringing together existing resources to make it easier for clinical nurses to get involved.
- A Nursing Practice Project Repository has been built to maintain summaries of completed and ongoing nursing projects as a reference for staff working to enhance nursing practice at MUSC. By building on past work, clinical nurses will learn from their peers, avoid rework and advance the practice of professional nursing at MUSC. The repository includes nursing IMPROVE Projects, RN III Projects, evidence-based practice and research projects that can be accessed from the Nursing Practice Project Database.



# Accountability

## **Nurse Alliance Research Council**

Leader Co-Chair Brian Conner, Ph.D., RN

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Heather Craven, BSN, MS, CMSRN

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# Accountability

## Employing Pressure Ulcer Prevention

A report from the U.S. Department of Health and Human Services confirmed 2.5 million patients per year are affected by pressure ulcers, and approximately 60,000 of those patients die as a direct result. Medicare estimated that each pressure ulcer added an average of \$43,180 to the cost of a hospital stay in 2007. A group of 100 nurses and patient care technicians at MUSC known as the S.K.I.N. (Surface Keep Moving Incontinence Nutrition Team) launched an initiative to prevent pressure ulcers.

According to data compiled quarterly from the National Database of Nursing Quality Indicators (NDNQI) pressure ulcer prevalence surveys throughout the past year, the team has worked to reduce the number of hospital acquired adult pressure ulcer cases from 14 percent in the first quarter of 2012 to 3.8 percent in the fourth quarter of 2013.

## Pressure Ulcer Prevention Prevails

Units that have performed at or above the 25th percentile during FY2013:

- A4WX Cardiac Intensive Care Unit
- A4EX Cardiothoracic Surgery
- 2E Joint Replacement Unit
- 5 West Antepartum/Gynecological Surgery
- A3WX Cardiac Interventional Unit
- A6EX Digestive Disease Center
- 7CHC Pediatric Intermediate Care
- 8 CHD Pediatric Telemetry
- 7 CHE Pediatric Medical/Surgical
- 7 CHA Infant Care Unit
- 7 CHB Pediatric Sub Specialty
- 8 CHE Neonatal Intensive Care Unit
- 9W00 Neurology/Neurosurgery

# Accountability

The S.K.I.N. team educates staff on risk identification, staging and prevention of pressure ulcers. The S.K.I.N. bundle is an effort to ensure best practices become standard practice at MUSC. In addition to the S.K.I.N. bundle, patients who already have or are at risk of developing pressure ulcers will now be easily identified. A blue iceberg symbol encased in a black circle will be visible on patient wrist bands and the front of charts. The iceberg symbolizes that although there is visible damage on the surface, what is below could potentially be more serious.

Pressure ulcers, which commonly occur in the posterior pelvic region and the heel or ankle region, are associated with a longer length of hospital stay, sepsis, increased pain and suffering and mortality, according to Phillip Botham, BSN, RN, ET, CWON, a Wound and Ostomy nurse in the Department of Specialty Nursing.

“Great progress has been noted in reducing our pressure ulcer incidence during the past year, and a dedicated group of professionals from the bedside, emergency room, operating room, dialysis and ancillary areas of the hospital are working to change the culture here at MUSC,” Botham said.

## Progress Reducing Pressure Ulcers Incidents

	2Q CY12	3Q CY12	4Q CY12	1Q CY13	2Q CY13	3Q CY13
# Patients Surveyed	432	646	482	515	318	413
Pts with Pressure Ulcers	64 (15%)	52 (11%)	46 (9.5%)	47 (9.1%)	35 (11%)	56 (13%)
Patients with HAPU ≥ Stage II	56 (13%)	37 (8%)	16 (3.3%)	24 (4.7%)	14 (4.4%)	32 (7.7%)
MUSC Pats with HAPU ≥ Stage II	14.30%	6.13%	4.12%	5.10%	5.48%	NA <sup>+</sup>
NDNQI Magnet HAPU ≥ Stage II Mean	1.80%	1.70%	1.90%	1.90%	1.70%	NA <sup>+</sup>

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