Achieving Excellence: NHCS Demonstrates Best Nursing Practice

Empirical Outcomes
Knowledge & Innovation
Transformational Leaders
Structural Empowerment
Exemplary Practice
Letter from the CNO

The Hallmark of 2013 for Nursing Services was the designation in March by ANCC for “Pathway to Excellence”® status. The Pathway to Excellence® Program recognizes healthcare organizations’ commitment to creating a positive nursing practice environment. Pathway organizations focus on collaboration, career development, and accountable leadership to empower nurses.

The Nash Pathway Journey actually began back in 2008 as a journey to Magnet status. The goal was to improve the workplace environment for nurses, as well as improve patient outcomes. After a Strategic Planning Process and over the course of 6 years, many infrastructural improvements were made to achieve these objectives. These included implementation of a Shared Leadership structure, a Professional Advancement Program, a Peer Review Process, a Research and Evidence-Based Practice Program, and a Reward and Recognition Program.

In May of 2012, evaluators recognized that Nash made significant progress on the Journey. While not quite ready to submit a Magnet application, we felt we had accomplished much and met the criteria for ANCC Pathway accreditation. The application itself took months to prepare and was completed by a core team of nurses. The application required documentation of how Nash meets the 12 Pathway Standards of Practice that have been deemed critical to providing a work environment in which nurses can flourish.

The application was approved by ANCC and was followed by a confidential, on-line RN Survey. More than 50% of NHCS’s RNs completed the survey and greater than 75% provided positive responses. I am pleased to report that Nash more than achieved the Pathway to Excellence® goals. In the ANCC Pathway to Excellence® report, Nash was recognized for 3 Exemplary Practices. Those included the evolution of our Shared Leadership structure through the addition of the Nursing Informatics Council and Nursing Council II, our Journal Club process, and CNO advocacy for patients. Pathway to Excellence® designation is good for 3 years and will require reapplication and re-survey in 2015-2016.

As Nash continues to align with UNC, nursing efforts continue to drive process changes for the good of both nursing staff and patients. Our Pathway to Excellence accreditation recognizes the efforts and positive impact of our nursing staff. I am proud to be the leader of such a fine nursing team.

Leslie Hall, RN, MSN

Senior Vice President and Chief Nursing Officer
Distinguished Service Awards: 2013

Nurses and colleagues who work with Megan Moore, RN, BSN, CRRN nominated her to receive the award for 2013 Nurse of the Year. Megan’s positive attitude, commitment to her coworkers, and compassion for patients makes her a shining example of bedside leadership. “Megan already had her certification but wanted to help her coworker achieve the same certification,” explained manager Jeannie Lane, RN. “The other nurse was afraid to take the test, so Megan encouraged her to try, drove her friend to the testing site, and waited in the car while her colleague took the CRRN exam.”

Case Manager Anna West, RN, won the DAISY Award in August 2013. The DAISY award was created by the family of J. Patrick Barnes, who died at the age of 33 from complications of Idiopathic Thrombocytopenic Purpura (ITP). The family wanted to say thank you to the nursing profession and created the DAISY Foundation. Anyone can nominate a nurse (family, patient, doctor, coworker, etc.) and winners are chosen by a selection committee. Please e-mail Rachel Brinkley (rlbrinkley@nhcs.org) if you are interested in serving or nominating a colleague.

Anna’s nominee shared the following. “Anna is one of the most compassionate nurses I know. She goes out of her way to make sure that no stone is left unturned. I can’t count the number of times Anna has helped me as a staff nurse in difficult situations. She is not shy about advocating for her patients and finding all available resources. She is also a great friend and coworker. She is kind and generous and always willing to help. She’s always willing to lend an ear, offer a back rub, or share a snack with her coworkers. Her sense of humor and kindness radiate in everything she does. She is a loyal and valuable employee to Nash.”
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“No man ever reached to excellence in any art or profession without having passed through the slow and painful process of study and preparation.”

Horace, Roman Soldier, Poet. 65 BC - 8 BC

The American Nursing Credentialing Center (ANCC) awarded Nash Health Care with the designation of Pathway to Excellence® on March 26, 2013. Nash Health Care was first facility in North Carolina to be awarded this designation and remains the only Pathway to Excellence® facility in the state. The Pathway to Excellence® Program recognizes health care organizations for positive practice environments where nurses excel.

Nash Health Care decided to apply for the American Nursing Credentialing Center’s (ANCC) Pathway to Excellence® designation after attending the Pathway to Excellence® conference in 2012 and realizing that Nash already sustained programs to satisfy all the requirements for this prestigious designation.

To qualify, organizations must meet 12 practice standards essential to ideal nursing practice environments.

1. Nurses control the practice of nursing.
2. The organization provides a safe and healthy work environment.
4. Orientation prepares nurses for the work environment.
5. A well-qualified CNO participates in all levels of the organization.
6. The organization provides professional development and nurses use the development program to advance.
7. The organization provides equitable compensation.
8. Nurses are recognized for achievements.
9. The organization encourages a balanced lifestyle.
10. The hospital system supports and values collaborative relationships.
11. Nurse managers demonstrate competency and accountability.
12. The organization uses a quality program and evidence-based practice.

Nurses can trust that Pathway-designated institutions will respect their contributions, support professional development, and nurture optimal work settings.

While attending the ceremony to accept the Pathway to Excellence® designation, nurses from Nash recognized an op-
opportunity to highlight the work being done at Nash Health Care System and applied for The Pathway Award. Nash received the Pathway Award in 2014 for the CareAware Connect project that equips emergency department nurses with state of the art technology to improve practice.

The shared governance structure illustrates how Nash exemplifies the Pathway to Excellence philosophy. Shared governance structure encourages and allows nurses to have a voice in their practice.

In 2013, Nash invested in non-bedside and advanced practice nurses by continuing the professional advancement program. Nash encourages nurses to pursue advanced degrees and certification in specialty areas. The organization offers financial support for nurses pursuing advanced education. Nurse-led committees address quality initiatives and improve patient safety.

The desire to achieve nursing excellence at Nash Health Care compels health professionals to deliver outstanding service in every dimension of patient service. Providing superior, high-quality health care requires continual development of nursing processes to improve the health of the community in a caring, efficient, and financially sound manner.

Nurses understand that excellence is a continual process, not a singular event. The diligence and persistence of Nash’s nurses allow the organization to set and achieve lofty goals.

— Mary Wells, RN

MEETING THE DAISY FOUNDERS— Nursing delegates from NHCS met the Daisy Foundation visionaries at the 2013 Pathway to Excellence Conference. Pictured above left to right: Mark Barnes (Daisy’s chairman and Patrick’s father), Jennifer Bailey RN, Denise Zimmerman RN, Lisa Foster RN, Holly Hester RN, Bonnie Barnes (Daisy’s co-founder and president), and Susan Taylor RN.

DRESSED FOR SUCCESS— Nursing representatives displayed the NHCS logo when they received the Pathway to Excellence Designation in March, 2013.
Transformational leadership allows formal and informal leaders to advocate for nurses throughout NHCS. During 2013, nursing innovators advanced nursing professions and promoted cultural values at Nash Health Care by communicating a vision and philosophy that addresses nursing concerns and supports excellent patient care. The American Nursing Credentialing Center (ANCC) identifies transformational leadership as a key to success.

In 2013, Nash’s Chief Nursing Officer, Leslie Hall, taught a leadership course to communicate expectations and share values based on a curriculum from The Nursing Management Institute. Positive transformation leads organizations to replace traditional structure with a system that brings front-line team members into decision making. This shared model distributes involvement among formal and informal leaders throughout the system. Promoting transformational leadership ensures that the voices of nurses at all levels are heard, input is valued, and nurses feel supported at the bedside.

The 12-month course equipped new leaders with skills for ongoing success. The curriculums allowed 31 nurses to participate and complete this leadership development course.

“Management is doing things right. Leadership is doing the right things.”

Peter Drucker,
Writer, Professor, & Management Consultant

Requirements of Transformational Leadership:

- The CNO develops a strong vision and philosophy. The CNO communicates expectations, develops leaders, and evolves the organization to accomplish goals.
- The CNO develops structures, processes, and expectations that encourage staff nurse input and involvement throughout the organization.
- Nurses throughout the organization should perceive that their voices are heard, their input is valued, and their practice is supported.

Team members and colleagues of Paula Bush, BSN, RN, CMSRN named Paula the Manager of the Year for 2013 for her willingness to help in any situation.
Leadership Class Provides Opportunity

“I was privileged to attend the 12-month leadership course offered by Nash Health Care Systems in 2013. The course centered on developing leadership skills. Online modules sponsored by The Nursing Management Institute provided structure for the course. Along with these modules, we met once a month to discuss practical application of the principles taught and establish an open dialogue.

The course was excellent. I recommend this class for anyone who desires to become a better leader in nursing. This course inspired me to be better in every area of nursing professionalism. The ability to inspire your peers can foster an entire culture of excellent leadership throughout the organization. One does not need to be a manager to be an excellent leader. Nash needs great leaders from the bedside to administration.

This course sets a great foundation for developing necessary leadership skills. The course module titled ‘Using Data for Staffing’ helped me significantly. This module allowed me to appreciate what goes into staffing a unit appropriately, effectively, and prudently from management’s perspective. Individual perspectives can be skewed and narrow viewpoints inhibit us from seeing the big picture. When we can appreciate all the pieces, we are more equipped to provide insight and offer constructive feedback. This course was increasingly important as the units transitioned to new staffing models. Gaining greater understanding about full time equivalents and hours per patient day increased the respect I have for my own manager. As a result of this leadership course, I am a more knowledgeable champion of her tremendous efforts.”

— Erica Moore, BSN, RN

“One does not need to be a manager to be an excellent leader.”

Erica Moore

Nursing leaders extended the opportunity to participate in this Leadership Development experience to all registered nurses. After reviewing applications and recommendations, two groups of rising leaders received invitations to attend the class. The training program introduced nurses to practical skills for managing and philosophical concepts needed to lead teams of highly-skilled individuals. Nurses participating in this opportunity included:

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<th>Group 1: January 2012—December 2012</th>
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<tbody>
<tr>
<td>Susan Battle, 4th Gen/Surg</td>
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<tr>
<td>Lynn Bradshaw, Hospice</td>
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<td>Gina Champion, ED</td>
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<td>Emma K. Collins, IV Therapy</td>
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<td>Brandy Earp, 4th Gen/Surg</td>
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<td>Joel Hedgepeth, CCU</td>
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<td>Holly Hester, 3rd Medicine</td>
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<td>Jennifer Kendrick, Women’s Ctr</td>
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<td>Mary Kay Magallon, Women’s Ctr</td>
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<td>Shakerah McCoy, Case Mgmt</td>
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<td>Erica Moore, Oncology</td>
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<td>Cricket Richardson, Pediatrics</td>
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<td>Patricia Silver, Case Mgmt</td>
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<td>Delight Strickland, CPSU</td>
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<td>Susan Taylor, CPSU</td>
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<th>Group 2: June 2012—May 2013</th>
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<tr>
<td>Jennifer Bailey, BTAR</td>
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<tr>
<td>Melissa Bass, CCU</td>
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<tr>
<td>Lindsay Boone, PACU</td>
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<tr>
<td>Rachel Brinkley, Case Mgmt</td>
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<td>Christina Bulluck, IV Therapy</td>
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<td>Kimberly Farmer, CCU</td>
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<td>Carol Gates, 4th Gen/Surg</td>
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<td>Chantal Harrison, 4th Gen/Surg</td>
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<td>Shelly Hendricks, 4th Gen/Surg</td>
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<td>Elizabeth Jones, CPSU</td>
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<td>Cheryl Jordan, 3rd Medicine</td>
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<td>Jennifer Manning, CPSU</td>
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<td>Frances Pope, ED</td>
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<td>Nitaya Reyes, Women’s Center</td>
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<td>Wanda Sohn, ED</td>
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<td>Dana Wright, CCU</td>
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WHAT LIES BE-NEATH— IV therapy nurse Christina Bul-luck presented the quality project for her department. Reduc-ing the number of times patients experi-ence venipuncture improves patient sat-isfaction and decreases risk for infection.

THINKING OUTSIDE THE BOX— Nurse Erica Moore, BSN explains strategies used by oncology nurses to improve patient outcomes for both hospitalized pop-ulations and out-patients who receive care on the NGH on-cology unit.
The Nursing Strategic Planning Day provided an opportunity for nurses to share ideas and identify upcoming projects. Representatives from each nursing unit presented posters highlighting their unit’s greatest accomplishments. The day-long event focused on enhancing nurse satisfaction, increasing productivity, and improving patient outcomes. Nurses used this opportunity to discuss strategies for achieving organizational and departmental goals. Delegates shared successful ways their units accomplished tasks and sustained performance. Sharing practical examples allowed nurses to illustrate the application of evidence-based practice. Presentations generated ideas that improve nursing processes in all units, cross departmental barriers, and benefit the organization.

At the 2013 Nursing Strategic Planning event, CNO Leslie Hall challenged nurses to increase shared governance participation. Developing a plan to promote involvement of bedside nurses motivated leaders to allocate resources and facilitate participation. Hall expressed the importance for team members to understand the value that front-line nurse participation adds.

Identifying hospital-wide goals helped team members prioritize areas of practice that need improvement. Leaders took time to review the past year’s events and recognize the hard work, dedication, and accomplishments of outstanding nurses on each team.

Sharing ideas for achieving hospital-wide goals unified the team by reinforcing shared values. Establishing a clear vision and purpose for the coming year ensured that team members could articulate where they had been and where they are going.

“A goal without a plan is just a wish.”

Antoine de Saint-Exupéry, Writer, Pilot. 1900-1944
Structural Empowerment

Structural Empowerment programs support professional nursing practice. With structural empowerment, nurses are encouraged to participate in decision-making and self-governance. Being involved in organizational planning promotes a sense of ownership and pride in the nursing profession. This component of nursing excellence addresses the need to foster relationships and partnerships across the health care continuum. It promotes a positive nursing image. Empowerment can occur across an entire organizations, spread through departments, and touch the lives of individuals. Empowerment enables nurses to achieve personal and professional growth that strengthens the entire continuum of care.

During 2013, nurses at NHCS experienced structural empowerment in a variety of ways including:

- Planning the new Women’s Center
- Providing community outreach
- Leading the emergency department patient flow team
- Teaching educational programs
- Pursuing professional certifications
- Embracing opportunities for advancement.

Shared governance touches every element of patient care. Bedside nurses are encouraged to participate and share their perspectives at open forums including Nursing Council, Nursing Council II, Quality Nursing Council, Unit Based Councils, Nursing Research Council, Informatics Council, Education Council, and others. Being actively involved in structured teams empowers nurses at Nash to share their views, values, and insight regarding nursing practice.

Components of Structural Empowerment:

- Nurses throughout the organization contribute to decision making.
- Nurses in all areas and organizational levels participate in self-governance.
- The organization sets expectations for excellence.
- Organizational programs support nurses who seek formal nursing education.

EXPLAINING DESIGN & PURPOSE — Women’s Center registered nurse Michelle Thompson (above) explains the attributes of an ideal work environment. Providing efficient patient- and family-centered care requires building a facility that promotes team work, nursing care, and patient safety.
Nurses guide the interdisciplinary team

A multidisciplinary team led by dedicated Women’s Center nurses designed the future NHCS Women’s Center with a balance of novice and expert nurses. The daunting task began in July 2012 and continued through 2013. Team members centered their attention on the mission statement: “We are dedicated to providing safe, quality, family and family-centered maternity care in collaboration with the family unit and all members of the healthcare team. Care is individualized to achieve the best possible outcomes for mother and baby.”

Guiding principles focused efforts on family-centered maternity care, holistic care, developmental care, and patient-focused care. The team incorporated principles of safety, privacy, confidentiality, interdisciplinary team approach, continuity of care, and meaningful relationships.

The team designed a positive, functional, and comfortable working environment. The team also incorporated evidence-based best practices from clinical and architectural sources to support effective teamwork using the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) guidelines. With the assistance of a healthcare consultant, the group divided into four teams – labor and delivery including cesarean sections, special care nursery, mother/baby, and triage. After an initial assessment of obstetrical and neonatal services, the group selected an architect, engineer, and construction team. By March 2013, the integrated team included laboratory services, registration, physicians (obstetricians, neonatologists, and pediatricians), radiology, surgical services, and emergency department representatives.

The integrated team conducted a week-long Kiazen Event in July 2013 using lean methodology to plan and design workspaces for the new Women’s Center. The group considered space, motion, functionality, and special needs of bariatric patients when planning structural design. The team devoted a great deal of time to designing patient room mock-ups with the help of architects and engineers.

In the final quarter of 2013, the integrated team met to consider their 30, 60, and 90-day follow up plans for extending the continuum of care beyond hospitalization. The new Women’s Center will benefit the community by modeling the commitment and dedication of each team member. The team remains dedicated to service, patient comfort, and high standards of care. The new women’s pavilion will blend technology, privacy, comfort, and elegance. Personalized care for each patient will elevate the healthcare experience to new heights.

— Lee Bailey, BSN, RN
Shared governance in action: A nurse’s perspective

“I was happy to participate in planning sessions for the new Women’s Center. Executive Director Mary Strickland formed the Women’s Center Building Team in 2012 and asked me to join nurses on the Mother/Baby Team to help. Evidence shows that having newborns stay with mothers benefits both the mothers and the babies (Couplet Care for All, 2014). The Mother/Baby Team was already implementing this new method of caring and cross-training staff members of the Women’s Center to the new model of care. Participation in all the changes in the Women’s Center helped make the evolvement easier.

The staff members involved with the changes have maintained a positive attitude. Mary Strickland encouraged her entire staff to participate in the changes, starting with work flow process and continuing into planning the new building.

While cross training the nurses, Mary Strickland assembled the building team for the new Women’s Center. Under the guidance of building and planning consultant Pat Sealing, we started working on the flow process in June of 2012 using our mother/baby care (couplet care) model. The team visited maternity and neonatal units in various hospitals. We took notes about what we liked and what we didn’t. Great discussions took place at our meetings. Once we knew what we wanted, the team expanded to include members of the hospital’s other disciplines, architects, and builders.

In the summer of 2013, the team met for a week and built rooms out of cardboard (first miniature, then to scale). We actually built the space where we would work and care for our patients. Then we walked through the patient’s experience from the mother’s arrival at the hospital, through delivery of the baby, to discharge as they go home.

In the mock rooms, we were able to visualize what worked and what didn’t. We noticed details such as how the door opens and location of hand sanitizer. This was a great learning event for nurses who usually don’t think of all the structural pieces of building a hospital. This gave the team a true repre-

“Front-line nurses involved with the building and planning team have been a positive force.”

A TEAM EFFORT—Team members from multiple disciplines worked together to create a plan for success. Efforts included participation from team members representing administration, pediatrics, labor and delivery, women’s services, maintenance, surgical services, emergency nursing, information technology, nutrition, and others.
EXPLAINING THE GOAL — Nurse Mary Kay Magallon explains the objectives of the Women’s Center to Julie Lawler, Nurse manager of NGH OR. Mary Kay communicates the reason the team selected elements in the building’s design. The team deliberately selected every feature of the unit to promote the patient experience and allow nurses to deliver safe care.

sentation of their work space and workflow while caring for mothers and infants. The collaboration during this project was incredible. The team gained insight about the importance of each person and department for patients to truly have “good” visits from beginning to end.

The front-line nurses involved with the building and planning team have been a positive force throughout our transition from traditional care to a Mother/Baby model of care. We talked through the process using guiding principles then walked through the imaginary building using workflow as our guide. The planning sessions with the interdisciplinary teams were great! All of our team members came to the meetings with expert knowledge about different areas of care. This collaboration improved the process from intake to discharge; problems that may have been overlooked by some were seen by others. Open discussions lead to developing a smooth workflow for the Women’s Center’s patients.

Once the building is completed, the new Women’s Center will be an asset to the community. Maternity care can be the first time a young female receives hospital care. A woman who is impressed with her maternity care may return with her children or family members for other services (Special Delivery, 2007). Our Women’s Center will be a positive way for Nash Health Care Systems to support this community.”

— Mary Kay Magallon, BSN, RN


FRAMING A PLAN — Nurses participated a week-long Kaizen Event in July 2013 to plan and design the workspaces for the new women’s center. By building cardboard walls and work areas, nurses were able to experience the dimensions of their environment. Sheila Moore, Jennifer Johnson, Arnette Davis, and Jenny Harrison (left to right) demonstrate how the team will fit in the new space.
Professional advancement helped me understand how NHCS nurses work together as a team. Suggestions offered by one nurse can affect others. My participation in the professional advancement program resulted in an increased opportunity to improve nursing practice on my unit and influenced processes on other units as well. I felt empowered to offer suggestions for improvements.

Professional advancement is a way to voice your opinion and to offer creative solutions. Overcoming obstacles helps nurses become more efficient. Participating in professional advancement helps nurses remember how one job affects others.

Dedicating time to volunteer services results in feeling appreciated. Researching topics and knowing how important every decision is in health care made me value the nursing profession even more than before.

I would encourage others to pursue professional advancement. This experience creates opportunities to suggest valuable ideas, to learn more about yourself as a nurse, and to be rewarded for all of your hard work as you earn professional advancement recognition.

Kimberly Hoff, RN, 3rd floor medicine
# 2013 Professional Advancement

## Bryant T. Aldridge Rehabilitation Center: Bedside Nurses
- Jennifer Bailey Level 3
- Susan (Beth) Brown Level 3
- Regina Hutson Level 1
- Janet Wells Level 2

## Coastal Plain Hospital: Bedside Nurses
- Tinnia Arrington Level 2
- Patricia Boyette Level 1
- Charnissa (Nikki) Brown Level 1
- Stephanie Carter Level 1
- Teresa Hunter Level 1
- Julie Rannels Level 2
- Tammy Robards Level 1
- Mary Underhill Level 2

## Cardiopulmonary Support Unit: Bedside Nurses
- Ashleigh Hudson Level 1
- Elizabeth Jones Level 1
- Jennifer Manning Level 1
- Theresa McGee Level 2
- Pattie Mullins Level 3
- Lisa Rose Level 1

## Cardiopulmonary Support Unit: Non-Bedside Nurses
- Meredith Hayes Level 3

## Cardiac Observation Unit: Bedside Nurses
- Diana Coffey Level 1
- Tycheia Britt Level 1
- Kristie B. Conger Level 1
- Jennifer Copped Level 1
- Nichole Joyner Level 1
- Delight Strickland Level 2

## Hardee Heart Center: Non-Bedside Nurses
- Tera Joyner Level 2

## Critical Care Unit: Bedside Nurses
- Abby Boykin Level 1
- Kimberly Farmer Level 2
- Kathryn Giamarino Level 3
- Naomi Langley Level 2
- Lauren Waddell Level 1

## Dialysis: Bedside Nurses
- Patricia Marks Level 2
- Deborah Perry Level 1
- Amanda Triplett Level 2

## Emergency Department: Bedside Nurses
- Mary K. Baker Level 2
- Karen K. Brown Level 2
- Gina W. Champion Level 3
- Wanda Sohn Level 3
- Viola Williams Level 3

## Endoscopy: Bedside Nurses
- Lorrie Batson Level 3
- Ann M. Dezern Level 2
- Brianne Gardner Level 1
- Bernadette Hall Level 1
- Alisa Kent Level 1
- Wendy Sutton Level 1
- Karla H. Willcox Level 3

## Heartburn Treatment Center: Bedside Nurses
- Kandice Hendricks Level 3

## IV Therapy Team: Bedside Nurses
- Christina M. Bulluck Level 3

## Information Systems: Non-Bedside Nurses
- Laura Haynes Level 3
- Kelly Sanders Level 3

## Nursing Administration: Non-Bedside Nurses
- Lee B. Bailey Level 2
- Nancy LeHardy Level 3
- Cordelia Lucas-Sherrod Level 3
- Caroline Cusick Level 3
- Mary Wells Level 3

## Nursing Education: Non-Bedside Nurses
- Kathy Parsons Level 2
- Kimberly Riddick Level 3
- Jil Steward Level 3
- Dana Wright Level 3

## Men's Observation Unit: Bedside Nurses
- Corrie Ball Level 1
- Amy Dew Level 3
- Kristen Ebron Level 1
- Holly Hester Level 3
- Kimberly Hoff Level 1
- Lisa Jenkins Level 2
- Cheryl Jordan Level 3
- Danielle Rackley Level 2
- Shannon S. Williams Level 1
- Kim Winders Level 1

## 4th Floor Med-Surg: Bedside Nurses
- Martha Barnes Level 2
- Susan Renee Battle Level 2
- Brandy Earp Level 3
- Chantel Harrison Level 3
- Sharlene Hunter Level 1
- Takesha Lynch Level 2
- Alyson Meslin Level 2
- Lisa Neal Level 3
- Andrea Gray Reid Level 3
- Lukisha Richardson Level 3
- Dana Severini Level 2
- Soraya Sweet Level 2
- Shoketa Whitakers Level 1
- Denise Williams-Zimmerman Level 3

## Surgical Services NDH Pre/Post: Bedside Nurses
- Paula Adams Level 3
- Cassie Beamon Level 1
- Sandra DePalma Level 1
- Sonja Earp Lee Level 3
- Lisa Foster Level 3
- Karen Griffin Level 1
- Joy Killebrew Level 1
- Hope B. O'Keef Level 1

## Surgical Services NGH-OR: Bedside Nurses
- Jeffrey Beamon Level 1
- Delphine Harper Level 3
- Sarah Langley Level 1
- Debby May Level 2
- Laurie Murphy Level 1
- Lynn Treadaway Level 2

## Surgical Services NGH-PACU: Bedside Nurses
- Jane Davenport Level 3
- Cynthia S. Everett Level 3
- Sharon Flowers Level 2
- Katherine Wilson Level 2

## Surgical Services: Non-Bedside Nurses
- Amy Pittman Level 3

## Women's Center: Bedside Nurses
- Rhonda Brown Level 1
- Amanda Carlyle Level 1
- Sheryl Coley Level 3
- Sheryl P. Cooper Level 1
- Tampa Cooper Level 1

## Surgical Services: Non-Bedside Nurses
- Avis Faison Level 3
- Brooke Hovis Level 1
- Amy Jackson Level 3
- Jennifer F. Johnson Level 1
- Karen J. Joyner Level 3
- Kim W. Joyner Level 3
- Jennifer Kendrick Level 3
- Mary Kay Magallon Level 3
- Christie Poling Level 3
- Abigail Pridgen Level 2
- Amanda Ray Level 3
- Nitaya Juanita Reyes Level 1
- Tracy Rose Level 2
- Shelly Shearin Level 2
- Jacqueline Strickland Level 1
- Channee Sullivan Level 2
- Contina Washington Level 1
- Stacy Woodard Level 1
Earning Certification Builds Confidence

“C

ertification provided the catalyst I needed. I
feel grateful to work in an environment that
highly rewards and encourages education. Certification
is a great and honorable idea. Studying for the exam and
taking the test was not my concern.

My husband and I are raising ten children; money is al-
ways an issue. Registering to take this certification ex-
am requires paying a lump sum. Where was I going to
find an extra $500.00 to pay for the test? It took four
pay periods and a garage sale to save enough money to
pay for my certification exam. This financial challenge,
associated with the testing process, created my barriers
to certification.

I studied diligently and took the certification exam on a
rainy, messy, September day. I remember feeling over-
joyed when I passed, realizing that I would be reim-
bursed for half of my fees. I shared the reimbursed mon-
ey with my family who sacrificed so much and helped
me achieve this goal.

Although certification is important, something more
meaningful developed in me during this process. I rec-
ognized how fortunate I was take this exam. I had never
considered earning a BSN before. I enrolled in classes at
our local community college immediately after taking
my certification ex-
am. I applied for
grants and scholar-
ships and was sur-
prised to find
myself as a
full-time stu-
dent.

In 2013, I used
my certifica-
tion to work on IV
Therapy’s Strategic
Planning Evidence Based Project Poster Presentation.
Presenting a poster on behalf of IV Therapy was a terrif-
ic opportunity. For the first time in my career at Nash, I
was able to be part of the Professional Advancement
Program. I loved every aspect of the experience. Be-
cause I was pursuing a BSN, I was also able to attend the
Nursing Leadership Pro-
gram taught by Leslie Hall,
CNO in 2013.

After earning a professional certification in my special-
ty, I felt invigorated to con-
tinue pursuing education
that supports my under-
standing of the nursing process.”

— Christina Bulluck, RN

NURSE ENCOURAGES TEAM — RN Christina Bulluck (right) encourages all of her team
members to pursue professional certifications and ongoing education. Colleague Emma
Collins, RN (left) shares Christina’s zeal for learning. Both Christina and Emma dedicate
their off-duty time toward earning bachelors degrees in nursing.

“After earning a professional certification in my specialty, I felt invigorated to continue
pursuing education that supports my understanding of the nursing process.”

— Christina Bulluck, RN
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My name is Tiffany Casper and I am a staff nurse on CPSU. During my last evaluation, I set goals for myself that included the professional advancement program and becoming Progressive Care Certified Nurse (PCCN). Some of my co-workers had recently received their PCCN and I wanted to challenge myself to do the same.

I believe that becoming certified allows professional growth and helps develop leadership skills. Becoming PCCN certified has expanded my knowledge regarding progressive care. I believe that certification verifies knowledge and shows personal pursuit of excellence.

I believe that professional advancement is very important, both personally and professionally. Since I started professional advancement, I have become more involved on my unit. Becoming more involved allowed me to embrace CPSU and nursing. I encourage my co-workers to pursue professional advancement and certification, to grow, and to become the best nurses they can be!

—Tiffany Casper, RN PCCN, CPSU

I felt that earning professional certification as a Certified Emergency Nurse (CEN) would give me a sense of purpose related to my years of bedside nursing and validate what I have learned from emergency nursing.

Earning this professional certification definitely gave me a new perspective. This experience enhanced my respect for the knowledge that other certified nurses must acquire to gain certification. The certification process was very challenging. Although I was anxious about passing the exam, I knew that years of ED nursing I had taught me so much. I knew that earning the CEN would provide me with the personal satisfaction that I desired.

I would encourage other nurses to pursue professional certification. For me, this was a professional decision and a personal goal. Professional certifications validate the knowledge gained during years of emergency nursing. It demonstrates competence in your field of practice and is well respected in professional organizations.

—Frances Pope, RN BSN CEN Clinical Educator, Emergency Department
At the beginning of my nursing career, while still in my first year of nursing school, I decided to strive for the highest possible level in my profession. Nursing offers a variety of career options. Nurses can choose to practice in the hectic, fast-paced environment of an emergency room or a quiet family medicine office. I enjoyed acute critical care and saw nurse anesthesia as a way to pursue advanced certification while remaining involved in acute patient care. This degree required critical care nursing experience in an intensive care unit after obtaining RN licensure and a Bachelor’s of Science degree in nursing or other science-related field. Candidates are chosen from a highly competitive applicant pool. Nurse anesthesia graduates complete their respective programs with Master’s Degrees. Many programs are transitioning to doctorate levels.

This certification changed my perspective on nursing practice. I have been granted a level of autonomy that I was not allowed before and I significantly increased my scope of practice. By enhancing the level of care I provide, I am able to deliver more cost-effective care to the patient. This is invaluable in today's ever-changing health care model. Because of these reasons, I recommend nurses considering higher education pursue advanced certification. Certification equips nurses to become providers who will help shape tomorrow's health care system.

—Christopher M. Critzer, MSN, CRNA

“It’s imperative to follow your heart and choose a profession you’re passionate about.” Steve Kerr, Athlete, Coach.
**Exemplary Practice**

**Measurements of Exemplary Practice:**

- Interdisciplinary patient care addresses how nurses communicate, collaborate, practice, and develop professionally to provide high-quality care.
- Ensure care is patient- and family-centered.
- Collaborate with other disciplines for comprehensive care and quality improvement.
- Use national benchmarks to measure success
- Promote autonomy with nursing practice to encourage judgment about providing care based on unique needs and attributes of each patient and family.

**ROUNDING DONE RIGHT** — (above) members of the patient care team gather in the patient's room to discuss his plan of care. Team members include (left to right) Katie Marakas, DPT; Megan London, OTR/L; Chelsea O'Kane, PA-C; and Angie Deese, RN.

Tabitha Jackson, LCSW and Emily Deans TR listen to the patient's input during team conference time (immediate right).

Patient Willie Williams, Jr. and family member Bobbie Williams take an active role in team discussions as they preparing to transition home (far right).
Exemplary professional practice allows nurses to develop inter-disciplinary programs and lead patient- and family-centered care. Unique nursing perspectives promote a culture of safety, quality, and clinical excellence. The exemplary professional practice model aligns nursing efforts with the mission at Nash Health Care Systems (NHCS) “to provide superior quality health care.”

Exemplary practice infuses the art of nursing with technical proficiency while collaborating with physicians, community support systems, and other members of the care team. Our philosophy provides a patient- and family-centered approach to every facet of care. Professional development encourages mastery of nursing specialties with certifications, education, and leadership.

Nursing teams at BTAR stretch their capacity to achieve exemplary professional practice every day according to Manager Jeannie Lane, BSN, RN, CRRN. Until 2013, patient care teams met in conference rooms to discuss and review the patient’s plan of care. Based on feedback from a former patient, the team redesigned its strategy and began meeting in patient rooms. This approach actively invited participation from the patient and family members as the team designed goals and anticipated discharge needs.

Each member of the team, including the patient and family member, brings a different perspective to the care experience. This effort embodies the commitment to nursing units at NHCS to promote positive cultural change within health care.
Patient- & family-centered care drives team success

Patient- and family-centered care (PFCC) approaches the planning, delivery, and evaluation of health care by grounding services in mutually-beneficial health care provider partnerships. Patient- and family-centered care redefines the relationships in health care.

Patient- and family-centered practitioners recognize the vital role that families play to ensure the health and well-being of infants, children, adolescents, adults, and family members. They acknowledge that emotional, social, and developmental support are integral components of health care. Effective practitioners promote the health and well-being of individuals and families while restoring dignity and placing control in the hands of the patient and family.

Patient- and family-centered care shapes policies, programs, facility design, and staff day-to-day interactions. It creates partnerships among patients, families and health care practitioners that lead to positive outcomes and enhance quality and safety. PFCC focuses on doing “with” patients and families instead of doing things “to or for” patients.

The Principles of Patient- and family-centered care include:

**Dignity and Respect**
Health care practitioners listen to and honor the patient’s and family’s perspectives and choices. The patient’s and family’s knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

**Information Sharing**
Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.

Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

**Participation**
Patients and families are encouraged, supported, and participate in care and decision-making at the level they choose.

**Collaboration**
Patients, families, health care practitioners, and hospital leaders collaborate in policy and program development, implementation, and evaluation. They are welcome participants in health care facility design, in professional education, and in the delivery of care.

In June 2013 the Nash Health Care Patient and Family Centered Care Steering Committee held its first meeting with the following members:

Amy Winham, Betty Daniel, Caroline Cusick Vierheller, Chris Wood, Elaine Weisner, Erin Joyner, Janet Joyner, Jeannie Lane, Jennifer Johnson, Karla Wilcox, Kelly Sanders, Kim Joyner, Kim Riddick, Leslie Hall, Lindsay Boone, Pam Johnson, Ryan Griffin, Sandi Paige, Sandra DePalma, Sheila Moore, Tanya Tant, Valorie Holwerda, Van Holt, Victoria Brock, and
Viola Williams.

Formerly functioning as the Patient Satisfaction Service Team, this group of dedicated employees submitted applications to serve on this new steering committee. The team devoted time to understanding the philosophy of PFCC using webinars, reviewing journal articles, studying successful teams, and discussing the IPFCC publication *Partnering with Patients and Families to Design a Patient and Family Centered Health Care System*. Each meeting opens with a patient story.

The Mission Statement of the Nash Patient- and Family-Centered Care Steering Committee states:

> We promote a culture that demonstrates a commitment and passion for patient and family centered care by engaging patients and families as partners and delivering care with dignity and respect, resulting in superior quality care for our community.

The next steps for this group are vital to the success of implementing PFCC and plans include:

- Form The Patient and Family Advisory Council - completed and functioning by November 2013
- Revised visitor information on the Nash Health Care web site
- PFCC integrated into the design of our Patient Portal for Meaningful Use
- Patient and Family representatives began participating on the team for constructing and designing the new Women’s Center
- Patient and Family representatives for the new Pediatric ED patient flow processes
- Patient and Family representatives formalized as a patient’s voice for team rounding at the Bryant T. Aldridge Rehabilitation Center

— Lee Bailey, BSN, RN

COMMITTING TO EXCELLENCE— Volunteers committed to putting patients first formed the Patient and Family Centered Care (PFCC) Steering Team in June 2013. Team members pictured above include: (front row, left to right) Van Holt, Janet Joyner, Jennifer Johnson, Sandra DePalma, Tina Campbell, (back row, left to right) Victoria Brock, Amy Winham, Valorie Holwerda, Kim Riddick, Sandi Paige, Viola Williams, Iesha Joyner, Cliff Morgan, Betty Daniel, Elaine Weisner, and Tonya Tant.
Knowledge

New Knowledge, Innovation, & Improvement

Nash Health Care Systems’ nurses benefit from perfecting their skills in a safe environment. Evidence-based research supports the integration of simulation laboratories for nurses of all skill levels. Educator Jill Steward, MSN, leads the integration of a hands-on training experience to promote an optimal learning environment for nurses.

The life-sized, interactive mannequin affectionately named Curtis by members of the Nursing Education Department provides a realistic opportunity to practice assessments or procedures that improve clinician proficiency.

“Curtis Ellis Nash is a full body adult manikin designed by CAE Healthcare,” said Educator Jill Steward, MSN. “He weighs 75 pounds and is 5’11. He is fully operational in lateral, seated, and supine positions. He can be operated on any flat surface or in a vehicle. Curtis has heart sounds, palpable pulses, airway management features, and genitourinary features.”

New-graduates benefit by practicing assessments and procedures. Experienced team members and expert nurses can simulate leadership roles during code situations. NHCS’s educators integrate training with mannequin scenarios during annual skills fairs, code blue drills, documentation training, and as part of established curriculums for ongoing nursing classes.

Valerie M. Howard, Ed.D., RN explains that “some of the most effective uses of these simulators is to recreate what are known as low-occurrence, high-risk scenarios such as strokes, heart attacks, and other critical health situations. While these medical situations may not happen with regular frequency, when they do, they require an incredibly swift and accurate response from nurses” (2014).

Practicing scenarios without any risk of patient harm allows team members to learn in three dimensions, use all of their senses, and discuss aloud the questions they would not want to voice in front of patients. Different decisions and actions result in different patient outcomes. After scenario training, the team can discuss ways to improve care and repeat the same scenario applying newly-gained insight or knowledge. Conducting debriefings after simulations enhances learning by allowing students to reflect on their experience, review performance, and obtain feedback (Aebersold & Tschannen, 2013).

Simulation training, unlike actual practice, allows the teaching team to pause and discuss teaching points in ways that may not be appropriate when caring for a live patient.

References:


Components of New Knowledge, Innovation, and Improvement:

- Integrate evidence-based practice and research into clinical and operational processes.
- Nurses serve on the board that reviews proposals for research.
- Establish new ways of achieving high-quality care.

BLENDING TECHNOLOGY WITH TRADITION — New-graduates Heather Stevens, RN of critical care (top left) and Meagan Nabb, RN of the Bryant T. Aldridge Rehabilitation Center (top right) practice documenting physical assessments in the electronic medical record under the watchful eye of veteran nurse Susan Battle, BSN (top center).

Replicating care in a safe environment allows opportunities for positive learning experiences. The simulation laboratory contains Nash's interactive mannequin, computer terminals, and care-mobile connectivity.
Teaching with technology
Achieving health and well-being reaches beyond treating illness. Employees at Nash Health Care recognize the needs of local and world-wide communities and demonstrate their commitment to improving holistic health care with their actions and service. Giving back to the community where employees live and work is a standard practice at NHCS. Nurses are encouraged to engaged in community service and reach beyond the hospital’s doors to provide education, programs, and sponsorships that promote health. As respected and sought after health experts in the community, many of NHCS’s nurses exceed their job responsibilities by supporting a range of national and local organizations.

Community service varies. Some nurses volunteer at health fairs and children’s summer camps. Others assist by working in non-profit clinics or teaching scout troops. Nurses find special opportunities to match their skills and interests with opportunities to volunteer at schools, serve on local boards, go on medical mission trips to far-away places, or provide leadership for professional nursing organizations locally or nationally. Whatever way nurses choose to participate, Nash Health Care proudly supports their efforts to provide community outreach.

Kandy Hendricks, BSN, RN always has a smile on her face when she works at the Mayo Surgical Pavilion. As the Nursing Coordinator for Specialty Services, she loves caring for her patients. Her inner commitment to excellence is reflected in her ability to make a difference in patients’ lives.

Kandy’s caring attitude extends from the workplace to the Tar River Mission Clinic where she volunteers as a nurse. The Tar River Mission Clinic is a 501 (c) (3) faith-based, non-profit organization that supports the health care needs of low income, uninsured adults by directly providing or arranging free health care services and programs.

Her duties at the Tar River Mission Clinic directly touches patients and offers compassionate care. Kandy explains, “I volunteer at the TRMC because I love giving back to others in the community. Many people are not able to receive the care they need and come to this clinic for our help. I am thankful that I am able to provide that help. It gives me a sense of personal satisfaction and I always leave there feeling good about what I can do for others.” In addition to her duties at the clinic, Kandy volunteers at various Community Health Fairs as and at the Walk from Obesity in Greenville, NC.

Wanda Sohn, BSN, RN, CEN is dedicated to serving her patients in the Emergency Care Center as well as in her community. Her life’s work reflects her passion to care for patients. Wanda has traveled to the countries of Uganda, Zambia, and Cambodia as a member of a health care team from First Baptist Church in Rocky Mount. The mission team worked at a children’s orphanage called the Shelter of Love. Wanda says, “These children have nothing when they arrive and when they leave, they are healthy and equipped with life-skills which help them to become successful members of the Cambodian society.” In addition to working in the orphanage, Wanda’s team went into remote areas of Cambodia and taught dental awareness, delivered supplies, and provided education about dental hygiene.
Wanda also serves as a local Girl Scout Leader. This volunteer activity enables her to teach First Aid, CPR and health related topics to scouts. Wanda explains that community service and mission work is important to her because “This work helps me recognize the abundance we have in our country and how we can share with those in need. I want to be able to demonstrate the Love of Christ to those less fortunate.”

**Norma Coke, BSN, RN** is a dedicated and vital part of the Critical Care Unit. She lends her years of expertise by caring for critically ill patients, training new nurses, and mentoring students. Although Norma will tell you that she is semi-retired, she spends her time off planning and preparing for medical mission trips.

In January 2013, Norma traveled to Uganda, Africa with twelve other health care providers and the Westminster Medical Missions Team. While in Africa, she served in a village hospital, children’s orphanage, and HIV clinic that provided much-needed medical care to patients in need of basic necessities such as medicine, food, and clothing.

Norma said, “The local people are in such desperate need and are grateful for any care or provisions they receive. Many own only one set of clothing and do not have the luxury of sleeping on beds. Until her next trip, Norma spends her own time and resources purchasing clothes and other personal items to send to the people in Uganda.

When Norma speaks of her work in international missions she says, “I have been so blessed and the Lord has been good to me, therefore I am compelled to give back. No matter who, what or where I am called to give back to others. This work makes me feel like I am accomplishing my life’s dream.”

**Katherine Parsons, BS, RN** participated in community outreach during 2013 by providing blood pressure screenings and education at the Standards Corporation Health Fair in Sharpsburg, NC. “I provided information on prescribed and herbal medications and explained the benefit of carrying a list of medications in a wallet when going to see a doctor.” Wallet-sized cards create a convenient tool for listing medications.

“The employees were attentive, appreciative and interested in what was presented,” Katherine said. “They were open to suggestions such as frequently checking BP for managing hypertension. I think this presented Nash in a positive light by letting the employees know we care about them and their health.” Katherine explained that this opportunity to interact with Standards Corporation employees reminded her that knowledge can be appreciated without a nursing background. “I think the employees appreciated us being there and taking the time to share information.”
Empirical Outcomes

Quantifying Success

Nash’s nursing teams strive to achieve empirical outcomes that reflect excellent patient care. Whether consciously or as a bi-product of separate nursing efforts, empirical outcomes show the measured and irrefutable progress made by nurses to deliver outstanding care. Nash’s nurses continue their journeys toward perfection. Their measured progress shows commendable success when charted over time. The American Nurses Credentialing Center (ANCC) defines empirical outcomes as a measured reflection of “the hard work and dedication of the entire nursing staff.”

Positive patient outcomes reflect outstanding patient care as a result of team efforts. Nurses promote these positive outcomes by following the guiding principles of Magnet® and Pathway to Excellence® organizations. Global issues that contribute to evidence include transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations, and improvements. Together, these facets of nursing care contribute to the strategies nurses use daily to deliver bedside care. Collected data about patient and nursing outcomes provides the empirical evidence that reflects organizational success.

Components of Empirical Outcomes:

- Nursing contributes to patient care, nursing workforce, and organizational outcomes.
- Observed, measurable, and objective evidence reflects result of quality efforts and represents actual outcomes.
- Retain ability to describe purpose, background, methods, approach, participants, and measurements of data.
- Evaluate outcomes as they impact patients and employees.

Front-line nurses contribute to this measure by reminding physicians to order aspirin when they notice positive troponin results. They are also doing a good job to ensure aspirin orders are changed from PO to PR when needed.

Tera Joyner, BSN, PCCN
Optimal Care Scores measure team performance for each disease process. These scores report one combined number reflecting the multidisciplinary team’s ability to provide care. The Optimal Care score reflects the exact delivery of education, medication, timeliness, discharge plan, and appropriate inclusion of ancillary teams. To score 100% for Optimal Care, nurses must complete every element of care perfectly.

Utilization of Lean Health Care methodology can be credited for the dramatic improvement in optimal care scores for VTE. VTE stands for venous thromboembolism, a condition including pulmonary embolism and deep vein thrombosis. Using lean thinking and identifying waste, the VTE team recognized a geographic barrier to optimal care because Intermittent Pneumatic Compression (IPC) equipment was housed on the ground floor, far away from the patients and nurses who needed it. Moving the equipment to the nursing floors and placing equipment in each patient room enabled nurses to reduce motion and improve care.

Amy Winham, PT
Nurses on each unit throughout the hospital huddle together every day to discuss the care of each patient with congestive heart failure. The HF Coordinator reviews every chart, every day, enabling bedside nurses to send patients home with appropriate self-care, nursing-care, or transitional-care to support positive outcomes.

Maria Patterson, BSN, RN, HF Coordinator

Because nurses made significant progress with these optimal care scores, we raised our goals. We now strive to provide all the elements of optimal care plus best-practice care that includes education, timely assessments, NIHSS, and interdisciplinary care plans for stroke patients that include patients and their family members.

Lisa Neal, Shift Supervisor for 4th Floor

Many different factors contribute to the SCIP perfect care score. Operating room nurses prevent infections in lots of small ways like making sure patients are normothermic, clipping hair instead of using razors, and prepping skin; preventing infections is directly related to SCIP. During time out, nurses address components of SCIP by reviewing antibiotics and beta blockers for correct doses and times.

Julie Lawler, RN, NGH Operating Room Manager

Nurses act as part of the multidisciplinary team to ensure patients with pneumonia receive optimal care. Care includes verifying patients receive appropriate antibiotic therapies, administering medications quickly, collecting blood cultures, providing patient education, and equipping patients and families with resources that will reduce readmissions.

Caroline Cusick Vierheller, MSN, RN, Pneumonia PI Team Chairperson
Every nurse at NHCS contributes to positive patient outcomes. Nurses from all backgrounds participate with successful team efforts. So why do leaders focus on increasing the number of BSN-trained registered nurses in this organization?

Evidence proves that increasing the percentage of BSN-trained nurses decreases patient mortality and improves patient outcomes (Aiken, et al., 2003). Approximately 70% of nurses in the country provide patient care with associate-level or diploma-level training (Meggison, 2008). Our health care system would suffer without their presence.

However, encouraging associate-prepared nurses to pursue higher education benefits the nurse gaining advanced training and the entire health care system from executives to patients.

Nash embraces this truth and promotes continuing education by rewarding nurses for academic achievement. Programs allow flexible scheduling, academic scholarships, wage adjustment for completed education, and tuition assistance. The percentage of BSN-trained nurses at NHCS increased from 35% to 36% over the past year. This steady, gradual increase reflects NHCS’s esteem for professionalism in nursing.

Every effort that improves the patient experience and decreases mortality demonstrates the commitment NHCS makes to the community to deliver excellent care. “Any time nurses push themselves to learn something new, their confidence climbs, their understanding for the nursing process blossoms, and everyone wins,” said Caroline Vierheller, MSN, RN. “Educational mobility of these approximate 1.9 million ASN and diploma RNs to the BSN level is crucial to positive patient outcomes, creation of a credible professional identity, and to cohesion among nurses” (Megginson, 2008).

When less is more ...

Falls represent a leading adverse event in hospitals. The Centers for Medicare and Medicaid Services (CMS) consider falls a preventable hospital-acquired condition and NHCS embraced falls reduction as a National Patient Safety Goal.

Members of the falls prevention team recognized that reducing falls will decrease patients’ length of stay and cost. The team anticipated that increasing patient safety would subsequently increase patient satisfaction. To reduce falls, the team worked to provide effective tools for safety and communication. As a result of the team’s efforts nurses perform a Morse Falls Risk on every patient, every shift. For high risk patients, team members place a yellow armband on the patient’s wrist and post a Falling Star sign on the patient’s door. These visual reminders communicate “high risk for falls” to all team members.

Communicating well improves care related to preventing patient falls.

Strategies for success

The falls prevention team recognized that decreasing falls takes deliberate effort. Simple communication tools help providers assist patients safely and quickly. Nursing tools include:

**Falls Prevention Awareness Board**
- Boards are visible in nursing pods.
- Boards identify patients with bed or chair alarms.

**Hourly rounding**
- Purposeful hourly rounding ensures fewer patients attempt to get up without calling for help; their needs are consistently met.
- Includes the 4 T’s: Tolerance to pain, Tidying the room, Toileting, and Turning the patient.
- Nurses educate patients and family about using the call bell system.
- Patients receive non-skid socks.

**Interdisciplinary Rounds**
- Nurses, doctors, PTs, and Case Managers review the plan of care together.
- Determine assistive devices needed in the hospital and at home.
- Equip rooms with bedside commodes and walkers.

**Safety Huddles**
- Establish patient-centered plans of care for safety.
- Identify high risk patients.
- Highlight bed & chair alarms in use.

**Mobility Boards**
- Continually update boards.
- Identify the assistance required and toileting needs of each patient...
Reducing catheter associated urinary tract infections (CAUTI)

Urinary tract infections (UTI’s) comprise approximately 40% of hospital acquired infections (HAI) and 23% of infections acquired in Intensive Care Units (ICU). Nash experienced an increase in CAUTI rates in 2012 and sought to improve performance. The trend in CAUTIs prompted efforts to decrease infection rates and catheter utilization.

Nursing Objectives:
1. Reduce/eliminate catheter associated infections
2. Decrease device utilization
3. Decrease costs associated with catheter utilization for patients and the organization.

Nash implemented an evidenced-based Foley Protocol in 2011 but protocol use and compliance was low. The team combined research and recommendations from accrediting organizations to modify the protocol based on updated guidelines. Today, nurses routinely audit use of catheters, receive extensive annual education, and complete skills validations. Managers validate the necessity for each urinary catheter used. Leaders report catheter use during hospital-wide Daily Safety Huddles. Every urinary catheter indwelling longer than 5 days is reviewed at the Daily Safety Huddle. Infection Preventionists reinforce efforts by performing weekly audits for compliance and sharing results with the team.

Ongoing Efforts
- Continue Foley Audits.
- Managers remain involved in rounding.
- Continue to incorporate new evidence.
- Staff members perform Mini-Root-Cause Analyses for all CAUTI’s.
- Update equipment; provide Foley trays that are easy to use.

Nosocomial UTIs per 1,000 Foley Catheter Days (all NGH units)
Nash Health Care Systems
2460 Curtis Ellis Drive
Rocky Mount, NC 27804

“We are compassionate nurses dedicated to providing quality, holistic, patient-centered nursing care to all those we serve.”

Nash Health Care Systems
Nursing Mission Statement