

NURSING Annual Report

2014





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Janet Davis DNP, RN, NE-BC, CPHQ
Senior Vice President and Chief Nursing Officer

Friends and Colleagues,

As the Chief Nursing Officer of Tampa General Hospital, it is my privilege to share our 2014 Nursing Annual Report. TGH's nursing practice is remarkable. The accomplishments in this report highlight exemplary teamwork, compassionate and skillful care, and innovative practice. Our nurses advocate for their patients, their patients' family members and the profession of nursing. They have earned the respect of patients and their families, the community and the interdisciplinary team members with whom they work on a daily basis. TGH nurses hold each other accountable for fostering quality and safety, participating in shared leadership, and furthering professional development through certification and advanced education. Our nurses are committed to advancing the nursing profession by conducting research and evidence-based practice projects, presenting their work at conferences, sharing their work in professional journals, and participating in professional organizations as members and leaders.

I believe TGH nurses are second to none, and I'm proud to showcase their achievements in this annual report. I would like to thank each TGH nurse for their dedication to safety, quality and for compassionate care.

Jim Burkhart DSc, MSHHA, FACHE President and CEO

Our nursing staff had some incredible accomplishments over the past year. Perhaps the most significant in my mind was achieving Magnet redesignation for the third consecutive time. I'm confident our nursing staff is talented and dedicated enough to help lead Tampa General Hospital toward a population-based health care system, in which we care for our patients throughout their lives. Our nurses are highly educated, caring, accomplished and motivated. And that is not just me saying that – our patients provide this feedback daily. I'm proud and thankful for TGH's nursing staff.



Deana Nelson MHA, FACHE, RN Executive Vice President and COO

I learn a lot by walking around the hospital and talking to patients and their families. I've learned that our patients appreciate the expertise and compassionate care our nursing staff provides. I believe it stems from a concerted effort by the nursing staff to enhance the quality of patient care. By working on and leading interdisciplinary teams, our nursing staff achieved several notable safety improvements, such as reducing the number of patient falls with injuries and reducing the number of hospital-acquired pressure ulcers. This commitment to innovation and professional growth positions TGH to meet the challenges we face, and ensures that we will continue to provide high-quality patient care to the communities we serve.



Magnet® Redesignation

TGH received Magnet designation for a third time. Only six percent of hospitals hold this prestigious recognition and only one percent have been re-designated for a third time.

On September 15, 2014, Tampa General Hospital received a phone call from the American Nurses Credentialing Center (ANCC) informing us that we earned redesignation as a Magnet® hospital for four more years. Only six percent of hospitals in the United States hold this prestigious recognition, and only 1 percent received redesignation for a third time.

ANCC noted several areas as exemplary at Tampa General Hospital:

- The level of advocacy and support for excellent patient care, including our rapid response team (RRT), nursing informatics, nurse pharmacy liaison, the lift team and our telemetry transport team. Our mobile CT scanner, unit-based educators and ventricular assist device (VAD) coordinators received special recognition.
- The participation of nurses in organizational decision-making through our shared Governance councils and committees.
 The ANCC called out our green team for its successful efforts to increase green awareness throughout the hospital and to reduce the amount of regulated medical waste in our operating rooms.
- Our expectation of and commitment to the educational advancement of our nurses through our strong partnerships with local universities, the military, the TGH Foundation scholarship program and our tuition-payment program, and also our goal of having 80 percent of our direct-care nurses holding a Bachelor's of Science in nursing degree by the year 2020. In addition, 82 percent of eligible nurses have obtained professional certification, which exceeds the national rate of 42 percent.
- How our nurses address the healthcare needs of the community though involvement in numerous support groups and our partnerships with organizations such as the Hillsborough County School System, Healthy Start, the American Red Cross and the Salvation Army.
- Our nurse informatics group, and the strong partnership between our operations and IT departments.





Many of our nurses represented TGH at the 2014 Annual Magnet Conference in Dallas, Texas and celebrated our amazing achievement.



The TGH nursing professional practice model (PPM) provides a framework that gives our nurses the structure and processes that drive excellence in patient-centered care. Clinical staff nurses, advanced practice nurses, educators and leaders throughout the organization developed this model. Key components include:

Values -

Caring, integrity, advocacy, respect, accountability and competency

Professional Relationships -

Interdisciplinary partnerships, professional rapport and effective communication

Care Delivery Model -

Interdisciplinary patient-centered care with family and community support

Recognition and Rewards -

Recognize exemplary professional practice and promote professional advancement and behaviors

Governance -

Collaborative decision-making

We will revise our PPM in 2015 as TGH expands to better meet the needs of our community.

Professional Practice Model

Recognition for Excellence in Practice

While nurses are recognized throughout the year, Nurses Week is a time to celebrate and recognize our nurses around the clock. The week began with nursing Grand Rounds. Our keynote speaker, Colleen Sweeney, RN, BS, presented "The Patient Empathy Project: What Patients Fear and Why." Approximately 1,000 nurses attended Grand Rounds, held all week and throughout all shifts for a total of 17 live presentations. Nursing research and innovation posters were displayed outside of the auditorium.

Nurses Week Posters

Video vs. Direct Patient Monitoring:

An Evaluative Research

| Study/Innovation | Authors Deanna Leach, MSN, ARNP, ONC Janice Spaulding, RN, BSN, ONC Jil Thomas, RN, BSN, ONC Chris Conn, MSN, ARNP | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| The Effect of Caffeine on Postoperative Urinary Retention After Joint Replacement Surgery | | | |
| Resilience Among Burn Injury | JoAnn C. Green, MSN, RN, CNS, CCNS | | |
| Incidence and Severity of Oropharyngeal Function of Swallowing After Lung Transplantation | Brooke Dobin, MS, CCC-SLP Li-Ting Huang, RN, BSN Ninnu Philip, RN, BSN Mary Kutash, MSN, ARNP Seema Weinstein, PhD Tarik Haddad, MD | | |
| Compassion Fatigue Among Diverse Healthcare Providers in an Urban Teaching Hospital Using Structural Equation Modeling | Linda Lowe, BS, RN Li-Ting Huang, BSN, RN Mary Kutash, MSN, ARNP | | |
| Extracorporeal Membrane Oxygenation in Adult Patients in a Large Urban Teaching Hospital: A Descriptive Study | Pat Roccio, BSN, RN, MAOM Mary Kutash, MSN, ARNP Li-Ting Huang, BSN, RN | | |
| | | | |

Janet Davis, DNP, RN, NE-BC, CPHQ

| Nurses Week Posters Study/Innovation | Authors | Recognition for Excellence |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Successful Development of a Hospital-Based Plasma Exchange Program Utilizing Nephrologists and Hemodialysis Nurses | Stephen Rifkin, MD, FACP, FASN Nicole M. Cole, BSN, RN-BC, CCRN Olivia Moses, BSN, RN, CNN | in Practice |
| Collaboration Towards Best Practices in Enteral Tube Feeding Delivery | Beverly J. D. Hernandez, PhD, RD, LD/N Sara Thrower, MSN, RN, NE-BC | |
| Finding Time: Work-Life Balance vs. Blending | J. Celeste Kallenborn, MBA, BSN, RN, NE-BC Janet Davis, DNP, RN, NE-BC, CPHQ | |
| The Lived Experience of Surrogate Decision Making for Patients at the End of Life | Cynthia Brown, MSN, ARNP Jeanette Stevens, MSN, ARNP Mary Kutash, MSN, ARNP Amy Santamaria, MDiv, BCC Kassie Basnight, BSN, RN Vince Perron, MD | Nursing Week was held May 6–12 and drew 1,000 nurses to view 17 live presentations. |
| Pancreaticoduodenectomy for Patients with Pancreatic Cancer and Their Complex Nursing Needs | Bettina Prator, MSN, ARNP-BC | |
| Don't Reinvent the Wheel: Reciprocal Site Visits for Electronic Medical Record Sharing | J. Celeste Kallenborn, MBA, BSN, RN, NE-BC Wanda Whittle, DNP, RN, NEA-BC Veronica Carr, MSN, RN Lisa Roth, RN-C, BSN, MS, HCI Karlita Konnerth, MSN, RN Ellie Franey, RN, PhD Chris Conn, MSN, ARNP Sherry Morris, RN, MHL, LHRM | |
| Baby, It's Cold Out There! | Karen Border, MD, FACOQ Terri Ashmeade, MD, CPHQ Patricia Barry, RNC, MSN | |

Karen Fugate, RNC-NBC, BSN, CPHQ

Sherri Badia, RNC, BSN

Nurses Week Scholarship Ceremony

Ten nurses were recognized at the Clinical Excellence Seminar. Each nurse presented their exemplar as the room filled with tears and pride.



First row: Linda Lowe, Cecilia Vargas, Amanda Carter, Leni Samuel, Katie Knauf, Bonnie Lowlery. Second row: Allison Tourjee, Renee Boyette, Alisha Burnett, Elizabeth Lewis



A long-standing tradition at TGH is the night staff party where our senior leaders serve complimentary meals to our night staff.

Fifty-one employees received a total of \$37,050 in scholarships to help fund their nursing education.

Medical Staff Scholarship Recipients:

Amy Summers, Employee Health; Sharon Cano, Admit/Discharge Unit; Shawna Lord, Clinical Resources; Melanie Penman, Burn Center; Kirenia Mota, Pediatric Medical Surgery Unit; Carrie Coronado, Specialty Clinic; Allison Castro, Pharmacy; Brandi Stewart, Medical ICU; Sueann Feldman, Surgical Trauma ICU; Juana Hernandez, Pediatric Medical Surgical Unit; Brenda Miller, Neonatal ICU; Tracy Burke, Neonatal ICU; Sabeena Pazhukayil, Pediatric Medical Surgical Unit; Cristy Meade, Specialty Surgery Unit; Elizabeth Schetina, Gastroenterology Center; Carlos Maldonado, Gastroenterology Center; Elizabeth Ford, Patient Accounts; Bonnie Lowlery, Vascular ICU; Tracy Thomas, Coronary Care ICU; Pamela Brennan, Transplant; Micah Aguilar, Burn Center; Shiny Joyson, Adult Hemodialysis; Danielle Beasley, Labor and Delivery; Jan Chua, Coronary Care ICU; and Mary Kutash, Nursing Research

51 employees received a total of \$37,050 in scholarships to help fund their nursing education.

Dr. Debbie Rinde-Hoffman Cardiac Scholarship:

Paul Pearson, Coronary Care ICU; Alphonce Joseph, Acute Care for the Elderly Unit; Lacie Stone, Cardiac Observation Unit; Jolly Mathew, Cardiovascular Services; Jessica Nadeau, Cardiovascular Services; Heleomar Zanga, Cardiovascular Services; Harsha Brahmbhatt, Cardiac Telemetry Unit; Vincent Godwin, Cardiac Observation Unit; Shyla Vazhakalayil, Cardiac Telemetry Unit; and Biji Chacko, Cardiovascular Pre-Post Procedure Unit

Kara E. Flannery Scholarship:

Karen Fugate, Neonatal ICU

Ron and Eleni Hytoff Scholarship:

Amy Hunt, NICU and Sonya Vickers, Labor and Delivery

Daniel DeLaVergne Scholarship:

Kalyn Woodington, Neuroscience ICU

Barbara Bonfe Advanced Practice Nursing Scholarship:

Cynthia Schuhman, Pediatric Medical Surgical Unit

Florida Orthopaedic Institute Scholarship:

Kelly Cassana, Orthopedics and Kayla Lizcano, Orthopedics

Nurse Practice Council Scholarships:

Denise Hickey, Pharmacy and Cecilia Vargas, Surgical Oncology Unit

Practice Care Leadership Council Scholarships:

Candace Amato, MICU and Kandace Mohar, Gastroenterology Center

Advanced Practice Council Scholarship:

Lauren Bamesberger, Burn ICU

Jean Rigsby Memorial Scholarship:

Kristen Hepp, Clinical Resources

Trauma Nursing Scholarship:

Kevin Maddox, Surgical Trauma ICU

Larsen E. Hunt Memorial Scholarship:

Katherine Valle. Neonatal ICU

Patient Services Executive Committee & Nursing Executive Team Scholarship:

Viktoriya Atesheva, Specialty Surgery Unit



Nurses Week Scholarship Ceremony

2014 Divisional Nurses of the Year

The Luncheon was followed by the Nurses Week Awards Ceremony.



Acute Critical Care:

Laura Roy, Neuroscience ICU

Ambulatory & Ancillary Services:

Kelly Lowery, Pediatric Center-Healthpark

Cardiac Critical Care:

Jan Chua, Coronary Care ICU

Cardiovascular Services:

Jolly Mathew, Cardiovascular Pre/Post Procedure Unit

Emergency/Trauma Services:

Lisa Simon, Emergency Department

Med-Surg Medical:

Tiffany Sloss, Medical Observation Unit

Med-Surg Surgical:

Marlene Groner, Neuroscience Unit

Surgical Services:

Mary Abramski, Post Anesthesia Care Unit

Children's Services:

Jacqueline Maldonado, Pediatric Medical-Surgical Unit

Women's Services:

Deidra Skinner, Ante/Post-Partum Unit



Congratulations to all of our candidates for Divisional Nurses of the Year!

Nurses Week Awards Ceremony

On Thursday, the 2014 nurse awards nominees were invited to an off-site luncheon in recognition of and appreciation for their outstanding practice.



Tiffaney Randolph, ARNP; Sue Boyette, RN; Claudia Hibbert, RN; Mary Abramski, RN

Other Nurses Week Awards

Outstanding Preceptor Award:

Danielle Moncalieri, Vascular ICU

Excellence in Advanced Practice Nursing Award:

Noella West, Vascular Neurology

Excellence in Nursing Education:

Lois Book, Clinical Education

Clinical Excellence in Caring Award:

Elizabeth Lewis, Orthopedic Unit and Leni Samuel, Labor and Delivery Unit

Outstanding Nursing Research Award:

Patricia Roccio, Cardiothoracic ICU

Dr. James Cullison Award for Nursing Compassion:

Amanda Skorupinski, Complex Medicine Unit

LifeLink Nurse of the Year Award:

Corey Brown, Pediatric ICU

University of South Florida Outstanding Preceptor Recognition:

Melissa Joseph, Orthopedic Unit

South University Outstanding Preceptor Recognition:

Chona Alamares, Surgical Trauma Unit; Lois Book, Clinical Education; Jovie DeCarlos, Surgical Trauma Unit; Frank Fritz, Emergency Department; Janice Grey, Labor and Delivery; and Carolina "Kiki" Jones, Emergency Department

University of Tampa Outstanding Preceptor Recognition:

Linda Sweet, Primary Care Unit

Emily Clarkson Infection Prevention Award:

Kandace Mohar, Gastroenterology Center

Excellence in Nursing Management:

Lori Desmond, Burn Center



Florida Organization of Nurse Executives 2014 Excellence in **Education Award**

Wendi Goodson-Celerin, MSN, ARNP, NE-BC, CMS, RN Director, Acute Critical Care and Clinical Education

Southern Nursing Research Society 2014 Dissertation Research Grant Award

Mary Kutash, MSN, ARNP Nurse Research Specialist







Vascular ICU and Cardiac Telemetry units

Joint Commission Disease-Specific Programs

Bariatric Surgery Benign Esophageal Disorder Burn Colorectal Cancer **Epilepsy** Heart Failure Joint Replacement, Hip Joint Replacement, Knee Joint Replacement, Shoulder Multi-System Trauma Orthopedic Trauma Pancreatic, Hepatic, Biliary Cancer Sleep Disorder Stroke Uterine-Ovarian Cancer VAD

Other Accomplishments

Accepted into the Florida Association of Children's Hospitals National Comprehensive Stroke Accreditation

These talented nurses received awards from their statewide or regional colleagues.

2014 Presentations

Patient Sitters vs. Video Monitoring: An Evaluative Research

Janet Davis, DNP, RN, NE-BC, CPHQ

Florida Organization of Nurse Executives Educational Conference and Annual Meeting 2014

Podium presentation

Extracorporeal Membrane Oxygenation in Adult Patients in a Large Urban Teaching Hospital: A Descriptive Study

Patricia Roccio, BSN, MA, RN; Mary Kutash, MSN, ARNP; and Li-Ting Huang, BSN, RN Sigma Theta Tau Delta Beta Chapter-At-Large Research Conference Poster presentation

Work-Life Balance vs. Work-Life Blending

Celeste Kallenborn, MBA, BSN, RN, NE-BC

American Association of Nurse Executives National Annual Conference Poster presentation

Leveraging Data-Collection Tools: Hospital Stories Using the Risk-Reporting System as a Tool

Mary Kutash, MSN, ARNP
AHA/HRET Hospital Engagement Network: Procedural Harm and Falls Webinar

Hospital Story: Real Life Application of the ABCS Assessment

Mary Kutash, MSN, ARNP

AHA/HRET Hospital Engagement Network: Fall Injury Reduction Webinar: Achieving Reliability in the Most Diverse Circumstances

OB Fall Prevention Program

Mary Kutash, MSN, ARNP
FHA Hospital Engagement Network (HEN)
Florida Perinatal Quality Collaborative (FPQC)
OB Hot Topics – Improving Safety for OB Patients
Podium presentation

The Journey to Patient Centered Medical Home

Sharon Ford, MS, RN, NE-BC AONE 2014 Annual Conference Podium presentation

Decreasing Pulmonary Embolism (PE) Events in Rehab Patients

Melissa Figueroa, BSN, CRRN; Keith Maher, ASN, CRRN; Jacquelin Lellis, BSN, CRRN; Liudmila Sosa, ASN, CRRN; Lindsey Aviles, ASN, CRRN Florida State Association of Rehabilitation Nurses Poster presentation

Transitions to Home: Patient-Centered Medical Home for Neonatal Follow-up

Pamela Sanders, RNC-NIC, CENP, MSN; Susan Angelos, RN, BSN; Dr. Lilly; and Dr. Ashmeade
Children's Hospital Association Annual Meeting
Podium presentation

Management of the Patient with Placenta Accreta in the Hybrid OR, A Collaborative Case Study

Maureen Ogden, RN, MHA
University Health System Consortium, Cardiovascular Council
Pre-Conference
Podium presentation

Surviving a Serious Incident in Endoscopy

Kandace Mohar, RN, BSN, CGRN Society of Gastroenterology Nurses and Associates 2014 Annual Course Podium presentation

Oh the Pain: Paradigms, Pathways and Potentials in Pain Management Gerion Williams, RN, BSN, CCRN 2014 National Teaching Institute and Critical Care Exposition Podium presentation

Nurse Education Level and National Certification in 2014

| Percent of DIRECT CARE nurses with: | 2014 | 2014 Goal |
|------------------------------------------------------------------------------------------------------------------------|-------|-----------|
| BSN, MSN or DNP/PhD | 68.1% | >65% |
| ADN/AD/AS | 28.3% | |
| Diploma | 3.6% | |
| BSN | 61.8% | |
| MSN/MS/MN | 6.2% | |
| DNP/PhD | 0.1% | |
| Eligible nurses providing direct patient care with national certification (eligible = > 2 years of experience) | 82.7% | >75% |
| NURSE LEADERS (Supervisor, Nurse Manager, Director, Vice President, Senior Vice President) a BSN, MSN or DNP/PhD | 96.4% | >94% |

2014 Presentations

Registered Nurses New to Clinical Ladder and Nurses Who Renewed and Advanced in 2014

Clinical Ladder Level 1

Demas, Nicole
Dorner, Suzanne
Kralik, Ashley
Kusy, Lacy
Martin, Joyce
McEntyre, Kelly
Meehan, Danielle
O'Brien, Rebekah
Ortiz, Miriam
Reid, Pollyana
Simpson, Chelsea
Skorupinski, Amanda
Sohm, Katherine
Young, Ebony

Clinical Ladder Level 2

Aguilar, Micah Anderson, Jonathan Bamesberger, Lauren Bravo, Flavia Bull. Brooke Campeau, Lori Cant, Addie Capodilupo, Amy Coyne, James Crocker, Courtney Culleton, Jean Anne Davidson, Tywonn DeChelbor-Becan, Courtney Delbuono, Danielle Farooqi, Adeel Fiorenza, Nadine Gabriel, Clarissa Gardner, Tammy Gilot. Anne Gunaratnam, Ayumi Hamilton, Michelle Holt, Dea Hubbard, Gordon John, Sheelamma Kulangara, Saly

Larue, Paolette

Lattrell. Amber Luke, Casey Maddox, Kevin Magwood, Anthoinee Mallozzi, Christopher Martin, Fiorella Matthias, Sherry McCready, Diana McNeil-Bond, Monica Micklow, Mark Paul. Jishamol Pearson, Paul Philip, Ninnu Phillips, June Regal, Meredith Roopnarain, Samanta Stubbs, Brittany Stuckey, Zedra Sylvain, Samantha Taylor, Meredith Thomas, Jolly Thomas, Patricia Vickers, Sonya Whitley, David Wiles. David Wiles. Jenna Williams, Elizabeth Zaroski. Lee Zhylin, Nadia

Clinical Ladder Level 3

Abraham, Circee
Abramski, Mary
Acton, Renee
Alcide, Merline
Alphonce, Mary Joseph
Ampalathumkal, Rose
Anunobi, Chizoba
Bailey, Kimberly
Baxter, Allison
Beers, Joellen
Bercier, Jessica
Bigness, Lisette

Bolt. Brian Boyette, Renee Bragg, Crystal Branson, Linsey Brincefield, Paula Brown, Carolina Brown, Jessica Bulaclac, Kelly Burnett, Alisha Butler, Deborah Butler, Priscilla Monique Cano, Sharon Carreras, Amy Carter. Amanda Casoli, Maureen Castaneda, Myriam Chacko, Sunu Clifford, Diane Comeaux. Tess Cressman, Kelly Curry, Kristin Daniel, Kimberley Davis. Anne Daza. Natasha DeBrigard, Elaine Desamours, Yvenola Diaz. Judith Donahue, Jacqueline Dorsey, Dietris Dunbar, Kimberly Duppenthaler, Laurie Eller, Melissa Favero, Deborah Fay-Allen, Cynthia Fisk, Tiffany Freas. Robert Frey, Sarah Fritz, Maria Gandy, Amy Gapusan, Carmen George, Mariamma Gibson, Kimberly

Gonzalez. Deonna

Gozo, Abla Greenfield, Lindsay Guillet, Kristina Guito, Diana Gurka, Lucy Newell Hahn. Katie Hassell. Linda Hawkins-Shaw, Delaney Healy, Jennifer Heinle, Mariel Heister, Kimberly Hendricks. Erica Herrig, Kristin Hibbert, Claudia Holt. Andrea Hubbard, Robin Hughes, Chadd Hughes, Michelle Jayan, Manju Jean-Pierre, Judith Jomon, Shiji Jose, Sisa Joseph, Hazina Joseph, Saji Junco, Tonya Kanuck, Charity Kochen, Natalie Kowenski, Jessica Lalonde. Julie Lechlitner, Amanda Linquist, Melody Linton, Romona Lloyd, Mary Lopez, Mercedes Lucania. Andrea Madathil, Lilly Maldanado, Carlos Mammen, Suma McArdle, Stephen McCoy, Teresa McCranie. Heather McDonald. Jennifer McGill. Litwina

Meyer, William Meyers, Sarah Morgan, Katy Morran, Kelly Morse, Veronica Moten, Maria Nickerson, Michelle Lynn Nix, Jessica Onyedimma, Comfort Orr, Abigail Paguio, Zenaida Paugh, Brenda Pearson, Richard Pettigrew, Jennifer Pineda, Reyah Pistolese. Siobhan Powell. Sheila Prosperie, Sabrina Przybysz, Melissa Ramcharitar, Madelene Raymond, Carmen Renaud, Mary Richardson, Donald Roberts, Samantha Rodriguez, Amber Rogers, Staci Ron. Jennifer Rose, Gloria Roy, Laura Rudic, Valerija Ruth, Markesha Saromines, Victoria Schiller, Melissa Sepasi, Atefeh Similus, Louise Skelton, Nichole Smathers. Debra Sofis, Joan Speakman, Eliza Speed, Nancy Spidle, Gerri Stevenson, Alexandra

Stibila. Dionna

Stokes, Amy Suhanovsky, Joanna Pompei Tehrani, Shahla Thomas, Tracy Tourjee, Allison Vargas, Cecilia Varghese, Sheela Vawter, Dawn Victorvil, Carline Wallen, Robyn Waller. Michele Wallingford, Michael White, Cari Wiley, Cathy Wolfley, Kimatha Wood, Frank Woodke, Barbara

Clinical Ladder Level 4

Barry. Gabrielle Chua. Jan Daley, Angeleath Davis, Candilla Deleon, Jill Edwards, Arlene Garcia-Estrada, Lesly Hatfield, Barbara Hatter. Maria Holbrook, Mary Ellen Jacobs, Amy Kast, Stacey Knauf, Katie Mascaro, Sarah McIntyre, Tisha Miles, Wanda Olsen. Stefanie Samanka, Sandra Scoggins, Consuelo Searcy, Marya Stevens, Catherine Thomas. Merlvn Zaldana. Sabrina

Registered Nurses New to Clinical Ladder and Nurses Who Renewed and Advanced in 2014

DAISY Award for Extraordinary Nurses 2014



TGH nurses value the importance of caring for patients and for each other. We participate in the DAISY Award for Extraordinary Nurses program as a way to care for each other and to honor individual nurses who provide compassionate, competent, sensitive and expert clinical care. Mark and Bonnie Barnes founded the DAISY Foundation in 1993 in honor of their son Patrick who died of ITP (idiopathic thrombocytopenia purpura) when he was 33, shortly after diagnosis. The DAISY Award is a way to honor his memory and keep his spirit alive. Each month, nurses are recognized and celebrated for their exemplary professional nursing practice. Nominated nurses demonstrate the values of our Professional Practice Model: advocacy, respect, accountability, competency, integrity and care. In 2014, 256 nurses were nominated, and 20 nurses received this award. Patients, peers and family members describe the exceptional care our nurses provide as:

"Compassionate, astute clinical skills, voice of reason and constant source of reassurance, wonderful advocate, clinical expertise, took the time to get to know me, went above and beyond with courteous bedside care, patient, uplifting personality, proactive, kind, generous and thoughtful, professional, respectful and competent, made me feel safe, secure and cared about".

2014 Honorees



Danielle Meehan, Complex Medicine

THE DAISY AWAR D SECOND SECOND

Cory Brown, Cardiac Telemetry



Portia Canidate, Infusion Center



Marissa Maulsby, Clinical Resources



Erin August, Michael Scala and Debbie Riley, VAD



Sharon Cano, Admission Discharge Unit



Kathryn Gower, Cardiovascular Telemetry

DAISY Award for Extraordinary Nurses 2014

DAISY Award for Extraordinary Nurses 2014



Marianne Manietta, Joint Replacement



Langylie Jimenez, Trauma Surgery



Thuan Tran, Surgical Oncology



Colleen Gossett, Transplant



Nadine Fiorenza, MICU



Jessica Brower, Ante/Post-Partum Unit

Debra "Dee" Parsons, PICU



Corey Shapiro Brown, PICU

DAISY Award for Extraordinary Nurses 2014



Adeel Farooqi, Burn Unit



Brooke Bull, MICU



Ashley Bader, Specialty Surgery

In 2014, 256 nurses were nominated for the Daisy Award, which recognizes nurses who demonstrate advocacy, respect, accountability, competency, integrity and care.

Education

UHC RN Residency Program™

In January 2014, Tampa General Hospital, in partnership with the University Health System Consortium/American Association of Colleges of Nursing (UHC/AACN), implemented the Nurse Residency Program™ (NRP) as its transition-to-practice program. Participation in this program is required for new graduate nurses and registered nurses with less than one year experience in the hospital setting. Our goal is to provide an environment that fosters confidence, competence, job satisfaction and commitment. Key features of the 12-month program include:

- A curriculum that complements our hospital, nursing, divisional and unit orientation and specialty training courses, such as our Critical Care Transition Program or Acute Care Transition program.
- Nurse facilitators who guide monthly discussions, work with nurse residents to identify learning needs, serve as experienced nurse experts and guide the residents' evidence-based project efforts.

In the first year, 211 residents within four cohorts participated in the program.



Cohort 1



Cohort 2

Education

TGH had 211 residents join us in the first year of the program.



Cohort 3



Cohort 4

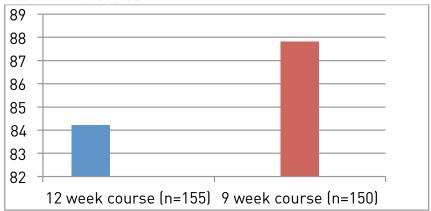
Streamlined Education Program for Transition into Critical Care Areas



Ron Della Valle, MSN, RN, CCRN, EMT-P Our Critical Care Transition Program (CCTP) has been a very important part of transitioning registered nurses to work in our many critical care units. Each year, between 130 and 150 nurses complete our CCTP. The course coordinator, Ron Della Valle, MSN, RN, CCRN, EMT-P, reviewed the curriculum and realized there was an opportunity to improve content and shorten the program from 12 weeks to nine weeks. Some changes include increasing the number of case studies and adding advanced cardiac life support (ACLS) and electrocardiography (ECG) sessions.

The Basic Knowledge Assessment Tool (BKAT-8) scores increased significantly with the streamlined program compared to scores in the 12-week program. By decreasing orientation time, we also saved an estimated \$324,000.

Mean BKAT-8 Scores





Symposiums

We hosted five symposiums:

- 5th Annual Neuroscience Symposium
- Advanced Burn Life Support courses
- Transplant Symposium
- Cardiac Symposium
- Geriatric Symposium

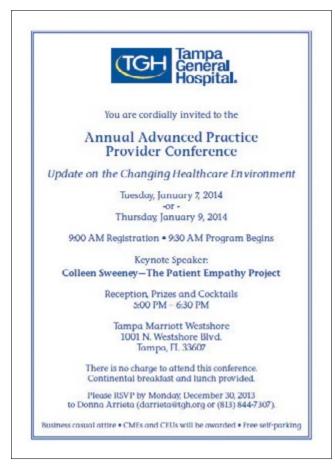


TGH acknowledges and appreciates the contribution that advanced practice nurses (APN) make to quality patient care. Three hundred advanced registered nurse practitioners (ARNPs) are credentialed and privileged to practice at TGH in the inpatient and ambulatory settings. In 2014, more than 200 APNs attended the first annual advanced practice providers conference, Update on the Changing Healthcare Environment, which aims to support our APNs' ability to function to the fullest extent possible. We based the off-site event, which we held on two dates to accommodate individual schedules and responsibilities, on a survey our APNs completed early in the year.

Colleen Sweeney, RN, BS

Deana Nelson, RN, Executive Vice President and COO, welcomed attendees to the conference, and then President and CEO Jim Burkhart provided an update on "TGH's Roadmap for the Future." Several senior leadership team members delivered presentations on topics including value-based purchasing and core measures, patient flow and length of stay, clinical documentation and the transition to ICD-10, time management and work-life balance, pain management and conflict resolution. Our keynote speaker, Colleen Sweeney,

RN, BS, founder and owner of Sweeney Healthcare Enterprises, left a lasting impression with her discussion on what patients fear and why hospitals have to know. The conference ended with a cocktail reception and prizes. The retreat proved to be very helpful and will become an annual event.



Advanced Practice Nursing

Quality of Care

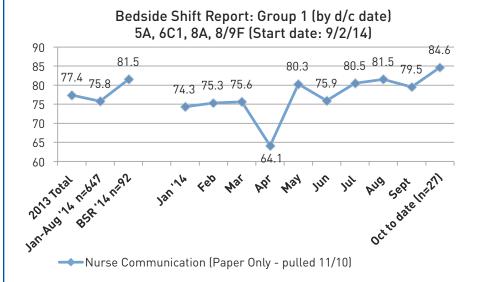
Patient Experience

Improving the patient experience has been one of our most significant initiatives in 2014. Three major efforts have worked together to enhance nursing communication: bedside handoff (BSH), leadership rounding and our patient engagement system, GetWellNetwork® (GWN).

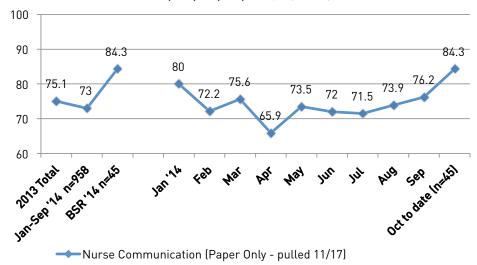
Bedside handoff, the first component, began on the Cardiac Telemetry Unit in 2013 as a pilot project that demonstrated very promising outcomes. Our Nurse Practice Council embraced this new method of handoff, and with senior nursing leaders led hospital-wide implementation.

Leadership rounding, the second component, had been in place; however, managers found it difficult to consistently round while also attending meetings throughout the day. The Patient Care Leadership Committee (PCLC) proposed a plan to facilitate rounding by designating a two-hour block of time to round on their units Monday through Friday from 10 a.m. to 12 p.m. Our senior management team, including our president and CEO, endorsed this plan, and meetings were rescheduled without adding additional hours to the workday.

GetWellNetwork (GWN), the third component, was implemented in June 2014. This system assists hospital staff in providing excellent patient-centered care and promotes active patient and family involvement in this care. GWN aligns with hospital initiatives around patient education, safety and satisfaction, and promotes patient engagement through personalized care while also offering patients the opportunity to give feedback about their stay.



Bedside Shift Report: Group 2 (by d/c date) 2H, 3H, 7C, 8C, 6K4/5 (Oct 1)



Falls with Injury

At the end of 2013, we identified priorities for the Fall Prevention Committee to work on during 2014. There was confusion among registered nurses (RN) regarding how to correctly assess fall risk using the Morse Fall Scale and how to document assessment and interventions in the electronic medical record (EMR). Although we've had injury risk assessment in place for many years, patient compliance with using injury-prevention equipment was poor and we needed to strengthen patient/family engagement in care. Our Fall Prevention Committee reviewed recent evidence and continued participation in the Partnership for Patients Hospital Engagement Network (HEN). We created an online education program that covered the Morse Fall Scale and the Injury Risk Assessment that all RNs in the hospital's nursing department completed. We individualized our patient care plans to take into account a patient's preferences. We implemented the fall prevention pathways of GetWellNetwork and we streamlined the documentation of assessments and interventions in the EMR. After implementation, our rates for falls with injury were consistently lower in comparison to the hospitals that participated in the Partnership for Patients HEN at the local and national levels. These revisions helped us to improve patient safety.

5% decrease in falls with injury

Quality of Care

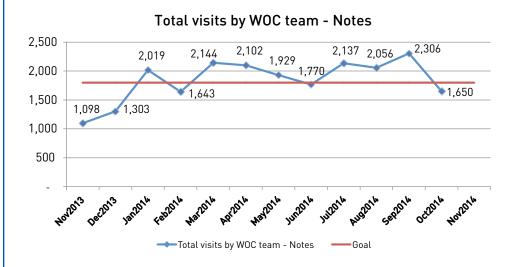
Quality of Care

Hospital-Acquired Pressure Ulcers

In 2014, we conducted a team-member workflow study and implemented a number of changes to our skin care program that helped to decrease our hospital-acquired pressure ulcers (HAPUs) and the number of patients who have stage-3 and stage-4 HAPUs. Changes include:

- We increased the number of team members from six to 10, and we placed the program under the Burn Program nurse manager's direct supervision. We assigned our wound care team to nursing units rather than have them practicing as a consult service, and every day, our Wound, Ostomy and Continence Nurses (WOCN) visit patients who have stage-3 and stage-4 HAPUs.
- We now conduct quarterly prevalence studies rather than monthly prevalence studies, we monitor our practice changes for compliance. we revised our skin care protocol and we implemented a WOCN-initiated protocol. We developed quality dashboards to enhance performance evaluation, and we created electronic medical record (EMR) reports to better monitor compliance and productivity. Also, we developed templates for WOCN consults and progress notes.
- We assigned the burn team educator to the skin care team. The burn team educator coordinates monthly education programs with the skin care team and with the clinical nursing staff. Nurse executives, the clinical quality specialist, risk management representatives, nurse managers, clinical dieticians, respiratory therapists, physical therapists, and WOCNs attend weekly case reviews.
- We fitted all ICU beds and 500 beds in the medical-surgical areas with new surfaces and pressure re-distribution mattresses, and we purchased cameras compatible with the EMR for all wound care team members.

Our next steps include implementing the wound treatment associate program that the Wound, Ostomy, and Continence Society developed.

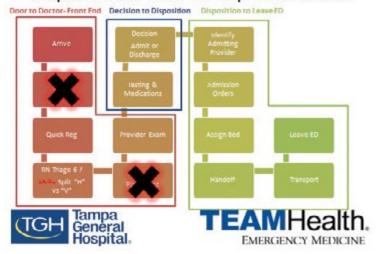


51% Reduction in HAPU 40% reduction in HAPU Stages 3 and 4

Emergency Services Comprehensive Process Redesign

The 62-bed Emergency Department (ED) at Tampa General Hospital is a state and national adult and pediatric level-1 trauma center. The ED provides care to approximately 222 patients each day. Inpatient ED admissions account for 47.4 percent of all hospital admissions. The department experienced challenges common throughout the country, including overcrowding, boarding times and compassion fatigue. We used the Lean process, a quality improvement and management philosophy, to facilitate improvements. The process focused on waste reduction and elimination of what patients perceive as useless. We created reports from patients' electronic medical records (EMRs) and reviewed and appraised the evidence. The redesign resulted in a condensed primary triage. We created a split flow to increase capacity, moved providers to triage rooms and supported them with scribes. We changed our lobby to a recliner area for patients waiting for information and results, which allowed us to prioritize ED beds for more acutely ill patients. We created a real-time dashboard to help ED team members actively monitor ED capacity, throughput and patient-disposition needs.

Steps of Flow Prior to Implementation



| MEDIAN TIMES | Dec 3 2012– Dec 3 2013 | Dec 3 2013 - Dec 3 2014 | UHC Median | Our GOAL: UHC Best Quartile |
|---------------------------------------------|---------------------------|----------------------------|------------|-----------------------------------|
| Left Without Being Seen (LWBS) (Adult) | 6.78% | 2.00% | 2.20% | 1.60% |
| Door-to-Provider (Adult D/C) | 61 Min | 38 Min | 48 Min | 30 Min |
| D/C Total ED LOS (Adult) | 336 Min | 255 Min | 241 Min | 184 Min |
| Adult Patient Satisfaction Mean Score | June - Oct 2013: 75.3% | FY 2014: 81% | | |

Quality of Care

By "Leaning" our ER processes we saw improvement in adults left without being seen, door-to-provider time, total ED adult length of stay and adult patient satisfaction.

Nursing Informatics

Tampa General Hospital is proud to have 15 nurses working in various Information Technology (IT) department leadership and technical roles. Over the past few decades, nursing informatics has become an integral part of healthcare administration. According to the American Nurses Association, nursing informatics "integrates nursing science, computer science and information science to manage and communicate data, information, knowledge and wisdom in nursing practice." Nurses in these roles combine their extensive nursing experience with technological knowledge and advancements to ultimately ensure better patient care, which is a cornerstone principle of nursing. They partner with members of the patient care operations teams and medical staff to investigate and plan for system enhancements to support more efficient interdisciplinary care processes; to promote quality, safety and regulatory initiatives; and to improve documentation that reflects high-quality care practices. They enable operation leaders to make informed decisions based on data management strategies and report development. Informatics nurses work with most hospital departments and represent IT on many hospital committees, shared governance groups, task forces and EMR/IT education projects. They were instrumental in enabling TGH to achieve HIMSS Analytics level 7 certification, "Most Wired Hospitals and Health Systems" designation, Magnet redesignation and Joint Commission accreditation.





Disaster Preparedness

In 2014, TGH nurses participated in Hillsborough County emergency management disaster preparedness, which TGH coordinated with more than 60 government and private agencies to practice our mass casualty and disaster-preparedness plan. The scenario was a plane crash at Tampa International Airport. More than 100 patients were at the site and triaged by emergency rescue staff. To test hospital readiness, several colleges provided nearly 800 students to serve as victims and patients. The exercise included 18 injured students who were contaminated with jet fuel. This required set-up and full wet decontamination prior to triage and treatment. Three busloads of patients arrived at TGH. When notified, TGH organized an alternative care site, began to relocate emergency room patients, organized decontamination, opened the incident command and fully implemented our Emergency Operations Plan. Physicians, residents and nurses worked together to triage and treat minor and delayed patients at the alternative care site. Patients that were considered immediate were triaged and taken to the emergency department, where they were again triaged to determine if they needed immediate surgery or other treatment. The exercise lasted more than four hours and involved about 300 staff and volunteers. Opportunities were discovered that will help prepare us for an actual event.

Ebola Readiness

As an outbreak of Ebola Hemorrhagic Fever in West Africa continued during 2014, the Infection Prevention Team, under the guidance of Peggy Thompson, BSN, RN, CIC and Hospital Epidemiologist Doug Holt, MD, along with the Infection Prevention Committee and the state and local health departments, revised the hospital's plan for treating and caring for a patient who has Ebola. We reviewed and updated our original policy, which we developed during a prior outbreak in Africa, with current information from the Centers for Disease Control & Prevention (CDC), World Health Organization (WHO) and experienced healthcare facilities. Leadership created a plan to ensure that all areas would be covered.

As the plan evolved, we assembled a team of more than 140 healthcare workers who volunteered to care for these patients if the situation arises here. The infection prevention clinicians conducted special training for this voluntary team, which included how to properly don and doff special equipment that will protect them from exposure to body fluids, how to handle blood specimens and medical waste while wearing this equipment and how to appropriately identify and isolate patients suspected as having Ebola. We conducted this training in a mock anteroom/patient room area specifically constructed for the training. Thompson wanted to make sure training mimicked a real scenario as much as possible. We purchased specialty equipment, such as disposable powered air-purifying respirator (PAPR) hoods, fluid-proof jumpsuits and boots, portable showers and a transport bubble for safely moving patients and other equipment as recommended by CDC guidelines. We also conducted drills to test entry points into the hospital to ensure that we conduct proper patient screening and maintain constant readiness.

Under the direction of Lisa Roth, RN-C, BSN, MS, HCI, Director Clinical ADS, we revised and implemented changes to the electronic medical record (EMR), including two best practice alerts (BPA): Positive to West Africa Travel and Positive to West Africa Travel and Symptoms. These BPAs drive actions, which include accepting orders, notifying the infection prevention team and placing patients in isolation. We implemented an FYI flag for Ebola and an in-basket message notification for the infection prevention team when BPAs are triggered. We added an Ebola banner to the inpatient and emergency department patient summary reports and confirmation warnings to workflows to remind patient access specialist staff to complete screening questions before finishing admissions workflows, scheduling and/or check-in, which staff members then can access. We created tip sheets for three screening workflows: inpatient, obstetrics, and emergency department. Senior management emailed daily updates to staff about what we and other agencies, such as the CDC, are doing to prepare for the admission of a patient who has or potentially has Ebola.

Ebola Readiness







