NURSING
Annual Report

2014

Tampa General Hospital®
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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.

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

Jim Burkhart  
DSc, MSHHA, FACHE  
President and CEO

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

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.
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.
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

<table>
<thead>
<tr>
<th>Study/Innovation</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Effect of Caffeine on Postoperative Urinary Retention After Joint Replacement Surgery</strong></td>
<td>Deanna Leach, MSN, ARNP, ONC</td>
</tr>
<tr>
<td></td>
<td>Janice Spaulding, RN, BSN, ONC</td>
</tr>
<tr>
<td></td>
<td>Jil Thomas, RN, BSN, ONC</td>
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<td></td>
<td>Chris Conn, MSN, ARNP</td>
</tr>
<tr>
<td><strong>Resilience Among Burn Injury</strong></td>
<td>JoAnn C. Green, MSN, RN, CNS, CCNS</td>
</tr>
<tr>
<td><strong>Incidence and Severity of Oropharyngeal Function of Swallowing After Lung Transplantation</strong></td>
<td>Brooke Dobin, MS, CCC-SLP</td>
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<tr>
<td></td>
<td>Li-Ting Huang, RN, BSN</td>
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<td>Ninnu Philip, RN, BSN</td>
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<tr>
<td></td>
<td>Mary Kutash, MSN, ARNP</td>
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<tr>
<td></td>
<td>Seema Weinstein, PhD</td>
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<td>Tarik Haddad, MD</td>
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<tr>
<td><strong>Compassion Fatigue Among Diverse Healthcare Providers in an Urban Teaching Hospital Using Structural Equation Modeling</strong></td>
<td>Linda Lowe, BS, RN</td>
</tr>
<tr>
<td></td>
<td>Li-Ting Huang, BSN, RN</td>
</tr>
<tr>
<td></td>
<td>Mary Kutash, MSN, ARNP</td>
</tr>
<tr>
<td><strong>Extracorporeal Membrane Oxygenation in Adult Patients in a Large Urban Teaching Hospital: A Descriptive Study</strong></td>
<td>Pat Roccio, BSN, RN, MAOM</td>
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<td></td>
<td>Mary Kutash, MSN, ARNP</td>
</tr>
<tr>
<td></td>
<td>Li-Ting Huang, BSN, RN</td>
</tr>
<tr>
<td><strong>Video vs. Direct Patient Monitoring: An Evaluative Research</strong></td>
<td>Janet Davis, DNP, RN, NE-BC, CPHQ</td>
</tr>
</tbody>
</table>
Nurses Week was held May 6–12 and drew 1,000 nurses to view 17 live presentations.

<table>
<thead>
<tr>
<th>Study/Innovation</th>
<th>Authors</th>
</tr>
</thead>
</table>
| 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 |
| 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                                                               |
| 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                                                          |
51 employees received a total of $37,050 in scholarships to help fund their nursing education.

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


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
Dr. Debbie Rinde-Hoffman Cardiac Scholarship:
Paul Pearson, Coronary Care ICU; Alphonse 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
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!

Bonnie Lowlery  
Vascular ICU

Jacqueline Maldonado  
Pediatric Med-Surg

Nydia Marquez  
Healthpark Family Care Center

Jolly Mathew  
CV Pre/Post Procedure Unit

Sarah Meyers  
Pediatric ICU

Lisa Miller  
Respiratory Care

Carol Morales  
Complex Medicine

Miguel Negron Pagen  
Surgery Center - Operating Rm

Jennifer Nicholas  
Cardiothoracic ICU

Megan Palmer  
Cardiac Telemetry

Joaquin Parrilla  
Rapid Response Team

June Phillips  
Short Stay Unit

Siobhan Pistolese  
Pediatric Day Hospital

Carlene Raymond  
Case Management

Charles Richie  
Radiology

Laura Roy  
Neuro ICU

Matt Rydell  
Cardiac OR

Tracy Sanderson  
Aeromed

Lisa Simon  
Emergency Room

Deidra Skinner  
Ante/Post-Partum

Tiffany Sloss  
Medical Observation Unit

Eric Smith  
Surgical Trauma ICU

Elitsa Spencer  
Neonatal ICU

Alexandra Stevenson  
CV Interventional

Amy Summers  
Employee Health

Minerva Tanquiamco  
Main OR

Donna Torboli  
Cardiac Observation Unit

Elsa Trinchera  
TGMG Family Care Center

Kennedy  

Erica Vidal  
Primary Care

Ashley Warner  
Vascular Access Team

Charisse Webb  
Poison Center

Mary Abramski  
Post Anesthesia Care Unit

Oluwatoyin Adegoke  
Rehab

Amy Amato  
Women's Center OR

Ashley Bader  
Specialty Surgery

Danielle Beasley  
Labor & Delivery

Teresa Birmingham  
Orthopedics

Jyh Boyette  
Infection Prevention

Robin Carney  
Divisional Pool

Jan Chua  
Coronary Care ICU

Jodi Clark  
Adult Step Down

Jerry Conde  
Psychiatric Services

Carrie Coronado  
Specialty Center at Healthpark

Arlene Delacruz  
GE Center Pre/Post Area

Ronald DellaValle  
Clinical Education

Cynthia Denmark  
Admit/Discharge Unit

Yvenola Desamours  
Transplant Unit

Alexandra Djiovanis  
Cardiac/Vasc Tele

Brenda Farlow  
Center for Research Excellence

Paige Fernandez  
Genomic Medicine Center of Excellence

Jennifer Gunaratnam  
Acute Care for Elderly Unit

Melisa Hayman  
Information Technology

Claudia Hibbert  
Pre-Op Sister

Donna Hickman  
Surgery Center - Pre/Post-Op

Deborah Ismer  
Non-Invasive Cardiology

Erica Jackson  
GI Center - fistulous Ane

Erica Johnson  
Fistulous Ane

Leighanne Johnson  
Fistulous Ane

Lisa Miller  
Fistulous Ane

Carol Mendoza  
Surgery, Gastroenterology

Miguel Raffh Pagan  
Surgery Center - Operating Room

Jennifer Mollina  
Gastroenterology, Endoscopy

Megan Porter  
Gastroenterology, Endoscopy

Jenifer Poirel  
Radiology, Emergency Department

Jane Phillips  
Cardiology, Endoscopy

Sharon Pizzi  
Pediatric, Endoscopy

Carlene Raymond  
Case Management

Darlene Richey  
Endoscopy

Lucy Roy  
Endoscopy

Malik Talley  
Endoscopy

Tanya Tuminez  
Endoscopy

Lori Simon  
Emergency Room

Chad Stuck  
Endoscopy, Endoscopy

Tina Vidal  
Primary Care

Ashley Warner  
Vascular Access Team

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

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

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

Beacon Awards
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

Other Awards
and Recognition
New or Renewed in 2014

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

Beacon Awards
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
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

<table>
<thead>
<tr>
<th>Percent of DIRECT CARE nurses with:</th>
<th>2014</th>
<th>2014 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN, MSN or DNP/PhD</td>
<td>68.1%</td>
<td>&gt;65%</td>
</tr>
<tr>
<td>ADN/AD/AS</td>
<td>28.3%</td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>3.6%</td>
<td></td>
</tr>
<tr>
<td>BSN</td>
<td>61.8%</td>
<td></td>
</tr>
<tr>
<td>MSN/MS/MN</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>DNP/PhD</td>
<td>0.1%</td>
<td></td>
</tr>
<tr>
<td>Eligible nurses providing direct patient care with national certification (eligible = &gt; 2 years of experience)</td>
<td>82.7%</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>NURSE LEADERS (Supervisor, Nurse Manager, Director, Vice President, Senior Vice President) a BSN, MSN or DNP/PhD</td>
<td>96.4%</td>
<td>&gt;94%</td>
</tr>
</tbody>
</table>
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, Tywon  
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, Anthoineee  
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  
Stubs, 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  
Ampalathamkal, 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
Leclitner, 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, Madeline
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, Merlyn
Zaldana, Sabrina
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
DAISY Award for Extraordinary Nurses 2014

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

Marianne Manietta, Joint Replacement

Langylie Jimenez, Trauma Surgery

Thuan Tran, Surgical Oncology

Colleen Gossett, Transplant

Nadine Fiorenza, MICU

Jessica Brower, Ante/Post-Partum Unit
In 2014, 256 nurses were nominated for the Daisy Award, which recognizes nurses who demonstrate advocacy, respect, accountability, competency, integrity and care.

Debra “Dee” Parsons, PICU
Corey Shapiro Brown, PICU
Adeel Farooqi, Burn Unit
Brooke Bull, MICU
Ashley Bader, Specialty Surgery
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.
TGH had 211 residents join us in the first year of the program.
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

<table>
<thead>
<tr>
<th>Score</th>
<th>12 week course (n=155)</th>
<th>9 week course (n=150)</th>
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<tbody>
<tr>
<td>82</td>
<td></td>
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<td>83</td>
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<td>88</td>
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<td>89</td>
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### Symposia

We hosted five symposia:
- 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.

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.
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.
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
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.

Total visits by WOC team - Notes

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.

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.

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