

Annual Report
2016

Nursing



SEN TARA®

SENTARA HEALTHCARE NURSING: Today and Tomorrow

Welcome to the 2016 Sentara Nursing Annual Report. Every year with our Sentara Nursing Annual Report, we take the time to celebrate the accomplishments of all Sentara nurses throughout the system, the successes we've ensured and the challenges we're determined to overcome. This is our chance to step back, examine our outcomes and plan what we might accomplish tomorrow. Challenging trends are emerging, from cost pressures and a shortage of healthcare providers to a need for transparency with costs, safety and outcomes and uncertainty about federal legislation. These trends push us to be forward thinking and flexible, and Sentara nurses must look beyond daily demands to anticipate the impact of these changes, as we also deliver the promise of our mission – Improve Health Every Day. Here, we explore five keys to doing so successfully:

TABLE OF CONTENTS

PAGE 3	<h3>2017 Sentara Nursing Strategic Plan</h3> <p>Our leaders once again directed our efforts with an updated 2017 systemwide strategic plan and we crafted our complementary nursing strategic plan. The nursing plan links our vital roles to the Sentara Healthcare strategic imperatives. Customer Centricity, with Sentara employees viewing every service and every decision through a customer's eye, is at the heart of both strategic plans.</p>
PAGE 6	<h3>Focus On Nurse-Sensitive Clinical Indicators</h3> <p>Clinical Quality and Safety are intertwined with every nurse's responsibilities. Clinical indicators, such as how many patients were injured from a fall and how many experienced a catheter-associated UTI, are top of mind for our nurses. Those numbers gauge how effectively we care for patients, and we regularly strengthen our resolve to improve them.</p>
PAGE 14	<h3>Build Nurse Retention Through Training and Scholarships</h3> <p>With strong retention rates, we're more easily able to fulfill our strategic imperatives, especially Growth and Innovation. We choose the best nurses when creating our team. In an effort to foster loyalty, in 2016 we introduced Periop 101 surgical orientation and the Nurse Residency Program and further developed our simulation training. The David Bernd Scholarship provided additional support for nurses earning a BSN.</p>
PAGE 22	<h3>Promote Professional Development</h3> <p>Learning should never end, no matter your age or your professional position. Our nurses come to us well trained, yet we offer on-the-job training for new and established nurses, and encourage them to earn a BSN, to secure professional certifications and to conduct and present evidence-based research. Why? We want nurses who innovate as they deliver top-notch care.</p>
PAGE 30	<h3>Live the Professional Practice Model</h3> <p>The Professional Practice Model (PPM) represents the Sentara approach to nursing, with shared governance at its core. As the center pillar says, nurses collaborate with the healthcare team to use evidence-based practice in providing and organizing care. With the Nurse Executive Council, specialty nursing practice forums, system nursing councils and system nurse-sensitive measure committees, we have nearly 30 teams supporting all of our strategic plan imperatives.</p>



Dear Colleagues,

Every day more than 7,800 nurses at Sentara Healthcare create a safe, high quality, exceptional experience for our patients and their family members. It is an honor and a privilege to care for our patients during some of the most vulnerable times of their lives. The passion, commitment, and professional excellence of our nursing staff is apparent in every interaction I observe while rounding in our facilities.

I watch the care and understanding each Sentara Life Care staff member displays to their residents. I watch it in all of our acute care facilities as our staff takes care of critical care, surgical-medical, and oncology patients. I hear about it in the many home visits our Home Health and Hospice nurses make on a daily basis. Thank you to each and every member of our nursing staff for your dedication to the Sentara mission to improve health every day.

Our nursing staff has been a driving force in our 2016 quality initiatives. 2016 was an amazing year for Sentara in exceeding all of our Clinical Performance Improvement (CPI) goals. Review the chart to the right to understand the number of patient lives we have impacted!

Thank you for all your energy and efforts in meeting our 2016 CPI goals.

We also continue on our professional excellence journey with great improvements in professional certifications and number of BSN prepared nurses employed. We have six Magnet® designated hospitals, two more on their journey to Magnet® designation, and one of our long-term care facilities working toward Pathways in Excellence designation. Our scholarly work continues to grow each year. We are contributing to evidence-based nursing care.

I want to share with each nursing staff member how proud I am of our achievements in 2016 and encourage each of you to contribute and be a part of our continuing journey to nursing excellence in 2017.

Genemarie McGee

Genemarie McGee, MS, BSN, RN, NEA-BC
CVP, Chief Nursing Officer, Sentara Healthcare

CLINICAL PERFORMANCE IMPROVEMENT 2016

TEAM	MEASUREMENT	PATIENTS IMPACTED
① Readmits	12 of 15 Divisions	483 fewer patients readmitted within 30 days
② APC/PC/Hospice	8 of 12 Hospitals	181 more patients discharged to hospice care
③ CDI	10 of 12 Hospitals	12 fewer patients with CDI
④ Wrong Events	9 of 12 Hospitals	10 fewer patients with a wrong event
⑤ Access		
a) Patient Flow	21 of 29 Targets	630,000+ patients spent 48,159 fewer hours in the ED
b) Mammo	18 of 21 Breast Centers	1,852 patients collectively spent 17,038 fewer days waiting for a biopsy
c) Appointment Availability	55% New Patients	5,044 more PT appointments available within 7 to 14 days
d) Contact Centers	5 of 5 Centers	118,176 more contacts answered within 30 seconds

As of January 24, 2017

Source: Sentara Clinical Performance Improvement (details on inside back cover)

Plan for the Future: Earlier this year, our leaders created a systemwide strategic plan, which serves as a guide for the development of a nursing strategic plan that is aligned with the system plan.

Sentara Healthcare

2017 STRATEGIC PLAN



Clinical Quality and Safety

Achieve better health for our members and patients

- ▶ Partner with patients, members and their families to achieve better health outcomes and help prevent future problems.
- ▶ Align with clinicians to reduce unnecessary variation, achieve top quartile performance and lower total cost of care.
- ▶ Provide high-quality comprehensive care that is cost-effective for all members and patients and meets the needs of the growing Medicare population.



Customer Centricity

Provide an exceptional, desired experience

- ▶ Redesign access and service delivery based on the desired experience of our members and patients.
- ▶ Address the unique needs of those with chronic disease.
- ▶ Form lifelong relationships with customers assisted by personalized digital solutions.



Growth and Innovation

Grow existing and new markets

- ▶ Grow organically in our existing markets.
- ▶ Build innovative care delivery models and health plan products to attract and retain new customers.
- ▶ Expand to new markets through mergers and affiliations.

Sentara Nursing

2017 STRATEGIC PLAN

Introducing the 2017 Sentara Nursing Strategic Plan. Created in support of the 2017 Sentara Healthcare Strategic Plan, this plan will provide the vision and direction for nursing in Sentara for the next three years.

Achieve Clinical Performance Improvement (CPI)

1.1

- ▶ Achieve 3 of 4 CPI (2017) goals: Readmissions, Hospice, C.diff, & Wrong Events

Decrease care variation applying evidence-based practice to achieve nurse-sensitive goals

1.2

- ▶ Meet 2017 Pressure Injury goal
- ▶ Meet 2017 Falls with Injury goal
- ▶ Achieve 3 of 4 nurse-sensitive goals: Vaccines, CAUTI, CLABSI, VTE

Ensure all front-line clinical staff have access to and utilize identified nursing experts

1.3

- ▶ Identify all nursing experts
- ▶ Ensure frontline clinical staff have access to nursing experts
- ▶ Ensure frontline clinical staff and nurse experts collaborate to deliver evidence-based care individualized to patient needs

Ensure care delivery is based on unique needs and desires of patients and families

2.1

- ▶ Meet 2017 ED Treat and Admit goal
- ▶ Meet 2017 ED Treat and Release goal
- ▶ SMG will meet 7-Day Follow-up goal
- ▶ Home Health and MTI will meet Timely Initiation of Care goal
- ▶ Partner with patients and families to anticipate and manage care transition challenges

Expand nursing capacity utilizing innovative staff retention and cost reduction methods

3.1

- ▶ Improve retention of new RN graduates
- ▶ Improve overall RN retention
- ▶ Improve retention of APNs in Medical Group
- ▶ Improve retention of LPNs in long-term care
- ▶ Improve selection and retention of assistive personnel
- ▶ Improve retention of NCPs and CNAs
- ▶ Reduce RN purchased labor expense
- ▶ Coordinate supplemental staffing resources to cost effectively respond to staffing needs
- ▶ Partner with materials management to decrease supply and print shop expenses

Plan for the Future

Listed as number two on the 2017 Sentara Strategic Plan is **Customer Centricity**, and supporting that imperative on the nursing strategic plan is expand access to appropriate care venues. We've been talking about this concept as patient- and family-centered care for years, and now we're taking our efforts to the next level as we redesign the delivery of services based on the customer's desired experience instead of our preference.



GOAL: Improve the customer experience by considering the customer's desired preferences.

Cherika Britt, MSN, RN

System Director for Patient Experience
Sentara Healthcare

TODAY'S INITIATIVES

"I started this position in October 2016, although I started with Sentara 15 years ago. I've been part of the Patient and Family Education Council, Patient and Family Advisory Councils and the Readmissions CPI Patient and Caregiver Engagement Team, to name a few. Now I provide system direction to interdisciplinary and cross-continuum teams to improve the customer experience throughout the transitions of care. Patients are the most important members of our team, and our ability to base decisions on their wants and needs, and not what's easiest for us, is in their best interest.

My passion comes from my husband who has suffered from a chronic illness for a long time. I watch him navigate through the healthcare system many times with fear and uncertainty. I share in those feelings, even though I'm a registered nurse. I've kept that in mind as I worked with teams in this job.

One of our projects can help reduce hospital readmissions as we consider the patients' perspectives: We developed a video and a brochure titled 'Preparing You for Leaving the Hospital' to better engage the patient and the caregiver in the transition. They're available in eight languages and with subtitles and can be found in our hospitals, on our website and through MyChart."



TOMORROW'S PLANS

"In everything we do going forward, we need to ask, 'What do we want patients to say?' I promote the answers provided in the 'Six Steps for the Patient Experience Vision' from the Mid Staffordshire NHS Foundation Trust:

Why go anywhere else?

They were expecting me.

My care was planned with me and for me.

They made me feel special; I was treated with compassion.

They really knew what they were doing.

Their support continued, and my quality of life was improved."

Focus On Nurse- Sensitive Clinical Indicators

Measuring means knowing, and for our nurses, knowing means being aware of how safely we care for our patients. Our measures – of falls with injuries, catheter-acquired urinary tract infections, hospital-acquired pressure injuries, central line-acquired bloodstream infections, and other indicators – often tell a story of nurses who diligently follow protocols and strive for excellence. Yet, sometimes we face challenges that can only be overcome with new procedures or yet-to-be-identified solutions. The unknown factor improves our care and our patients' safety and motivates each of us to look at our indicators with an inquiring mind and a commitment to be part of the solution.



Catherine Smith (left) pictured with
Barbara Runk, MSN, RN, ACCNS - AG, CCRN

Catherine Smith, DNP, RN, CCNS, CCRN

Professional Practice Manager
Sentara Williamsburg Regional Medical Center

GOAL: Decrease the CAUTI rate (the number of catheter-associated urinary tract infections) in 10 out of 12 hospitals to prevent the need for additional treatment for patients and longer hospital stays.

TODAY'S INITIATIVES

"Our number of CAUTIs crept up, so we wanted to offer evidence-based recommendations to lower the numbers. Since March 2016, I've been leading a systemwide team with 20 to 25 people from nurses and microbiologists to education department members and physicians. We updated our review practice for Foleys and standardized Foley care so

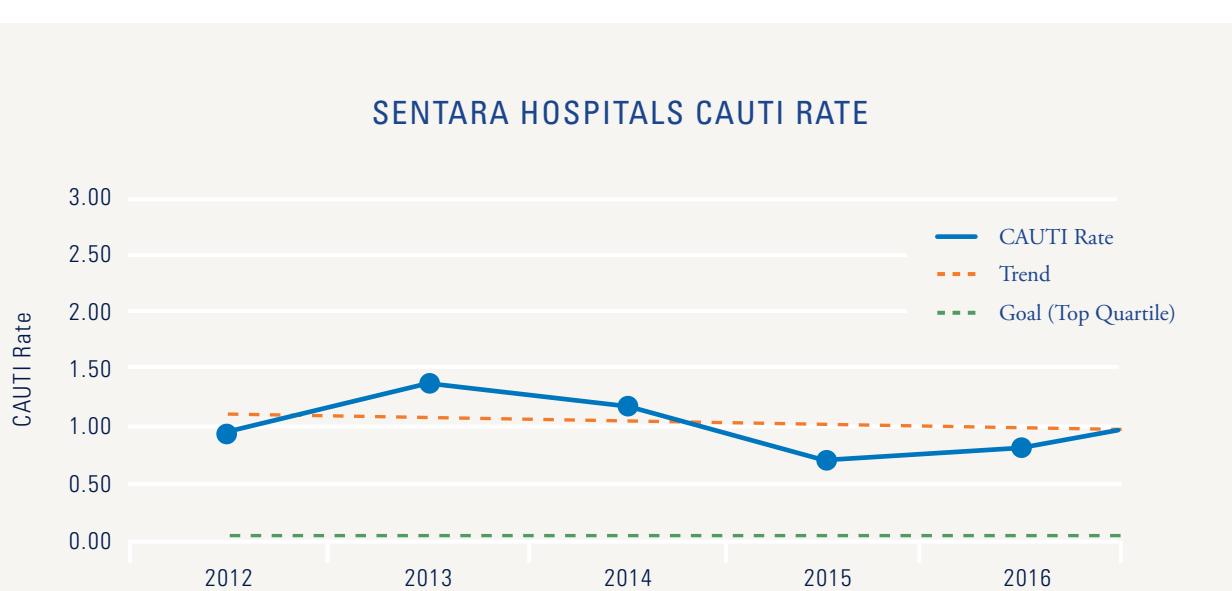
that every hospital is doing the same thing. We established protocols, developed new job aids and adopted a decision-making tree in practice from Sentara Obici Hospital.

Before inserting a catheter, every nurse now asks the same questions: 'Does the patient really need this? Would something else work? If not, am I following the CAUTI prevention

bundle?' Thinking this way, along with providing proper Foley care and re-evaluating the need for a catheter every shift, can lower our device utilization ratio and reduce CAUTIs. By the end of the first quarter in 2017, we accomplished our goal to have over 7,000 clinical employees complete computer-based training and went live with the new protocols."

TOMORROW'S PLANS

"Looking ahead, our team wants to partner with a medical company that manufactures products and evaluates services, and conduct a life cycle study. Through that process, we consider every aspect of catheters and foleys, from which catheter to select to when to discontinue its use. We'll keep on questioning if and when it's appropriate to have a patient use a catheter and also create standards for sending a urine culture for review. We need to ask, 'Are we culturing appropriately?' There was a time when we would order one if we weren't sure about the patient's condition and that is no longer the case. Every step we take to re-evaluate requires a lot of teamwork."



Source: Sentara Infection Control Report - NHSN DUR Device Inf Rate CC-NCC

Focus On Nurse-Sensitive Clinical Indicators



GOAL: Decrease the number of falls and falls with injuries for hospital patients to protect the patients from injuries and longer hospital stays.

Lori Lambert, BSN, RN, CMS-RN

Clinical Nurse Manager
Sentara Virginia Beach General Hospital
Sentara Virginia Beach General Hospital Falls Work Group Member
Systems Nurse-Sensitive Measures Committees – Falls

TODAY'S INITIATIVES

"In June 2016, I took over the hospital Falls Work Group. Participation has grown in our monthly meetings. At the end of 2016, we saw a decrease in our falls with injuries and that's encouraging. From August through December, we met goal. Prior to that, we had been in the red, so to speak."

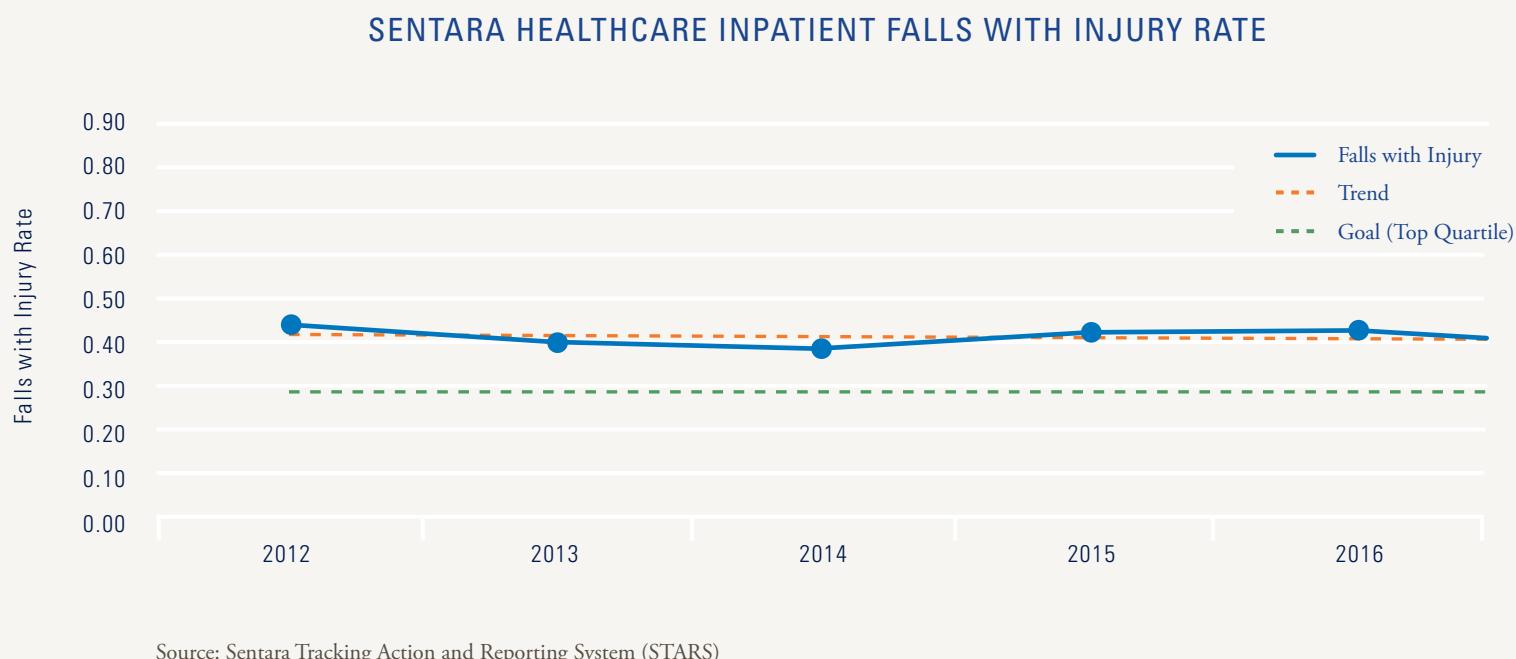
Our biggest initiative was to introduce a gold standard of equipment for fall prevention; it was a collaborative, systemwide effort where we looked at evidence-based practices. We put it in place in autumn. For every patient who is at risk for falls, it includes two fall mats, one walker, one gait belt, one bedside commode and one chair alarm. The theory is, if the equipment is readily available in the room, the nurses have it to use and they can quickly prevent a fall.

Leadership made every effort to hold nurses accountable, because we had seen an increase in falls with injuries. One of our other strategies was to revise our fall recap tool, a one-page, quality review document we complete after a fall. We look at what we did right, what we could have done better and the gaps in our care. Part of what we added was a safety huddle. When a patient falls, the charge nurse on the unit will, in real time, share the lessons learned. We do so at the start of each shift for three days; that's six shifts of staff, instead of sharing it in our Falls Work Group once a month and then

going back to talk to the other nurses about it. That change was very impactful on our falls with injury rate."

TOMORROW'S PLANS:

"We did a lot of work with the system team to get some plain-language, medical jargon-free education materials for the patients so they can understand how to help prevent falls. This includes tent cards that sit on the bedside table with a reminder for patients to 'call before you fall' and 'use your call light.'"



Focus On Nurse-Sensitive Clinical Indicators

“Our education and the supplies keep the patients safe, and we've seen a decrease in hospital readmissions, thanks to us working with them and keeping them as healthy as possible. That's our goal.”



Megan Walsh, RN

Sentara Home Care Services

TODAY'S INITIATIVES

"I visit between six and eight patients in their homes every day. I want them and their family members to stay up-to-date on the techniques to prevent CLABSI's. They all use an IV line in some way, and I teach them and keep reminding them to clean their hands, use an antiseptic wipe and to carefully flush the line. We have to be meticulous with dressing changes. I give hands-on education so the patient can be independent."

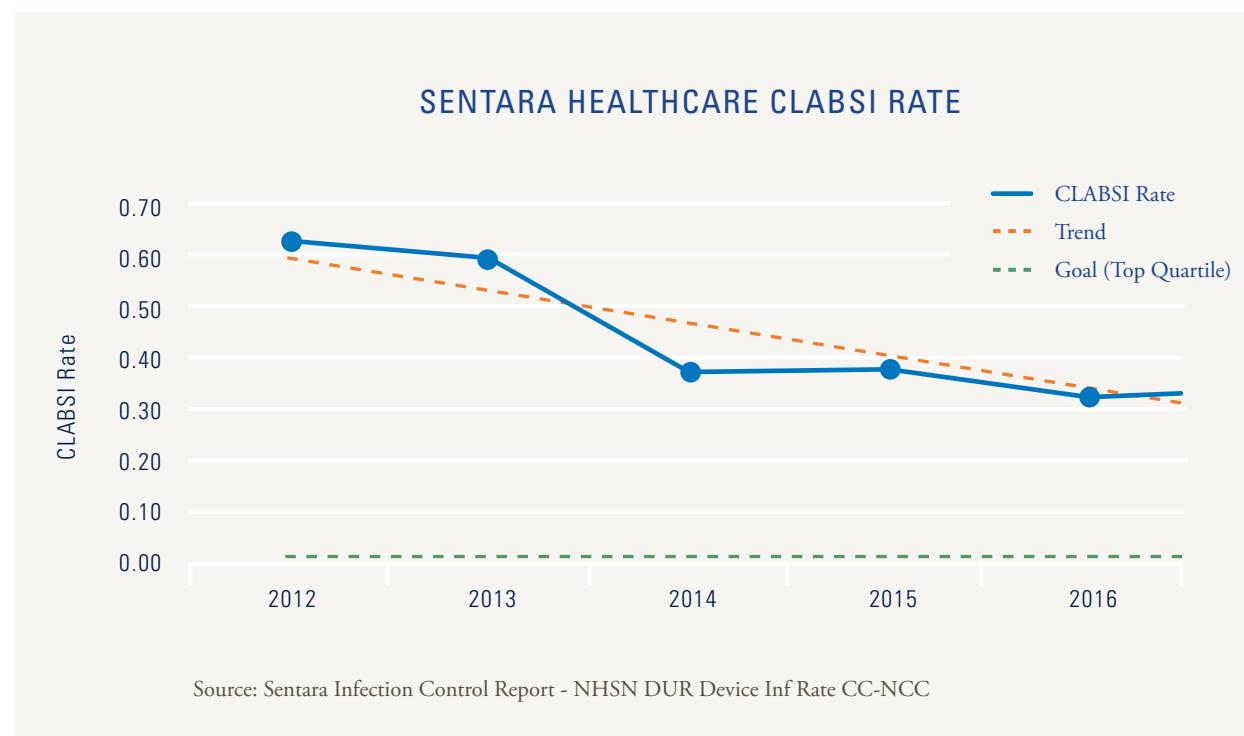
In September 2016, we introduced a kit for PICC line removal. It includes everything needed for a safe removal – sterile gloves, alcohol wipes, antiseptic cleaner, gauze and a sterile dressing. It's all packaged in plastic and sealed so it's sterile. I have a few sayings I use over and over: 'A lot can be prevented by having clean hands.' 'When in doubt, and you're not sure if you've cleaned something, wipe it with alcohol again. You can never wipe a central line with too much alcohol.'

GOAL: Decrease the number of central line-acquired bloodstream infections (CLABSI's) experienced by patients in all care settings to eliminate related patient illnesses and reduce hospital readmissions.

Our education and the supplies keep the patients safe, and we've seen a decrease in hospital readmissions, thanks to us working with them and keeping them as healthy as possible. That's our goal."

TOMORROW'S PLANS:

"Our home care patients often have or recently had an infection, and that fact sets them up for a CLABSI. They're definitely at risk. We have to remain vigilant every time we meet and review the proper way to do things."



Focus On Nurse-Sensitive Clinical Indicators



Christopher Coombes, RN

Clinical Quality Initiatives Coordinator
Sentara Halifax Regional Hospital

TODAY'S INITIATIVES

"I was brought in to look at our number of HAPIs in November 2015 because I had experience in the emergency department with HAPIs and had also worked in long-term care, where HAPIs can be a big concern. At 214 percent of our goal, we were far in excess of our limit.

I turned to two Sentara hospitals that were 'below' – Sentara Martha Jefferson Hospital and Sentara Williamsburg Regional Medical Center. Nicole Spence, a former ICU manager at Sentara Halifax Regional Hospital who's now an accreditation manager, and I learned so much from Carolyn Ramwell at Sentara Martha Jefferson Hospital and Cathy Beck at Sentara Williamsburg Regional Medical Center. She and I formed a wound and pressure injury care team. We would round to patients and see at what point nurses were identifying pressure injuries.

GOAL: Reduce the number of hospital-acquired pressure injuries (HAPIs) so that patients are not affected by possible resulting complications and longer hospital stays.

We needed more than word-of-mouth in spreading our concerns about pressure injuries being caught as early as possible; we wanted data to share with nurses. We joined with IT to create a skin injury daily report and use the Braden score, a scoring system for predicting a patient's pressure injury risk. I'd round and do my own assessments and give the nurses recommendations.

We truly went through a metamorphosis. I also started attending new nurse orientation to talk about pressure injury prevention and

documentation and at about the same time we were integrating into the Sentara supply chain. The new, better supplies were like parachutes coming out of the sky and saving us. Another nice coincidence fell in our laps: meetings were already planned with all inpatient and ED nurses for early 2016 to talk about patient care. We added a 30-minute presentation about HAPIs to that.

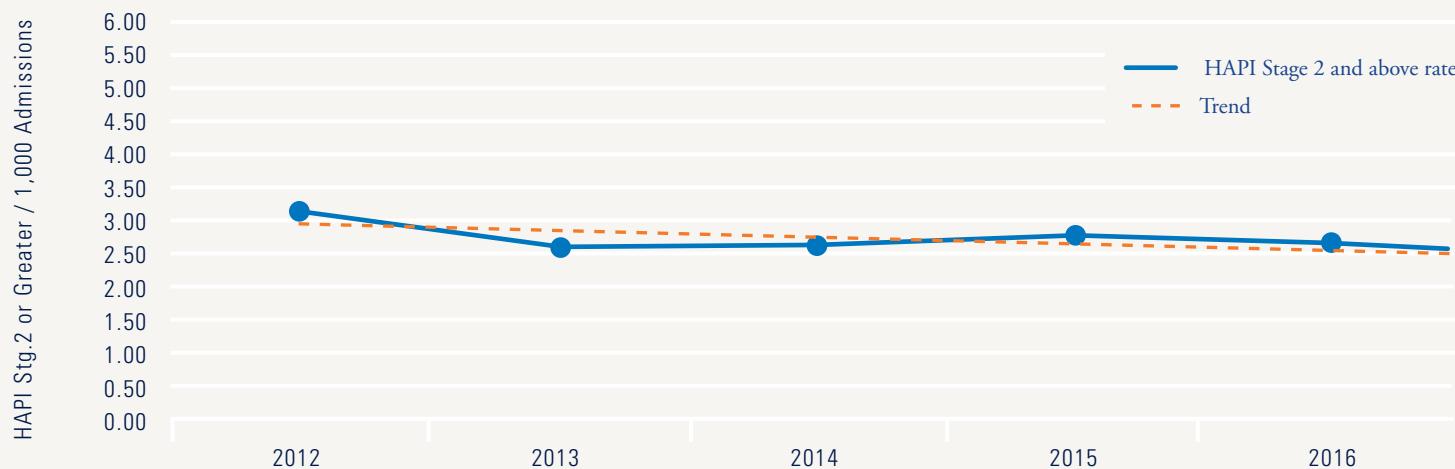
We knew part of our problem was that our staff was great at identifying a worsening HAPI, but we need to catch them early at

stage 1. We want a culture of prevention. We've accomplished that, and our recent HAPI rate is at 50 percent of our limit."

TOMORROW'S PLANS:

"We will always provide more education because of turnover. We need to reiterate the importance of catching pressure injuries early to the new folks. In the spring, we're going to be part of a WebEx summit on wound care; it'll be shown in all the conference rooms for staff to watch as they're able to."

SENTARA HEALTHCARE ACQUIRED PRESSURE INJURIES STAGE 2 AND GREATER RATE



Source: ET Nurse Data Collection Form (based on ET Nurse rounding)

Build Nurse Retention Through Training and Scholarships

The members of our nursing team are Sentara. As a nurse, you largely determine a patient's opinion of us through both your personal interactions and your attention to medical care. While you came to Sentara prepared, we anticipate that you're open to further training, and your leaders are eager to support you with classes, special programs and scholarships to help you obtain a BSN. We hope that by investing in you, you will return the vote of confidence with loyalty to Sentara as your employer of choice. Only with strong nurse retention rates are we able to grow in delivering effective healthcare.

GOAL: Improve nurses' competency and comfort levels by training new hires, nurses transitioning to new divisions and nurses looking to perfect skills.



Nurses developing skills in the Simulation Lab.

Kathy Hochmiller, MS, BSN, RN

Manager, Simulation Education
Sentara Healthcare



TODAY'S INITIATIVES

"A few years ago, Sentara centralized training for our new hires and nurses moving to a new division. The Simulation Lab is offered in addition to the hospitals' resources; all but one hospital also has its own high-fidelity, 'high realism' mannequin, too.

Coming to the Simulation Lab allows the nurse to learn our policies, order sets and documentation. We're a safe environment, set up the same as our hospital rooms with the same equipment and mannequins that respond like patients. Here the nurses have a variety of skills validated – doing blood transfusions; caring for patients with hypo- or hyperglycemia; responding if heart failure turns into a stroke. Our most popular training is Code Blue.

The biggest groups we have are in our new hire immersive simulation labs. In 2016, we conducted an extensive review of this training and merged some topics and extended the time spent on others. Lots of studies have shown how challenging it is to transition from nursing school to a job, and we make that transition easier. The nurses get clinical knowledge and practice reasoning skills. We see if they notice changes in a patient's condition and know how to interpret lab results. Do they understand when to ask for help? Do they know how to work with a team and

communicate well? We evaluate how they do and conduct a debriefing to reinforce the key points and correct knowledge deficits.

Last year, we also conducted a skill blitz for Sentara Life Care RNs. They then went back and reviewed the skills with their LPNs and CNAs. Plus, we saw an increase in our hospitals coming to us for their nurses' annual skill days, when the nurses review everything they do."

TOMORROW'S PLANS

"We'll be working with the integrated care management folks soon and conducting simulations with RNs and social workers. They'll practice communication between patients, staff members and physicians. In the next few years, we're hoping to apply for accreditation from the Society of Simulation in Healthcare."

2016 NURSE TRAINING

552

Simulation education classes

1,796

Simulation education learners

31,319

Learner hours

Source: Clinical Education approximate 2016 simulation totals

Build Nurse Retention Through Training and Scholarships



Lisa Ortiz, BSN, RN

Cardiac Intermediate Care Unit
Sentara Heart Hospital

TODAY'S INITIATIVES

"I felt a little intimidated to come straight out of nursing school and into my job, even though I had worked as a care partner. I had a 12-week orientation, but it felt kind of short, so I was glad to learn about the Nurse Residency Program. We get together once a month for four hours and listen to speakers, review skills and research evidence-based practices. My sister is at Sentara Leigh Hospital and is part of their group, too, so other nurses in different locations are doing the same as me."

GOAL: Improve nursing care at the bedside and foster a supportive work environment through the Nurse Residency Program, a 12-month initiative introduced in 2016 for nearly 500 newly graduated nurses.

I've liked it all – practicing wound care, hearing Vice President/Nurse Executive Grace Myers speak, sharing 'tales from the bedside.' The sharing helps you get the support you need from your co-workers. They understand what you're facing. We identify with each other even if we're in a different unit and have different responsibilities.

I value all the knowledge I can obtain. Patients come to you when they're the most vulnerable, either facing a chronic illness or having had a life-changing surgery. I love interacting with them and the Nurse Residency helps me change any fear or any uncertainty to confidence."

TOMORROW'S PLANS:

"Our cohort is working on our own evidence-based nursing project. We're creating a presentation and will share it with the other nurses."

Sentara Nurse Residency Program BY THE NUMBERS



12 Hospitals



26 Cohorts



530 Residents started program in 2016



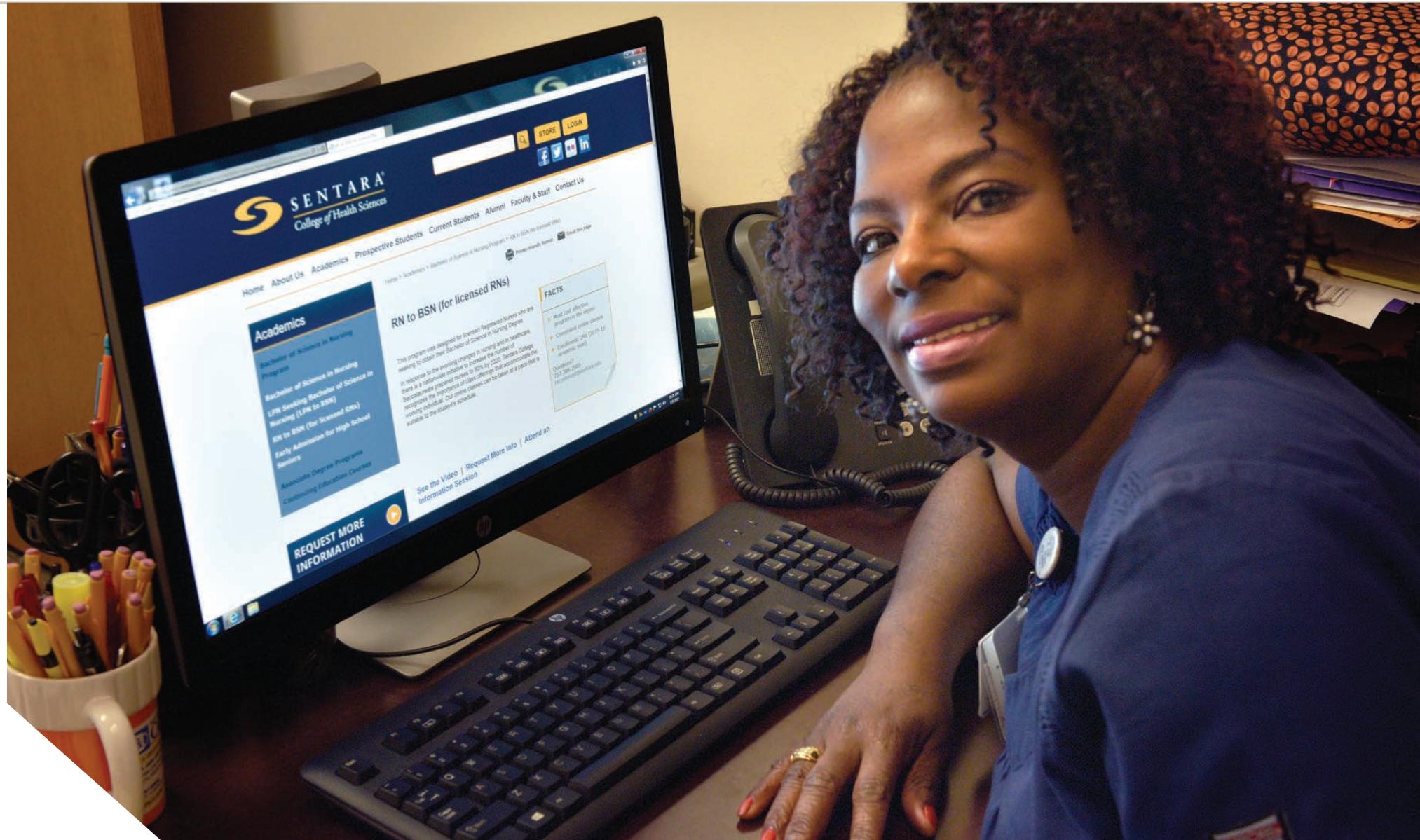
39 Graduates in 2016



804 Hours of seminar time completed in 2016

Source: Nurse Residency Program System Coordinators

Build Nurse Retention Through Training and Scholarships



GOAL: Assist nurses in earning their bachelor's of nursing with financial support awarded through the former Sentara Healthcare CEO David Bernd RN to BSN Scholarship.

Yolanda Browne, BSN, RN, CMSRN

Unit Coordinator
Sentara Leigh Hospital

TODAY'S INITIATIVES

"I've worked at Sentara for about 20 years and as a unit coordinator, I agreed to earn my BSN. I started at Tidewater Community College in 2014 for my prerequisites and then chose Sentara College of Health Sciences. It was both the best school and the least expensive program I could find. The teachers were so supportive, and I could complete classes online, and plan studying around my schedule of three, 12-hour shifts a week."

In 2015, I applied for the Bernd scholarship. I had two children who were planning on college and knew I'd need the money. I thought at first maybe I'd have to take a

semester or two off because of the lack of funds. But that didn't happen when I won the scholarship. I was really happy because with the scholarship, tuition discount and reimbursement, I didn't have to pay for many classes out of my own pocket. I think it was one or two classes only. I graduated in May 2016. The degree has helped me see the overall picture of nursing and the big picture of healthcare, how everything fits together, and to appreciate the financials as well."

TOMORROW'S PLANS:

"I encourage the nurses who work for me to get their degree now. I have five or six of my nurses in the same program I graduated from. I say to all of them, 'If I can do it, you can do it.'"

Thanks to the generous support and encouragement of the three Sentara Foundations, there were 168 Sentara RN scholarships awarded to support RN to BSN education.

88 Hampton Roads

58 RMH Foundation

22 MJH Foundation

168 Sentara RN
scholarships
awarded

Source: Sentara Foundations

Build Nurse Retention Through Training and Scholarships

“I got to see the reasons behind why you do what you do. We were taught all the ins and outs of all aspects of the OR, so I can anticipate the team’s needs.”



Melissa Wilson, RN

Circulator, Operating Room
Sentara Albemarle Medical Center

TODAY'S INITIATIVES

"I graduated with my RN in July 2016 and right away got my job and started in the Periop 101 class. They had told me about the program during my interview and that fact helped me pick this job. In college, I didn't learn all the OR skills; it's a totally different world from college to a real OR. A lot of colleges don't teach a specialty to a student."

The class was about five weeks and pretty intense and very informative with a mix of webinars, classes and shadowing. I think they should adopt a program like this in all specialties. I got to see the reasons behind why you do what you do. We were taught all the ins and outs of all aspects of the OR, so I can anticipate the team's needs.

GOAL: Improve nurses' skills in the operating room (OR) and increase retention rates through the Perioperative 101 System Nursing Initiative, a program introduced at Sentara Healthcare in 2016 for nurses new to the OR. More than 1,500 hospitals have relied on the initiative to reduce turnover by up to 25 percent.

It taught me to be a good leader and how to be assertive and to know when to speak up. It's all about communicating and working as a team. I also liked learning about evidence-based practices so I know the best way to do things. We're in this to help people and keeping them safe is the No. 1 priority."

TOMORROW'S PLANS:

"I've always enjoyed working with people and listening to them, so I know I'll stay in nursing. I'm looking at two schools right now and want to earn my BSN and master's. Sentara encourages you to further your education, and I like that."



28 nurses trained in 2016

Source: Periop 101 Program Coordinator

Promote Professional Development

The idea of being a “lifelong learner” is essential in nursing. With continued education, you’re better able to help your patients, secure their safety and improve their health. As the Institute of Medicine and the Robert Wood Johnson Foundation concluded in their 2010 study, “The Future of Nursing, Leading Change, Advancing Health,” nurses with a bachelor’s degree improve patient outcomes and lower mortality. Sentara Healthcare also encourages you to reach beyond the BSN bar and to continuously expand your knowledge and competency by earning certifications, conducting evidence-based research and presenting your results so that your patients and others can benefit. With a number of resources available from Sentara, including tuition reimbursement, free certification testing, a team approach to research and presentation coaching, nurses can feel supported as they commit to excellence.



Chasity Wilson, BSN, RN, RNC-OB, PCE

Unit Coordinator
Sentara RMH Medical Center

TODAY'S INITIATIVES

“I’ve been in nursing for 13 years, and I knew it was expected for us to have more education and be more knowledgeable in the care that we deliver. Knowing that eventually I’d have to earn my BSN pushed me to do it. I thought about working on my degree for about a year and then decided to go for it; it took just five semesters as I worked full time.

GOAL: 80 percent or more of Sentara nurses will be baccalaureate prepared by 2020 in support of improving patient outcomes.

Working our block schedule of three days with 12 hours each made it possible; I completed most of the degree online on my days off and then did a 45-hour clinical over the summer. My children are older – 14, 17, and 20 – so that helps that they can do a lot for themselves. When I studied at home, they would be nice and quiet for me.

I learned a lot about research while working on my degree and how important evidence-based research is. Nursing is constantly changing and evolving so I'm glad I learned when to seek out information and how to find it.

What surprised me was how I gained confidence in communicating at the management level through my classes. I'm comfortable communicating with the nurses and resolving conflicts."

TOMORROW'S PLANS

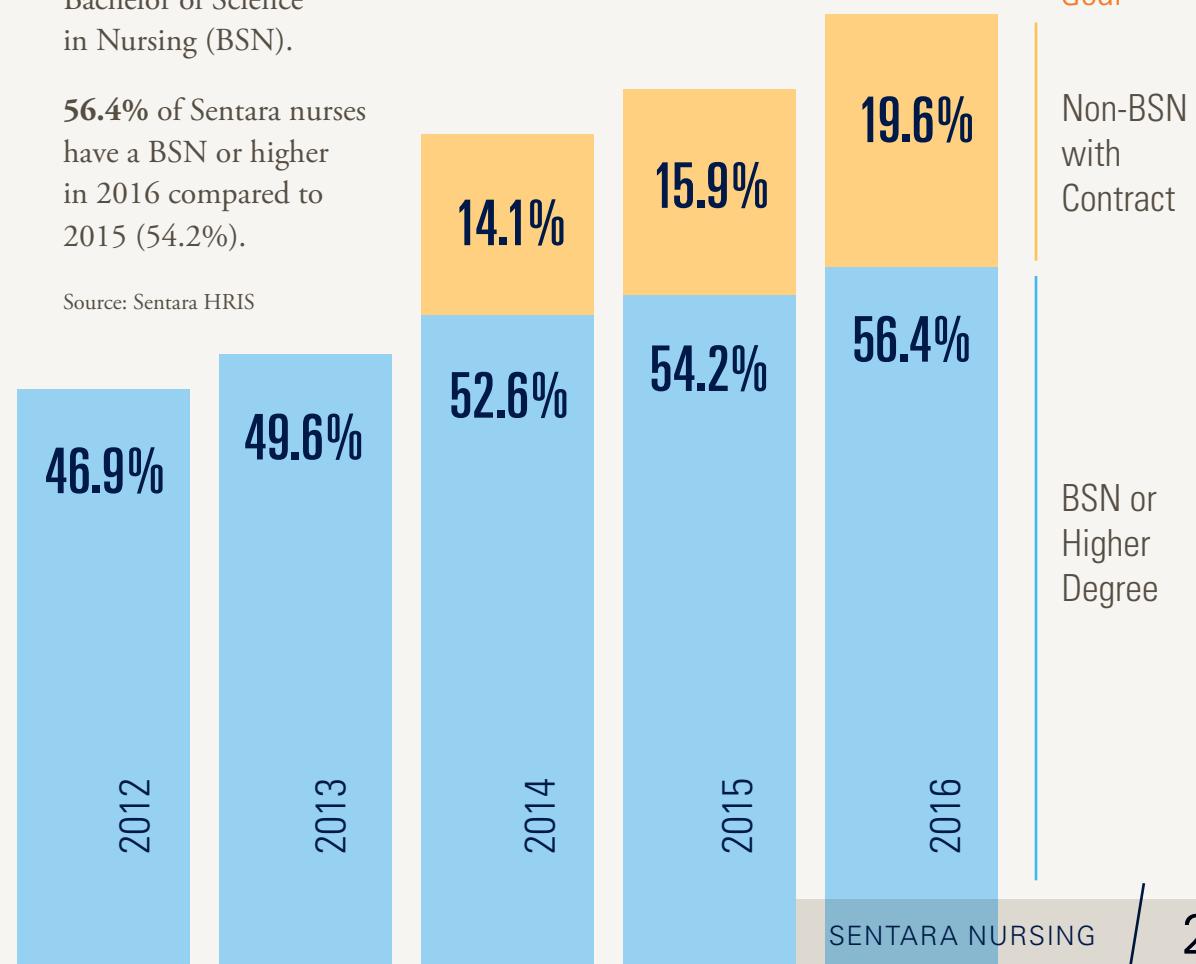
"I want to stay as close as possible to bedside nursing for now; I love seeing babies delivered. I'm not sure when I'll pursue a master's degree, but I do know I'm glad I got my bachelor's. When my degree came in the mail, I realized it was worth it. It wasn't as bad as it could seem beforehand. I tell my co-workers that all the time."

PERCENT OF SENTARA NURSES WITH BSN DEGREE

1,563 (19.6%) of our licensed RNs contracted to complete their Bachelor of Science in Nursing (BSN).

56.4% of Sentara nurses have a BSN or higher in 2016 compared to 2015 (54.2%).

Source: Sentara HRIS



80%
Goal

Non-BSN
with
Contract

BSN or
Higher
Degree

Promote Professional Development



Whitney Crowder, BSN, RN, CCRN

Intensive Care Unit
Sentara Princess Anne Hospital

TODAY'S INITIATIVES

"I've been at Sentara for six years; I started as a nursing care partner, earned my associate's and then did my RN to BSN. I wanted to earn my certification, too. Other nurses had it, and I'm competitive. You're more marketable with a nursing certification."

My boss, Joanna Pascua-Colasito, encourages nurses to earn certification. She says it shows excellence in care and enhances

Whitney Crowder (left) and Joanna Pascua - Colasito,
BSN, RN, CCRN, ICU clinical manager

your critical thinking skills. When nurses are certified, they have patients with fewer central line infections and fewer catheter-acquired infections. We have 34 percent of our nurses certified in our unit, and Joanna would like it at 40 percent, which is high compared to some hospitals.

I studied when I didn't have to work, off and on, for a year. I had a set number of questions to cover each day. There are 150 on the exam. Joanna had given me a voucher to take the certification exam for free, and I wanted to pass the first time.

While I was studying, I saw the same concepts I see in the ICU, but I learned the reasons why we do things a certain way. I can explain better to patients and families the importance of what I'm doing.

In April 2016, I passed the first time I took the exam. You walk out of the testing center with a form that tells you your results, and I was so relieved. Joanna keeps a 'wall of fame' in ICU. It has pictures of all of the nurses who are certified. It's great for all the families and visitors to see."

TOMORROW'S PLANS:

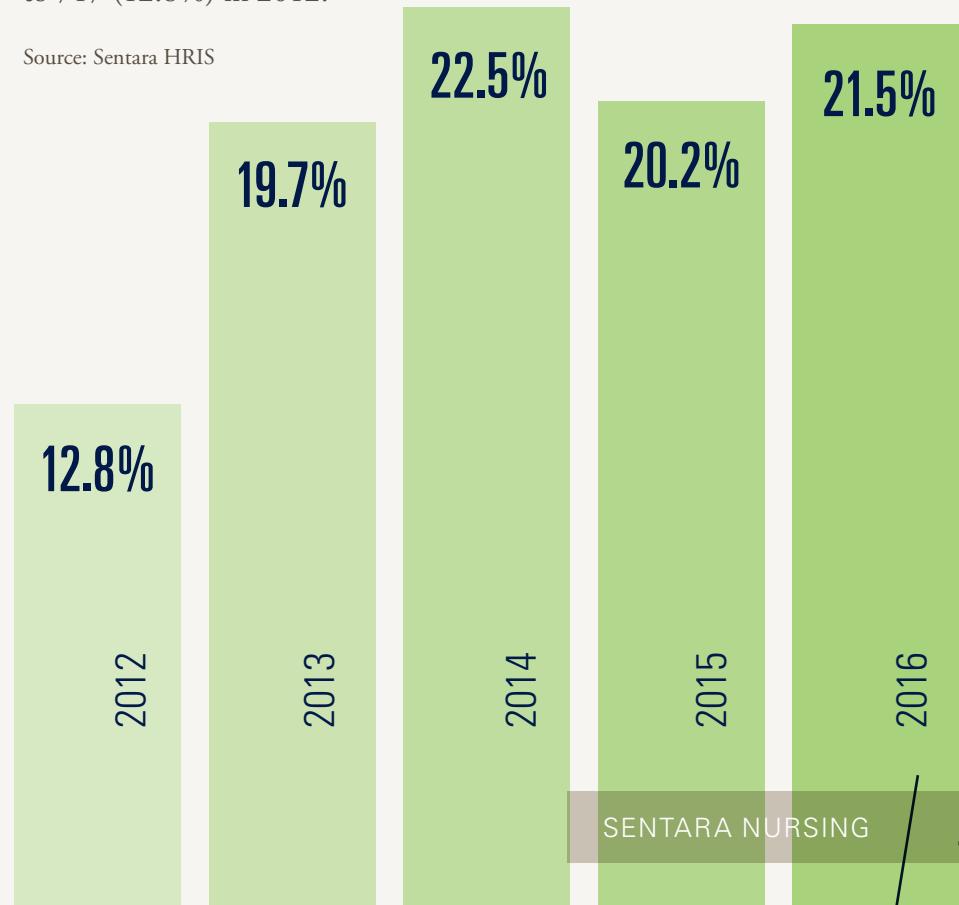
"I took another step with my education and in the spring of 2017, I'll be a nurse practitioner specializing in adult gerontology acute care. Also this spring, I'll attend the National Teaching Institute's conference in Houston for free; I was selected to receive the first-time attendee scholarship because of my certification."

GOAL: For nurses to be certified in their specialty so that they deliver the highest quality and safest care possible.

PERCENT OF SENTARA NURSES WITH PROFESSIONAL CERTIFICATIONS

1,756 (21.5%) of our nurses had professional certifications compared to 717 (12.8%) in 2012.

Source: Sentara HRIS



Promote Professional Development



Kathie Zimbro, PhD, RN

Nurse Executive for Research
Director, Quality Research Institute and
Clinical & Business Intelligence
Southern Nursing Research Society's
2016 Nurse Researcher of the Year

TODAY'S INITIATIVES

"What was especially nice about being named the Nurse Researcher of the Year by Southern Nursing Research Society was being nominated by other Sentara nurses. Part of the criteria to win the award was developing a robust clinical research program and serving as a role model, with mentoring and training for research."

I see providing leadership as the most important part; I direct the Nurse Research Council, which has all of the forums from the hospitals under its guidance. My staff or I sit on each of the research forums and help design the evidence-based practice or the question that needs to be answered. I spend a lot of my time teaching and helping to craft good clinical questions. Then we shepherd the project through step by step.

It makes me smile when nurses start the process. I'm a proud mama. At Sentara RMH Medical Center recently, nurses noticed patients complaining. The hospital had moved from a closed IV to an open IV. The patients were saying 'it hurts' when they encountered a new

GOAL: Develop nurses' skills and confidence and establish Sentara Healthcare as a leader in innovation by publishing and presenting evidence-based projects.

peripheral catheter for IVs. The nurses came to the forum with their concerns, and we're studying it. There's not much published on this issue. We're doing state-of-the-art work.

We've been very successful; 2016 had 25 podium presentations and 121 posters. Our work means a lot to our patients; we're solving problems for them. When we start our research, we target it to our strategic plans, so we see how it improves quality, for example."

TOMORROW'S PLANS:

"Innovative work is being done at Sentara; we have to make it visible to other people. I reassure nurses by saying we'll put together writing teams that can help produce papers. So far we have eight working manuscripts and 50 studies underway, and that poster by Ciara Jones, RN, team coordinator, Congestive Heart Failure Program, Sentara Obici Hospital, will be expanded into a paper. I'll be working with her on that and going through the steps. We'll also consider other projects; one is occupational health injuries to nurses and how driving down the patient fall rate affects injuries."

SENTARA SCHOLARLY WORK

	2014	2015	2016
Manuscripts			
Published	12	14	12
Pending			13
Podiums	13	12	25
National	7	6	10
Regional	3	2	10
Local	3	4	5
Posters	88	99	121
National	41	22	14
Regional	26	41	91
Local	28	70	16
IRB Approved Studies	6	21	16
Grants	1	6	7

Source: Sentara QRI

Promote Professional Development

“... think of the process as sharing your passion. Put what you do on paper. I know we do what we do for the patients, but it’s good to share with other nurses so they can help their patients.”



Ciara Jones, BSN, RN (left) and Kathleen Duke, Pharm.D., clinical pharmacy specialist, consult with a patient

GOAL: Develop nurses' skills and confidence and establish Sentara Healthcare as a leader in innovation by publishing and presenting evidence-based projects.

Ciara Jones, MHA, BSN, RN, CHFN

Program Coordinator/ Team Coordinator
Heart Failure & Transitional Clinic
Sentara Obici Hospital

TODAY'S INITIATIVES

"In 2012, we saw that our heart failure 30-day readmission rates were astronomically higher than they should be. We started the Heart Failure Management Clinic in response. Our goal was to educate heart patients about their prescriptions, eating right, exercising and recognizing signs of problems. By June 2016, we had decreased readmissions by 24 percent, way exceeding the hospital's goal. What we did – scheduling follow-up appointments for patients, reviewing medications in person, holding classes – worked better than we imagined.

We were able to prove that patient knowledge increased. Before we got started, we asked patients questions, questions like 'What three symptoms should you watch for?'; 'How much sodium should you have?'; 'How much sodium in one serving of soup?' On their final visit, after all the education, we'd ask again and see if they could retain the information. They did, so in addition to decreasing hospital readmissions, we improved patient knowledge.

We created a poster, 'Reducing Heart Failure Readmissions in a Rural Hospital,' with our work because it's important for other nurses to know about all of nursing, to see the scope of nursing beyond the bedside and to think outside of the box, like we were able to do with the clinic. I believe posters are under-utilized as a tool by nurses. The process of creating one probably threatens them; it can feel like you're back in nursing school doing a project. Instead, think of the process as sharing your passion. Put what you do on paper. I know we do what we do for the patients, but it's good to share with other nurses so they can help their patients.

We had our first poster, written with Phyllis Stoneburner, RN, vice president and nurse executive, Sentara Obici Hospital; Marianne Walston, RN, director, patient care services, Sentara Obici Hospital, and Kathleen Duke, clinical pharmacy specialist, and then we updated it. The update was awarded a second place from the Virginia Organization of Nurse Executives and Leaders at the fall 2016 conference and a first from the Virginia Hospital and Healthcare Association at their 2017 Virginia Patient Safety Summit."

TOMORROW'S PLANS

"We've been seeing patients who have COPD at the clinic; our program works for them, too, so we've expanded the people we help. My next step is big: I've been asked to turn the poster about the clinic into a paper. I'm a little worried about doing it, but I've been promised a lot of mentoring and help."

Live the Professional Practice Model

Our Professional Practice Model is illustrated with a familiar visual of the Parthenon, a simple yet substantial structure. Its three levels of foundation, three solid pillars and a crowning roof represent nursing priorities that are each important on their own. When we structure these individual elements together, we build the strength of Sentara Healthcare.

While on the job, you hear about shared governance — our committees, councils and forums. These groups, with members from a collection of locations and departments, bring to life our central pillar of Team and its directive to collaborate. Each of our nearly 30 teams reviewed the accomplishments they realized and challenges they faced in 2016 and presented them in a summary report. See the structure of these groups on page 33, and learn about one committee in action.

You can also explore what it takes to earn a DAISY, an award we adopted to recognize nurses who embrace our professional practice model, and to secure Magnet® designation, the highly coveted, external seal of approval that recognizes that nurses' input is vital and valued. So far, 50 percent of our hospitals have secured the elite distinction of Magnet®.

Betty Mahon, BSN, RN

Quality Improvement Coordinator
Sentara Medical Group
Chair, Sentara Integrated Medical Groups (IMG) Professional Practice Forum

TODAY'S INITIATIVES

"I became the chair of the IMG forum in 2016, after participating in the group's earliest days in a different forum. Our forum is robust; when the members identify a problem, they take ownership. We have 35 members; 21 are front-line staff and seeing issues firsthand. We're from across all the medical groups; we talk monthly.

Having the forum at Sentara demonstrates support for nursing as a profession and shows that nursing has a great deal to offer our organization. Our theoretical framework is the Orem Self-Care Deficit Theory, where nursing is required when an adult can't care for him or herself. The theory highlights five ways of helping: doing for others; guiding others; supporting another; providing an environment promoting personal development in relation to meet future demands, and teaching another. Nurses need to step in when a patient doesn't have the ability to care for himself; we focus on the best ways to improve that nurse-patient relationship so the patient can get back to his previous level of function.

GOAL: Identify barriers to quality care and positive outcomes at medical groups systemwide and use evidence-based practices to overcome the barriers.

We were incredibly busy in 2016; one significant project was our RN adult vaccine protocol that we submitted to the State Board of Nursing. We received approval and implemented our suggestion for nurses to administer adult vaccines without a doctor present. To speed along the process safely for a patient, we similarly developed and implemented another effort with our EKG protocol: Nurses can determine if a patient needs an EKG and order one. We get the assessment more quickly this way."

TOMORROW'S PLANS

"Currently, we have two specialty-based 'sub' councils – anti-coagulation and cardiac – and want to develop three more. Those councils reinforce ownership; the members know the problems they face better than anyone. We're going to host nurse networking events, too, so all the nurses can get together. We'd like to collaborate on ideas in person, and we'll have educational sessions."



To Create an Environment of Health and Healing

Relationship

Create a caring, compassionate relationship with the patient/family

Team

Collaborate with the healthcare team to use evidence-based practice in providing and organizing care

Coordination

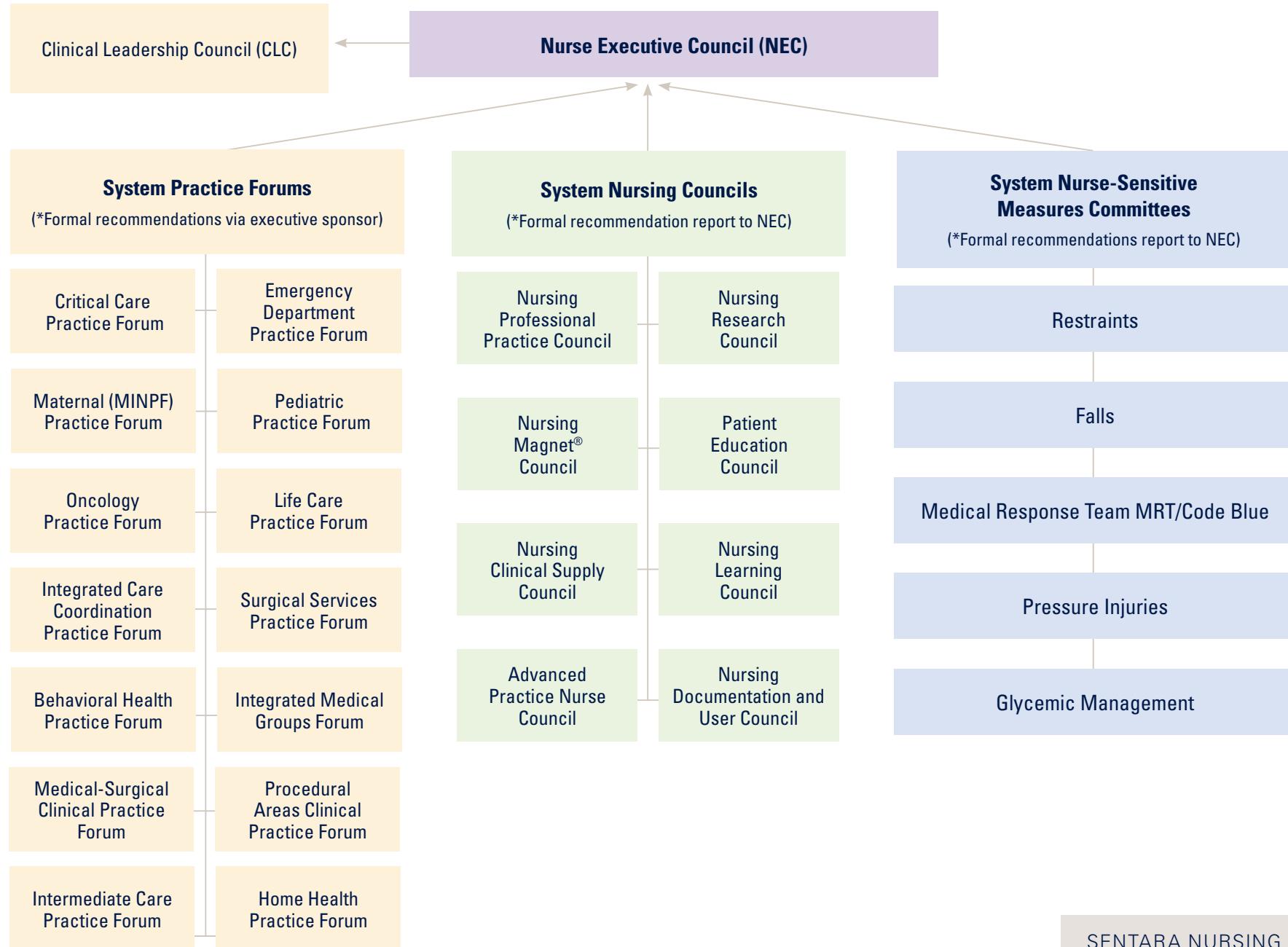
Access, manage, coordinate & evaluate the care, outcomes of care, and education of patient/family along the healthcare continuum

Relationship-Based Care

Nursing Foundations

A Culture of Safety and Accountability

2016 Sentara Healthcare Nursing Committee Structure



Live the Professional Practice Model

"You have to be vigilant. Magnet® is earned by factoring in outcomes like CLABSI and CAUTIs, and nurse retention and recruitment. We have to do our best to be safe and to heal."



Patricia Scott, BSN, RN-BC

Unit Coordinator
Sentara Martha Jefferson Hospital
Co-Chair, Magnet® committee
Magnet® Escort

TODAY'S INITIATIVES

"As a co-chair for the Magnet® committee and a Magnet® escort who shows the Magnet® appraisers around when they come for their visit, I promote what we do well and what we accomplish for our patients. Before our visit from the certifiers, we stay on top of everything; there's so much documentation. We need to show how nurses bring about change. Shortly before a visit, our committee,

with representatives from each unit, meets monthly to review information and then go back and share the details with staff.

Between the re-designations every few years, I remind the nurses why we do what we do and how it supports Magnet® and caring for patients. You respond to some pushback. Some ask, 'Why be certified in my specialty?' 'Why earn a BSN?' I

GOAL: Earn Magnet® certification and recertification to recognize Sentara's commitment to empowering nurses and nurses' dedication to Quality, Safety, Customer Centricity and Innovation.

understand; I used to be intimidated to earn my bachelor's, too, but it wasn't that bad.

I want this to be the best place to work and that's what I push for. I say that our purpose is to make change; we have the opportunity to make change for our patients. We have to always up our game; we can't slip. If we start thinking, 'We're so good; we don't have any CLABSI's' (central line-acquired bloodstream infections), that's bad. You have to be vigilant. Magnet® is earned by factoring in outcomes like CLABSI's and CAUTI's (catheter-acquired urinary tract infections), and nurse retention and recruitment. We have to do our best to be safe and to heal.

Our recent site visit for Magnet® recertification was in April 2016. I showed one of the appraisers around and waited for her as she talked with practice committees. You want them to feel comfortable, so I think about what they might need and anticipate their wants. What I liked best was the chance to talk with the appraisers. I wanted to pick their brains; the appraisers are experts in their areas. We can gain from each other."

TOMORROW'S PLANS:

"I'm one who always speaks her mind, so I keep telling nurses why they should be careful with our clinical outcomes and go after more education. I've started work on my master's, and I'm possibly thinking about focusing on leadership or being a nurse practitioner."



6

Sentara Healthcare facilities are designated Magnet® hospitals

Sentara Martha Jefferson Hospital (since 2006)

Sentara Norfolk General Hospital (since 2008)

Sentara Williamsburg Regional Medical Center (since 2014)

Sentara RMH Medical Center (since 2014)

Sentara Leigh Hospital (since 2015)

Sentara Princess Anne Hospital (since 2016)



*as of April 2017. Source: ANCC

Live the Professional Practice Model



Diego Roble, LPN

Sentara Nursing Center Norfolk
Sentara Life Care

GOAL: Promote Customer Centricity and Quality and Safety by recognizing nurses with DAISY awards, established in honor of extraordinary nurses and presented at over 2,400 patient care sites.

TODAY'S INITIATIVES

"On a daily basis, I interact with 25 to 30 patients and their families. I pass out medicine, check blood sugars. It can be pretty hard when everyone needs something, but I like the chaos."

I was surprised when I won the DAISY award. I had heard about the awards, and I figured it was for someone who had been working for a really long time, someone who was a veteran. I was pretty new; I had been in my job for a few months.

It's amazing to be recognized for something that is as simple as getting someone something. They decorated the dining room and surprised me by calling my name over the loudspeaker to ask me to come to the room. I had no idea what was going on. I was beside myself with surprise.

Later, I saw my nomination form for the award; it was from a son of a woman who passed away. He wrote how I was busy helping other people and doing things, yet I'd return back to him if he needed something. Maybe it was a cup of ice or some information on how his mom was

doing, and I'd help him. Winning the award showed me how doing the right thing, big or small, goes a long way. I believe in having a servant's heart; you put others before yourself."

TOMORROW'S PLANS

"I went from being a CNA to an LPN. I didn't go into nursing for the money, although it is good. I did it because of the joy of helping a person and preventing something bad from happening to them. I want to get a BSN and keep going in the field."

Congratulations to the more than 80 DAISY winners in 2016!

Representing all Sentara divisions.



Sources for chart on page 1:

1. Readmissions: CPI 2016 Readmissions Scorecard (Truven)
2. Hospice: CPI 2016 Hospice Scorecard (Truven)
3. CDI: IP HPT 2016 Dashboard
4. Wrong Events: Wrong Events Monthly 2016 Update
5. Patient Flow: CPI Patient Flow High Level Dashboard (Clarity)
6. Mammo: SHC_Mammo_TAT_Summary (Magview/Radiant)
7. Appointment Availability: CLC Access Dashboard
8. Contact Centers: CPI Contact Centers Monthly Report (AVAYA)



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