

# 2013 Nursing Annual Report



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# Sentara Nursing: Keeping Patients at the Center of Care

LETTER  
*from*  
CNO



Dear Colleagues,

It is with great pleasure that I share our third Sentara Nursing Annual Report. As many of you are aware, Sentara Healthcare improves health every day for thousands and thousands of patients. As one of our nurses, you know that making such a big difference takes commitment; commitment to education and lifelong learning, as well as teamwork and innovation. This extraordinary endeavor connects all Sentara nurses, as we serve in different roles and in different locations. Sometimes we do not realize Sentara nurses share this connection, as well as an even deeper one to our patients' well-being. With so much to do, we don't often get a chance to see how fellow nurses execute their dedication, and we are not always able to witness the positive impact each nurse has on

our patients and their families in our continuum of care.

In this year's Nursing Annual Report we want to change that. We want to show you how vital nurses and their support staff are to our mission — wherever they work in our circle of care. Our leaders know: Everyone can excel at his or her job, and as you do, you create a solid foundation for other Sentara nurses to influence and improve a patient's health.

As you read this year's report, you will note nursing is in line with the strategic direction of Sentara Healthcare and this report represents how we are treating patients at the center of care. You will see how nursing supports the Sentara 2016+ Strategic Plan, specifically the second strategic imperative "Caring for Defined Populations." This report features three of our patients — one from our Blue Ridge region, one from Northern Virginia, and one from Hampton Roads — who recently turned to us for care. These patients sought help and got more than they imagined, thanks to their care teams, many of whom share their work in this report. Please take the time to read their stories and you will see how each of the patients visited different care sites with seamless transitions. This is thanks to our Transformation of Care efforts. I hope their stories will encourage each of you to realize what can be accomplished when committed employees link together to achieve a common goal.

I want to thank each of you for all you do as a professional nurse within Sentara. Consistent, highly reliable nursing care is what we strive for every day. We want this to be the hallmark of nursing at Sentara. I am proud of the care we provided to each of these three patients, as well as the care provided to the many thousands of others each of you touched this year. I look forward to another patient-centered and successful year for Sentara nursing.

A handwritten signature in black ink that reads "Genemarie McGee". The signature is written in a cursive, flowing style.

Genemarie McGee, MS, BSN, RN, NEA-BC

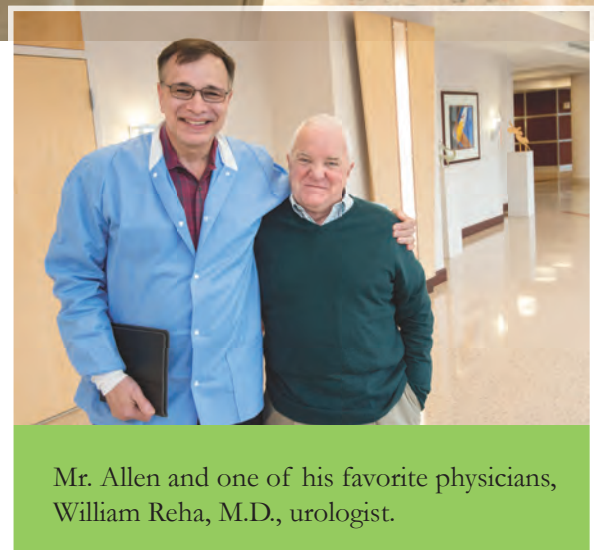
Chief Nursing Officer, Sentara Healthcare



John-David Allen's right knee wasn't 100 percent in February, but his hands – and spirits – were fine, so typing a letter to Steve Porter, President of Sentara Northern Virginia Medical Center, was an easy task – and a pleasurable one at that.

Mr. Allen had to let him know how wonderful the staff was during his recent knee replacement:

**“The attention to detail and professionalism demonstrated by your staff was outstanding,” he wrote.**



Mr. Allen and one of his favorite physicians, William Reha, M.D., urologist.



# Patient John-David Allen

## Knee replacement surgery

*Sentara Northern Virginia Medical Center*

### Attentive and friendly

The staff's attentiveness and friendliness were so impressive during Mr. Allen's operation, the same as four years ago when he had his left knee replaced.

"They were accommodating and concerned," he shares. "If I had to push the button for help, they came to me right away. But I usually didn't have to. They were stopping by every hour."

Mr. Allen appreciated everyone's attention in asking about his pain, but it isn't something that he is particularly worried about – or ever really was. Until six years ago, he ran 60 to 80 miles a week. He had finished 32 marathons. And of course, he had always logged long hours being part of the Army. An active duty enlistee from 1966 to 1995, he was in the infantry for 12 years and toured Vietnam three times. He moved on to military intelligence, spending much of his time stationed near Washington, D.C., with his wife, Mary, a former teacher.

### Welcoming attitude

Like his career, Mr. Allen's health provided some challenges over the years: He has type II diabetes and high blood pressure. These conditions mean he isn't a stranger to nurses.

"I've been around a lot of them," he says. "It's not that anyone was ever bad before; now I noticed the nurses at Sentara were really welcoming. It's changed; they're even more focused; everyone has definitely improved."

However, Mr. Allen jokes that he won't be going back – at least not for his knees:

"The surgeon said 'no more running' or he's coming after me to 'get me.'"

**Instead, he's swimming with a board a few times a week, after having worked with Sentara Home Care Services after his surgery. He'd like to go for long walks with his wife one day soon; they used to head out for five-mile treks. He also thinks about biking.**

The hospital, though, he'll leave for Mary, who volunteers in outpatient surgery and the gift shop.

"I thought that was why everyone was being so nice, because she works there, but it wasn't the case. No one realized it; so they were just doing a good job," Mr. Allen concludes.

# Phyllis Marinucci, RN

## PASS (pre-anesthesia surgery screen) Unit

Sentara Northern Virginia Medical Center

Mr. Allen's  
nursing  
TEAM

Phyllis worked as a unit nurse for 30 years, meeting with patients face-to-face. Nowadays, though, her interaction is more often phone-to-phone. As part of the 2-year-old PASS (pre-anesthesia surgery screen) unit, she calls patients like Mr. Allen three weeks before their surgeries.

"I call all types of patients, but I'm the only one in the unit who calls people who are having a total knee or hip replacement," Phyllis explains. "It's part of a new program. I spend about 35 to 40 minutes asking questions about their health."

She covers all aspects of the patients' lives, from allergies to heart concerns. She keeps in mind one anesthesiologist's cautious warning: "You don't want to find out you have a problem during surgery."

### Proceeding with caution

Those words led her to put the brakes on one recent surgery: "The patient was telling me, 'I sometimes feel my heart racing.' I asked if she saw a doctor, and when she said no, I explained that we were scheduling an appointment with a cardiologist. You want to check out everything first."

Two concerns she addresses often: The need to stop smoking and the need to have a MRSA (methicillin-resistant *Staphylococcus aureus*) screening.

"I realize they're probably not going to stop smoking, but I urge them to cut back," Phyllis says. "The MRSA screen is done two weeks before they come into the hospital, and I also talk to people who attend our ortho-joint class. It's a class where the patients learn what to expect before, during and after their operation."

Phyllis calls patients every day and gathers information for others she'll call in the coming days. Occasionally, she'll have time to visit a patient on the hospital floor after his surgery. Those times take her back to her days working in the unit, times she's thankful for.

### Experience counts

"I have a perspective of what recovery is like. I have enough experience to do lots of teaching," she says. "I'm truthful and explain that there will be pain, but it's a pain that will go away. I'm grateful I can see the beginning (of a patient's experience) and the whole process now."

Throughout it all, Phyllis keeps her sense of humor and gently nudges her patients.

"Mr. Allen was quiet; the strong, silent type, I think; and he had been through knee replacement surgery before so he didn't have many questions," she remembers. "I mentioned something to him and he said, 'Oh, my wife will take care of that.' I teased him a little and said, 'Oh no, you aren't going to pass that off. You're going to do it.'"



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Marie sees patients as soon as they exit the operating room. She carefully watches their vital signs, eases their pain and somehow keeps a watch on the clock.

# Marie Homere, RN

## Peri-Op

*Sentara Northern Virginia Medical Center*

Mr. Allen's  
nursing  
TEAM

Learning motivates Marie. Her interest in nursing started when her mother had a double mastectomy:

“I wanted to do all that I could to help,” she remembers. “There was a lot to understand, so I went to school.”



Marie earned her first degree in community health education, and she is currently enrolled in a master's program to become a family nurse practitioner.

On the job, Marie likes to ask fellow nurses about their patients' surgeries.



“I find out about new-to-me surgeries and how to help those patients,” she says. “There's so much to know. The nurses all share information with each other and teach each other.”

Marie sees patients as soon as they exit the operating room. She carefully watches their vitals, eases their pain and somehow keeps a watch on the clock.

“We only have eight beds,” she explains. “We have to keep patients coming in from surgery and then out to the unit. We want to be sure everyone is OK, and surgeries stay on schedule.”

Mr. Allen's  
*nursing*  
**TEAM**

## **Surgical/Orthopedic/Bariatric Unit**

*Sentara Northern Virginia Medical Center*



"We educate the patients about what is going on, what to expect, and what to do to prevent complications. We do this continuously so we can help them remember everything,"

~ Carolyn Sichler, RN





## Nina Guevarra, RN

Nina loves the diversity of both the staff and the patients at Sentara. She started in the unit a year ago. Keeping her patients comfortable is her biggest challenge:

“They can be in pain,” she says. “We talk with the physicians and try new medications and keep trying until it’s under control.”

Nina likes checking in on each patient, making sure they’re OK and helping them if they need to move around.

**Another big concern for her: Preventing falls.**

“To be a good nurse, you have to go above and beyond to keep your patient safe and satisfied. We round every hour and respond to any call lights as quickly as possible.”

### Taking time to talk

She also aims to keep patients informed. The white boards in their rooms make it easy to share test schedules. She includes the patients in the information exchange that happens during the bedside shift reports, too.

“As we change shifts, the incoming and outgoing nurses ask patients if the care is OK and we update each other. We’re all working together.”

Nina plans a long career: She’s scheduled to earn her bachelor’s in nursing this May, and she’s looking forward to “having independence and responsibility,” thanks to her new degree.

## Carolyn Sichler, RN

Carolyn is a nurse – but like most nurses, she could consider herself a teacher, too:

“We educate the patients about what is going on, what to expect, and what to do to prevent complications. We do this continuously so we can help them remember everything,” she says. “We’re constantly sharing the details of what’s happening. We start with a nurse educator calling them a few weeks beforehand, the pre-op nurses telling them during their pre-op testing; the nurse telling them right before the surgery, too, and then again in PACU (post anesthesia care unit) and in the surgical unit.”

Carolyn creates relationships with each patient so that they’ll trust her and feel secure. She does so in two ways:

- Seeking “repeat customers:” Whenever possible, Carolyn tries to be assigned to the same patients shift after shift. She can best anticipate their needs because she’s had a chance to learn about their concerns.
- Empathizing: With 18 years in a hospital, Carolyn is a pro at relating to all types of people, a plus in a metropolitan area with people from all walks of life.



Mr. Allen's  
nursing  
TEAM

## Surgical/Orthopedic/Bariatric Unit

Sentara Northern Virginia Medical Center



### Poonam Sharma

#### Nurse Care Partner



Poonam started in the unit in December 2013, and she was instantly part of a family. Mr. Allen was one of her first patients.

“I don’t feel like I’m new,” she says. “Everyone smiles all the time, and says ‘hi.’ Their good attitudes make me want to do more for Sentara.”

*She finds the nurses will pitch in with whatever needs doing. “They help you out. If a nurse sees something undone, she’ll jump in and do it.”*

Poonam has always been told she should work in a job where she helps people, since way back when she was in boarding school and liked to give the younger students a helping hand. Her day-to-day responsibilities now include taking vitals, assisting patients to the restroom, getting them dressed and offering her arm if they want to walk around.

“If I can help someone in need of comfort,” she says, “that’s what I want to do.”



## Dina Quaynor

### Nurse Care Partner

The pace is fast for nurse care partners. To keep a good perspective, Dina asks herself:

“What would I want done if I were the patient?”

“Even if you’re feeling pressure to stay on schedule,” she says, “you can’t rush patients; you have to wait for them to walk or use the restroom at their pace.”

Going at each patient’s speed makes it possible for Dina to see how the patient is truly coping.

“I and the other care partners might notice something unusual, some kind of change with the patient, because we’re slowing down,” she says. “In that way, we’re the eyeballs of the hospital unit. We can inform nurses of a problem.”

## Eden Abebe, RN

Eden brings good news to her patients and fellow nurses: She knows that nursing in America is strong.

Ethiopian born, Eden traveled to Jerusalem to study chemistry and was influenced by a local family friend to serve people directly.

“Our friend, Christine, had a doctorate in theology and spent her time helping everyone she could,” Eden shares. “She saw that I enjoyed doing the same thing. When my tuition for my chemistry program increased, and I was thinking of other possibilities, she recommended nursing and helped me get a scholarship to a school in Germany.”

Family later attracted Eden to the United States, and she completed her license testing here.

### Safety, thanks to Electronic Medical Records

“Nursing in America is just a little different,” she says. “We are more transparent here, so there is a lower chance of making mistakes. Our computer system shows everything. I see what the charge nurse has noted, and I easily check that I’m giving patients the right medicine and the right dose.”

Eden especially likes being able to answer patients’ questions quickly, thanks to the electronic medical records.

“I use it all the time; one finger click and I answer his question,” she says. “It feels good to be sure of the information and share details about procedures.”

# Jim Favareau, RN

## Care Coordinator, Surgical Unit

Sentara Northern Virginia Medical Center

Mr. Allen's  
nursing  
TEAM



Mr. Allen could be described as an “easy” patient for Jim, who assisted Mr. Allen by arranging for Sentara Home Care Services to visit him the weeks right after his surgery. The majority of hospital patients face one or more much bigger concerns, and Jim resolves each.

With his parents in healthcare, Jim might have been destined to work in the field. After earning a bachelor's degree in biology and biochemistry, he was drawn to a hands-on healthcare position. He set about earning a master's degree in nursing and took his current position three years ago after working in an ICU (intensive care unit).

**“We're an extra set of eyes on each patient,” Jim says about his job as a care coordinator.**

“Nurses at the bedside often have to focus on what is currently going on with each patient, the immediate step in front of them. They don't necessarily have time to consider the next step. Care coordinators work with all the nurses, the doctors, the physical therapists, the occupational therapists and social workers.”

## Identifying barriers

Jim looks at barriers that his patients are facing when they leave the hospital and pinpoints issues that could cause the patient to return – if those issues aren't addressed.

Patient concerns could include:

- Financial struggles
- A lack of transportation to buy medications or attend follow-up appointments
- Misunderstandings about treatment recommendations
- Family disagreements on treatment plans

“I might need to call the insurance company to arrange for a walker for the patient. Or I might see if he qualifies for any discounts for a walker. I could arrange for the walker's delivery,” he says. “I would follow up and see that it got to the patient's home or if he got it in time at the hospital.”

The keys to doing his job well:

- Attention to detail
- Advanced planning
- “Creative genius” (Jim jokes about this – but observers would agree.)





## Patient Dana Grasty Heart Failure

*Sentara Obici Hospital, Sentara Obici Heart Failure Management Clinic, Sentara Cardiology Specialists and Sentara Heart Hospital*



At age 41, Dana Grasty was working as a chef at a popular Oceanfront restaurant in Virginia Beach, driving to her shifts from Western Tidewater and feeling OK despite long hours and a long commute – until November 2013.

“For about two weeks, I was tired and short of breath,” she remembers.

**One evening around 2 a.m., the shortness of breath intensified so much that she couldn’t lie down comfortably. Scared, she went to the emergency department at Sentara Obici Hospital.**

“I was freaking out and screaming because I couldn’t breathe,” Ms. Grasty remembers. “It was a rough couple of minutes when I first got there, and the nurses were awesome and patient with me. They calmed me down.”

During her hospital stay, Ms. Grasty felt comforted by the nurses again and again.

“They would come in and ask if I was OK,” she says. “I never felt like I was alone. I remember a nurse drawing a picture to explain to me what was happening. It helped to see my problem.”

Ms. Grasty received some breathing treatments and was quickly admitted that morning. Soon, she was told she had heart failure, a condition not common in people her age. A leaky mitral heart valve was to blame.

During her hospital stay, Ms. Grasty felt comforted by the nurses again and again.

“They would come in and ask if I was OK,” she says. “I never felt like I was alone. I remember a nurse drawing a picture to explain to me what was happening. It helped to see my problem.”

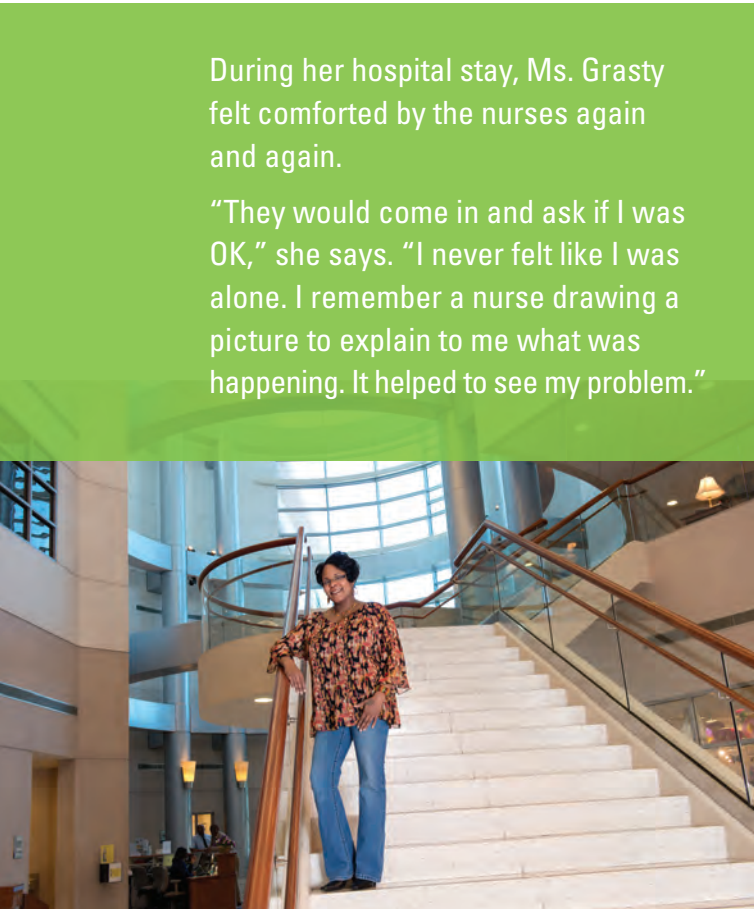
After learning about her mitral heart valve and starting to feel better, Ms. Grasty returned home, with instructions to receive care from Sentara Obici Hospital’s new Heart Failure Management Clinic.

A few weeks later while doing so, Ms. Grasty reported more shortness of breath – and after consulting with cardiology nurse practitioners who partner with the hospital and clinic – she was re-admitted to the hospital.

“Within a few days, I was transferred to Sentara Heart Hospital and had my heart valve repaired,” says Ms. Grasty.

In March, she was back at the Heart Failure Management Clinic, and she also started working with the Cardiopulmonary Rehabilitation Department. To further strengthen her heart, Dana walked on a treadmill and rowed on a rowing machine. She did so three days a week.

**“I do feel better,” she reports. Her next goals: “I want to be able to walk upstairs, while talking. And get back to work.”**



## Lauren Lawless, RN

Lauren was inspired by her grandfather to become a nurse: “He was in hospice before he passed away,” she says. “I saw how the nurses kept us updated and treated him so well.”

Her path to earning her bachelor’s degree in nursing was a bit different than she imagined, though. She wanted to continue at her four-year, residential college, but with limited space in the program, she was wait-listed for the nursing major – even though she had a nearly 4.0 average.

“I didn’t want to wait so I returned home and enrolled at Sentara College of Health Sciences,” Lauren says. “It was absolutely a great choice. I got so much more clinical time than I would have, and I spent more time with patients.”

Lauren was surprised once again when she decided that a job in an emergency department suited her better than a job on a nursing unit.

“I get a broad horizon of conditions,” she says. “I can see 120 to 130 patients a day.”

When a patient is in distress like Ms. Grasty was, Lauren knows what to do: “The best thing is to get at their level. Talk to them and explain what’s happening so they know what to expect. The more information I can share, the better they seem to do. I give them examples of other patients who were in similar situations and did well.”

## Jessica Peppers, RN

When Jessica met Ms. Grasty in the emergency department, her first thought was “asthma attack.”

“She was so young,” she recalls. “Too young to point to heart failure. When I pulled up my stethoscope and heard fluid instead of wheezing, I was surprised.”

Jessica jumped into action.

“We were reassuring Ms. Grasty, who was scared, and that is understandable because she was drowning in her own fluid,” Jessica says, “and at the same time, working to give her Lasix, a diuretic to pull the fluid from her lung and help her urinate it out. We also started Bipap, a respiratory intervention. We explained to her that we had a plan, and we were enacting it quickly.”



Jessica and her co-workers stayed by Ms. Grasty’s side and “kept talking to her and kept helping.”

Keeping a cool head in hectic circumstances is a skill Jessica mastered when she accepted her job two years ago. She had worked in another area for nearly three years and turned to the emergency department with two goals:

- Apply knowledge to a variety of illnesses
- Assist patients of different ages

Night after night, the emergency department provides the challenges Jessica sought.

### A family focus

She can face anything from a stubbed toe to a heart attack. In every case, she remembers that she’s not treating just the patient: She must address the family’s needs as well.

“You have to have patience,” she says, “and understand their concerns. They want to know what is going on and what is taking so long.”

Jessica’s co-workers on the night shift help often, and she returns the favor.

“We have a strong sense of camaraderie,” she says. “We have a tight group.”

The patients and doctors add to Jessica’s positive experience:

“I’m constantly learning; the patients teach me life lessons and expand my sense of empathy all the time,” Jessica shares. “The doctors teach me about different diagnoses, and they’re open to all questions, even if it’s asking if a suggested medicine is right or asking if another treatment should be added on.”

“That’s what Sentara teaches us to do, ‘have a questioning attitude.’”

# Norma Bland, RN

## Telemetry Unit/Cardiac Specialty Unit

*Sentara Obici Hospital*



After 15 years of being a nurse, Norma has no plans to try something new. “The patients always say ‘thank you’ and make you smile,” she says.

It’s a small bit of recognition for a big job. Norma describes a “patient nurse,” as she calls herself, as “doing everything:”



- Giving medicines
- Checking the heart
- Caring for wounds
- Calling for consultations
- Repositioning for comfort
- Sitting with patients and “coaching” them

“I remember working with Ms. Grasty that way (sitting with her) when she returned to Obici. She had been at the Heart Failure Clinic,” Norma says. “She was quiet and looked worried. I gave her my ear and attention. She couldn’t hold back her emotions anymore, and I told her we were all there for her. I reassured her that she would be coming back (from surgery at Sentara Heart Hospital) and that she would be OK.”

Norma’s experience – from a CNA to an LPN to an RN – serves her well in situations like that. She continues to build on her knowledge as she takes prerequisites to earn a bachelor’s degree in nursing.







## Ciara Jones, RN

### Clinic Patient Navigator

*Sentara Obici Hospital, Heart Failure Management Clinic*

Ms. Grasty's  
nursing  
TEAM



In October 2013, Sentara Obici Hospital opened its Heart Failure Management Clinic. Its purpose: Keep heart failure patients healthy and out of the hospital.

**“We found that 30 percent of the patients in our hospital with heart failure were being readmitted within 30 days,” Ciara says. “We’ve already brought down that number to under 5 percent.”**

Heart failure patients are asked to visit the clinic within seven days of leaving the hospital. That’s when Ciara introduces herself.

“We educate them about diet and involve their families in cooking lessons,” she says. “We continue teaching about their medicines and if it’s a problem, help them find a way to pay for it. We have a support group that’s new, too.”

Ciara meets with patients individually, hoping to learn as much as she can and earn their trust. She takes it as a compliment if they call her at odd times.

“If they’re at Olive Garden and can’t figure out the healthiest choice, I’m happy if they call

me to ask what I think,” Ciara says. “They’re getting the message that the food matters.”

Ciara works closely with Community Care Case Manager Barbara Kelly-Gibbs, comparing notes about how former hospital patients are progressing, and with Cardiology Nurse Practitioners Melissa Connolly and April Rawlings, who spend about a third of their time in the new clinic.

“We’re all putting a focus on education,” Ciara notes. “Before, some nurses were so busy with medical details we couldn’t address the person. We’re getting back to ‘Florence Nightingale’ kind of nursing; we take time to understand where our patients are and the barriers they face. I say I’m a combination counselor and nurse.”

By building a relationship with Ms. Grasty after her initial release from Sentara Obici, Ciara may have saved her life. Ms. Grasty came to the clinic short of breath and having gained some weight. Ciara took immediate action, and Ms. Grasty was readmitted that day; the next, she transferred to Sentara Heart Hospital to have her mitral valve repaired.

# Ross Reitz, RN

## Cardiac Patient Navigator

Sentara Obici Hospital

Ms. Grasty's  
nursing  
TEAM



Ross' position is new at Sentara Obici as of July 2013. He meets one-on-one with patients like Ms. Grasty during their hospital stay.

"I'm with them for about a half-hour, educating them about their condition," he says.

Some of the topics he covers:

- The causes of heart failure
- How the causes create symptoms
- Tests the patient could have
- Modifications to make at home with diet and exercise
- Signs that heart failure is worsening and how to catch them early

Ms. Grasty, at age 41, was certainly an atypical patient. Ross recalls that she had a great deal of motivation. In another way, though, she was like most patients:

"Ms. Grasty was overwhelmed," he notes. "She wanted to follow directions for keeping her heart healthy, but it was a whole new lifestyle. This is why follow-up is so important. I start the education, but so much more than just knowledge is needed to change your whole life. This is where the follow-up with the Heart Failure Management Clinic became so important. We had stressed how to know when your heart is not doing well and the importance of acting early. When Ms. Grasty developed symptoms, she knew to follow up with the Clinic, which is where we were able to start the process that led to her heart being fixed."

"This is why follow-up is so important. I start the education, but so much more than just knowledge is needed to change your whole life. This is where the follow-up with the Heart Failure Management Clinic became so important."





Ms. Grasty's  
nursing  
TEAM

## Nurse Practitioners

*Sentara Obici Hospital, Sentara Obici Hospital Heart Failure Management Clinic, Sentara Cardiology Specialists*



## Melissa Connolly

### Board-Certified Acute Care Nurse Practitioner

Melissa is one of three nurse practitioners who rotate weekly among three locations – Sentara Obici Hospital, Sentara Obici Hospital Heart Failure Management Clinic and Sentara Cardiology Specialists.

At Sentara Obici Hospital in late 2013, Melissa explained Ms. Grasty's upcoming surgery to her as she waited to transfer to Sentara Heart Hospital. She later saw her again at the cardiologist's office and the Heart Failure Management Clinic.

"Ms. Grasty is open and receptive," Melissa explains. "She makes it easy to communicate with her, and usually patients like that do better."

Judging a patient's success depends on where and when Melissa is helping them. If the patient was experiencing symptoms when they first got together, Melissa will run through a checklist as they're getting ready to say goodbye:

- Have we addressed today's concern?
- Is your pain alleviated?
- Is your breathing better?

Once a patient is discharged from the hospital, she'll consider:

- Did you need surgery?
- How well are you completing your plan of care?
- How well are you tolerating your medicine?
- Are you maintaining your weight?

In the long run, Melissa hopes that she doesn't see patients often – not because they're too intimidated to call, but because they are doing fine.

**"I like when we only 'have' to see a patient annually or bi-annually," she says.**



## April Rawlings

### Board-Certified Acute Care Nurse Practitioner



April is one of the three nurse practitioners who rotate weekly among three locations — Sentara Obici Hospital, Sentara Obici Hospital Heart Failure Management Clinic and Sentara Cardiology Specialists. Her team put the rotation in place in June 2013.



“We all have a broad range of skills, and we can bring continuity to the patient’s care,” April says. “It means a lot to a patient to see a familiar face because we’re going from the hospital to the clinic to the doctors’ office like they do.”

While she’s at the hospital, April starts her day rounding with four physicians; she and another nurse practitioner then “divide and conquer what needs to be done.” Usually on their list: Conducting stress tests and consulting with patients.

The consults cover:

- The patient’s health history
- Current physical condition
- The concern that brought the patient to the hospital
- A review of the patient’s medicine

### Digging deeper

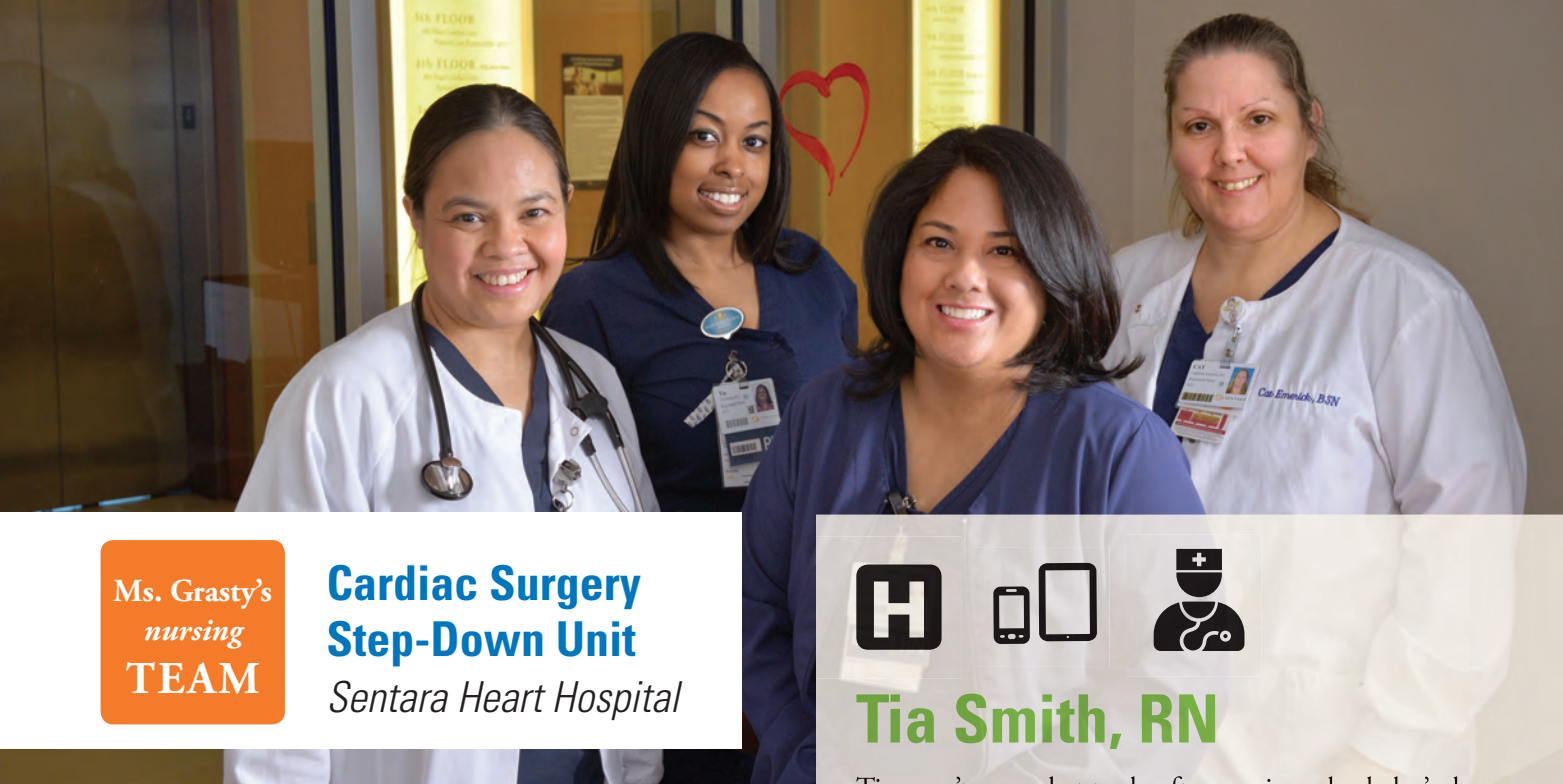
“Sometimes we have to be like detectives,” April says. “We need to be good listeners and take extra steps. We do things like call the patient’s daughter to gather his history.”

She’s pleased to see that more patients are familiar with nurse practitioners and more are comfortable working with them.

“Ninety percent of patients are used to a PA (physician assistant) or NP (nurse practitioner),” April notes. “It’s nice when they say, ‘I’d like to see you next time.’”

Yet, April strives to do more for her patients: She has earned a heart failure certification and a lipid testing certification. This winter, she sat for the CMC (Cardiac Medicine Certification) exam.

“I’ve always wanted to be the best I can. If I set a goal, I have to accomplish it,” April says. “Continuing your education adds to your knowledge, validates your commitment and makes it possible to service the patients better. I can say, ‘Yes, I can provide you with the best guidelines.’”



Ms. Grasty's  
nursing  
TEAM

## Cardiac Surgery Step-Down Unit

Sentara Heart Hospital



## Tia Smith, RN

Tia wasn't sure what to do after earning a bachelor's degree in biology; then she conducted some clinical research that included patient interaction.

"I knew I had to be around patients from that point on," she says. "I went back to school and earned a second degree in nursing through a fast-paced program. I graduated in 2011 and started at the Sentara Heart Hospital in January 2012. You meet all kinds of personalities. Some like to joke around, and others are withdrawn. I see if I can get them to come around, but if not, I give them the space that they want."

Tia strives to be considerate in other ways: She clusters her care so that she doesn't have to interrupt a patient's sleep unnecessarily during the night shift.

"I have to 'cross all my t's' and 'dot all my i's,'" she says, "but I want to keep the patient happy at the same time."

### A questioning attitude

As a newer nurse, Tia appreciates those with more experience answering her questions. She is thankful for the respect she receives in return from nurses and doctors.

"We're encouraged to have a questioning attitude, to speak up when something might have been overlooked," she notes. "There was one patient whose heart rate was very low. A physician thought at first that the patient's blood pressure medicine was partially responsible. But I pointed out that another nurse from an earlier shift hadn't given the medicine after she saw how low the heart rate was. Once the doctor heard this, he had a clearer understanding. He moved up the date for the patient's pacemaker surgery. I like knowing I can make a difference."

## Judy Young, RN

Top of Judy's mind during her shifts: Her patients are still considered critical. They might not be in the ICU (an intensive care unit) any longer, but they need a great deal of attention.

"There's the possibility that they could return to the ICU," she says. "They could have a lot of complications, and we want to see them get better instead. The charge nurse reports on all of the patients for us so we know what everyone needs. If one nurse has a patient with high acuity and is particularly challenged, we pitch in."

Whatever tasks Judy is handling, she makes safety her priority.

"The e-Care system (electronic medical record) allows me to triple-check the medicines we are giving," she notes. "I worked in three other states, and I think the system is one of the best things about being here."

### One step at a time

Equally important: Preventing falls. With patients on pain medications, they're not always able to judge their strength. She wants to help them with physical support and by moving slowly.

Being patient in those situations is possible, thanks to the time she's gained because of electronic charting:

"It's good, because it makes everything faster with record keeping," Judy explains. "We chart as we go, and we see the doctor's notes right away. It makes it easier to provide the care we need to."



## Lyn Panagsagan, RN

With 20 years of nursing experience, Lyn is still surprised that the simplest care sometimes means the most to patients.



“I’ll get a letter or a call from a patient, and they remember me because I helped relieve their pain in the middle of the night,” Lyn says. “It’s usually with medicine, but I had one patient who needed a catheter. I didn’t think much of it, and years later, he tells me, ‘You saved my life!’”



Feedback like that is why Lyn does her job – and she’s only half joking when she says she’ll either “retire or die here on the fourth floor.”

The close-knit staff repeats the sentiment – all feeling like a family who trusts each other’s judgment. Most of the nurses have worked together for years, and can easily lend a hand in any situation. They rotate the charge nurse position, and according to Lyn, are each thankful to have a voice in how the unit and patient care are managed.

### Having a voice

“We added the Nursing Council a few years ago, and this involves the nurses in any decision making. Whatever the issue is, we can speak on it,” Lyn explains. “The Council helps us be heard, but since I started here, I could always talk to a nurse manager. It’s good that they’re so approachable.”

**The teamwork and the value placed on the nurses’ opinions translate into happiness for the patients – with Lyn reporting that her unit has high patient satisfaction rates. “We are in the mid- to upper 90 (percent),” she notes.**

Lyn is equally proud of her unit’s work on an assessment called “Four Eyes.” Two nurses audit each patient’s skin as he or she is admitted to the unit and document and address any concerns. In the 11-month period they’ve been performing the audits, they’ve lowered their rate of serious skin-related conditions to zero.

## Catherine “Cat” Emerick, RN

Although she’s been a nurse for 20 years, Cat knows there’s always something to learn. She started her bachelor’s degree in nursing about three years ago, and in the process, found her new job.

“I had been working in the stroke unit,” she shares, “and then as part of a clinical rotation, my instructor arranged for me to watch a valve surgery. I fell in love with the heart.”

In June 2013, Cat transferred to the Cardiac Step-Down unit. She’s enjoyed watching patients recover as much as she enjoyed watching surgery a few months back.

“You often see patients get back to their baseline,” she says. “They’re so appreciative and so are their families.”

### Family-centered care

Cat engages the families in every education process, knowing that the care responsibilities fall on them when the patient goes home. She helps them learn what to do – and why.

“You have to want to matter,” she says about being an effective nurse. “You have to want to be there for the patient and the family. It means leaving anything negative at home, and bringing passion and fire to the job every single day.”

Cat could stay committed to her job as she worked on her degree at Sentara College of Health Sciences — often full-time – because of her family: Her husband was supportive and her 25-year-old daughter lived at home to help care for her 12-year-old daughter.

“I’m going to work on my family nurse practitioner degree next,” she reports, “and I hope my daughter will start work on her bachelor’s of nursing; she recently became a nurse care partner at Sentara Virginia Beach General Hospital.”



## Barbara Kelly-Gibbs, RN

### Community Care Case Manager

*Sentara Obici Community Health Outreach Program*

Ms. Grasty's  
nursing  
TEAM



Barbara spends 60 percent of her time on the road, driving to patients' homes.

"I get to really understand a client," she says. "I see the barriers he faces to good health. For example, if he doesn't have money, he can't get his medicine. If he doesn't have nutritious food in his refrigerator, he can't eat well."

If Barbara discovers that a client's budget is tight, she offers small solutions. If the person has hypertension and should cut back on salt, she tells him to go ahead and buy the inexpensive Ramen noodles that she sees in his pantry – but to please stop adding the packet of salt-loaded flavor that comes with the noodles.

"It's about changes in behavior, no matter how small," Barbara says.

When she met Ms. Grasty in her home, she observed her walking. After a few steps, Barbara saw Ms. Grasty short of breath. She contacted Ms. Grasty's cardiologist to get advice.

Barbara lessens emotional strains, too. One of Ms. Grasty's family members was encouraging her to walk more, but she couldn't yet.

"I explained that I knew he was well-intentioned, but that Ms. Grasty had to stay with walking only a few steps and work up to more," Barbara says. "Everyone has a better idea of what is possible. We have to be patient, and I told Ms. Grasty to work on increasing her distance only every three days or so."

She keeps encouraging Ms. Grasty to focus on bigger goals – like owning her own home, yet to do so slowly:

"I tell her 'first you get better, then you get back to work, and then you get your own place.'"

Some patients that Barbara works with have telehealth services. Devices in their home measure their weight, blood pressure and blood sugar and report the numbers directly to nurses in an office. Potential problems can be identified early thanks to the data.

**"We get involved in every aspect of a client's life," Barbara says. "Everything can affect them."**

# Sandy Buck, RN

## Cardiopulmonary Rehabilitation Department

Sentara Obici Hospital

Ms. Grasty's  
nursing  
TEAM



After 25 years of being a nurse, Sandy still loves her job, thanks in part to people like Ms. Grasty.

“It’s so rewarding to see the patients improve,” Sandy says. “We work with them from six to 18 weeks after they’ve left the hospital. With Ms. Grasty, it was about five or six weeks of working together, and she had plans to head back to work.”

Sandy coaches patients up to three times a week for hour-long sessions. They exercise on equipment – sometimes a recumbent bike, sometimes a treadmill, and more and more a new machine called a Nustep – and she tracks their progress.

“We start with a few minutes and build up to 15,” she says. “We watch the heart monitors, but the patient most of all. I like to say ‘Monitor the patient, not the monitor.’ You want to look at the monitor, but what’s most important is looking at the patient. You want to see if she is short of breath or having chest pains.”

Sandy adjusts the therapy depending on each patient’s reaction. She educates them, too, using presentations and videos. Her topics include:

- Heart-healthy exercises
- Heart-healthy eating
- Stress reduction
- The importance of medication compliance
- The importance of keeping doctors’ appointments
- An overview of heart disease and heart procedures

“I see Sentara as being strong on education,” Sandy says. “From our cardiac classes to the classes they have for the public and the support groups, it’s all important, and can keep people from needing to come to the hospital in the first place.”

Not that Sandy doesn’t want patients knocking on her door:

“The interaction is what I like best,” she emphasizes. “I see them become more comfortable with their disease, and they’re more confident. They learn that they can lead a productive life.”



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Ms. Grasty's  
nursing  
TEAM

**Nurse Case Manager**  
*Optima Health*

## Donna Hart Becker, RN

The words sound simple: “We become part of their plan of care.” That’s Donna Hart Becker’s summary of her job. Yet, as a nurse case manager with Optima Health, her responsibilities are extensive.

Donna’s job starts once patients like Ms. Grasty leave the hospital. She’ll call to ensure they arrived home safely and that any supplies or services, such as home care, are in place. She asks questions to review their current and past health concerns and to check that follow-up appointments with physicians and rehab staff are scheduled.

“From there, we build goals together,” Donna explains. “We talk about medicine compliance, diet and exercise. We navigate patients through not only insurance but also our health wellness program. With a heart failure patient, we’ll call every week and look for signs of progress or problems.”

Donna listens to hear if patients seem to be struggling with breathing. If so, she’ll arrange for a doctor visit or check that home care services are coming that day. If she notices that a patient has gained weight, she’ll follow up in a day or two to see how he is.

If the patient is doing well, Donna offers advice to keep her on track. She might talk about counting steps every day or she might offer a CD with yoga exercises on it.

All that Donna has done in the past – from working in urology to med/surg ICU to home care and hospice – helps her understand patients’ concerns.

“The more well-rounded a nurse is in this job, the easier it is to know what to expect when talking to all different kinds of patients,” she says.



## Pat Roberts, RN

Pat’s day starts at 7 a.m. She runs a list of all the Optima patients in a hospital or a skilled nursing facility. She and co-workers then review the list, sometimes requesting more information.

“We can ask for a clinical, a condensed report of what has happened in the hospital,” she says. “We’re looking to see that the patient is getting the right care, at the right level. Once they’re discharged, we can also see if they have home care arranged, if that’s appropriate.”

Pat previously worked in intensive care and dialysis.

“This is the other side of what I did before,” she says. “My earlier jobs taught me the importance of documentation to be sure the hospital is paid for the care they provide. It made me conscious of documenting everything.”

Pat can look for trends in patients’ care and make recommendations.

“This job makes me a patient advocate,” she notes. “I can go to the medical director and say, ‘We should approach this patient’s care differently.’ Say if I see a patient who is in and out of the hospital and a skilled nursing facility in between hospital stays. I can suggest that he instead be helped at a long-term acute care facility. Our goal is to be sure patients have the correct level of care.”



# Patient Mary Ware

## Afib (Atrial fibrillation)

*Martha Jefferson Hospital*



Everything happened so quickly that Mary Ware doesn't remember all of the details of her stay at Martha Jefferson Hospital in January 2014. She hadn't been feeling right for a while, or as she says, "as I ought to."

In the early fall, Mrs. Ware had taken a tumble, and her daughter, Sharon Rateau, saw her declining in her movements and concentration.

"We had to keep postponing an appointment with Dr. Laura Howard at Palmyra Medical Associates, though," explains Ms. Rateau. "There was a death in our family."

When Dr. Howard finally got Mrs. Ware into her office, she urged her to meet with a cardiologist the next day.

"We went to the cardiologist, and he said my mother's heart was beating so fast that he couldn't get a clear picture of what was happening," Ms. Rateau shares. "He told us to go to the emergency room because they could give her something intravenously and then get her heart rate down and get another picture."

Mrs. Ware was experiencing Afib, atrial fibrillation. This rapid, irregular heart rate often causes poor blood flow to the body.

"They admitted my mom from the emergency room that day," Ms. Rateau says. "She stayed for six days, and got out the day before her 87th birthday."

As the staff worked to slow Mrs. Ware's heart rate, Ms. Rateau was impressed with every nurse she met. Each was kind, carefully explaining what they were doing, and always considering Mrs. Ware's wishes and feelings.

"They were most helpful," says Ms. Rateau.


Mrs. Ware, a former nurse with 24 years experience, knew what good nursing looked like.

"You should treat the patient as if they were a member of your own family," she says. "That's what I was taught in nursing school."

A few times in the past, on the job and when she was delivering her children (she had five), Mrs. Ware has seen what she describes as "mean nurses."

But not at Martha Jefferson Hospital.

"The nurses were observant, always checked my water and were as sweet as could be," she remembers. "You never saw them come in without a smile on their face."



"You should treat the patient as if they were a member of your own family," she says. "That's what I was taught in nursing school."



## Sharon “J-J” Peacock, RN

### Palmyra Medical Associates

Mrs. Ware’s  
nursing  
TEAM



J-J works for Mrs. Ware’s primary care practice, Palmyra Medical Associates, part of Martha Jefferson Medical Group. The office is in a rural setting, which means the casual atmosphere leads patients to feel comfortable walking in off the street, or calling for advice or spending lots of time talking with the nurses.

“Time management is a good skill to have,” J-J says. “I do a little bit of everything.”

She might tackle some triage responsibilities, teach a new nurse the ropes or follow up on a patient like Mrs. Ware who was released from the hospital.

“I’ll call those who were in the hospital and go over their medications,” J-J says. “I check that an appointment has been set with us and with any recommended specialists and if not, go ahead and schedule a convenient appointment for the patient. I make sure the specialists get any notes from us and the hospital.”

J-J might secure medical supplies if the hospital or Home Health wasn’t able to for any reason.

“I check on other details,” J-J continues. “Is Home Health scheduled for a visit or is anyone – any family – with the patient? Everything I’m checking on I consider ‘transformation of care.’”

J-J notices her practice being more collaborative than ever before.

“It’s a partnership and the doctors educate us and answer our questions,” she says. “We don’t get harped on for asking questions or making suggestions. We as nurses have good ideas and different perspectives. One of our doctors might say, ‘I didn’t see it that way.’ We all learn here.”

# Camilla Washington, RN

## Clinical Educator/Transformation of Care Coordinator

Martha Jefferson Medical Group

Mrs. Ware's  
nursing  
TEAM



Camilla works behind the scenes for a 10-practice medical group that partners with Martha Jefferson Hospital. A patient such as Mary Ware would never meet her and probably has no idea her job exists – but the patient sees the difference Camilla makes.

Camilla takes a look at the medical groups' practices and suggests changes that improve patient-provider relationships.

Each month, she's checking on how well practice staff members such as J-J Peacock were able to carry out procedures that can keep patients healthy. Looking at reports, she checks:

- How many patients were discharged from Martha Jefferson and if they went home, whether or not they received needed help from Home Health.
- Did necessary follow-up appointments get scheduled with the patients' primary care physicians or specialists?

“Our goal is to make the transition from hospital to home seamless,” Camilla says. “We were doing a good job before, and now that we’re tracking our efforts closely, we’re even more cognizant of having a smooth transition.”

Patients are touched that nurses are calling to see that they're OK after a hospital stay.

“They're surprised that we know they were in the hospital,” Camilla reports.

Another effort Camilla works on: Ensuring that inpatient and outpatient educational materials are the same. She wants the materials to be understandable, consistent and timely.

“Patients are part of the care team now. They need to be informed,” Camilla explains. “It's all part of a transition in primary care that is greatly needed to keep patients from being readmitted to hospitals.”





## Myrinda Zerrlaut, RN



“Once David was here, he told me ‘You have to work here,’” Myrinda remembers. “The people are amazing.”

Myrinda took her husband’s advice and joined the Martha Jefferson staff. She saw the same things David did: Staff members acknowledging each other, saying “hi,” and collaborating as a team.



“We had been in other places that weren’t like this,” says Myrinda. “The atmosphere is welcoming and friendly – for both the staff and patients.”

*Myrinda cherishes her co-workers for communicating well with each other and never hesitating to step up when someone has a tough assignment. Things can change quickly, Myrinda reports, because a number of patients are admitted during the night shift.*

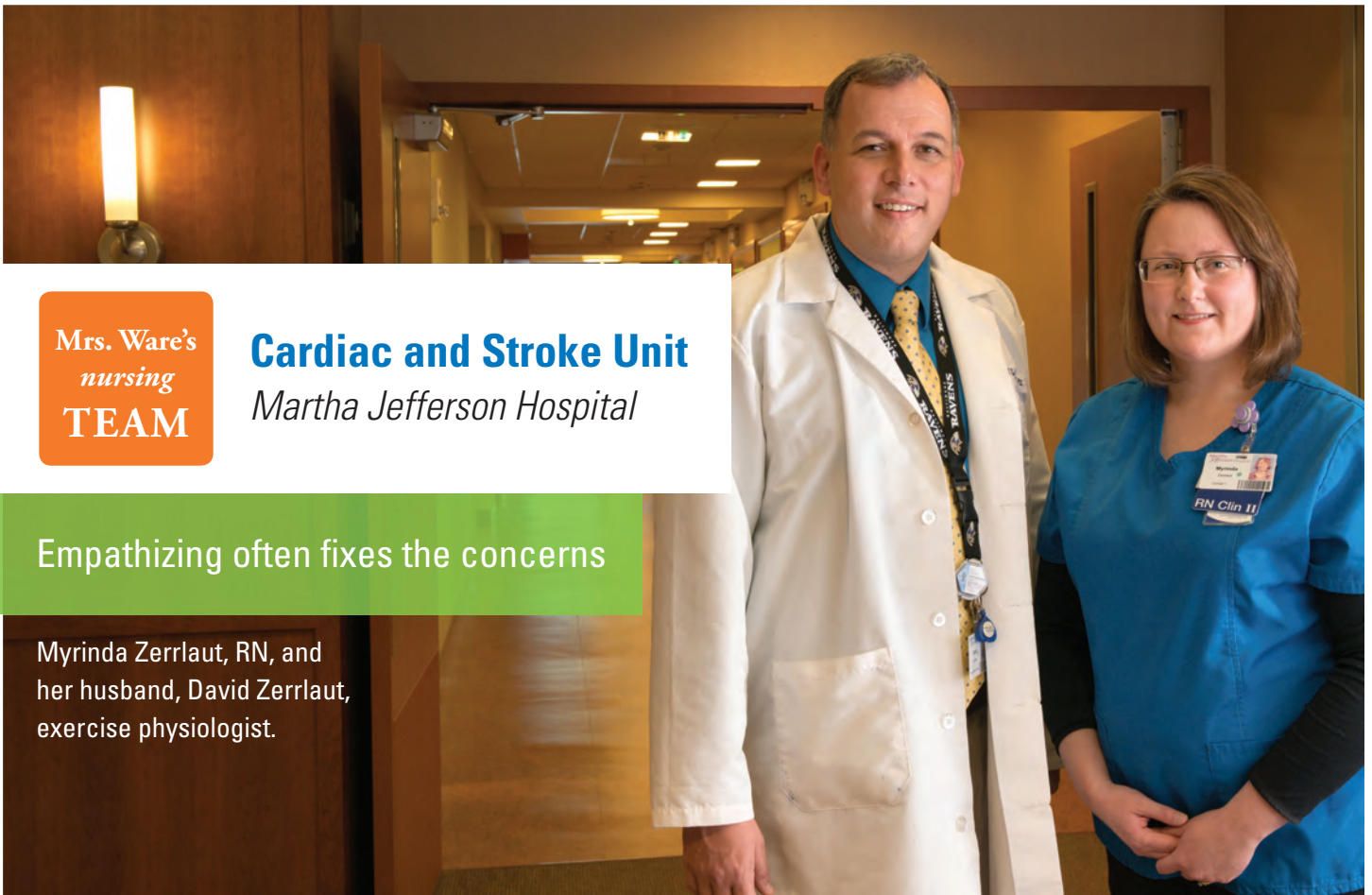
Other circumstances change as well, as was the case with Mary Ware.

“She’s a cute, petite woman and loved that she figured out that David and I are married,” says Myrinda. “I wasn’t sure if her spirits were going to stay strong when she heard she had to stay another night because her heart rate wasn’t right yet. She was disappointed, but took the news well.”

It’s in times like those that Myrinda puts herself “in that patient’s bed and feels their pain and fear.”

Empathizing often fixes the concerns.

“My aunt is a pediatric nurse, and I’ve seen how she interacts with patients,” Myrinda says. “That’s how I learned to listen and talk with them, and I really like it.”



Mrs. Ware’s  
nursing  
TEAM

**Cardiac and Stroke Unit**  
*Martha Jefferson Hospital*

Empathizing often fixes the concerns

Myrinda Zerrlaut, RN, and her husband, David Zerrlaut, exercise physiologist.



Mrs. Ware's  
nursing  
TEAM

## Cardiac and Stroke Unit

Martha Jefferson Hospital

### Lisa Smith, RN

Lisa describes herself as detailed-oriented, hyperactive and prone to zipping up and down hallways:

“It’s constant running; you’re checking vitals, watching blood sugars, assessing lung sounds and doing lots of documenting in real time,” she says. “Time management is important.”

That’s true on the job and off for Lisa; she’s working on prerequisites for a bachelor’s degree in nursing, is a member of the education and practice committee and has earned Clinical Nurse IV recognition due to meeting education, evidence-based practice and leadership goals. She’s also studying for stroke certification.

“Healthcare is constantly changing,” Lisa says. “We need to keep learning and be attentive.”

Other keys to being a good nurse in Lisa’s eyes:

- Caring about people
- Enjoying what you do
- Using critical thinking skills
- Smiling

“I like hearing patients say I smile a lot, because I do,” she says, “especially at those who I recognize as returning to us. I like to tease them and say, ‘You don’t have to get a bed to visit us!’”



### Les Barker, RN

With 16 years of experience as an RN, Les has learned a lot, but this is the fact that’s often on his mind:

“No one wants to be in the hospital.”

Many patients he sees are scared.

“When you hear it’s a problem with your heart, that’s understandable,” Les says. “A person’s imagination can take you places you don’t want to go.”

Les fights fears with information, telling patients what their care plan is and what kind of results they’ll see.

With a patient like Mrs. Ware who has Afib, he’ll share that her shortness of breath and chest pain are to be expected – and he’ll explain the medicine he’s giving her to calm the symptoms.

“Education is so big,” he says, “you have to tell them in terms that they’ll understand.”

“There’s never a dull moment,” he concludes.



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