



2014 Nursing ANNUAL REPORT

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Sentara Nursing: Exceeding Expectations

LETTER
from
CNO



Dear Colleagues,

Each year as we prepare our Sentara Nursing Annual Report, the words “thank you” come to my mind. As I round through our different venues and facilities I have the pleasure of meeting and working with our nursing staff. I am constantly in awe of their dedication to high quality patient-centered care.

Whatever your responsibilities or location, you are often exceeding expectations – mine, your patients’ and your own. You have taken our Sentara Healthcare commitments to heart and assisted us in becoming one of the leading healthcare systems.

In this year’s report, we are following our patients through our healthcare system. It is important for all of us to see our care from the patient’s point of view. We’re shining the spotlight on a few of you who helped a new mom and her twin preemies, a firefighter who had a heart attack, and a diabetic preschool teacher who was so busy taking care of her ill father that she couldn’t care for herself. The quick, compassionate attention you provided and the teamwork you inspired is exceptional nursing.

I’m proud and grateful to also include updates from our newest team members in Sentara Albemarle Medical Center and Sentara Halifax Regional Hospital. They are allowing us to serve more communities and to expand our professional circle of experts. Nurse leaders Kathy Lawrence and Patricia Thomas share just how much their hospitals have accomplished in a short time and some of their plans for the future. Please join me in applauding their good work. I also ask that you keep the appreciation coming for Amy Black, who is heading up our CLABSI improvement efforts, and Susan Winslow, who is working to one day see every Sentara hospital Magnet designated.

Whatever your responsibilities are at Sentara, you support our Magnet journey, our focused effort to be recognized among the world’s most accomplished nurses. We are looking at Magnet or Pathways of Excellence for different parts of our nursing system, including long term care and our physician medical groups where nurses are practicing ambulatory nursing care. As we keep working toward further ANCC Magnet Recognition® designations, I still like to keep in mind that we already have the most important recognition -- that of our patients and their families. Thanks to your skills and sensitivity, we help them lead happier and healthier lives, the best rewards of all.

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

A handwritten signature in cursive script that reads "Genemarie McGee". The ink is dark and the signature is fluid and legible.

Chief Nursing Officer, Sentara Healthcare



Patients Charlotte, John and Richard Wilhelm

Sentara • EVMS Fetal Care Center, Sentara Princess Anne Hospital, Sentara Pediatric Physicians



Comforting care

Charlotte and Steve were frightened: They had tracked their babies' progress on a website and knew the developmental stages they were supposed to meet. At 26 weeks old, the babies hadn't grown enough.

"The nurses saw that we were scared and anxious," Charlotte says. "They took time to talk with us. They told us about everything."

The mom-to-be was most grateful for a simple gesture: "They comforted me when I needed to cry."

The nurses reassured her as the C-section began, explaining the next step and when to expect it.

Feeling like home

Richard, first known as "Baby B," was only 1 pound, 5 ounces when he arrived. John, "Baby A," was 1 pound, 14 ounces. They stayed at Sentara Princess Anne Hospital for almost four months.

"I was discharged after three days," says Charlotte. "I visited a lot, but I felt comfortable when I wasn't there. All of the nurses knew our babies. They were familiar with their moods and reactions."

Charlotte worried only once: When Richard transferred out of the hospital briefly to another facility outside the Sentara system for an eye surgery.

"When he was back at Sentara Princess Anne, I felt like he was 'home,'" she says.

Charlotte Wilhelm, 36, thought a doctor might express some concerns when she visited Sentara • EVMS Fetal Care Center in November 2014.

She was 26 weeks into her pregnancy with twins. Three weeks earlier, she had an echocardiogram on her babies. The boy she called "Baby B" wouldn't cooperate, making it hard to get a good look at his heart.

At the Fetal Care Center, she learned his heart was functioning properly, but both babies faced a different concern: The doctor noticed an issue with the blood flow to her placenta.

"They sent us immediately to Sentara Princess Anne Hospital for additional monitoring. We thought we'd go home the next day," Charlotte says of herself and her husband, Steve.

Within 24 hours, Charlotte delivered her babies.

"So much for going home and being on bed rest," she says.

Hours before an emergency C-section became necessary, "Baby B" had shown signs of distress and "Baby A" struggled with a dropping heart rate.

Fast and friendly

Steve and Charlotte selected Sentara Pediatric Physicians for their sons' continued care. Days after Baby John was released from the hospital, Charlotte scheduled a checkup.

"Things were hectic. Richard was still in the hospital," she shares. "I got to the office a few minutes late, and they were so understanding."

As a premie, John could be more susceptible to catching a cold.

Charlotte hoped to minimize his exposure to other children.

"I was relieved I didn't have to stay in the waiting area. The nurse got us to a room fast," she says. "She was kind and helpful during the checkup."

Within a few days of John's first office checkup, Richard was home, too. The Wilhelm family was once again sleeping under the same roof, even if sleep was elusive for Steve and Charlotte

The twin boys are like all babies:

Sometimes they'll sleep, and sometimes they won't.

Charlotte doesn't mind; all that matters to her is the boys' continued good health.

"They're about the size we expected," the busy mom says, "and they are doing well!"

Megan Trelawney, RNC-IOB (Certified-Inpatient Obstetrics) Labor and Delivery *Sentara Princess Anne Hospital*



Megan has held her dream job for more than 10 years.

“I always wanted to deliver babies,” she says. “Every time, it’s really cool.”

Being bedside with the patient and her family, Megan strives to bond with everyone. Sometimes this means joking around. Other times, she gets a good response with a more reserved approach.

Either way, her goal is to give each pregnant woman the experience she’s hoping for. If that’s not possible, Megan doubles her communication efforts.

“I want the mom and her family to know what’s going on when they face the unexpected,” she notes. “I’m honest so no one is surprised going forward.”

The updates help the mother and her family focus. So much happens so quickly around them that the pace can seem scary.

“I explain how we’re going to do something,” Megan says, “and why we’re doing it and why it’s happening fast.”

Teamwork

Megan likes how all nurses view the monitor readings for each woman delivering. She’s watching other nurses’ patients, and they’re watching hers.

“You spot opportunities to help, and you jump in,” she says. “We have lots of checks and balances. I always know everyone has my back. I have theirs, too.”

“I want the mom and her family to know what’s going on when they face the unexpected,” says Megan. “I’m honest so no one is surprised going forward.”

Lea Bolin, RN Labor and Delivery

Sentara Princess Anne Hospital

The Wilhelms'
nursing
TEAM



Part of Lea's routine when she starts each shift is conducting a bedside report. In front of the patient, she and the outgoing nurse review the details of each mother's progress.

"We ask if it's OK to do this review with the family around, to protect the patient's privacy, of course. We want the patient and the family to know we're aware and on top of it all," Lea explains. "We reassure them that we know their plans."

Lea finishes the first meeting with each patient the same way:

"I always ask, 'Is there anything I forgot?'"

The one question lets the patient know Lea cares.

"The doctors allow us to work with them and develop care plans," she says. "They have confidence in us. They know we have critical thinking skills and give us autonomy."



Being heard

Lea has worked for Sentara most of her 18-year career, starting when Sentara Virginia Beach General Hospital became part of the healthcare system. She appreciates how fellow team members, including physicians, trust her.

"The doctors allow us to work with them and develop care plans," she says. "They have confidence in us. They know we have critical thinking skills and give us autonomy."

Lea likes having a voice in another way as well, through the Unit Partnership Council.

Once a month, representatives from the unit discuss concerns and solutions.

"We're talking about issues that are challenging, and we get all the information," she shares. "We see where changes can be made. Sometimes the changes work, and sometimes they don't. Overall, the changes are effective. I like that we're trying things."

Canaan Stage, RN

Neonatal Intensive Care Unit

Sentara Princess Anne Hospital



A one-time nurse care partner and current NICU RN, Canaan considers it his job to help parents cope.

Babies and beeping equipment do not create a relaxing environment. He steps forward to put parents at ease.

“I want them to be in a comfort zone,” Canaan says. “I want them to go from thinking of ‘a baby’ to ‘their baby.’”

He builds trust by identifying with parents’ fears.

“I remember with the Wilhelm twins that the father was used to being a fixer, someone who could take care of things,” he says. “I could relate to that feeling of helplessness. My mom was sick for six years and she passed away when I was young.”

Canaan helped the twins’ parents focus on what could be controlled: He coached them so they could be comfortable changing the tiny babies’ diapers, and he encouraged both parents to get physically close to the boys.

“Skin-to-skin care keeps the baby warm and can help the mother produce colostrum, the ‘liquid gold’ of breast milk,” he says.

“We call the close care of the mostly naked baby against one of the parents’ bare chest ‘kangaroo care.’ Evidence shows it makes a difference.”

Culture of caring

Canaan praises his co-workers for the compassion they give to every baby and parent. He notes that the unit’s customer satisfaction scores are strong, and he believes the kindness demonstrated reflects Jean Watson’s philosophies. She is a well-respected professor and dean from the University of Colorado-Denver, a fellow of the American Academy of Nursing and past president of the National League for Nursing.

“Our partnership council selected this nursing theory as our guiding theory,” he explains. “We call it the ‘culture of caring’ and it’s phenomenal.”

Dr. Jean Watson’s HUMAN CARING THEORY

1. Embrace **altruistic values** and practice loving kindness with self and others.
2. Instill **faith** and **hope** and honor others.
3. Be sensitive to self and others by **nurturing individual beliefs and practices**.
4. Develop helping–trusting caring relationships.
5. Promote and accept positive and negative feelings as you authentically **listen to another’s story**.
6. Use **creative scientific problem-solving** methods for caring decision making.
7. Share **teaching** and **learning** that addresses the individual needs and comprehension styles.
8. Create a **healing environment** for the physical and spiritual self which respects human dignity.
9. Assist with basic physical, emotional, and spiritual human needs.
10. Open to mystery and allow **miracles** to enter.

Source: Watson Caring Science Institute,
www.watsoncaringscience.org

Chastin Scharfe, RN

Lamaze Certified Childbirth Educator

Sentara Princess Anne Hospital



“It’s not about me,” says Chastin Scharfe, a nurse with almost 20 years experience. Her job as a lactation specialist is about meeting each patient’s needs.

“I tell my patients, ‘I’m here to be your encourager,’” Chastin says. “It’s not about my goals. It’s about your goal.”

She meets with each mother within 24 hours of her giving birth. She listens before instructing, gauging if a mom wants to breastfeed directly or through a pump or not at all.

“I’m also wondering if the mother could benefit from being connected to a community group. Some are lonely,” Chastin finds. “Others might want to stop smoking. Dads need help, too. I’ve had dads ask how to calm a baby or swaddle one.”

Personalized instruction

The lactation specialist spends an hour with the family, sometimes longer if the baby isn’t latching on. New moms and second-, third- and fourth-time moms struggle.

“If we run into a problem, I come back and re-check that patient and baby,” Chastin says. “The floor nurses give advice and address issues, and we talk to brainstorm how to help. The patient can call us, too.”

Twins like John and Richard Wilhelm must be treated like the individuals they are, Chastin notes. She and Charlotte, the boys’ mother, saw one baby eating faster than the other and one weighing a little more and wanting more food.

“You can breastfeed twins together, but I recommended feeding them individually and for short periods of times,” Chastin recalls. “I didn’t want the boys or their mother getting tired or burning too many calories trying to get calories.”

The ability to listen

Chastin jokes that the qualities that make a nurse a good one are the qualities that once didn’t matter.

“All those things that you don’t get graded on in school – like listening skills, reading people, being compassionate and patient – are the qualities that make you a good nurse,” she says.

Jacqueline Roth, LPN

Licensed Practical Nurse

Sentara Pediatric Physicians



Jacqueline's patients are young, from newborn to almost adult-age, and although they're under-the-weather at times, they're more often upbeat and energetic.

That's not the case with the parents. Jacqueline sees many, and most are tired.

"You know they're stressed," she says. "You want to help them anyway you can."

Jacqueline assists with doors and carrying babies, anything to give the parents a break. She reminds parents that the staff is there for them.

"We can answer questions about development. If their child is eating OK, if their fussy behavior is OK," Jacqueline says. "Answering questions like these on the phone, doing triage, is part of my job."

A career with choices

Jacqueline worked while she earned her LPN, and she thinks she might go back to school again for a bachelor's degree.

"I like what I do and could also see myself doing a different aspect of the job," she says. "I could get hospital experience, maybe in labor and delivery. It's good that Sentara is a big organization, and you can move around and have an opportunity to work elsewhere, but for the same employer."

"It's good that Sentara is a big organization, and you can move around and have an opportunity to work elsewhere, but for the same employer."



Patient Vanessa Rice

Sentara CarePlex Hospital, Sentara Anesthesiology Specialists, Sentara Nursing Center Hampton, Sentara Home Care Services, Sentara Vascular Specialists



Education and kindness

Vanessa stayed at Sentara CarePlex for four weeks. Her friendly and knowledgeable nurses made the long stay doable.

“Any noise I heard and wondered about, they’d explain,” Vanessa says. “They were always there to help me as soon as I needed a bedpan. When I wanted to sit in the bedside chair, they got me up right away.”

Once she was discharged to Sentara Nursing Center Hampton for two weeks, Vanessa had adjusted somewhat to her physical limitations. However, the fast changes were taking a mental toll. She was worried and weepy.

“I called it ‘having one of my moments,’” says Vanessa. “The nurses were busy. They’d still help me a lot. They’d pat me on the shoulder and give me tissues.”

The nurses’ support got Vanessa through her “moments,” she says. She could continue on to physical therapy and occupational therapy afterward.

A Sentara Home Care nurse provided similar compassionate care when Vanessa returned home. For a month, a nurse visited weekly and checked her leg and dressings.

“She was so nice. She’d explain her job,” Vanessa says. “She also told me my job, what I needed to do to take care of my leg.”

Vanessa listened carefully and applied what she learned. Her efforts paid off: She has regained her health and has returned to her job as a preschool teacher.

“You have to be healthy working with little children,” she says. “They keep you busy!”

Late in 2014, Vanessa Rice didn’t have a moment to herself. She was busy working her job as a preschool teacher and visiting her ill father at a nursing home.

She struggled to eat well, after years of doing so. As a 48-year-old with type 2 diabetes, she knew good nutrition was important. The same with proper foot and wound care. Earlier in the year, she had her right toes amputated.

Yet, for about two weeks, Vanessa couldn’t find a moment to have a wound on her right foot checked. When she developed a fever, Vanessa finally told her son. He took her to the Sentara CarePlex Hospital emergency department.

Vanessa’s condition was serious: She had Guillain-Barre syndrome, a rapid-onset weakness of a limb, and sepsis, a potentially deadly blood infection.

“Within seven days, I had four surgeries,” Vanessa says. “My right leg was amputated just below the knee.”

Patricia Mast, RN

Emergency Department

Sentara CarePlex Hospital

Ms. Rice's
nursing
TEAM



Patricia, an ED nurse with 23 years experience, was the first nurse to get a close look at Vanessa Rice's foot. She suspected sepsis, a serious blood infection. Up to 1,000 Americans die daily from sepsis.

As an ED nurse, Patricia is on the front line in the defense against sepsis.

Understanding that nurses' awareness and urgency in delivering care are keys to patient survival, Sentara has recommitted itself to exceeding national sepsis standards. A multi-site, cross-functional team researched and implemented solutions.

At the heart of the Strike Out Sepsis program are new procedures and tools: Upon arrival at an ED, nurses determine if patients are presenting sepsis symptoms and conduct a screening if warranted. If the patient is admitted for any reason, an ED nurse conducts a sepsis screen before transferring the patient. Within four hours of being admitted, each patient receives a sepsis screening - and continues to have one every 12 hours. Additional screenings are completed after any medical response team (MRT) call and a change in clinical condition.

A sepsis screening tool embedded in Sentara's electronic medical records system makes the screenings manageable.

The tool asks three questions:

1. Are there signs/symptoms of infection?
2. Are there signs/symptoms of systemic inflammatory response syndrome (SIRS)?
3. Are there signs/symptoms of organ dysfunction?

Nurses in each department also use the **Sepsis High-Five Handoff**, five questions they review during shift changes:

1. Has your patient been screened for sepsis?
2. What is the identified source of infection?
3. What orders and meds are currently being used to strike out sepsis?
4. What is your patient's current status?
5. What are the next steps in patient care and recommendations for level of care?



Trusting her instincts

Patricia was right: Vanessa was septic. She was admitted, and surgery was scheduled to amputate the lower part of her right leg.

"My heart went out to her," says Patricia. "She was having a hard time taking care of herself."

She sees many patients like Vanessa. She doesn't lecture them.

"You meet your patients where they are," Patricia explains. "We address their most immediate needs. After, we can talk about what they need for the future. Is it supplies to help with testing blood sugar levels? Can I refer him or her to our diabetes educator? Could information on insurance help?"

Reaching higher

A 10-year Sentara employee, Patricia likes her work, partially because management sets high standards. She sees the standards, like those established for sepsis screening and treatment, working.

"I appreciate that we're striving for the best," she says. "Management is looking for innovative ways to improve care and put the patient first."

Ms. Rice's
nursing
TEAM

Chantel Clark, RN

Five James River-Hematology/Oncology

Sentara CarePlex Hospital



“I do exactly what I encourage my patients and their family members to do – ask questions.”

Chantel has been a nurse for five years. Younger nurses and new graduates might think she knows it all. Instead, she has lots of questions.

“We all have them,” she says. “I do exactly what I encourage my patients and their family members to do – ask questions. If I second-guess myself, I ask a co-worker or a team leader. If I don’t recognize something, I look it up.”

Hearing from family members

Chantel takes the necessary precautions to fight sepsis in her patients. She lists washing her hands, wearing gloves and following safety procedures when inserting a central line.

She also builds a relationship with family members. She wants them to speak up when they’re concerned.

“The first time I saw septic shock, a patient’s husband was reporting odd behavior,” Chantel says. “He heard his wife speaking strangely and not answering his questions. I’m glad he said something. Her blood pressure and blood sugar were dropping.”

Cynthia Medina, LPN

Five James River-Hematology/Oncology

Sentara CarePlex Hospital

Ms. Rice's
nursing
TEAM



One of Ms. Rice's nurses, Cynthia, a nurse with 11 years experience, has been working doubles – not on her floor, but as a full-time employee and a full-time student.

“Sentara is looking to have more nurses with bachelor's degrees,” she says. “I want to further my career and learn more to provide the best care.”

According to the American Association of Colleges of Nursing, lower mortality rates, fewer medication errors and more positive patient outcomes are linked to nurses with bachelor and graduate degrees.

Cynthia tackled course prerequisites starting last April and is on track to earn her BSN in December. The pace is fast, and she has to use her work breaks to study, but Cynthia is glad she went back to school. In the future, she'll earn a master's degree to become a nurse practitioner in oncology.

“I like that at Sentara there are a lot of different areas you can work in and at different levels,” Cynthia says. “They have a good reputation and are big so you can branch off.”

With advanced degrees, she sees herself building on her favorite part of her job: Meeting the patients' families and interacting with them.

“They want to understand the diagnosis,” she says. “It's an honor to help. I look for ways to make their day a little better, too. It could be a fluffy pillow or offering a different option for food.”



Krystal Anderson, RN

Intermediate Care Unit

Sentara CarePlex Hospital



Krystal Anderson is a planner. She likes to get to work early and check her patients' records. She'll read doctors' notes, double-check care plans, review medicines and look at immunizations.

After her bedside shift reports, she sets goals with each patient.

"I ask him or her for goal ideas," Krystal says. "It could be as simple as using the call button so I can help her get out of bed safely. It might be a big step, like using our lift to get out of bed, after being in bed for months."

Teachable moments

Working with Vanessa Rice, a diabetic patient who faced sepsis and part of her right leg being amputated, Krystal took on the role of teacher.

She did so during her hourly rounding, when she likes to spend about 15 minutes with each patient. She starts by asking about pain level and continues with gentle guidance.

"I went over our sepsis toolkit with Vanessa," she says. "We have a handout saying what it is, what causes it and what can happen. She understood more. She learned how if it's untreated, you have other problems. Organs can shut down."

Perfecting skills

Krystal is just as comfortable learning as teaching. She's grateful that Sentara wants nurses to speak up when they need training.

"Sentara works with you," Krystal says of the nurse leaders. "They provide education. When I started, I couldn't draw labs to save my life. My manager suggested I go to the ED. I practiced for eight hours and mastered it."



Nina McDuffie, RN, and Natasha Morton, RN, Intermediate Care Unit, Sentara CarePlex Hospital.

Bill Harper, CRNA

Certified Registered Nurse Anesthetist

Sentara Anesthesiology Specialists

Ms. Rice's
nursing
TEAM



Even after 40 years on the job, Bill finds something a little surprising in every day. He was the nurse anesthetist who cared for Ms. Rice.

“It’s always a challenge,” he says. “You never know what you’re going to get. Truly every patient is different, and not every surgery for even the same condition proceeds the same way.”

He sees older, sicker and more complex cases compared to earlier in his career.

“That adds to the challenge,” he says.

And one of the ways to overcome the challenges is communication.

“I do a pre-op assessment,” Bill explains. “I talk with the patient. I’ve reviewed her chart, but I ask more questions and get to know her. I ask about allergies. I do an airways assessment.”

Nurse to nurse

His pre-op conversations with floor nurses and post-op conversations with PACU nurses are vital, too.

He relies on the pre-op nurses for up-to-date information before every operation.

“They give me the details that might not even be on the record yet,” he says. “They make sure I get the latest lab results.”

After, he meets with a PACU nurse.

“Even if everything is in the electronic medical record, I verbally report it to the PACU nurse,” he says. “I share all that happened during the surgery, the fluids given, blood loss, pain relief given, anything unusual.”

Bill sees the conversations as continuity of care: “Everyone shares my commitment to giving the patient the best experience possible. Talking is part of how you do that.”



“Everyone shares my commitment to giving the patient the best experience possible. Talking is part of how you do that.”

Ms. Rice's
nursing
TEAM

Paula Mills, RN

Care Coordinator

Sentara CarePlex Hospital



Paula's job is one that people are only starting to become familiar with. She follows patients like Ms. Rice from their admittance and beyond their discharge, but she isn't always seen.

"I do multidisciplinary rounds, and I talk to patients," Paula explains. "I'm not in touch every hour like a floor nurse. I'm not as 'obvious.'"

Paula wants every patient in a safe environment, getting the services he needs in a timely, cost-effective manner. She's there to check that safety and service are priorities from the hospital floor to entering a nursing center or receiving home care assistance.

"I'm a link between the nurse, physician, pharmacist, family and patient and the appropriate care," she says. "Many patients are elderly, and I simplify what's happening. I keep in mind that you're scared when you enter a hospital. I want to ease fears."

Paula is motivated by a bad experience she had as a girl. She was in the hospital for a long time.

"At age 11, I told my mom that I wanted to be a nurse because no one should be treated the way I was," Paula remembers. "At a young age, I knew it wasn't right how the nurses were acting. I wanted to spare someone else from that treatment."

"I'm a link between the nurse, physician, pharmacist, family and patient and the appropriate care."

Jennifer Young, RN

Registered Nurse

Sentara Home Care Services

Ms. Rice's
nursing
TEAM



The hardest part of Jennifer's job is the end.

"When they're being discharged from home health, and I have to say goodbye, I get sad," she shares. "I miss them."

Jennifer has met hundreds of patients during her time with Sentara Home Care Services. She started her nursing career as a nursing assistant at Sentara Williamsburg Regional Medical Center. She switched to Sentara Home Care Services, looking for more one-on-one interaction with patients and flexibility to work around her four children's schedules. She gets her youngest on the bus, hits the road to visit her six or seven patients, and is back home to see the bus return after school.

"It's wonderful," Jennifer says. "I spend time with patients, and I can be there for my family."

Opening doors

Sentara Healthcare is ideal in another way:

"Our director supports us so much," Jennifer reports. "She has solved problems and made changes. We're so organized and everyone communicates so well. When everything runs smoothly, we can focus on the care we're giving."

Reminding and re-teaching

Jennifer builds on instructions patients have heard from hospital and rehab nurses.

"I reiterate medication teaching, reviewing what the medicines' purposes are, their side effects, what food or drinks to avoid," Jennifer says. "I go over disease processes so they know what to expect. I review wound care. All of the information keeps patients safe and progressing."



Ms. Rice's
nursing
TEAM

Michelle Stewart, RN

Sentara Vascular Specialists

Sentara CarePlex Hospital



A one-time surgical technologist at Sentara Norfolk General Hospital, Michelle made a change to fulfill a childhood dream.

“I have always loved helping,” Michelle says. “As I child I played ‘nurse.’ It was fun for me.”

Since 2010, the fun has been coming at a fast pace: Michelle supports eight surgeons and three nurse practitioners. She primarily does triage, talking with up to 50 patients a day on the phone, including Ms. Rice.

“They’re sometimes alone and scared,” Michelle says. “I talk to them in a timely manner. I’m figuring out what their point of care should be – can I help on the phone? Should they go to the ED? Should they come to the office? I need to guide them and keep them healthy.”

Michelle believes two qualities are needed to be a good nurse: Critical-thinking skills and compassion.

“Being able to think through a problem and evaluate information is a big asset,” she says. “You have to feel something about the problem and the person; you must love taking care of people.”



Patient Bill Joyner

Optima Health member, Sentara Albemarle Medical Center, Sentara Nightingale Regional Air Ambulance, Sentara Virginia Beach General Hospital, Sentara Virginia Beach General Hospital Cardiac Catheterization Lab





Camden, North Carolina, resident Bill Joyner, 53, doesn't remember his short time at Sentara Albemarle Medical Center, the time about an hour after he had a heart attack. His wife Rachel does.

"The doctor came out and told me, 'He has a pulse; he is breathing,'" says Rachel. "She and the nurses communicated with me and were sympathetic to me and my friends."

Quick thinking

As a Virginia Beach firefighter for 25 years, Bill ate well and worked out. So that spring afternoon when he felt a stitch in his back after running with Rachel, he didn't worry. He would just take an aspirin.

"When Rachel saw me take one, she wanted to call 9-1-1," says Bill. "I didn't want to, but I agreed to go to Sentara."

On the way Bill had a major heart attack and suffered a cardiac arrest. Rachel, a former volunteer emergency medical technician, pulled into a parking lot, called 9-1-1 and performed CPR. A woman stopped to assist, and the police, fire department and ambulance soon arrived.

The fire department used the automated external defibrillator, shocking Bill three times. The ambulance crew shocked him three more times and intubated him. Once he arrived at Sentara Albemarle, the staff stabilized him to get him ready to fly by Sentara Nightingale Regional Air Ambulance.

Smiling faces

Nightingale flew Bill to Sentara Virginia Beach General Hospital, where a heart surgeon was nearby on call.

Bill was rushed to the catheterization laboratory. The Catheterization Rehab team and cardiologist inserted two stents and implanted an internal heart pump.

Bill's heart struggled at first. He was kept in a coma as a ventilator helped him breathe.

"On the sixth day, I was extubated and taken off the ventilator," the firefighter explains. His wife, four children and fellow firefighters celebrated.

"The nurses did, too," says Bill. "They developed a personal relationship with us. They genuinely cared about my family and friends and did everything they could for us."

With all he had been through, Bill lost 30 pounds while in the hospital for two weeks. He was concerned about his strength, but the Sentara Virginia

Beach General Hospital Cardiac Rehab staff calmed his worries.

"I was told I'd run again in three months," Bill says. "The Cardiac Rehab staff monitored me as I worked out, and I made progress. I did even better than they thought: I was jogging in six weeks."

Lauren Endee, RN

Emergency Department

Sentara Albemarle Medical Center

Mr. Joyner's
nursing
TEAM



When Lauren decided to become a nurse, she thought the emergency department could be the place for her.

After two years on the job, she can't picture herself working anywhere else.

"I don't want to ever slow down," she says. "I get to keep learning here."

Lauren likes being so close to the physicians.

"I'm usually right next to him or her," she explains. "We coordinate care so quickly. I can ask a doctor why he made a certain decision and then share the details with our patient. I see doctors open to my input. I can say, 'I don't know if you saw the latest vitals yet; based on the numbers, this drug might be a better choice.' They're interested in nurses' opinions."

Stronger with Sentara

Lauren was excited to learn about Albemarle becoming part of Sentara Healthcare. She sees Albemarle keeping the close-knit feel of a small town hospital while adding the benefits of new providers and continued education.

"I've heard about more Sentara primary care providers opening in our area. That could be good for us. We see patients that turn to us for primary care," Lauren says. "I'm thrilled, too, about getting to further my skill sets with opportunities to learn from other Sentara nurses."



Mr. Joyner's
nursing
TEAM

Maggie McCauley, RN Flight Nurse

Sentara Nightingale Regional Air Ambulance



Maggie estimates she's helped 1,700 patients during her 17 years as a flight nurse. It's a lot of people over many years, but she still remembers a few patients like it was yesterday: Bill Joyner, a Camden, North Carolina, resident who suffered a heart attack, is among them.

"He stood out for two reasons: First, his heart attack was severe," Maggie remembers. "The second reason: He was a firefighter. His wife told us. Our paramedics who are on every flight are firefighters. I felt like we were taking care of a family member."

Maggie flew on Nightingale from Sentara Norfolk General Hospital to Sentara Albemarle Medical Center to help Bill. He had been shocked and was on a ventilator.

"Bill has waking up and moving around," she says of the time during their flight to Sentara Virginia Beach General Hospital. "He was uncomfortable, understandably so. I talked to him and explained what was happening. I don't know if he understood, but I was trying to keep him calm and keep his pain minimized."

A well-oiled machine

Maggie maneuvers in a small area inside Nightingale, joined by the pilot and a paramedic. She and her teammates don't feel the pressure of space or time constraints.

"We've flown together so many times and can quickly read situations," Maggie says. "We work collectively,

automatically. I might start assessing the patient as the paramedic puts on a monitor or vice versa. We're comfortable in every role."

Top of mind for Maggie: See the big picture.

"You're multi-tasking, checking vitals, giving meds, and you have to keep in mind that safety is your top concern: Are you getting your patient to care in a safe and efficient way?"

It's a job challenge others don't face, and one Maggie can't imagine being without.

"I stay on my toes thinking about patient stabilization, new technology and safe aviation!" she says.

Karen Roenker, RN

Registered Cardiovascular Invasive Specialist

Cardiac Cath Lab, Sentara Virginia Beach General Hospital

Mr. Joyner's
nursing
TEAM



As a registered cardiovascular invasive specialist, Karen is team care coordinator for the Cardiac Cath Lab, running the day-to-day activities. She's on call, too, ready to help if anyone has a heart attack.

"As a STEMI receiving center, we're dedicated to assembling within 30 minutes of someone having a heart attack," she says. "We want to have the affected artery open in 90 minutes."

STEMI centers are designated by the American College of Cardiology and the American Heart Association. They specialize in care for ST-elevation myocardial infarctions, heart attacks involving blocked coronary arteries.

Karen assists step-by-step:

1. The patient arrives.
2. He is placed on the table.
3. The team goes into the aorta through the patient's leg, using wires and a balloon pump and placing a stent inside so the artery is open and blood flows.

Doing the next step

"With Mr. Joyner, I kept thinking 'We gotta try,'" Karen says. "The wife performed CPR. The emergency crew helped. Albemarle did. Nightingale did. We had to do the next step."

Karen and her team's jobs are important; the irony is, so few people know about them. Patients are only in the lab for a few hours. They don't remember. Family members might not realize where their loved one is helped.

"We're there for the hardest hours," Karen says. "We don't see the full recovery. We don't usually talk with the patient or family."



A trusting team

Karen did see Mr. Joyner afterward. Curious about his recovery, she went to his floor and was overwhelmed with the support he received: Everywhere she looked, Virginia Beach firemen stood.

"It reminded me of our team, how we take care of each other," she says.

The team is busy and works long, hard hours, Karen reports. The days could be difficult if they didn't come together.

"We have to help each other," she says. "We know we can't do everything on our own. Even doctors can't do things alone. Teams rule."

Mr. Joyner's
nursing
TEAM

Audrey Yeiter, CCRN Critical Care Registered Nurse Cardiac Care Unit

Sentara Virginia Beach General Hospital



Audrey isn't your typical person: She loves to read medical research journals and critical care unit journals.

"Looooove it," she stresses with a laugh.

She's a lifelong learner, dedicated to regularly educating herself. After receiving her bachelor's degree in nursing, she earned the critical care registered nurse certification.

"I think it says to patients and their families that you're curious about your job," she shares. "You're willing to take the time to study more. You're dedicated to your patients' care."

Making adjustments

Audrey looks for opportunities to grow herself and her team. She sits on her unit's Partnership Council.

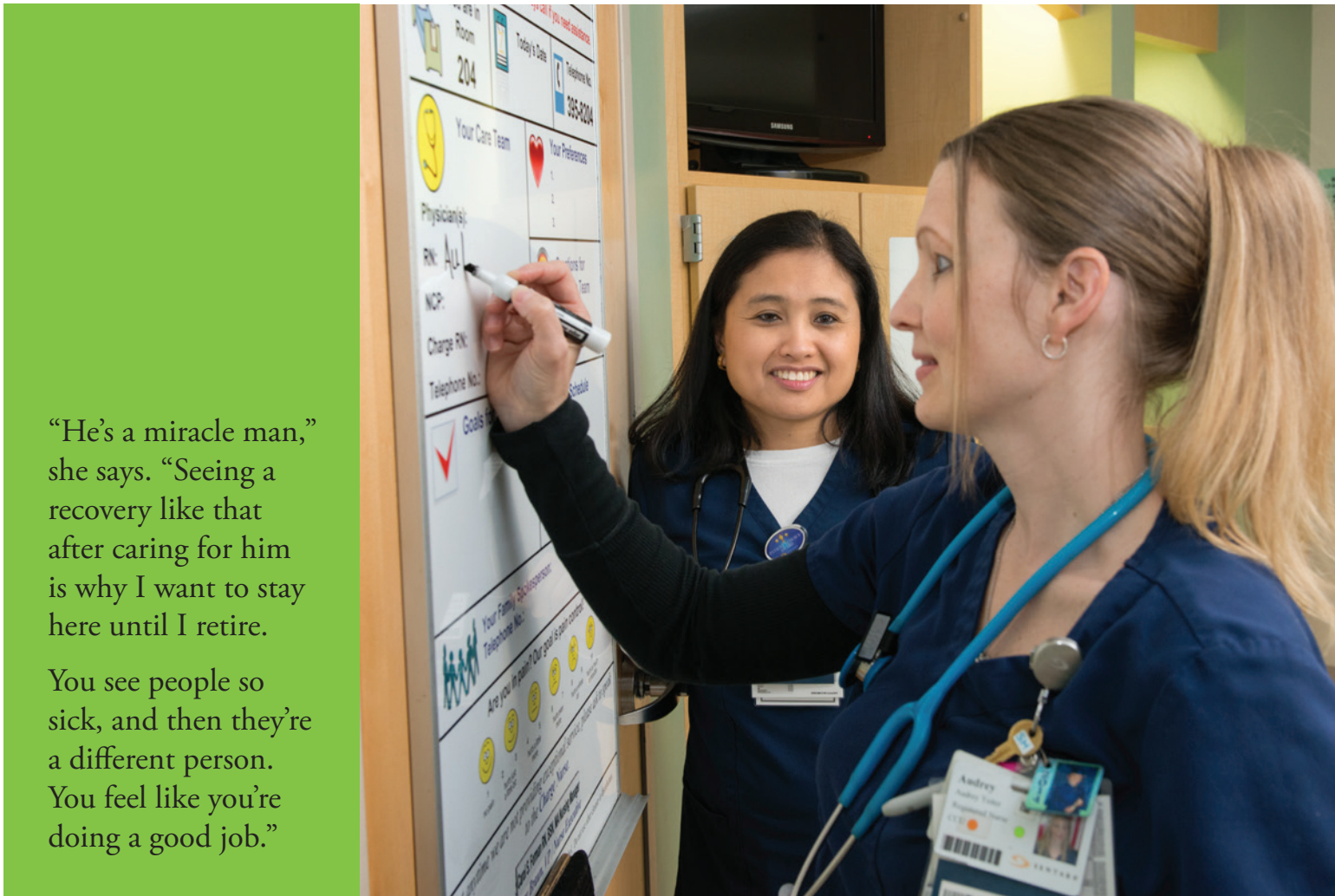
"We look at issues like workflow," she says. "At one time, our care partners were taking vitals three times a day, including in the morning. The nurses took over the mornings. The care partners instead give baths and answer the call buttons. The team decided to make this change, and the patients seem to like it."

Gwen Fajardo, RN

Cardiac Care Unit

Sentara Virginia Beach General Hospital

Mr. Joyner's
nursing
TEAM



“He’s a miracle man,” she says. “Seeing a recovery like that after caring for him is why I want to stay here until I retire.

You see people so sick, and then they’re a different person. You feel like you’re doing a good job.”

Gwen remembers seeing Mr. Joyner on a ventilator one night. A few days later, he was up and moving around.

“He’s a miracle man,” she says. “Seeing a recovery like that after caring for him is why I want to stay here until I retire. You see people so sick, and then they’re a different person. You feel like you’re doing a good job.”

The cardiac care unit has been “home” for Gwen for seven years. She found it to be her favorite assignment when she worked in the resource pool. In addition to the transformed patients, the challenges and camaraderie enticed her to turn a temporary assignment into a permanent one.

“Now, the new nurses look to me for guidance,” Gwen says. “I ask them questions, even though I’m an older nurse. I have what they say is a ‘questioning attitude.’”

She likes that Sentara promotes the concept of a “questioning attitude,” and the resources they provide.

“Sentara is dedicated to patient needs. They take safety seriously,” she says. “If something is not right, they correct a safety concern immediately.”

Melanie Boyles, RN

Former case manager/current team coordinator

Optima Health



Melanie wanted to see how they were feeling, confirm that follow-up appointments were scheduled and review their medications.

When Melanie worked directly as a case manager, she was protective of her patients. She'd call patients after they were discharged from the hospital. She wanted to see how they were feeling, confirm that follow-up appointments were scheduled and review their medications.

"I would look in Epic and see their discharge meds, and ask to confirm that it was filled to the right dose," she explains.

The patients she reached were friendly, but not always looking to have Melanie call back again. She would go with her gut and get creative if she felt her help was needed.

"I don't want to treat anyone like a child, like I was checking up on them," she says. "I would see if I could talk to a spouse or other family member with the patient's permission."

If she did get the patient on the phone, Melanie relied on her listening skills, trying to hear clues like difficulty breathing or quietness.

"If the patient was alone, I'd politely find a way to talk some more," she says.

As she reviewed or confirmed information, Melanie faced her own "health problem" that she jokingly called "Half-zheimer's."

"I would kid about only remembering parts of things," she says. "I would say, 'Could you tell me what I said about the medicines' Or I would say, 'Did I include that detail about...'. The patient would talk and provide the details and I would know he understood. What we're doing at Optima is taking steps to reinforce education and get follow-up care in line. I want to know if there are any issues with Home Care or not being able to get into a doctor's office."

Melanie would remind patients of this, and she'd smile when they called to ask for help.

"I joked that they were 'driving by' for assistance, instead of signing up for everything we can help with, but I was happy to do what they needed, when they needed it," she says.



Learning and Leading: **A few of Sentara Healthcare's innovators**

Kathy Lawrence MSN, MHSA, RN

Interim Nurse Executive

Sentara Albemarle Medical Center



Building on strengths

A year has flown by since Albemarle joined the Sentara family. Kathy Lawrence, who serves as interim nurse executive, could describe the partnership as a never-ending present: Day after day, she unwraps gifts designed to further develop her team's strengths.

"We'll continue to embrace new practices as time goes by," Kathy says.

She's worked at Albemarle for 27 years. Her fellow nurses are compassionate, high-touch professionals. More often than not, they know their patients.

"We take care of our neighbors and our Sunday school teachers," she says. "We want to do everything to optimize the patient experience."

Kathy and her team have engaged with other Sentara nurses and their practices by:

- Appointing members to select nursing councils to learn and develop best practices
- Adapting new anti-DVT (deep vein thrombosis) practices
- Following protocols to reduce bedside interruptions for nurses
- Adding rounding to daily routines

Seeking stellar performance

One of Kathy's next steps: Formalizing everything. In addition to integrating all Sentara policies and procedures, Kathy wants to open doors for education, Sentara-style.

"We can make our learning scheduled and structured," she says. "We can arrange for learning by visiting other Sentara sites. We can see their intensive care unit, their open heart surgeries, their pediatric units. I want us to go to the simulation lab and assess our nurses' competencies and teamwork."

Kathy's nurses are anxious to get started.

"They see the opportunity to grow," she says.

Also on Kathy's to-do list: Standardizing supplies and equipment.

"It's about keeping the patient safe," she explains. "Any nurse should be able to go to any Sentara hospital and know the protocols. That's how we provide better, safer care."

Patricia Thomas MSN, RN

Chief Nursing Officer

Sentara Halifax Regional Hospital

SENTARA
Healthcare's
innovators



Taking a closer look

Before Halifax became part of Sentara, Patricia Thomas, chief nursing officer, knew the benefits of rounding.

Now, she sees the practice as essential.

“Rounds are intentional,” says Patricia, a 40-year Halifax veteran. “I’ve taken the way Sentara hospitals conduct rounding seriously.”

For Patricia, it’s about “drilling down.”

“I round and huddle with the nurses and say ‘seems CLABSI (central line-associated bloodstream infection) has been a problem,’” Patricia says. “Tell me your procedures, please.”

She’ll visit a patient who has a central line inserted. The staff learns what can be improved, and Patricia learns what the staff needs.

She applies the drill down concept to data, too.

“We’ve always gathered a lot of info,” Patricia notes. “We analyze it to a greater extent than before. Sentara helped us mine the information. We identify opportunities to grow.”

Seeing a way

Early in her career, Patricia couldn’t imagine seeking ANCC Magnet Recognition® designation from the American Nurses Credentialing Center.

Now, two nurse managers are on it. Working with the Clinical and Business Intelligence committee and Kathie Zimbardo, director of clinical and business intelligence, the managers are conducting a gap analysis.

“We’ve identified 20 projects we could work on,” Patricia says. “It’s not just ‘Do them for the sake of saying we did.’ It’s to impact patient care.”

The thing Patricia finds most helpful: Being part of a group of experts.

“Sentara is on a quality and safety journey. Talking with other nurses in other locations reinforces best practices,” she says. “We learn from each other. The exchange of ideas gives us the best results.”





The Magnet journey: Making us better

Susan describes the process of working toward Magnet designation as “intensive and rewarding.”

“You’re striving to outperform standards in every way,” she explains. “You’re committing to improving and innovating.”

Susan sees all 12 Sentara hospitals on the road to excellence, working to either secure or maintain the Magnet designation granted by the American Nurses Credentialing Center.

It’s an ongoing, multi-year process. Some hospitals are identifying areas for improvement, and others are fine-tuning already-excellent practices.

“If you don’t have the designation, it doesn’t mean you’re not as good,” Susan emphasizes. “What’s most important is that everyone’s dedication and determination on the Magnet journey directly contributes to Sentara’s goals.”

Using research, Susan has linked Sentara’s goals and Magnet certification:

Always Improving

- Increased RN retention and lower nurse burnout
- Lower RN vacancy and turnover rate
- Lower RN intent to leave
- Increased RN satisfaction
- Reduction in RN agency rates
- Increased patient satisfaction
- Improved culture of patient safety
- Reduction in RN needlestick injury rates
- Reduction in staff musculoskeletal and other injuries
- Positive nursing practice environment
- Increased nurse-reported quality of care

Caring for Defined Populations

- Improved efficiency and effectiveness
- Decreased mortality rates
- Decreased failure to rescue
- Decreased hospital acquired pressure ulcers
- Improved very low birth weight infant outcomes
- Decreased falls

Create Growth

- Increased publicity coverage
- Earned points on *U.S. News & World Report* comparison and Leapfrog ratings
- Increased net inpatient revenue

Celebrating success

In 2014, Sentara Williamsburg Regional Medical Center and Sentara Rockingham Memorial Hospital Medical Center became Sentara Healthcare's third and fourth Magnet hospitals. They join 406 hospitals worldwide, including Sentara Norfolk General Hospital and Martha Jefferson Hospital.

Only 7 percent of hospitals have earned the honor.

Donna Wilmoth, vice president of patient care services at Sentara Williamsburg Regional Medical Center, was proud that her team fared well.



“The Magnet process magnifies the clinicians’ work and the care they give the patients in returning them to the community in better condition,” says Donna. “It’s about quality outcomes.”

At Sentara RMH Medical Center, Donna Hahn, vice president of acute care services, raised her arms in triumph when the Magnet accreditation team announced the news to a packed room of nurses. She didn’t want to contain her excitement for the staff.



“We have such a great team that has so much to be proud of,” Donna says. “This is validation of the care they provide every day.”

Amy Black DNP, RN, NEA-BC

Vice President, Chief Operating Officer

Martha Jefferson Hospital



CLABSI prevention: Solutions for success

Amy and Dr. Scott Miller, vice president of medical affairs at Sentara Leigh Hospital, are heading up a team focused on what Amy calls a “massive effort”:

Eliminate CLABSIs, central line-associated bloodstream infections.

“These are hospital-acquired infections,” Amy explains, “and we can and are taking many steps to avoid them.”

The first step: Encourage nurses to use a peripheral IV instead of a central line. The shorter catheter in the peripheral IV lowers the risk of infection.

In 2014, a team standardized training, ensured that the proper supplies are available and investigated new technology. They chose AccuVein Vein Visualization, a handheld device that shines light on the skin and shows veins clearly.

The device is particularly helpful in illuminating veins in elderly, obese or dark-skinned individuals. With it, nurses can more quickly and safely insert an IV.

“We are training all nurses in the hospitals and Home Care about the need for fewer central lines, the proper procedures and the new tool, along with our IV starter kits,” Amy says. “We found that new graduates in particular often need more practice. We’re making sure they get it. Through June 2015, we’re having each nurse demonstrate his or her proficiency.”

Midlines and pristine line care

At times, a midline is needed instead of a peripheral line. They are better suited for longer-term therapies. Amy’s team is working to increase each care site’s capacity to use midlines. They are also looking for a device that can accept a wider range of medications.

They are implementing the Infusion Nursing Society standards as well.

“Most infections happen as a result of improper care instead of improper insertion,” Amy notes. “We are ensuring our nurses are following the standards, including good handwashing, sterile technique, and keeping dressings clean and dry. Nurses are at the frontline of preventing these infections.”

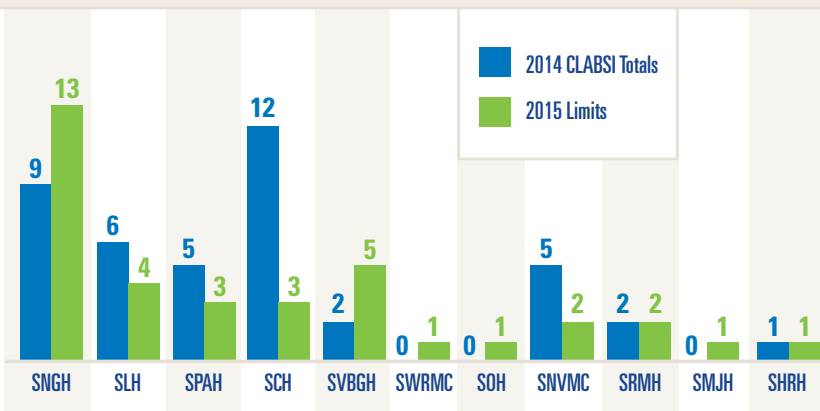
Doing so is important for three reasons:

1. Central line infections harm patients.
2. The CLABSI numbers are publicly reported.
3. Sentara faces reimbursement penalties if our numbers are high.

“You can get septic and die,” says Amy. “Patient safety is our top priority, and the reason behind all of our efforts.”

She’s seeing progress thanks to her team and the seven sub-teams working on CLABSI. In 2014, six out of 10 hospitals with goals met their target. In 2015, she’s challenged eight out of 11 to do so. In 2016, all 12 hospitals will have goals.

2014 CLABSI Performance vs. 2015 Limits





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