NURSING VISION
TO ADVANCE PROFESSIONAL NURSING
AND PROVIDE PATIENT-CENTERED
CARE THROUGH
LEADERSHIP
COLLABORATION
INNOVATION AND
EVIDENCE-BASED
NURSING PRACTICE

NURSING MISSION
WE SERVE OUR COMMUNITY
BY PROVIDING COMPASSIONATE,
EVIDENCE-BASED, PATIENT-CENTERED
HEALTHCARE FOR ALL.

Kristin Cantrell, MSN, MBA, RN, CMSRN
Nurse Manager of Outpatient Surgery

Tallahassee Memorial HealthCare
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The 2013 Nursing Annual Report is produced by the Nursing and Public Relations Departments of Tallahassee Memorial HealthCare.

Content written by Jennifer Ewing. 1300 Miccosukee Road, Tallahassee, FL 32308 | 850-431-5875.
Dozens of emails and letters come to my office every week from patients and family members who have been in our care. Each one of them represents a story that the writer feels compelled to express. I am pleased to share that the large majority of these patients describe a positive experience at Tallahassee Memorial.

Their messages usually offer a vivid account of TMH nurses and other colleagues who cared for them. A patient will often describe a special relationship with a nurse that is personal, meaningful and deeply memorable.

What I’ve learned from reading so many letters is that patients remember the small things - the nurse who looked them in the eye, sat down beside them, listened to their concerns, and who showed genuine interest in their wellbeing. They remember the nurse whose caring presence helped them feel safe and secure during a time of great worry. And although it may not be expressed in words, it’s clear that every time we positively impact a patient’s experience, we honor the sacred trust they have placed in us as their caregivers.

While coming to the hospital every day and caring for our patients may seem routine for us, it is anything but routine for our patients and their families. For them, it’s a time filled with stress, anxiety and fear. Each encounter offers a chance for us to touch lives in a very profound way – sometimes for just a moment, sometimes for a day, but often for a lifetime. It’s not unusual for me to hear nurses share stories about someone who approached them out of the blue and thanked them for the care they provided many years prior. Although these nurses may not have remembered the particular events, the patients certainly do. It’s an amazing privilege to have that kind of impact on the lives of others!

We recognize that our Tallahassee Memorial nurses work every day to strengthen their ability to care for our patients. Some go back to school to earn specialized certifications. Others join teams to develop process improvement initiatives or conduct clinical research projects with a focus on advancing nursing practice. This year, our nurses also embraced computerized physician order entry and many other regulatory requirements adopted by our healthcare industry. While challenging to undertake, these changes are designed to provide a better platform for the care of our patients.

At its core, the best way to ensure excellent patient care is simply to live our values of Integrity, Compassion, Accountability, Respect and Excellence. It should come as no surprise that the nurses who demonstrate these values day in and day out are also the ones who are most often recognized by our patients and families.

You may never fully know how much our community appreciates your critical role as nurses. However, please know how proud I am to serve with you at Tallahassee Memorial.
Many who enter a career in nursing say it is a calling they have felt since they were young. Who calls us to this place?

It is the people we encounter every day. They call us because they believe that, in their times of greatest need, we will care for them with compassion as if they were our own family members, loved ones, friends, coworkers, or neighbors.

They call us because they believe we can guide them, educate them, help them feel better, translate medical jargon, and keep them from feeling pain or being alone. And, we answer their call.

We care for patients by sitting beside them, holding their hands, listening, telling them they have our support, and, at times, saying it is okay to let go. Most importantly, as we comfort our patients, we recognize their needs by knowing who they are and what is most important to them. Every day, our actions answer the patient’s call to be treated as a unique individual and cared for with compassion, respect and dignity.

In each patient, we can see ourselves, or who we may one day become. One day, I may be your patient. If I come to you, please know me as a person, not a diagnosis. You should know I have been married to the love of my life for 39 years, and I have been a nurse just as long. I am a devoted mother and grandmother, I love to quilt, garden, walk the dog, cook, read, look people in the eyes and make people laugh out loud. If I am in your care, please treat me with caring and compassion. Please answer my call.

Already, I know we are answering the call of our community. In 2013, we touched the lives of over 148,000 unique patients. We know that being a nurse at TMH is an especially distinct calling. Because we wear a TMH badge, people recognize us as experts and know they can count on us for caring and compassion. Thank you for helping Tallahassee Memorial answer their call again this year.
Nurses Embody ICARE Values

In 2013, “Delivering Quality and Innovation in Patient Care” was the theme of National Nurses Week, celebrated May 6-12. At Tallahassee Memorial, we salute all our nurses for providing compassionate, patient-centered care, and we recognize the following five nurses who embody our ICARE values of Integrity, Compassion, Accountability, Respect and Excellence.

Integrity

Sahra Humes, RN, BSN
Internal Medical Unit

Sahra starts every day with a smile, ready to take on any task, large or small, with a positive attitude and abundant energy. She is always willing to help patients and assist the charge nurses and other nursing staff as needed.

A leader and progressive thinker, Sahra is full of compassion and focused on excellence. She has a passion for making the Internal Medical Unit a floor where patients want to receive care and nurses want to work.

Compassion

Shirlene Baker, RN
Behavioral Health

Shirlene has been described as the type of nurse who always makes others smile and reminds fellow nurses why they love their profession. Her patience, empathy and willingness to listen to patients’ needs sets a daily example of compassion for all those around her.

When Shirlene is on duty, her colleagues are confident that patients will receive the best possible care. In addition to providing excellent care to patients, Shirlene takes the time to celebrate the Behavioral Health Center staff by creating individualized cards for colleagues’ birthdays and special events in the department.
Accountability

Melanie Spells, ARNP
Urgent Care Center

Melanie goes above and beyond for every patient she encounters. When InQuicker was implemented at the Urgent Care facility, physicians and midlevel providers were asked to see patients using the service within 15 minutes of their projected treatment time.

While InQuicker has brought additional patients to an already bustling department, Melanie has met every InQuicker commitment with a smile and a positive attitude. She holds herself to the standards set by the hospital and is a true representative of all Tallahassee Memorial’s ICARE values.

Respect

Mary Heald, RN
Outpatient Surgery Unit

Mary’s respect and consideration for patients, their families and her colleagues is evident in her ongoing dedication to ensuring care is patient-centered and the Outpatient Surgery Unit operates optimally. Mary has been involved in many improvement projects as an advocate for patients and their families, such as piloting our new hearing impaired translation services. She also assists patients with claustrophobia by arranging transportation to the pre-op room through a stairwell rather than the elevator.

Equally kind to her colleagues, Mary frequently offers a helping hand to her peers and recognizes their accomplishments through reward and recognition.

Excellence

Cindy Newhall, RN
Cardiac Progressive Care Unit

Cindy is incredibly dedicated and will volunteer to help on the Cardiac Progressive Care Unit even when she has worked all week.

Often in charge, Cindy helps the unit run very smoothly with her organization and attention to detail. She will visit each patient on the unit, and many patients ask for her by name when they are admitted. Her relationships with the physicians are superior and she is able to assist them with compliance to core measures. Cindy is an exceptional leader, loved and admired by patients, physicians and staff.
Nursing Advancement

TMH actively supports nursing advancement by recognizing and rewarding achievement through education differentials, certification differentials and a professional development compensation system. Currently, more than 200 nurses hold specialty nursing certifications or advanced practice licensure.

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<td>Ken Allen</td>
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Shelly Frazier
Angela Goodson
Liz Miller
Brenda Yoshikawa

Lamaze Certified Childbirth Ed
Kathy Tafuri

Certified Maternal Newborn Nurse
Jennie Johnson
Emmaly Karl
Gail Simpson

MDS/PPS/RAI Certification
Mylinda Hevner

Certified Med-Surg Nurse
Katherine Asis-Cruz
Jane Banes-Egina
Ann Buckhalter
Rebecca Burnett
Barbara Cooper
Karl Cousineau
Mary Groce-Madison
Nell Linsagan
Girlie Manzo
Jean Munroe
Stephanie Nilles
Angela Powell
Lydia Robinson
Deborah Smith
Any Tomberlin
Tarika Williams

Certified Neonatal Intensive Care
Cindy Booker
Emily Driver
Stacie Forbes
Linda Frimmel
Deborah Merritt
Jami Richmond
Terry Stevens
Rebecca Stewart
Lu Stringer
Monica Tucker
Lani White

Certified Neuroscience RN
Aimee Brewer
Carolee Davey
Christie Schremser
Nancy Teems

Certified Nurse Educator
Brent Rudolph

Certified Nurse Operating Room
Susan Branham
Angie Colwell
Faith Duckett
Sandy Fynaardt
Sharon Jackson
Joyce Johnson
Cheryl Sowell
Karen Sutton
Debbie Swoboda
Anne White

Oncology Certified Nurse
Annette Garrigan
John Home
Staci Johns
Joanne Michaels
Frances Murphy
Christina Robertson
Dreama Taylor
Shannon Van Winkle
Sandy Yates

Certified Orthopaedic Nurse
Barbara Barrineau
Anna Crandall-Lynn
Milton Dahl
Sheila Evans
Jennifer Matthews
Mohamed Moustapha
Joseph Vialpando
Heather Whitmore

Certified Patient Advocate
Linda Reiser

Certified Pediatric Nurse
Eileen Buser
Julie Capas
Erin DeGroff
Shara Edmonston
Sherry Gatlin
Robin Glady
Catherine Hanks
Nique Johnson
Rebecca MacDonnell
Denise Marr
Carie McNeal Houp
Fallon Miller
Lindsey Moore
Crystal Paterniti
Donna Ranner
Ashley Rousseau
Sarah Slagle
Jenny Stark
Elizabeth Stoutamire
Louisa Williams

Certified Peds Critical Care RN
Becky Walsh

Certified Post Anesthesia Nurse
Gail Brown
Kate McCarthy

Progressive Care Certified RN
Amanda Fillingim
Jackie Grewe
Diana Dee Holland
Jill Koepke
Christina Paulett
Kimberly Shipp
Sharon Solis
Deborah Urling

Certified Psych/Mental Health Nurse
Shirlene Baker
Pamela Bowles
Sandy Carter
Linda Chambers
Arlene DeCastro
Sharon Hindman
Nancy Lewis
Linda Whitaker
Anne Yaun

Certified Radiologic Nurse
Paige Peterman

Certified Rehab RN
Tina Brackins

Certified RN Infusion
Kay Hewitt
Nora Hoch

Certified SANE
Kathy Walker

Certified Vascular Access RN
Frederick Baudoin D’Ajo
Joy Caldwell
Sonji Craig
Mariela Louissaint

Certified Wound Care
Gisela Moran

Certified Wound/Ostomy/Continence RN
Robbie Sharp
Aimee Swope
When two nursing units at Tallahassee Memorial realized they were both focused on finding ways to prevent postoperative nausea and vomiting, they soon combined efforts to tackle the problem from all angles.

“We all saw that reducing postoperative nausea and vomiting was an area of need for our patients, and we were addressing that need from our place in the continuum of care,” says Kathy Barnett, RN-BC, MSN, Pain Management Clinical Nurse Specialist.

Surveys showed that 33-50 percent of patients were experiencing postoperative nausea and vomiting. Pharmacy data revealed the hospital was administering over 10,000 doses of anti-nausea medication a year in the postoperative nursing units. While these medicines can be effective, different types exist, and all can cause pronounced side effects.

“In a lot of people the medicines do not really work that well, and they can also be very sedating,” explains Rebecca Burnett, RN, CMSRN, Assistant Nurse Manager of the Postoperative Care Unit.

“We began looking into what we, as nurses, could do to get through or prevent the nausea, other than giving medication,” states Katrina Knight-Graham, RN, BSN.

Through an exhaustive literature search, the nurses gathered 40 scholarly articles that gave direction to an evidence-based program for treating postoperative nausea and vomiting. From the collection of literature, two holistic and highly effective treatment options for nausea quickly emerged.

The first method involved administering acupressure just below the wrist, while the second entailed having the patient inhale the scent of isopropyl alcohol. Both options offered a possible solution with no side effects, no sedation, minimal to no cost, and no time lapse before taking effect.

“The evidence was pretty clear. Acupressure, for example, had been studied in thousands of patients and found to be as effective as the medications we give for nausea, but without the side effects. We did not need to do a research study to see if it worked; we needed to put it into practice,” says Kathy. “Our job was to steep the nurses in why we would do this, how the two methods work, and how to talk to patients about them.”

The Postoperative Care Research Team created a poster to help educate the staff of nearly 40 nurses on using the techniques and discussing them with patients. Conversations in staff meetings and results from in-house surveys showed the group was quickly gaining confidence in treating postoperative nausea with the techniques, and many patients were benefitting.

“The vast majority of the nurses went from using the techniques rarely or never to using the techniques on at least a weekly basis,” says Kathy.

As the Postoperative Care Unit implemented these new approaches and began sharing them with the Neurology/Neurosurgery Unit and Neurovascular Intermediate Care Unit, another nurse at TMH, Kristin Cantrell, MSN, MBA, RN, CMSRN, Nurse Manager of Outpatient Surgery, was working on the issue from a preventative angle, unaware of the other project.

Through a critical research review, Kristin had found there were four variables that increase a patient’s risk of developing postoperative nausea and vomiting. The variables include being female, being a nonsmoker, having a history of motion sickness or postoperative nausea and vomiting, and being administered pain medicine.
Using this information, Kristin set about creating a risk assessment tool that nurses could complete with patients before surgery. The results would allow the nurses to educate the patients on their risk for postoperative nausea and vomiting, as well as ways to lessen that risk, such as staying hydrated. It also provided a platform for educating patients prior to surgery about P6 accupressure and inhaling the scent of isopropyl alcohol. In addition, the risk assessment results could be shared with the anesthesiologists, enabling them to tailor their anesthetic plan in a way that would prevent nausea from developing.

"Collaborating with our anesthesiologists was key, because we would not have been as successful if we had not worked together," Kristin says. "The nurses and anesthesiologists were, and still are, eager to have the information from the assessment so they can be a part of the solution."

While the risk assessment goes a long way toward preventing postoperative nausea and vomiting, it also helps after surgery. Should a patient be high-risk, nurses in the postoperative care units are alerted and can be proactive about offering support or advocating for a new medication or other changes in the plan of care. During their rounds, the postoperative care unit nurses ensure every patient is familiar with the P6 accupressure and inhaled isopropyl alcohol treatments. Even those patients who are not complaining of nausea are prepared with the knowledge as a resource.

"With some patients, one approach may work better than the other, and in some patients neither may work, but we try to incorporate both into care prior to going to pharmacological means. Many patients do fairly well with it," Katrina says.

The positive response is clear in patient survey results. In September and October 2013, patient satisfaction with care for postoperative nausea and vomiting reached 100 percent. By this point, the incidence rate of postoperative nausea and vomiting had dropped to 18 percent, the need for rescue medications fell 83 percent, and related admissions decreased by half.

"We are currently in the process of expanding the scope of the program to other departments because of the results," says Kristin.

Not only successful, the initiative is in line with two significant movements in healthcare, the trend toward holistic methods and the push for collaborative care across disciplines and departments.

"The whole healthcare system is moving toward a more integrative approach, and these methods of treating postoperative nausea and vomiting are really in accord with that shift," says Kathy.

"In the new era of healthcare, we have been charged with working collaboratively across disciplines and focusing on prevention versus rescue strategies, so this is our piece," adds Kristin Cantrell. "If we can put these types of programs into place, we can deliver the changes society is seeking in providing patient-centered care."
In the summer of 2012, a long-vacant wing of Florida State University’s Duxbury Hall Nursing complex became home to the Tallahassee Memorial HealthCare Center for Research and Evidence-Based Practice. The space, which was officially named and dedicated in May 2013, serves to facilitate the work of faculty, graduate students, and TMH nurses committed to improving patient outcomes through evidence-based approaches and research.

Through the center, the Florida State College of Nursing provides TMH with technical and statistical assistance, research technologies, an extensive virtual library, a conference room, three research workrooms, printing services for professional-quality poster boards, and connection with faculty, clinicians and students interested in conducting evidence-based quality improvement and research.

“We want to create a seamless transition so Tallahassee Memorial nurses feel the center and its staff are an extension of TMH,” says James Whyte, ND, PhD, Director of the Tallahassee Memorial HealthCare Center for Research and Evidence Based Practice.

The center was made possible through a $100,000 naming grant to Tallahassee Memorial, and it will operate from interest on the invested funds. The gift transformed a space that had once housed IBM’s headquarters on the FSU campus and had been vacant since 1999 into a dynamic research hub that positions TMH for the future of nursing practice.

According to Roxanne Pickett-Hauber, RN, PhD, TMH Nurse Scientist, “There is a general consensus that the future of nursing lies in academic practice collaboratives focused on developing excellence in nursing practice that ultimately is reflected in better patient outcomes. TMH has provided the foundation for this collaborative to become a reality.”

A faculty member of the Florida State University College of Nursing, Dr. Hauber is also the nurse researcher for the Nurse Scientist Scholar Program at Tallahassee Memorial. She became the first to take on this role at TMH in 2009. Since that time, she has assisted TMH nurses in their efforts to address a number of areas aimed at improving patient care such as reducing needlestick pain in children, and preventing postoperative nausea and vomiting in surgical patients.

Dr. Hauber states, “It’s the nurses who spend a lot of time with the patients and families and recognize care issues that need to be addressed. I just help them find evidence and plan how to translate best evidence into practice.”

With the establishment of The Tallahassee Memorial Nurse Residency Program, the center is also offering vital aid to new TMH nurses who must complete a unit-specific Evidence Based Practice project during their residency at the hospital. In addition, the center fosters collaborative research among nurses, physicians, respiratory therapists and other health professionals in an effort to encourage interdisciplinary teamwork.

Engaging in ownership of their practice through evidence-based approaches has proven to increase nurses’ professional esteem, improve retention rates, energize staff, and create positive changes in hospital culture. In turn, practicing nurses have the power of firsthand observation to evaluate practice and generate practice questions worthy of investigation.
Approaching Call Lights in a NEW WAY

Since September 1, the three nursing units on Tallahassee Memorial’s fifth floor have been piloting a No Pass Zone initiative, which trains and encourages all colleagues, clinical and non-clinical alike, to respond every time they notice an illuminated patient call light. While the program does not call all colleagues to provide patient care, it asks everyone to take the time to respond to call lights using a four-step process.

Colleagues first look for the lights. As many call lights on the fifth floor are located very high up on the walls and the noise can become familiar and easily missed, staying alert to patients’ call lights is essential. When a colleague on the fifth floor notices a call light, he then enters the room, introduces himself, and asks about and attends to the patient’s needs. After listening to the requests, colleagues determine what they can and cannot do and fill the need or reach out to another colleague for help as appropriate.

The idea for the No Pass Zone was inspired by a similar initiative at another hospital that Berinice Mercer, RN, MSN, Nurse Manager of the Tallahassee Memorial Diabetes Medical Care Unit (5B), learned about during a conference earlier in the year. Berinice introduced the idea to her colleagues on 5B and they launched the program in February 2013 with a goal of achieving more timely responses to call lights and higher patient satisfaction scores as a result.

“We had already moved away from saying, ‘That’s not my patient,’ but the No Pass Zone builds on our unit’s team approach to care,” she says. “If we are here for the patients, we should never walk past a call light.”

Like the many hospitals nationwide that have adopted No Pass Zones, the units on the fifth floor are seeing a jump in patient satisfaction scores. On 5B, patient experience scores have made an impressive climb from approximately 40 percent to 70 percent.

If the fifth floor continues to see improvements in patient satisfaction, it is possible the No Pass Zone will expand into other areas of the hospital, bringing new responsibilities to colleagues and a better experience to TMH patients.

“Sometimes we may be hesitant to respond to a call light because we don’t want to be asked to do something we can’t, but just acknowledging the call lights goes a long way in showing patients we are looking out for them,” says Berinice.
Through the newly established Tallahassee Memorial Nurse Residency Program, they recently completed a collaborative Evidence Based Practice project investigating the best way to administer aspirin to patients experiencing chest pain.

"Many people come to the Bixler experiencing chest pain, and they may or may not be having a heart attack. There are certain things you do for these patients right away, and one of them is to administer aspirin," Janelle explains.

Janelle and Julie had both observed different methods of administering the medication and decided researching Best Practice on the subject would be the perfect topic for one of their residency requirements, a unit-specific research project. With the help of Roxanne Pickett-Hauber, RN, PhD, TMH Nurse Scientist, they delved into professional journals and databases to determine whether chewable or regular tablets were more effective, and whether it mattered if the tablets were, in fact, chewed. They had seen nurses they respected administer both types of medication with some nurses asking the patients to chew through the regular pills.

"We wanted to find out if one way resulted in better outcomes, and there were two big questions we needed to answer: ‘Chewable or not?’ And, ‘Chewed or not?’" says Janelle.

Together, Julie and Janelle found research-based articles and clinical practice guidelines that held the answers. They discovered that chewing the medication always offers stronger outcomes, and chewing the tablets designed to be chewable offers still better outcomes.

With this information, they could begin to identify and address the reasons behind differences in practice. Part of the confusion related to the fact that the chewable and non-chewable tablets are available in slightly different dosages. One regular tablet is equivalent to a 325-milligram dose, while four chewable tablets amount to only a 324-milligram dose. The order codes at the Bixler Trauma & Emergency Center and Emergency Center-Northeast called for a 325-milligram dose of aspirin, which would have necessitated the use of regular tablets.

Already, the emergency centers have updated their orders and protocols to specify a 324-milligram dose of aspirin in cases of chest pain. The emergency centers will also be removing the 325-milligram tablets from their Pyxis medicine dispensaries. For Janelle and Julie, seeing the project make a difference in nursing practice both personally and throughout the emergency centers has led to a newfound appreciation for research.

“It pleases me to see our research making a difference and being a force of change,” says Julie.

“The research project has probably been the most meaningful part of the Nurse Residency Program to me, and I would not have seen that coming,” Janelle adds. “Other parts of the program have been incredibly helpful like collaborating with nurses from other floors and attending lectures relevant to new nurses, but the project has really opened my eyes and my mind to why research is so important.”

All in all, the first class of Tallahassee Memorial nurse residents split into groups in order to conduct 15 Evidence Based Practice projects covering topics ranging from the
relationship between call light response time and fall prevention to appropriate antibiotic coverage for surgical patients.

Taylor Pate, RN, Tianne Wingate, RN, Kyra Jenkins, RN, and Leslie Bryant, RN, reviewed multiple evidence-based articles to learn whether a specific type of antacids, proton pump inhibitors (PPIs), contribute to the development of clostridium difficile (C-Diff), a type of colonic bacteria that can lead to diarrhea. The team discovered that PPIs do contribute to C-Diff. They also found that the simultaneous use of antibiotics places patients at an even higher risk of developing C-Diff. According to the literature, healthcare providers should suspend, or at least lower, the dosage of PPI therapy in hospitalized patients receiving antibiotics. The team’s findings have presented TMH with a new way to decrease C-Diff cases, reduce costs and reduce re-hospitalizations and complications.

Another nurse resident, Abi Somorin, RN, worked independently to determine the best methods of encouraging nurses to scan patients’ ID bracelets before administering medication.

In addition to research projects, the Tallahassee Memorial Nurse Residency program creates a supportive environment for new nurses by offering a network of new nurses, encouraging interdisciplinary communication by bringing together new nurses from a range of departments, and connecting new nurses with experienced nurses for support and mentoring.
There are around 9,000 miles separating Tallahassee from the Philippines, but for many nurses at Tallahassee Memorial, both places are home.

In the Philippines, it is not uncommon to earn a degree in nursing with the intention of pursuing the greater range of work opportunities and stronger economic environment offered abroad. In fact, some companies specialize in connecting Filipino nurses with healthcare employers in other countries, including the United States.

"While there is a surplus of nurses in the Philippines, there is a shortage in the U.S.,” explains Chris McCumber, Tallahassee Memorial Director of Healthcare Careers.

TMH made its first foray into foreign recruitment for nursing with a trip to the Philippines in 2000. A group of 25 nurses was selected to be sponsored for immigration and hired by the hospital. Representatives from TMH again traveled to the Philippines in 2006, recruiting another group of 25 nurses.

When nurses from the Philippines relocate to the United States, they find familiar clinical practices but many differences related to technology, compensation and culture.

Kathy Asis–Cruz, RN, was working as a nurse in the Philippines when she was recruited for a position at TMH.

"It was a big decision and an exciting one to come over to a foreign place,” she says. "We followed American teaching in the Philippines with the same nursing textbooks and manuals, but because of the lack of resources there, some teachings were modified so we could practice."

"Here, we really follow what is in the textbook," adds Zel Mancera, a Patient Care Assistant in the Postoperative Care Unit who was in nursing school in the Philippines when she met her husband, an American from Tallahassee who helped her immigrate to the U.S.

Zel hopes to transition into working as a nurse once she becomes more accustomed to healthcare technology in the United States—one of the greatest challenges Filipino nurses face when working in foreign hospitals. Whereas nurses in the United States handle a vast array of clinical tasks electronically, in the Philippines, all orders are still handwritten on paper.

Providing care is also different in the sense that nurses in the United States are encouraged to work as teams and tend to care for fewer patients at a time. Still, some Filipino nurses practicing in the United States are mainly aware of differences in working conditions based on stories from their friends "back home.”

April Cruz, RN, entered nursing school in the United States, having been petitioned for immigration by family just after she finished high school. While she has many friends in the Philippines who also graduated from nursing school, she is the only one with a permanent job in the nursing field.

Many nurses in the Philippines cannot find work or actually work uncompensated due to the glut of qualified graduates. Even for those who do find work in the Philippines, salaries for nurses cannot compare to those earned in the U.S.

"Working abroad is a better opportunity than working in the Philippines. If you work there, you are only working to survive. Here you are able to save money to help your relatives in the Philippines,” says Kathy.

Helping family is an integral part of Filipino culture, and many TMH nurses from the Philippines are offering support to relatives locally or in their home country. Not only do they give freely, they feel fortunate to be in the position to do so.

"In the Philippines, if you have graduated and found work, you have money to help send your younger brothers or sisters to school, so that is what I am doing. I am standing as my siblings’ breadwinner at the moment,” Zel says. "I am happy; I am so blessed to be here.”

Certainly, TMH is equally fortunate to have so many compassionate and hardworking nurses from the Philippines on our staff. When Typhoon Haiyan devastated the Philippines in late 2013, the TMH family rallied to support their Filipino colleagues by raising funds for relief efforts. Colleague donations and TMH bake sale profits amounted to more than $2,500, which was donated to the American Red Cross.

Over the years, colleagues have also helped organize several drives for household supplies as new Filipino nurses immigrated to the U.S. to work at TMH. Staff members have donated everything from paper goods to pots and pans to help their future colleagues get settled and feel welcome in Tallahassee.

“Our Filipino nurses are a special group of people, and they really flourish here. It has been a pleasure meeting each of them and their families,” says Chris.

Across the hospital, Filipino nurses are working hard to experience a better life, help their families experience a better life, and help patients receive the best possible care.

“There is a high level of work ethic and a high level of respect for management among the people from the Philippines,” says Dorothy Graves, RN, Nurse Manager of the Postoperative Care Unit. “They understand the true meaning of having a job and having the ability to make an income.”
A number of Tallahassee Memorial nurses recruited from the Philippines are helping enhance patient care in the Big Bend.
When Tallahassee Memorial opened the Emergency Center-Northeast in August of 2013, nurses were motivated to discover ways of communicating and collaborating that would ensure continuity of care between the new freestanding facility and the Bixler Trauma and Emergency Center, which are about four miles apart.

While many emergency services colleagues float between the two facilities, each center has a dedicated Director and a group of five Assistant Nurse Managers who have helped lead a strong working relationship between each group. Constant, daily communication between leaders at each center is the key to their success. The two leadership teams also come together every other month for a formal meeting and education session led by colleagues from the TMH University. Through this team approach to emergency care, the centers have arrived at joint decisions related to transfers, policies, staffing and patient care.

For Korene Christianson, RN, BSN, CEN, Director of the Tallahassee Memorial Emergency Center-Northeast, experience at the 1,709-bed Methodist LeBonheur Healthcare system in Tennessee was a stepping stone. “When you are a part of implementing successful best practice for patient care and throughput in one organization, you’re confident you can replicate best practice in a new organization,” she says.

Kim Boyer, RN, MHSA, Service Line Administrator of Tallahassee Memorial Emergency Services, shares a similar perspective, having come to TMH from St. Elizabeth Healthcare, a 1,200-bed hospital network in Northern Kentucky. Meanwhile, Christine Sutherland, RN, MSN, Director of Bixler Trauma and Emergency Center, has worked at TMH for eight years and offers insights from the viewpoint of a colleague entrenched in the culture and framework of the organization.

Christine said, “Being a part of the Bixler team over the past eight years, I believe we are moving forward with a shared vision with the Emergency Center-Northeast campus, to improve communication and with a goal to improve patient and family centered care.”

By treating 88-100 patients daily, the Emergency Center-Northeast has helped lower volume in the Bixler Emergency Center by approximately 30-40 patients per day. This allows Bixler, which is the region’s only Trauma Center, to focus on the patients who are experiencing more severe illnesses and higher acuity conditions.

"Feedback from the community has been very positive. We are seeing improved patient satisfaction scores and lower wait times for all age groups at the Northeast Center," Korene said.

Through the Bixler Trauma and Emergency Center, Emergency Center-Northeast and Urgent Care Center, TMH provides the most comprehensive emergency and urgent care services in the region.
Every year, Tallahassee Memorial helps facilitate hundreds of organ and tissue donations thanks in part to the support of the hospital’s nurses.

While colleagues do not approach patients or families about donation, they are often the first to recognize potential donors and notify procurement agencies. Several nurses are also part of the Donor Council Collaborative Team, which acts as an official liaison between the hospital’s nursing units and its regional organ and tissue procurement agencies, including Lifeflight, RTI Donor Services, Regenerative Biologics, Inc. and the Lion’s Eye Institute.

Patti Esher, RN, BSN, MHA, Nurse Manager of Neurology/Neurosurgery, and Nancy Anne Teems, RN, MSN, CNRN, Assistant Nurse Manager of Neurology/Neurosurgery, co-chair the committee which includes nurses and colleagues from the three Intensive Care units, Emergency Services, Labor & Delivery, the Operating Room, the Children’s Center, Music Therapy, and Pastoral Care. Last year, ten TMH patients became organ donors. As each donor has the power to save eight lives, these ten individuals may have helped up to 80 different patients across the United States.

“As a nurse in the VNICU for 16 years, I have seen the difference organ and tissue donations can make,” says Nancy Anne. “Donating allows something good to come out of a tragedy.”

While donation often follows a loss, TMH also specializes in one particular type of living tissue donation—placenta donation. Through the hospital’s placenta program, patients who undergo cesarean sections are eligible to donate placental tissue. The placenta, which would otherwise be discarded, can promote the healing of diabetic ulcers, prevent the formation of scar tissue after back or neck surgery, ease the pain of arthritis and even help people heal from eye surgery and eye injuries.

“Because cesarean sections are sterile procedures, the membranes from the placenta can be put to more than 200 different uses,” explains Bob Lolley, Materials Manager for Labor & Delivery.

Last year alone, TMH coordinated the donation of 493 placentas. One of these donations came from Kendra Marcinowski, a TMH nurse who underwent a cesarean section for the birth of her second child.

“Since I work here, I knew all the good donating could do,” she explains.

Having worked as a nurse in the Labor & Delivery unit since 2001, Kendra has been a part of the TMH family since the inception of the placenta program roughly 12 years ago.

Jerry Ford, MD, an ophthalmologist who has used placental tissue in procedures ranging from glaucoma surgery to cornea healing, has also been a part of the Tallahassee community since the placenta program began. As Dr. Ford’s practice receives tissues from the same company that TMH donations support, it is possible a local donation helped a member of the immediate community.

“Sometimes, placental tissue is the only thing that allows the eye to heal,” Dr. Ford says.

Whether total donors or placenta donors, patients who choose to give make an immeasurable and lasting difference. TMH colleagues have an important role in helping facilitate donation, but it is ultimately the generosity of patients that allows local organ and tissue donation programs to thrive.

“We have a very successful placenta program, but it really isn’t us—it’s the community,” says Kathy Zorn, Professional Relations Manager for Regenerative Biologics, Inc. “There are so many giving people in Tallahassee who are eager to help others.”

Community support and an engaged medical community have helped TMH lead an award-winning organ and tissue donation program for four years running, and the program is only continuing to grow.

“There is definitely growing awareness of organ and tissue donation in our community, and, with that, we are seeing an increased interest in donation,” says Patti.
Helping hospitalized patients move through the system of care and return to their health and homes as quickly as possible is a top priority at Tallahassee Memorial. In May 2013, nurses from all divisions of TMH worked collaboratively with physicians and healthcare professionals in Radiology, the Clinical Laboratory and Case Management to create a House-Wide Patient Flow Committee focused on unifying efforts, promoting communication and sharing solutions regarding patient flow.

"Historically, handling patient flow has always been fragmented. There were multiple committees that worked well individually, but there was never any house-wide communication to find connections and make ideas work across the entire system," says Eric Hartigan, RN, MSN, Executive Director of Nursing Operations.

The individual efforts created communication barriers and uncertainty as to where impediments to patient flow were actually occurring.

"By bringing everyone to the table, there grew to be an appreciation for the ‘other side of the fence.’ Processes that have worked are now viewed on a global perspective, and we drill down to see where the broken pieces are, so the whole system benefits," explains Ryan Smith, RN, BSN, Director of Patient Flow and Nurse Manager of Internal Medicine.

With executive-level support, director-level planning and managers’ participation in sub-committees, the project has engaged staff and created a cohesive effort among colleagues at all levels of leadership throughout the organization. The committee leaders began meeting regularly with nurse manager groups to discuss their observations, feelings and feedback from staff.

As the lines of communication opened and objective data came to the forefront, issues surrounding patient flow were able to be resolved with greater transparency and the best methods of improvement gradually came to light.

"Most of the changes have been improvements in colleague and departmental relationships throughout the hospital, and that guides hands-on decision-making at the point of care," says Eric.

"The majority of the changes have just been through awareness," adds Ryan. "As we put the facts on the table, the staff found the solutions."

Through the work of the committee, patients are now being discharged from the hospital more quickly than ever. While patient discharge once took an average of three to six hours, patients are now leaving the hospital within two-and-a-half hours of their physician receiving discharge orders. The results are across the board for all patients going home or transferring to outside facilities.

A desire to provide patients the best possible experience during their hospital stay is at the heart of both the House-Wide Patient Flow Committee and the creation of the CDU Unit. Each initiative continues to evolve through the vision of TMH leadership and the dedication of hospital colleagues.
Fostering a Stronger Start for Mothers and Newborns

When it comes to breastfeeding, Cassie Branch, mother of three, has found the third time really is the charm. Cassie attempted to breastfeed each of her children but has been most successful with her four-month old son, Casen. She credits the positive developments to a combination of personal willpower and a strong support system at Tallahassee Memorial.

“I lacked knowledge and support when I tried to breastfeed my first two kids, but this time, I was determined to succeed,” she says.

Cassie delivered all three of her children at Tallahassee Memorial, and has seen support for breastfeeding grow over time. Moving from Crawfordville to Tallahassee a year-and-a-half ago has also made it easier to attend Tallahassee Memorial’s Milk with Mommy breastfeeding support group, which offers new moms and their infants a time to engage with each other and the hospital’s lactation consultants. Cassie and baby Casen are active participants at both the Tuesday and Thursday sessions offered each week.

“If I had not had the support of the classes and services at TMH, we would not have made it past the two-month mark with breastfeeding,” Cassie says.

While Casen had no trouble latching, and breastfeeding was going well initially, troubles arose soon after the pair was discharged from the hospital. Weighing 6.2 pounds at birth, Casen weighed only 6.4 pounds five weeks later. Cassie was passionate about the benefits of breastfeeding but was not sure it would be a possibility for her and her child.

Fortunately, lactation consultant Heidi Chavers, RNC, IBCLC, knew a way that Cassie could continue breastfeeding but make sure Casen was receiving adequate nourishment. She suggested solutions that would allow Cassie to continue breastfeeding, but would also increase Casen’s calorie and fat intake. Heidi also connected Cassie and Casen with other experts who could help them on their journey, including a pediatrician, nutritionist, occupational therapist and even a speech therapist who is helping Casen develop the strength to nurse more effectively. Today, Casen weighs a healthy 9.5 pounds.

“Helping mothers and babies breastfeed successfully is our mission as lactation consultants,” says Heidi. “There are so many benefits, many of which prove to be lifelong for the infants and mothers.”

Tallahassee Memorial has three lactation consultants who not only work with new moms and babies during their hospital stay, but also offer guidance and encouragement during twice weekly breastfeeding support group sessions at A Woman’s Place. Individual, private appointments can also be scheduled with a lactation consultant through the lactation office.

TMH also supports mothers’ choice to breastfeed by promoting the evidence based practice of placing babies “skin to skin” with their mothers immediately after delivery. Not only does this practice promote a healthy and more gentle transition for both mother and baby after birth, but this “golden hour” also provides the perfect time and place to initiate breastfeeding. At discharge, TMH also supports mothers who have chosen to breastfeed by offering them a giveaway bag that includes helpful items for breastfeeding rather than infant formula.
Measuring Our Progress

While numbers offer an objective critique of the care we provide, they offer only a glimpse of the collaboration, creative thinking and hard work that goes into every improvement at TMH.

For example, in 2013, TMH lowered the incidence of patient falls by more than 20 percent. This significant improvement can be traced in part to the Tallahassee Memorial Falls Committee which came together midyear.

The committee, composed primarily of TMH nurse managers, noted common themes related to falls and then worked to address those issues. In the Orthopedic Center, Nurse Manager Mitt Dahl, RN, MS, organized a skills fair focused on promoting the safety of patients and staff when transferring from bed to chair. Meanwhile, Tamra Giordano, RN, BSN, MSHSA Nurse Manager of the Cardiac Progressive Care Unit, held a meeting with the patient care assistants on her floor to discuss safety measures and steps toward fall prevention.

“Every population has unique factors that place them at risk for falls,” says Cathy Pfeil, RN, BSN, Tallahassee Memorial Improvement Advisor and a principal member of the Falls Committee.

In addition to departmental initiatives, the group has driven house-wide changes, including the development of a new, more straightforward design for door signs that indicate inpatients at high-risk of falling. While the previous signs featured a falling star, the new signs show a figure that has lost its footing. The Falls Committee also consulted with Pharmacy to determine which medications were likely to increase the risk for falls and Physical Therapy for assistance in evaluating the patient’s ability to stand and walk independently.
Nursing Satisfaction Survey

Nursing satisfaction at Tallahassee Memorial is measured annually using survey tools from the National Database of Nursing Quality Indicators (NDNQI). Last year, 96 percent of the nurses who provide patient care at TMH participated in the NDNQI survey. Their responses are driving improvements for TMH, our patients and their families.

The 2013 survey showed that TMH nurses are highly satisfied with the hospital’s practice environment, and, as evident in previous reports, TMH nurses enjoy very positive working relationships with the hospital’s physicians. Tallahassee Memorial nurses also boast a high level of education and experience with roughly 60 percent holding a baccalaureate degree or higher in nursing, and more than 50 percent having ten years or more of professional practice experience.

**Nursing Education**

- Associate Degree: 35%
- Baccalaureate Degree: 54%
- Masters or Doctoral Degree: 6%
- Nursing Diploma: 5%

**RN Years in Practice**

- 1 Year: 10%
- 1-2 Years: 7%
- 2-5 Years: 15%
- 5-10 Years: 14%
- 10 Years: 54%

**Professional Relationships**

- RN-MD Interactions
  - < 40 = low satisfaction
  - 40-60 = moderate satisfaction
  - > 60 = high satisfaction

**RNs with National Certification**

- 2007: 20%
- 2008: 25%
- 2009: 30%
- 2010: 35%
- 2011: 40%
- 2012: 45%
- 2013: 50%

**Practice Environment**

- Professional Status
- Autonomy
- Decision-Making
- RN-MD Interactions
- RN-RN Interactions
- Satisfaction with Tasks

- TMH
- National Comparison