OUR MISSION IS TO PROVIDE PATIENT-CENTERED EVIDENCE-BASED HEALTHCARE

Pictured left: Amy Townley, BSN, RN, CCRN, Nurse Manager, Heart & Vascular Outpatient and Procedural Care Units.

The 2014 Nursing Annual Report is produced by the Nursing and Public Relations Departments of Tallahassee Memorial HealthCare. Content written by the Tallahassee Memorial Public Relations Department. 1300 Miccosukee Road, Tallahassee, FL 32308 | 850-431-5875.
Every day Tallahassee Memorial HealthCare colleagues arrive to work at a place unlike any other in our region. A place that works solely to make lives better - to heal, to comfort, to cure. These goals require skills beyond a simple job description; they require compassion, diligence and a desire to achieve excellence.

Our Tallahassee Memorial HealthCare nurses are often the first face of care for patients and their family members. They are a constant presence throughout treatment, a unique combination of medical expertise and emotional understanding. Each year, I hear from patients, visitors and our community about the exemplary care provided by Tallahassee Memorial’s nurses.

For many patients, the sense of support and security that our nurses provide makes all the difference during a time of great worry and stress. Over the past year, TMH commenced an extensive and ambitious culture shift in traditional thinking to more fully incorporate patients and their families into how we provide care.

This initiative, a pillar in the TMH Nursing Strategic Plan, created the Patient- and Family-Centered Care Department focused solely on utilizing evidenced-based practices to support and facilitate patient and family involvement. Now a hallmark at TMH, Patient- and Family-Centered Care has proven to create better health outcomes for our patients and truly highlights the ability of our nurses.

Advancement continued this year as – led by our nurses – TMH worked to streamline plans of care using a multi-disciplinary approach. Our Interdisciplinary Plans of Care showcase the innovation and collaboration our nurses are capable of, creating a process that modernizes how we work together to provide and track patient care.

While we’re continually enhancing the care we provide for patients and families in our hospital, we’re also venturing outside our walls. We all know health is our most valuable asset, and I’m proud to see our Tallahassee Memorial nurses in action in the community, providing screenings, participating in wellness activities, volunteering their time and sharing knowledge to help others.

Our nurses – like everyone working at Tallahassee Memorial HealthCare – are part of the community, and I see us each and every day striving to lead our community to be healthier. This vision not only unites us as a healthcare institution, it brings us together as a community working to be vibrant, happy and healthy.
TRANSFORMATIONAL LEADERSHIP CHALLENGE

This year, Tallahassee Memorial HealthCare nurses have been challenged to be transformational leaders and demonstrate the characteristics and behaviors of leadership, as well as ICARE values. Nurses have been called upon to be authentic, humble, self-aware, transparent, moral, servant leaders as they care for patients and families.

Utilizing nursing theorist Ida J. Orlando’s model, we are challenging nurses to lead the patient as an active participant in their care, as opposed to managing or controlling the patient’s care. For example, engaging patients and families to discuss their care, treatment and goals during bedside shift reports. Another example is the use of whiteboards to enhance communication with patients, families, physicians, nurses and other disciplines.

Transformational leadership is not easy. Change is difficult and painful to say the least. But to progress, we must move beyond the way things have always been done and dare to live outside “business as usual.” To that end, we further challenged nurses to participate in Interdisciplinary Shared Governance.

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Governance and incorporate Patient-and Family-Centered Care into everything they do.

Nursing leaders are inspiring nurses to go above and beyond – to pursue advanced educational opportunities, specialty certification, act as preceptors and mentors or conduct research. Nurses are researching system changes related to our rapid response and code blue teams, improving care of patients with sickle cell anemia in vaso-occlusive crisis, assessing the use of probiotics to reduce antibiotic-associated diarrhea and demonstrating the physiological benefits of skin-to-skin contact in newborns.

Nurses are accepting these challenges and succeeding. Nurses have participated in designing Interdisciplinary Shared Governance, developed and implemented an electronic Interdisciplinary Plan of Care model and, in December, completed development of the first Nursing Strategic Plan. They have stepped up, taken risks, been creative, achieved success and transformed care. I am so proud of them all!

At Tallahassee Memorial HealthCare, our mission is clear: to provide Patient-and Family-Centered, evidenced-based care. We believe our patients and families are in great hands.
Victoria is regarded as a leader who can always be trusted to do the right thing. As a charge nurse, she is often consulted for advice on nursing practice, sensitive patient issues and workplace situations. Victoria is also highly engaged at Tallahassee Memorial as a unit representative on the education council, a preceptor and the Chair of the Interdisciplinary Shared Governance Design Team.

In addition, Victoria often assumes the responsibility of planning patients’ bed assignments. By considering factors such as gender, age, expected length of stay and type of surgery, she helps create the most comfortable environment possible for each patient.

Anna is known for being helpful, kind and respectful in all her interactions with patients, fellow nurses and physicians. She is extremely knowledgeable in the critical care field and is always willing to lend a helping hand. Anna demonstrates tremendous compassion for patients and families, who often are so moved, they share their gratitude in writing.

One patient’s family member stated, “Anna was with us every step of the way...She shared in our family’s loss but was also extremely professional. I cannot thank her enough for her endless compassion.”
Proper sterilization of clinical equipment is a critical part of ensuring patients receive high quality care and experience the best possible outcomes. Holly recognized this and demonstrated accountability for ensuring proper sterilization of equipment at the Wound Healing Center.

She conducted research, collected supplies, organized the necessary documentation and made sure her colleagues were familiar with the correct procedure for sterilizing clinical instruments. Her dedication to this important task makes a difference for each of the Wound Healing Center’s colleagues and patients.

Cheuk consistently demonstrates his respect for patients and colleagues. As a circulator in the main operating room, he works closely with colleagues in the outpatient surgery unit. Since these departments are located two floors apart, effective communication requires dedication on the part of colleagues in both areas.

Recently, increasing daily communication has been a particular area of focus. Cheuk not only recognized the effort of his colleagues in the outpatient surgery unit, but he also made a personal visit to bring them breakfast and thank them for their hard work.

Accountability

ERIN DEGROFF, RN
Children’s Center

Excellence

HOLLY MCFADDEN-GABRIALOV, RN
Wound Healing Center

ERIN DEGROFF, RN
Children’s Center

EXCELLENCE

ERIN DEGROFF, RN
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Accountability

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Respect

CHEUK FU, RN
Main Operating Room

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Excellence

Erin exemplifies excellence in every aspect of her position. Often praised by patients for her clinical skills and caring manner, she is also respected by her peers as a person who holds herself and others accountable and always strives to provide the highest quality of care.

Through leadership roles focused on coordinating educational initiatives for colleagues, enhancing staff communication and celebrating momentous occasions in colleagues’ lives, Erin helps foster both a positive working and healing environment in the Children’s Center.
Nearly 1,300 nurses come to work every day at Tallahassee Memorial HealthCare. Some are new, just starting their nursing journey, and others have been at TMH for decades. No matter the number of years they’ve been working at TMH, they all share the unique quality of caring that calls them to be a nurse.

And they all know Maggie. Maggie Procunier, MSN, MHA/Ed, RN, Director of Nursing Practice/Nurse Residency Program Coordinator at TMH, has vast experience in nursing policy and administration. She also, like many nurses, has a rich family tradition of nursing. A third generation nurse herself, and now the mother of two nurses, Maggie is still focused on learning and evolving.

After years working at the bedside, and through various positions in organ donation, ethics and administration, Maggie came to Tallahassee Memorial to foster, support and advance nursing practice, especially navigating new graduate nurses from novice to expert. She promotes evidence-based practice, as well as the professional development of all nurses at TMH.

**Tallahassee Memorial Nurse Residency Program**

With a strong belief in evidence-based practice, Tallahassee Memorial’s nurses have a unique ability to combine patient preferences, clinical expertise and the latest research into their practice. Created to foster this balance for new nurses, the TMH Nurse Residency Program is accredited by the American Association of Colleges of Nursing (AACN) in collaboration with the University HealthSystem Consortium (UHC). In February 2013, TMH joined UHC-AACN with the first cohort of nurse residents.

The UHC program is an evidence-based curriculum that enables the graduate nurse to develop effective decision-making skills at the bedside. With these skills, the nurse residents are empowered to question and research existing practices and make changes. With evidence-based practice in their toolkit, the residents are able to use the most effective practices at the point-of-care, which, in turn, creates better outcomes for patients. The TMH Nurse Residency Program recruits nurse graduates from an array of nursing schools and offers, through the collaboration with UHC, a year of professional education that facilitates their growth from a beginner nurse to a competent professional in the clinical setting.

Nurses in the residency program work normal shifts throughout the hospital, but also participate in monthly work sessions. A critical component of the monthly meetings requires nurses to select a project that has the potential to change their practice at the bedside through new or existing evidence.
At the helm, Maggie facilitates the monthly work sessions by selecting content experts that convey the latest evidence. She also fosters relationships between faculty, nurse managers and members of the interdisciplinary team. This collaboration, which includes a hospital-wide network, brings new ideas and evidence-based research to the hospital.

**Professional Nurse Advancement Program**

Like many fields, healthcare is ever changing and working in it demands a life-long dedication to learning. Working in tandem with the Nurse Residency Program, the Professional Nurse Advancement Program (PNAP) works to engage nurses in a myriad of professional development activities that will facilitate the advancement of their practice and experience, while providing compensation for their achievements.

PNAP is a voluntary program that is offered in four levels. The program combines education and research with volunteer activities within the TMH community. The requirements for each level vary. For example, membership in a professional organization, nursing certification and publication in a professional journal or unit publication are only required for levels three and four.

Each requirement for the PNAP program is separate from any and all job responsibilities. Each nurse that completes the program, at any level, has given their own time back to advancing themselves, the hospital and the community.

“The Professional Nurse Advancement Program aims to involve nurses in a comprehensive, evidence-based practice that builds on their work within the many facets of nursing,” said Maggie. “The main objective of these programs is to support nurses. It is our hope to continue to improve these programs, with the involvement of our colleagues and leadership, so they can always provide a strong foundation for our nurses to stand on. Being a nurse isn’t something you only do at the hospital, nursing is a part of life. Tallahassee Memorial’s nurses are doing extraordinary things in our communities, as well as for our patients.”

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**Nurse Residents and School:** Hanna Barnett, Gulf Coast State College; Lindsey Brady, University of Central Florida; Susan Branch, Florida State University; Alexandra Bryant, Tallahassee Community College; Naomi Chapman, Florida A&M University; Shalia Chinnery, Florida A&M University; Shannon Ford, Florida State University; Rebecca Home, Tallahassee Community College; Brittany Hughes, Florida A&M University; Ijen Imwensi, Florida A&M University; Ida Lollis, San Francisco State University; Clare McNamara, Florida A&M University; Ansele McNeil, ITT Technical Institute; Mallory Mettier, University of South Florida; Ola Olayiwola, Florida A&M University; Shalinee Perry, Keiser University; Lillian Peterson, ITT Technical Institute; Brian Poirier, University of South Florida; Nicole Rodriguez, Tallahassee Community College; Stetson Savage, Florida A&M University; Dawn Sherer, ITT Technical Institute; Megan Walker, University of Connecticut; Caroline Watson, Valdosta State University; Jasmine West, Florida A&M University
NURSING ADVANCEMENT

Advanced Registered Nurse Practitioner
Shana Blakeney
Margaret Canter
Melissa Chamberlain
Deb Congdon
Ginger Conrad
Adam Corbin
Mary Davis
Ashley Duke
Jaibun Earp
Deanna Epley
Susan Fischera
Elizabeth Ford
Joyce Godbey
Judy Griffin
Miriam Gurniak
Kathy Hartley
Donna Heburn
Monica Hubmann
Gary Johnston
Faith Jones
Cartier Lammert
Kathy Louvaris
Angie Marky
Ashley McCormick
Kathleen McKeon
Faith Moore
Vivian Moore
Sarah Nemecek
Julia Pallentino
Kathy Patterson
Melinda Schrock
Melanie Spells
Lynn Steele
Jayne Stewart
Shannon Storm
Lean Varieur
Anne Wagner
Janine Williams
Irene Wilson
Kathleen Wilson
Theresa Winton
Tal Yariv

Certified Advanced Oncology CNS
Susie Chuites

Certified Ambulatory Care Nurse
Claudia Cooper
Debbie Copeland
Patty Hatcher
Sarah Young

Certified Ambulatory Perianesthesia
Mary Atteberry
Kathy Dobert
Barbara Dodson
Cathy Turner
Julia Wester

Certified Cardiac Surgery
Darlene Loftis

Certified Cardiovascular RN
Ken Allen
Marriee Wasson

Certified Case Manager
Jennifer Browning
Doretta Campbell
Florence DeBose-Jones
Jill Parker

Certified Diabetes Educator
Linda Deterding
Adela Mitchell
Kim Rohrbacher
Susan Ross

Certified Dialysis Nurse
Kathy Culbertson
Linda Harris
Judy Parker
Vanessa Unglaub

Certified Emergency Nurse
Elizabeth Bonner
Korene Christianson
Karen Farris
Jayne Hedrick
Deb McCallister
Terri McGowan-Repasky
Kim Meals
Becton Roddenberry
Terry Schneider
Laura Shank
Angie Skiver
Jenny Lee Stark
Cherie Stewart
Esther Stoltzfus
Christine Sutherland

Certified Gastroenterology RN
Darinda Battles

Certified Hospice & Palliative Nurse
Sandy Grischy
Yolanda Ritter

Certified Infection Control
April McGrotha

Certified Informatics Nursing
Sherry Gatlin
Karen Stump

Certified Inpatient OB Nurse
Pari Amirzadeh Asl
Tina Bailey
Beth Cao
Heidi Chavers
Sharon Dewit
Connie Henry
Mich Holzman
Vicky Kelly
Paula Nichols
Glenn Powell
Elin Roberts

Certified Intensive Care
Cindy Booker
Stacie Forbes
Linda Frimmel
Jami Richmond
Becky Stewart
Lu Stringer
Lani White

Certified Lactation Consultant
Heidi Chavers
Angela Goodson
Liz Miller
Brenda Yoshikawa

Certified Maternal Newborn Nurse
Emmaly Karl
Gail Simpson

Certified Med-Surg Nurse
Jane Banes-Egina
Rebecca Burnett
Barbara Cooper
Karl Cousineau
Mary Groce-Madison
Sandy Higham
Girlie Manzo
Lydia Robinson
Deborah Smith
Andy Tomberlin
Tarika Williams
TMH actively supports nursing advancement by recognizing and rewarding achievement through education differentials, certification differentials and a professional development compensation system. Currently, almost 250 nurses hold specialty nursing certifications or advanced practice licensure.

**Certified Neuroscience RN**
- Aimee Brewer
- Carolee Davy
- Christie Schremser
- Nancy Anne Teems

**Certified Patient Advocate**
- Linda Reiser

**Certified Pediatric Nurse**
- Eileen Buser
- Julie Capas
- Marilyn Capps
- Erin DeGroff
- Shara Edmonston
- Catherine Hanks
- Rebecca MacDonell
- Denise Marr
- Carie McNeal Houpt
- Lindsey Morrell
- Crystal Paterniti
- Donna Ranner
- Ashley Rousseau
- Sarah Slagle
- Jenny Stark
- Elizabeth Stoutamire
- Kristin Weaver
- Louisa Williams

**Certified Psych/Mental Health Nurse**
- Shirene Baker
- Pamela Bowles
- Linda Chambers
- Arlene DeCastro
- Sue Lewi
- Nancy Lewis

**Certified Radiologic Nurse**
- Paige Peterman

**Certified Rehab RN**
- Tina Brackins

**Certified Wound/ Ostomy/Continence RN**
- Robbie Sharp
- Aimee Swope

**Certified Wound Care**
- Gisela Moran

**Critical Care RN**
- Luisa Alvarez
- Colleen Baker
- Stephen Baxter
- Aimee Brewer
- Laura Brown
- Mary Burcht
- Nancy Cenedella
- Kelly Chason
- Tommy Cochran
- Theresa Cochran
- Mandy Collins
- Liz Davis
- Christian Fabian
- Ally Fields
- Gloria Fishburn
- Linda Forrest
- Cari Funk
- Teresa Gager
- Kelly Glasco
- Theresa Griffin
- Tung-Yin Huang
- LaShante’ Johnson
- Liz Jordan
- Darlene Loftis
- Wendy Loy
- Petros Mavridoglou
- Ruth McKain
- Sandy Nawalany
- Robin O’Neill-Wann
- Will Parker
- Kathy Patterson
- Becky Plasay
- Patricia Quynn
- Lynn Sleeth
- Kevin Soike
- Sharon Solohub
- Carol Stallard
- Hannah Talbot
- Amy Townley
- Barbara Weeks
- Marylu Williams
- Juanita Williams
- Lorianna Wilson

**Certified Post Anesthesia Nurse**
- Gail Brown

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

**Lamaze Certified Childbirth Ed**
- Kathy Tafuri

**MDS/PPS/RAI Certification**
- Mylinda Hevner

**Oncology Certified Nurse**
- Lindsey Delaney
- Annette Garrigan
- John Home
- Staci Johns
- Joanne Michaels
- Christina Robertson
- Dreama Taylor
- Shannon Van Winkle
- Sandy Yates

**Progressive Care Certified RN**
- Federica Falomo
- Kimberly Shipp
- Sharon Solis
- Deborah Urling
Like a puzzle, the human body is dependent on its pieces properly fitting together and performing their function. When a piece becomes ill, it affects those around it, and the picture as a whole; it requires attention on all sides.

Providing patient care is about restoring health and ensuring the puzzle pieces are working in harmony, something that requires a comprehensive approach across disciplines. At Tallahassee Memorial, nothing is more important than providing complete care to patients, but in the ever-changing world of complex healthcare, maintaining clear communication amongst specialties within the electronic medical record can be a challenge.

In 2014, Tallahassee Memorial adopted the Interdisciplinary Plan of Care (IPOC) model, a software system that allows hospitals to customize care plans in their electronic medical record. Put simply, IPOC provides nurses and other disciplines with a framework to develop an individualized care plan for each patient.

Led by Amy Townley, BSN, RN, CCRN and the Interdisciplinary Plan of Care Committee, using the new software, standardized plans of care were created to alleviate the more segmented approach of the past. The plans are used throughout the hospital, but can be tailored for each patient or unit. The IPOCs allow for disciplines to view concerns, establish goals, document achievement of goals or change the plan depending on the assessed needs of the patient – all in one place.

The IPOCs were implemented hospital-wide in September; to date 32 plans have been built. The IPOC Committee – comprised of 25 representatives from different units or departments at TMH – is still meeting today. Driven largely by nurses, the first to assess patients and initiate care, the committee’s work includes important contributions from Respiratory Therapy, Nutrition Services and Rehabilitation Therapy, as well as other specialties like Wound Care and Pain Management.

“The IPOC model allows us to create plans of care that work to identify the problems affecting each patient and create a plan to address and move beyond that issue,” said Amy Townley, RN, BSN, CCRN, Nurse Manager, Heart & Vascular Outpatient and Procedural Care Units and Chair of the committee. “We wanted to create plans of care that were applicable for all areas of the hospital, while at the same time protecting the ability of each department to hone the plans to their needs. It’s an ongoing process, but so far we’re seeing it help our nurses, physicians and patients.”
The IPOC system also required a shift in thought for many, requiring a new perspective on achieving milestones in care. TMH’s plans of care place focus on achieving overall goals and performing interventions to help patients achieve those goals. This means a plan of care is only created when needed, and its successful completion only means a new, more honed plan is developed.

“We focused on creating IPOCs for necessary treatment, not for each and every facet of care,” said Amy. “IPOCs are designed to put the pieces of care together and solve problems. Once we’ve reached a goal the IPOC is discontinued and we establish a new goal that is more relevant. We are continuously changing and updating plans of care based on patient’s assessed needs and progression towards goals.”

If transitioning an entire hospital to a new system of providing and tracking care doesn’t sound easy, that’s because it’s not. The IPOC system required an intense amount of technical expertise and support from TMH’s Information Technology and Clinical Informatics team along with the TMH Center for Learning and Innovation, Project Management and more.

Since its inception, the Clinical Informatics team has been working closely with the IPOC Committee to facilitate the use of IPOCs in PowerChart so they can be used for the entirety of the patient’s treatment no matter where they are in the hospital.

Over 10 days, 900 colleagues were trained on the new IPOC system. Each unit now has an IPOC champion who acts as a super user and a “go to” subject matter expert for immediate needs. Clinical Informatics also continues to provide training for the IPOC system as advancements are made and TMH becomes more adept at using the software.

“The IPOC system was truly a joint effort. We couldn’t have completed any of it without everyone providing their piece,” said Amy.

“One of the most important benefits of IPOCs is that the system enhances our ability to provide Patient- and Family-Centered Care. It puts a high value on our ability as nurses to rely on our real-world experience and replace a more segmented care plan approach with a interdisciplinary, patient plan of care.”

Pictured below: Interdisciplinary Plan of Care (IPOC) Committee members
Patients and their family members have always played an integral role in healthcare at Tallahassee Memorial. Over the last year, TMH has worked to further infuse this concept into how we provide care by including patients and families in the planning, delivery and assessment of the healthcare process. Proven to be an essential element of care, patient and family collaboration is now fundamental to Tallahassee Memorial and has been adopted as one of the five strategic goals in the Nursing Strategic Plan.

Working to fully engrain this new approach into Tallahassee Memorial’s culture resulted in the creation of the Patient- and Family-Centered Care initiative, led by Patricia M. Kenney, BSN, MN, APRN, FNP, DNP(c), who joined the TMH team last year. In this newly developed position, Patricia is also responsible for overseeing the Palliative Care Consultation Program, the Patient Advocacy department and the RN Improvement Advisor.

Before taking the necessary steps toward engraining Patient- and Family-Centered Care, Patricia knew it would be important to understand the current state and identify goals for the future. She began with a cultural assessment, making departmental observations to gauge how patients and their families were being engaged in the care provided. Next, she met with key stakeholders to learn about what was done in the past and where TMH leaders aimed to be in the future. She learned that many leaders were familiar with the term “patient experience,” which defines how effectively hospitals are in satisfying patients’ needs and expectations, but quickly saw a need to clarify that patient experience is not the same as Patient- and Family-Centered Care. Patricia felt it was important to show that Patient- and Family-Centered Care goes much deeper to unite caregivers, patients and whomever they define as family into the care process.

Patient-and Family-Centered Care has four primary concepts:

**Respect and Dignity** Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

**Information Sharing** Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

**Participation** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

**Collaboration** Patients and families are also included on an institution-wide basis. Healthcare leaders collaborate with patients and families in policy and program development, implementation and evaluation; in healthcare facility design; and in professional education, as well as in the delivery of care.

Pictured right: Patient- and Family-Centered Care Design team meeting at TMH
“Patient- and Family-Centered Care should be a part of everything we do – from the vision that drives our care, to how our buildings are designed. This is one of the primary cornerstones for improving quality, safety and the healthcare experience,” said Patricia Kenney, BSN, MN, APRN, FNP, DNP(c).

Patricia performed various self-assessments and identified the gaps between current practices and where TMH aims to be in the future. With so many goals, she knew it would be important to prioritize them. To facilitate and further engage the TMH team, she brought together the Patient- and Family-Centered Care Design Team, a multidisciplinary group consisting of over 30 individuals who were tasked with prioritizing those gaps. Going forward, Patricia will be creating a survey to further analyze what actionable steps should be taken next.

Under Patricia’s leadership, TMH was selected as one of 11 hospitals in Florida to participate in a Patient- and Family-Centered Care Learning Consortium with the Florida Hospital Association, the Agency for Healthcare Research and Quality and the Institute for Patient- and Family-Centered Care. Each member of this consortium is required to create a process that engages Patient and Family Advisors by October 2015. TMH has established a second goal to weave Patient- and Family-Centered Care into every aspect of Tallahassee Memorial’s culture. TMH is already working to engage patients and families in this new approach by creating a more welcoming visitor policy that conveys families are an integral part of the healing process and should be welcomed to visit their loved ones at any time of day. Additionally, a focus group consisting of patients and family members was created to give their thoughts and opinions on the layout and design for the new Mustian Center, a critical care and surgical center which is currently being designed.

“A shift in culture is never a quick process and we know many changes need to be made to fully engrain Patient- and Family-Centered Care into everything we do,” said Patricia. “By being open to transforming the way we think about patients, their families and how they contribute to the care we provide, Tallahassee Memorial HealthCare is truly leading the way for better care and patient outcomes.”
Experts now say that professionally practiced therapeutic touch can reduce or even completely alleviate pain. Until recently, Therapeutic Touch has been widely underestimated, but is now offered across the globe, including here at Tallahassee Memorial HealthCare.

What is Therapeutic Touch (TT)? Touch, in general, is a key component of traditional healing and increasingly studied in mainstream medicine. However, unlike common touch, TT is a non-invasive, evidence-based process that uses focused intention, compassion and energy to restore balance to the body. Research has shown that it can be beneficial in lessening or relieving symptoms such as pain, nausea, anxiety and shortness of breath; it has also been shown to promote relaxation and well-being.

Developed by nursing faculty at New York University in the early 1970s and designed specifically for use by healthcare professionals as an extension of their professional skills, Therapeutic Touch is a modern interpretation of several ancient healing practices. In TT, the practitioner’s hands are used to sense imbalances in the flow of energy around the body and to direct or modulate those energies. Usually, the hands are held two to six inches away from the body. A typical TT session may last 10-15 minutes and can be performed anywhere within the hospital, including the patient’s bedside.

**Therapeutic Touch at Tallahassee Memorial**

In order to practice TT at Tallahassee Memorial, the organization requires that a nurse attend a basic 16-hour TT workshop, document practice sessions on at least 33 non-patients, attend at least one mentoring session and pass a competency quiz reviewing core concepts of TT and key organizational aspects. As of March 2015, five nurses have achieved competency to
practice while 15 additional nurses have undergone TT training.

Therapeutic Touch began as a pilot in October 2014 in the Tallahassee Memorial Angie Deeb Cancer Unit (ADCU). One of the patients in that unit actually precipitated the move toward TT. In agonizing pain and receiving high doses of narcotics, the patient readily accepted an offer of TT from a highly-trained nurse. The patient’s pain went away within minutes, his energy returned and no further narcotics were needed or requested for the next 24 hours. In a constant quest to provide evidence-based care, a literature review ensued. Research studies and an evidence table on TT are now in a binder in ADCU for review. A Cochrane Review from August 2012 states, “the evidence that does exist supports the use of touch therapies for pain relief,” “the claim that touch therapies reduce analgesic usage is substantially supported,” and “no adverse effect has yet been identified.”

**Real Patients, Real Results**

Therapeutic Touch at Tallahassee Memorial has been well received by patients and staff alike. A TMH colleague requested TT after trying to work all day with a migraine headache – after TT the headache completely dissipated. A sickle cell patient who received a number of TT sessions noted, “It calms the pain down.” A patient with metastatic breast cancer being transferred to another facility asked, “Will they do TT where I’m going?”

Another patient with metastatic lung cancer had severe pain throughout his chest and abdomen. They were requiring large doses of pain medicine every hour, but getting very little relief. Just as the nurse was about to call for an increased dose of pain medicine, a nursing instructor offered TT to the patient. Desperate for relief, he agreed. Discussing his experience a short time later, the patient said, “I didn’t have anything to lose. The pain eased off immediately during the treatment. I felt like I had run out of gas, and now I feel like I want to fight again. I feel relaxed, alert and awake.” In the preceding 24 hours, the patient had been receiving 44 mg of IV Dilaudid, but for 22 hours after TT didn’t require any additional medication.

A 20-year-old trauma patient, who was involved in a motor vehicle accident in which a friend was killed, sustained multiple rib, pelvic and lower leg fractures. Her pain was being managed with a Patient Controlled Analgesia (PCA) pump and Tylenol. The patient and her family were distraught, grief-stricken and anxious over the accident, the extent of her injuries and the long road to recovery. The patient was having difficulty sleeping. Therapeutic Touch was offered, explained and readily accepted. The patient, who was previously withdrawn, immediately became more relaxed. When checking with the patient the next day, she stated her pain was lessened and that she felt less anxious and slept much better through the night. She requested TT each day, usually late in the day to ease the pain after physical therapy sessions. She said it was the only thing that let her sleep at night.

By reducing pain and promoting comfort without side effects, TT at TMH has been an ideal service to compliment conventional care and promote healing and comfort for our patients.

**Therapeutic Touch**

is a non-invasive, evidence-based process that uses focused intention, compassion and energy to restore balance to the body.
STRAIGHT TO THE HEART
INNOVATIVE HEART TREATMENTS CALL FOR ADVANCED NURSING CARE

The heart and soul of any great healthcare organization is found in each healing touch, warm smile and genuine conversation shared with patients. At the Tallahassee Memorial Heart & Vascular Center, the nursing team is pairing Patient- and Family-Centered Care with innovative treatment options that not only help patients survive, but thrive.

In 2012, Tallahassee Memorial’s Heart & Vascular Center started performing a highly specialized Transcatheter Aortic Valve Replacement (TAVR) procedure to treat high-risk patients with severe aortic stenosis. Since then, TMH has continued to add new advanced procedures to best treat patients with complex heart conditions including the MitraClip for mitral regurgitation, Percutaneous Coronary Intervention (PCI) for Chronic Total Occlusions (CTO), and the WATCHMAN
implant to reduce stroke risk in patients with Atrial Fibrillation (Afib). These very specialized treatment options require a team of competent, passionate nurses with advanced skills ready to care for patients in a complex, high stress and exciting environment.

“No two days are the same – we are always growing and improving as nurses so we can offer the best care for our patients,” said Amy Townley, BSN, RN, CCRN, Nurse Manager, Heart & Vascular Outpatient and Procedural Care Units. “Each patient has an individual set of needs and concerns, so we work as a team to individualize each patient and family experience.”

To offer the best in patient care, the Heart & Vascular Outpatient and Procedural Care Units must work together in harmony. The success of these units can be attributed to two key elements — education and collaboration.

**Education**

The education process is two-fold, education of the nurse and education of the patient. Each new procedure and treatment option requires training every nurse, from preoperative care to discharge, as well as each patient undergoing the new procedure and their family or caregiver.

**To offer the best patient care, these nurses work together in harmony... their success is attributed to two key elements — education and collaboration.**

Nurses transitioning from critical care to the outpatient and procedural care units often notice a change in how patient care is delivered. “In these units, our patients are more alert, and in turn, more involved in their care,” said Amy. “Patients can communicate what they need, how they feel and can tell us they understand the discharge instructions specific to their procedure.”

The discharge team individualizes each patient visit and discharge instructions since follow-up appointments, additional testing and recovery guidelines vary based on the procedure.

**Collaboration**

As the demand for advanced heart care continues to grow, TMH is keeping pace by performing new procedures, recruiting new physicians, advancing nursing practice and caring for patients across the Southeast. An increase in patient volume also means the nursing team is expanding and discovering collaborative ways to improve patient care.

“Each member of our team is a leader,” said Amy. “We all have the ability to improve the patient experience. If one of us notices an area for improvement, we are empowered to develop solutions and implement them.”

One recent improvement was reducing the wait time for patients between Central Registration and the Heart & Vascular Center. Previously, the preoperative process took approximately three hours, but it has now been reduced to about one hour. The streamlined process improves patient satisfaction and encourages all of the colleagues involved in the registration and preoperative process to be more efficient.

“As our team grows, we will continue to advance nursing practice, review our processes and maintain our goal of being very patient and family care focused,” added Amy.

Pictured left: Experienced heart & vascular nurses in the cardiovascular catheterization lab
Birth is a beautiful, stressful, exciting start of life and the beginning of a bond that is instinctual and unbreakable between parents and child. Supporting this process and creating a healthy and positive experience for new parents and babies is an ancient practice, one that many physicians and nurses feel called to do.

At Tallahassee Memorial HealthCare, we are honored to participate in the intimate process of birth and bonding – we take pride in assisting new lives as they enter the world and supporting growing families. Two years ago, in an effort to provide the best nursing practices in mother-baby care in a nurturing environment, TMH took the first steps towards becoming the area’s only designated “Baby-Friendly” hospital.

In 1991, the United Nations Children’s Fund and the World Health Organization established the Baby-Friendly Hospital Initiative to encourage and recognize hospitals and birth centers worldwide that offer a high level of care for breastfeeding. Healthcare experts and scientists agree breastfeeding is the best way to feed babies and breast milk is known to reduce the risk of infant death and other chronic illnesses and diseases in children and their mothers.

Valerie Wickboldt cradles new son, Wyatt
The program established 10 steps that hospitals should follow to ensure successful breastfeeding. To be designated “Baby-Friendly,” hospitals must meet a strict list of measured criteria that includes a comprehensive written breastfeeding policy; additional training for staff and physicians; and help for women to begin breastfeeding within an hour after birth.

“In general, the baby-friendly steps require us to go back to the basics,” said Connie Styons, MSN, RN, Service Line Administrator, Women & Children’s Services. “We’re renewing our focus on breastfeeding, practicing skin-to-skin contact after birth and delaying a baby’s first bath to help mom and baby bond and recover after delivery.”

### 10 steps toward being a Baby-Friendly Hospital:

1. Maintain a written breastfeeding policy routinely given to all healthcare staff.
2. Train all healthcare staff in the skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in”— allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

While achieving this distinction and completing the 10 steps is a long-term process that will take several years, at the Tallahassee Memorial Alexander D. Brickler, MD, Women’s Pavilion, we’ve already begun to change our approach to parent and infant bonding.

“Parents are hearing a consistent message now,” Connie said. “We’ve made great progress recently completing our breastfeeding policy, implementing skin-to-skin contact after uncomplicated births and providing new moms with all the relevant information to inform their decisions on breastfeeding. In the Neonatal Intensive Care Unit, moms are now encouraged to pump breast milk that is then given to their babies just like medicine is administered.”

While some steps are easier to accomplish, others will take time and require new training and resources. But working hand-in-hand, veteran and new nurses are adopting the new practices to ensure a smooth transition. Recently, nurse residents in the Women’s Pavilion completed an evidence-based project highlighting the benefits of skin-to-skin contact.

“Research shows us that skin-to-skin contact within the first hour of life has vast benefits for mothers and babies,” said Melissa Dixon, RN. “It fosters bonding, decreases stress and positively affects development in infants.”

It’s these collaborative projects and research that are honing Tallahassee Memorial’s Baby-Friendly policies.

“Becoming a Baby-Friendly hospital won’t happen overnight,” Connie said. “But together we’re taking the steps to provide the best care possible to moms and babies.”
The constant whir and advancement of our smart phones, incoming email and instantaneous social media can make it hard to believe that sometimes the easiest way to make the biggest difference is as simple as a dry erase board.

It’s not new technology – just a third generation chalkboard – but it’s revolutionizing communication at Tallahassee Memorial HealthCare. For a long time, Tallahassee Memorial furnished whiteboards for each patient room to serve as an information source listing the bedside nurse and any other pertinent information deemed necessary by the doctor, nurses or unit.

But, this past year’s intent focus on evidence-based practices and Patient-and Family-Centered Care brought with it a new way to engage patients and provide information – enhanced and customized whiteboards that are now a central hub of patient information.

Based on recommendations from the Whiteboards Task Force, which was assembled to delve deep into what was needed, the new whiteboards highlight information and a new look that is standard throughout the hospital, while also providing the option for each unit or department to customize the board to fit their patients’ needs.

Funded by the Tallahassee Memorial HealthCare Foundation, each whiteboard contains the patient room number and phone number; their nurses’ names and contact numbers; physicians and consulting physicians; personal information, including their goals for the day and a possible hospital release date. Space for information about their specific treatment plan is also included, in
many cases with diagrams and visuals, depending on the unit.

“To fully understand what we needed, we had to interview a variety of people,” said Linda Reiser, RN, MS, PRC, PAAPC, Director of Patient Advocacy. “From patients and their families to doctors, nurses and colleagues, we wanted everyone to be involved so we could create a one-stop source of information that engaged the patient and their family to participate in their care. The research was also based largely in evidence that shows whiteboards are a valuable communication tool, not only between patients and caregivers, but also between hospital staff members.”

After starting with a pilot in the Orthopedics Center, the whiteboards proved to provide a multidisciplinary approach and required training for nurses, physicians, case managers, environmental services, dietary and more to fully realize their capabilities.

“You might think, ‘it’s just a whiteboard, what difference can it make?’” said JB Vialpando, RN and Nurse Manager in the Orthopedics Center. “But we saw an enhanced understanding from patients once they were installed. Not only do they provide all the relevant information, but they also provide each unit unique space to put treatment information or include other specialists or colleague information.”

If you walk the halls at TMH now, you would be hard pressed not to see a new whiteboard – 673 have been installed to date. The new boards have a low maintenance cost, but more importantly, are showing high patient and staff satisfaction.

When asked in a recent survey, patients cited usage of the whiteboards by staff at nearly 100%. Every patient surveyed agreed the whiteboards were helpful to them and their family and that the information was easy to read and understand. Similarly, 100% of nurses surveyed made use of the whiteboard at the beginning of their shifts and updated the information regularly.

“It may seem like a small thing, just an erasable board on a wall,” said Linda. “But the positive effects are amazing. They clearly define vital information, alleviate confusion, and most importantly work to engage one of the most powerful sources of treatment, the patient.”
A child’s life is full of growing and learning, falling down and getting back up. But sometimes, these ups and downs can be more than a scraped knee and a lesson learned. Sometimes they can be life-changing.

Meet Marshal, a child who received care and treatment at Tallahassee Memorial HealthCare’s Kids Korner. At the young age of 14, Marshal has already faced many challenges. At age six, Marshal was separated from his biological family. In 2013, after several years in foster care, he found a new family and was adopted by Betsy Fisher.

Although still overcoming many issues and adjusting to his new surroundings, Marshal was an active boy. In April 2014, Betsy discovered a bump on his knee and scheduled an appointment with his primary care doctor. They were referred for an MRI, and then to UF Health Shands Children’s Hospital, where they received the terrible news that Marshal was diagnosed with Osteosarcoma, a type of bone cancer. The very same day of his diagnosis, a port for treatment was surgically placed into Marshal’s body.

“It all happened so quickly,” said Betsy.

In May 2014, Marshal had his first round of chemotherapy. Based on their own research and guidance from physicians, Marshal and his family knew that chemotherapy was an essential part of treatment and that it was often needed, in addition to surgery, to treat cancer. For Betsy, it was important that her son be involved in his care and have as much control and decision-making as possible.

During his treatment, Marshal started making regular visits to Tallahassee Memorial’s Kids Korner, a specialized outpatient unit that exclusively treats children. The only one of its kind in the Tallahassee area, Kids Korner sees patients for lab work, pre-and post-operative care, endocrine studies, IVs and much more. Kids Korner is also where Marshal met Lauren.

Lauren Sherrill, a Tallahassee Memorial Child Life Specialist, knew it was important to build a trusting relationship with Marshal. Because of his past challenges, Marshal had behavioral struggles and didn’t trust others easily.

“Giving up on him was not an option, no matter how long a procedure would take,” said Lauren. “His anxiety levels were very high, a simple finger poke would take up to three hours to complete.”

Marshal often had days where it was hard for him to process what was going on which made him very upset. Encouraging him and being positive became the main goal of Lauren and the Kids Korner nurses.
As the bond between Marshal, Lauren and the other nurses at Kids Korner grew, things began to get easier. Marshal began showing his true personality, including a desire to create art. So, before any procedure, Marshal would spend time with Lauren and the other nurses making masterpieces. This calmed his nerves and alleviated some of his stress.

“We discovered that being silly and funny allowed us to connect with Marshal. We dressed up in costumes and talked endlessly about one of his greatest interests: insects,” said Catherine Hanks, RN, Assistant Nurse Manager, The Children’s Center. “I think most of all, we helped him express how unfair it was to have cancer. We let him know it was okay to be unhappy about it. I believe that our bond was created because he realized that we really cared about him, how he heals and where he goes in life.”

In July 2014, Marshal decided to have an above the knee leg amputation, “I wanted the cancer out of my body,” Marshal said. He has since received a prosthetic leg and nicknamed it “Rexy,” a nod to its dinosaur theme.

Today, Marshal has finished his chemotherapy treatments and is happy to report his hair is growing back.

“We’ve built a lasting relationship with all the nurses at Kids Korner,” said Betsy. “They will forever be part of our lives.”
MEASURING OUR PROGRESS

Catheter Associated Urinary Tract Infections
per 1000 Catheter Days

Central Line Associated Blood Stream Infections
per 1000 Line Days

Ventilator Associated Pneumonia
per 1000 Ventilator Days

Percent of Surveyed Patients with Hospital-Acquired Pressure Ulcer

Total Patient Falls
per 1000 Patient Days

Injury Falls
per 1000 Patient Days
NURSING SATISFACTION SURVEY

Nursing Education
- Baccalaureate Degree: 57%
- Associate Degree: 35%
- Masters or Doctoral Degree: 5%
- Nursing Diploma: 3%

Percent of RNs with National Certification

RN Years in Practice
- 1 Year: 7%
- 1-2 Years: 8%
- 2-5 Years: 19%
- 5-10 Years: 16%
- 10+ Years: 50%

Practice Environment*
- TMH
- National Comparison

Collegial RN-MD Relationships*
- 2010
- 2012
- 2014

Nursing Diploma 3%

Masters or Doctoral Degree 5%

Baccalaureate Degree 57%

Associate Degree 35%

*Based on a scale of 1 to 4 with 4 being high satisfaction and 1 being low or no satisfaction.