MISSION
PROVIDE PATIENT-CENTERED, EVIDENCE-BASED HEALTHCARE

VISION
ADVANCE PROFESSIONAL NURSING PRACTICE TO ACHIEVE OPTIMAL COMMUNITY HEALTH AND WELLNESS
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Dear TMH Friends & Colleagues:

This has been a year of transitional leadership for our Nursing Services division. I am proud to report that our nurses never skipped a beat and have continued to advance quality and efficiency programs during our leadership transformation.

In early 2012, Barbara MacArthur, our longtime Vice President/Chief Nursing Officer indicated that she wished to relocate closer to family in Kansas City. After an extensive national search, Barbara Alford, our Nurse Manager for the Angie Deeb Cancer Unit was selected as the new Nursing Services leader. She has hit the ground running with a variety of initiatives including the completion of a brand new strategic plan for the division. That plan closely follows and enhances the Tallahassee Memorial HealthCare strategic plan which was being developed at the same time. Our new vision, “Leading our community to be the healthiest in the nation,” will expand the possibilities for our nurses.

TMH is a diverse healthcare organization that focuses on much more than just hospital care. Our nurses’ healing touch reaches outside the hospital into all of our vast region. And, though they will continue to work hard healing the sick and injured so they can leave the hospital, increasingly they will educate their patients and our community on how to stay well.

This is an exciting time for our providers of healthcare. Our new vision to improve the health of our community opens many more opportunities to serve, and our nurses will help us lead the way toward healthier and more productive residents.

Sincerely,

G. Mark O’Bryant
President & CEO
Dear TMH Friends and Colleagues:

Change has been our one constant in nursing this year. As many of you know, change can illicit feelings of uncertainty, anxiety, and upheaval. At Tallahassee Memorial, we have been affected by changes both within our organization and in the national healthcare industry.

Nursing colleagues and friends of nursing have left the TMH family this year. They left to be near family, to marry the loves of their lives, to pursue grander nursing opportunities, to retire, to earn advanced degrees in nursing, and some have left for reasons beyond their control. We thank them all for their caring, contributions, and commitment to nursing at TMH.

We know there is more change on the horizon. Healthcare is in the midst of the greatest transformation since the passage of the Social Security Act in 1935 and Medicare in 1965. The Patient Protection and Affordable Care Act have opened the door to unrealized opportunities and challenges—talk about uncertainty! Our nurses have seized opportunities and overcome challenges.

In the past year alone, nurses have helped launch two new units within the hospital that are allowing us to better serve our Vogter Neuro Intensive Care Unit and Bixler Emergency Center patients. They have embraced new technology like the Pacifier Assisted Lullaby, and they have championed to bring new, evidence-based order sets into nursing practice at TMH, such as the Clinical Assessment for Alcohol Withdrawal, which was recently implemented house-wide. In addition to welcoming positive changes within our organization, in numerous cases, our nurses have actively sought out change by conducting original research to find new and better approaches to care. Examples of ongoing nursing research at TMH include an award-winning study on preventing needlestick pain in children and myriad studies on the needs of patients at the Tallahassee Memorial Transition Center.

With each of these developments, the transformational leaders of our organization help nurses see themselves and the opportunities and challenges of nursing in a new light. Leaders empower nurses to be the best they can be, advocate for patients, support community health events, precept nursing students, conduct research and much more.

In turn, our nurses care for patients and families 24 hours a day, seven days a week. They provide a caring and healing environment as patients experience both temporary changes and life-altering moments. Each patient encounter is an opportunity to convey care and respect, and our nurses are prepared to efficiently and effectively adapt to change to take care of our patients and families.

We hope as you read this annual report, you get a sense of their caring spirits. We thank and acknowledge our 1,200+ nurses who provide care to patients and families every day.

Sincerely,

Barbara Alford, RN
Vice President & Chief Nursing Officer
TMH RECOGNIZES FIVE WITH ICARE NURSING AWARDS

INTEGRITY
Patricia Garrison-Metzger, RN, BSN Internal Medicine Unit
According to her fellow colleagues on the night shift, Patricia is someone you want to have as your nurse. She double checks orders—even if they have already been completed by others—to make sure nothing was missed. She will research the medications that she is giving so that she does not overlook a side effect or contraindication that could potentially result in an adverse outcome. She also takes extra time to fully assess patients she feels are “not quite right” to ensure nothing is amiss. She does all she can to assure that patients receive the best possible care and experience optimal outcomes. Patricia is a shining example of the Integrity ICARE value.

COMPASSION
Clarke Lee, RN Vogter Neuro Intensive Care Unit
Clarke’s colleagues say he is their “anchor on the weekend night shift.” One particular occasion stood out in their minds as a testament to Clarke’s compassion for patients. A young patient was admitted to the unit with a fatal injury. The family’s only wish was to get to the hospital to say goodbye. Clarke worked with the Vogter Neuro Intensive Care Unit team and physicians to sustain the patient until the mother arrived. The conversation between Clarke and the patient’s mother was a heartfelt, life-altering moment for both.

ACCOUNTABILITY
Jessica Bahorski, ARNP Pediatrics
As the Clinical Specialist on Pediatrics, Jessica has made an ongoing and outstanding contribution not only to the department, but to the whole organization. Jessica participates on the Ethics Committee, assists with the hospital-wide orientation of new employees, and provides pediatric clinical expertise throughout the organization.

RESPECT
Katie Mann, RN Behavioral Health Center
One of Katie’s colleagues shared the following personal story to relay how Katie exemplifies the Respect ICARE value. “During the time I have been working at the Behavioral Health Center, Katie has taken a considerable amount of time to communicate with me, teach me, and explain nuances, all while exercising patience and calmness as I continued to grasp the concepts of behavioral health. Her dedication, passion and knowledge are demonstrated through her keen ability for effective communication, education and leadership.” In demonstrating a deep respect for her patients and fellow colleagues, Katie earns the mutual respect of those around her. Fellow colleagues credit Katie for helping them to learn, grow, and gain an enriched sense of their lives and profession.

EXCELLENCE
Kathy Glombowski, RN Neonatal Intensive Care Unit
Kathy routinely goes above and beyond what is expected. She serves on multiple Shared Governance councils, has participated in many unit and house-wide audit projects and is also a leader in the NICU, serving as a charge nurse on a regular basis. In addition, Kathy is training to become the newest member of the Neonatal Transport Team. Kathy steadfastly devotes her time to the improvement of the NICU setting and its outcomes. Results of her efforts include improvement in admission temps, breast milk feeding prior to discharge, and appropriate chart sign-offs. Through her many diverse roles at TMH and her tireless dedication to each one, Kathy demonstrates excellence in every aspect of the nursing profession.

Jessica also spearheaded a study on technology for pain-free IV starts and has helped support TMH’s involvement in other research opportunities. TMH and Pediatrics are very fortunate to have someone of Jessica’s knowledge, education and personal values as a member of our family.
The DAISY Foundation was formed in 1999, by a family touched by the care nurses provided their loved one J. Patrick Barnes while he was treated for complications of Idiopathic Thrombocytopenic Purpura (ITP). DAISY is an acronym for Diseases Attacking the Immune System, and the DAISY Award is meant to recognize outstanding nurses worldwide for the superhuman care they provide patients and their families every day.

Between September 2011 and September 2012, Tallahassee Memorial recognized the following nurses with DAISY Awards:

**September 2011**
**Jul Colle, RN | Surgery**
Jul shows great compassion and understanding to her patients and their family members. She always gives a helping hand where needed, expecting nothing in return. She regularly arrives to work early to set up her room and stock it for the day, and she will often open and arrange the technicians’ supplies so everything is ready for them, as well. Patients adore Jul, and colleagues love working with her.

**December 2011**
**Melissa Miller, RN | Labor and Delivery/ Antenatal**
During an emergency code on Labor and Delivery, Melissa served as the only link between an expectant mother and her family. At the family’s request, Melissa urged the patient to fight for her life and that of her newborn daughter, although the patient was unresponsive. The patient survived and returned to full health.

**February 2012**
**Roberta McGiff, RN | Outpatient Surgical Unit**
Roberta performs her job exceptionally well as she is able to draw out important information about patients by actively listening to their comments and stories, their tone of voice and what might be happening in the background. Her colleagues report her documentation as flawless.

**September 2012**
**Candace Feely, RN | Surgery Center**
Candace consistently shows empathy, compassion and expert knowledge to our mammography patients, as well as all other patients. She is the first person patients encounter during a very sensitive and personal procedure. Not only does Candace provide useful information, but she develops a caring rapport with the patient and family. She is a true example of caring for patients on both a physical and emotional level.
NURSING ADVANCEMENT AT TMH

TMH actively supports nursing advancement by recognizing and rewarding achievement through education differentials, certification differentials and a professional development compensation system. Currently, more than 226 nurses hold one or more specialty nursing certifications or advanced practice licensure.

Advanced Registered Nurse Practitioner
Jimmie Griffin
Kathy Patterson
Melanie Spells
Irene Wilson
Melinda Schrock
Angela Marky
Jessica Bahorski
Tal Yariv
Laurie Grubbs
Kathy Louvaris
Angelo Herbu
Debra Pederson
Monica Hubmann
Lynn Steele
Jaibun Earp
Deanna Epley
Julia Pallentino
Judy Griffin
Cartier Lammert
Melissa Chamberlain
Faith Jones
Jayne Stewart
Anne Wagner
Vivian Moore
Rachel Monroe
Cory Collins
Susan Fischera

Certified Nurse Midwife
Kathy Hartley
Miriam Gurniak
Kathleen McKeon
Margaret Canter

Clinical Nurse Specialist
Donna Florence
Kathy Barnett
Terri McGowan-Repasky

Certified Ambulatory Care Nurse
London Whittington
Patty Hatcher

Claudia Cooper
Debbie Copeland
Sarah Young
Peggy Wright

Certified Ambulatory Perianesthesia
Barbara Dodson
Julia Wester
Christine Jubinsky
Cathy Turner
Mary Atteberry

Certified Case Manager
Bonnie Waugh
Cindy Summerlin
Doretta Campbell
Jennifer Browning

Critical Care RN
Liz Jordan
Laura Brown
Kathy Patterson
Theresa Griffin
Mimi Rowell
Becky Plasay
Julianne Johnson
Kayla Horne
Marylu Williams
Stephen Baxter
Lynn Sleeth
Alicia Cook
Anto Akkarappuram
Kelly Chason
Lori Jackson
Carrie Beth Ent
Jim Ashley
Darlene Loftis
Petros Mavridoglou
Liz Davis
Aimee Brewer
Pattie Stadler
Colleen Baker
Linda Forrest
Barbara Weeks

Nancy Cenedella
Carol Stalard
Ally Fields
Kevin Soike
Maria Cochran
Jeremy Matyjaszek
Ruth McKain
Sharon Sollohub
Amy Townley
Amanda Collins
Mary Burtch
Ivette Berry
Tommy Cochran

Certified Diabetes Educator
Lyn Fevrier
Adela Mitchell

Certified Dialysis Nurse
Vanessa Unglaub
Judy Parker
Kathy Culbertson
Linda Harris

Certified Emergency Nurse
Terri McGowan-Repasky
Shannon O’Neill
Terry Schneider
Sheri Cook
Cynthia Perny
Kim Meals
Pattie Stadler
Deb McCallister
Becton Roddenberry
Christine Sutherland
Ally Fields
Gloria Aggabao
Joni Godwin
Jayne Hedrick

Certified Gastroenterology RN
Darinda NeSmith
Adele Dewar
Phyllis Fletcher
Ann-Marie Baker
Jeanette Hammond

Certified Hospice & Palliative Nurse
Sandy Grischy

Certified Inpatient OB Nurse
Kendra Marcinowski
Paula Nichols
Traci Chaney
Tanasha Huff
Tina Bailey
Sharon Dewit
Erin Roberts
Karen Rohe
Beth Cao
Eileen McGee
Heidi Chavers
Mich Holzman
Pari Amirkazeh Asl

Certified Lactation Consultant
Liz Miller
Christina Comer
Shelly Frazier
Heidi Chavers
Angela Goodson

MDS/PPS/RAI Certification
Mylinda Hevner

Certified Maternal Newborn Nurse
Linda Katz
Jennie Johnson
Emmaly Karl
Gail Simpson
Sandra Dixon
Certified Med-Surg Nurse
Andy Tomberlin
Stephanie Nilles
Deborah Smith
Karl Cousineau
Tarika Williams
Ann Buckhalter
Lydia Robinson
Pam Hughes
Barbara Cooper
Angela Powell
Sandy Higham
Girlie Manzo
Jane Banes-Egina
Nell Linsangan
Katherine Asis-Cruz
Jean Munroe
Rebecca Burnett
Mary Groce-Madison

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

Certified Nurse Operating Room
Kathy Howes
LeeAnn Barfield
Diana Picklesimer
Sandy Fynaardt
Karen Sutton
Julie Brookins
Debbie Swoboda
Sharon Jackson

Faith Duckett
Joyce Johnson
Anne White
Angie Colwell

Certified Neuroscience RN
Nancy Teems
Christie Schremser

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

Certified Patient Advocate
Linda Reiser

Certified Post Anesthesia Nurse
Kate McCarthy
Gail Brown

Certified Peds Critical-Care RN
Becky Walsh

Certified Psych/Mental Health Nurse
Debi Butler
Linda Chambers
Sandy Carter
Sharon Hindman
Sharon Lonkani
Donna Baillargeon-Chaloux
Linda Whitaker
Arlene DeCastro
Pamela Bowles
Shirlene Baker
Nancy Lewis

Certified Pediatric Nurse
Sherry Gatlin
Linda Reiser
Julie Capas
Lindsey Moore
Donna Ranner
Patsy Giarda
Louisa Williams
Denise Marr
Meghan Chamlis
Fallon Miller
Erin DeGroff
Jenny Stark
Elizabeth Stoutamire
Eileen Buser
Carie McNeal Houp
Ashley Eves
Emily Reeves
Rebecca MacDonell
Rebekah Robertson
Nique Johnson
Crystal Paterniti
Catherine Hanks
Robin Glady
Shara Edmonston

Certified Radiologic Nurse
Ashley Childs

Certified RN Infusion
Nora Hoch

Certified Rehab RN
Paula Jones

Certified SANE
Kathy Walker

Certified Vascular Access RN
Mariela Louissaint
Frederick Baudoin D’Ajo

Certified Cardiovascular RN
Ken Allen
Merrilee Wasson

Certified - Wound Care
Gisela Moran

Certified Wound/ Ostomy/Continence RN
Aimee Swope

Lamaze Certified Childbirth Ed
Kathy Tafuri

Oncology Certified Nurse
Staci Johns
Cydney Warfield
Annette Garrigan
Frances Murphy
Sandy Yates
Christina Robertson
Joanne Michaels
Dreama Taylor
John Horne
Shannon Van Winkle
Virginia Snyder

Progressive Care Certified RN
Amanda Fillingim
Jill Koepeke
Sharon Solis
Diana Dee Holland
Deborah Urling
Kimberly Shipp
Christina Paulett
Julie Reynolds
Crystal Scheiferstein
Leanne Barden

Pediatric Nurse Practitioner
Jessica Bahorski
One of the original research sites when the Pacifier Assisted Lullaby (PAL) was in development, the Tallahassee Memorial Neonatal Intensive Care Unit was honored to accept a PAL donated by Powers Device Technologies in September 2012.

The PAL® is a medical device invented by Dr. Jayne Standley, a Florida State University Robert O. Lawton Distinguished Professor of Music Therapy and the Ella Scoble Opperman Professor of Music and internationally-acclaimed researcher. The innovative device uses lullabies to help premature babies overcome one of their greatest growth hurdles — learning how to suck and feed. Research studies, such as the ones conducted at TMH, have shown that the PAL® can reduce the length of a premature infant’s hospital stay by an average of five days.

Before the invention of the PAL, helping infants learn to eat usually involved offering a pacifier during tube feeding. This would help babies associate sucking the pacifier with satiating hunger. The PAL builds on this concept by adding music as a second, more immediate motivator.

“In the TMH NICU, we see an improvement in babies completing and tolerating feeding, sometimes in only one or two sessions with the PAL,” said Linda Frimmel, RNC, BSN, NICU Nurse Manager. “Improvement in feedings is a contributing factor to a quicker discharge home.”

Usually one or two babies in the NICU will be in need of therapy with the PAL at any given time. Music therapists visit the floor nearly every day to work with infants identified by NICU nurses or other staff.

“Our nurses have an important role in working very closely with Music Therapy to identify babies who would be good candidates and to coordinate times for feeding with the PAL,” says Linda.

“The use of the PAL is a collaborative effort between music therapy, nurses, speech therapy, and occupational therapy. The staff identifies babies who are having trouble with their feeding skills and recommends the PAL to assist with nonnutritive sucking,” says Miriam Hillmer, Coordinator of Medical Music Therapy at Tallahassee Memorial.

In addition to identifying candidates for therapy with the PAL, nurses and occupational or speech therapists often determine when babies have successfully mastered sucking and feeding and no longer need the device.
Through medical advances at detecting and treating serious, life-limiting diseases, people are now able to live longer. Frequently, individuals’ lives are adversely impacted by chronic, often complex medical conditions. Modern medicine’s ability to prolong life is remarkable, but providing a good quality of life, for as long as possible, is equally important.

For many years, key physicians at Tallahassee Memorial Hospital championed for the development of a formal palliative care program. In 2009, with the support of hospital administration, the Palliative Care Consultation Service was formed. The aim of the program was to help alleviate the suffering and improve the quality of life for hospitalized patients living with life-limiting illnesses, regardless of life expectancy. On October 12, 2009, the Palliative Care Team launched their service, led by clinicians, Brian Sheedy, MD, and Angie Marky, ARNP, with chaplaincy support from Deacon Ed Melvin of Pastoral Care.

“Having worked together in the oncology setting since 1999, Dr. Sheedy and Angie had an established rapport and deep respect for one another, as well as a shared familiarity with caring for cancer patients who often faced chronic, life-limiting disease.”

“It was a natural fit,” says Angie. “A significant part of oncology practice is palliative. Our current practice now helps patients and families manage many types of chronic diseases that include dementia, kidney disease, liver disease, traumatic brain injury, cancer and strokes, as well as frailty in old age. We see a wide range of people from all walks of life and age groups.”

The patient population is diverse not only in terms of diagnosis, but also in relation to the stage of illness and life expectancy. However, there is an important distinction between palliative care and hospice care. Angie explained, “Palliative care is often mistaken as hospice and end-of-life care; however, palliative care is appropriate at any point in the disease trajectory and patients can continue to receive curative therapy while receiving palliative care. The major difference with hospice care is that individuals are believed to have a life-expectancy of six months or less and opt to have care focused on comfort not cure.”

The Palliative Care Team is consulted to assist hospitalized patients and families at the request of physicians. Consultations are very in-depth, which allows the team to form a deeper, more holistic view of the patient and family’s goals, values, and needs. “We look not only at the patients’ physical needs, but also their psychosocial, emotional, and spiritual needs, recognizing that suffering can come in many different forms,” says Angie. “Quality of life is different for everyone. We want to be respectful of individual values and goals and help remove barriers that negatively impact a patient’s quality of life.”

The team then relays this holistic sense of the patient’s needs to everyone involved in providing care, collaborating with colleagues from other disciplines such as physicians, nurses, chaplaincy, music therapy, case management and social work, nutritionists, physical therapy, and speech therapy.

The number of patients and families receiving services through the Palliative Care Team continues to grow each year. In 2012, Palliative Care was provided to 438 patients and included over 2,100 patient visits.
NURSES CONDUCT AWARD-WINNING VENIPUNCTURE STUDY

As part of Shared Governance at TMH, nurses from our Children’s Center Nursing Research Team designed a research study in collaboration with the Florida State University College of Nursing’s Center for Research and Evidence Based Practice. The study, entitled, Reduction of Perceived Pain and Distress During Venipuncture in the Pediatric Population, aims to find the most effective method for reducing pain in children during a needlestick procedure. Beginning in September 2011, nursing staff from the pediatric unit, pediatric ICU and Kids Korner, started recruiting 240 participants between 18 months and 17 years of age. Enrolled participants are randomly assigned to one of three treatment groups. The first group receives LMX4®, a lidocaine based cream, the second experiences Buzzy®, a small device that vibrates and helps block pain from reaching the site, and the third group encounters both LMX4® and Buzzy®. Initial results show Buzzy® and LMX4® as being equally effective in reducing perceived pain and stress associated with venipuncture. Since LMX4® requires up to 30 minutes to numb an area, Buzzy® may be a more desirable pain management tool in time sensitive circumstances.

Representing the Pediatric Nursing Research Team, Betsy Stoutamire, RN, CPN, and Jessica Bahorski, ARNP, MSN, PNP-C, attended the 23th Annual Society of Pediatric Nurses Conference in Nashville, Tennessee. While there, the team presented a poster about the venipuncture research study, including initial findings, and received a first place award. Winning in the Research Category, the poster was in competition with 110 entries from organizations all over the country. Prizes were awarded in the categories of Clinical Practice, Education, Evidence based Practice, and Research. Data collection for the needlestick study will continue until fall 2013.

Nurse Volunteers Promote Early Detection through PROSTATE SCREENINGS

At TMH, we proudly wear the title of “community hospital” by offering special services to residents of the Big Bend. One of our most popular community services is the prostate cancer screening held each September. This year the Cancer Center and Family Medicine Residency Program teamed up to offer complimentary prostate screenings – prostate-specific antigen (PSA) tests and a digital rectal exams (DRE) – to underserved populations in the region. The nurses, physicians and residents volunteered their time to screen more than 225 men through a seamless single day event. Through the screening process 24 men were alerted to prostate issues and received care from urologists.
NURSES SUPPORT GROWING NEUROVASCULAR SERVICE LINE

Last summer, Tallahassee Memorial made a number of significant advances to meet the need for complex neurovascular services in our region. This included the opening of a brand new neurovascular suite and welcoming neurovascular surgeon Matthew Lawson, MD, to our team. The advancement of services has created the opportunity to provide interventions for conditions such as intracranial aneurysms and arteriovenous malformations (AVM) with the ability to perform endovascular intervention for acute strokes.

Introducing these treatment options has brought an increased number of patients into our care. This patient population also has an anticipated longer length of hospital stay than the average patient. Nurses on the Neurology/Neurosurgery units have had an important role in allowing this transition to occur and supporting the expanded patient services.

“Knowing that Dr. Lawson was coming, we forecasted an increase in patient volumes and length of stay in the Vogter Neurological Intensive Care Unit (VNICU). Together with Nursing Administration, Finance, Project Management, and our Service Line Administrator we put together a workgroup. The workgroup met often to plan and prepare for our increase in patient services. Our gap analysis revealed the need for an intermediate care unit that had neurology/neurosurgery expertise”, says Patti Esher, RN, BSN, MHA, Nurse Manager of the VNICU.

As the projected growth was determined, the operations and educational needs were also identified. The Neurological Intermediate Care Unit (NIMCU) would support close observation and care that would allow a transition between VNICU and the Neurological/Neurosurgical medical surgical unit.

The Nursing staff obtained additional training with the guidance and leadership of the VNICU nursing staff. The VNICU nurses will continue to provide this support to all new nurses.

Six private rooms on the Neurology/Neurosurgery floor were converted to create the NIMCU. Full hemodynamic monitoring capabilities were established along with remote monitoring at the NIMCU nurses station.

The six rooms have provided full intermediate care, since receiving the first patient on October 1, 2012. The NIMCU is an integral part of the continuum of care for our NeuroScience patient population.

“We are now able to provide the community an extended service for this new patient population. This means patients can receive care close to home with the support of family and loved ones”, says Patti.
When Tallahassee Memorial broke ground on the Cancer Center in 2009, the future site was dubbed One Healing Place even before a street had been paved or a scoop of dirt had been turned. The proposed address reflected the vision for what the new facility would become—not just a building with the latest cancer-fighting technology, but a center that would unify existing cancer services under one roof, allowing patients to receive all outpatient care in a single location.

Since its opening, the Cancer Center has steadily progressed toward this goal, first offering radiation therapy treatments on the ground floor and later expanding to provide infusion and hematology treatments with the opening of the second floor in July 2012.

“Introducing medical oncology treatments at the Cancer Center pulled all cancer services together to better serve the community,” says Ann Hatcher, RN, Nurse Manager of Outpatient Oncology Services.

“What this means for our community and specifically for patients is that they can come to the Cancer Center for all outpatient cancer care services,” adds Matt Sherer, Administrator, Tallahassee Memorial Cancer Center. “Going to multiple locations can be time consuming, and, when you have a condition like cancer, challenging, as well. This expansion simplifies the journey for patients by centralizing all outpatient cancer services under one roof.”

Not only can patients now receive the full spectrum of cancer care in a beautiful new space, but the building is also designed to improve patient safety and promote communication between providers. The new space features five nursing stations with a total of 30 infusion chairs. The Pharmacy and Infusion areas are side by side, promoting vital communication about medications and dosages. Physicians are also easily accessible, and patient navigators can quickly coordinate treatment efforts between floors and departments.

“The shared location makes the whole cancer team more aware of each element of the patient’s care. We can resolve issues more effectively and provide more efficient and safe care when we are all working together in the same building,” says Ann.

As the units relocated, TMH welcomed eight additional nurses, as well as a number of new hematologist-oncologists who began practicing alongside Tim Broeseker, MD, including Jeannine M. Silberman, MD; Janice Lawson, MD; Amit Jain, MD, M.P.H.; and Iman Imanirad, MD.

With the added space, staff, and physicians, and subsequent rise in patient volumes, services that had previously been deferred to other areas of the hospital, such as blood and blood products, therapeutic phlebotomy and take-home infusion pumps, were introduced at the Cancer Center. Each expansion has served to enhance an already comprehensive cancer program complete with two registered dieticians, two social workers, three patient navigators, an onsite laboratory, a designated pharmacy, and a full complement of nurses, medical assistants and support staff.
RELAY FOR LIFE CHILI COOK-OFF

Held in April 2012, Tallahassee Memorial’s Third Annual Chili Cook-off was a grand success, raising funds for cancer care at a national and local level and drawing participants from across the hospital who supported the cause through cooking, baking, purchasing lunches, and serving as judges.

“We challenged the cardiovascular service line and they were so wonderful and supportive,” said Staci Johns, RN, BSN, Assistant Nurse Manager of the Angie Deeb Cancer Unit, and a lead organizer of the event since its inception.

“Last year was the first time we had judges from the executive team for the event. We have had significant participation every year, and this last year we had an excellent turnout and exceptional enthusiasm,” she added.

The event raised more than $1,000 with proceeds equally benefitting Relay for Life and Tallahassee Memorial oncology services.

LUNCH MONEY
Nurses Serve Homemade Meals to Support Heart Walk

Three and a half years ago, Amy Townley, RN, BSN, CCRN, Assistant Nurse Manager of the Cardiovascular Medical Surgical Intensive Care Unit (CVMSICU), was one month into her current role when the American Heart Association’s annual Heart Walk rolled around. The event passed with little fanfare, gripping Amy’s attention as a new leader on a unit that cares for patients with critical cardiac conditions.

“I thought to myself, ‘This is the Heart Walk—we should really be doing more to participate,’” she recalls.

Soon after, another nurse mentioned to Amy that CVMSICU had raised money the previous year by selling soup and salad from a cart during the night shift. The conversation inspired an annual fundraiser that has become more popular and successful with each passing year. Known simply as Soup, Salad and Dessert, each event features six soups, six salads and a variety of desserts all homemade by volunteers from CVMSICU’s nursing staff of 65 colleagues. Occasionally, colleagues from other departments have also pitched in to help.

“The luncheons are an involvement from everyone, and it is so nice to see the nurses feeling appreciated outside of the care they provide every day,” says Amy.

The dishes and desserts are in fact so popular that to keep up with the demand for recipes, the unit was compelled to create an original cookbook. At $2 a copy, the book is another way to bring in funds for the cause.

In addition to serving as a successful fundraiser, the luncheons have helped generate enthusiasm for the Heart Walk and draw greater participation from colleagues across departments.

“Last year because of our busy schedules we were unable to have a Cath Lab Heart Walk team so we chose to support CVMSICU’s fundraising efforts instead,” says Linda K. Johnson, RT, Manager of the Heart & Vascular Interventional Suite. “CVMSICU works with the same patient population as the Cath Lab—plus we like soup and salad,” she jokes.

“Colleagues from the Cardiac Catheterization Lab came to every luncheon last year, and the unit also contributed to our Heart Walk donation with funds raised through vendor support and personal donations,” says Amy. “Colleagues throughout the hospital are committed to this event and what it supports.”

In 2012, teams throughout the hospital raised a combined $40,000 for the Heart Walk, earning TMH the title of Top Corporate Fundraiser. Tallahassee Memorial also had two participants finish in the top five for individual donations.
CARING FOR PATIENTS WITH ALCOHOL WITHDRAWAL

When Federica Falomo, RN, approached Debora Lee, RN, BSN, Nurse Manager of the Intermediate Care Unit (IMCU), about the unit’s most pressing research need, the answer was clear. Addressing the needs of patients who begin suffering through alcohol withdrawal during the course of their care was a complex problem that needed attention, not just on the IMCU, but throughout the whole hospital.

“We had no universal standardized approach to patients experiencing alcohol withdrawal, and we did not have a formal tool to evaluate or educate our nurses on what to look for,” Federica recalls.

This was a significant issue, considering the frequency of alcohol-related hospital visits and medical complications. Nationally, an estimated 40 percent of patient admissions to a trauma center are related to alcohol use – directly or indirectly. Alcohol not only leads to traffic accidents and other injuries, but also aggravates many health conditions such as diabetes, hypertension, mental illness, heart problems, and chronic pain.

Alternatively, some patients admitted for elective procedures, who are unaware of the seriousness of their addiction, may experience withdrawal postoperatively; this may lead to prolonged hospitalization and greater incidence of complications and difficulties healing. Even people who consume small or moderate amounts of alcohol on a daily basis can develop dependence. These patients are normally unaware that their dry spell will trigger such a dramatic, painful and dangerous physical reaction.

“Oftentimes, people who have substance abuse issues have a skewed perspective. They are out of touch with the reality of how much they are consuming. There is also a popular misconception that you can ‘power through’ detox,” says Federica.

In truth, alcohol withdrawal can cause delirium, hallucinations, tremors, mood changes, mental confusion, severe seizures and a storm of hormones and neurotransmitters that sends the body into an upheaval.

While the hospital is the safest place to undergo alcohol withdrawal, when a patient suddenly presents with symptoms during a hospital visit, the situation is usually unexpected and coincides with another medical issue. As a result, recognizing the problem and knowing how to respond becomes doubly critical to providing safe and effective care.

One of Federica's first steps toward finding a solution for this issue at TMH was to meet with Peter Debelius-Enemark, MD, who had helped implement the Critical Institute for Withdrawal Assessment for Alcohol Revised (CIWA-Ar) tool in the Tallahassee Memorial Behavioral Health Center a year prior. Based on years of research and considered the gold standard in alcohol withdrawal care worldwide, CIWA provides guidelines for identifying and caring for patients struggling with any level of alcohol withdrawal while in the hospital.

Federica began researching CIWA and alcohol withdrawal in-depth and determining the adaptations that would be needed to introduce the order set in-house, where, unlike the Behavioral Health Center, patients experiencing alcohol withdrawal are also medically unstable.

Federica's research quickly led her to become the driving force behind implementing CIWA throughout the hospital. She met with Pharmacy to explore the medication options for alcohol withdrawal. Together, they reviewed which medications are generally recommended, which would be available, and what classifications of drugs would work.

Beginning on the IMCU, the order set was eventually introduced on every floor with Federica serving as a teacher and advocate. Presenting CIWA to Family Medicine physicians and the hospitalists was another critical step in the process, bridging any potential communication gaps about expectations surrounding the new procedures.

“Implementing CIWA was absolutely a collaborative effort. In addition to the doctors who provided guidance and knowledge, Kelly Sunshine, psychiatric RN, and Julie Reynolds, RN, in MSICU, cooperated in the research and development of the alcohol withdrawal order set. Nursing Administration, Nursing Clinical and Patient Education and the Information Technology department also played an important role in supporting and advancing this practice-changing challenge. This could not have been introduced hospital-wide without the level of cooperation and interest we had,” Federica emphasizes.

According to Federica, the benefits of CIWA are twofold. Not only does the order set provide a uniform framework for safe and effective care, it also encourages greater awareness of and empathy for patients experiencing alcohol withdrawal.

“As nursing professionals, we must learn to recognize the alcoholic patient as being afflicted with a condition instead of guilty of an offense. Having that change in perspective is really important for us, because if we condemn our patients, we are not helping them. If you are in the business of helping people, you have to have the right attitude,” says Federica.
Much like gifted air traffic controllers at a major airport who skillfully coordinate safe arrivals and departures, our Nursing Supervisors are responsible for coordinating the comings and goings of our patients. An extension of Nursing Administration, these nurses are at the frontline for all issues and disasters that may occur and are the primary Administrators at the hospital in the evenings and on weekends.

With six full-time colleagues and one part-time colleague in this role, there is always a nursing supervisor in the hospital. Our nursing supervisors have diverse backgrounds ranging from former emergency medical technicians to trauma nurses, and everything in between.

A day in the life of a nursing supervisor consists of many important tasks. From exchanging reports at the beginning and end of each shift, what occurs in between requires nothing short of top-flight skills. Our Nursing Supervisors must have an understanding of the general condition of the hospital, manage patient capacity and document all major events. In addition, they handle patient, physician and employee issues and quickly triage any staffing shortages. From routine tasks, such as placing new admissions, to more intense functions, such as attending all codes and managing disasters, our Nursing Supervisors are experienced and quick on their feet and are usually seen with a phone to each ear.

“Critical thinking skills and management experience are two of the most important keys to success in this role”, said Cheryl Barton, RN. “Having experience working in different areas of the hospital is also helpful.”

Coordinating and improving patient flow is another large part of the job. Our nursing supervisors utilize a bed tracking system to analyze the number of patients being admitted versus the number of beds available to determine where newly admitted patients can be placed. During critical times, they may meet several times a day to determine what can be done to improve patient flow. Analyzing staffing matrixes and working with managers to maintain safe and efficient coverage is important.

“Sometimes it is hard to ask the staff to step it up, because you know they are already giving 110 percent,” said Mark Vesuvio, RN.

When asked what he wished the hospital nurses knew about the nursing supervisor role, Mark responded, “It is our responsibility to maximize all hospital operations in a safe and efficient manner. We have to look at the big picture, not just one segment or issue. We care and do our best to assure staff and client satisfaction at all times.”

“I truly believe I have the best job in the hospital,” said Cheryl. “I get to work with some of the finest medical professionals in the nation. We are like a family. We support each other and work hard to ensure our patients have the absolute best experience possible while in our care. I wouldn’t want to work anywhere else.”

Donna Sowell, RN agrees, “My favorite part of my job is being there for the family when tragedy strikes. It is the hardest part of my job, but I am always so happy that I can be there and help them during this difficult time. I try to put myself in their shoes and treat them the way I would want to be treated.”

While this job is demanding, it is also very fulfilling to know you are making a difference.

Three of Tallahassee Memorial’s Nursing Supervisors, Kris Kelly, RN; Mark Vesuvio, RN; and Cheryl Barton, RN, BSN, CEN. Not pictured: Jane Dubois, RN; Joyce Morris, RN; Brenda Owusu, RN; Maria Pye, RN; and Donna Sowell, RN.
A CALL TO SERVE
Nurses Follow Up with Discharged Patients through Illuminate

Did you know that most of the inpatients that are discharged from the hospital receive an automated call from the Chief Nursing Officer? That’s right; we use a company called Illuminate to provide discharge phone calls to ensure a safe transition from inpatient care to the patient’s home.

The focus of the automated call is to ensure that the patient received excellent care while hospitalized and to make sure any unanswered questions are resolved. This helps us to quickly identify high-risk patients and resolve any issues, reducing readmissions.

Some sample questions include:
- Do you have any questions about your medications?
- Do you have any questions about what to do now that you have left the facility?
- Were you satisfied with the care you received?
- Do you have all of the information needed to schedule a follow-up appointment with your physician?
- Would you like to recognize an employee or doctor who did an excellent job for you while you were in the facility?

We encourage our nursing staff to invite patients to answer the automated call that they will receive within 72 hours and most often, the day after they are discharged. Currently, we have a 56 percent response rate as compared to a national average of 50 percent. Of the patients who respond to the call, many need further assistance, and our dedicated nurses are able to help them.

This friendly interaction leaves the patients with a positive feeling because the hospital has expressed an interest in their recovery. Two of our Patient Advocacy nurses, Audrey Dougherty, RN, and Ann Kaplan, RN, are responsible for following up with patients who have additional needs.

Audrey and Ann have been able to assist patients with making physician appointments, arranging for medications and getting medical records among other things. In one specific instance, a 79-year old patient was discharged from the hospital. When she got home and settled she could not find instructions for a medical device that she brought home from the hospital. Ann was able to get a copy of the instructions and take it to her home since she lived close to the patient.

Another advantage of these surveys is that the Patient Advocacy department is able to provide reports that track and trend each department’s performance outcomes. This allows managers to address any specific issues that require attention. For example, if a certain unit consistently has patients who have questions about their medications, the nursing managers can work with their department to educate their nurses about giving better information surrounding medications.

Directly improving the patient experience and improving patient satisfaction are all aligned with our new mission of Transforming Care, Advancing Health and Improving Lives, and we are proud to have this program in place to contribute to this goal.
As one of only a handful of transitional care centers across the country, the Tallahassee Memorial Transition Center is not only a leading-edge facility, but also offers an ideal platform for innovative research. Judy Griffin, ARNP at the Transition Center; Cara Pappas, ND, ACNP, FNP, CCRP Assistant Professor at the Florida State University College of Nursing; and Gail Bellamy, Ph.D., Professor and Director, Center for Rural Health Research and Policy for the Florida State College of Medicine have come together to research the needs of the center’s unique services and patient population.

Having already conducted a literacy study using Transition Center patients, the team has proposed two pilot programs that are currently being reviewed by the Institutional Review Board (IRB) and should be approved by May 13, 2013.

The first will be a Missed Appointment Retrospective Chart Review in which the team will try to determine common themes and barriers among patients who have missed their appointments with a goal of reducing missed appointments in future patients. This project will also include a phase in which FSU nursing students call patients and perform a phone interview as another way to determine barriers to patients making their appointments.

The second study will involve the Transitional Care Model (TCM) created by nationally renowned Mary D. Naylor, PhD, RN, Director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing. The model centers on the role of the Transitional Care Nurse, who meets with patients in the hospital and in their homes after discharge, creating a continuum of care to ensure patients’ needs are consistently communicated and met. While the model has already proven effective in other healthcare settings, research at the Transition Center will adapt the model to a different environment.

“In Mary Naylor’s model, a facility like the Transition Center does not exist. Our research will help determine whether therea significant benefits to combining these two transitional care models,” says Cara.

In this research project, FSU’s doctoral nursing students will act as Transitional Care Nurses for a group of 30 randomized Transition Center patients, first meeting the participants as TMH inpatients, later visiting regularly in their homes after discharge, and finally accompanying them on their first post-discharge physician office visits. By serving as a consistent point-person and advocate for the patient, the nurses will be able to coordinate inpatient care and discharge plans, make recommendations for adaptations in the home and social services if needed, and facilitate excellent communication among the hospital, the Transition Center, primary care providers and the patients.

“All our research is focused on improving quality of care for Transition Center patients, because they really are a unique patient population. We want to identify more ways to improve their health and quality of life and keep them out of the hospital,” says Cara.

The Transition Center has already seen a great deal of success, bringing about more than a 60 percent reduction in inpatient and ED visits, a greater than 65 percent reduction in inpatient days, and improved access to care for more than 700 patients in its first year alone.
CASE CLOSED

Case Managers Steer Patients toward Successful Discharges

When patients leave the hospital, their plan of care rarely comes to a complete halt. Often, patients need follow-up care, a short or long-term prescription regimen, or even a new living arrangement when they pass through our doors.

Case managers have an important role in assuring everything runs smoothly once patients are discharged. From coding medical statuses to ensure billing is appropriate, to guiding patients toward the best resources for needed follow-up care, these colleagues are an essential source of support for patients throughout the hospital.

According to Doretta Campbell, RN, Case Manager, successful discharge planning “starts at the beginning.” Case managers work with physicians to make sure the patient is in the correct status—inpatient, outpatient or observation—within one business day of admission. This consists of completing a clinical review of the patient’s admission and determining with Interqual guidelines if the patient meets the correct status ordered. Making sure that the patient is in the correct status determines if the hospital gets paid for the patient’s stay with Medicare and/or insurance.

Case Management then works with patients to guide them toward the resources available to them after discharge. By helping patients navigate the healthcare system and understand the options available and covered by insurance, case managers reduce undue stress on patients who may be confused about how to approach the next steps in their plan of care.

“Case managers make sure patients leave the hospital with as much knowledge as possible to care for themselves at home,” says Jacque Sloat, RN, Director of Case Management. “We ensure patients will be following up with their physicians, have their medications, understand their dietary restrictions and needs, have any necessary medical equipment, and have arrangements for needed nursing or physical care.”

Before relaying this information to the patient, Case Management works with physicians, nurses and social workers to form an optimal discharge plan. This may involve consulting with a physician to identify low-cost prescription options, or connecting a social worker with a patient who needs access to free medical services, alcohol counseling, or assistance with finding a new living situation. An open line of communication between nurses and case managers also helps identify the potential needs patients may experience after discharge.

In addition to providing practical help to patients, case managers are a source of emotional support. “Being in the hospital can be a scary time for patients and families. As case managers, we are there for them, we listen, we sometimes cry with them, and we help them to understand the system and what is happening,” says Doretta.

Whether patients are connected with the Tallahassee Memorial Transition Center, connected to a social service, or simply leave the hospital with a less expensive prescription or greater awareness of their options, our case managers help make discharge from the hospital a little easier.

“My favorite part of working as a case manager is helping people go through the system and getting the best possible discharge for them,” says Doretta. “I think that is the goal of every case manger and social worker.”
TMH Nursing colleagues recognize that nationally benchmarked data can be used to help improve the quality of patient care we provide and the environment in which nursing is practiced.
Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care provided at the bedside. To provide a comparison, TMH is a member of the National Database of Nursing Quality Indicators® (NDNQI), a proprietary database of the American Nurses Association that collects and evaluates unit-specific nurse-sensitive data from over 1,700 hospitals. These unit-level comparative data reports are used for quality improvement projects.

As a member of the NDNQI, Tallahassee Memorial also has the opportunity to participate in an annual RN survey, which alternates its focus from year to year between job satisfaction and the practice environment.

### 2012 RN Satisfaction Survey Results

**JOB ENJOYMENT SCORE**

- 58.58% for TMH
- 56.94% for National Comparison

**RN Job Plans**

- 78% for TMH
- 81% for National Comparison

**ADAPTED INDEX OF WORK SATISFACTION SCORES**

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