When Current Practice Is Not Best Practice: Using the Iowa Model to Change Practice

THE PULSE OF NURSING AT CONE HEALTH

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Message from the CNO

We serve our communities by preventing illness, restoring health and providing comfort, through exceptional people delivering exceptional care.

This time of year, as I sip on my hot chocolate and wish for snow, (Wait a minute! I’m from New Jersey – I never want to see snow again!) I think back on 2012 and all of our wonderful accomplishments. Because of all of your hard work and efforts, we had a very successful year in nursing.

Some examples include our systemwide Cone HealthLink Go Live; a successful Joint Commission survey; our nursing research symposium held at the Koury Convention Center; 23 nurses being named to the Great 100; our Emergency Department, Medical/Surgical and Critical Care Nursing Academies; our new Professional Nurse Advancement Program (PNAP); our new DermaTherapy linen rollout; and countless nurses participating in research, publishing and efforts, we had a very successful year in nursing.

2013 promises to be just as exciting for us. This year we will seek Magnet re-designation, an honor Cone Health nurses have earned since 2005. Many of you will be asked to share your stories and examples of transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations and improvements using evidenced-based practice and research; and empirical outcomes that contribute to the well-being of our patients, our work environment and our community.

In October, we will hold our second nursing research symposium. Dr. Linda Akin, our keynote speaker, is a professor at the University of Pennsylvania and is one of the most well-known investigators and speakers on nurse-patient ratios, nursing educational levels and the nurse work environment.

Currently, we have more than 233 nurses attending school to advance their degrees. Our dream in 2013 is that even more nurses take advantage of our REACH scholarship program and return to school to advance their education.

Whatever changes 2013 brings to the healthcare industry, I know the Cone Health nursing staff will be prepared to lead the way by constantly searching for a better way to provide care to our patients, our families and our communities.

As always, thank you for all you do!

Respectfully,

Theresa Brodrick, RN, PhD, CNS, CNA

From the Editor

I had the privilege of working with the Rapid Response Team at The Moses H. Cone Memorial Hospital on Sunday, November 4. The day Cone HealthLink went live at Moses Cone Hospital, Wesley Long Hospital, Cone Health Behavioral Health Hospital and Cone Health Cancer Center. The bridge to the new system actually occurred about 3 a.m. At 7 a.m., when the day shift folks walked in, we did not know how it was going to be – we just knew we had to walk in and do it.

I have to tell you, I have never been so proud of the place I work. As I walked the halls that day, I saw more heads bent together focusing on common problems than I ever have before. There was laughter but also hard work. There was gracious accommodation for mistakes and a struggling together for accuracy; there was a sense of triumph alongside a subtle underlying sense of unease. We wanted to get it right; we did not want to mess up. We wanted to learn quickly and well so we could get on with the real work of our day.

Our leaders came in to cheer us on. There was food everywhere – apples, oranges, health food bars, pizza, sodas, sandwiches. How welcome was that sweet taste of a Nature’s Own bar in the middle of mental gymnastics. Stories from rounding leaders, support staff and employees were varied in their degree of catastrophe. The teamwork prevailed. We did not falter. We solidified on, taking one problem at a time, climbing up that mountain.

I brought my camera to work that day. I got some great shots, some with rather amusing captions – Dr. Buccini in his Superman tie; Ed White, RN, in the Emergency Department in an “oh my” gesture; the staff of Department 5500-Medical/Telemetry at the problem list flip chart, markers in hand. My camera lets me into places I might not have been able to go without a good reason. The command center was particularly impressive. Six of our leaders, surrounded by charts and electronic monitors, communicated continuously with command centers in the other facilities. They were going through items one by one, listing, asking questions, giving feedback. It reminded me of movie clips of NASA control rooms because of the quiet, the gravity and the focus that was weighty in the room.

We completed some major projects last fall: People Excellence Celebrations, Cone HealthLink, Joint Commission, end-of-fiscal-year activities, the holidays. In January, we turn our thoughts to the next adventure – our Magnet redesignation. Magnet is not something separate and apart from what we already do or different from what we already are. The Magnet application just pulls it all together in one place. The site visit lets the appraisers see for themselves what we have done. For the most part, writing the application and getting ready for the site visit is a way to celebrate our hard work and accomplishments. It will be an opportunity to demonstrate the amazing Cone Health spirit I saw that Sunday in November as we launched the largest phase of Cone HealthLink.

Congratulations to everyone for integrating one of the most innovative electronic medical record systems into practice in such an amazing way. It is a pleasure and an inspiration to work in this organization.

Sarah Lackey, RN, MSN, CCNS, Editor-in-Chief

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Using the Iowa Model to Change Practice

By Allyson Daniels Kirkman, BSN, RN III, and Danyel Johnson, MSN, RN, CNN

Step Three: Reviewing the evidence. A literature review revealed clinical practice guidelines and best practice interventions specific to skin care. These were compared to the current nursing practices in the department. A definite disparity between best practice and current practice existed.

Step Four: Changing practice. All nursing staff were required to complete the National Database of Nursing Quality Indicators (NDNQI) Pressure Ulcer Training Modules, attend a mandatory class led by the Skin Savers and complete skin care competencies created by the team. Peer education empowers staff and leads to the compliance and integration of evidence-based prevention strategies into practice and improves patient care outcomes (2).

Correction from the Fall 2012 Issue of Nursing Beat:
Tina Miller, RN, BSN, PCRN, 4th Floor Urology/Intermediate Care at Wesley Long Hospital, received her PCRN certification. Our apologies for this error.

When Current Practice Is Not Best Practice:

By Allyson Daniels Kirkman, BSN, RN III, and Danyel Johnson, MSN, RN, CNN

Pressure ulcers. Sentinel event. Evidence-based practice (EBP) project. All of these words may sound intimidating, but they became a harsh reality for the Department 6700-Medical/Renal nursing staff at The Moses H. Cone Memorial Hospital.

Pressure ulcers adversely compound healthcare costs, length of stay and patient satisfaction. Experiencing a sentinel event and finding two pressure ulcers during a Pressure Ulcer Prevalence (PUP) survey in late 2011 required an evidence-based practice project to change practice and transform these negative patient outcomes.

The process of developing the EBP project began with exploring the Iowa Model, the framework adopted by Cone Health to guide the integration of research into practice. The six steps of the Iowa Model directed the implementation of the project to ensure the desired outcome is met.

Step One: Identifying triggers and formulating a burning question. PUP results, a sentinel event and inaccurate skin documentation were identifiable triggers. There also was a knowledge deficit among nurses concerning wound identification, staging of pressure ulcers and the required documentation. A burning question developed: Will implementing a skin care competency increase nurses’ knowledge of skin and wounds, improve documentation, and decrease the incidence of pressure ulcers among patients?

Step Two: Forming a Team. Skin Savers - which consisted of nurses, nurse techs, wound, ostomy, continence nurses and a clinical nurse educator - was organized. Serving as the project leaders, the Department 6700 RN IIs guided and supported the team and staff throughout the duration of the project.

On the cover: Allyson Daniels and Angelina Leonar practice proper wound measurement on a simulated wound.
When Current Practice Is Not Best Practice, Continued

“We have come a long way and still have a long way to go, but the most rewarding accomplishment throughout this process is seeing the positive impact our practice change has had on our patients. How exciting!” says Allyson Daniels, RN, BSN.

“Step Five: Evaluate the practice change. After several weeks, the team evaluated the changes in practice. Complete and accurate skin documentation increased from 61 to 85 percent, documentation of admission and transfer skin assessments improved from 81 to 90 percent, and the documentation of pressure ulcer prevention interventions rose from 20 to 60 percent. Ultimately, the PUP rate declined to zero.

Step Six: Dissemination. Sharing the results of this EBP project has been phenomenal. The Skin Savers poster titled “The Pressure Is On: Skin Savers to the Rescue” has won first place in the 2012 Cone Health Nursing Research Day, third place at the Cone Health Evidence-Based Practice and Research Symposium, and the Nursing Leadership Award at the North Carolina Organization of Nursing Leaders 2012 Conference. This project was accepted as a poster presentation at the 2011 Southeastern Region WOC Nurses Society Conference and the 2013 Annual American Nurses Association Nursing Quality Conference.

Subsequent PUP surveys have warranted a need for continued efforts in maintaining the practice changes established in this EBP project. Further auditing, accountability and continuing skin education will be the next steps in the unrelenting quest to sustain quality nursing care.

“We have come a long way and still have a long way to go, but the most rewarding accomplishment throughout this process is seeing the positive impact our practice change has had on our patients. How exciting!” says Allyson Daniels Kirkman, RN III, BSN, Department 6700.

References
**Setting the Pace**

**IN PRINT**

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Co-author: “Preparing Exceptional Leaders.” Nursing Management; September 2012, 38–44.

Jean Reinert, RN, MSN
Andrea Bigelow, RN
“Overcoming Nursing Faculty Shortages and Bridging the Gap Between Education and Practice.” Journal for Nurses in Staff Development; September/October 2012, 28(5), 216-218.

Laurie McNichol, RN, MSN, GNP, CWOCN
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**ON DISPLAY**

Stephanie Cole, RN, BSN
“Magnesium for Neuro Protection of the Preterm.” Piedmont Chapter AWHONN Conference, Women’s Hospital, Greensboro, October 2012.

Becky Zhang, RN, BSN, RNC-OB
Sandra Holleman, RN, BSN, RNC-OB
“Foley Catheter use after an Epidural.” Piedmont Chapter AWHONN Conference, Women’s Hospital, Greensboro, October 2012.

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**ACCOLADES**

April Schambeng, RN, BSN
Ann Councilman, RN, BSN, MHA/MBA
Were selected by the American Organization of Nurse Executives (AONE) to attend the AONE Emerging Nurse Leader Institute held in November 2012 in Chicago, Illinois.

Emmanuel Castro, RN-C, BSN
Amy Clegg, RN, MSN, NP-C, CWOCN
Dawn Engels, RN, MSN, CCNS, CWOCN
Jan Golfare, RN-BC
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Anita Mintz, RN
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Luz Rosero, RN

The Neonatal Intensive Care Unit (NICU) at Women’s Hospital excels in quality as they work to eliminate Central Line Associated Blood Stream Infections (CLABSI). For two years, the NICU has participated in a two-year statewide collaborative through the Perinatal Quality Collaborative of North Carolina (PQCNC) to help reduce the CLABSI rate across the state. Overall, statewide CLABSI rates in NICUs have been reduced by 68 percent.

Through the work of a multidisciplinary team from the NICU, several changes in practice for the care of infants with central IV lines have been successful in helping reduce the CLABSI rate, according to Susan Jones, RNC-NIC, NICU Assistant Director. One creative change to practice is the creation of the “bubble,” the practice of screening off the area around sterile central line procedures. Inside the bubble, other practices include using a face mask and sterile gloves during IV tubing assembly; using a completely closed system for IV fluid and medication delivery; scrubbing the needleless connectors on the IV lines with friction for at least 15 seconds and allowing to air dry; and changing central line dressings only as needed. As of Dec. 1, the NICU has been 379 days CLABSI free.

In the fall of 2011, the NICU was invited to participate in a national collabora- tory. Women’s Hospital was one of 91 NICUs from nine states who worked to reduce their CLABSI rates. Through work on the national level, the NICU added an additional goal to focus on removal of central lines as soon as the infant’s condition allowed. The NICU has been invited to participate in the next phase of the national collaborative. “This has truly been a team effort among all staff to make this work a success. We are extremely proud of all involved,” Jones says.
We made it through the implementation of Cone Health-Link, “One Patient-One Chart.” We also survived an intense visit from The Joint Commission, and we received a reprieve from another visit, for now. I had the privilege of having an active role in both of these very important events, and I am very proud to say that I work in an organization where I see caring demonstrated consistently, across the board, no matter where you work or what your role is.

You may be wondering, “What’s next?” Or, being the strong and supportive team players you are, perhaps you are saying, “Bring it on, I can handle it!”

Well, how about this? We are up for Magnet re-designation in a few short months, and we need to have a clear understanding of how all that we do comes together to get us to Magnet status.

One of the terms you will need to understand as we prepare for our visit with the surveyors for Magnet re-designation is “care delivery system.” At Cone Health, our care delivery system is Relationship Based Care (RBC).

A care delivery system is an infrastructure for organizing and providing care to our patients and families. Plain and simple, the care delivery system is what guides the way we provide care to our patients every day. The primary focus in our care delivery system is the relationship between the nurse and the patient and family.

Other important elements of a care delivery system include: staffing and scheduling of patient assignments, how we communicate with other members of the healthcare team and how leadership manages the department. When leadership promotes the therapeutic relationship between the patient, nurse and all members of the care team, an environment of caring and healing is established. Staff develops and grows, and we meet our mission of caring for our patients/families, our community and each other. That is our care delivery system, RBC.

Look for a CBL coming soon to help connect the care delivery system to other important structures and processes in nursing at Cone Health. Knowledge of how these drive the actual care we give is important as we seek our third Magnet designation.

During that stay, the multidisciplinary team assesses the need for further treatment based on the patient’s needs. The Assessment Crisis Team (ACT), composed of registered nurses, licensed clinical social workers, licensed professional counselors and chaplains, is responsible for assessment and referral services, orders for admissions and referrals from medical-surgical units. “It’s a challenging work day – never dull,” Bartlett says. “We want to contribute to Cone Health and to the community.”

The Behavioral Health Hospital “goes out of its way to include us,” says Jamie Blue-Matthews, RN IV, BSN, CEN, Emergency Department, Wesley Long Hospital.

Staff and Community Response

The reality of mental health care today impacts the staff and the community. Things are not always rosy in the Behavioral Health Emergency Department. On some days, 10 beds are not enough, and the stress can be intense. “I use humor,” Smith says. “I encourage the staff so we don’t get bogged down.”

Blue-Matthews thinks debriefing with the chaplain and “just talking among ourselves” is the best way to deal with the challenges. “It takes a special nurse to do this job,” Blue-Matthews says. “Emergency nurses think fast and act quickly. Here, listening can be the best skill.”

According to Deborah Thomas, NT, patients have positive opinions about the facility and care in the Behavioral Health ED. “Thank you for not treating my mother like a burden, for staying with her” is affirming to hear. Thomas chose to work in this department and notes, “Every now and then I make a difference.”

“Every now and then I make a difference.”

– Deborah Thomas, NT
Melanie Bradsher, RN, BSN, CGRN, Endoscopy Specialty Coordinator at Annie Penn Hospital, received the Marjorie Simpson Award for professional excellence. The award was started in 1995 and has been awarded annually since then by Surgical Services at Annie Penn Hospital. The criteria for being nominated are:

- Member of the surgical services team for at least one year.
- Demonstrates integrity, honesty, accountability and functions within his or her scope of practice.
- Displays a commitment to patients, families and colleagues.

The nominees can be from any area of Surgical Services (OR, Anesthesia, Short Stay, PACU, Endoscopy, Sterile Processing Department) and any job category (nurse, tech, staff, leader, etc.).

Opened in 2012 as part of the new Wesley Long Hospital Emergency Department, the impressive Behavioral Health Emergency Department is striving to meet the acute mental health needs of our community’s residents.

The 10-bed unit’s focus is on safety, stabilization and referral. “I love it,” says Mike Smith, RN III, a former police officer and emergency nurse who now works at the Behavioral Health Emergency Department. “There’s a need for psychiatric help. I like meeting emergency medical needs as well as emergency psychiatric needs. They are equally important.”

Community Need

Toni Bartlett, RN, BSN, MHA, Assistant Director, Assessment Department, Cone Health Behavioral Health Hospital, has witnessed the increasing demand for emergency mental health services and Cone Health’s commitment to serve this population. As a result of North Carolina mental health reform during the last decade, local mental health departments have been consolidated and privatized while the number of beds at state mental hospitals has been reduced. An unintentional effect of reform was the increase in the number of patients relying on emergency departments for care. A census of more than 20 mentally ill patients in the Cone Health emergency departments has become common.

Multidisciplinary Collaboration

The Behavioral Health Emergency Department has a dedicated staff of registered nurses and nurse techs who provide care 24 hours daily, seven days a week. The unit sees patients with a variety of diagnoses. Many are depressed and suicidal. Others are homicidal or psychotic while others need detoxification. Some are homeless. Smith says the unit stays “about 99 percent full, with an average length of stay of two to three days.”

Meeting Acute Mental Health Needs Through Multidisciplinary Collaboration

By Ann Finch, RN, MSN, PMHCNS

“IT takes a special nurse to do this job. Emergency nurses think fast and act quickly; here, listening can be the best skill.”

– Jamie Blue-Matthews

Humpty Dumpty Award

Working to prevent falls

The winner of the Humpty Dumpty award goes to Department 6700-Medical/Renal, Moses Cone Hospital, for an 82 percent reduction in falls. For improvements between quarters 3 and 4, honorable mentions go to Department 4000 - Inpatient Rehabilitation, Moses Cone Hospital, for a 29 percent reduction in falls and to 5 East of Wesley Long Hospital for a 73 percent reduction. Congratulations on these successful gains in one of the most important nursing responsibilities for our patients - keeping them safe and preventing harm.

“It takes a special nurse to do this job. Emergency nurses think fast and act quickly; here, listening can be the best skill.”

– Jamie Blue-Matthews

Staff of 6700 pose with the Humpty Dumpty Award.
“Culture” has been a buzzword at Cone Health recently. We as nurses are faced with the challenge of how to enhance current culture to improve the experience of both patients and staff. Consider the recent experiences of one unit: The Moses H. Cone Memorial Hospital’s Heart Failure Unit (Department 4700) recently launched several new initiatives that are helping to transform the Unit’s nursing culture while improving patient care in their department.

- Unit 4700 recently implemented a fun and effective way to educate heart failure patients. Following the systemwide People Excellence Symposium, the unit staff brainstormed ways to develop their own “signature” initiative. Mavis Nyako, RN, proposed sending heart failure patients home with a fresh apple as a tangible symbol of healthy lifestyle changes that will be necessary. Nyako also proposed the acronym APPLE: Acknowledging Patient’s Participation Lengthens Life Expectancy. (The APPLE program also helped to debut the new “ZONE” heart failure educational tool, which is a stoplight visual to help patients assess daily weight gain and overall health, guiding patients when to contact a physician with the hope of reducing hospital readmissions.) Patients also leave with a thank-you card designed by Assistant Director Lanisha Hunter, RN, BSN, MHA, and signed by the staff. The latest patient satisfaction results compiled by Press Ganey revealed the APPLE initiative has skyrocketed Unit 4700 to the 90th percentile in patient satisfaction concerning discharge teaching.

- Monette Mabolo, RN, MBA, MSN, CPAN, NEA-BC, Department Director for 4700, wanted a way to chronicle the good things patients had to say about the care they received on her unit. Mabolo’s idea led to the creation of a “WOW” card (as in “Wow, I had a great experience”). Some patients fill out their WOW cards at the hospital, while others take them home to mail them back later. One patient recently wrote about how 4700’s staff “gets it”: putting patients first with expert care. “The WOW cards have been a great way for me to see more of the many wonderful things the staff do for our patients,” Mabolo says. The cards are also positive reinforcement for the staff and go on display at the nurse’s station. Moreover, several other units have “borrowed” the WOW card idea as a way to celebrate the good things happening on their own units.

Recently launched initiatives are helping to transform this Department's nursing culture while improving patient care.
4700 also included staff orientation in its cultural evolution, by aggressively soliciting feedback from new hires to the unit. That feedback led to the creation of a 4700 Orientation Model by Donna Owens, RN, BSN, PCCN. “Lead” staff for each role now collaborate with the Unit’s RN IV to review orientation materials specific to their job titles and develop the expertise to teach new employees with the same knowledge as the unit educator.

A Nurse Secretary Monitor Tech (NSMT) serves as the Orientation Materials Coordinator, whose job is to compile an orientation notebook with resource documents specific to 4700 competencies, as well as to coordinate welcome gifts for all new hires. Owens also created a tracking tool for mandatory first-year education for new RNs. The RN IV and lead staff meet with orientees once a month for the first three months, and then at the end of the first year. The goal of this strong Orientation Model is that it supports experienced as well as new-to-role employees. It is unique in that Lead staff roles were created for RNs, NSMTs, and Nurse Techs so that they could develop expertise specific to their job titles. New hires this fall felt better acclimated to the unit, Owens says. Another “win” at Cone Health for employee-driven cultural change!
Cone Health’s Nurse Extern program, “Destination RN,” offers BSN nursing students paid externships during the summer prior to their senior year. “Destination RN,” now in its fourth year, uses a theme-based approach to support the transition from student to the role of practicing nurse. The extern program takes each nursing student on a 10-week “trip.” Participants “board” a plane and journal about their experiences. The trip culminates in a celebration at their final destination - the end of the 10 weeks.

Cassandra Galloway, RN, MBA\MHA, and Lobel Lurie, RN, MA, Extern Program Coordinators from the Staff Education office, recently won “Best Practice” for their poster on “Destination RN,” which was presented at the 2012 Association for Nursing Professional Development national conference in Boston.

At a time when some other hospitals in the state and region have curtailed or ended their summer offering, Cone Health’s nurse externship program, which began more than 20 years ago, continues to flourish. For example:

By Cassandra Galloway, RN, MBA\MHA, Jacqueline Clarke, RN, MSN, OCN, Ariella Singer, RN, BSN, and Maura Barber, RN, BSN

“It certainly was a rewarding experience for me. I gained a lot of confidence for my clinical classes, and I have stayed on at Cone Health to work during my senior year,”

Montressa Blount, NT 1+3, who currently works in the flex pool, affirms the value of being a nurse extern. “It certainly was a rewarding experience for me. I gained a lot of confidence for my clinical classes, and I have stayed on at Cone Health to work during my senior year,” she says.

Interested applicants may apply for an extern position during the November through January period of their junior year of nursing school. For more information, go to cone-health.com and type “nurse extern” into the search window or contact the Staff Education office.

100% of the 2010 Nurse Extern group became Cone Health nurses and are still employed in the network.