ADVANCING THE PROFESSION OF Nursing AND PROFESSIONAL PRACTICE • 2013 NURSING ANNUAL REPORT
ABOUT MISSOURI BAPTIST MEDICAL CENTER

Missouri Baptist Medical Center is a 489-bed acute-care hospital located in west St. Louis County. Recognized a “Best Hospital in St. Louis” by U.S. News, Missouri Baptist offers a full continuum of medical and surgical services, as well as 24-hour adult and pediatric emergency services. The hospital is a recognized leader in open-heart surgery and cancer care, and offers comprehensive orthopedic, gastrointestinal and women’s health services. In addition, the hospital’s Rural Outreach Program has been sending physician specialists to communities throughout Missouri and southern Illinois since 1993. Missouri Baptist is a member of BJC HealthCare, one of the largest nonprofit health care organizations in the United States and the largest employer in St. Louis. Based in St. Louis, BJC serves residents in Missouri and southern Illinois through its 13 hospitals and multiple health service organizations.

Visit the hospital at: MissouriBaptist.org.

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On the cover: Alan Westcott, ADN, BS, RN, 3 Surgical, received the 2013 Nancy A. Ross Patient Care Innovation Award and Sharla Emery, BSN, RN, Progressive Care Unit/Cardiovascular Recovery/Respiratory Care, was awarded the 2013 Nancy A. Ross Spirit of Nursing Management Award.
The nursing vision at Missouri Baptist Medical Center continues to inspire me every day to serve as the best Chief Nurse Executive I can for the staff, physicians and most importantly, the patients and families that are counting on us to organize and deliver their health care.

Our goal this past year has been to continue on the journey, ensuring all nurses at Missouri Baptist have a practice environment filled with:

- Shared leadership
- Professional development
- Trust
- Collaboration

In this enriched environment, I believe our nurses can best practice the science — process improvement, research, evidence-based practice, innovation and the art — clinical expertise, advocacy, caring, holistic — of nursing.

As defined by the patients and families we serve, our ultimate goal is to provide an extraordinary patient and family experience with optimal patient outcomes.

This is our promise, our future, our professional practice model of nursing at Missouri Baptist.

Tim Mislan, BSN, MS, NEA-BC
Vice President, Patient Care Services
Missouri Baptist Medical Center
Transformational Leadership requires vision, influence, clinical knowledge, and a strong expertise relating to professional nursing.
STRONG VISION FOR NURSING

Missouri Baptist Medical Center continues on its journey to elevate the practice of nursing. In an assessment of hospitals that retained highly qualified nurses, the American Nurses Credentialing Center identified Transformational Leadership as a desired leadership style. Transformational Leadership influences employees so staff can find meaning and value in work, make significant contributions to the success of the organization and become leaders themselves. With a focus on vision, Transformational Leadership moves from tasks and controls to leadership assisting individuals to be successful.

Missouri Baptist Nursing Mission and Vision:

Mission: The nursing community at Missouri Baptist Medical Center strives for optimal patient outcomes through the compassionate application of evidence-based care in collaboration with patients, families, the health care team and academic partners.

Vision: Missouri Baptist Medical Center will be unparalleled in the practice of professional nursing with empowered nurses who lead the patient experience and provide innovative patient and family centered care in a dynamic health care environment.

As nurses at Missouri Baptist Medical Center, we are committed to advancing education and leadership at all levels, to advocate for patients and families, to provide exceptional, compassionate care through innovation, collaboration, professional accountability, respect and service excellence.

L — lifelong learning
E — evidence-based practice
A³ — advocacy, accountability and autonomy
D — developing a leadership mindset

A Professional Practice Model was developed to provide guidance in nursing practice. A graphic representation of nursing includes all aspects of nursing practice:

- Professional development/lifelong learning
- Recognition and reward
- Leadership/governance
- Professional relationships
- Care delivery

Outer Green Ring: Professional nursing practice and care of the patient and family occurs in an environment of trust, collaboration, shared leadership and professional development.

Inner Green Ring: Nursing practice is based on science. We do this through evidence-based practice, research, process improvement and innovation.

Inner Blue Ring: The art of nursing delivered through a caring holistic approach, clinical expertise and patient/family advocacy.

Transformational Leadership is one of the five Model Components for Magnet designation. Missouri Baptist nursing has advanced its vision for the future by developing the systems and environment necessary to achieve that vision. The delivery, management and economics of patient care will become increasingly important. Nurses are becoming more active in development and implementation of tools such as critical pathways, patient-centered care with pathways and best practice road maps to guide nurses, physicians and patients through the most direct course of treatment. Rapid change in the health care environment and increased complexity of that care will call for staff to be empowered to take responsibility and authority for decisions.

With the introduction of Shared Governance, the Governing Alliance for Professional Nursing (GAPN) was initiated. Council chairs include, from left: Sharla Emery, BSN, RN, Progressive Care Unit/Cardiovascular Recovery/Respiratory Care, (Management Council); Jennifer Polk, BSN, RN, Float Pool, (Professional Practice Council); Alan Westcott, ADN, BS, RN, 3 Surgical, (Advancing Research and EBP Council); Janette Seper, BSN, RN, RVT, Breast Health Care Center, (Professional Development Council); Yarek Piotrowicz, RN, Operating Room, (Informatics and Technology Council); and Dana Roberts, BSN, RN, CMSRN, Surgical, (Nursing Quality and Safety Council).
Vision Inspires Staff in Advanced Nursing Practices

Embracing the hospital’s nursing mission and vision, several initiatives in the care of the cardiac patient exemplify inspired and engaged staff. The Professional Practice Model ensured the initiatives demonstrated collaboration within the environment. One example that benefits our patients and families today is an advanced nursing process in the care of a patient presenting with symptoms of ST segment elevation myocardial infarction (STEMI), or heart attack.

NURSES PARTNER TO DEVELOP INPATIENT STEMI PROTOCOL AND TRANSFER PROCESS

Developed by Missouri Baptist in 2008, the Heart LifeLine AllianceSM is a program for patients who present at rural community hospitals with an ST segment elevation myocardial infarction (STEMI) or heart attack. The second phase of the Heart LifeLine development included pre-activation of the Cardiac Catheterization Lab by Emergency Medical Service. A new inpatient STEMI process protocol and transfer process recently developed by nurses at Parkland Hospital and Missouri Baptist is the third phase of the Heart LifeLine Alliance.

Kathy Ferguson, Parkland Health Center ED Manager, recognized a gap in the inpatient areas that she believed put the STEMI patients at risk for potential delays in recognition and treatment. Kathy sought assistance from Annette Casey, RN, Nurse Coordinator for the Heart Lifeline Alliance at Missouri Baptist. Annette worked with inpatient nursing at Parkland Hospital to develop a protocol to address these issues. The team at Parkland Hospital modeled their protocols after those developed at Missouri Baptist.

Most often the focus is on the STEMI patient coming from home. According to published articles, the hospitalized patient is at more risk for delays in recognition and treatment.

“When the STEMI process was first started, the median door-to-balloon time for a patient 60 miles away was 133 minutes. Now we have decreased our time to approximately 115 minutes,” said Annette. “I am convinced the Heart LifeLine Alliance is truly a program that saves lives. I attribute the success of the program to the collaboration and passion displayed by all involved in the care of the STEMI patient, but also recognize there is still a lot of work to be done.”
Carmen Murphy, BSN, RN, manager, Nursing Resources, (left) and Lisa Parker Schepers, BSN, MBA, RN, (right) discuss staffing strategies.
Structural Empowerment

an innovative environment where strong professional practice flourishes
NICU CLINICAL COACHES FOSTER EMPLOYEE ENGAGEMENT

In January 2013, the Neonatal Intensive Care Unit (NICU) developed a clinical coach model as an approach to complete staff annual competencies and disseminate new educational information. The purpose of the coaching team is to enhance the quality of the patient experience through improved knowledge and performance of staff nurses by expanding education and communication. The mission of the NICU coaches is to expand the knowledge base and performance of NICU staff with the intent of providing excellent patient care. To this end, the coaches will provide an example of excellence and the tools for staff to develop themselves. These tools will include educational opportunities, regular and consistent communication through healthy relationships and uncompromising high standards in a supportive team environment.

The goals of the clinical coaches are:

- improve education consistency
- prevent information overload
- increase contact between leadership and staff that builds relationships and trust
- improve feedback on yearly evaluation
- improve two-way communications of information and educational needs
- develop expert clinical staff
- develop next generation of leadership
- improve staff retention
- improve patient outcomes

Clinical nursing staff in the NICU applied for the clinical coach role. The application process included an interview with the nurse manager as well as recommendations from a physician and peer. Each coach has a group of their peers in which they are responsible to communicate with and in turn the staff are responsible for communicating with their coach to ensure they complete all of the mandatory competencies. The NICU competencies are developed by the coaches based on unit educational needs. Since the implementation of the clinical coach model, there has been an increase in peer-to-peer accountability, increased employee engagement and development.

LaRue Francesconi, RN, cares for an infant in the hospital’s Neonatal Intensive Care Unit.

The mission of the NICU coaches is to expand the knowledge base and performance of NICU staff with the intent of providing excellent patient care.

Jamie Wunderlich, RN, is a Clinical Coach in the Neonatal Intensive Care Unit, teaching infant home care to new parents preparing for discharge with their new baby.
THE GOVERNING ALLIANCE FOR PROFESSIONAL NURSING (GAPN) REPORTS SIGNIFICANT RESULTS

The first year for shared governance at Missouri Baptist resulted in many significant achievements. The Governing Alliance for Professional Nursing (GAPN) began in September 2012 with the creation of eight organizational-wide councils. Unit Nursing Practice Councils (UNPC) were also created. These councils take the principles of shared governance to the unit level, where councils focus on their own nursing practice, nurse sensitive quality indicators and education. Over the past year, these councils have gone through tremendous growth and development as each works to improve patient care and elevate the practice of professional nursing at Missouri Baptist.

Development of a Pyxis Quite Zone to decrease medication errors was one of the 2013 GAPN accomplishments. Jessica Hughes, BSN, RN, removes medication from the West Pavilion Surgical Pyxis Room.
### 2013 GAPN Organizational Council Accomplishments

| Professional Practice Council | • Revised the code status process  
| • Developed a Pyxis Quiet Zone initiative to help decrease medication errors  
| • Initiated work to revise the transport handoff form to standardize the process between all departments |
| Informatics & Technology Council | • Streamlined the nursing intranet webpage  
| • Initiated work to develop a link for nursing on the Missouri Baptist external webpage  
| • Partnered with the system team to evaluate new feeding pumps for the organization |
| Management Council | • Championed the National Data Base of Nursing Quality Indicators (NDNQI) RN Satisfaction Survey  
| • Planned Nurse’s Week celebrations  
| • Researched nursing reward and recognition opportunities and planned implementation of the Daisy Award in 2014 |
| Advancing Research and EBP Council | • Approved and provided funding for the following studies:  
| - Assessment of Delirium in the ICU Patient: Educational Strategies  
| - Compassion Fatigue: Exploration and Prevalence  
| - Missed Care and Teamwork Survey  
| - Protocol Development to Measure Nursing Health Electronic Record Usability  
| - Renal Patient Pressure Ulcer Prevention  
| - Towards a Better Understanding of Premature Parenting from Hospital to Home  
| • Planned first annual Research and Evidence-Based Practice day |
| Nursing Quality & Safety Council | • Initiated an action plan to address catheter-associated urinary tract infection (CAUTI) and central line associated bloodstream infection (CLABSI) rates in the organization  
| • Partnered with Unit Nursing Practice Councils to review quality data and develop action plans for areas with fallout  
| • Held a Falls Call to Action meeting to identify interventions to address fall rates |
| Professional Development Council | • Reviewed and revised the Conference Committee application and fund approval process  
| • Collaborated with the Professional Practice Department to organize the Professional Nurse Development Program’s Fall application process  
| • Completed a survey to collect information regarding preceptor practices and orientation with plans to evaluate a preceptor program in 2014 |
| Advanced Practice Nurse Council | • Collaborated with hospital physicians to develop and deliver an educational program highlighting the work of advance practice nurses  
| • Provided several educational opportunities for all advanced practice nurses by collaborating with community experts in the field  
| • Partnered with the Medical Staff Office to revise Collaborative Practice Agreements for advanced practice nurses at Missouri Baptist |
Exemplary Professional Practice
application of nursing role with patients, families, communities and the interdisciplinary team

Laura Kamp, BSN, RN, Clinical Education Specialist, (right), instructs Melissia Glasstetter, BSN, RN, Advanced Cardiac Care, (left), on the new sheath removal protocol.
SPECIALIZED EDUCATION IMPROVES PATIENT EXPERIENCE

The Advanced Cardiac Care (ACC) department began training staff to pull the arterial introducer sheath on patients that come from Cardiac Catheterization Lab (CCL). This device is used to protect the arteries for catheter exchanges during a cardiac catheterization. This practice allows the patient to avoid the recovery area following a catheterization and return or arrive directly to an inpatient bed. Additionally, this process provides improved throughput in the CCL. By employing the practice, the ACC nurse can spend more time with the patient and provide patient education regarding movement restrictions post sheath removal.

Staff education is provided on the floor during working shifts, which gives nurses hands-on knowledge of how a sheath pull will integrate within the workflow. The sheath pull education has afforded staff the opportunity to increase their professional skill set and comfort level when caring for a patient with an unstable groin following a procedure.

While collaborating with the cardiac catheterization team, staff discovered an additional practice improvement. With added staff training, patients with a pressure device in place following a radial approach cardiac catheterization could also return directly to the floor from the CCL. Traditionally, these patients were cared for in the recovery area until the device was removed.

The ACC continues to identify opportunities to expand nursing practice. Relying on the staff to discover these improvements and develop solutions has provided the optimal tool for successful implementation.

INITIATIVE REDUCES EXTUBATION TIME IN HALF

The Cardiovascular Recovery (CVR) nursing staff led a collaborative initiative with the hospital’s cardiovascular surgeons to improve extubation time to meet national benchmarks and improve patient outcomes. Benefits of early extubation include reduced cost, resource utilization, ICU length of stay, and improved patient outcomes in terms of morbidity and mortality.

The CVR nursing team presented data from the Society of Thoracic Surgeons (STS) to the CVR Nursing Practice Council. According to the STS, early extubation for cardiac surgery is defined as intubation less than six hours, starting at the time the patient leaves the operating room.

In partnership with surgeons, the team utilized lean tools to develop guidelines for early extubation. Documentation of early extubation on the daily lean board started in December 2012 and continued through April 2013. Outliers on the pareto chart included the effects of anesthesia, hemodynamic instability, MD order, inability to achieve hemostasis in six hours and agitation upon awakening. Reintubation rates were monitored with early extubation tracking.

Although the initiative required a review of quality indicators and data as well as several challenging practice and process changes, the new approach resulted in improved patient outcomes.

Data Analysis of the Society of Thoracic Surgeons National Adult Cardiac Surgery Database *1st quarter

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NURSE-DRIVEN BEST PRACTICES DECREASE ICU LENGTH OF STAY

After named one of the top five performing units in a collaborative study, Missouri Baptist's Med-Surg ICU capitalized on its success to implement a best practice that achieved positive patient outcomes and decreased length of stay. In May 2012, the critical care units at Missouri Baptist joined the Centers for Disease Control’s (CDC) Wake Up and Breathe (WUAB) Collaborative, a large, multicenter collaborative study funded by the CDC's Prevention EpiCenters Program. By combining nurse-driven spontaneous awakening trials (SATs) with respiratory-therapy driven spontaneous breathing trials (SBTs), the study hoped to determine the impact on the rate of ventilator-associated pneumonia.

The pairing or coordination of SATs and SBTs is crucial to be successful. The premise is based on the concept that in order to wean effectively, the patient must be awake. This required excellent communication between the intensivist, the respiratory therapist and the critical care nurse on the patient's weaning status. The night shift nurse had to anticipate the patient's response to minimizing or holding sedation prior to day shift nurse arrival. Once the respiratory therapist completed their assessment of weaning status, the day shift respiratory therapist and day shift nurse coordinated further removal of sedation with the SBT. A paper audit tool was used to facilitate and document this communication.

Med-Surg ICU named among top performing units in collaborative study

The hospital’s Med-Surg ICU was one of the top five performing units in the study. The average number of ventilator days decreased with the overall ventilator acquired condition (VAC) rate of only seven per 1,000 vent days — lower than the overall study rate. Success with this initiative led to further exploration and implementation of the best available evidence — the ABCDE bundle.

ABCDE bundle comes to Missouri Baptist

Beginning in January 2013, critical care nursing staff was introduced to the ABCDE bundle concept via huddles, critical care performance improvement meetings, small group discussion and email communication. One by one, additional components of the bundle were implemented into the daily workflow of the nurse. The bundle components of “ABC” were incorporated into daily work as a result of the Wake up and Breathe study.

- Delirium monitoring and management (D) was implemented following intense educational efforts on a delirium assessment tool (CAM-ICU). Revisions to the electronic documentation system to support this assessment requirement are under CWI review.
- Environment support included laminated pocket cards and other bedside reference tools
- In support of delirium prevention and management, sleep promotion guidelines were implemented. “Sleep Promotion” is available as an option in the electronic ordering system (HEO). Intensivists and critical care nurses identify at risk patients by placing signage on the patient’s door (half-moon magnetized sign), which directs caregivers to minimize treatments during night time hours, such as blood draws, vital signs, chest X-rays, etc.
- Implementation of a nurse-driven early mobility protocol allowed for successful implementation of the final component, early mobility (E). In this evidence-based protocol, the nurse has the autonomy and responsibility to aggressively advance patient mobility based upon a set of criteria. Success was dependent on an additional option for electronic physician order selection, “Activity per Early Mobility Guidelines.”

By August 2013, all components of the ABCDE bundle were implemented. Care practices continue to be monitored to sustain practice changes. The role of the critical care nurse is positioned well to demonstrate the effective communication, coordination and leadership required by this complex bundle to achieve positive patient outcomes.

Understanding the bundle

The Institute for Healthcare Improvement defines a “bundle” as an approach to patient management that generally uses three-to-five evidence-based practices that when performed together and performed consistently will yield improved patient outcomes. The ABCDE bundle represents the Awakening and Breathing Coordination (ABC), Delirium Monitoring and Management (D), and Early Mobility(E). The foundation of the ABCDE bundle depends on three principles: (1) improved communication among team members, (2) standardized care processes, and (3) breaking the cycle of over sedation and prolonged mechanical ventilation.
Since the successful implementation of the Wake Up and Breathe bundle, ICU nurses continue to monitor and identify indicators for success. During GEMBA, ICU staff include, from left: Barbara Lamb, BSN, RN, ICU; Mark McDevitt, RN, ICU; Yoany Finetti, MSN, RN, Acute and Critical Care/Respiratory Care/Therapy Services/Care Coordination; and Erin Shaw, RN, ICU.
New Knowledge, Innovations and Improvements

redesign and refine current systems
Research

Missouri Baptist nurses continue to expand nursing knowledge and deliver exceptional patient care through research and evidence-based practice.

ORAL CHEMOTHERAPY MEDICATION ADHERENCE

Laurie Sparks, PhD, RN
Sylva McDonald, MSN, RN

After a review of articles on poor oral medication adherence rates found in patients diagnosed with cancer, Lynn Hayward, BSN, RN, a nurse in the hospital’s Breast Healthcare Center, discussed her concern with Laurie Sparks, PhD, RN, Professional Practice. Laurie then collaborated with Sylva McDonald, MSN, RN, nurse educator, Oncology Infusion Center, to design a study to explore oral cancer medication adherence for cancer patients at Missouri Baptist. To explore the issue on a larger scale, the study included patients at the Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine. A survey mailed to all cancer patients at the two sites found that one-third of patients reported missing doses of cancer medication. It was also discovered that use of a medication system (such as a pill dispenser) and better knowledge about the side effects of a drug could result in better adherence. The results of this study provided important information in the design of a new study, led by Patricia Potter, PhD, RN, FAAN, Siteman Cancer Center, and funded by the Oncology Nursing Society to test nursing interventions to help patients improve oral cancer medication adherence. Laurie and Sylva are research team members and will be leading the Missouri Baptist participation. After interviewing patients and family members about their experience with oral chemotherapy, nurses from Missouri Baptist and the Siteman Cancer Center will create an education and coaching strategy to assist patients adhere to prescribed treatment. This research project has the potential to change the way nurses work with patients taking oral medications not only for cancer patients, but for all patients taking long-term medications.

According to past studies, the rate of adherence to oral cancer medications varies anywhere from 16 percent to 100 percent. Poor adherence jeopardizes patient safety and treatment success.

“The nurses care about me, and I care about them. I consider them part of my family, and some of my biggest cheerleaders. Often I forget about my cancer while I am at the center. Here, I receive compassion from the most knowledgeable, well-trained nurses who shower me with comfort and give me hope. I have been coming to the Cancer Center for chemotherapy since my colon cancer diagnosis on July 10, 2007. My husband received his care here beginning in 2003. I wouldn’t go anyplace else.”

Terri Olsen

Stephanie Armbruster, BSN, RN, Cancer Center, and Terri Olsen spend time together in conversation before Terri’s chemotherapy treatment at the Missouri Baptist Cancer Center.
Evidence-Based Practice Projects

In 2013, six nurses completed the Evidence-Based Practice Fellowship and implemented projects on their units.

STROKE VOLUME OR CENTRAL VENOUS PRESSURE: EXAMINING THE EVIDENCE

Elaine Zobrist, BSN, RN

Post-operative care for the cardiac patient includes accurate assessment for hypovolemia and patient response to treatment may be unrecognized or misdiagnosed. This can lead to delays in treatment, undertreatment, or overtreatment resulting in increased complications and length of stay. Missouri Baptist physicians have traditionally used central venous pressure (CVP) to guide treatment. However, evidence has shown that stroke volume (SV) is the first hemodynamic parameter to change when there is volume loss. Elaine Zobrist, BSN, RN, conducted an evidence-based project to answer the following clinical question: Is stroke volume more accurate in diagnosing and managing hypovolemia compared with CVP in the post-operative cardiac patient? Data was collected over three months on 47 patients by the nursing staff using a written tool developed to collect CVP, SV, need for specific medications, and administration of additional fluids. Changes in SV and CVP were documented on the tool. In 57 percent of the patients who required additional fluids, changes were seen in SV, but not in the CVP reading. Additionally, 17 percent of these patients had a reduced need for additional medications. The results were shared with nurses and physicians in the Cardiovascular Recovery unit (CVR) who agreed that a practice change was indicated. The CVR unit is now using stroke volume to assess for hypovolemia and is also investigating the use of a non-invasive device to measure stroke volume.

EVIDENCE TO SUPPORT SIMULATION IN PERIOPERATIVE ORIENTATION

Diana Beck, MSN, RN
Erin McDevitt, BSN, RN

Teaching clinical skills through simulated learning in specially-equipped labs using high-fidelity mannequins is a recent phenomenon that has resulted in superior learning for many health care providers. This form of teaching has most often been used with students, but is now an emerging tool for professional staff. OR nurses considered if some surgical skills could be better taught through simulation education instead of the traditional form of instruction. This project team created simulation experiences on surgical positioning, skin preparation and treatment of malignant hyperthermia, and these practices are now used for the orientation program for OR nurses.
EVIDENCE TO SUPPORT IMPROVED PAIN CONTROL IN CARDIAC POST-OPERATIVE PATIENTS

Isabel Hartig, BSN, RN

Pain is one of the most difficult issues to manage after heart surgery. While morphine was the first line of pain treatment in the Cardiovascular Recovery Unit (CVR), many patients complained that morphine did not relieve pain. Patients received doses of morphine hourly, but when pain relief was still not achieved, fentanyl was increasingly being ordered. CVR nurses believed that fentanyl controlled pain better, but wanted to be certain that the drug would not also cause unwanted side effects. Isabel Hartig, BSN, RN, decided to design a project to answer the question: In adult cardiac surgery patients, does fentanyl, rather than morphine, result in improved pain control, hemodynamic stability and decreased length of stay? After collecting data over three months, fentanyl was found to be more effective for pain control in 80 percent of patients with no significant side effects. Additionally, hemodynamic stability occurred and 54 percent of patients were discharged after 24 hours. After presenting study outcomes to the OR, cardiothoracic surgeons, and anesthesiologists, staff agreed the results demonstrated that fentanyl provided improved and safe pain control and supported use in the Progressive Care Unit.

INFORMATION AND EDUCATION FOR THE PATIENT AND FAMILIES IN THE ICU: APPLYING THE EVIDENCE

Sandra Silva, RN

The Intensive Care Unit (ICU) is a high stress environment for patients and family members, and staff is well aware of the difficulty patients and families experience in this setting. Orientation for patients and families to the ICU usually consisted of only verbal explanations. Sandy Silva, RN, ICU staff nurse, questioned the need for additional educational materials to augment patient/family understanding and coping. Studies have shown that patients and families retain very little of the information provided in this manner. To address this concern, a project team created an orientation booklet to explain common ICU sights and sounds, which is now available for patients and families at admission as a resource throughout a hospital stay. The team’s next step includes development of patient-specific information sheets, which will provide explanations for equipment and treatments, such as ventilators and weaning from the ventilator, isolation precautions, measures to treat severe infection, and prevention of deep vein thromboses.

REVISED DYSPHAGIA SCREENING BASED ON EVIDENCE

Susan Jaber, BSN, RN

Dysphagia (difficulty swallowing), a common occurrence in stroke patients, is associated with higher mortality and complications. Patients presenting to the Emergency Department (ED) with symptoms indicating a possible stroke are screened for dysphagia; however, sometimes the condition is not detected until after hospital admission. Susan Jaber, BSN, RN, Stroke Coordinator, wanted to validate if the current dysphagia screening tool in use was the best tool available. Susan found the current tool to be excellent; however, she also discovered a need for new screening guidelines to identify more patients. She led a project team to develop the revised guidelines and educate the ED nursing staff and throughout the hospital to apply the new criteria and use the current screening tool more efficiently.
Celebrated annually at Missouri Baptist, National Nurses Week provides an opportunity to recognize some of the hospital’s outstanding nurses. Following are excerpts from the nominations of the 2013 award winners.

NANCY A. ROSS PATIENT CARE INNOVATION AWARD
Alan Westcott, ADN, BS, RN, 3 Surgical

Al Westcott was instrumental in the implementation of comfort rounding after completing an evidence-based practice project last year. He is an active member in the Unit-Based Nursing Practice Council and chair of the Governing Alliance for Professional Nursing (GAPN) Evidence-Based Practice (EBP) and Research Council.

NANCY A. ROSS SPIRIT OF NURSING MANAGEMENT AWARD
Sharla Emery, BSN, RN, PCU/CVR/Respiratory Care

Sharla has participated in the implementation of the evidence-based practice regarding extubation time. She collaborated with physicians and encouraged staff through the change. She has supported staff to participate in the Evidence-Based Mentor program, which has led to additional practice changes to improve post-cardiac surgery care.

ADVANCING THE PROFESSION OF NURSING AWARD
Becky Ott, RN, Radiation Oncology

Becky has the spirit of compassion and caring as she cares for mostly critically-ill patients who have a cancer diagnosis and are very frightened. She treats each patient with a smile and comforting words; she answers their questions and listens if they just need to talk.
EXCELLENCE IN NURSING PRACTICE AWARD

Janice Kilper, RN, OR

Janice always brings the team together, first by leading through example and then if the team deviates from the task, she finds an excellent way to bring them back to the task at hand.

Jane Keel, RN, Labor and Delivery

Jane motivates, encourages and communicates with her patients during labor and delivery. When you walk into one of her rooms during delivery, it is really a moving experience. Each time, you feel like you are walking into a special place where she and her patient and their significant others are all focused on the same goal.

EXCELLENCE IN PRECEPTING AWARD

Alison Naber, RN, ACC

Alison was commended for giving new graduates and students the tools they need to function on the floor and encouraging independence while serving as a resource and teacher.

EXCELLENCE IN NURSING RESEARCH/EBP

Elaine Zobrist, BSN, RN, CVR

Elaine is an Evidence-Based Practice fellow for 2012-2013 and completed her project on the question: “Is stroke volume more accurate in diagnosing and managing hypovolemia compared with central venous pressure in the post-operative cardiac patient?”

NURSE ROOKIE OF THE YEAR AWARD

Mystery Hahn, BSN, RN, PCU

Mystery is a change leader, asking many why questions and pursuing detailed answers. She maintains a professional demeanor and yet challenges the status quo.

NURSING TEAMWORK AWARD

Devin Olisah, PCT, Float Pool

Colleagues say Devin truly has a positive attitude every day and always looks at his patients as if they are his own family, which in turn means excellent care every time.

NURSING LEADERSHIP/MENTORING AWARD

Becky Hellrich, BSN, RN-BC, Clinical Learning Institute

Becky was instrumental to Missouri Baptist as she has demonstrated an incredible capacity for work and authentic passion towards the successful design, development and implementation of the Governing Alliance for Professional Nursing (GAPN).

Koren Betz, Staffing Coordinator, NICU

Koren serves as an excellent resource and positive example of communication for all. She goes above and beyond to ensure that a patient’s family members are greeted with a warm and friendly face when they enter the unit.
ST. LOUIS MAGAZINE NURSING AWARDS

Each year St. Louis Magazine issues a call for nominations to recognize some of the area’s outstanding nursing professionals. This year more than 200 nominations were received from patients, physicians, and nursing colleagues who wanted to recognize a special nurse. Catherine Dill, RN, NICU, was the award winner in the pediatric-neonatal category and Sue Muehling, BSN, RNC, IBCLC, Mother/Baby, was awarded for the women’s health category. Four other Missouri Baptist nurses were named as finalists: Stacy Weisguth, BSN, RN, CMSRN, 6 Med/Onc; Kara Bonnel, BSN, RN, 5 Medical and Sarah Koch, BSN, RN, CCRN, ICU.

MARCH OF DIMES NURSE OF THE YEAR

Twenty Missouri nurses representing 13 health care institutions were named Nurse of the Year at the second annual March of Dimes Missouri Chapter Nurse of the Year event on November 9. The nurses were recognized for their extraordinary level of patient care, compassion, professionalism, integrity and leadership in the nursing profession. More than 300 applications were submitted representing 55 different health organizations statewide. A selection committee of health care professionals reviewed the blinded nomination forms and determined the winners. Dr. Jan DeMasters, President of the St. Louis Campus of Chamberlain College of Nursing, chaired the event.

Two Missouri Baptist nurses were named March of Dime Nurse of the Year recipients: Infection Control & Occupational Health; Jeanne Zack, PhD, RN, CIC, and Nursing Administration: Laurie Sparks, PhD, RN.
American Heart Association Mission Impact Award

Annette Casey, RN, Heart LifeLine Alliance nurse coordinator, received the American Heart Association (AHA) 2013 Mission Impact Award for Quality Improvement Initiatives. Robin Hamann, AHA member, nominated Annette for her work with the St. Louis STEMI Committee. Annette helped launch the committee and is the lead nurse coordinator for the east central region. In her first year leading the committee, Annette collaborated with fellow STEMI coordinators to create regional standardized physician orders and transport protocols for the transfer STEMI patient, based on the American College of Cardiology and AHA guidelines.

Missouri Baptist Nursing by the Numbers

Licensed beds ......................................................... 489
Employees .......................................................... 2,745
Nurses ............................................................... 1,194
Physicians .......................................................... 1,210
APRNs ................................................................. 100 privileged, 9 employed
Nurses with Associate Degrees ...................... 38%
BSN ................................................................. 56%
Master’s/Doctorate ............................................. 6%
Nursing school affiliations ..................................... 7
Simulation events .................................................. 32
Simulation participants ......................................... 255
Admissions ........................................................ 21,504
Emergency visits .................................................. 40,663
Nurses certified in specialty .................................. 16%
Nurses in professional organizations .................. 27%
Professional Nurse Development Program (PNDP)
participants .......................................................... 107
Units involved in PNDP .......................................... 18
Presentations ........................................................ 10
Posters ................................................................. 16
Publications .......................................................... 2
EBP projects .......................................................... 5
Research studies .................................................... 10

RN Years in Practice

Less than 1 year .................................................... 5%
1 to 2 years .......................................................... 2%
2-5 years ............................................................. 8%
More than 10 years .............................................. 72%

RN Years on Current Unit

Less than 1 year .................................................... 17%
1-2 years ............................................................. 11%
2-5 years ............................................................. 20%
More than 10 years .............................................. 29%