

Carolina Nursing News



A message from Mary

Senior Vice President and Chief Nursing Officer

Dear Colleagues:

We've decided to move in little different direction with this "Message". I've asked Directors to write guest editorials or columns about some of the interesting aspects of their work beginning with the Director Liaisons to our Shared Governance Councils.



Change is good! I think you'll really enjoy this inaugural Director column by Dr. Christine Hedges, Director, Nursing Quality and Research about her work with our Research Council.

Shared Governance: Nursing Quality and Nursing Research Council

Nurses on the frontline of care have always posed questions and devised solutions to clinical problems. Whether conducting small tests of change using Lean improvement methods or developing evidence-based nursing protocols, you are answering clinical questions. The conduct of nursing research, using the scientific method, however, has traditionally been left to nursing scholars, researchers and graduate students. But that is rapidly changing. A greater number of practice questions are being answered using rigorous scientific methods of inquiry, and clinical nurses are increasingly leading these studies.

This initiative to generate new knowledge at the point of care has a number of catalysts. The Institute of Medicine (IOM) has challenged that by 2020, 90% of all clinical decisions should be evidence-based (2001, 2011) and the IOM report on The Future of Nursing calls upon nurses to take their rightful place in leading and partnering in the transformation of healthcare. The ANCC Magnet Recognition program has placed further value on the use of research to drive clinical decisions at the point of care.



Christine Hedges, PhD, RN
Director
Nursing Quality
and Research

These drivers, coupled with the increased numbers of doctorally prepared nurses in clinical practice (DNPs and PhDs) have created an environment where nursing research can flourish. To further emphasize the importance of nursing research to the daily practice of nursing at UNCH, our Shared Governance Model includes the Nursing Research Council (NRC) as one of its 5 clinical nurse-led councils. I am very fortunate to serve this council as the Director liaison.

When you log in to the NRC webpage you will read "*The Nursing Research Council engages nurses at UNC Health Care to generate, utilize, and disseminate nursing research.*" I'd like to explore those 3 engagement areas:

Generate. While the methods and ethical conduct of research in both the practice and academic setting must adhere to sound principles, there are distinct differences between the generation of clinical research by busy clinicians and the conduct of funded academic research. For one thing, most clinicians want answers to their questions quickly, and are conducting clinical studies alongside their daily nursing care, with little to no additional financial resources. So just how do the members of the NRC support nurses generating "great ideas"? How do they assist a nurse to move from a burning clinical question to actually getting the research done? One of the challenges for the council is to help frontline staff who have enthusiasm about a topic, learn to scope the project to a manageable size! A further challenge is to connect novice researchers with mentors and experienced researchers. The positive message about nursing research is often framed as "anyone can do it", but as with any advanced nursing skill, it takes education and support the first time around.

Our council is led by Carla Jones, DNP, RN, NE-BC, a CN IV on 5BT, and Ana Gil Del Villar, BA, BSN, RN-BC, a CN IV on 3 Neuroscience. Carla and Ana meet with me each month to prepare for the meeting and bring the voice and concerns of the direct caregiver to the research agenda.

While we are fortunate to have a number of doctorally prepared nurses on the council, including a dedicated nurse researcher, the NRC set a goal of developing the research proposal review skills of each service line representative. New members of the council are matched with an experienced researcher for initial reviews until the mentee feels confident in their proposal reviewing skills!

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Education of NRC members is highly important and one NRC subcommittee is tasked with providing orientation for new members and meeting the educational needs of its members. Recent educational offerings included “How to Read a Research Proposal” presented by Dr. Beth Black (SON), and “How to Prepare an Evidence Table” by Rebecca Shaw.

Utilize. How do the results of original clinical studies then get translated to practice? The answer lies in the supportive infrastructure of our Shared Governance Council and UNCH leadership. While the NRC assists in the submission and approval to actually *do* the study, what happens next? This is where communication in and among your SG councils can assist. When the team who explored the incidence of nurse fatigue reached their conclusions and identified evidence-based interventions to reduce nurse fatigue, they partnered with the Practice council to implement a pilot and do a pre- and post-evaluation of the effects.

And when nurses on the Diversity council wanted to explore baseline diversity of its members, they worked with our Nurse Researcher, Dr. Cheryl Smith-Miller. Currently, members of two SG councils, Research and Quality, are working together to develop a sleep promotion and noise reduction intervention to test on 6BT and 3W. Once they complete the evidence review, survey research, and QI initiatives, an evidence-based intervention will be developed and tested.

Disseminate. One of my greatest pleasures as liaison to NRC is to see how well UNCH nurses disseminate the findings of their studies. Look again to the NRC site page and you will see an impressive and wide range of current research studies, many of which are led by novice researchers who are expert clinical nurses. Research topics reflect such real world issues as best type of wound drainage, report handoffs, baby friendly initiatives, use of unit based safety officers, and even how nurses use email, smart phones, and texting in daily operations. If you attended the UNCH Quality Expo or the annual Nursing Quality and Research conference you saw dissemination of nursing research at a local level. Our nurses go well beyond the walls of UNCH to share findings. The Nursing Annual Report chronicles the dozens of North Carolina, national and even international conferences where our nurses’ research has been showcased.

In summary, the time has come for the bedside clinical nurse caregiver/researcher. Greater numbers of nurses are leading or participating in studies. What a privilege it is to see the NRC expand and what an honor to serve as Director Liaison.

*Christine Hedges, PhD, RN
Director
Nursing Quality and Research*

References:

- Institute of Medicine (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Retrieved from: <http://iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx>. May 23, 2014.
- Institute of Medicine (2011). *The Learning Health System and its Innovative Collaboratives: Update Report*. Retrieved from <http://www.iom.edu/Reports/2011/Digital-Infrastructure-for-a-Learning-Health-System.aspx>. May 23, 2014.

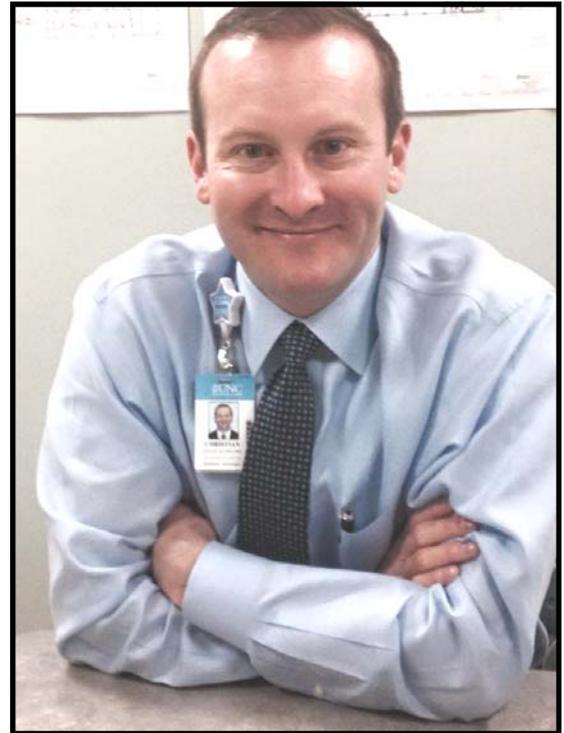
Getting to Know...

Christian Lawson, MBA, BSN, RN
Director
Emergency Medical Services

Christian Lawson came to work at UNC Health Care as the Director of Emergency Medical Services in January 2015. Before coming to UNCH Christian worked as the Director of the Emergency Department for The University of Tennessee Medical Center (UTMC), Knoxville, Tennessee.

During his time in Knoxville, Christian:

- Oversaw a 36 bed, \$15 million Emergency Department (ED) expansion
- Led and participated in multiple Lean events to achieve ED “Door-to-Provider” of less than 30 minutes, left without being seen less than 2%, ED Door-to-Inpatient Bed less than 5.5 hours, and eliminated 11 hallway beds
- Achieved RN turnover 2.5% YTD and upward/positive year over year trending in the National Database of Nursing Quality Indicator (NDNQI) survey 2009-2013
- Identified and led improvement initiative with medical records, finance, and supply chain to capture over \$1 million in annual supply charges, which resulted in over \$350,000 in actual dollars to departmental revenue
- Led for the house-wide CAUTI reduction program. Through this effort, urinary catheter insertions were reduced by 75% in the ED and CAUTIs in acute and critical care were decreased by 46%.
- Served as the health system Lean improvement facilitator: led multiple house-wide and departmental performance improvement teams
- Participated on and served in leadership roles on Baldrige Strategic Planning Committee, Nurse Executive Council, Executive Sponsor for house-wide Quality Council, Peer Review Subcommittee, Critical Care, STEMI, Stroke Steering, Product Review Committees
- Created an Emergency Department site visit for The University of Tennessee Executive Education Lean for Healthcare course
- Led ED leadership team that prepared for Magnet Survey designation as a Magnet Facility, successful Joint Commission surveys, and two State of Tennessee Level I Trauma Center accreditations.



Christian enjoys leadership development, process improvements and having his finger on the pulse of change in an organization. His enthusiasm is infectious and his presentation on CAUTI - “One Catheter at a Time” is nationally recognized. He was awarded an American Organization of Nurse Executives Nurse Manager Fellow 2013-2014 and has received three Guardian Angel Awards - a program at UTMC in which patients and visitors can recognize staff.

We are very pleased to welcome Christian to the UNC Hospitals and the Nursing Leadership team.



Spotlight On:

Mark Buchanan, BSN, RN, RN-BC 5 Anderson North

Why did you choose to become a nurse?

My mother was ill for many years, so I spent a lot of time in hospitals. I saw a number of great nurses and I wanted to be a compassionate caregiver who makes a difference.

What do you enjoy the most about being a nurse?

The smiles and thanks I get from patients especially when it has been a difficult day.

How long have you worked at UNCH? Please describe your professional development here.

I have been a nurse for 3 years. During that time I completed my BSN and became certified. I've joined two hospital-wide committees and several unit based committees. I've precepted students and presented to several nursing groups. I'm completing my nursing portfolio now and hope to be advanced to Clinical Nurse III in a few months.

What is your professional certification? How long have you been certified?

I'm a board certified Cardiac-Vascular nurse. I became certified in June of 2014.

Why did you pursue professional certification?

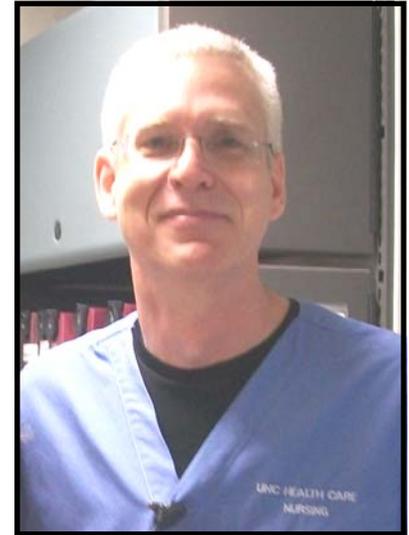
I like a challenge and I also wanted to learn more about my field of care. I believe it also helps with career advancement.

Why is certification important for the nursing profession?

Certification conveys a level of excellence so we can provide quality bedside care for our patients. It also strengthens our profession among our health care colleagues.

Jocelyn Gladney Allsbrook, MSN, RN, CPAN

Patient Services Manager II - GI procedures Memorial/Meadowmont



EXCELLENCE IN PRECEPTING

The Preceptor Development Committee would like to recognize the following nurses who demonstrated excellence in precepting. Nurse Managers, in conjunction with the Clinical Nurse Education Specialists and HUC Coordinator, select candidates for this award. This recognition is awarded whenever the Nurse Manager or CNES/HUC Coordinator identifies someone who meets the criteria. For questions on precepting, contact Cathy Gage at cgage@unch.unc.edu.

Corinne Arundall, BSN, PCCN, RN (3 AND)

Karen Ellis, BSN, RN (7 NSH)

Katrice Hester, BSN, RN (6 BT)

Megan Hayes, BSN, RN (3 AND)

Elaine Javellana, BSN, PCCN, RN (3 AND)

Robyn Tolley, ADN, CMS, RN (7 NSH)

Linnea Van Pelt, ADN, CMS, RN (7 NSH)

Josh Warren, CST II (7 NSH)

Leigh Woodruff, CST II (7 NSH)

Spotlight On:

Mandy Kemnitz, BSN, RN, CPAN Main Post Anesthesia Care Unit



Why did you choose to become a nurse?

I started my undergraduate studies at Appalachian State University. While there, I took Anatomy and Physiology to prepare myself to become a physical therapist specializing in cardiac rehabilitation. I enjoyed studying anatomy and learning about how our bodies work, but I realized that for me the field would not provide the excitement and satisfaction I was looking for. Nursing provided the dynamic and rewarding opportunity I was looking for.

What do you enjoy the most about being a nurse?

The satisfaction of knowing my patients are happy, safe, and receiving the best possible care.

How long have you worked at UNCH? Please describe your professional development here.

I've been with UNCH for a little more than seven years. In January of 2008 I joined the Jaycee Burn Center. I developed my skills as a critical care nurse working that their patient population for two years. In 2010 I transitioned to the Post Anesthesia Care Unit (PACU) where I recover patients immediately following surgery. After two years in the PACU, I completed the Certified Post Anesthesia Nurse (CPAN) exam and received my CPAN certification.

Around the same time I had the opportunity to participate in a professional exchange program organized by the Rotarians of District #7710 and sponsored by the Rotary Club of Chapel Hill. I joined four other healthcare professionals on a month-long trip to France where we studied the French national healthcare system in order to compare and contrast it to our own. We visited primary, secondary, and tertiary care centers and interviewed healthcare providers from multiple disciplines. Upon our return, we produced and delivered a collaborative presentation of our findings to twenty seven different Rotarian groups.

The knowledge and experience I gained through this exchange gave me new insight into the way other cultures and societies view healthcare, and gave me a new perspective on patient care. The trip also provided me with an abundance of material for creating my CNIII portfolio, along with my participation in committees and unit based projects.

What is your professional certification? How long have you been certified?

I am a Certified Perianesthesia Nurse (CPAN). The CPAN certification is administered by the American Board of Perianesthesia Nursing Certification. I have been certified for two years.

Why did you pursue professional certification?

I felt the need to become more knowledgeable in my field and a better resource for my colleagues. Working towards the CPAN certification and studying for the exam helped to focus my efforts and give me a specific pathway to success.

Why is certification important for the nursing profession?

Healthcare is constantly changing with new procedures and medicines available to patients everyday. In our line of work, knowledge is power and can make a tangible difference in the care we provide to our patients. Healthcare providers should embrace every opportunity to enhance their clinical skills.

*Jocelyn Gladney Allsbrook, MSN, RN, CPAN
Patient Services Manager II - GI procedures Memorial/Meadowmont*

Spotlight On:

Cicily Pulpara, RN, CCRN Burn Center



Why did you choose to become a nurse?

I came from a family of 11 siblings. When I was younger I wanted to be a teacher, but most of my siblings were teachers and had difficulty finding jobs. My sister and I were encouraged to pursue nursing.

What do you enjoy the most about being a nurse?

Nursing has become my passion. I love being a bedside nurse. It gives the opportunity to provide holistic care to the patient and their families. I enjoy learning as a nurse, especially medical terminology and the pathophysiology of the human body.

How long have you worked at UNCH? Please describe your professional development here?

I have worked at UNCH for 6 years. The leadership on my unit has helped boost my confidence and made me feel more comfortable while developing my skills as a preceptor and charge nurse.

What is your professional certification? How long have you been certified?

I have had my Critical Care Registered Nurse (CCRN) certification for 3 years. I will recertify for the first time this June.

Why did you pursue professional certification?

One thing I enjoy about working at UNCH is the numerous opportunities to develop. The hospital offered CCRN review courses and I believed this would help me learn more as a bedside nurse so I could take better care of my patients. I took the review courses and studied on my own. I also wanted to be a role model for other nursing staff on the unit.

Why is certification important for the nursing profession?

Taking the CCRN exam helped me learn about the pathophysiology of the patient and continue to be an life-long learner. Preparing for and taking the exam challenged me and it also encourages other younger nurses on my unit to pursue their certification.

*Chris Turner, BSN, RN, PCCN
Nurse Manager, 7NSH, Surgical Oncology and ENT
Co-Chair, Nursing Professional certification committee*

2015 Becton Dickinson Fellowship Recipients

Clinical nursing research investigates practice-based issues, however, insufficient time and monies can be barriers to successfully conducting research. The **2015 Becton Dickinson Fellowship** mitigates these difficulties by **providing funded release time for the project team leader, the co-leader, and monies to cover project expenses** related to the following topics: 1) Hospital-to-home, 2) Inpatient glycemic control, and 3) Infusion pump therapy.

Each of these investigative teams will be mentored in developing research skills for the clinical setting. Each team consist of at least one primary team leader and one co-leader. Unit and service line staff are encouraged to participate in the projects. The research team members are required to participate in group meetings and other components of the research process and be fully invested in the project outcomes.



Corinne Arundell, BSN, RN, PCCN

Will Whitaker, BSN, RN, PCCN

3 Anderson/ICCU

Hospital-to-Home Team

This research team will focus on exploring the contributing factors of hospital readmission within 30 days of discharge among patients with congestive heart failure. Current strategies to reduce these admission rates is one aspect that will be explored. The team hopes their research will inform additional intervention or management strategies to improve patient outcomes.

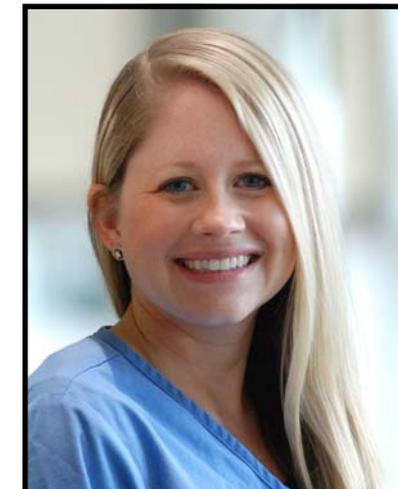


Jennifer MacDonald, BSN, RN, CCRN, CMC

**Brooke McLaughlin, BSN, RN, CCRN
CICU**

Inpatient Glycemic Control Team

This study will examine the post-operative glycemic management of patients with Type 2 diabetes in the ICU setting. The team will also compare patient outcomes including length of stay and the transition to home in their targeted population. Judith Swift, Diabetes Clinical Nurse Specialist, is facilitating this team.



Matthew Remer, BSN, RN

**Jennifer Whitaker, BSN, RN, CPN
Pediatric Specialty Care Team**

Infusion pump therapy

The focus of this project is optimizing the placement of PICC lines in pediatric patients with the goal of reducing the exposure to x-rays and improving workflow efficiency. Expecting that the amount of time that is required to validate line placement will be reduced, the team will also explore whether delays in medication administration are reduced.



**Nicoleta Constantin, PhD, RN, CPN
6 Children's**

Peripheral versus Central Line Serum Antibiotic levels in Cystic Fibrosis Patients Admitted on Pediatric Floors



**Katherine Sabo, BSN, RN, CPHON, ATC
5 Children's**

Assessing Nurses' Compliance with the Central Line Maintenance Care Bundle on a Pediatric Hematology/Oncology and Pulmonary Unit



**William Kanipe, BSN, RN, PCCN
Intermediate Surgery Care Unit**

Evaluating the efficacy and use of technology in achieving peripheral intravenous (PIV) access among nurses in an intermediate care environment



**Holly Rabinovich, RN-BC
6 Bedtower**

Complications and Length of Time Peripheral IV Lasts: Med Lock Flushes vs. Continuous Fluid Infusion

University Health Systems Consortium Update

All new graduate nurses hired at UNC Medical Center are required to participate in the Nurse Residency Program, which follows the guidelines and curriculum developed by the University HealthSystems Consortium (UHC). The year-long program is designed to help new nurses transition from academia to practice starting as advanced beginners and enrolling into competent professionals who provide clinical leadership at the point of care. They are precepted and mentored by all levels of nursing staff and many other disciplines as they refine clinical skills, develop clinical decision-making abilities, and incorporate research-based evidence into their practice. The residency program consists of individual service line sessions initially focusing on clinical skill building, then monthly sessions focusing on professional roles with all service lines together.



Cohort 1 from 2014 completed their year on March 9, 2015 and held a graduation ceremony for their 18 members: Jessica Rudolph (4 Oncology), Kelly Bird and Clarissa Curtis (5 Bedtower), Janay Knight and Emily Trester (5 Children's), Heather Alico (6 Neurosciences), Dena Bolton (6 Women's), Catherine Johnson and Kerri Rosenberg (7 Children's), Emily DeVan and Mira Radosevich (Bone Marrow Transplant Unit), Rachel Tunstall (Burn Center Intensive Care Unit), Caroline Frantz and Kathryn Franz (Cardiothoracic Stepdown Unit), Lindsey Andrews and Sarah Lykens (Medical Progressive Care Unit), Magnolia Ko and Megan Turits (Vascular-5 Anderson).

Eight nurses from the cohorts who started in 2013 and finished in 2014 had their projects selected by the UHC for presentation at the Annual Meeting in Scottsdale, AZ on March 3 – 5, 2015. Those selected were:

Podium Presentation:

- *Continuous vs Intermittent Wound VAC Therapy in Patients Undergoing Open Chest Management with Delayed Sternal Closure* - Luis Serpa and Sheena Hilton (CTICU)

Poster presentations:

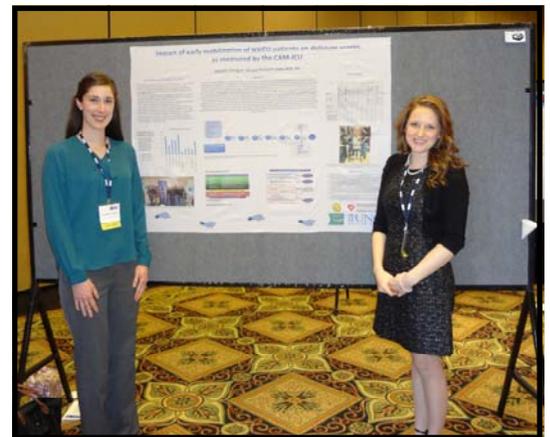
- *Impact of Early Mobilization of NSICU Patients on Delirium Scores, Measured by CAM ICU* - Mandy Mangum & Liz Slater (NSICU)
- *Improving Family Centered Communication in the BICU in the 1st 72 Hours* - Audrey Boyles, Kamron Lusk, Kimberly Hulin, & Yvonne Chau (BICU)

For more information on our Nurse Residency Program please contact Ginny Fox at Virginia.fox@unchealth.unc.edu



Luis Serpa and Sheena Hilton (CTICU)

Submitted by Virginia Fox, RN, MSN, PMHCNS-BC
 UHC Nurse Residency Program Coordinator
 Clinical Nurse Education Specialist
 Nursing Practice & Professional Development



Mandy Mangum & Liz Slater (NSICU)



Kamron Lusk & Kim Hulin of the NC Jaycee Burn Center (BICU) presenting their group project in Scottsdale

Professional Development Council

The Professional Development Council kicked off 2015 with our annual retreat. Council members focused their time on planning events to coincide with our targeted goals for the year. A key action item for 2015 is to focus on succession planning for nurse leaders at UNCH. We will achieve this goal by developing mechanisms to help Clinical Nurse IV's move across service lines for promotional opportunities. Also, we will work collaboratively with other committees in the hospital to formalize a mentoring process for nursing leadership. Finally, the Council will develop and administer a role satisfaction survey for all levels of nurse leaders.

Please contact your service line representative (pictured below) to share your suggestions and ideas of how we can best meet the above goals for 2015. We value and appreciate the input of all UNCH Nurses!

Submitted by: Cortney Jenkins, BSN, RN, RN-BC, CNIII, 5 East & Betsy Driggers, BSN, RN, CCRN, CNIV, NCCC



Pictured Left to right:

Front row: Rebecca Davis, MSN, RN, CFCN, CNIII Wound Center, Kristin Hall, BSN, RN, CCRN, Administrative Nursing Supervisor, PDC Chair, Billy Bevill, MSN, RN, NE-BC, Director of Nursing Practice & Professional Development, Sarah York, BSN, RN, PCCN, CNIII, MPCU, PDC Co-Chair.

Back row:

Dee Dee Fryer, BSN, RN, RN-BC, PMH, 4 NSH, Co-Chair of Retention/NSRW Committee, Kellei Agostinelli, BSN, RN, CPON, CNIV Peds Hem/Onc, Pat Yee, MSN, RN, NE-BC, NM 5 Children's, Mary Beth Haire MSN, RN, NE-BC, Administrative Nursing Supervisor, S.A.G.E Committee, Cortney Jenkins BSN, RN, RN-BC, CNIII 5 East, Betsy Driggers, BSN, RN, CCRN, CNIV, NCCC, Shamenia Bunting, BSN, RN, CMSRN, Emergency Services, ADU, Susan Helms, MSN, RN, CCRN, PCCN, NM H&V, 3 Anderson, Kaitlin Strauss, BSN, RN, PCCN, CNIV, ICCU, 3 Anderson, Kelly Revels, MSN, RN, CEN, NPPD/Chair NPAS, Emergency Services, Christina Gormly, BSN, RN-BC, CNIII 5 NSH, Claire Curran, MSN, RN, CCRN, NPPD, Certification Committee.

Not pictured: Tamryn Fowler, RN, MSN, CM, UNC-SON liaison, Mike Dawson, ADN, RN, CNII, Surgical Services, Natalie Orta, ADN, RN, CN II, Cheryl Russell, HUC, 6 Patient Support Tower, Maria Bunch, BSN, BA, RN-BC, CN IV, Cheryl Rempfer, RN, CN II

TRAINING SESSION HELD FOR RESEARCH TEAM MEMBERS

In preparation for the start of the funded nursing study Salivary Cortisol, Acupressure, and Pain Levels among Patients with Acute Burn Injury (SCAPS) research team members participated in a salivary cortisol collection training session at the School of Nursing Biobehavioral (SON BBL) laboratory on Thursday, March 12, 2015. The study is funded by the Academy of Medical Surgical Nurses.

The primary purpose of the proposed study is to evaluate the use of acupressure on anxiety, pain, salivary cortisol level and pain medication usage among patients with less than 20% total body surface area (TBSA) burn injuries.

Aim 1: Assess salivary cortisol levels of hospitalized patients who have suffered a burn injury less than 20% TBSA.

Hypothesis 1: Patients with an acute burn injury have elevated salivary cortisol levels.

Aim 2: Examine salivary cortisol, pain levels, and pain medication use among hospitalized patients with an acute burn injury.

Hypothesis 2: Increased salivary cortisol levels are associated with higher reported pain levels and pain medication usage.

Aim 3: Compare the salivary cortisol levels, pain levels, and pain medication use among burn injured patients who receive acupressure treatments to patients who receive a placebo.

Hypothesis 3: Decreased salivary cortisol levels will be associated with lower reported pain levels, and less pain medication use among patients who receive acupressure treatment compared to patients who receive a placebo.

Pictured below L-R: Victoria Benson, BS, MT, ASCP (UNC Chapel Hill School of Nursing Biobehavioral Laboratory, Research Specialist); Char-Norie Poteat, BSN, RN, RN-BC; Brant Nix, BA, BMET Laboratory Technologist (UNC Chapel Hill School of Nursing Biobehavioral Laboratory, Lab Manager); Brooke Brewer, RN, BSN, MS, CNML (co-investigator); Deborah Cosentino, RN; Cortney Jenkins, RN, BSN, RN-BC; Ariana Jumper, BSN, RN and Martha Grace Cromeens, RN. (Team members not pictured Elizabeth Delacruz, BSN, RN-BC, ANCC and Cheryl Smith-Miller, PhD, M.Ed., RN-BC; PI.)



Getting to Know...

Erica Tuke, BSN, MHA, RN, CEN, NE-BC

Improvement Coach - Quality & Organizational Excellence Leader

Nursing Quality & Research

Erica Tuke joined UNC Health Care as an Improvement Coach - Quality & Organizational Excellence Leader for the Nursing Quality & Research department in October 2014. Before coming to UNC Health Care, Erica worked as a nurse manager overseeing two neurology clinics at Duke University Medical Center.

Erica obtained her Masters degree in Healthcare Administration through the executive program at the University of Washington in Seattle, WA. One of her strongest skills is the ability to speak both the clinical and nonclinical language of healthcare.

Erica's nursing career started in 2006 when she graduated from Seattle University and started her residency in the emergency department of Swedish Medical Center in Seattle, WA. She advanced to preceptor and relief charge nurse was offered a position as a designated charge nurse. In 2011 she recognized that she wanted a more formal role as a leader in the emergency department and was hired as a Clinical Supervisor and began her Masters Degree in Healthcare Administration. During her two years as Clinical Supervisor, her responsibilities grew to supervising two emergency departments within the healthcare system. She found a very satisfying fit between her passions and philosophies for teamwork, growth, professionalism, community service, advocacy and leadership in the emergency department. Some of her proudest achievements include the ED-ICU Collaboration Project which focused on teamwork and expediting admissions between these two nursing departments as well as eliminating ambulance diversion by implementing Lean processes.

In 2013 Erica moved to Durham, NC and began working as a nurse manager for Duke Medical Center in the neurology clinic. She led a team of 15 staff members and started two shared leadership committees. She enjoyed coaching and mentoring members of the team, especially when it came to promoting advocacy for patients and policy change. She wrote and co-wrote many departmental policies and started two shared governance committees within the clinic. In 2014, Erica took on the additional responsibility of managing a second neurology clinic for Duke. One of the clinics achieved Tier One status for the third consecutive year and the other clinic improved from a Tier Three to a Tier One status under her leadership. Her greatest accomplishment in her nurse manager role was opening a Nurse Center focused on safe and efficient triage for neurology patients

In her first ninety days at UNC Hospitals, Erica has met with Directors, CNIVs and Leadership Black Belts. She has been impressed by the volume of work as well as the quality and the degree to which nursing is involved in quality improvement projects across the health system. In collaboration with Robyn DeGennaro, Carol Bengé and Patty Rich, Erica has assisted in developing the new Nursing Quality Site. The site was designed to provide nursing quality data to staff as well house a database of nursing quality improvement projects. Erica is involved in multiple projects including Sleep Promotion/Noise Reduction (Medicine), Falls Reduction (Surgery and Women's), Nursing Handoff (Psychiatry) and a Spread of Innovations subcommittee. Her work as Improvement Coach is centered around helping teams problem solve and achieve desired quality outcomes using Lean methodologies. Erica's passion for leadership and developing solutions through Lean processes makes her a valuable asset to the team!



UPCOMING PRACTICE-BASED PRESENTATIONS 2015

**Monday, April 27, 2015: “What is an Evidence Table and Why Should I Care?” -
Rebecca Shaw, BSN**

Time: 0800-0900, Presentation, 0900-1000 Seminar. Location: Classroom A, NPPD

**Monday, May 18, 2015: “Working Smart - Forming a Research Team” -
Heart and Vascular Research Team**

Time: 0800-0900, Presentation, 0900-1000 Seminar. Location: Classroom A, NPPD

Save these Dates! Speakers TBD All in Classroom A, NPPD, 4th Floor, Old Infirmary

Monday, June 29, 2015

Monday, July 27, 2015

Monday, August 31, 2015

Monday, September 28, 2015

Monday, October 26, 2015

Monday, November 23, 2015

Monday, December 18, 2015

2015 UNC Hospitals Nursing Conference Schedule

All conferences located at The Friday Center. Specifics of agenda, registration, etc. will be available on each conference brochure which will be published closer to the conference date.

UPCOMING CONFERENCES:

**“Geriatrics: Transitions Across the Continuum of Care”
Medicine Service Nursing Conference
Friday, May 15, 2015**

**“Current Trends in Pediatric Critical Care Nursing”
Children’s Service Nursing Conference
Thursday, June 4, 2015**

Call 984-974-7740 to register!

Nursing Professional Advancement System – Update:

The Nursing Professional Advancement Committee is pleased to announce that the following nurses have been approved for promotion as part of the Nursing Professional Advancement System:

CN III promotions include:

Benjamin Butler, ASDN, RN, CPN – Children’s Specialty Clinic – effective 10/26/14
Alicia Crutchfield, ASDN, RN, CCRN – Neurosurgical ICU – effective 2/1/15
Sarah Daniels, BSN, RN-BC Med Surg – Admissions-Discharge Unit – effective 1/18/15
Elizabeth Dela Cruz, BSN, RN-BC Med Surg – Wound 5 East – effective 11/23/14
Sandra Gililand, MSN, RN-BC Med Surg – Admissions-Discharge Unit – effective 1/18/15
Christina Gormly, BSN, PMH-RN-BC – 5 Neurosciences – effective 10/26/14
Amber Green, ASDN, RN, CPN – Children’s Specialty Clinic – effective 10/26/14
Megan Guthrie, BSN, RN, CCRN – Surgical ICU – effective 3/1/15
Chelsea Hasenfus, BSN, RN-BC Med Surg – Transplant 5 West – effective 12/21/14
Monica Hicks, ASDN, RN, OCN – Bone Marrow Transplant Clinic – effective 2/1/15
Anneka Huegerich, BSN, RN, CCRN – Surgical ICU – effective 11/23/14
Susan Kocurek, ASDN, RN, PCCN – 4 Neurosciences – effective 2/1/15
Lauren Long, BSN, RN, CCRN – Neurosurgical ICU – effective 1/18/15
Robyn Mayer, BSN, RN, CPN – 5 Children’s – effective 11/9/14
Jennifer MacDonald, BSN, RN, CCRN, CMC – Cardiac Intensive Care Unit – effective 2/15/15
Jessica Mollmark, BSN, RN-BC Med Surg – Bedtower 5 – effective 12/21/14
Linda Pudik, ASDN, RN, CCRN-Peds – Pediatric ICU – effective 12/7/14
Cara Saxton, BSN, RN, PCCN – Cardiothoracic Stepdown Unit – effective 1/18/15
Katherine Wilson, ASDN, RN, CCRN – Surgical ICU – effective 11/23/14
Jessica Wright, BSN, RN-BC Med Surg – Anderson 4 North – effective 1/18/15

CN IV promotions include:

Kathryn Broach, BSN, RN, OCN – Bone Marrow Transplant Unit – effective 11/23/14
Elizabeth Deaver, MSN, RN, PMH-RN-BC – Inpatient Eating Disorder Program – effective 2/1/15
Stephanie Duncan, BSN, RN, CCRN – Adult Oncology Clinic – effective 1/18/15
Dian Holland Gulick, BSN, RN, CPN – Children’s Short Stay Unit – effective 2/15/15
Crystal Norton, BSN, RN-BC Med Surg – 6 Neurosciences – effective 12/7/14
Heidi Prestemon, BSN, RN-BC Med Surg – Anderson 4 North – effective 2/15/15
Cara Van Rynbach, BSN, RN, OCN – 6WH GYN/GYN Oncology – effective 12/21/14

Congratulations to each of you on your promotion!

Please visit the NPAS web site under Nursing Excellence to view the newly revised “Division of Nursing Professional Performance Expectations and Evaluation Guidelines” The Professional Expectations for Clinical Nurses and the Clinical Nurse Job Standards and Behaviors have been updated to prepare for evaluations in the Taleo system in 2015. You will also find Annual Evaluation Worksheets for CN I – CN IV to use for tracking your participation and involvement in professional practice.

Please take the time to review these new documents and discuss them with your Manager.

http://nursing.intranet.unchealthcare.org/nurseexcellence/profadvance/index_html

Dr. Smith-Miller Goes to Washington!



Kate Schultz, BSN, RN, MICU and Cheryl A. Smith-Miller, PhD, RN received grants from their professional organizations to participate in the 2015 Nurse in Washington Internship (NIWI) program, a gathering of nurses that is sponsored by the Nursing Organizations Alliance. The program took place on March 15-17, 2015, in Arlington, Virginia. The American Association of Critical Care Nurses funded Ms. Schultz and the Academy of Medical Surgical Nurses funded Dr. Smith-Miller's participation. Approximately 70 nurses from across the United States participated in the program. Attendees met with their legislators or the legislative staff to discuss three global nursing issues: Title VIII Nursing Workforce Development Programs; the NIH National Institute of Nursing Research; and the Veterans Access to Quality Healthcare Act (H.R. 1247). The selected discussion topics were informed by the Nursing Community, a coalition of national professional nursing associations dedicated to building consensus and advocating on a wide spectrum of healthcare and nursing issues, including practice, education, and research.

Pictured above, left/right Kate Schultz, Representative David Price, C. Smith-Miller

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