ANNUAL REPORT
Nursing Shared Governance
CMCVAMC Strategic Goals 2017
Empowered nurses with the passion to inspire a culture of excellence, innovating with evidence-based practice in a Veteran-centered health community
It is with excitement that the Nursing Practice Committee (NPC) and 13 Unit-based Subcommittees present this 3rd Annual Report for FY 2017. Today, there are over 70 PCS staff members actively involved with shared governance representing about 10% of our nursing staff. The growth in this committee, the process improvements accomplished, the growing enthusiasm for improving the quality of nursing care provided to veterans, and the collaboration with other providers and clinicians are pivotal to our success in becoming a 5-star VA Medical Center.

This year, in conjunction with the Customer Service Board, the NPC endorsed Relationship Based Care (RBC) as a care delivery model, but also as an organizing structure for Patient Centered Care, Whole Health, collaborative practice, and staff growth and development. This year at both the PCS annual strategic planning retreat and at the Medical Center Education planning retreat we committed to developing a steering committee to support the development of the three critical relationships in RBC: 1) the veteran patient, 2) the multidisciplinary team, and 3) the self.

Coy Smith, ND, RN, MSN, NEA-BC, FACHE, CPHQ
Associate Director Patient Care Services/Nurse Executive
Patient Care Services (PCS) is pleased to present the 2017 Shared Governance Annual Report on Nursing. CMCVAMC has implemented Shared Governance, which provides nurses with a strong voice in their practice environment. When it comes to care, bedside nurses know what will work and will not work. For this reason, our clinical nurses created a platform to effectively initiate changes they feel are important to their practice environment.

The NPC had another robust year filled with successes across the facility. By the end of the calendar year, the NPC consisted of 13 unit-based subcommittees representing nurses in almost every care area across the hospital. Each of these subcommittees works on various initiatives through the year aimed at performance improvement and advancing the practice of nursing through evidence-based practice and innovation. They are a remarkable group, dedicated to the nursing profession and providing an environment of the best possible care for our Veterans.

This annual report illustrates the many achievements of the NPC and its unit based subcommittees. Each of our initiatives addressed one or more of the CMCVAMC and the Patient Care Services Strategic Operating Goals for 2017.

The NPC takes various creative and innovative approaches to these targeted themes while weaving its own vision through all of its actions. We are proud to be involved with this committee because we are “empowered nurses with the passion to inspire a culture of excellence, innovating with evidence-based practice in a Veteran-centered health community.”

CMCVAMCs nurses make a difference every day in the lives of their patients and colleagues. Our All Employee Survey (AES) scores related to nursing engagement have consistently increased for the last few years. Data from the 2017 AES showed the employee engagement index for PCS employees increased again from 3.99% to 4.05%. We feel this is due, at least in part, to the empowerment provided to nurses through shared governance.

There is much on the horizon for this strong team of nurses! Each shared governance subcommittee has been tasked with the challenge of completing at least one data-driven performance improvement project in 2018. Additionally, the individual teams will focus their work on projects aimed at increasing both Veteran and staff satisfaction and engagement. We look forward to building relationships across disciplines as we participate in the implementation of Relationship-Based Care at CMCVAMC. This model will help us all to transform our practices to create a more caring and healing environment for our Veterans and staff members.

Thank you for supporting our Journey to Excellence.

CHAIR: Amy McCrea  
NURSING PRACTICE COMMITTEE

CHAIR: Jamie Torres  
NURSING PRACTICE COMMITTEE
Improve the Veteran Experience

Build Strategic Partnerships

CMCVAMC Nursing Practice Committee

Strategic Goals FY17

Establish a culture of continuous improvement and trust

Improve Employee Experience

Improve Internal Support Services
Improve the Veteran Experience

24HR Colonoscopy Instruction Line
(215) 823-4480
Unit: Procedural Clinics
Title: 24 Hour Colonoscopy Instruction Line

- High-incidence of postponed procedures due to inadequate or erroneous preparation by the Veteran. Patients reported confusion about when to stop taking certain medications or when to start their bowel preps.

Intervention: A telephone hotline was established so that Veterans could call for accurate information about procedure preparation 24 hours a day.

Outcome: Optivorb data shows >100 calls to hotline per month since initiated.

Unit: 5E/W
Title: Improving Communication Between Patient and Provider

- On 5E only 22% of patients knew the name of their nurse or healthcare provider. On 5W, 36% of patients knew their nurse or provider’s name. Research shows that increasing communication between provider and patient leads to higher patient satisfaction.

Intervention: Blank dry erase communication boards were installed in each room. Nurses were educated on the use of the boards by Shared Governance team members. Nurses write their name on the board during bedside report for the patient to see throughout the shift.

Outcome: As of December 2017, 52% of patients knew the name of their nurse or provider.

Unit: Surgical ICU
Title: Improving Hand Sanitation for Inpatients and Visitors

- Proper hand sanitation is important for infection control. Inpatients did not always have physical access to hand sanitation items such as a sink or hand sanitizer.

Intervention: Introduced provision of Sani-Wipes product to all inpatient areas and launched a coordinating promotion and educational program. Piloted in SICU, now available to all inpatient units.

Outcome: Trained 100% of inpatient nursing staff of the proper use and disposal of Sani-Wipes. Sani-Wipes are provided to 100% of medical inpatients. Patients and visitors being educated on proper use as well.

Unit: Medical ICU
Title: Enhancing Availability of Educational Materials for Patients and Family Members

- MICU nurses led efforts to improve availability of educational materials and tools so Veterans would have a better understanding of their individual medical conditions.

Intervention: A display center was installed in a highly visible area and nurses obtained a multitude of applicable materials for use by patients. The staff can also use these tools when teaching patients and family members.

Outcome: Materials are now available and easily accessible for staff and family. Staff has been educated on their content and use. The unit will be auditing charts to determine usage and ensure documentation of patient and family education.

Unit: Inpatient Behavioral Health
Title: Decreasing Noise and Light for Patients during Night Shift

- Patients were complaining of disruption of comfort due to noise and light during the shift.

Intervention: Blue light filters were placed over light panels in every room. Earplugs were ordered and are given to patients upon request.

Outcome: Some patients complain the blue light disturbs their sleep; given option to leave bathroom light on or turn the blue light off when not needed by the staff.

Unit: Outpatient Medical Specialty Clinics
Title: Enhance Education for Veterans and Staff Regarding Health and Safety Issues

- Nurses from various specialties have valuable knowledge and information to share with all Veterans and staff.

Intervention: Educational table set up in the cafeteria for anyone to visit. Specialty nurses available at table to share information, provide handouts and answer questions.

Outcomes: Six topics were presented in calendar year 2017. Nurses and Veterans are engaged in the promotion of a healthy lifestyle.
Improve Employee Experience
Unit: Primary Care
Title: Creation of Shared Governance Unit-Based Subcommittee
- Previous shared governance members had been promoted or left the unit for other positions. No replacements had been found and the committee had dissolved.

Intervention: Two nurses emerged as leaders in primary Care and established a new shared governance committee in Primary Care.

Outcome: This new team is strong and enthusiastic. They have been working diligently and have identified several areas for performance improvement and nursing innovation in the Primary Care department for 2018.

Unit: Medical Specialty Clinics/Surgery Clinics
Title: Increase the Number of Nurses Certified in Ambulatory Care
- There are currently 13 nurses in the facility certified in Ambulatory Care. There is a strong connection between certification and quality and certification and professionalism.

Intervention: Formation of a study group for nurses interested in getting certified in Ambulatory Care.

Outcome: Five nurses joined the study group. Needed materials were purchased by the individuals. Testing for the certification is pending.

Unit: MICU
Title: Improving Nursing Access to Relevant Informational Documents in Time-sensitive Situations
- Staff had difficulty finding or accessing MCMs or protocols. They created a method to improve efficiency.

Intervention: Created separate quick-reference guides for specific procedures such as the use of a Blakemore/Minnesota kit or the DKA and non-DKA insulin protocols. These are now stored and accessible via Share Point. Staff trained on use of Share Point.

Outcomes: Quick-reference guides are available and accessible to all MICU clinical staff. 100% of nursing staff has been trained how to access the documents.

Unit: Primary Care
Title: New Hire Orientation Program
- There was a lack of standardized program for newly hired primary care nurses which caused confusion when working with different preceptors and interacting with various staff members or Veterans.

Intervention: Development of a standardized program for orientation. Templates for nursing processes, patient education and documentation created to be stored in Share Point.

Outcome: The program continues to be developed. The team is working with their ADPAC to make better use of Share Point. Preceptors and all new nursing staff are using the completed portions of the program as they become available.
The Nursing Practice Committee (NPC) is comprised of the chairs and co-chairs from each of the unit based shared governance subcommittees. We focus on amplifying the nursing voice and creating staff-leader partnerships to develop sustainable, interdisciplinary practices for excellent patient care. Our efforts promote accountability, empowerment and engagement. Participation on the Nursing Practice Committee has helped identify and nurture many emerging nurse leaders.
Some key accomplishments for the Nursing Practice Committee in 2017 were:

- Development of a process and Standard Operating Procedure for nursing practice changes at the facility. This includes a template used for proposals for practice change as well as project tracking.
- Creation of a list of mentors and content experts to help nurses with initiating and completing projects of interest.
- Collaboration with Nursing Leadership to participate in rounds to acknowledge great work being done and identify barriers to providing excellent patient care. A member of shared governance is invited to pair with an ACN or with Dr. Coy Smith during their monthly rounds.
- Publication of the “Shared News Shared Views” shared governance newsletter which informs staff about clinical practice changes, action items from nursing leadership rounds, news and events, and a spotlight on nursing staff members making a positive impact here at CMCVAMC.
- A chair from each of our unit-based subcommittees was invited to attend the annual Strategic Planning Retreat for Patient Care Services held in October 2017. This year the focus was on relationship-based care and how shared governance can be instrumental in its successful implementation across the hospital.
Improve Internal Support Services
Unit: 5E/W
Title: Enhancing the use of the SBAR Tool

- SBAR (Situation, Background, Assessment, Recommendation) is a communication tool that reduces errors when endorsing report. We have a communication policy at CMCVAMC that requires all nurses to use SBAR when giving and receiving report. Only 1 RN was utilizing SBAR at the start of the project on July 7, 2017.

Intervention: Education on SBAR was given to all nurses. The staff also had the opportunity to enhance the existing paper format of SBAR. Management was heavily involved in ensuring the process was being followed.

Outcome: As of December 2017, 33% of nurses were using SBAR on 5E and on 5W, 50% of nurses were utilizing the tool.

Unit: Inpatient Behavioral Health and BHECU
Title: Improving Quality and Consistency of Communication between Disciplines on the Behavioral Health Units.

- No consistent practice for communication between nursing staff and attending psychiatrists

Intervention: Initiation of quarterly meetings between attending physicians and PCS staff

Outcome: First meeting held on December 6, 2017.

Unit: SICU
Title: Enhancement of Education for Patients that Require Starclose/Angioseal after a Procedure.

- Reduce confusion and potential for complications at the procedural site. Improve communication between providers and patients for optimal post-procedure management.

Intervention: Creation of an easy guide for patients and family members which describes care of the site, normal post-procedure observations, when to call a physician or seek emergency care, and follow-up appointments. Guide is given at discharge in conjunction with verbal instructions.

Outcome: 100% of SICU staff has been trained and educational materials are in use. Education for MICU and other inpatient staff is in progress.

Unit: SICU
Title: Develop a protocol for early progressive mobility of post-operative patients.

- The American Association of Critical Care Nurses supports this practice which has been shown to improve patient recovery and outcomes. There was no existing standardized protocol in the SICU for early mobility in post-op patients.

Intervention: Created a handout for the nursing staff which is consistent with AACN recommendation for early mobility safety screening. Handout used to educate all the staff. The development of a corresponding SOP is in progress.

Outcome: All SICU patients are now screened for early mobility.
Establish a culture of continuous improvement & trust
Unit: Hemodialysis
Title: Enhancing Education for our Veterans Receiving Hemodialysis
- HD nurses noted a knowledge deficit in many HD patients and took on the challenge of developing standardized educational tools to promote healthy lifestyles and self-care.

Intervention: Educational pamphlets and display posters were designed and are now available on topics of anemia, hyperkalemia and proper catheter care.

Outcome: All HD patients are receiving standardized education as part of their dialysis visits since September 2017.

Unit: 7 East/West & BHECU
Title: Standardization of Debriefing after a Crisis on the Unit
- Nursing recognized the need for staff support after crisis situations that occur on the unit such as a rapid response or a need to restrain a patient.

Intervention: A standardized debriefing procedure with templated guidelines was created and implemented.

Outcome: Initiated in November 2017, post-crisis debriefings have incorporated use of the templated form.

Units: SICU/MICU/5E&W/6E&W
Title: Multidisciplinary Safety Huddles utilizing Unit Tracking Boards
- Communication about data on quality measures and safety was not routinely displayed or understood by frontline staff, resulting in those most able to impact health outcomes unaware of the impact they have.

Intervention: Developed and implemented unit-specific safety huddles which are 5-minute, multidisciplinary meetings at the start of a shift to discuss key safety issues on the unit. Unit Tracking Boards were purchased. These are white-boards containing unit-specific quality measures reflecting patient care. Staff education conducted for all frontline staff and managers on how to use the Unit Tracking Boards, understand the information they contain, and how that information relates to nursing practice.

Outcome: Nurses and members of the care team conduct safety huddles at the Unit Tracking Boards 80-100% of the time from November 1, 2017-January 30, 2018. The implementation team will conduct a post-implementation perception survey for the nurses in participating units and will closely track quality measures for associated impact.
Unit: IR/SPU/PACU
Title: Improving the Process for Transfer of Interventional Radiology patients to or from Short Procedure Unit or the Post-Anesthesia Care Unit.
- Improve communication between the staff in these departments. Minimize the number of areas the IR patient had to visit prior to their procedure.
Intervention: Patients with an expected recovery time of <2 hours are now checked in and discharged by the Interventional Radiology department. Those with anticipated recovery time of 4 or more hours will be recovered in the PACU. Patients are discharged from the area where they are recovered.
Outcomes: PACU can now anticipate and plan for IR patients that will require > 4 hour recovery time.

Unit: SICU
Title: Improving the Detection and Treatment of Skin Abnormalities upon Admission to the SICU.
- Address potential for hospital-acquired pressure injuries in the SICU.
Intervention: A standardized debriefing procedure with templated guidelines was created and implemented.
Outcomes: Audits and data collection in process to determine rate of completion. There have been no HAPI incidents in SICU since initiation in November 2017.

Unit: Hemodialysis
Title: Catheter Care Peer Review
- Identify a method for auditing colleagues to ensure they are performing proper dialysis catheter care in effort to reduce catheter associated infections.
Intervention: HD nursing staff participates in quarterly review of technique used by peers while performing catheter care.
Outcome: There were no hemodialysis catheter-related infections in the department in 2017.

Unit: Outpatient Behavioral Health
Title: 2017 Mental Health Fair
- An increasing number of Veterans with mental illness and substance use disorder receive care throughout CMCVAMC. It is essential that all nursing staff receive training to competently provide safe quality care for Veterans receiving care in any patient care setting.
Intervention: Mental Health Fair for all nursing staff held on May 7, 2017. There were 10 learning stations including: Environmental Risk Factors, Identifying Contraband, Suicide Prevention, Honing Assessments Skills, Effective Communication, Managing Difficult Behavior, Disruptive Behavior Reporting, Substance Use Disorder, Depression and Bipolar, and Hallucination Stimulation.
Outcome: Mental Health Fair was attended by 70 staff from seven different care areas. Of those, 52 nurses completed an exit survey which identified that 65% felt “very confident” caring for Veterans with mental health and substance abuse disorders after attending the Mental Health Fair.
# 2017 Chairpersons for Shared Governance Unit-Based Subcommittees

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<th>Unit-Based Subcommittee</th>
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<td>5 East/5 West</td>
<td>Gladys Alarva</td>
<td>Felicitas Akanno</td>
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<td>6 East/6 West</td>
<td>Ava Gray</td>
<td>Mini Matthews</td>
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<td>7 East/7 West &amp; BHECU</td>
<td>Jasmin Baez-Vega</td>
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<td>Outpatient Behavioral Health</td>
<td>Brenda Lingham</td>
<td>Bernadette Scotland</td>
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<td>VJS CBOC</td>
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<td>Hemodialysis</td>
<td>Andrew Suganob</td>
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<td>MICU</td>
<td>Donna Bisch</td>
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<td>PRIMARY CARE Clinics</td>
<td>Linda Pascale</td>
<td>Debbie Kimble</td>
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<tr>
<td>PROCEDURAL CLINICS (GI, IR, PACU, SPU)</td>
<td>Willie Waters</td>
<td>Bradford Dungan</td>
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<td>Medical &amp; Surgical Specialty Clinics</td>
<td>Kim Whitaker</td>
<td>Hannah Flancer</td>
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<td>SICU</td>
<td>Terry Stevens</td>
<td>Elsa Varghese</td>
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<td>Community Living Center</td>
<td>Joycette Brown</td>
<td>Roger Wilkerson</td>
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<td>Emergency Department</td>
<td>Arlena Williams</td>
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<td>Nursing Practice Committee</td>
<td>Amy McCrea</td>
<td>Jamie Torres</td>
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Nurses are a special breed of people. They get up in the morning and go to work with one simple, yet profound purpose in mind: “I will care for you.”

When asked what the most important tool in their workday is, every great nurse would surely answer, “My heart.”