

# 2020-21

## Nursing Annual Report



## A Healer's Touch

The Healer's Touch sculpture is dedicated to University Medical Center New Orleans nurses for all they do for our patients and community. The serpentine sculpture was hand-carved by artists of the Shona Tribe in Zimbabwe. Each recipient of the Daisy award receives a smaller version of the sculpture, which symbolizes the relationship between nurses, patients, and families. The sculpture is in the courtyard between Towers 2 and 3



# Contents

## Chapter 1: 2020 Nursing Annual Report

A letter from the Chief Nursing Officer (CNO).....	5
<b>Guiding our efforts</b>	
Nursing Practice Model.....	8
Mission, vision, and core values.....	9
Strategic map.....	10
<b>2020 at a glance</b>	
2020 by the numbers.....	11
Nursing by the numbers.....	11
Specialty certification.....	12
Magnet journey.....	15
Nurse recruitment.....	20
Nurses week.....	22
<b>Transformational Leadership</b>	
Shared Governance.....	26
Council/Committee accomplishments.....	26-28
<b>Structural Empowerment</b>	
LANTERN Nurse Residency.....	32
Summer Nurse Tech Program.....	33
Awards and recognition.....	34
DAISY.....	34
LSNA.....	36
NODNA.....	36
Health Care Heroes.....	37
LCMC Patient Experience Awards.....	37
Certified nurses lunch.....	37
<b>Exemplary Professional Practice</b>	
Peer Review process.....	40
Quality/Safety Nursing boards.....	40
STEPS.....	41
<b>New knowledge, innovations, and improvements</b>	
Professional presentations.....	44
Research and scholarship.....	44
Professional organization leaders.....	45
Electronic Access to Surgical Events (EASE).....	45
Community involvement.....	48
COVID-19 experiences.....	52
Stories from our Nurses.....	54

## Chapter 2: 2021 Nursing Annual Report

A message from the Associate CNO/AVP Nursing Service.....	64
<b>Guiding our Efforts</b>	
Nursing Practice Model.....	65
Nursing Mission, Vision and Values.....	65
Recognizing nursing excellence.....	65
Patient Care Services Strategic Map.....	66
<b>2021 at a glance</b>	
2021 by the numbers.....	67
Nursing by the numbers.....	67
Specialty certification.....	68
Nurses degrees.....	69
Magnet journey.....	70
Magnet model.....	71
Nurse recruitment.....	74
<b>Transformational Leadership</b>	
Shared Governance.....	78
Council/Committee accomplishments.....	78-81
<b>Structural Empowerment</b>	
Nurse Tech Program.....	84
LANTERN Nurse Residency.....	85
Awards and recognition.....	86
DAISY.....	86
LSNA.....	86
Gambit's Frontline People.....	87
Service Excellence.....	87
Good Catch.....	87
Top Performers.....	87
Certified Nurses Day.....	87
Health Care Heroes.....	88
Nurses Week activities.....	89
<b>Exemplary Professional Practice</b>	
STEPS.....	92-93
<b>New Knowledge, Innovations, and Improvements</b>	
Professional presentations.....	96
Research and scholarship.....	96
LANTERN accreditation.....	97
LANTERN Evidence Based Projects.....	97
Professional organization leaders.....	98
Called-to-Care Scholars.....	98
Educational Advancement.....	98
Nurses Improving Care for Healthcare System (NICHE).....	99
Community Involvement.....	100
Shift Wizard.....	101
LUCAS in the ED.....	102
Arctic Sun.....	102
Tele-Sitter.....	102

## A message from our Chief Nursing Officer



**Denise Danna,**  
DNS, RN, NEA-BC, CNE, FACHE

It is my pleasure to present the 2020 Nursing Annual Report. As I reflect on our journey since last year, a catastrophic pandemic changed so many lives. I would like to thank all our nurses for your unwavering dedication and commitment to our patients and community. Daily, I am in awe of how exceptional our nurses are, and I truly thank you.

The 2020 Nursing Annual report highlights excellence in nursing and the accomplishments that occurred even during this difficult year. The nursing mission and vision depicts what University Medical Center nurses stand for and our aspirations for the future. Nursing's Professional Practice Model guides the role of the professional nurse where values of **U**nderstanding, **M**entoring, **C**aring, **N**urturing, and **O**utstanding are fundamental to how nurses approach their practice and the care provided.

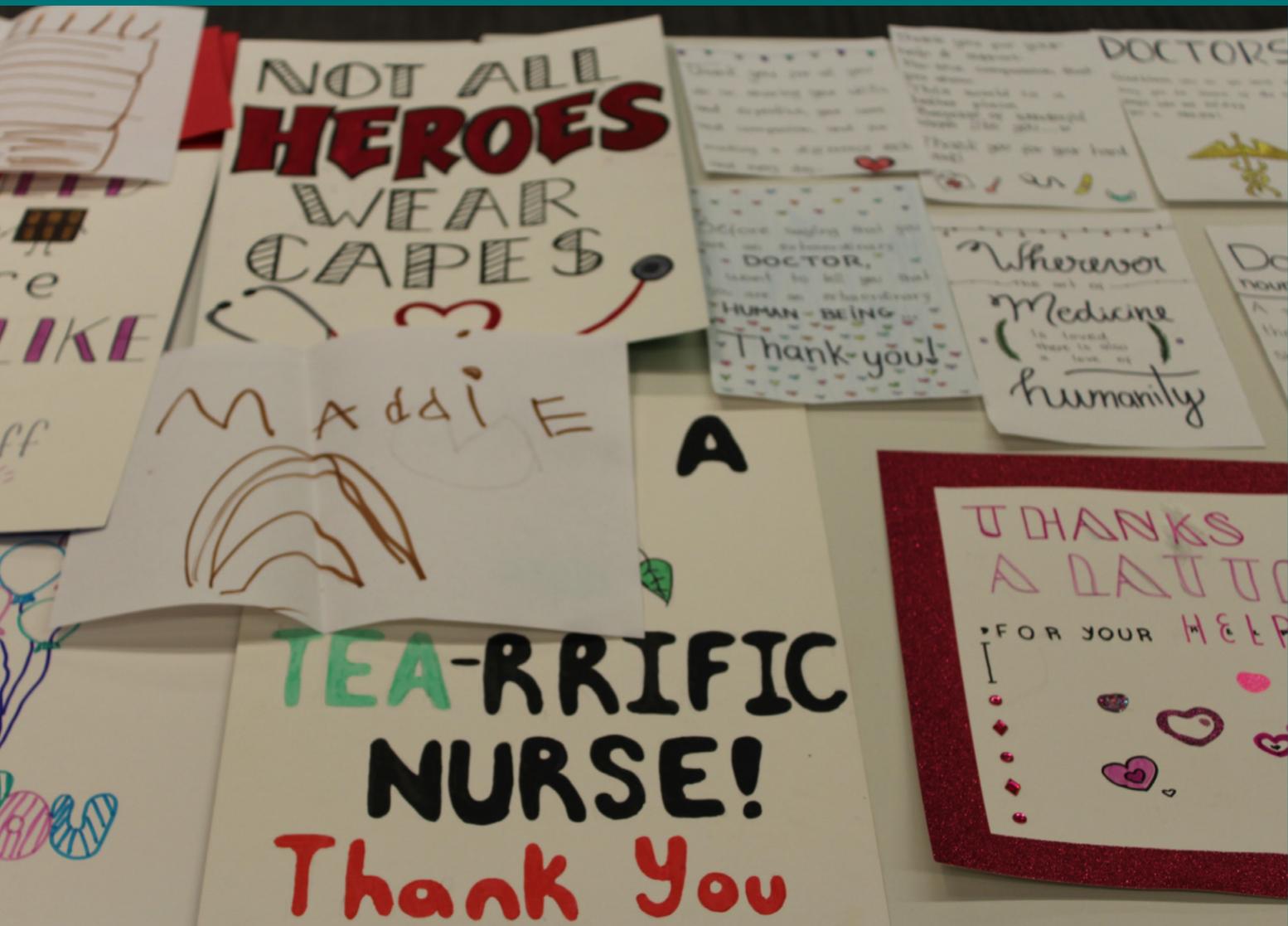
The Krewe of Excellence Journey has continued to serve as a framework for improvements in quality, nurse practice, and the nursing work environment. We have focused on improving nursing quality and established a Nurse Quality Council and Krewe of Excellence Council to focus on improving quality metrics and nursing practice. Our shared governance model has enabled nurses to make decisions on nursing practice and patient care - at the bedside. There are various shared governance councils and committees, and this report highlights several of the accomplishments that were achieved in 2020.

It is important to highlight two specific accomplishments in 2020 that we should all be proud of: LCMC Health LANTERN Nurse Residency Program and the recognition of our nurses. The LCMC Health LANTERN Nurse Residency Program was established in 2017 and the first cohort was held in October with 106 nurse residents. A total of 209 nurse residents have participated in the program since its inception. The LANTERN Program hosted a virtual initial site visit for accreditation by the Commission on Collegiate Nursing Education (CCNE) in September 2020.

If successful LCMC Health would be one of only three systems across the country to receive this prestigious accreditation. Recognizing and rewarding nurses for their accomplishments and achievements is a priority and supports the commitment that we have for our nurses. Because of social distancing, the Nursing Engagement and Recruitment Council revised how the annual DAISY Awards ceremony was held; but it was accomplished, and 12 DAISY recipients and one DAISY Nurse Leader award was presented. University Medical Center participated in the LSNA/LNF Nightingale Awards, which honored six of our nurses, as well as participating in the New Orleans District Nurses Association (NODNA) Awards, where seven of our nurses received nursing excellence awards.

In addition, the World Health Organization (WHO) declared 2020 the International Year of the Nurse and Midwife to honor the 200<sup>th</sup> anniversary of Florence Nightingale's birth. Nurses are in a unique position to transform health care and make a difference in patient care and the role of the nurse. I am confident that nurses at University Medical Center can meet this challenge.

This past year we had to confront many difficult situations, but what is clear is the unwavering and incredible support that was provided to our patients and community. In closing, please take a minute and enjoy the Nursing Annual Report and the numerous accomplishments of nursing at University Medical Center.



# 2020

Nursing Annual Report

## Chapter 1

# Nursing Practice Model (updated model)

A Professional practice Model is a “schematic description of a system, theory, or phenomenon that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest-quality care for those served by the organization (e.g., patients, families and communities).” The model illustrates “the alignment and integration of nursing practice with the mission, vision and values that nursing has adopted” (ANCC, 2008).

The University Medical Center Nursing Professional Practice Model is our unique illustration of crucial components of nursing practice at University Medical Center. It signifies nursing practice in every setting of patient care provided by nurses at University Medical Center including inpatient, outpatient, perioperative, clinic, and community.



# Nursing mission statement

Shared Vision, Mission, and Core Values

## Nursing mission

To continue to build on our long-standing history of exceptional individualized nursing care to the patients and families we serve.

## Nursing vision

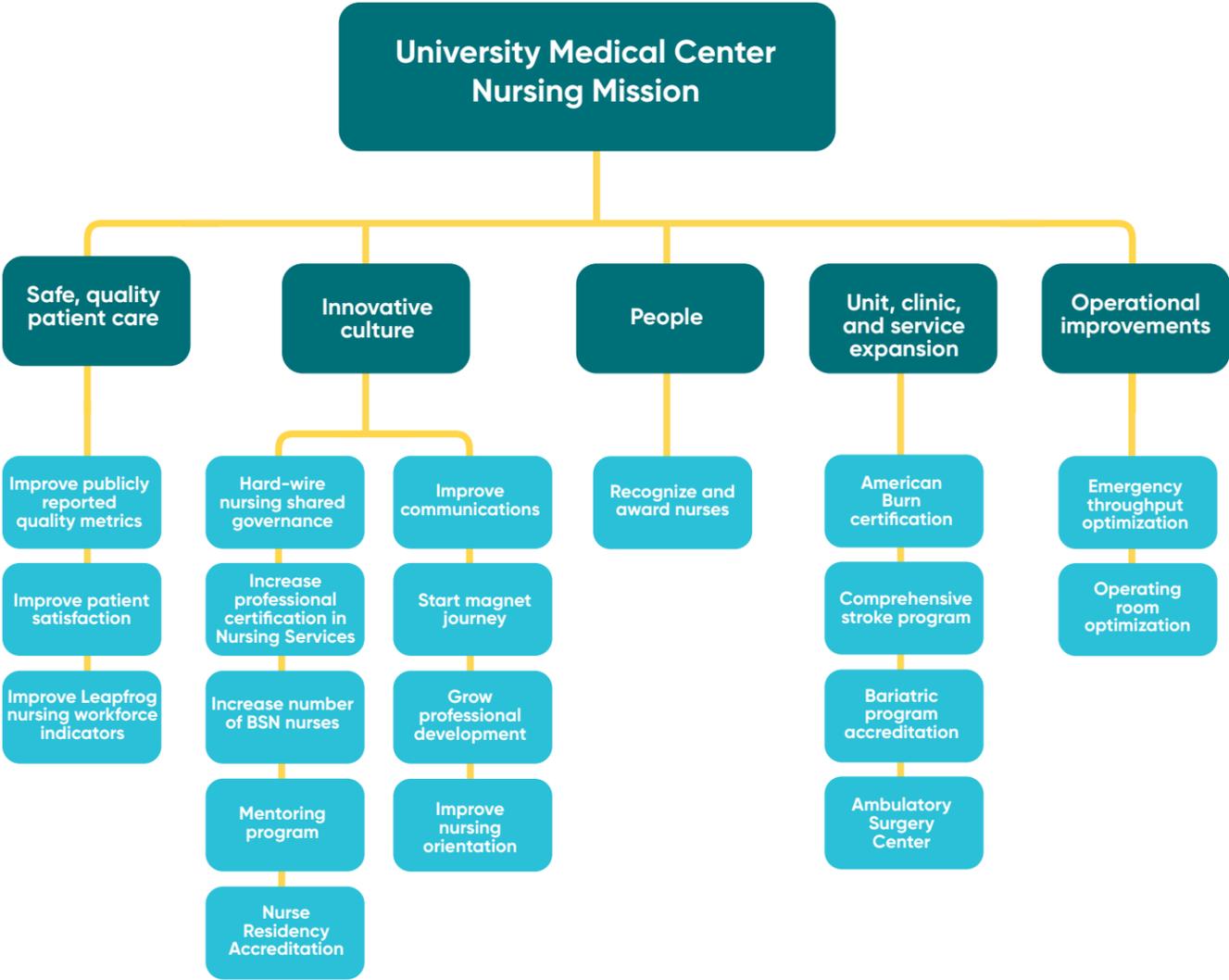
To become the leading Academic Medical Center for nursing professional practice that supports a healthy workplace environment.

## Nursing values

Understanding, mentoring, caring, nurturing, outstanding—these words were chosen because of their definition and meaning to University Medical Center nursing. The first letters of each word also spell out University Medical Center New Orleans.



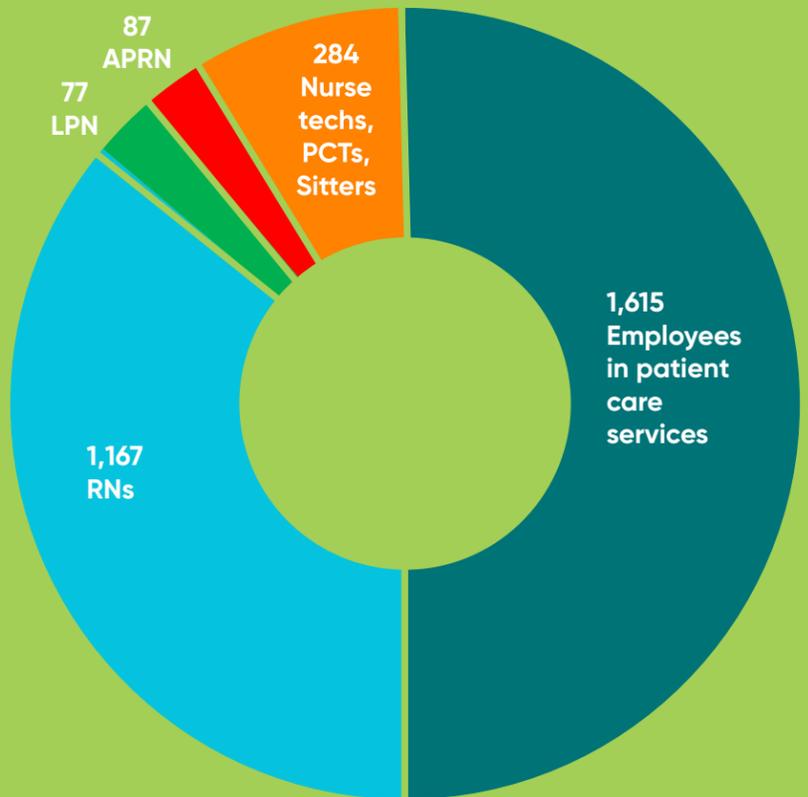
In 2020, our strategic map was **updated** to be in line with Magnet and organizational goals.



# 2020 Nursing by the numbers



**PATIENT CARE SERVICE DEMOGRAPHICS**

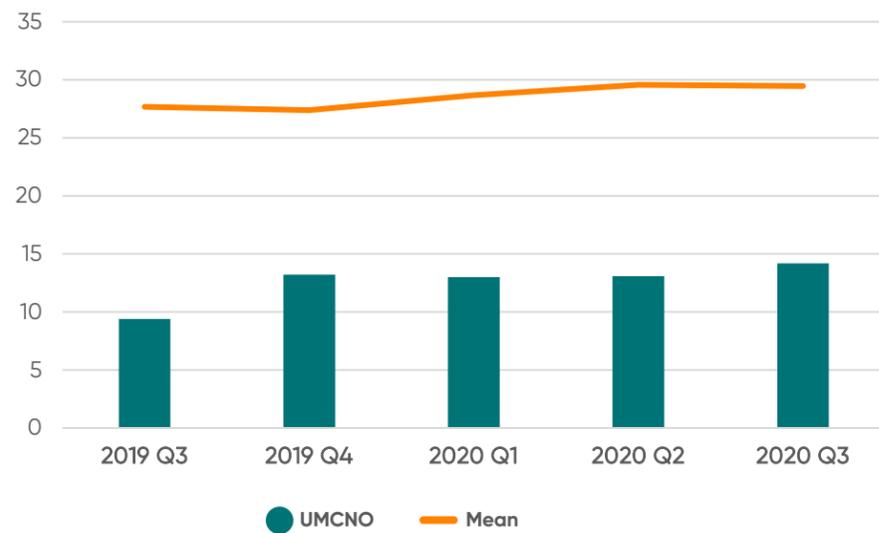


"The PULSE" nursing newsletter was rebranded in 2020 in a vibrant, informative format to highlight nursing news, initiatives and achievements. Published quarterly, The Pulse is delivered via email to all nurses, and available on the Nursing Services home page on the Intranet.

# Specialty certification

Professional specialty certification is a hallmark for quality care. One of University Medical Center's priorities is increasing certification amongst our nursing ranks.

Percent of direct care RNs with specialty nursing certification



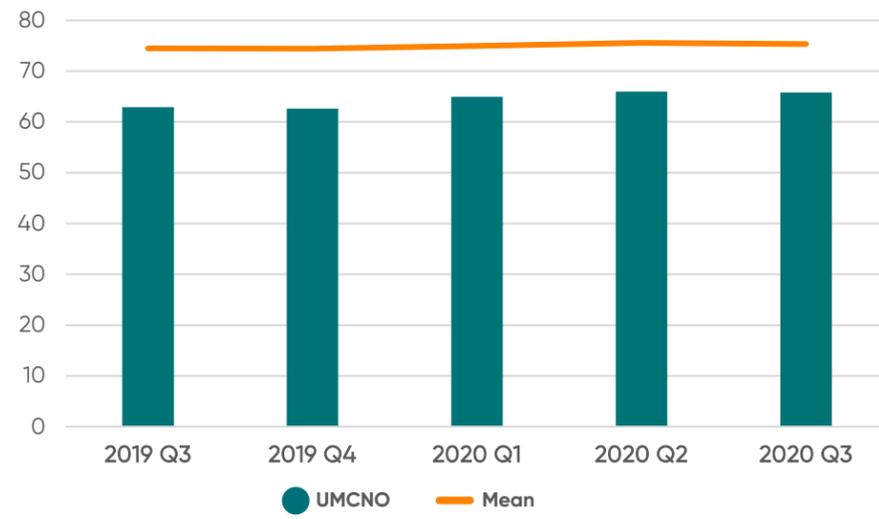
Metric	2019 Q3	2019 q4	2020 Q1	2020 Q2	2020 Q3
UMCNO	9.41	13.22	13.01	13.07	14.18
Mean	27.66	27.39	28.66	29.57	29.47

# Certifications held by University Medical Center New Orleans nurses

	# Certified
ACMRN Specialty Certification	1
ACNP-BC	2
ACNS Specialty Certification	1
ACRN Specialty Certification	1
CAPA Specialty Certification	4
Cardiac Medicine Specialty Certification	1
CCM-BC	2
CCRN Specialty Certification	55
CDE Specialty Certification	1
CEN Certification	20
CHRN Specialty Certification	1
CIC Specialty Certification	1
CMSRN	7
CNE Specialty Certification	2
CNN Specialty Certification	2
CNOR Specialty Certification	11
CPAN Specialty Certification	2
CPNP Specialty Certification	1
CRNA Specialty Certification	43
CRRN Specialty Certification	2
CSC Specialty Certification	2
CWOCN	1
CWON Specialty Certification	1
CWS Certification Specialty	1
FNP-BC Specialty Certification	13
NE-A Specialty Certification	12
OCN Specialty Certification	11
PCCN	1
RN-BC	9
SCRN Specialty Certification	1
TCRN Specialty Certification	15
University Medical Center MSNCB Specialty Certification	1
University Medical Center: CPEN Certification	1
University Medical Center: CPHQ Specialty Certification	1
WCC	3
<b>Grand total</b>	<b>233</b>

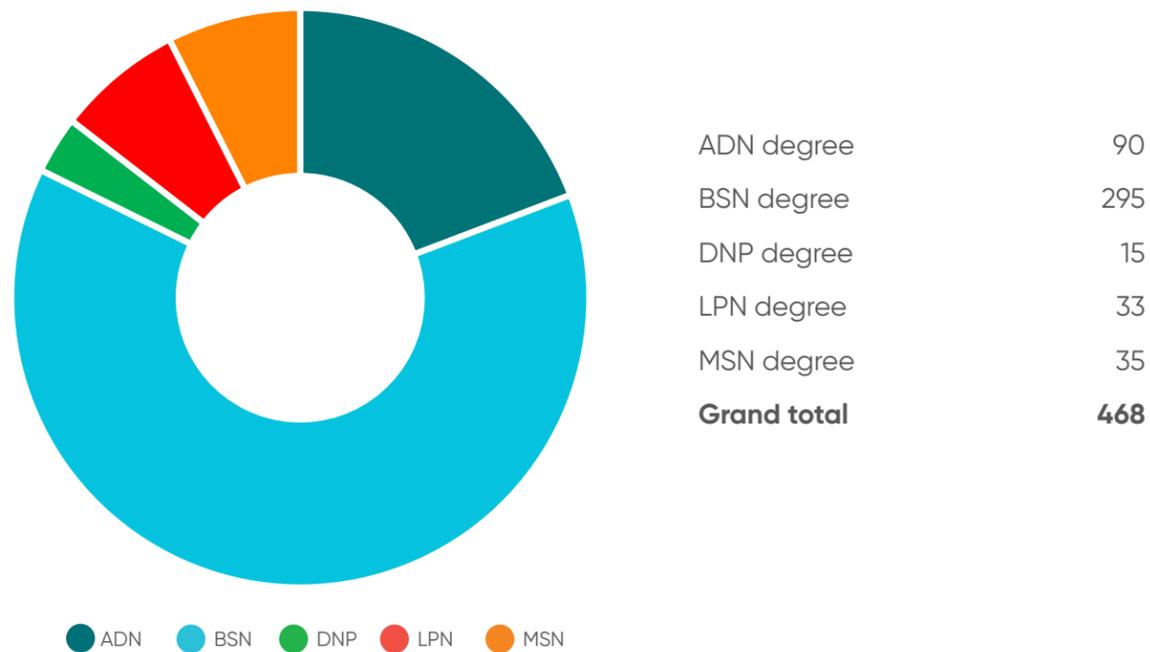


### Percent of direct care RNs with BSN, MSN, or PhD



Metric	2019 Q3	2019 q4	2020 Q1	2020 Q2	2020 Q3
UMCNO	9.41	13.22	13.01	13.07	14.18
Mean	27.66	27.39	28.66	29.57	29.47

### University Medical Center Nurses Degrees



## Magnet Journey

University Medical Center has voluntarily entered the rigorous Magnet® designation process, which requires thorough examination of our care environment, nursing practice, and patient outcomes. Creating and sustaining a culture of excellence is what it means to be on the Magnet® journey. The process of applying for Magnet designation is thorough and lengthy, demanding widespread participation within the organization. Health care organizations find the journey to be a revealing self-assessment, creating opportunity for organizational advancement, team building, and enhancement of individual professional self-esteem.

### Magnet Journey: Krewe of Excellence timeline

2019	2020	2021
<ul style="list-style-type: none"> <li>• Shared governance structure in place</li> <li>• EBP model training and implementation</li> <li>• Nursing Research structure in place</li> <li>• Professional practice model in place</li> <li>• Magnet Program Director hired and Krewe of Excellence established</li> </ul>	<ul style="list-style-type: none"> <li>• December 31, 2020 - education requirements met by all nurse leaders</li> <li>• Collection and evaluation of nurse satisfaction, nurse sensitive indicators, and patient satisfaction data.</li> <li>• August 3, 2020 - RN satisfaction survey</li> <li>• Sources of evidence selection and Magnet document preparation</li> </ul>	<ul style="list-style-type: none"> <li>• Magnet document completion and submission</li> <li>• Magnet application submission</li> <li>• Advancement to site visit</li> </ul>

### Global issues in Nursing and Health Care

Throughout our journey, we will be working to demonstrate excellence in four key focus areas, as seen in the ANCC Magnet Model® below:



# Magnet Journey

## Assessment process

To achieve Magnet recognition, we must pass an assessment process which depends on widespread RN staff involvement in three major focus areas:

- 1. UMC nurse sensitive indicators** (any measurable outcome that is influenced by Nursing Care – for example CAUTI rates, CLABSI rates, Surgical site infection, falls, pressure ulcers, ventilator associated pneumonia, etc.) are measured against and found to exceed the national benchmark (NDNQI).
- 2. UMC patient satisfaction scores** that exceed national benchmarks.
- 3. UMC Nursing Satisfaction scores** that exceed national benchmarks in 4 out of 7 categories including Nursing Foundations for Quality of Care, Staffing and Resource Adequacy, Autonomy, and Professional Development, Nursing Administration, Inter-professional Relationships and RN to RN Teamwork.

The 2020 University Medical Center's RN Satisfaction survey was conducted August 3 through 23. The overall average unit response rate met our goal of 80% and the unit data were benchmarked against academic medical centers in the National Database of Nursing Quality Indicators in seven categories:

**Nursing Foundations for Quality of Care:** the nursing foundations for a high standard of patient care: a pervasive nursing philosophy, a nursing (rather than a medical) model of care, and nurses' clinical competence and development.

**Staffing and Resource Adequacy:** having adequate staff and support resources to provide quality patient care.

**Autonomy:** the amount of independence, initiative, and freedom permitted or required in daily work activities.

**Professional Development Opportunity / Access:** the access and opportunity for career development.

**Nursing Administration:** the visibility and power of the chief nursing officer.

**Interprofessional Scale:** the respect and understanding of roles between professionals

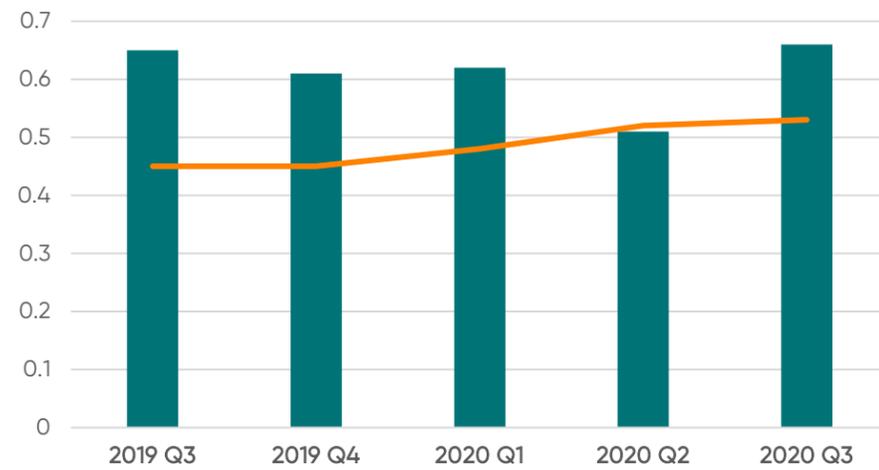
**Nurse-to-Nurse Interactions:** the formal and informal contact among nurses during working hours.

Although we did not exceed national benchmarks as required for Magnet® application, the 2020 survey results showed year over year improvement from 2019.

Measure			
<b>Your Hospital Average Unit Response Rate (%)</b> 	The higher the percent the more positive the rating		
	Year	Hospital Values	Mean
	2019	0.78	N.D.
<b>Nursing Foundations for Quality of Care</b> 	The higher the score, the more positive the rating on a scale of 1-4		
	Year	Hospital Values	Mean
	2019	2.90	3.13
<b>Staffing and Resource Adequacy</b> 	The higher the score, the more positive the rating on a scale of 1-4		
	Year	Hospital Values	Mean
	2019	2.46	2.75
<b>Autonomy</b> 	The higher the score, the more positive the rating on a scale of 1-6		
	Year	Hospital Values	Mean
	2019	4.19	4.49
	2020	4.50	4.52

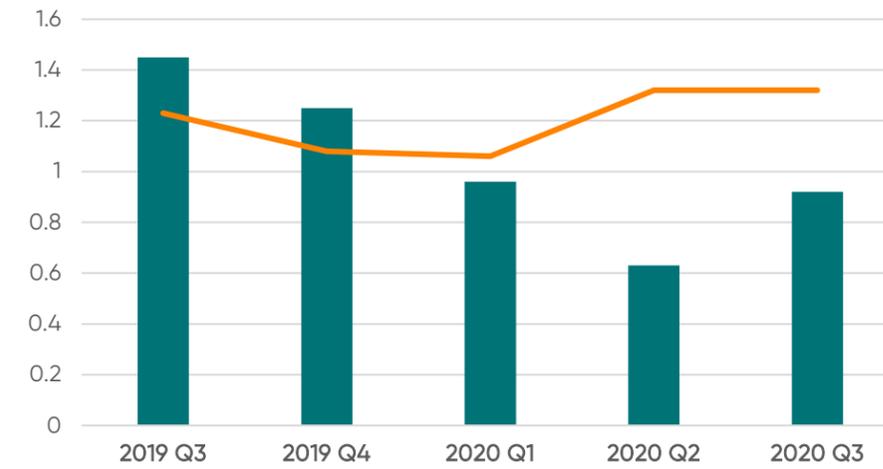
Measure			
<b>Professional Status</b> 	The higher the score, the more positive the rating on a scale of 1-6		
	Year	Hospital Values	Mean
	2019	4.02	4.48
<b>Professional Development Opportunity</b> 	The higher the score, the more positive the rating on a scale of 1-6		
	Year	Hospital Values	Mean
	2019	4.05	4.53
<b>Professional Development Access</b> 	The higher the score, the more positive the rating on a scale of 1-6		
	Year	Hospital Values	Mean
	2019	4.11	4.55
<b>Nursing Administration</b> 	The higher the score, the more positive the rating on a scale of 1-6		
	Year	Hospital Values	Mean
	2019	3.91	4.02
<b>Interprofessional Scale -roll up</b> 	The higher the score, the more positive the rating on a scale of 1-6		
	Year	Hospital Values	Mean
	2019	3.78	4.00
	2020	3.99	4.04

Injury falls per 1,000 patient days



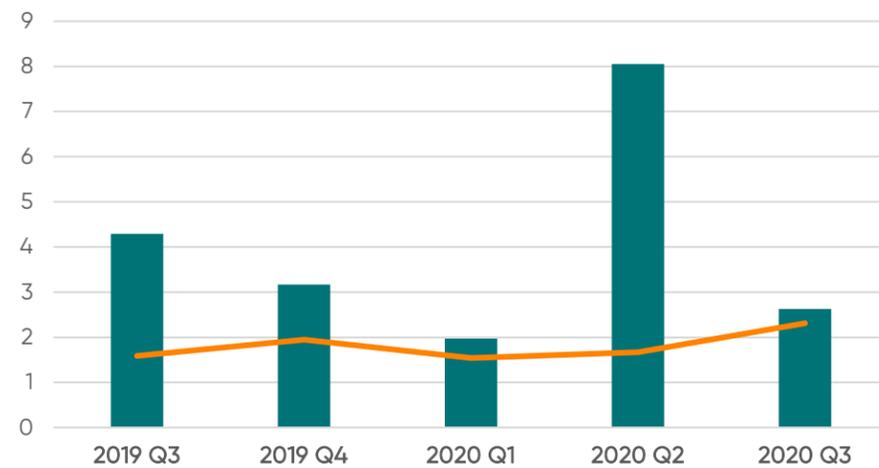
Metric	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3
UMCNO	0.65	0.61	0.62	0.51	0.66
Mean	0.45	0.45	0.48	0.52	0.53

Central line associated blood stream infections per 1,000 central line days



Metric	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3
UMCNO	1.45	1.25	0.96	0.63	0.92
Mean	1.23	1.08	1.06	1.32	1.32

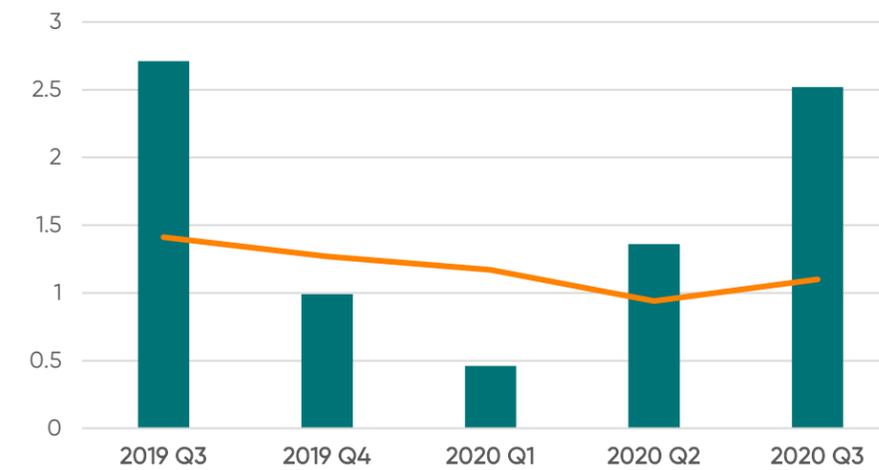
Hospital acquired pressure injuries stage 2 and above



Metric	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3
UMCNO	4.29	3.17	1.97	8.05	2.63
Mean	1.59	1.95	1.54	1.67	2.31

● UMCNO ● Mean

Catheter associated urinary tract infections per 1,000 catheter days

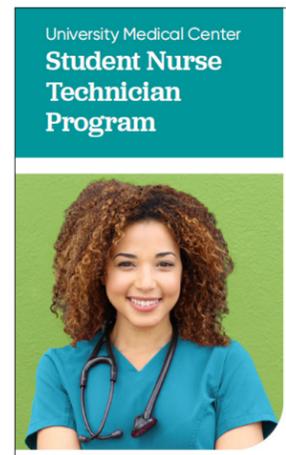


Metric	2019 Q3	2019 Q4	2020 Q1	2020 Q2	2020 Q3
UMCNO	2.71	0.99	0.46	1.36	2.52
Mean	1.41	1.27	1.17	0.94	1.1

● UMCNO ● Mean

# Nurse recruitment

Recruiting new nurses to our team was a priority in 2020. Our nursing units stepped up to host our sprint recruitment event in March, one of the last hospital events before COVID-19 restrictions, we embraced the colors and spirit of St. Patrick's Day. Team members decorated tables, led guests on guided tours, and shared their experiences at University Medical Center. This event and other efforts helped us hire 244 new RNs in 2020.



# Nurses week

We celebrated National Nurses Week 2020 with a variety of events and activities to say thank you to our nursing team for their service and dedication. While we did some things a little different due to the pandemic, we were still able to celebrate with events including a grab-and-go breakfast, a snack day with art therapy, and our annual DAISY Awards ceremony.



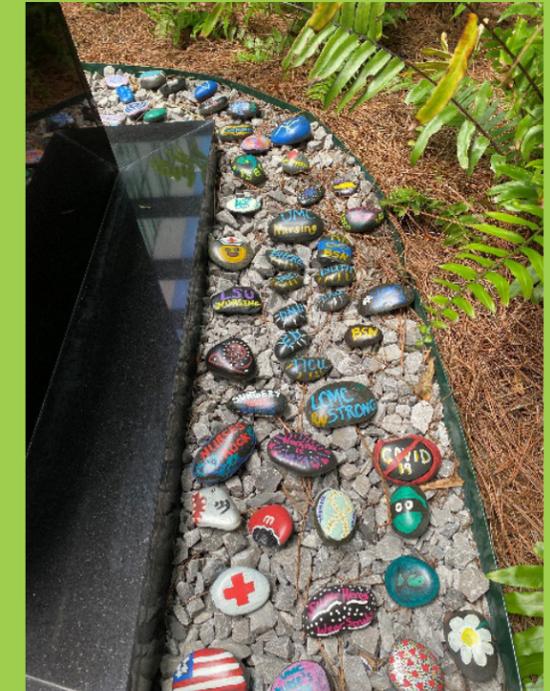
**Happy Nurses Week**  
May 6-12

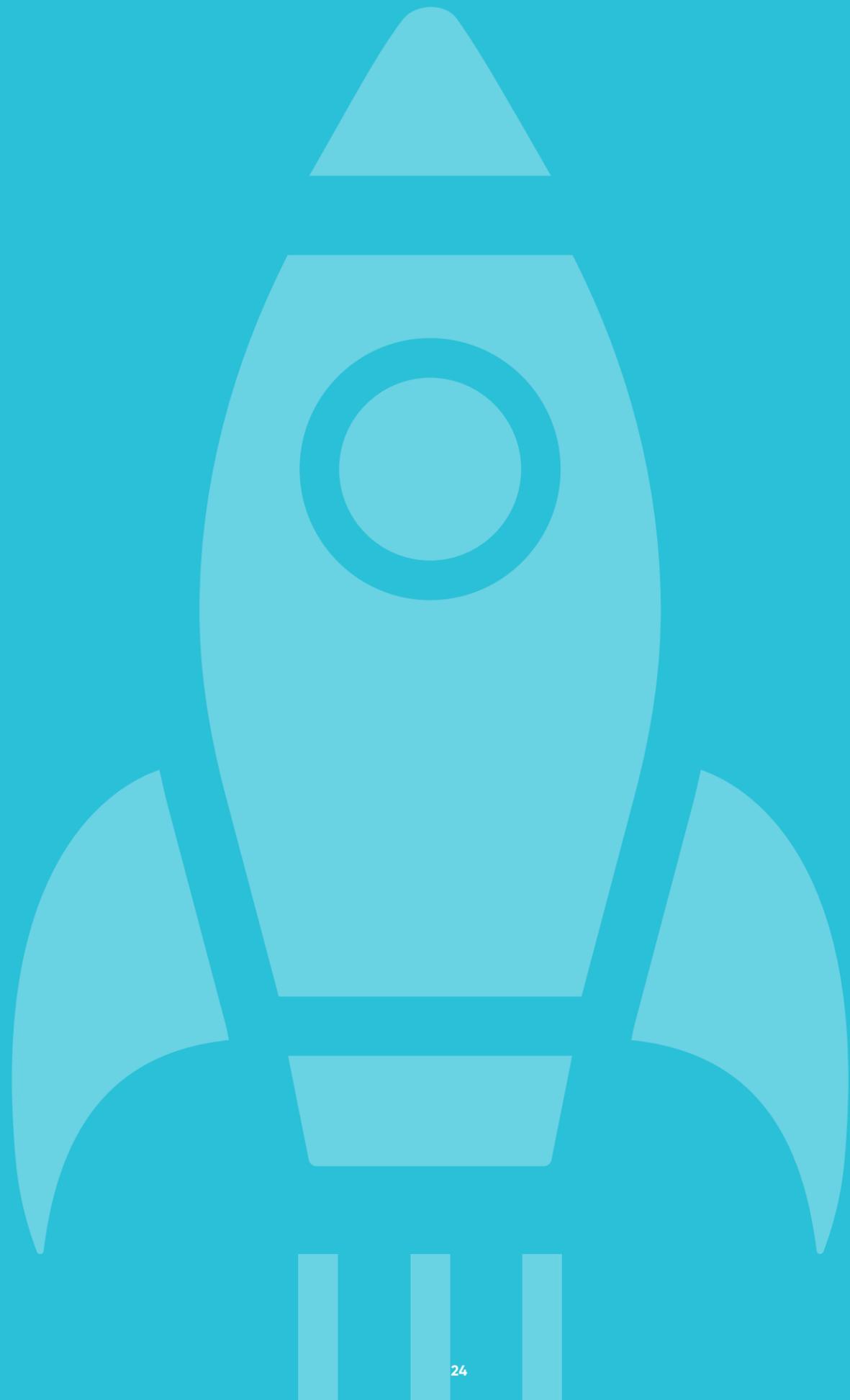


It's the year of the nurse!

University Medical Center  
New Orleans  
LCMC Health

YEAR OF THE NURSE 2020





**Transformational**  
**leadership**

# Transformational leadership

**Communicates expectations, develop leaders, and advocate and support on behalf of patients and staff.**

Transformational leaders can adapt to different situations, self-manage and have a shared vision and values. At University Medical Center, we are striving to create an environment where transformational leadership is valued and embraced.

## Shared Governance

Shared Governance is a collaboration to involve teamwork, problem-solving, and accountability to voice and advise decisions and improvements to nursing practice and patient care. Our model depicts the interlocking commitment of the many councils and committees working together to perform the mission and vision while maintaining the core of patient care services. Shared governance voting: During January, a survey was sent to all nurses. With over 200 responses and over 93% of respondents approved the Nursing Mission, Vision, and Core Values, as well as the Nursing Professional Practice Model and Shared Governance Model.

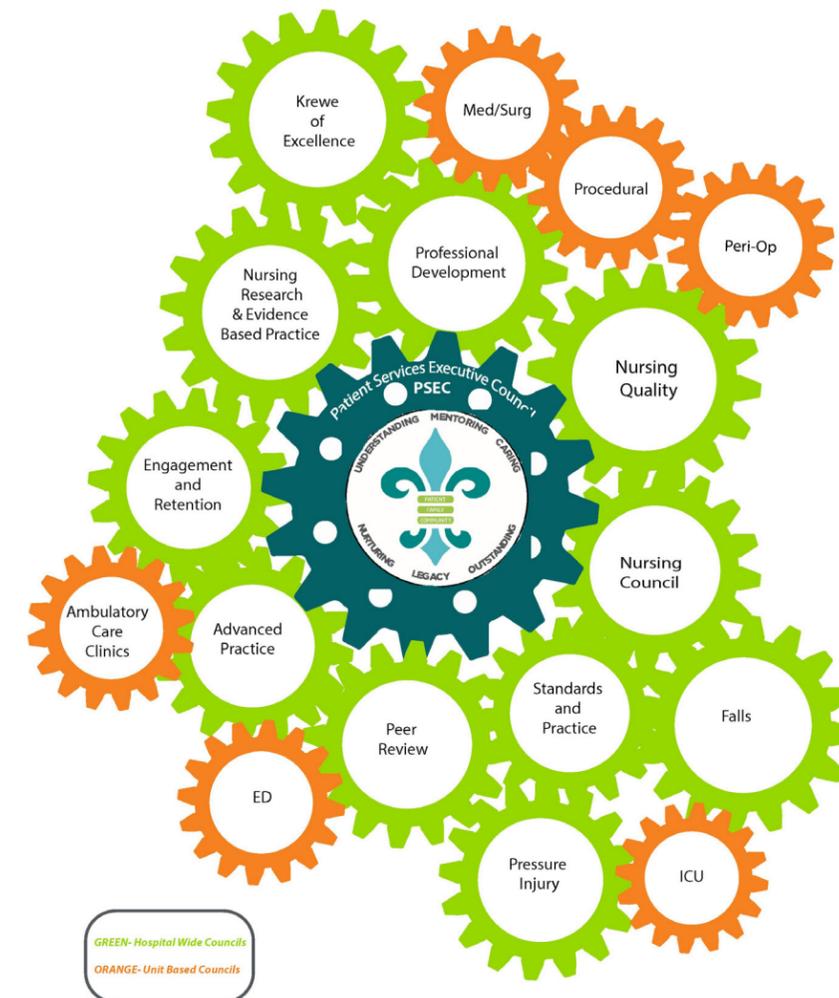
## Nursing Councils/Committees

- Nursing Council
- Patient Services Executive Council
- Nursing Standards & Practice Committee
- Nursing Peer Review Committee
- Nursing Engagement & Retention Committee
- Nursing Research-Evidence Based Practice Council
- Nursing Quality Council
- Professional Development Council
- Advanced Practice Clinician Council
- Krewe of Excellence
- Falls Task Force
- Pressure Injury Prevention Task Force

## Unit Based Councils

- Emergency Department Nurse Council
- Medical Intensive Care Unit Council
- Medical/Surgical Council
- Trauma Intensive Care Unit Council

# Transformational leadership



The model illustrates the meshing of councils and services as they work together as a team whose primary focus is the patient.

Council/Committee	Major Accomplishments
Patient Services Executive Council	All COVID related issues (e.g. staffing, opening units etc.) Developed and implemented 2020 Nursing Strategic Plan Approved the NDNQI Program nurse satisfaction survey for the fifth year – has over 70% participation rate Submitted nominations for Great 100 nurses Submitted six nominations for Nightingale Awards Updated Nurses Wall of Honor Supported 5 nurses to attend the JBI Clinical Fellows Program Revised the Nursing Shared Governance Bylaws, Nursing Professional Practice Model Quality Boards placed on each nursing unit Held Nurses Week Began the PAIN X Study
Nurse Council	Recognized the DAISY award recipients for each quarter Council approved the following programs/services <ul style="list-style-type: none"> <li>· 2020 Nursing Strategic Plan</li> <li>· Great 100 nominations</li> <li>· Participation of conducting a SWOT analysis for nursing services</li> <li>· Supported the virtual recruitment fairs</li> <li>· Participated in the 2002 summer nurse tech program</li> </ul>
Nursing Standards and Practice Council	Approval of Policies reviewed in 2020
Advanced Practice Council	Approved Advanced Practice Provider Orientation Curriculum Incorporated Physician Assistants into Advanced Practice Council Official Scrub Color for Advanced Practice Providers: Black
Professional Development Council	Implemented and reviewed education both needed and delivered

Council/Committee	Major Accomplishments
Krewe of Excellence Magnet	Collaboration with Quality Department on Implementation of electronic dashboards Krewe of Excellence Unit White Boards Successful Nurse Satisfaction Survey
Nursing Research-Evidence Based Practice Council	Reviewed and approved 18 DNP Projects Reviewed and approved 5 JBI projects Four NDNQI projects were completed and presented as either a poster and/or podium Contract with LSUH SON for Nurse Researcher Revised Council charter
Nurse Peer Review Committee	Implemented a nurse per review process for nurses
Nursing Engagement & Retention Committee	Facilitated and provided a forum for nurses to openly communicate their concerns and issues surrounding engagement and retention of nurses Identified unit/department specific concerns, presented by the council members, and communicated this information to nurse leaders to improve work environments Held successful Nurse Week 2020. Planned events schedule, gifts, etc. The council members continued to implement some of the recommended retention activities, including unit parties, birthday celebrations and holiday parties Met with Hospital Public Safety to relay safety concerns by nurses on units and intensive care units Helped design a new Daisy nomination form with branding and updated award process Helped distribute Daisy pin to each nurse, and have banners on units recognizing Daisy winners due to COVID restrictions Human Resources Director and Nurse Recruiter joined council Promoted Nursing awards and recognitions: Great 100 Nurses, Nightingale Awards, Daisy awards and hospital employee of the quarter Supported Employee of the Month in ED to include nurse recognition/retention/attitude Helped to improve RN to MD relationships, open forum, etc. Offered new ideas for Nurses Week and recruitment activities for nurses Facilitated shadowing opportunities for nursing students at University Medical Center Nurse Tech program was supported by council to recruit them to staff nurses Daisy winners were displayed on the national Daisy website
Pressure Injury Prevention Task Force	Successful meetings via Microsoft Teams in midst of COVID restrictions Initiation of Wound Care cart on F3, T2 Increased participation in NDNQI survey process



Structural  
**empowerment**

# Structural empowerment

## Structural empowerment

Structural Empowerment demonstrate commitment and dedication to lifelong learning, role development, academic achievement and career development.

We are always striving to develop processes and opportunities that support professional development of nurses at University Medical Center. Our nurses participated in a many enriching activities in 2020.

### Lantern Nurse Residency

University Medical Center is home to the LCMC Health Academy for Novice to Experienced Registered Nurse (LANTERN) program. Introduced in the fall of 2017 in partnership with the other LCMC Health hospitals and academic partners, including LSU Health New Orleans School of Nursing, Delgado Community College and University of Holy Cross School of Nursing, this program provides a 12-month residency to build upon the knowledge and experiences gained in prelicensure nursing programs. The purpose is to help the newly licensed employees develop the independent professionalism and comfort levels needed to become safe, confident advanced beginner nurses.

### CCNE LANTERN Nurse Residency Accreditation Site Visit

The Commission on Collegiate Nursing Education (CCNE) conducted an initial site visit for accreditation of the LANTERN nurse residency program on September 16-18, 2020. CCNE is a national accrediting agency which ensures quality and integrity for nursing education programs. Currently there are no other CCNE accredited nurse residency programs in the state and only a total of 3 accredited by other agencies. Over the 3-day visit, surveyors conducted virtual calls and interviewed CEOs, CNOs, facilitators and both current and former nurse residents.

The LANTERN program is for all new graduate registered nurses during their first year of employment as they transition into their 1st professional nursing position. The 12-month program includes:

- guidance into their professional role.
- discussions and presentations about clinical leadership and quality outcomes, and communication.
- Incorporating evidence-based practice and conducting an EBP project.
- Provide support and peer interactions.

The first cohort of the LANTERN program began in October of 2017 with 106 Nurse Residents and 22 from University Medical Center. In April 2020 there were 108 LCMC Nurse residents and 24 from University Medical Center. A total of 209 Nurse Residents have participated in the program.

### Summer Nurse Tech Program

The 2020 Summer Nurse Tech program was a successful program even with COVID-19 affecting striking right during the application process. University Medical Center hosted its largest group with over 140 applicants before March, 104 nurse techs participated on many or the inpatient nursing

and procedure units for a shortened 6-week program. Due to COVID and the limited ability to meet in groups for teaching and learning sessions the program was modified and emphasized the nurse/nurse tech interactions. This program received great feedback, averaging 4.62 out of 5 regarding the overall program from the Nurse Tech.



# Awards and recognition

## DAISY awards

### DAISY (Diseases Attacking the Immune System)

The DAISY Award is a way one family decided to go about saying “thank you” to nurses after a family member received care during an 8-week hospitalization. Stated in 1999 there are more than 4300 healthcare facilities participating in the DAISY program. University Medical Center is proud to recognize nurses with the DAISY Award for Extraordinary Nurses, a national program that honors the compassionate care and clinical excellence our nurses bring to their patients every day.

The DAISY Award was established by The DAISY Foundation in memory of J. Patrick Barnes who died at 33 of ITP (Idiopathic Thrombocytopenia Purpura), an auto-immune disease. The Barnes Family was awestruck by the clinical skills, caring and compassion of the nurses who cared for Patrick, so they created this international award to say thank you to nurses everywhere. Honorees can be nominated by physicians, nurses, patients, volunteers, and other staff.

Award criteria is based upon the University Medical Center’s Nursing Core Values:

- Understanding
- Mentoring
- Compassion (Concern for Humanity)
- Nurturing and
- Outstanding (Contribution to Profession)

### 2020 University Medical Center DAISY Recipients

<b>Krystilia Williams RN</b>	RN Float Pool
<b>Joey Swinson</b>	Behavioral Health
<b>Brad Marchese</b>	Emergency Department
<b>Amber Lambert</b>	Ambulatory Clinics
<b>Jeanne Barras</b>	Perioperative Services
<b>Adorian Ancar Boudreaux</b>	Perioperative Services
<b>Callan Stricker</b>	Critical Care
<b>Desiree Compton</b>	Critical Care
<b>Shannon Mogilles</b>	Medical/Surgical
<b>Erica Ferro</b>	Medical/Surgical
<b>Kortney Blanks</b>	Medical/Surgical
<b>Brandy Holmes</b>	Medical/Surgical
<b>Jeremy Landry</b>	Nurse leader TICU/Burn Unit Director





Each year, nurses representing a variety of healthcare institutions and nursing schools are nominated for the prestigious Nightingale Awards, presented by the Louisiana State Nurses Association.

## 2020 University Medical Center Nightingale Awards winners and nominees

- **Bradley Marchese**, Winner RN Rookie of the Year 2020
- **Kathryn Mai**, Nominee RN Community Nurse of the Year 2020
- **Darrell Price** APRN, Nominee Advanced Practice Nurse of the Year 2020
- **Allison Scaccia**, Nominee RN Mentor of the Year 2020
- **Rebecca Barns**, Nominee RN Educator of the Year 2020
- **Nailah Zanders**, Nominee RN Clinical Practice Nurse of the Year 2020

New Orleans District Nurses Association (NODNA) celebrated Nursing Excellence with awards and scholarships.

## Legacy Award

- **Joseph Eppling**, DNP, MHA, NEA-BC, CCRN

## Direct Patient Care Awards

- **Lisa Nicoletti**, DNP, MSN, BSN, APRN, RN, NP-C, FNP-BC – Excellence in Nursing for Direct Patient Care in Ambulatory, APRN
- **Kathryn Mai**, BSN, RN – Excellence in Direct Patient Care in Community Health
- **Ann Mouille**, RN – Excellence in Nursing for Direct Patient Care in Out-Patient, RN

## Beyond the Bedside Awards

- **Keithen Potts**, DNP  
Excellence in Nursing Beyond Bedside for Nursing Leadership for a Manager
- **Jennifer Schwehm**, RN  
Excellence in Nursing for Beyond the Bedside in Healthcare Systems

## New Orleans City Business Health Care Heroes

Health Care Heroes honors 50 health care professionals in the Greater New Orleans area in six categories: Animal Care, First Responder, Nurse, Physician, Professional, and Volunteer.

Nurse: Honors individuals from the nursing field whose performance is considered exemplary by patients and doctors and provides a model of professionalism to peers.

Heidi Martin, RN, Lead Forensic Nurse in the Emergency Department was honored this year.

## Louisiana Council of Emergency Nurses Excellence Awards

- **Latoya Mero**, RN – Excellence in Nursing Practice
- **Suzanne Stuke**, RN – Excellence in Nursing Leadership
- **Kori Dufour**, RN – Patient Champion Award

## LCMC Health's Patient Experience Awards

These awards recognize hospital units that give outstanding service based on feedback from our inpatient surveys. Congratulations to our 2020 second quarter winners. Highest performing University Medical Center unit: DMU/Observation.

## Best Overall Emergency Department University Medical Center

**John McMahon**, RN and ED Staff

**Jennifer Tubre**, RN, DMU/Observation

Congratulations to our 3<sup>rd</sup> quarter winner.  
Highest performing University Medical Center Unit: Acute Surgery

The good catch award was given to Melanie Buras, RN at University Medical Center's Floor 6, Tower 3. Melanie was awarded for her diligence in following safety procedures for medication dosage. By examining all notes closely, she held a restricted medication which prevented potential harm to a patient.

## Certified Nurses Lunch

In honor of Certified Nurses Day, University Medical Center hosted a reception on March 19, 2020 to celebrate the important achievement of nursing specialty, sub-specialty, and advanced practice certifications. Each Certified Nurse received a multi piece plastic lunch kit with certified nurse on the sandwich box lid.



Exemplary  
**professional  
excellence**

# Exemplary Professional Practice

## Foster a culture of safety and quality

### Peer- Review Process

In 2020 nursing implemented a nurse per review process for nurses.

### Nursing Leadership

Nursing leader peer assessments were done through paper assessments in April 2019. Unit leaders were assigned to assess a minimum of two peers. These assignments were decided and assigned by senior nursing leadership. The template for the leader peer assessment was distributed through email. Each assessment was collected and compiled to provide a collective peer assessment to the leader. These completed assessments were then distributed to the corresponding nurse leader for review. These results along with a self-assessment and performance evaluation were used to develop a professional development plan to grow and advance.

### APRN peer assessments

Advance Practice Nurses were selected as a pilot for an electronic template for peer evaluations in the Summer of 2019. Peers were selected by the chair of the Advanced Practice Provider Council and the electronic link to the survey was distributed. The collected responses were gathered and grouped to provide the peer assessment to the APRN. These anonymous averaged scores were then distributed to the APRN to review and use.

### House Supervisors

House supervisors were selected to expand the pilot for an electronic template for peer evaluations in September 2019. Peers were selected by the chief nursing officer and the electronic link to the survey was distributed. The collected responses were gathered and grouped to provide the peer assessment to this group. These anonymous averaged scores were then distributed for review.

## Staff Nurses

Prior to distribution leaders selected and assigned a minimum of two peers to assess each staff nurse in Jan 2020. This selection was based on the primary shift and area the nurses worked. This process helped to ensure a peer with appropriate knowledge and exposure to the adequately assess their peer was selected. The peer review form was then electronically distributed to the staff. The scores from this assessment were anonymously averaged and distributed to unit managers for distribution to the staff. Distribution of the results was delayed due to COVID-19 but was completed in June 2020. Instructions to the unit leaders included information that these assessments should not be used in preparation of the annual performance evaluations. This can be used in conjunction with the annual performance and their self-assessment to develop a more rounded picture and evaluation to develop a professional development plan.

## Quality/Safety Nursing Boards

University Medical Center Shared Governance Councils, Krewe of Excellence and Nursing Quality, frequently collaborate on interventions aimed at improving quality Patient Care and Safety at University Medical Center. In 2020, both councils looked at ways to better communicate nurse sensitive performance data to our staff. Whiteboards have shown to be a practical and effective communication tool in the hospital setting and the council representatives were interested in developing a visual tool to display data impacted by the nursing care provided to patients. The combined council efforts produced the Krewe of Excellence whiteboard. The board was designed to track processes of care, patient outcomes, and experiences at the unit level utilizing components of the University Medical Center Nursing practice model. The Krewe of Excellence whiteboard

integrates the nursing core values of Understanding, Mentoring, Caring, Nurturing, and Outstanding into clear goals, strategies, and expectations for optimal outcomes. The whiteboard implementation coincided with the roll out of the Quality and Safety Department electronic dashboards with the electronic dashboards serving as the single source of truth for University Medical Center quality data. The Krewe of Excellence whiteboards were installed on every unit and have become a valuable resource for patient and staff communication as we continue to enhance patient care at University Medical Center.

## Krewe of Excellence

	U	M	C	N	O
					
Days since last CAUTI	Understanding Commitment to excellence and continuous improvement. Measure the important things (e.g., Nurse Sensitive Indicators).	Mentoring Commitment to building a culture of excellence (e.g., Certification and BSN rates).	Caring Commitment to excellent patient experience (e.g., HCAHPS).	Nurturing Commitment to employee engagement and employee satisfaction (e.g. retention rates, staff survey responses).	Outstanding Commitment to outstanding performance and a culture of recognition (e.g., DAISY Award, Great 100).
Days since last CLABSI	Performance Indicator	Performance Indicator	Performance Indicator	Performance Indicator	Performance Indicator
Days since last Fall	Goal	Goal	Goal	Goal	Goal
Days since last Pressure Injury	Actual	Actual	Actual	Actual	Actual
Days since last C-Diff	Performance Indicator	Performance Indicator	Performance Indicator	Performance Indicator	Performance Indicator
	Goal	Goal	Goal	Goal	Goal
	Actual	Actual	Actual	Actual	Actual

## Soaring towards excellent professional success (STEPS)

University Medical Center developed a clinical ladder program in 2017 for nurses called STEPS (Soaring Towards Excellent Professional Success). The program was developed to recognize full and part time nurses at the bedside and utilizes Benner's five stages of proficiency which include novice, advanced beginner, competent, proficient, and expert.

Advancement through the levels of the STEPS Program demonstrates a RN's professionalism and competence based on Magnet® concepts such as Transformational Leadership Structural Empowerment, Exemplary Professional Practice, and New Knowledge, Innovations, and Improvements.

To apply for the STEPS Program, a nurse must have at least three years of experience and must have worked at University Medical Center New Orleans for at least one year, with a minimum of 1,040 hours worked during the year of application. The application process starts with a letter of intent followed by the application process which includes a cover letter, three letters of recommendation, and a completed portfolio with the associated grid. The STEPS Program is awarded for two years.

Nurses currently on STEPS include: Angela Addison, Adorian Boudreaux Ancar, Lauren Freitag, Rebecca Gros, Tabitha Khidrov, Roxanne McNally, Alre Anderson, Monique Bienvenue, and Elaine Stock.

In addition, a STEPS Non-direct nursing Program was developed and implemented in 2020, to provide recognition for nurses that manage, organize, or provide support to nursing service that are not providing direct patient care (greater than 50% of the time) or nurse leaders at the manager or higher position. Levels are based on the highest stages of expertise as advocated by Benner's (1984). The five stages of proficiency are: (1) Novice, (2) Advanced Beginner, (3) Competent, (4) Proficient and (5) Expert. (Benner, P. (1984). From Novice to Expert. Menlo Park, California: Addison – Wesley Publishing Company)





**New knowledge,  
innovations,  
and improvements**

# New knowledge, innovations, and improvements

## Advance nursing research and evidence-based practice and innovation

### Presentations

Rosanne Zeringue, DNP, FNP-C, ACNPC-AG, CCRN had a poster presentation "Implementation of a Geriatric Trauma Frailty Protocol at an Urban Level 1 Trauma Center" during the Virtual 26th Annual Louisiana Association of Nurse Practitioners (LANP) in October 2020.

The following University Medical Center nurses participated in the EJGH Cheryl Sanders Memorial Research Day held November 13, 2020.

- Dr. Denise Danna, CNO participated in the Panel Discussion – Chief Nursing Officers, LCMC Health Hospitals.
- Rebecca Barnes, MSN, RN, ACNS-BS and Joseph Eppling, DNP, MHA, RN, NEA-BC, CRRN presented during the Rapid-Fire Poster Presentation Sessions.

### Research and scholarship

Five University Medical Center Nurses completed their Nurse Practitioner (NP) Program earning a Doctor of Nursing Practice (DNP). Their research projects included:

- Deborah Brown, DNP, MSN, APRN, FNP-C: Implementation of a Medical Nutrition Therapy Program to Improve Glycemic Control in Adult Type II Diabetes Patients
- Chevell Parker, DNP, APRN, FNP-C: Food Insecurity
- Toya Smith, DNP, APRN, FNP-C: Implementation of a Screening Questionnaire for Obstructive Sleep Apnea in Adult Obese General Surgery Patients: A Quality Improvement Project
- Joyce Raby Williams, DNP, FNP-BC, CFCS: Implementation of a Self-Foot Care Management Tool in Adult Type-2 Diabetic Patients: A Knowledge to Action Project
- Rosanne Zeringue, DNP, FNP-C: Implementation of a Geriatric Trauma Frailty Protocol at an Urban Level 1 Trauma Center
- Rebecca Barnes, MSN, RN, ACNS-BS participated in a yearlong project through the American Hospital Association Physician Alliance Opioid Stewardship collaboration along with Heather Brooks, MN, FNP-C; Helen Calmes, PharmD, MBA; and Sonia Malhotra, MD, MS, FAAP. Their poster presentation "Overdose Education and

Naloxone Distribution to Vulnerable Populations" was disseminated nationally to multidisciplinary participants on December 12, 2020.

### PAIN X Study

University Medical Center Nurses, in collaboration with LSU Health School of Nursing, started the PAIN-X study at UMC in mid-October 2020.

University Medical Center representatives: Mary Kelly, DNP, MHA, NEA-BC; Keisha Farber, BSN, RN; and Denise Danna, DNS, RN, NEA-BC, CNE, FACHE. Marsha Bennett, DNS-APRN and Karen Rice, DNS, RN represent LSU Health School of Nursing.

It is commonly accepted that Pain in the United States is a public health crisis. Evidence supports that inadequate and under treatment of pain among hospitalized adults potentially contributes to chronic pain syndromes and opioid dependency. More recently there is some evidence to support a benefit in pain care quality associated with using a bundle of pain care strategies that includes nonpharmacologic options. Briefly, pain care bundling (1) actively engages patients as a treatment partner; (2) applies complementary and conceptually aligned components; and (3) improves patients' ability to cope with pain.

The purpose of this interprofessional, patient-centered project was to implement a unit-based 6-component evidence-based pain management bundle called PAIN-X Therapy in order to improve medical surgical patients' pain care quality outcomes. These outcomes include: 1) perception of pain care quality, 2) 24-hour pain experience outcomes, and 3) opioid usage.

A quasi-experimental design was used to test whether PAIN-X Therapy on one acute surgical unit vs. usual care on one trauma surgical unit at an inner city academic medical center improved pain care quality outcomes. The Pain-X Therapy Intervention involves nursing offering all 6 components to the patient at least once a shift. The bundle components include: 1) pain education, 2) pain assessment / reassessment, 3) structured pain rounds, 4) communication of pain care plan, 5) pharmacological analgesia, and 6) nonpharmacological adjunctive therapies.

### LANTERN presentations

Cohort 4 graduated in March 2020, three of the top evidence-based project posters:

- Zachary Kirwood, Taylor Odon, RN, BSN; and Treshone Turner, RN: Know Before You Go!
- Tai Alcorn, RN; Erica Bates, RN; Ryan Casey, RN; Bailey Leblanc, RN; Charionda Lewis, RN; Angele Raines, RN and Amanda Robertson, RN, When you drop it too low
- Sarah Bourgeois, RN; Rachel Burgess, RN; Misty Dufrene, RN; Colin Farber, RN; Lena Nguyen, RN; Vanessa Rodriguez, RN and Trisha Talboys "Topical Analgesic Use Before Venipuncture"

### Professional Organization Leaders

- Louisiana Nurses Foundation (LNF) Board of Trustees: President – Dr. Denise Danna
- Sigma Theta Tau – Epsilon Nu Chapter: Treasurer – Dr. Denise Danna
- Association for Professionals in Infection Control and Epidemiology, Greater New Orleans Chapter (APIC-GNO) Board of Directors: Immediate Past President and Board Member – Dr. Cathy Lopez
- Greater New Orleans Chapter AACN: Treasurer – Rebecca Barnes, MSN, RN, ACNS-BS
- Society of Trauma Nurses: Board Member – Dan Kiff, MN, RN

## Electronic Access to Surgical Events (EASE) and Improved Patient Satisfaction

### Problem

On March 8, 2020, in response to the COVID-19 pandemic, University Medical Center New Orleans (UMCNO) made the difficult decision to begin limiting patient visitations in effort to prevent the spread of the COVID-19 virus. Soon after, on March 13, 2020, the Louisiana Department of Health (LDH) ordered mandatory prohibition of non-essential visitation in all licensed Louisiana healthcare facilities. The mandate further restricted patient's access to family and friends. The restricted visitation policies led to patient and family frustration. Increased complaints conveyed the fear, frustration, and dissatisfaction being experienced by our patients and families. The situation was difficult and further exasperated by staff rounding challenges and the decreased patient interactions caused by COVID-19 isolations. The Med-Surg Acute Medicine Unit, Floor 6 Tower 1 (F6T1) consists of 32 negative-pressure rooms and was the primary COVID unit.

The unit had filled with COVID-19 positive patients by March 15, 2020.

Visitation remained prohibited and these patients were all in COVID-19 isolation. Bundling care and streamlining patient contact to prevent the transmission of the COVID-19 virus was of the utmost importance. Clinical nurses on F6T1 were concerned about the increased risk of patient safety issues and the increased negative patient complaints ascribed to less-than-optimal levels of patient interaction. The percentage of positive responses on the March 2020 Consumer Assessment of

### Participants

Name	Discipline	Job Title	Department
Janelle St Germain RN, MSN, MBA, CCRN,	Nursing	Director	PACU/ODS
Keithen Potts, DNP, RN, NEA-BC	Nursing	Director	Med-Surg Acute
Roxanne McNally RN, BSN	Nursing	Clinical Nurse Supervisor	OR
Zinnia Macloud, BSN, RN	Nursing	Clinical Nurse	PACU
Sarah Hunsucker, RN	Nursing	Clinical Nurse Supervisor	OR
Gloria Mejia, RN	Nursing	Clinical Nurse Supervisor	OR
Angela Davis-Collins, RN, LNC	Nursing	Executive Nurse Lead	Patient Experience
Peter Deblieux, MD	Physician	Chief Experience Officer	Patient Experience
Alycia Adams, RN	Nursing	Clinical Nurse	OR
Kacie Carcich, RN	Nursing	Clinical Nurse Supervisor	OR
Lauren Gaspard, RN	Nursing	Clinical Nurse	PACU
Danielle Helmstetter, RN	Nursing	Clinical Nurse	PACU
Katherine Stuke, RN	Nursing	Clinical Nurse	OR
Delores White, RN	Nursing	Clinical Nurse	PACU
Rachel Centanni	Surgical Technician	Surgical Technician	OR
Earline Darensburg	Surgical Technician	Surgical Technician	OR
Marquita Jolla	Surgical Technician	Surgical Technician	OR

Healthcare Providers and Systems (CAHPS) survey “Overall Rating of Hospital” was 54.5 % and needed improvement.

**Goal Statement: Improve the percentage of positive response on “Overall Rating of Hospital” for the Med-Surg Acute Medicine Unit, Floor 6 Tower 1.**

**Intervention**

It was important to acknowledge the integral role of family engagement in patient satisfaction and healing. Maintaining connections between patients and their loved ones was essential to improving the patient’s experience. EASE (Electronic Access to Surgical Events) is a secure cloud-based application that allows health care professionals to send text, photo, and video updates to the family and friends of patients in real-time. In early March 2020, University Medical Center New Orleans was in the process of implementing the EASE app for use with surgery and procedural patients. Just prior to completing in-person training with EASE representatives, the implementation

was placed on hold due to COVID-19 restrictions. Janelle St. Germain, Director of PACU Recovery, had been leading UMCNO’s adoption of EASE and was versed on the app’s functionality and effectiveness in increasing patient satisfaction. As a member of the leadership team, Janelle participated in UMCNO’s daily safety huddle where Keithen Potts, Unit Director of Med-Surg Acute Medicine, discussed care and safety concerns with the decrease in family and staff interactions caused by COVID-19 isolations. Janelle suggested that the use of EASE may be a viable option to increase interaction and communication with family members of isolated patients. Although purchased and designated for use by UMCNO procedural areas to update families on surgical procedure progress, Janelle believed the technology could easily be adopted for use with isolated inpatient COVID-19 patients. Keithen followed up with Janelle to review information on the EASE application. Patient Experience Department leaders, Angela Davis-Collins, RN, LNC and Peter DeBlieux, MD, CXO were also very interested in the EASE application for use in the acute

care and intensive care areas. Janelle received leadership approval and reached out to EASE representatives to share UMCNO’s interest in tailoring usage of the app. After several discussions and collaboration with IT Site Coordinator, Mikal St. Angelo, EASE expanded the UMCNO software licensure agreement to include inpatient use and a plan to continue EASE implementation was finalized. UMCNO was an early adopter of the EASE application technology for COVID-19 pandemic communication.

In April of 2020, Janelle reconvened the EASE Team. The EASE Team included a group of clinical nurses that Jenelle had initially chosen from the perioperative areas to lead the EASE implementation. The EASE Team was led by clinical nurses Roxanne McNally, BSN, RN, Operating Room Supervisor, Zinnia Macloud, BSN, RN, PACU, Gloria Mejia, RN, Operating Room Supervisor, and Sarah Hunsucker, RN Operating Room Supervisor. Partnering closely with the vendor, the EASE Team completed web-based tutorials on the use of the app. After successful completion, the EASE Team clinical nurses were then able to establish username and password access.

Continuing with the implementation, Roxanne and the team met with Angela and Dr. DeBlieux to collaborate on establishing a workflow. During patient care, the staff assessed patient interest in utilizing the EASE application. Interested patients then chose a designee that was contacted by the EASE Team and consented by phone. Next of kin designees were contacted for all incapacitated patients. The designees were then asked to download the app and assisted through the enrollment process by phone. Additional family members could then be added by the designee to receive EASE updates. Dr. DeBlieux spoke to physician concerns about the EASE Team rounding independent of the medical team and possibly sending updates that contradicted physician assessment of the patient. The physician concern was

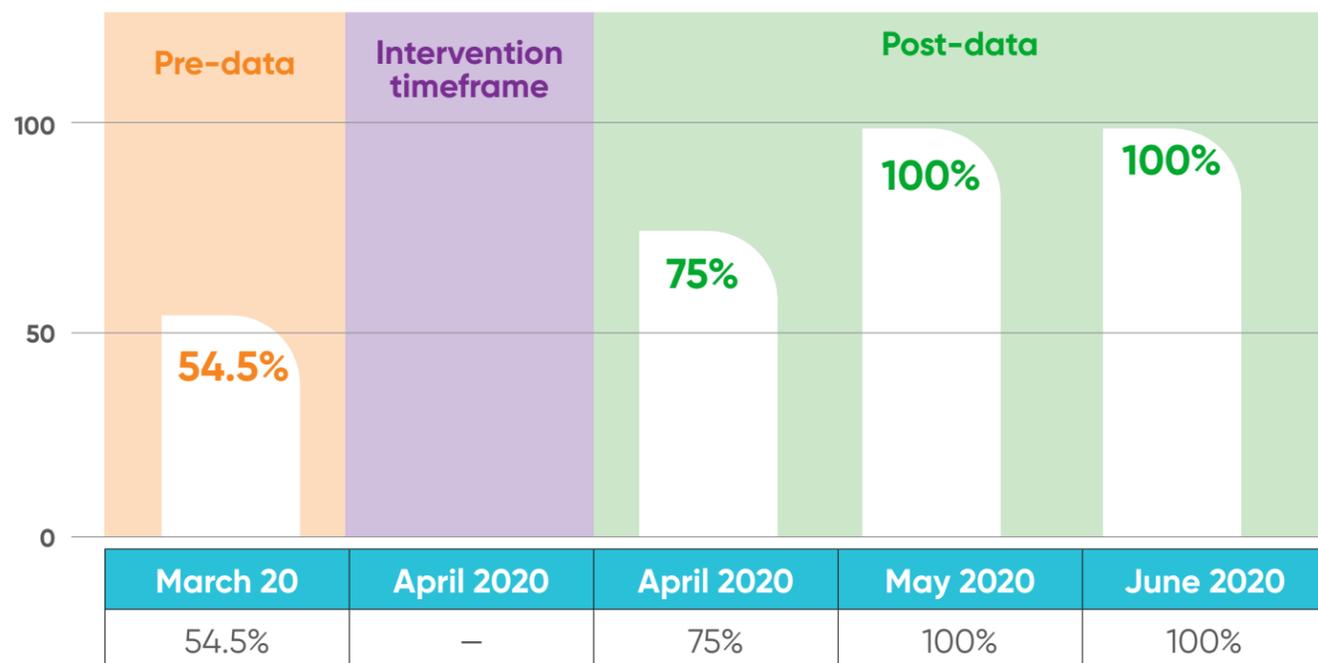
resolved when the clinical nurses proposed a color-coded “Red, Yellow, Green” communication system between the medical team and the EASE Team that prompted a scripted EASE communication. The medical team determined which scripted update would be sent over the EASE application by marking the patient’s window with red, yellow, or green. After morning rounds, the EASE Team would follow, collect the information, and take a picture of the patient to send out with the EASE update. The scripted phrases were used based on the physician’s determination for the day: Green-improving, Yellow-staying the same, Red-the MD will call you with an update today.

With the decrease in elective procedures, the EASE Team was able to add available perioperative staff to assist with the implementation. Roxanne and Sarah coordinated with Jenelle to utilize the Operating Room and PACU Recovery staff to assist. Roxanne, Sarah, Gloria, and Zinnia conducted in-services for the added team members, and they communicated with EASE representatives to assign tutorials and establish username and password access. On April 1, 2020, The EASE Team enrolled their first patient from Med-Surg Acute Medicine Unit, Floor 6 Tower 1. To support the adoption of the technology, the EASE Team was not included in department staffing. Sarah placed the staff and scheduled the team member rounds. The EASE Team also documented the patient family communication in the electronic health record. The EASE Team continued to round on the unit daily throughout Quarter 3 of 2020.

**Outcome**

Use of EASE as an innovative tool to connect patients and family during the very difficult time of visitor restrictions and COVID-19 isolation resulted in significant improvement in patient satisfaction.

**Acute Medicine Unit F6T1 CAHPS: “Overall rating of hospital” percent of positive responses**



# We are a part of our community

## Stop the Bleed

Teaching New Orleans residents' quick action to save lives



Stop the Bleed is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. University Medical Center's Level 1 Trauma Center supports this mission. University Medical Center has been a pioneer in injury prevention and lifesaving techniques. Part of this effort is our commitment to the Department of Homeland Security "Stop the Bleed" Campaign. Launched in October 2015 by the White House, Stop the Bleed is a national awareness campaign and a call to action. Stop the Bleed is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives.

The Stop the Bleed program at University Medical Center is a joint venture with Spirit of Charity Foundation, LSU Health New Orleans, and the Tulane University School of Medicine. They were able to offer six classes in 2020 with 81 attendees.

## Sudden Impact



The Sudden Impact Program is a statewide teen injury prevention program that consists of presentations and experiences for young drivers and parents to lessen the number of injuries and fatalities related to motor vehicle crashes.

In addition to the hospital-based program, there are reinforcement experiences offered to each school:

- **Consequences of Impact:** The Junior and Senior classes participate in a mock motor vehicle crash resulting in an outdoor theatrical production, highlighting poor decisions, driving under the influence, lack of seat belt usage and the resulting complications.
- **A Lifetime of Impact:** Junior and Senior students witness a two-hour court case, placing the Consequences of Impact classmates on trial for the decisions which resulted in the violent mock crash.
- **Lessen the Impact:** According to MADD, "74% of kids turn to their parents for guidance on drinking." Schools participating in the hospital-based University Medical Center Sudden Impact Program are strongly encouraged to host an educational forum for parents.
- **Plans Change – Impact Doesn't** This is a Senior level, three-hour presentation to reinforce healthy

decisions discussed in the hospital based, sophomore level program. New traffic safety laws are highlighted, and emphasis is placed on the development of a new plan to offer alternatives to driving impaired at the college level.

## Advanced Practice Nurses

University Medical Center APRNs (Advanced Practice Registered Nurses) are uniquely qualified health care clinicians who collaborate with the medical staff at University Medical Center to deliver high quality care using a special blend of advanced nursing knowledge and clinical expertise. Our APRNs practice in a wide variety of specialties including primary care, palliative care, burn, ED/trauma, infectious disease, diabetes, OB/GYN, surgery, cardiology, neurology/neurosurgery, GI, podiatry, geriatrics, case manage-

ment, hospital medicine, bariatrics, and orthopedics. Many of the University Medical Center APRNs are committed to serving not only their patients but also the communities in which they live. One

great example of community service and engagement is that of Rhea Kyles, MSN, APRN, FNP-BC. Rhea has been an active member of the Junior League of Baton Rouge for three years. She participates in a variety of projects serving children and families in the areas of education, health promotion and cultural arts. Some of the projects she has worked on include developing a community diaper bank, painting school playgrounds, and supporting a resource center at a local children's hospital. Rhea is currently a primary care nurse practitioner working on the University Medical Center Integrated Health team.

Her passion is focusing on supporting those patients with addiction disorders and assisting them to a path to wellness and recovery.



## Hogs for a Cause

The Nurse Anesthesia staff supported the Hogs for a Cause fight against pediatric brain cancer for the third year. The event was canceled for 2020 but the staff was able to donate \$10,048 and provide 148 servings of the signature jambalaya tour our health care team at University Medical Center during the height of the COVID-19 pandemic.



# Community

## Child Passenger Safety

University Medical Center's Injury Prevention Coordinators developed a statewide network called the Louisiana Passenger Safety Task Force to extend a broader reach of reducing injuries and fatalities. The task force reproduces the efforts of the New Orleans region. Its mission is prevention coordinators developed a network to extend a broader reach of reducing injuries and fatalities, the University Medical Center Injury Prevention.

Coordinators developed a network to reproduce the efforts in the New Orleans region—the Louisiana Passenger Safety Task Force. It is the mission of the Louisiana Passenger Safety Task Force to educate agencies and communities throughout the state to increase the proper use of child restraints and seat belts, encourage compliance with Louisiana seat belt laws and decrease the number of injuries and fatalities in motor vehicle crashes.

The program director and program coordinator at University Medical Center lead the state task force, which is divided into nine areas within the state. Each area is represented by a Regional Coordinator who is responsible for the education, events, and dissemination of knowledge locally. Collaboration with the program coordinator at University Medical Center supports the standardization of efforts throughout the state.



## Is your child in the **right car seat?**

### Louisiana Child Passenger Safety Law

Age/Size	Restraint Use
 Birth to at least 2 years old	Ride rear facing in an infant or convertible child safety seat
 At least 2 years old and has outgrown the rear facing seat by height or weight	Ride in a forward-facing child safety seat with an internal harness
 4 years old and has outgrown the forward-facing seat with internal harness by height or weight	Ride restrained in a belt positioning child booster seat using a lap shoulder seat belt
 9 years old or has outgrown the booster seat and can pass the 5 Step Test	Ride restrained with a lap shoulder seat belt secured correctly on the vehicle seat
 Younger than 13 years old	Ride in the rear seat of a vehicle, when available, and properly restrained



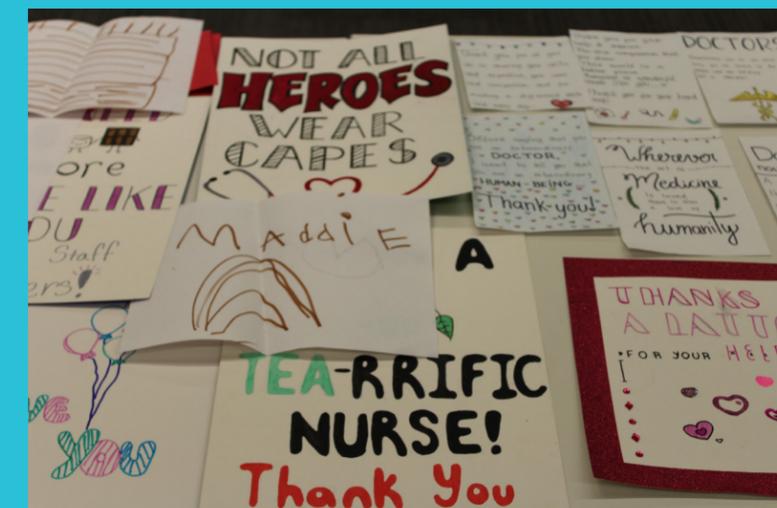
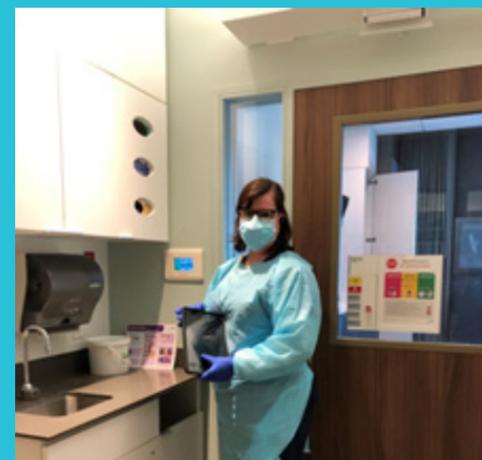
A child who can be placed in more than one category shall use the more protective category. Child safety seats must be used according to the manufacturer's instructions.

5 Step Test: The seat belt fits correctly when the child sits all the way back against the vehicle seat, the child's knees bend over the edge of the vehicle seat, the belt fits snugly across the child's thighs and lower hips, and not the child's abdomen, and when the shoulder strap snugly crosses the center of the child's chest and not the child's neck. Effective 8/1/2019

**Free of charge: Child safety seat fitting stations**

Region B: Jefferson, Orleans, Plaquemines, St. Charles, St. John, and St. Bernard Parishes

# COVID-19 experiences



## COVID experience

# Resiliency through a pandemic

Lauren Bridevaux, BSN, RN



I graduated from LSU Health New Orleans in December of 2019 and started my nursing career in the Medical Surgical Intensive Care Unit (MSICU) at University Medical Center shortly after. I never would have imagined I would start my career in the midst of a pandemic. No lecture, simulation, clinical, or textbook could have prepared me for this. One of the greatest challenges of being a new graduate, especially being in one of the busiest ICUs in the city, is having to quickly absorb and retain all the information being thrown your way. Very quickly into my career I was taking care of extremely critical patients, and with COVID-19, this challenge increased as policies and procedures were

ever-changing as more was learned about the virus. I have had my fair share of days where I felt overwhelmed and defeated, and I know I am not alone in these feelings. I am surrounded by the most resilient individuals, who see and treat the obstacles we face every day as challenges we will overcome and as opportunities for growth. While there will be mentally and physically challenging days, I know I will never be alone. The level of support and teamwork I am surrounded by every day inspires me, and as a new graduate, I am so grateful to be a part of such a supportive culture. Having your loved one in the hospital is already a time provoked by anxiety and fear, but COVID-19 has made this a much scarier time as there is so much unknown. Aside from end-of-life circumstances, patients are unable to be visited by their loved ones. Many of my coworkers, myself included, have donned our personal protective equipment to stand by and hold the hand of a patient as they took their last breath so that they would not be alone. The only human interaction patients have is limited to those providing care, and it is further hindered as facial expressions and emotions are unable to be expressed as respirators, goggles, and face shields are worn. This is something I personally struggle with, as I value the importance of therapeutic communication and the emotional connection that serves as the backbone of the nurse-patient relationship. My dad once quoted Mark Twain to me and said, "the two most important days in your life are the day you are born and the day you find out why." In the short time that I have been at the bedside I have found my "why." Nursing is a profession of selflessness that has given me the opportunity to impact other's lives and leave a lasting impression, and I feel so honored to have that privilege. While this is an emotionally and physically tough time for all, it is times like these that make me feel so genuinely blessed to be at University Medical Center, and in the position to advocate for my patients and serve my community on the frontlines of this pandemic.

The Pelican news. Vol 76/No3 July 2020

# COVID-19 stories from our nurses

Stories from our Nurses submitted to AACN



Dear World

A month's time had passed in the blink of an eye. It just disappeared.

I work in New Orleans' only level 1 trauma unit. We see so much in a days work.

We deal with loss every day and we've dealt with it every day for a long time. We're pretty numb to the traumatic things we see; you find a way to compartmentalize it and prioritize care to save patients' lives.

We get in there with every patient. Especially nurses. It's a race against time, it's an intimate experience. We get physically close to our patients.

During the COVID-19 rollout, we didn't know what was going on yet, because this was all in the early stages. So, the extra steps to protect ourselves became a really big obstacle to how we usually work. We're usually in the rooms, next to the patient for long amounts of time.

With COVID-19? The opposite.

We stay in the rooms only as long as we absolutely need, to reduce exposure. I just remember the doctor saying, "This is your new normal folks." It felt very surreal, lonely, scary, an overwhelming feeling of the unknown.

Walking into what is usually an already chaotic unit during the peak of COVID-19 was intense. Alarms, nurses yelling through doors and respirators and banging on doors from the inside asking for supplies, code carts lining the hallways, blue gowns everywhere. The rooms quickly changed from trauma patients to COVID-19 patients.

Early in the stages of COVID-19, I met my sweet patient.

Riddled with comorbidities and a pending COVID-19 test, she was a very kind and frail lady. She spoke so patiently to me and others she encountered throughout the day, even during a time of suffering for her.

This day was her last and she was spoken to mostly through a glass door or by people garbed up in masks, respirators, gowns, and protective eyewear;

she didn't even know what her caregivers looked like. How terrifying.

Losing a patient is never easy, I want that to be understood. The nature of caring for trauma patients, though, has a way of hardening you.

This day, the hardened shell I had built completely shattered and the tears were plentiful.

Those around me commented, "What's wrong with you? We do this every day!" I felt the same way, but I couldn't control it.

It took a few hours and a quick trip out into the fresh air to shake it off. I thought, "What is wrong with you, get it together!"

This was a different feeling of loss; one I had never really experienced. She lived her last day without seeing her family; her family wasn't able to comfort her in her last hours in such an unknown and scary time in the world. That is all I could think of. I couldn't fathom losing a loved one this way.

COVID-19 has made its way into our lives by stealing precious time from everyone – time from patients in their last hours, time from doctors, nurses, and respiratory therapists locked away from their families after caring for COVID-19 patients, time from family members worried about their loved ones as they battle this virus seemingly alone. A month's time had passed in the blink of an eye. It just disappeared.

I've cared for so many patients before her and after her, but I've never cried like that over a patient.

Sincerely,

I've Never Cried Like That About a Patient

Sarah Wells

Dear World,

I'm definitely taken care of – not just by my employers but by the people of New Orleans.

You ever felt abandoned? I have. It's a story told a lot down here. The one about the big old hurricane that came up the gulf and nearly took us out. Yeah, that one. Now, you might be thinking that this letter is gonna be a story you've read a thousand times.

And I'm here to tell you: It's not.

The lasting image of my experience all those years ago, is standing on a helipad in an empty city surrounded by water.

And that's what I felt: Abandoned.

We New Orleanians (born and raised baby!) are known for community. There ain't nowhere like this place. (Just ask us). But boy, I'll tell ya, it took me years to build back the trust of my city, my profession, and my people after hanging out on the helipad in the sweltering heat. I got the bandana, all salty and sweaty, framed in my bedroom, still. Scrawled, "survivor" on it.

So it's been 15 years, and COVID-19 brings me back to a place I never wanted to go. And I had that feeling only for a moment. Could it happen again? Will I get left behind again? "Oh, wow, maybe it could get bad. Maybe it could get worse."

I got scared and I hesitated. I thought, "Oh my gosh, is this gonna get as bad as that was? Am I going to end up where I was before? Abandoned?"

But the exact opposite happened.

I was born and raised in New Orleans. I love the city with my heart and soul. And y'all, they turned up for us. Whereas for COVID-19, there's been an enormous amount of support from the city. I'm definitely taken care of – not just by my employers but by the people of New Orleans. People have come from everywhere displaying so much love. Gifts from strangers who don't know who we are – messages on the concrete, flowers and handwritten cards from kids. There's this group called Feed the Frontline. And they send us meals from amazing local restaurants every day. I hear they raised a lot of money and are paying the restaurants too. Talk about community.

I came to work once, and there was a little bowl of Life Savers (the candy) and one had a little message on it that said "You're not alone." I immediately knew that that Life Saver was for me.

So I kept it.

Sincerely,

The Best Lifesaver I'll Never Eat

Melissa Howard



Dear World,

In the middle of all of this training, helping, teaching, I was told I was non-essential. I was sent home.

We started preparing in mid-February – around Mardi Gras – when we began to hear more about COVID-19. We started to prepare by completing in-time training with PPE with the MICU nurses because the MICU was one of the units we highly anticipated to see the most patients.

We educated, watched nursing perform PPE donning and doffing, and offered tips for those in training. After the nurses were observed, the expectation was that they would turn around and educate their co-workers.

The nurses were so nervous, and I could see the fear in their eyes. They were questioning if the N-95 masks properly fit and protected them. They were concerned about protective eyewear fogging and ability to smell. I started performing fit testing for masks. I took the initiative and time to reach out to the product company and ask some of those questions for our employees' health.

I'm a clinical nurse specialist for the ICUs. My role is to assist with performance improvement, special projects, education/training, and staff development.

During the beginning of COVID, the staff from the education department was used around the hospital to do PPE training, screening at the main entrances, and educate on new updated processes which seemed to change daily. I worked very hard to teach people many different things. Nurses from all different departments were brought in to work the newly formed ICUS. I taught what was necessary to care for the ICU patients.

Then, in the middle of all of this training, helping, teaching, I was told I was non-essential. I was sent home.

How could I be nonessential?

I felt I was an essential member of the ICU team because of the hands-on education and training I was providing. I was an educator, supplies procurer, and bedside assistant. We taught and helped these nurses to learn everything they needed to know to be a nurse in the ICU during COVID. We had four ICUs up and running to care for the critically ill COVID patients. Trained to work there by me, but I was considered nonessential.

Nothing has never felt so horrible.

Through the years, I worked at Charity Hospital for a week during Katrina as a supervisor, making sure everyone was cared for, evacuated from hospital, and leaving everything in order, including securing patient charts and ensuring all the units were emptied out.

During Ebola, I was one of the key members of the task force who set up protocols for working with our emergency management, developing processes, placing the patients, and setting up the workflow.

I had experienced many disasters, and, yet, here I was,

being told I was nonessential.

It stung and I think it did because I know I'm not the only person this has happened to. If you didn't step up and go into a bedside-type of position, you were sent home. That's not just happening here. It's happening everywhere across the country. Nurses in other departments are either stepping in to learn new tasks that I can teach, or they're being sent home.

I felt like I was very essential. I was helping keep things on track and being supportive to the nurses. I focused on outside factors so they could focus on their jobs.

It didn't take long for a manager to call me and tell me I would start working again. To be fair, a lot of the managers were calling me while I was at home asking me questions.

It felt good to come back. That original feeling of shock and surprise stuck around for a while. I'm a third-generation nurse and a third-generation hard worker. If I am working on a project, I want to see it through from beginning to end. When they told me I couldn't come back, it stung.

I love being back, even if I'm still not fully considered essential. My entire career, I've always been essential. I still consider myself essential. Even if I'm not at bedside 100% of the time, I'm still supporting those on the frontline. I'm running to get supplies when they need it or helping new nurses learn how to prone a patient.

I do miss being in a "leadership role." I certainly don't want to step on anyone's toes, but I do find myself still mentoring people. They're asking for my advice, and I'm enjoying that aspect of it.

All in all, I know now my hospital and managers are very supportive. I am essential. The work I'm doing is helping those who are helping the patients. And that's all I could really ask for in a job. To help people.

Sincerely,

What Is Essential?

Rebecca Barnes



Dear World,

I recently sat down and actually processed what's been happening over the past couple of months.

I've always been a friendly, social person. Whether it's a simple conversation or a long-term friendship, I just love talking to people. Having people around has always been a big deal for me. But now, that's all changed.

I recently sat down and actually processed what's been happening over the past couple of months, and that was the first thing that popped into my head—a lot of these patients are dying alone.

I don't want to die alone.

Why?

My grandmother passed away when I was young, but it stayed with me. She was surrounded by a bunch of family members at home. Even at a young age, I got the sense that no one wants to be alone when they're dying. No one wants to die alone. And I would not want to die alone.

It's weird to say, but when it comes to my own death, I've kind of already accepted it. We all eventually die, and I've seen it happen in my Intensive Care Unit (ICU) all the time. I'm willing to let the physicians do what they need to do, but I do not want to be trapped in my own life. I would rather my family let me go peacefully, rather than suffering with someone pouncing on my chest or putting a tube down my throat.

We see a lot.

Recently, one patient got worse after being intubated. The family was always updated throughout the situation because no one's allowed to come in to visit. About a week went by, and the family decided she wouldn't want this to drag out any further and chose to withdraw care for her.

During the process, they were able to visit for about a total of 10 minutes, but they had to leave before she passed. We stayed at the bedside, holding her hand through it. But I don't know the patient personally, so it's different than if a family member was with her in those moments. I really felt sad.

There's no one there for them in that process. No one to tell them one last story, or sing their favorite song, or help them through that transition. They're not able to give them ease of mind in knowing someone they love is with them.

And even with recoveries, there's still sadness. One patient got his tube taken out, and we all prepared for the worst. We prepared the families for the worst, as well. But he was actually able to get



better and return home to his family.

Still, through the whole process, he was alone. He was still scared out of his mind. Not having anyone with him but knowing that we were able to save his life to go back home to his family was one of the big wins that we felt, not just as a nurse, but as the whole team. We all really took that one to heart, because it was a really close one that we were able to prevent.

I never really thought about all of this until I recently took the time to think about the last couple of months. After a certain amount of time, everything is just programmed and we're kind of just going with what's happening and never able to sit down and think about what's actually going on.

I don't want to die alone, because I don't think there's enough time for me to share all the stories that have happened to me with my loved ones. If it is down to those couple of minutes, I would really want them to know what I've been through. Whether it's life lessons or stories about their life that I never told them, things that I kind of hid to protect them, I'd want them to know, because there's no reason for me to keep it anymore.

It would be nice if I could give my future a piece of my life.

Sincerely,

I Don't Want To Die Alone

Vincent Phi, RN BSN

Dear World,

This is how the dance party began...

I am the Manager of a Medical Intensive Care Unit in one of the busiest hospitals in one of the hardest hit areas of the country. At the start of the pandemic, as COVID-19 patients began filling all the beds on my unit, my husband and I tried to prepare at work and at home for a virus that no one had seen before, and we had to send our children to live with their grandparents while the pandemic ensued. We weren't sure when we would be able to bring them home but hoped it wouldn't be too long. The days and nights were stringing together, and I remember when the first COVID-19 wave crashed the healthcare shoreline. At the hospital, we were all working a tremendous number of hours serving some of the most critically ill patients we have ever encountered. As Critical Care Nurses, we master anticipating worst-case scenarios and intervene before situations become emergent. One of the most challenging elements was that COVID-19 was not predictable and that the status of a patient could change in seconds and with little warning. We rely upon our professional training, our acumen and each other to meet this pandemic with tenacity and strength. Teamwork!!!

My personal challenges have included ensuring that my staff were protected with PPE, equipped with supplies, and given the resources and emotional support they needed.

I also struggled with trying to shield my family from the emotional turmoil of COVID-19 on the frontlines. When the days and nights become seamless and when one day appears like the next, it is hard to know if you are truly protecting your family from hardship or if you are creating more emotional turmoil for yourself. After two weeks of the children being away, my husband was able to pick up the kids and bring them home, things began to feel complete again and I was able to finally start putting life back into perspective. The reality was that a new normal was emerging. With the tremendous amount of support from my husband, I explored new routines for moving forward and new ways to keep two young children entertained in a land of social distancing and Stay at Home mandates. Legos were sprawled throughout the house and there were many days when the kitchen was converted into a fort made of chairs, countertops, blankets and pillows, and my husband's old PTA course books for anchoring down the corners of the Fort.

We let them wear what they want, Batman and Spiderman costumes are their favorite outfits and have seen more use than their normal play clothes. On the first night back from Pa Pa's, one new routine began that has become special, the After-Dinner Dance Party. It began when my husband, a big Guns and Roses fan, put a Slash guitar solo on. The

godfather theme resonated over the speakers in the kitchen while the kids went crazy, and a newfound excitement filled the air.

Who knew a five-year-old and a four-year-old would be mesmerized and inspired to dance to a 30-year-old guitar solo from a guy who's almost 60.

It is true, my kids love a guitar solo and despite their young age, they have acquired a diverse library of musical genres from which they choose their dance party playlist. On any given night, song selection could include anything from Delta Ray's Bottom of the River, Justin Timberlake, and the Trolls movie soundtrack, Better than Ezra's "King of New Orleans," and one my husband loves from what he refers to as his late college years - O.A.R.'s Crazy Game of Poker.

My hope is that the kitchen dance party will become one of those memorable traditions we do even many years from now. Every so often my husband reminds me of a song that we have on our playlist for after the kids go to sleep. Seal did have it right when he said, "we are never going to survive unless we get a little crazy." What Seal didn't imagine then was the dance party in my kitchen with a 4 and 5-year-old.

Truthfully? The start of having dance parties could not have been more perfect. When we come home, my daughter Elizabeth dictates the first song of the playlist as we fire up the speaker and let the music flow.

Our dance parties have expanded to two to three times during the week and Elizabeth is now vying for dance parties before and after dinner.

My husband twirls the kids in the air, and I get into it, tapping, snapping, and just having fun. In a sense, the dance parties have been a semblance of normality. When life gets challenging, I remember a dance party waits for me at home.

Sincerely,

Are Y'all Ready for a Dance Party?

Rachel Nickel



## Stories from our nurses submitted to AACN

Dear World,  
I think this is an opportunity for all of us to realize we need each other, and that we're going to be okay. As a kid, I always dreamed of being a doctor. My older cousin used to talk about wanting to be a doctor, and, when you're little, sometimes you have that one older brother or older cousin you look up to. He was that person for me, and I wanted to follow in his footsteps. So, I guess you could say that the dream of becoming a physician started because of him. He didn't end up becoming a doctor, but my passion for it grew as I got older.

The journey was tough, a lot tougher than I ever imagined it would be. My lackluster Freshman year of college didn't help much. It made it difficult for me to get into med school in the States. After being turned away more times than I cared to count, I remembered that there were some excellent medical schools in Latin America. In fact, I knew some people that had studied medicine abroad and then had come back to practice in the States. I wanted to get started. I didn't want to waste any more time. So, I decided to go to school in Mexico.

Those years were some of the best of my life. I made lifelong friends and I grew up. I learned a lot about who I was and who I wanted to be. I knew that I was on the right path. But I had no idea how crooked and long the path would be. The next seven years of my life took me from Mexico to Miami to Georgia to the Caribbean and back home. All part of my medical training and all filled with one failure after another. I could never pass the medical boards. I took them multiple times and came close but could never quite get it done. One day, I received a call from the Dean of my school who had called to tell me "Irving, look. I know you've been doing this for a while, and I admire your persistence, but I think it's time to consider a change." I knew he was right. I was devastated, scared, lost, and angry. I had no idea what to do next. I had dedicated so much time to a dream that was now gone. And, I had no "plan B."

So, I did what I had always done. I leaned on my faith. I grew up in a very strong, Catholic, Latin American family. And three things were always emphasized as I was growing up - God, love, and perseverance. Because of this my relationship with God had always been strong. But during this period of my life, it was tested. I was angry. I was angry at Him. But I didn't want to admit it. I didn't think angry at God was something I could be. I mean, He's God. So, I prayed every single day for clarity and for a way to get my life back on track. But, behind my prayers were emotions of resentment and frustration towards someone who I thought I deserved more from.

Then, one night, I had a dream. I never remember my dreams. But I'll never forget this one for as long as I live. In this dream I was walking into a building, and as I approached the main hall, I remember seeing a line of medical students in a single file leading into an office. One by one, they would walk into the office and collect a piece of paper from a doctor sitting behind a desk. On the paper it said whether or not they would become a doctor. When it was my turn, I took the piece of paper and was shocked to see that I would not be moving on. Standing next to the man handing out the verdict was another physician who I didn't know, but whose appearance I recognized. He grabbed me by the arm and walked me out of the office. And, as we were walking out he told me "You know, I always knew you wouldn't make it."

This infuriated me. And I said, "Why? I can't believe you. You let me spend all of this time, all of these years, all of this hard work, all of the things that I've sacrificed, my relationship. All this debt...And you always knew? Why?" All of these thoughts that had been eating me up inside, but that I hadn't had the courage to express in prayer I spilled out to Him in my dream. When I was done yelling, He said nothing at first. He started to walk away and towards a nearby elevator. Then he stopped, turned around to look at me, and said, "You and me, we're gonna be alright." And then he walked into the elevator, turned around, and smiled. The elevator doors closed, and I woke up. And, I mean, I woke up. I sat up straight in my bed and couldn't go back to sleep. To me, it was God telling me, "I know you're mad at me right now. I know the journey you've been through. I know you're frustrated. I know you're scared because you don't know what you're gonna do next. But you're gonna be okay." It was reassurance that He had never left me and that He had a better goal prepared for me. It was His way of telling me that all of this was part of the plan, but it wasn't THE PLAN.

Today, I am a nurse. I've come to realize that the things that bring me the most joy in caring for patients are things that are more fully experienced through the nursing profession. I wouldn't have been fulfilled as a person or as a professional if I had become a doctor. Medicine wouldn't be what it is without physicians and what they contribute. After experiencing just a small fraction of what they go through, I have great respect for what they do. But I have also discovered that what nurses give to patients is something that can't be compared. As a nurse, you know your patient because you're there next to them, sitting by their bedside, 12 hours a day; sometimes three, four or five days in a row. There is often a bond and a trust that is formed

that becomes a huge part of the healing process when a patient is feeling scared or overwhelmed.

Throughout this entire pandemic, the hardest thing to see has been the look and feeling of loneliness and fear in the eyes of a patient who can't see or speak to their loved ones. I especially remember this one man who was on the verge of tears when I began to speak to him in Spanish because he couldn't speak English and didn't understand what the rest of the medical team was telling him. As I was making my way out of his room, he asked me, "You're not going to leave me alone, right? You're not going to leave me here alone?" I turned around, grabbed his hand and told him, "No papa, I'm not going to leave you alone. We are not going to leave you alone. We are here for you." That has been the hardest part of all of this. Many times, I've thought of my own family and of what I would do if one of them were in this situation. I have no idea what I would do.

But, despite the many sad stories that we've all heard and experienced during these last few months, we have seen so much good. You see people reaching out to other people. The need to be around other people, to talk to other people. I mean, for God's sake, you see people on YouTube having sing-alongs on balconies; people who on any other day at any other time in their lives might not even say hello. It makes me think - God is always there, and there's always something good that we can get from and bring out of even the most difficult circumstances.

I think this is an opportunity for all of us to realize how much we need each other. The reason we are here on this Earth is to enrich lives. It's a reality that was never clearer than it is today. It's a truth that I may have never gotten the chance to experience first-hand if I hadn't been blessed enough to fail at my dream and stumble upon the dream that God had for me.

I think God has a plan for each and every one of us. The plan is always there, but whether you reach it or not depends on what you choose. I thought I had my path laid out in front of me. But He had a different plan. It took Him saying, "Hey, knucklehead, stop. This isn't for you, man." to wake me up. Eventually, we get to where we're supposed to be. How long it takes us is based on how willing we are to accept that we are not in control.

That presence—whatever you want to call it, I call it God—that love, that desire for good to happen in all of our lives, and for good to exist in this world, is there and it always will be. Just like in my dream, even though the uncertainty of these times and the feeling of sorrow for those who have been lost, we're gonna be all right. We're gonna be OK!





# 2021

## Nursing Annual Report

## Chapter 2

# A message from our Associate CNO/AVP, Nursing Services



**Joseph Eppling,**  
DNP, MHA, NEA-BC, CCRN

What can I say about 2021? It reminds me of the movie "Groundhog Day." While not a current or recent movie, released in 1993 it was box-office success earning over \$105 million to become one of the highest-grossing films of that decade. With the movie gaining popularity the term "Groundhog Day" now has a meaning of; monotonous, unpleasant, and repetitive. So, here we go again with COVID peaks and valleys, expanding COVID units and beds, obtaining adequate supplies, and depending upon our great nurses to get University Medical Center through another challenging time. Adding more excitement and to change things up a little, Mother Nature decided to send us Ida. Our University Medical Center family did get to spend several days together, like a giant slumber party, and getting to know people even better. One of my favorite memories was "Move Night", not only because Disney Pixar shorts were playing, but it was a brief moment in time where the stress of the world was put on pause for a minute. Let's not forget all the candy and ice cream we shared that night. Many of us had our lives turned upside down from Ida with our homes being damaged and even uninhabitable. What I do think is remarkable is the support that was given to all of us from LCMC and University Medical Center. While many of us are still trying to piece our personal and homes lives back together, we continued to provide excellent care for our patients and not miss a beat. None of this would have been possible without you, the true healthcare hero. Thanks for everything you do for our patients. Rounding out the end of the year, University Medical Center was honored and recognized by the Louisiana Nursing Foundation and Louisiana State Nursing Association as Hospital of the Year, with greater than 161 beds. What a huge achievement and honor to be celebrated. So out with 2021 and looking forward to the new year.

**Joseph Eppling, DNP, MHA, NEA-BC, CCRN**  
Associate CNO/AVP Nursing Services



## 2021 Nursing Professional Practice Model

The three and focal points around the middle of the Fleur de Lis represents the center and purpose of our core values and embraces these values while holding them together. These three bands represent the patient, family and community we serve. In 2021 the model was revised to add the words patient, family and community to the three bands.



## Nursing mission, vision, and values



### Mission

Build on our history of extraordinary nursing care providing that extra care to our patients



### Vision

To become a Center for nursing professional practice that supports a culture of wellness.



### Values

- Understanding
- Mentorship
- Caring
- Nurturing
- Opportunity



## Recognizing nurse excellence

Nursing excellence will be recognized by:

- Exceptional staff engagement
- Journey to Magnet recognition
- High level of patient engagement
- Nursing sensitive Quality Indicators (NDNQI) out-perform the mean of the national benchmarks
- Nursing satisfaction, individual nursing recognition at the local, state, and national levels.

# 2021 Patient care services strategic map

Built on our history of extraordinary nursing care providing a little extra to the patients and families we serve.



# 2021

## Nursing by the numbers

**371**

Available beds

**303**

Available daily census

**8**

Available length of stay (days)

**225,762**

SPECIALTY CARE VISITS  
10,806 Telehealth • 215,956 Non-telehealth

**14,160**

DISCHARGES

**68,755**

ER VISITS

**185,609**

TOTAL CLINIC VISITS  
18,304 Telehealth • 167,305 Non-telehealth

**9,943**

INPATIENT SURGERIES

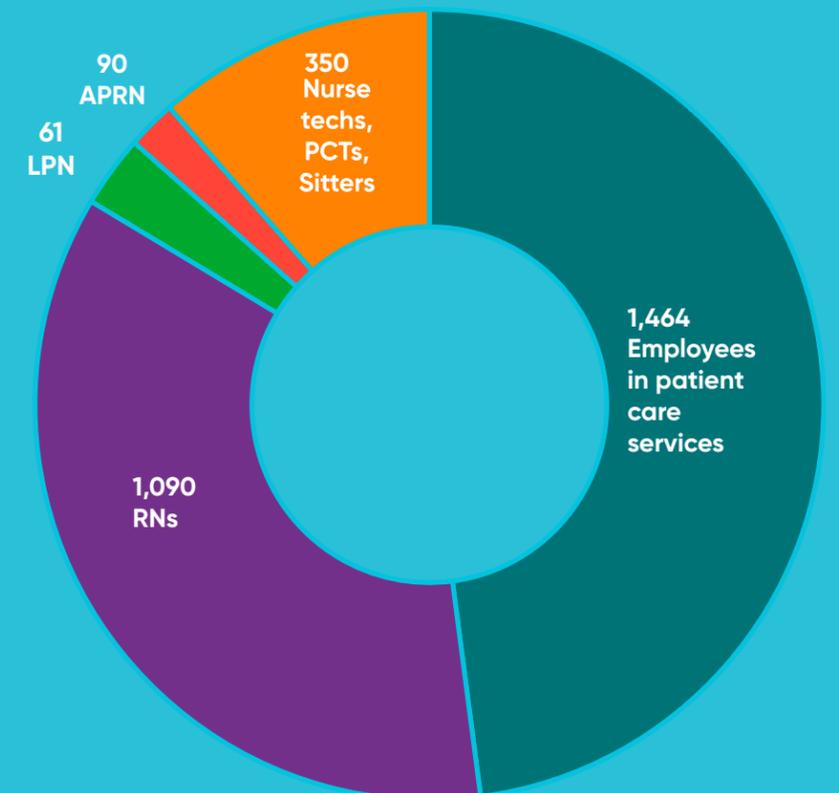
**14,473**

OUTPATIENT SURGERIES

**28,509**

PRIMARY CARE VISITS  
3,471 Telehealth • 25,038 Non-telehealth

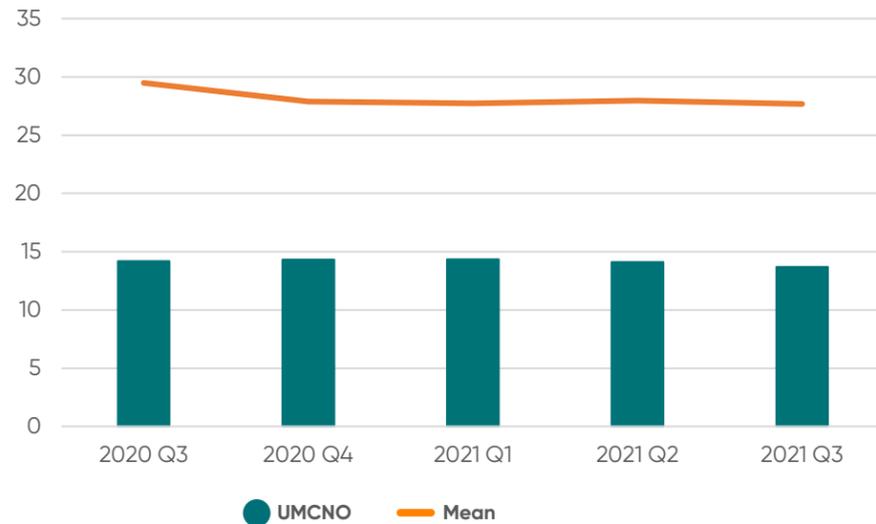
### PATIENT CARE SERVICE DEMOGRAPHICS



Professional specialty certification is a hallmark for quality care. One of the University Medical Center's priorities is increasing certification amongst our nursing ranks.

### Percent of Direct Care RNs with Specialty Nursing Certification

#### Injury falls per 1,000 patient days



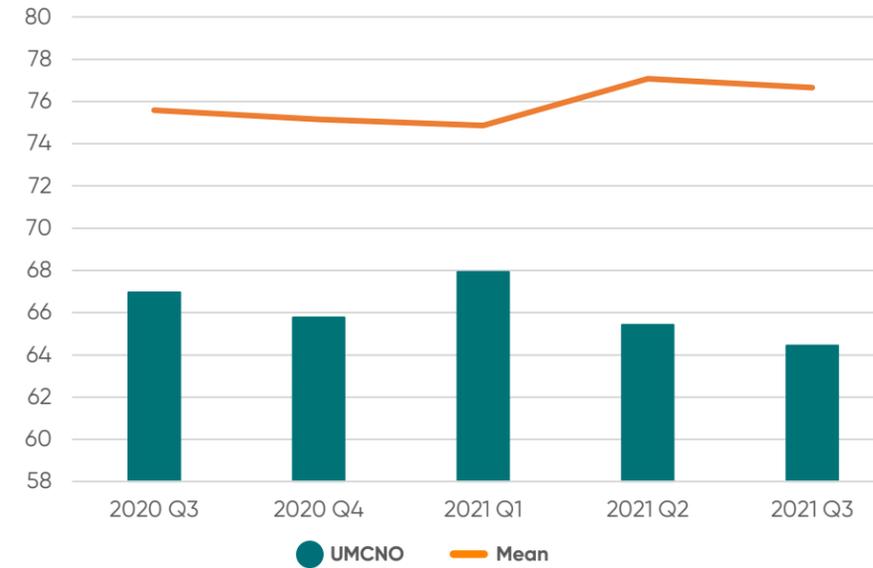
Metric	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
UMCNO	14.18	14.33	14.36	14.11	13.7
Mean	29.48	27.89	27.73	27.98	27.69

### Certifications held by University Medical Center Nurses

Professional specialty certification is a hallmark for quality care. One of the University Medical Center's priorities is increasing certification amongst our nursing ranks.

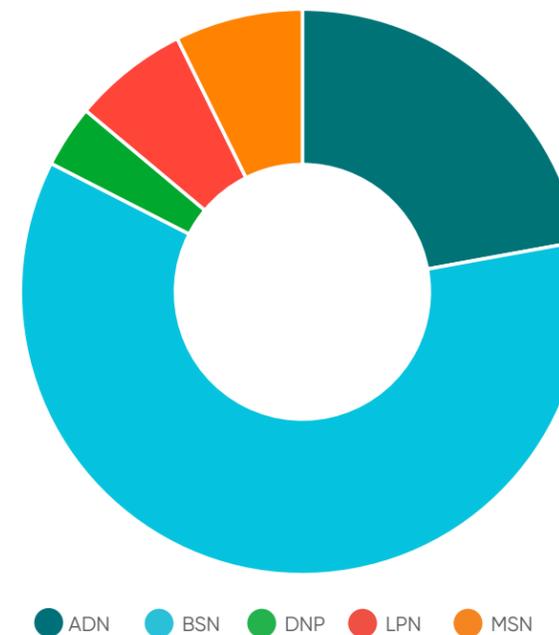
	# Certified
CMSRN.....	7
FNP-BC Specialty Certification.....	8
NE-A Specialty Certification.....	10
RN-BC.....	10
CNOR Specialty Certification.....	11
TCRN Specialty Certification.....	20
OCN Specialty Certification.....	22
CEN Certification.....	30
CRNA Specialty Certification.....	35
CCRN Specialty Certification.....	69
<b>Grand Total</b> .....	<b>267</b>

### Percent of Direct Care RNs with BSN, MSN, or PhD



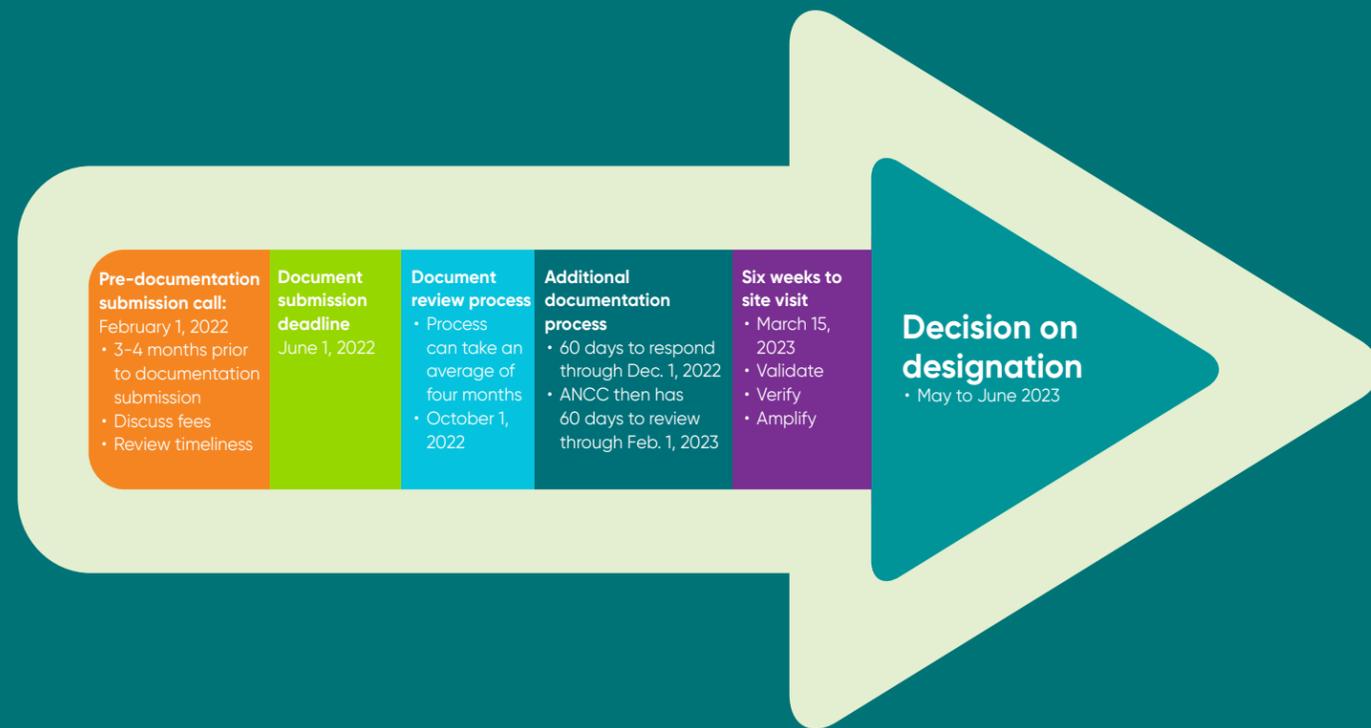
Metric	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
UMCNO	66.96	65.78	67.93	65.42	64.44
Mean	75.59	75.15	74.87	77.07	76.66

### University Medical Center Nurses Degrees

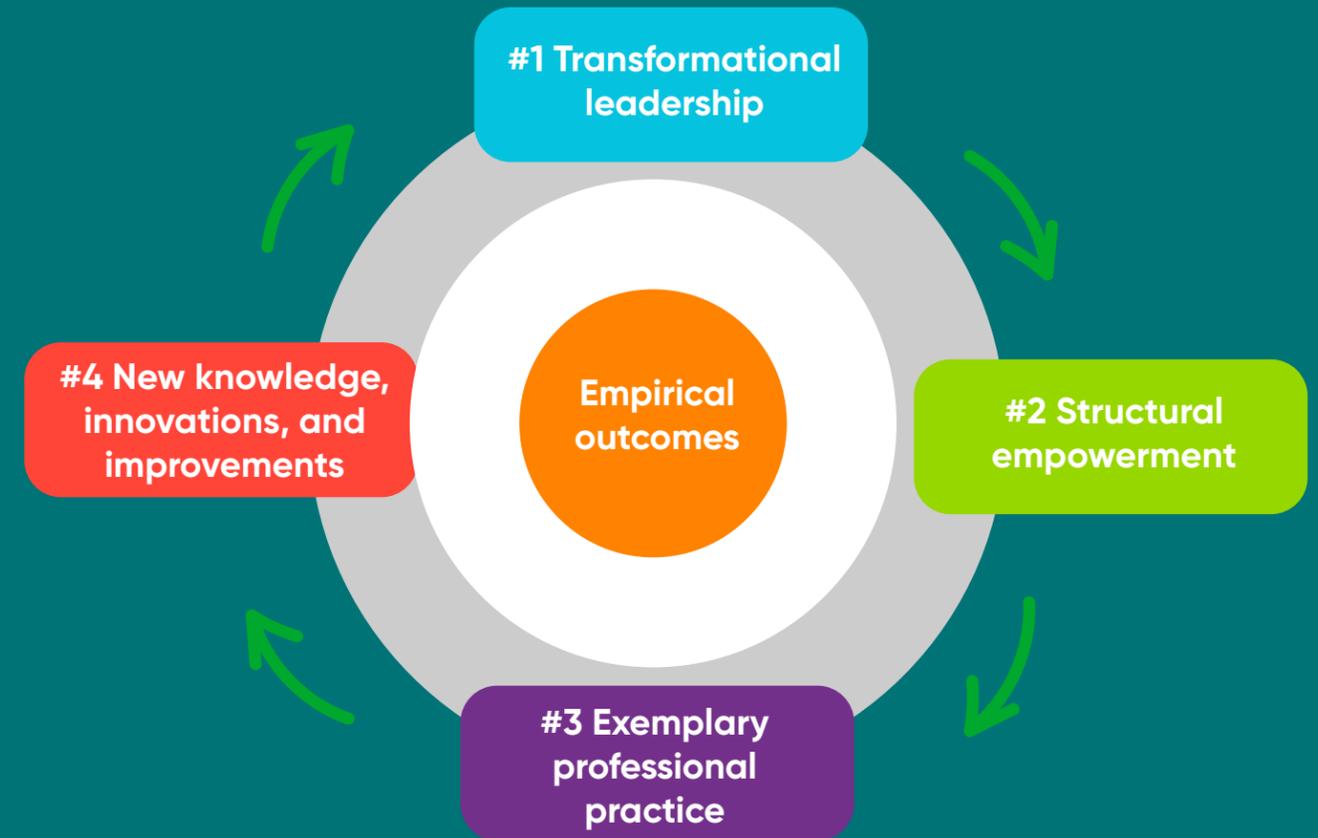


ADN degree	124
BSN degree	338
DNP degree	20
LPN degree	37
MSN degree	41
<b>Grand total</b>	<b>560</b>

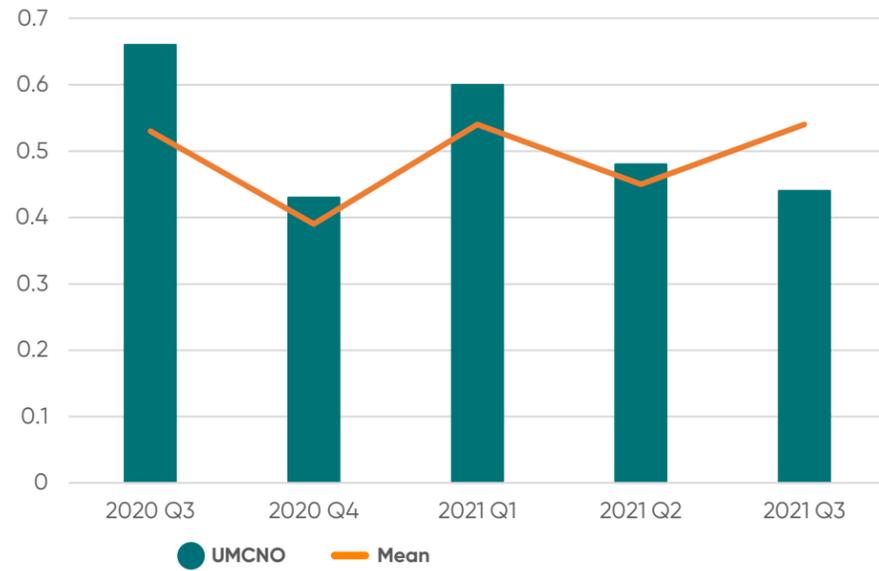
# Magnet journey



# Magnet model

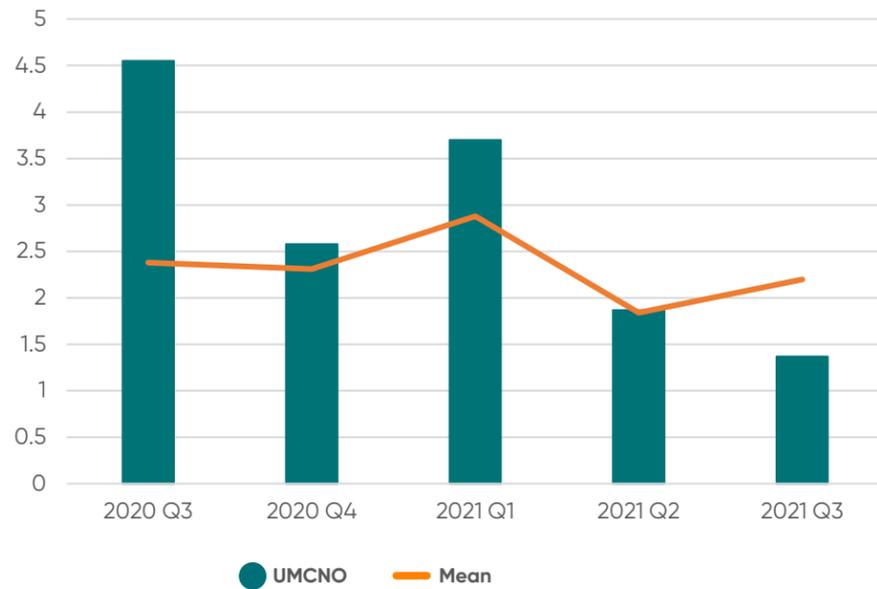


### Injury falls per 1,000 patient days



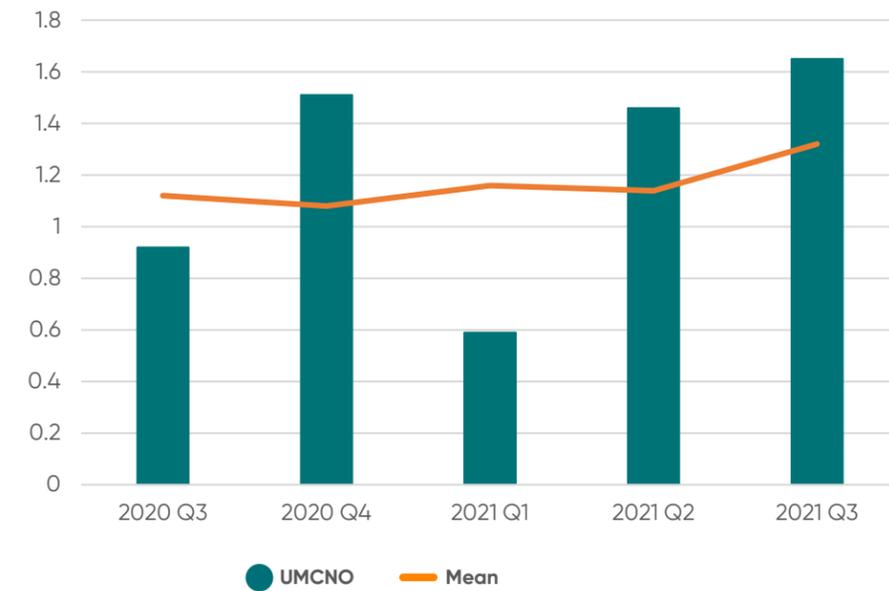
Metric	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
UMCNO	0.66	0.43	0.6	0.48	0.44
Mean	0.53	0.39	0.54	0.45	0.54

### Percent of surveyed patients with hospital acquired pressure injuries Stage 2 and above



Metric	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
UMCNO	4.55	2.58	3.7	1.87	1.37
Mean	2.38	2.31	2.88	1.84	2.2

### Central line associated blood stream infections per 1,000 central line days



Metric	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
UMCNO	0.92	1.51	0.59	1.46	1.65
Mean	1.12	1.08	1.16	1.14	1.32

### Catheter associated Urinary Tract infections per 1,000 catheter days



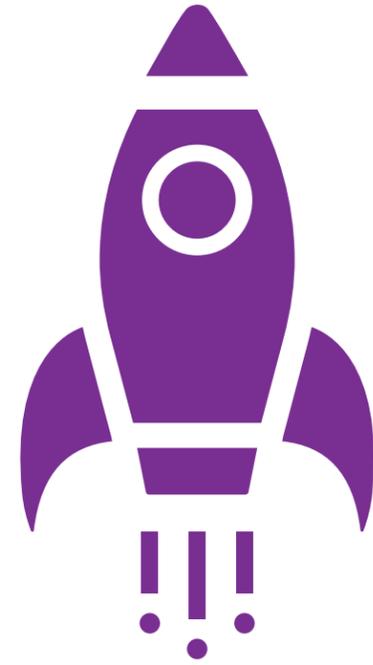
Metric	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3
UMCNO	2.52	3.11	1.39	1.95	1.96
Mean	1.18	1.61	1.56	1.196	1.42

# Nurse recruitment

## 234 New RNs hired in 2021

In 2021, we continued our commitment to recruiting new registered nursing, with recruitment events, outreach to nursing schools, outreach to former nurses, and the introduction of Walk-up Wednesdays.





# Transformational leadership

# Transformational leadership

Communicates expectations, develop leaders, and advocate and support on behalf of patients and staff.

Shared Governance is a collaboration to involve teamwork, problem-solving, and accountability to voice and advise decisions and improvements to nursing practice and patient care. Our model depicts the interlocking commitment of the many councils and committees working together to perform the mission and vision while maintaining the core of patient care services. Shared governance voting: During January, a survey was sent to all nurses. With over 200 responses and over 93% of respondents approved the Nursing Mission, Vision, and Core Values, as well as the Nursing Professional Practice Model and Shared Governance Model.

## Nursing Councils/Committees

- Nursing Council
- Patient Services Executive Council
- Nursing Standards & Practice Committee
- Nursing Peer Review Committee
- Nursing Engagement & Retention Committee
- Nursing Research-Evidence Based Practice Council
- Nursing Quality Council
- Professional Development Council
- Advanced Practice Clinician Council
- Krewe of Excellence
- Falls Task Force
- Pressure Injury Prevention Task Force

## Unit Based Councils

- Emergency Department Nurse Council
- Medical Intensive Care Unit Council
- Medical/Surgical Council
- Trauma Intensive Care Unit Council

The model illustrates the meshing of councils and services as they work together as a team whose primary focus is the patient.



Council/Committee	Major Accomplishments
<b>Patient Services Executive Council</b>	<ul style="list-style-type: none"> <li>• Implemented the 2021 Nursing Strategic Plan</li> <li>• Oversight of Reward and Recognition Programs (Daisy, Nightingale)</li> <li>• Developed the Daisy Team Award</li> <li>• Recommended to expand the Nurse Tech program to include a fall program</li> <li>• Developed a Staffing Modification Guide</li> <li>• Reviewed and approved nursing policies and procedures</li> <li>• Implemented Book Club for nurse leaders</li> </ul>
<b>Nurse Council</b>	<ul style="list-style-type: none"> <li>• Nursing Leadership Education: Legal PEC/CEC, Conflict Resolution, LinkedIn</li> </ul>
<b>Nursing Standards and Practice Council</b>	<ul style="list-style-type: none"> <li>• Approval of Policies reviewed in 2021</li> </ul>
<b>Professional Development Council</b>	<ul style="list-style-type: none"> <li>• Review of orientation checklists</li> <li>• Involved in planning and implementation of the new glucometers</li> <li>• Involved in the education roll out of Hester-Davis Fall Risk assessment</li> <li>• Planning and implementation of the Bariatric training and lesson assignments</li> <li>• Review of quarterly lessons and assignments</li> </ul>

Council/Committee	Major Accomplishments
<b>Krewe of Excellence Magnet</b>	<ul style="list-style-type: none"> <li>• Successful Nurse Satisfaction and Patient Satisfaction surveys leading into Magnet® document submission</li> <li>• Successfully exceeding Magnet® benchmarks for nurse sensitive indicators leading into Magnet® document submission</li> </ul>
<b>Nursing Research-Evidence Based Practice Council</b>	<ul style="list-style-type: none"> <li>• Facilitated and provided a forum for nurses to openly communicate their concerns and issues surrounding engagement and retention of nurses.</li> <li>• Identified unit/departmental specific concerns, presented by the council members, and communicated this information to nurse leaders to improve work environments.</li> <li>• Held successful Nurses Week 2021-planned events and distributed gifts</li> <li>• Continued implemented some of the recommended retention activities, unit parties, birthday celebrations and holiday parties.</li> <li>• Met with Hospital Police to relay safety concerns by nurses on the units and intensive care units.</li> <li>• Help design a new Daisy nomination form for Leader and Teams with new branding and updated the award process.</li> <li>• Human Resources Director and Nurse Recruiter joined council for pertinent updates regarding recruitment and retention.</li> <li>• Promoted Nursing awards and recognitions: Great 100, Nightingale, Daisy awards and hospital employee of the quarter.</li> <li>• Supported Employee of the Month in ED to increase nurse recognition/retention/attitude. To establish in other units following.</li> <li>• Helped to improve RN to MD relationships, open forums, etc.</li> <li>• Offered new ideas for Nurses week and recruitment activities for nurses.</li> <li>• Facilitated shadowing opportunities for nursing students at University Medical Center.</li> <li>• Nurse Tech program was supported by council to recruit them to staff nurses.</li> <li>• Daisy winners are displayed on the national Daisy website</li> </ul>

Council/Committee	Major Accomplishments
<b>Pressure Injury Prevention Task Force</b>	<ul style="list-style-type: none"> <li>• Effectively reduced pressure injuries prior to goal date of 12/31/2021 by 25% to a rate of 0.30.</li> <li>• Implemented use of Safety and Education display board on each unit to guide shift huddle.</li> <li>• Implemented early detection of patients at elevated risk of pressure injury and treatment of pressure injuries in non-acute/ critical areas including ED, OR, PACU.</li> <li>• Developed strategies to mobilize patients collaboratively with OT/ PT.</li> <li>• Initiated change to the ordering of Pressure Injury Prevention and Management order set within EPIC for patients with a low Braden score.</li> </ul>
<b>Falls Task Force</b>	<ul style="list-style-type: none"> <li>• Transitioned from using the Morse Falls Scale to the Hester-Davis Falls Program.</li> <li>• Initiated the only individualized evidence-based and validated falls management solution that meets all best practice approaches to Acute Care falls management. Go-Live took place in April of 2021.</li> <li>• Featured Guest at SHIP Conference to discuss falls prevention</li> <li>• Updated Falls Policy</li> <li>• Standardized fall sign placement in the Inpatient Care areas</li> <li>• Standardized Lime Green Hester-Davis Resource Binder on all inpatient units</li> <li>• Initiated MD Team Member for Falls Task force in June of 2021</li> <li>• Educational Sessions with Stryker and Sizewise to promote Staff Education on use of Specialty Beds in June and July of 2021.</li> <li>• Overall falls reduced from 2020</li> </ul>



Structural  
**empowerment**

# Structural empowerment

**Structural Empowerment Demonstrate commitment and dedication to lifelong learning, role development, academic achievement, and career development.**

## Nurse Tech Program

This 10-week program is designed for nursing students who have completed at least the first year of nursing school, including one clinical experience, and want a clinical experience beginning during the summer break with the possibility of extending throughout the year to provide insight and experience. These experiences are all throughout the facility and have had great feedback from previous sessions.

Winter program respondents:

4.57/5 program rating

4.63/5 rating of preceptors

Summer program respondents:

4.79/5 program rating

4.9/5 rating of preceptors

Responses from nurse techs included it was a great opportunity, increased confidence, nurses are very welcoming, memorable, explained and clarified things learned in school, and all students should have this experience.

# LANTERN

## Lantern Nurse Residency Program

The LCMC Health Academy for Novice to Experience Registered Nurses (LANTERN) program which is designed as a component of the new graduate nursing orientation program at all LCMC Health facilities. To help build confidence and provide support at the beginning of the new nurse's professional journey.

On May 20, 2021, we received word that LCMC was awarded Commission on Collegiate Nursing Education (CCNE) accreditation for the LANTERN nurse residency program. As of today, there are only 33 institutions listed across the US with this distinction and we are the only one in Louisiana.

March 17, 2021, University Medical Center had 25 graduates of the LANTERN Program as they completed the 12-month program. Due to COVID the celebration was virtual, but their Evidence based projects were presented. A list of their project and name are listed below.

## Top 5 EBP Project Winners

### Evidence-based Practice Project

Top 5 Winner  
October 2021

We're Just Getting Warmed Up: Perioperative Normothermia Management  
Candi Blandin, RN, University Medical Center, Operating Room  
Samantha Clark, RN, University Medical Center, Operating Room  
Jessica Francis, BSN, RN, University Medical Center, Operating Room  
Diana Gomez-Argueta, RN, University Medical Center, Operating Room  
Victoria Mons, BSN, RN, University Medical Center, Operating Room

### Evidence-based Practice Project

Top 5 Winner  
October 2021

Code Yellow: What Now?

Rachael Forstall, BSN, RN, University Medical Center, Emergency Department  
Blake Pitre, BSN, RN, University Medical Center, Emergency Department  
Christina Prados, BSN, RN, University Medical Center, Emergency Department  
Sean Robertson, BSN, RN, University Medical Center, Emergency Department  
Patrick Stockamp, , University Medical Center, Emergency Department  
Farryn Wallow, BSN, RN, University Medical Center, Emergency Department  
Blair Windham, BSN, RN, University Medical Center, Emergency Department  
Nanci Zhang, BSN, RN, University Medical Center, Emergency Department

# Awards and Recognition

## DAISY (Diseases Attacking the Immune System)

The DAISY Award is a way one family decided to go about saying "thank you" to nurses after a family member received care during an 8-week hospitalization. Stated in 1999, there are more than 4300 healthcare facilities participating in the DAISY program.

University Medical Center is proud to recognize nurses with the DAISY Award for Extraordinary Nurses, a national program that honors the compassionate care and clinical excellence our nurses bring to their patients every day.

The DAISY Award was established by The DAISY Foundation in memory of J. Patrick Barnes who died at age 33 of ITP (Idiopathic Thrombocytopenia Purpura), an auto-immune disease. The Barnes Family was awestruck by the clinical skills, caring and compassion of the nurses who cared for Patrick, so they created this international award to say thank you to nurses everywhere. Honorees can be nominated by physicians, nurses, patients, volunteers, and other staff.

Award criteria is based upon the University Medical Center's Nursing Core Values:

- Understanding
- Mentoring
- Compassion (Concern for Humanity)
- Nurturing and
- Outstanding (Contribution to Profession)

## 2021 University Medical Center DAISY Recipients

- Daniel Fiechtner, Neuro
- Norma Leblanc, Oncology
- Marjorie Breda, Trauma/Ortho
- Kelly Locket, MICU
- Desiree Loeb-Guth, Clinic Floor 4
- Sheila Ferdinand, Dental Clinic
- Alicia St. Cyr, MICU
- Rachel Forstall, Emergency Department
- Tyrus Triche, Behavioral Health
- Krista Haydel, OR
- David Nolimal, Acute Medicine
- Tiffany Cook, Clinic Floor 4, Nurse Leader



Each year, nurses representing a variety of healthcare institutions and nursing schools are nominated for the prestigious Nightingale Awards, presented by the Louisiana State Nurses Association.

## 2021 University Medical Center Nightingale Awards Winners and Nominees

- Mario Rivera-Barbosa, Nominee for Clinical Nurse Educator of the Year
- Rebecca Barnes, Nominee Mentor of the Year
- Irving Cartagena, Nominee for Contribution to Quality
- Jennifer Foster, Nominee for Nursing Administrator of the Year
- Jerilyn Frazier, Nominee for Advanced Practice Nurse of the Year
- Mary Kelly, Nominee for Nursing Administrator of the Year
- Rhea Kyle, Nominee for Advanced Practice Nurse of the Year
- Heidi Martin, Nominee for RN of the Year
- Rachel Nickel, WINNER Clinical Practice Nurse of the Year
- Sarah Smith, WINNER Rookie of the Year



Rebecca Barnes, Kodi Kraft, Sarah Smith, Dr. Denise Danna, Dan Kiff, Rachel Nickel, Dr. Mary Kelly, Jay Guidry, Dr. Derrick O'Neal, Stacy Wisniewski, Joe Eppling, and Kelly Mary



## Gambit's Frontline People Award

Nominated by readers of Gambit magazine, the Gambit Frontline People Awards honored those making an impact in our community. March 2021 issue honored one of our own, University Medical Center's Emergency department nurse, Nanci Zhang, BSN, RN, MPH. Along with working in the ED with some of the sickest COVID-19 patients, Nancy volunteers at vaccination drives and with Culture Aid NOLA distributing food to thousands of community members.

## University Medical Center Quarterly Service Excellence Awards

The quarterly Service Excellence Awards are given to a physician, resident, and employee who best exemplify the core values of Compassion, Teamwork, Integrity and Respect. The Good Catch award of the quarter is awarded to the employee invested in keeping our patients safe.

Congratulations to our Service Excellence Award Winners for 2021: Jeffrey Thompson, RN, Behavioral Health, was named Employee of the Quarter for the First Quarter 2021 and Abbey Peterson, RN, Burn Center, was selected as Employee of the Quarter for the Second Quarter 2021.



# Other awards and recognitions

## Good Catch Award Winners

Brittany Randazzo, RN (first quarter)  
Nia Anderson, RN, Med-Surg unit (second quarter)

## Top Performers

Top Performer is an evaluation of the first six months of 2021 compared to the last six months of 2020. Oncology Unit, Floor 5, Tower 1 has been selected as a Top Performer. Oncology has the highest overall patient satisfaction unit score compared to all of the inpatient medical surgical areas.



## Certified Nurses Lunch

In honor of Certified Nurses Day, University Medical Center hosted a grab-and-go breakfast on March 18, 2021, to celebrate the important achievement of nursing specialty, subspecialty, and advanced practice certifications. Each Certified Nurse received a wooden cutting board/charcuterie board.

## Other awards and recognitions

### New Orleans City Business Health Care Heroes

Health Care Heroes honors 50 health care professionals in the Greater New Orleans area in six categories: Animal Care, First Responder, Nurse, Physician, Professional, and Volunteer. Nurse: Honors individuals from the nursing field whose performance is considered exemplary by patients and doctors and provides a model of professionalism to peers.

**Congratulations to this year's honorees:** Rachel Nickel, Derrick O'Neal, and Carrie Wilcox; Rachel Nickel, BSN, MBA, RNCCRN; Derrick O'Neal, DNP, RN, NEA-BC; Carrie Wilcox, BSN, RN, TCRN



Derrick O'Neal, DNP, RN, NEA-BC



Rachel Nickel, BSN, MBA, RNCCRN



Carrie Wilcox, BSN, RN, TCRN

## Nurses Week Activities





Exemplary  
**professional  
excellence**

# Exemplary Professional Practice

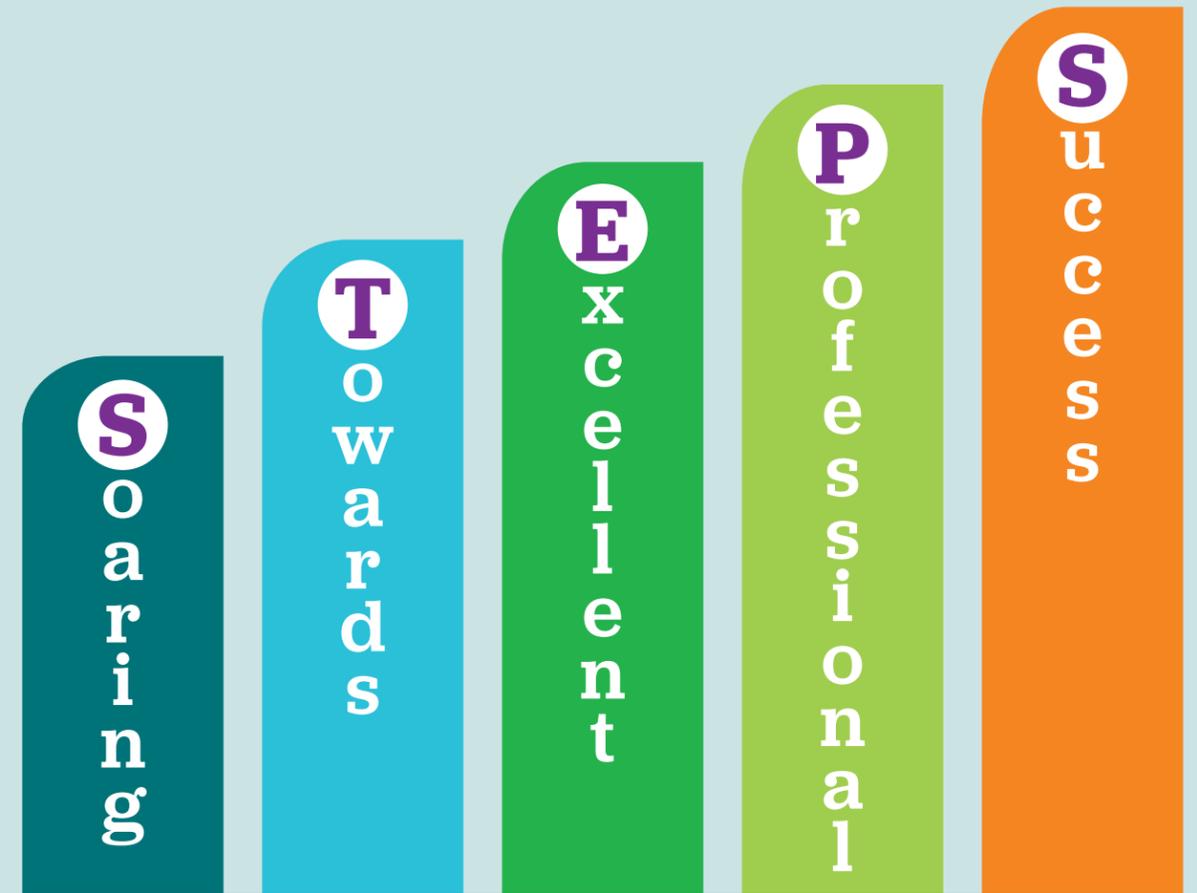
## Foster a culture of safety and quality

University Medical Center developed a clinical ladder program in 2017 for nurses called STEPS (Soaring Towards Excellent Professional Success). The program was developed to recognize full and part time nurses at the bedside and utilizes Benner's five stages of proficiency which include novice, advanced beginner, competent, proficient, and expert.

Advancement through the levels of the STEPS Program demonstrates a RN's professionalism and competence based on Magnet® concepts such as Transformational Leadership Structural Empowerment, Exemplary Professional Practice, and New Knowledge, Innovations, and Improvements.

To apply for the STEPS Program, a nurse must have at least 3 years of experience and must have worked at UNIVERSITY MEDICAL CENTERNO for at least one year, with a minimum of 1,040 hours worked during the year of application. The application process starts with a letter of intent followed by the application process which includes a cover letter, three letters of recommendation, and a completed portfolio with the associated grid. The STEPS Program is awarded for two years.

Nurses currently on STEPS include Angela Addison, Adorian Boudreaux Ancar, Lauren Freitag, Rebecca Gros, Tabitha Khidirov, Roxanne McNally, Arie Anderson, Monique Bienvenu, Elaine Stock, Jay Guidry, and Joseph Eppling.



In addition, a STEPS Non-direct nursing Program was developed and implemented in 2020, to provide recognition for nurses that manage, organize, or provide support to nursing service that are not providing direct patient care (greater than 50% of the time) or nurse leaders at the manager or higher position. Levels are based on the highest stages of expertise as advocated by Benner's (1984). The five stages of proficiency are: (1) Novice, (2) Advanced Beginner, (3) Competent, (4) Proficient and (5) Expert. (Benner, P. (1984). From Novice to Expert. Menlo Park, California: Addison – Wesley Publishing Company)



**New knowledge,  
innovations,  
and improvements**

# New knowledge, innovations, and improvements

## Advance nursing research and evidence-based practice and innovation

### Presentations

#### Podium Presentations by Dr. Denise Danna

- March 20, 2021, Keynote Speaker at Sigma Theta Tau Epsilon Nu At-Large Chapter LSUH School of Nursing, New Orleans, LA
- May 7, 2021, Leadership Scholars Academy What happens when things go wrong? LSUH School of Nursing New Orleans, LA

#### Panel Discussion/Round table Dr. Danna

- April 16, 2021, Managing Through Crisis: Lessons Learned from the COVID-19 Pandemic, Panel Discussion, Dr. Linda Carson Jones Virtual Scholarship Day
- May 7, 2021, Leadership Scholars Academy, CNO Panel Presentation Day to Day Operations/Magnet Journey/Healthy Work Environment and Building and Excellent Team New Orleans, LA
- May 11, 2021, Resilience Day Nurses Symposium, Chief Nursing Officers Executive Round table, University Medical Center, New Orleans, LA

### Research and Scholarship

#### Research – Publications

Reduction of aggressive and violent behavior toward behavioral health unit staff and other patients: a best practice implementation project, Jennifer E. Badeaux DNP, CRNA,<sup>1,3</sup> Tyrus Triche RN, BSN<sup>2,3</sup> and Marsha J. Bennett DNS, APRN<sup>1</sup>

#### JBI Evid Implement 2021; 19:177–189.

Using designated psychiatric emergency services for patients with mental health needs  
Linda Manfrin Ledet, DNS, APRN, PMHCNS-BC and Sarah Cooper Smith, BSN, RN  
Nursing 2021: May 2021- Volume 51-p 64-67

#### Posters

Implementing an Inclusive Hospital Acquired Pressure Injury Admission Bundle in a Medical Intensive Care Unit: A Knowledge to Action Project

Giang Martinez RN, AGCNS – DNP student  
LSU Health New Orleans School of Nursing

### Research Day

The LCMC Health Research Day was held in the University Medical Center Conference area on December 3. University Medical Center had three presenters among those to provide great information and topics.

#### A comparison of nurse employee engagement and nurse residency programs

Gerard Guidry PhD, RN, NEA-BC

#### Abstract

The purpose of this research study was to examine employee engagement scores of the nurses who completed a nurse residency program with nurse employee engagement scores. In this study, engagement scores from the same healthcare unit, facility, and system level for both nurse residents and employees were collected over a three-year period. Although, limited direct statistical conclusions were drawn, a useful and consistent metric for employers to measure the benefits of implementation and continuation of programs such as nurse residency programs could utilize employee engagement to measure success. A strength of this study adds to the similarities of other studies and tools used to measure engagement.

As new graduate nurses' transition from students and face the challenges of the workforce, engagement should be an important measurement for employers. With engagement mirroring or even predicting some retention trends, the use of this type of tool can be valuable and provide a perspective into the needs and desires of the employee on the professional journey.

#### University Medical Center Burn Center Nurses attend Southern Region Burn Conference

University Medical Center's Burn Center hosted the Southern Region Burn Conference in New Orleans, Louisiana November 4-6. The Burn Center team attended educational sessions, including Advanced Burn Life Support Provider and Instructor Classes. They also gave tours of the Burn Center to conference

participants highlighting the design and operations of the unit to deliver optimal burn care. Six research studies were presented from data collected on Burn Center patients. As a part of the Burn Clinic staff, Lacy Virgadamo, RN and Abbey Peterson, RN participated in a poster presentation entitled Strategy for Improving Wound Care Compliance and Engagement in the Outpatient Setting through the use of Take-Home Visual Aids. This study involved providing patients with visual and written step-by-step instructions on their home dressing changes. The study showed that the use of these instruction cards increased patient compliance and engagement in care.

#### Lantern accreditation

On May 20, 2021, we received word that LCMC Health was awarded Commission on Collegiate Nursing Education (CCNE) accreditation for the LANTERN nurse residency program. As of today, there are only 33 institutions listed across the US with this distinction and we are the only one in Louisiana.

March 17, 2021, University Medical Center had 25 graduates of the LANTERN Program as they completed the 12-month program. Due to COVID the celebration was virtual, but their Evidence based projects were presented.

A list of their project and name are listed below:

#### Assessing Need for Nutrition in Patients who are NPO

Caroline Boudreaux, BSN, RN, TSICU, University Medical Center  
Jennifer Leo, RN, ICU Burn, University Medical Center  
Alexander Levi, BSN, RN, TSICU, University Medical Center  
Anna Lopez, BSN, RN, TSICU, University Medical Center  
Brett Rooks, BSN, RN, ICU Burn, University Medical Center

#### Biometric Identifiers

Gina Bouis, BSN, RN, Emergency Department, University Medical Center  
Molly Danos, BSN, RN, Emergency Department, University Medical Center  
Sydney Duplessis, BSN, RN, Emergency Department, University Medical Center  
Taylor Gorman, BSN, RN, Emergency Department, University Medical Center  
Georgia Hotard, Emergency Department, University Medical Center  
Suzette Williams, BSN, RN, Emergency Department, University Medical Center  
Christina Wodajo, BSN, RN, Emergency Department, University Medical Center

## New knowledge, innovations, and improvements

#### Bariatric Care

Kelly Chaplain, BSN, RN, Med/Surg-Acute Surgical Unit  
Marilyn Diaz-Pulido, RN, Telemetry-Cardiology/Pulmonary  
Laura Gill, BSN, RN, Med/Surg-Acute Surgical Unit  
Wendy Mark, RN, Med/Surg-Acute Surgical Unit  
Gabrielle Trosclair, BSN, RN, Med/Surg-Acute Surgical Unit

#### Hand Hygiene in Med Surg

Latasha Cyprian, BSN, RN, Med/Surg  
Kody Watson, RN, Med/Surg-Oncology

#### OR Nurses vs. Stress

Elizabeth Derbigny, RN, Operating Room, University Medical Center  
Kristina Perle, BSN, RN Operating Room, University Medical Center

#### In post cardiac-arrest patients, does a nurse driven protocol utilizing Arctic Sun reduce door to cooling times?

Lauren Bridevaux, BSN, RN, MSICU, University Medical Center New Orleans  
Enner Flores Duarte, RN, MSICU, University Medical Center New Orleans  
Greta Gerstung, BSN, RN, MSICU, University Medical Center New Orleans  
Taylor Hausler, BSN, RN, MSICU, University Medical Center New Orleans

October 27, 2021, University Medical Center had 32 graduates of the LANTERN Program as they completed the 12-month program. Due to COVID the celebration was virtual, but their Evidence based projects were presented. A list of their project and name are listed below.

#### Evidence based practice project, Top 5 winners Code Yellow: What now?

Rachael Forstall, BSN, RN  
Blake Pitre, BSN, RN  
Christina Prodros, BSN, RN  
Sean Robertson, BSN, RN  
Patrick Stockamp, BSN, RN  
Farryn Wallow, BSN, RN  
Blaire Windham, BSN, RN  
Nanci Zhang, BSN, RN  
Emergency Department

#### Evidence based practice project, Top 5 winners We're Just Getting Warmed Up: Perioperative Normothermia Management

Candi Blandon, BSN, RN  
Samantha Clark, RN  
Jessica Francis, BSN, RN, MS  
Operating Room

## New knowledge, innovations, and improvements

### Pain in Burn Patients

Amelia Bodet, BSN, RN  
Trishay Broussard, BSN, RN  
Rachel Lee, BSN, RN  
Chyna Wilson, BSN, RN  
Kate Wright, BSN, RN  
Burn ICU

### Stayin' Alive: Measuring the Effectiveness of Compressions Using End Tidal CO2 Monitoring vs Arterial Line Waveforms

Meaghan Sheehy, RN  
Mary LaHaye, RN  
Olivia Lorio, RN  
Tremalia Kelly, RN  
TSICU

### We saw the SIGH, the benefit of using signs to promote fall Prevention

Dorothy Ndishabandi, BSN, RN  
Kathrina McGary, BSN, RN  
Yasairy Terrero, BSN, RN  
Dana Judkins, BSN, RN  
Acute Medical Surgery

### HAPI Bundle

Juliana Kain, BSN, RN  
Kashanda Foley, ASN, RN  
Jenifer Knight, ASN, RN  
Gabriella McElveen, ASN, RN  
Roselyn Poulter, ASN, RN  
Andrew Reaves, ASN, RN  
Abigail Sellers, ASN, RN  
Akira Takada, ASN, RN  
Med-Surg Cardiology/Telemetry

### Professional Organization Leaders

- Louisiana Nurses Foundation (LNF) Board of Trustees: President – Dr. Denise Danna
- Sigma Theta Tau – Epsilon Nu Chapter: Leadership Succession Committee Chair – Dr. Denise Danna
- Louisiana Action Coalition (LAC): Executive Committee Member – Dr. Denise Danna
- Association for Professionals in Infection Control and Epidemiology, Greater New Orleans Chapter (APIC-GNO) Board of Directors: Board Member – Dr. Cathy Lopez
- National Association of Clinical Nursing

Specialists: Treasurer Elect– Rebecca Barnes, MSN, RN, ACNS-BS

- Chairman of the Society of Trauma Nurses (STN) National Trauma Conference and Society of Trauma Nurses: Board Member – Dan Kiff, MN, RN
- American Holistic Nurses Association (AHNA): Chairperson – Randy Rosamond, RN, DNS, MPH, CNE, AHN-BC, CHTP
- NODNA: Treasurer – Lauren Brideveaux, BSN, RN, CCRN
- Louisiana Association of Peri anesthesia Nurses (LAPN): Board Member – Janelle St. Germain, MSN, MBA, RN, CCRN, CPAN, NEA-BC
- AORN New Orleans Chapter President-Elect: Roxanne McNally, BSN, RN

### Called-to-Care Scholars

We're so proud of our Chamberlain University Called-to-Care Cohort 2 scholars! Nursing is a rewarding experience, and we're so grateful of LCMC Health's commitment to extraordinary nursing education. Now accepting applications for Cohort 3 starting January 2022: LCMChealth.org/chamberlain

### Chamberlain Called-to-Care Cohort 2 Scholars

Maya Martin, Courtney Bruscatto, Victoria Pichoff, Sabrina Ulmer, and Tyeasha Green

### Educational Advancement

RN's, LPN's and PCT's that participated in the tuition reimbursement program for 2021.  
33 – RN's  
6 – PCT's  
4 – LPN's

# University Medical Center continues to improve efforts in care for older adults through NICHE model of care

East Hospital in becoming a Nurses Improving Care for Healthsystem Elders (NICHE) Member Hospital, validating University Medical Center's commitment to excellence in the care of older adults.

As a NICHE member, University Medical Center will dedicate time and resources to enhance the care of older adults by implementing nurse-led interventions. By joining NICHE, University Medical Center demonstrates its organization-wide commitment to high-quality care for older adult patients.

University Medical Center's CNO, Denise Danna, DNS, RN, NEA-BC, CNE, FACHE, is providing executive oversight of NICHE initiatives. Heather Brooks APRN, NP-C, nurse practitioner with the geriatric trauma consultation service, will be serving as University Medical Center's NICHE Coordinator. She is motivated to lead activities that will improve the way older adults receive their care at our organization.

As an initial step in becoming a NICHE Member Hospital, key University Medical Center nurse leaders completed an intensive eight-week NICHE Leadership Training Program. During the program, these leaders developed an understanding of NICHE's pillars and principles. The NICHE Hospital Member status was awarded upon the group's completion of an action plan outlining initiatives that drive quality and support age-friendly care for adults ages

65 and older. The group's thoughtful approach to geriatric care is expected to improve several quality indicators. Over the next 12 months, the group will be meeting with their national NICHE mentor, Dr. Cassandra Vannes, DNP, GNP-BC, APRN, AOCNP, CPHQ, FAHA, periodically to review the University Medical Center's progress.

"By joining NICHE, the leadership of University Medical Center has demonstrated its commitment to ensuring evidence-based, person-centered care for older adults. Additionally, with NICHE membership, these leaders validate the vital role of nurses in transforming the care older adults receive," says NICHE Executive Director, Mattia Gilmartin Ph.D., RN, FAAN. "Older adults have unique needs, and, with NICHE, the organization will be better positioned to meet those needs."

### About NICHE

The goal of Nurses Improving Care for Healthsystem Elders (NICHE) of NYU Rory Meyers College of Nursing is to impart principles and tools to stimulate changes in clinical practice to achieve patient-centered nursing care for older adults in healthcare facilities. NICHE membership is only available to facilities that provide care for older adults. For more information, visit [nicheprogram.org](http://nicheprogram.org).



# Community involvement

## Scrub Club

University Medical Center nurses participate in Community Activities, including Scrub Club at Mandeville High School.

On Wednesday, February 3, two of our ER Nurses, Lauren Freitag & Karla Mule, went to Mandeville High School to give a presentation on Trauma Nursing to students in the Scrub Club. The Scrub Club is an organization made up of MHS students who are interested in the Medical Field. Lauren and Karla both work in the Emergency Department at University Medical Center and wanted to show students what trauma nursing is all about. They volunteered their time on Wednesday afternoon to give a power point presentation to the students about what trauma nurses do daily, both the highs and the lows.

Lauren and Karla spoke about car collisions, mass casualties, trauma mechanisms, and the current pandemic. They also spoke about treatment, teamwork, and what makes University Medical Center a special place to work. After the presentation, students were able to ask questions regarding nursing in general and specific trauma treatment patients receive at University Medical Center. Lauren and Karla's goal is to not only recruit students into the nursing field in the hope of having them as coworkers in the future at University Medical Center but they are also hoping to decrease mortality in

traumatic events with a few more people in the community able to share knowledge.

Lauren and Karla have been doing this for several years and have seen the number of students increase drastically from the first presentation. Students are always very eager and excited to see the presentation, hear trauma stories and participate in the question-and-answer session at the end.

## Hogs for the Cause

On June 4 and 5, the Nurse Anesthesia staff supported the fight against pediatric brain cancer for the fourth consecutive year by entering a team, Sir-Pork-A-Lot, to participate in Hogs for the Cause. Last year, the event was canceled, e still able to donate \$10,048 and provide 148 servings of their signature jambalaya to our health care team at University Medical Center during the height of the pandemic. Their goal is to donate another \$10,000 in 2021. Congratulations are in order as they surpassed \$30,000.



# Sigma Theta Tau - Epsilon Nu Chapter

Congratulations to our University Medical Center nurses who have been elected as 2021-2022 committee members:

Leadership Succession Committee Chair - Dr. Denise Danna  
Committee Member - Dr. Mary Kelly

# Innovation

## ShiftWizard

Welcome to Shiftwizard Nurse Scheduling System. Shiftwizard is designed to provide a system wide, browser based, staff scheduling solution. This solution will replace ANSOS, ADP Scheduling and any paper schedules used today. The goal of the innovative scheduling program is to: Increased visibility, Improved utilization/management of current staff, Reduction and/or better management of premium labor, Improve Employee engagement/collaboration, and Standardization of scheduling practices using technology and improved processes



## Lucas Device in the Emergency Department

High-quality CPR is one of the few interventions proven to enhance neurologically intact survival from cardiac arrest. The components of high-quality CPR include compression fraction (the amount of time compressions are delivered divided by the total time of the resuscitation attempt), compression depth, compression rate, recoil (allowing full thoracic expansion after each compression) and Peri-shock pauses (pauses in compressions before and after defibrillation).

The American Heart Association (AHA) Guidelines for Emergency Cardiac Care (ECC) stress the importance of rotating rescuers (changing the person delivering compressions) every two minutes. Delivering high-quality chest compressions requires substantial

physical and mental effort, especially if resuscitation continues for more than a few minutes. In most settings, a limited number of providers further adds to stress and physical effort.

In order to reduce the provider's physical and mental fatigue and to simplify management of CPR, mechanical compression devices (mCPR) seem like an ideal solution for providing high quality compressions. The AHA CPR guidelines recommend a compression rate of 100-120 per minute at a depth of 2-to-2.4 inches, enabling full recoil and minimizing pauses. In theory, mCPR devices perform compressions at a fixed rate and depth; the machine does not tire while performing "perfect" compressions. Using mCPR devices ensures continuous "high quality compressions" without the need to continually rotate the person doing compressions.

Of note there is little to no research evidence available to support the use or non-use of mCPR devices, it is to date inconclusive. It appears that there is no significant difference in survival to discharge data between manual CPR and mCPR.

What is conclusive is that in prolonged CPR in the Emergency Department, the use of a mechanical device allows staff to perform other lifesaving tasks. While a mechanical device performs CPR to the same standard or better than multiple "compressors", both medical and nursing staff are now hands-off. They can focus on the additional needs of this patient and the emergent needs of other patients.

The purchase of Lucas devices at University Medical Center was supported by our Cardiology Department. A proposal for the purchase of 3 Lucas devices was put forward in 2020 for Capital approval. This was no small purchase, each device costs approximately \$18,000.00. Approval was received in early 2021 to proceed with this purchase, one each for the ED, MICU and Interventional Cardiology.

The ED device has been of significant benefit to the department and staff for prolonged codes as well as hypothermic resuscitation situations.



**Targeted Temperature Management – Arctic Sun**

A system to reduce door to cooling time in post cardiac arrest patients was implemented in the critical care arena. A nurse driven protocol was established at University Medical Center by members of LANTERN cohort. Arctic Sun utilizes pads placed in strategic locations with cooling cables attached to an electronic monitoring device.

The Fall 2020 nurse residency group obtained approval from nursing leadership to study Therapeutic Targeted Temperature Management (TTM) in the Medical/ Surgical Intensive Care Unit (MSICU). In an effort to reduce CLABSI and improve patient care by giving nurses autonomy to easily initiate TTM, there was discussion between the nurse manager and ICU clinical nurse specialist to review evidence on Arctic Sun to accomplish these goals. Staff nurse Lauren Brideveaux, BSN, RN, CCRN, MSICU Unit Leader, Rachel Nickel, BSN, MBA, RN, CCRN and Clinical Nurse Specialist, Rebecca Barnes, MSN, RN, ACNS-BC, assisted the residency group in creating more awareness on the importance of initiating TTM. BD's Arctic Sun was chosen as the TTM management system based on its' non-invasive, easy-to-use device.

Initiatives included a review of current procedures including "Time to Pads" which is the average amount of time it took for nurses to initiate TTM on post-cardiac arrest patients, multiple educational presentations, data collection and review of findings. Nursing leaders in the MSICU continued following "Time to Pads" through May 2021. These efforts streamlined

the initiation process to less than 240 minutes with the use of ARTIC SUN device. Prior to this the average door to cooling time was 4 hours and 33 minutes.

**Telesitter**

Hospitals have utilized sitters or care givers to monitor patients who should not be left alone, including those who may be a fall risk, confused or agitated, or potentially harm to themselves. Using these individually assigned care givers provides supervision and companionship to the patient. With diminishing availability of sitters, healthcare facilities are exploring the use of technology to support patient care along with maintaining patient privacy.

TeleSitters describe a new class of clinical monitoring technologies that track patient activity and notify staff of any concerns or emergency situations. Most TeleSitters are portable camera units mounted on rolling IV-like poles that provide live video and auditory feeds from the patients' rooms, allowing a monitoring clinician to broadcast a message to the patient room and notify staff.

# A major accomplishment



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