

NURSING

VANDERBILT  UNIVERSITY
MEDICAL CENTER

Transforming patient care through professional practice

August 2011



A newsletter
from the office
of the Executive
Chief Nursing
Officer

Marilyn Dubree,
MSN, RN,
NE-BC

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PROFESSIONAL PRACTICE MODEL IN FOCUS

Each year, Vanderbilt University Medical Center nurses provide care during more than 1.4 million patient visits throughout our extended network of hospitals and clinics, and all of that is possible because of VUMC Nursing's Professional Practice Model.

According to the American Nursing Credentialing Center, the 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 patients, families and the community.

"It makes perfect sense that the Professional Practice Model is a key element of pursuing Magnet because it is the foundation of all the work we do," said Sabrina Downs, MSN, MBA, RN, NE-BC, director of Nursing Professional Practice.

"Every interdisciplinary collaboration, all the workplace advocacy efforts and the constant enhancements to ensure patient and workplace safety – these are all part of our professional structure and culture at Vanderbilt."

In fact the Second Magnet Designation document answers 88 ques-

continued on page 2

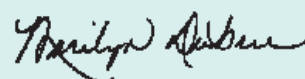
What great news to share! If you haven't heard, Vanderbilt University Medical Center has achieved distinction as one of the nation's leading health care providers from *U.S. News and World Report* in the publication's annual rankings for "America's Best Hospitals."

We garnered a best-ever ranking of No. 14 among the highest-performing health care providers, and VUMC's specialty programs also equaled an institutional best with 11 out of a possible 16 medical specialties ranking this year. This is a tremendous collective accomplishment, and I thank each of you for your many contributions to truly making Vanderbilt a leader in health care.

This month, we have another issue full of information for you starting with an overview of the Professional Practice Model, a key element in Magnet.

We also share some important changes with our shared governance structure to ensure we give all of our nurses a voice. Please also make sure to read about our involvement with the American Association of Critical-Care Nurses (AACN), and even though it's still very hot outside, it's not too early to "save the date" for Octoberfest 2011.

Enjoy this issue,



tions showing how Vanderbilt Nursing embraces the concepts of the Professional Practice Model and infuses them into everyday care. In daily practice, there are hundreds of examples of how VUMC nurses feel empowered to identify ways to improve patient care.

Here is a sampling of the work being done in the area of patient and family engagement:

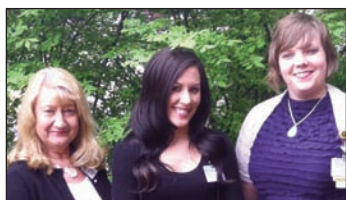


Robin Waugh, RN3, 5 South Cardiac Progressive Care

We have a dry erase white board in the room where we can discuss what goals the team has for the patient, and see if the patient has any special needs or requests that need to be incorporated into the plan. Patients are aware of what needs to be accomplished every day and know they can have input in how it's carried out too.

Jennifer Barut, MSN, RN, Nursing Professional Development Specialist; Jon Coomer, RN3; Virginia Potts, RN3; Molly Wade, RN2, Vanderbilt Psychiatric Hospital

At VPH, we involve the family in the development and implementation of the plan of care through having family conferences/meetings, phone calls, social work involve-



ment, discharge phone calls, and treatment team.



Cheryl Corle, BSN, RN3, DOT 8-Primary Care Clinic, Children's Hospital

We are developing a patient/family advisory panel that will guide our clinic into being a complete "Medical home." These parents will give us feedback about things our clinic needs to be doing to better meet the needs of our patients and will be able to remind us of the family perspective.

Magazine names VUMC to 'honor roll' of nation's best

Once again, Vanderbilt University Medical Center has achieved distinction as one of the nation's leading health care providers from *U.S. News and World Report* in the publication's annual rankings for "America's Best Hospitals."

This year, VUMC garnered a best-ever No. 14 ranking on *U.S. News'* prestigious national "Honor Roll," the designation reserved for a select group of the nation's highest-performing health care providers.

VUMC's specialty programs also equaled an institutional best with 11 out of a possible 16 medical specialties ranking this year.

In the report released July 19, the following VUMC specialties ranked among the nation's best in their respective fields: Urology (9), Nephrology (12), Diabetes & Endocrinology

(14), Ear, Nose & Throat (14), Pulmonology (15), Gastroenterology (17), Cardiology & Heart Surgery (23), Cancer (26), Neurology & Neurosurgery (37), Orthopaedics (47), and Gynecology (49).

The Medical Center's programs in Geriatrics also received recognition as "high-performing," a *U.S. News* distinction reserved for top regional programs.

"I would like to add my thank you to each of our nurses for the work that they do to help us achieve these acknowledgments! Your efforts are to be commended every day," said Marilyn Dubree, MSN, RN, NE-BC, executive chief nursing officer.

[Click here to read more about the rankings and methodology](#)

AACN Ambassadors

Ronald Bolen, RN, CEN, CFRN
Angela Derksen, RN, CCRN
Leanna Miller, RN, APN-NP
Connie Pollard, RN2, CCRN
Donna Sabash, RN, CCRN
Benjamin Smallheer, RN, APN



The AACN theme for 2011-2012 is
"Together. Stronger. Bolder."

Why is CCRN certification important?

The *Journal of Nursing Scholarship* found that "a 10% increase in hospital proportion of certified baccalaureate staff nurses decreased the odds of adjusted inpatient 30-day mortality by 2 percent."

A CLOSER LOOK AT THE AACN

The American Association of Critical-Care Nurses is a professional organization representing nurses who care for acutely and critically ill patients. Founded in 1969, it is the world's largest specialty nursing organization.

Many of Vanderbilt University Medical Center's nurses are active with the AACN, including Donna Sabash, RN, BSN, CCRN, administrative coordinator for Vanderbilt University Hospital.

An AACN member for more than 20 years, Sabash said one of the biggest advantages of membership is access to publications and journals.

"This keeps you informed of what's happening within the field. The last issue of *American Journal of Critical Care* had research on ventilator-associated pneumonia, urinary tract infection, family intervention, and evaluating anxiety in ICU patients," she said.

"The research is just continuous in critical care, and it's a great way to stay current in evidence-based practice and incorporate it into your nursing practice."

Sabash serves as an AACN Ambassador and is charged with promoting professional practice and excellence in critical care nursing at VUMC.

"I encourage everyone to be involved because it's for all critical care nurses and not limited to just a specialty. There are resources for trauma, burn, surgery, cardiac, medicine and pediatrics."

Sabash makes a special push for the CCRN certification, which

is administered by AACN.

"I have always been a big advocate for certification. For so long I was one of only three who were certified, but there are many more today."

According to the Credentials Application Tracking System (CATS), there are 135 CCRN-certified nurses currently practicing at VUMC.

Sabash encourages fellow nurses who are working toward certification to join AACN first to receive access to study materials. There is also a discount to attend the national meeting and local chapter educational seminars.

The AACN also administers the Beacon Award for Critical Care Excellence, which is meant to challenge acute and critical care units to improve standards of care. Units must meet rigid standards in recruitment and retention, training, evidence-based practice and research, patient outcomes, healing environment, leadership and organizational ethics.

Vanderbilt's Surgical Intensive Care Unit was the first adult unit in Tennessee to receive the Beacon Award.

Believing that nurses must not only identify problems but must speak out to address the issues to assure that patients are cared for in a safe, humane and healing environment, the AACN started a "Bold Voices" initiative that holds each nurse accountable for using his or her "bold voice" when problems arise affecting nurses, patient safety and health care.

CHANGES IMPROVE SHARED GOVERNANCE

The Nursing Staff Bylaws at Vanderbilt University Medical Center are now giving nurses a stronger voice on the boards that represent their interests.

VUMC was one of the first hospitals in the country to create bylaws specifically for nursing staff, ratifying the first set in 1980. These bylaws define the structure of nursing governance, promote professionalism, and underscore the importance of nursing staff in decision making.

The bylaw changes, which were made in November at the biennial bylaws convention and enacted this summer, place a greater emphasis on shared governance.

"Shared governance is sometimes a hard philosophy to understand and see how it plays out in the workforce," said Erin Tickle, MMHC, BSN, RN, director of Shared Governance, "but we know that those closest to the work know it best. With their input, groups can make well-informed, well-rounded decisions."

There are four staff nurse councils at VUMC, one for each practice entity: Vanderbilt University Hospital, Monroe Carell Jr. Children's Hospital at Vanderbilt, Vanderbilt Psychiatric Hospital and Vanderbilt Medical Group.

The co-chairs of each Staff Nurse Council are now included on two leadership boards for Vanderbilt Nursing: each entity's Nurse Leadership Board (NLB) and the Medical Center

Nursing Board (MCNB).

"These groups previously met without representation from frontline staff. True, informed, decentralized decision making needs everyone involved," Tickle said.

Changes were also made to the Nursing Administrative Board (NAB) and MCNB leadership structure. Marilyn Dubree, MSN, RN, NE-BC, executive chief nursing officer, previously chaired these groups, but now co-chairs are elected.

"It's a big transition with Marilyn not leading, but it is a great opportunity to get a lot of different perspectives with the co-chairs leading a group of their peers," Tickle said. This change also mimics the structure of unit and clinic boards more closely.

"There is a lot of research in shared governance showing that it leads to greater satisfaction and a better work environment when it is modeled and embraced at all levels of leadership," Tickle said.

If nurses have suggestions, Tickle encourages them to contact their Staff Nurse Council co-chair.

"We want people to know who their contact is when they have an idea or want to make a contribution on behalf of frontline staff. It's like knowing your senator. We want to give everyone access to the staff councils and co-chairs so their ideas can be carried forward."

Staff Nurse Council Co-Chairs

Vanderbilt University Hospital:

Nora Harvey, RN2

Louise Warren, RN2

Monroe Carell Jr. Children's Hospital at Vanderbilt:

Leslie Hall, BSN, RN2

Carol McCoy, BSN, RN2

Kim Morrissey, RN3

Vanderbilt Psychiatric Hospital:

Laura Breece, BSN, RN3

Nicole Hutcherson, RN2

Vanderbilt Medical Group:

Diane McArthur, RN3

Sharon Stringer, RN2

Shared Governance on the web



Magnet Walk 2011

Get motivated for our potential Magnet site visit and show your commitment to health and wellness.

Aug. 1 - Oct. 31

**Click here to
start counting!**



**Save the date!
October 17-20**

*See schedule for
contact hour opportunities*

*The Nursing Research
Committee is calling for
oral presentations and
research posters.
Click for more details.*