

NURSING

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MEDICAL CENTER

Transforming patient care through professional practice

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A newsletter
from the office
of the Executive
Chief Nursing
Officer

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MSN, RN,
NE-BC

CLINICS PREPARING FOR MAGNET VISIT

Nurses in Vanderbilt Adult Ambulatory Clinics are busy preparing for a site visit from appraisers of the American Nurses Credentialing Center (ANCC) as part of the Fourth Magnet Designation process.

The purpose of the March 28-30 site visit is for the appraisers to confirm and validate the submitted information and culture of the ambulatory clinics by listening to as many nursing and staff members as possible. It is the culmination of more than two years of comprehensive planning and preparation, including the creation of a lengthy, evidence-based Magnet document and education efforts for nurses throughout the clinics.

Kimberly Burkeen, MSN, RN, NE-BC, Ambulatory Magnet Senior Program Manager, said she is proud that the ANCC approved the site visit without asking for revisions to the Magnet document, which is rare. Ambulatory nurse leaders have created a schedule, which allows the appraisers to review aspects of over 200 of Vanderbilt's clinics in just three days.

"It's impressive to me that we are taking a footprint this size

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Our Adult Ambulatory Enterprise Magnet site visit is almost here! Our nurse colleagues in Vanderbilt Adult Ambulatory Clinics are busy preparing to host a group of ANCC Magnet appraisers from March 28-30, and we are proud to support them. Please read more details in this issue about how we are getting ready.

Also in this issue, I am excited to introduce a new recurring feature about nurse wellness. I invite you to read more about how our Vanderbilt Nursing community comes together to support each other in many ways.

In future issues, we will spotlight how nurses in individual units and clinics are promoting nurse wellness.

Lastly, please read the inspiring story of how Donna Atherton, RN, a nurse in our clinics, saved the life of her longtime colleague, Karen Pinkard, BSN, RN. Our nurses continue to inspire day after day. It is such a privilege to work with you.

Enjoy this issue,

and shrinking it down to a three-day site visit,” Burkeen said.

Appraisers will meet either in person or virtually with nurses, physicians, administrators and leaders representing the main VUMC campus, One Hundred Oaks and a network of regional clinics. Appraisers also plan to invite feedback from community stakeholders.

An Incident Command Center will be set up for the visit, operating from 7 a.m. each day. The center will be staffed with representatives from multiple clinics, human resources, information technology and others, to handle last-minute requests from the appraisers.

Dozens of nurses, assigned as Magnet escorts, will guide the appraisers to their meetings and keep them on schedule.

The ANCC’s Magnet designation is the highest honor an organization can receive for the provision of nursing care and interprofessional collaboration. Fewer than 10% have Magnet status, and no other hospital system in Middle Tennessee has

achieved the designation.

VUMC received its first Magnet designation in November 2006, its second in April 2012 and third in July 2017.

“This is one more opportunity for us to demonstrate our passion for caring for our patients and families, specifically in our clinics,” said Executive Chief Nursing Officer Marilyn Dubree, MSN, RN, NE-BC.

Each of the previous three Magnet journeys required one site visit for VUMC. However, starting this year, separate site visits will be conducted for each of the four nursing entities — Vanderbilt Adult Ambulatory Clinics, Vanderbilt University Hospital, Monroe Carell Jr. Children’s Hospital at Vanderbilt and Vanderbilt Psychiatric Hospital. The dates for the other site visits will be announced later.

Following the four site visits, the Commission on Magnet Recognition is expected to announce the outcome of VUMC’s fourth Magnet designation for each of the entities.

Hosting the site visit is the culmination of years of

work by nursing staff in the journey toward a fourth designation. In August 2021, VUMC electronically submitted four Magnet documents, one for each entity, which would total hundreds of pages if printed.

The documents consist of examples from within the entities in response to questions, as well as demographic information including quality data and patient and staff satisfaction. In previous Magnet journeys, only one Magnet document was required for all of VUMC.

“On behalf of Adult Ambulatory Nursing, I can say the excitement for the arrival of our Magnet appraisers is really building,” said Michele Hasselblad, DNP, RN, NE-BC, vice president of Adult Ambulatory Nursing.

“We are proud to have the opportunity for a site visit focused solely on our ambulatory nurses to share their stories and showcasing the interdisciplinary teamwork that makes VUMC so special for nurses, our patients and their families.”

SPOTLIGHT ON NURSE WELLNESS

This issue, we are introducing a new, recurring feature in the *Nursing* newsletter, focused on nurse wellness.

Vanderbilt University Medical Center is a nationwide leader in nurse wellness. Our organization is devoted to listening to you to provide the resources and programs that help you maintain a safe work-life-wellness balance. VUMC takes nurse wellness seriously because it's good for you and our patients, too. Quality of work life is incredibly important for our staff and leadership. This includes reducing stress, providing a safe work environment, having a manageable work load, and balancing our professional and personal lives.

Think of health and wellness as having three parts, said Mary Yarbrough, MD, MPH, executive director of Vanderbilt's health and wellness programs — mental, physical and social. Our social ties have been particularly stressed for the two years we've lived with the COVID-19 pandemic.

"We have to make wellness intentional," Yarbrough said. "It's not business as usual."

VUMC promotes wellness through Health Plus,



Yarbrough



Butler

with initiatives ranging from Health Plus' healthy eating and exercise programs to Work/Life Connections - Employee Assistance Program, with a dedicated nursing wellness program. For more information, go to <https://www.vumc.org/health-wellness/welcome>.

Nurse wellness starts at the unit and clinic level. In future issues, this column will look at how nurses are promoting wellness in individual work areas, particularly via the Wellness Commodores program. Wellness Commodores are about 200 individuals throughout VUMC who volunteer to promote wellness in their units and depart-

ments.

Currently, 73 of these Wellness Commodores are nurses. They create wellness initiatives within their units, such as lunch-time walks and mindfulness breaks. They host Know Your Numbers events, friendly inter-departmental competitions, email newsletters and more. They also share the news about Health Plus programs (which are offered at no cost to employees) and act as role models for wellness.

"The people who are active in it love it," said Bridgette Butler, MS, RDN, LDN, assistant manager for Health Plus and coordinator of the Wellness Commodores program. "We're always looking to grow it. It has so much potential."

To learn about becoming a Wellness Commodore, visit <https://www.vumc.org/health-wellness/news-resource-articles/health-plus-wellness-commodores> or email bridgette.butler@vumc.org. Watch this space for future spotlights on how individual units and clinics are promoting nurse wellness.

VUMC NURSE SAVES LIFE OF LONGTIME COLLEAGUE

Donna Atherton, RN, wasn't supposed to be at work the day she saved the life of Karen Pinkard, BSN, RN, a nurse colleague.

Atherton had originally planned to be on vacation that week, but she had delayed the time off because her office was moving to a new location in The Vanderbilt Clinic.

She had come in early for a physical therapy appointment the morning of July 21, 2021, and shortly after 7 a.m., she walked into her new office and greeted her officemate Pinkard.

It was the most routine thing in the world. The nurses chatted briefly as Atherton put away her keys.

Then everything changed. Pinkard suddenly slumped back in her chair, and her head jerked to the left. She was eerily quiet.

"Are you OK?" Atherton asked.

Getting no answer, she went over to Pinkard and shook her gingerly at first then more aggressively. No response.

Atherton's training immediately took over. She performed a sternal rub with all her might, but Pinkard didn't acknowledge the knuckles bearing into her breastbone, a triage procedure to determine whether someone is conscious.



Donna Atherton, RN, left, saved the life of Karen Pinkard, BSN, RN.

Atherton then checked for a pulse. There wasn't one. Atherton picked her colleague up from her chair, carried her to the center of the room and checked again for any sign of breathing or heart rate. Still nothing.

Atherton began CPR, talking between chest compressions to the friend and colleague she had worked with for seven years, telling her to fight for her life and her family, and silently praying for her all the while.

After administering two rounds of CPR, she made a code call and gave specific directions for where the code team could find them. She continued administering CPR for what seemed like an eternity, then she heard a door close in the hall and called for help.

James Tolle, MD, a critical care pulmonologist, and

Patrick Bass, an intraoperative neuromonitoring specialist, came running to relieve her. Bass was in the process of changing into his work scrubs when he heard the call for help and came running without his shoes on.

Atherton then called Betsy-Kay Hall, a surgery scheduling colleague, contacted staff in VICC, some of whom headed to the site of the code, and also contacted Pinkard's family to tell them she had passed out. She made another call to the code team, then began alternating CPR with Tolle and Bass. Justin Hewlett, MD, assistant professor of Medicine, Edward Qian, MD, a fellow in Allergy/Pulmonary and Critical Care Medicine, and Anil Trindade, MD, assistant professor in Allergy/Pulmonary and Critical Care Medicine, were also quick-

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ly on the scene.

Fernando Benito, a neurodiagnostic tech, brought a code cart to the office where Pinkard needed help. Then the code team arrived and began the next level of emergency care with a defibrillator, an IV drip, intubation and more CPR. As Atherton prayed with another colleague, Dennis Wordlaw, a patient care tech in the Cancer Clinic, she heard a member of the team announce, "We have a pulse."

The basement of TVC is not the easiest place to find office numbers, and charge nurse Tiffany Dabney, RN, was on site and assisted the response team in finding the office to provide the stretcher for transport. As Atherton remained in the office, the team rushed out with Pinkard on the stretcher, but when they exited the elevator and emerged onto the first floor headed to the Emergency Department, her heart stopped beating again and a team member began CPR again as she was wheeled away.

Pinkard had suffered a life-threatening heart attack. News had traveled fast because Hall had contacted the physicians Pinkard worked with after first notifying her family. Jonathan Nesbitt, MD, who was then chair of Thoracic Surgery, learned of Pinkard's

health crisis even while on vacation in Michigan. He had called her phone while her colleagues were administering CPR in the basement and gotten an update. He then contacted Matthew Bacchetta, MD, the director of the ECMO (extracorporeal membrane oxygenation) program. Bacchetta rushed to the Emergency Department where he had an ECMO machine on standby and a cardiac catheterization lab order awaiting.

A team of VUMC colleagues awaited her there, as well. Pete Fong, MD, assistant professor of Medicine, opened her coronary artery. John Stokes, MD, and Yatrik Patel, MD, were ECMO fellows who performed the ECMO cannulation. Phyllis Adcock was the perfusionist who initiated and managed the ECMO circuit during CPR.

Her colleagues were with her every step of the way with actions, prayers and healing wishes. She had a whole team of doctors ready to spring into action that also included Eric Lambright, MD, Eric Grogan, MD, Robert Lentz, MD, and Otis Rickman, DO. Atherton and other colleagues, including Nikki Baldi, RN, and Julie Jenkins, RN, the manager of patient care services for the Vanderbilt Lung Institute, were

also there awaiting news about their friend. They weren't alone.

Pinkard had a total right coronary artery block and circumflex blockage. The blockages were cleared with two stents, but her condition was so serious that she depended upon ECMO for several days. She was hospitalized at Vanderbilt Hospital for about four weeks and then stayed at Vanderbilt Stallworth Rehabilitation Hospital for almost three weeks where she worked to regain her strength and mobility.

Her husband, John, daughter, Caitlin, and son, Peyton, kept an alternating bedside vigil with her. John Pinkard sent daily texts to her colleagues to keep them updated.

And here's the good news and the happy ending: Pinkard returned to work in October.

Atherton has a dogwood tree growing in her yard that was a gift from Pinkard before she saved her life. When it blooms this spring, she can reflect on the gift of her friend's survival.

"We all know Karen is a miracle," Atherton said. "We give God the glory for arranging everything to be in the right place at the right time to save Karen."