

Year of The Nurse

2020 Annual Report for Vanderbilt University Adult Ambulatory Clinics



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Introduction



Please click on the above video for an introduction from Michele Hasselblad, DNP, RN, NE-BC, Vice President of Adult Ambulatory Nursing, Vanderbilt University Medical Center



Ambulatory nurses respond to COVID-19 pandemic

he Tennessee Department of Health (TDH) received its first positive test result for COVID-19 in early March 2020.

Acknowledging the call to action from the TDH and the Vanderbilt University Medical Center (VUMC) Command Center, Michele Hasselblad, MSN, RN, NE-BC, Vice President of Adult Ambulatory Nursing, initiated daily briefs to include all frontline Ambulatory leaders, effective March 13, 2020.

General knowledge, with specific COVID-19 directives for ambulatory clinics, were efficiently communicated in efforts to minimize the spread of infection to care teams and patients. Hasselblad worked closely with the Clinical Staff Council to ensure the frontline staff received meaningful communication as the pandemic affected clinical nurses, personally and professionally. In addition to the daily briefs from Hasselblad, frontline nurse leaders started morning huddles to ensure all staff stayed updated as the pandemic evolved and affected the health of the nation.

Clinical nurses staffed Vanderbilt University Medical Center assessment sites stretching across the city and saw an average of more than 1,000 visits per day. These, along with COVID-19 screening stations at all building entrances, were constructed to effectively screen and triage essential ambulatory employees along with patients and visitors.

Ambulatory Nurse Educators readied an internal labor pool in preparation for inpatient COVID-19 volume surges by cross-training 179 Ambulatory RNs (402 total staff including LPNs and unlicensed) to the inpatient setting. To ensure patient access to critical outpatient services and prevent delays in care, more than 190,000 clinic visits have been completed to date by TeleHealth. Clinical nurses have facilitated the processes to ensure patients and physicians were prepared for virtual visits and successfully completed them. COVID-19 outreach efforts, including care coordination calls by clinical nurses to all COVID-19-positive patients, ensure continuity of care across the continuum from diagnosis and treatment to recovery. As new treatments are developed, such as monoclonal antibody infusions, ambulatory nurses are again answering the call to provide care to COVID-19-positive patients at highest risk for hospitalization.







Transformational Leadership

New virtual rehabilitation model lowers pain scores



orward-thinking nurse leaders in the Orthopaedic Patient Care Center at Vanderbilt University Medical Center (VUMC) exemplified transformational leadership when they launched a virtual rehabilitation model in July 2020, resulting in significant improvements. The Associate Nursing Officer for Orthopaedics and Surgery, Mary Duvanich, MSN, MMHC, RN, NE-BC, advocated for a virtual platform to leverage video and digital connections to directly engage patients, reduce variation and achieve better outcomes. This partnership has proven to be successful in reducing the

pain scores early in the rehabilitation phase. Patient surveys have shown that virtual rehab has steadily reduced pain scores, from an average of 6.3 before operations to 2.71 six weeks after operations.

The initiative created a customized online portal for patients receiving knee and hip arthroplasty. In the online portal, patients find educational materials and digitized protocols specific to the treatment plan agreed upon by the patient and health care provider. Clinical nurses are invested in the "pre-hab" of these surgical candidates through provision of patient instruction in a layered approach with reference

materials from the online patient portal. Due to the usability of the platform and ease of access, they have transitioned the previous face-to-face Joint Replacement Class to the online format so patients can preview and review the educational series at their own pace, at home.

Nurses play an integral role in monitoring the postoperative recovery of each patient. They engage with patients in real time via the messaging feature within the portal. In addition, they collaborate with the interdisciplinary team, including physical therapist and surgeons, on recommended changes in the care plan as the collated outcome measures are routinely supplied by the vendor. Patient-reported outcome measures are tracked through tailored online queries and telephonic touchpoints. The online platform allows the health care team to drive improvements in patient-reported outcome measures through the routine reporting and daily tracking of concerns.

"As our patients utilize this digital platform (virtual rehab), we find they love the daily personalized care plan. That helps drive their recovery and helps me to stay connected with my patients in real time."

– Angela Combs, RN

"Virtual rehab offers a comprehensive physical therapy program in an online platform that helps reduce social obstacles known to complicate recovery. In addition to empowering the patient and caregiver to take ownership of their recovery, this tool enables the nurse to communicate via the patient portal to reinforce education and manage patient concerns with the goal of improving outcomes." – Dina Greer, BSN, RN

"I had the opportunity to complete the pre-education Joint Class using the virtual rehab platform, which allowed me to learn, review the information and prepare for surgery in the comfort and safety of my own home. The app in the virtual platform is convenient, efficient and easy to use in communicating with the clinic orthopedic nurses. The exercises are simple and structured with program adjustments every couple of weeks to keep my interest and provide reassurance I am consistently improving. I attribute the remarkable success of my left hip replacement recovery to virtual rehab and the VUMC care team." – D. R., 69 years old, left hip arthroplasty, 7/2020

New Knowledge, Innovation and Improvements

Educational video comforts newly diagnosed breast cancer patients

anderbilt University Medical Center (VUMC) nurses aim to integrate evidence-based practice into clinical processes with the goal of improving patient outcomes. Clinical nurse Sheri Spears, BSN, RN 4, OCN, is an excellent example. Collaborating with interdisciplinary teams and advocating for resources to implement ideas, she developed an educational patient video grounded in evidence-based research findings.

While participating in the Vanderbilt Nursing Scholars Program, Spears collaborated with nursing research consultant Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP, to review the literature and collect data. She authored an IRB-approved research study in August 2018, including REDCap survey questions used to gather patient-reported outcomes surrounding treatment regimens. In addition, she was awarded a \$5,000 grant to support her mission to improve patient education for the Breast Center at Vanderbilt-Ingram Cancer Center.

The purpose of the study was to show the benefit of an accompanying instructional video to supplement an existing chemotherapy class. Patients were enrolled in the six-month study beginning in January 2019 based on their willingness to participate in the experimental or control group. Physicians and advanced practice nurses were surveyed along with clinical and research nurses to identify current educational content and potential knowledge gaps.

These findings were incorporated into knowledge questions in REDCap, Vanderbilt's electronic survey tool. PROMIS and Fact-B standardized questions were included to assess anxiety and well-being incrementally from pre-treatment through three months following the last day of treatment.

Spears ultimately created a 16-minute video, which was added to the VUMC Breast Center website and institutional YouTube channel in late 2019 following study completion. Study results revealed the video resulted in improved Press Ganey Patient Satisfaction scores from 96.59% to 98.28% for "Care Provider Explanations of Problem/Condition." Spears shared these research findings in a poster presentation for the Oncology Nursing Society in 2020.



Please click on the image above to view the video.

Exemplary Professional Practice

Transplant patient and family advisory committee improves care

anderbilt's Heart Transplant Program
has experienced significant growth over
the last 15 years — from transplanting
12 patients per year to more than 100 patients
a year today. An interdisciplinary team of seven
cardiologists, five nurse practitioners and 10 clinical
nurses have worked to help patients through the
program's growth, ensuring improved safety and
communication.

The Heart Transplant Advisory Group, formed in 2019, includes patients, family members, medical providers and nursing staff. Clinical nurse Katie James, BSN, RN, came up with the idea, researching structures of other patient advisory boards and receiving guidance from Vanderbilt's Office of Patient Affairs.

Nurses have spearheaded meaningful initiatives through partnerships in the Heart Transplant Patient Advisory Group. In the August 2019 meeting, patients voiced interest in consistent business card distribution and a patient newsletter. James and her colleague Sherrie Adams, MSN, RN, quickly initiated distribution of physician/nurse business cards to each new patient seen in the clinic.

Several Transplant Nurse Coordinators led the work alongside nurse leader Dawn Eck, MSN, RN, NEA-BC, MMHC, to develop a patient newsletter intended to improve communication of pertinent patient information, such as program changes or current events. The inaugural newsletter was successfully distributed in February 2020 via email and mail and the second edition was released in July 2020.

The Vanderbilt Heart Transplant Advisory Group continues to meet quarterly to drive quality and safety improvements for the program.

"The Heart Transplant Patient Advisory Group allows patients and their caregivers to feel 'in the game' with the medical team. The nurses encourage feedback, then immediately act on our suggestions, which builds trust and connection. We are looking forward to the formation of the Patient Support Group in the fall that comes from one of the ideas shared in the meetings. In our family's opinion, the Advisory Group has restructured patient care for Vanderbilt's Adult Heart Transplant Program, resulting in a shared voice and many positive results."

- M.B., mother and primary caregiver of P.B., 23 years old





Christian Haefele, RN



Katie James, RN



Sherrie Adams, MSN, RN



Mary Stroud, RN

Structural Empowerment

ERAS initiative reduces patient length of stay

nterprofessional collaboration shines in the Colorectal Surgery Clinic at Vanderbilt University Medical Center through the Enhanced Recovery After Surgery (ERAS) initiative. Frontline nursing staff and physician leaders started the initiative to reduce the average length of stay during hospital admissions for surgery, which was 4.91 days before implementation. The multidisciplinary team convened stakeholders to redesign the entire perioperative care model, from pre-op evaluation to discharge. They designed a personalized approach that changed the landscape of knowledge and healing for surgical patients.

Clinic nurses played key roles. They contributed to the initiative through the development of education booklets and collaboration on order sets for nutrition bundles. They provided critical input on the clinic workflows, which helped the team apply practical knowledge to the build of the care bundles, order sets including nutritional supplements and antimicrobial skin preparations for infection prevention. The bundle design is evidence-based and formulated by clinical experts on the team to meet the surgical patient needs with close attention to cost effectiveness and convenience. Presurgical preparation involving structured patient education became a focal point for nurses. In support of continuity, the clinic nurses continued with patient education in the postoperative phase to encourage full recovery.

A streamlined approach among disciplines, both outpatient and inpatient, allowed for a safe, efficient transition through the entire surgical experience and consistently reduced the length of stay by nearly one full day to 4.02 within 90 days of the implementation.



The safety and effectiveness of implementing this evidence-based approach raises the bar for future initiatives across the enterprise.

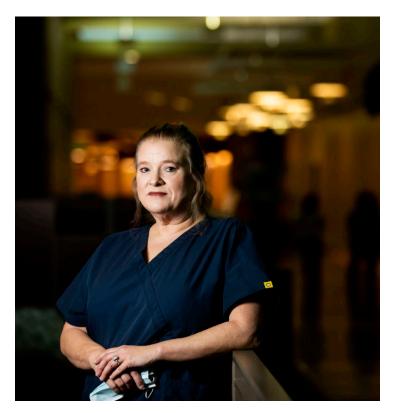
"Being an essential part of ERAS interprofessional collaboration has been an honor and privilege for me as a new nurse leader. Each team member adds significant value in delivering high-quality personalized care, as their expertise is critical to building our ongoing success. Together, we created a streamlined change in practice leading to improved outcomes for patients and families." – Drew Walls, BSN, RN



"As a key participant in the planning and implementation, ERAS has allowed me, as the clinical nurse, to be directly involved in improving patient outcomes. Reduced hospital stays can be attributed to the structured, well-organized pre-op education format provided by ERAS. Utilizing the easy-to-navigate tools within the patient education piece has streamlined the high volume of material we share with patients to maximize the patient experience." – Shana Parks, RN



Jerry Ellis, RN, Cancer Infusion Center



Mason Dobson, LPN, Medical Infusion Clinic



Valerie Matthews, MSN, RN, CBN, Surgery Patient Care Center



Sophia Fickel, BSN, RN, Cancer Infusion Center



Makennah Wharton, BSN, RN, Vanderbilt Heart and Vascular Institute



Elizabeth (Liz) Rice, RN, Cancer Clinic



Meredith Nolan, RN, Vanderbilt Eye Institute



Adrienne Ames Transformational Leadership Award: Sherise Stogner, RN, ACRN, Nurse Case Manager/Charge Nurse, Comprehensive Care and Infectious Disease Clinics



Rosamund Gabrielson Staff Nurse of the Year Award for Vanderbilt Adult Ambulatory Clinics: Brenda Weedman, BSN, RN, CDE, Vanderbilt Eskind Diabetes Center



Licensed Practical Nurse of the Year Award: **Donald R.** (Trey) Harris III, LPN, GI Clinic -Nolensville Primary Care and Walk-in Clinic, Vanderbilt Adult Ambulatory Clinics



Jerita Payne Advanced Practice Nurse of the Year Award: Leilani Jane Mason, MSN, CNM, FACNM, OB-GYN Nurse Practitioner and Midwife



Team Award: Enhanced Recovery After Surgery (ERAS) team: Drew Walls BSN, RN; Jennnifer Jayaram, MSN, APRN-BC; Shana Parks, RN; Hillary Samaras, RN; Faith Howard, LPN; Edward Land, RN; Tessa Horst, MSN, RN; Matthew McEvoy, MD; Timothy Geiger, MD, MMHC; Madeline Torrez, MSN, APRN; Diane Johnson MSN, RN, NE-BC; Rusty Catlin, PharmD; Troy Loewen; Heidi Potts; Alisa Phillips; Brandi Cherry; Blake Buchert, MHA, CHFP; Lane Stiles; Ben Hopkins, MD; Teresa Hobt-Bingham, MSN, RN, NE-BC; Jon Wanderer, MD; Justin Young; Teri Huff, MHA, BSN, RN; Lindsay Miller, MSN, RN, NE-BC; Ryan Starnes; Karen Hale, MSN, RN

2020 Recognitions and Achievements

4

nurse residents in Summer 2020 Cohort, representing California, Maine, South Carolina and Tennessee; placed in Vanderbilt Heart and Vascular Institute and Vanderbilt-Ingram Cancer Center

4

nurse residents in Fall 2020 Cohort, representing Pennsylvania and Tennessee; placed in Endoscopy, Vanderbilt-Ingram Cancer Center and Vanderbilt Heart and Vascular Institute

66

RN 3s

23

RN 4s

920

Licensed RNs

81

RN managers/RN leaders 4

175

Advanced Practice Registered Nurses

7

DAISY Award recipients

93,096

TeleHealth conversions