



CENTRA



2021 Annual Nursing Report

Partnering With You To Live Your Best Life

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American Nurses Credentialing Center Accreditation Nursing Excellence



Lynchburg General Hospital
Virginia Baptist Hospital
Centra Medical Group

1st -2007, 2nd-2012, 3rd-2016, 4th-2020

5th -2023



Bedford Memorial Hospital

1st Designation 2018

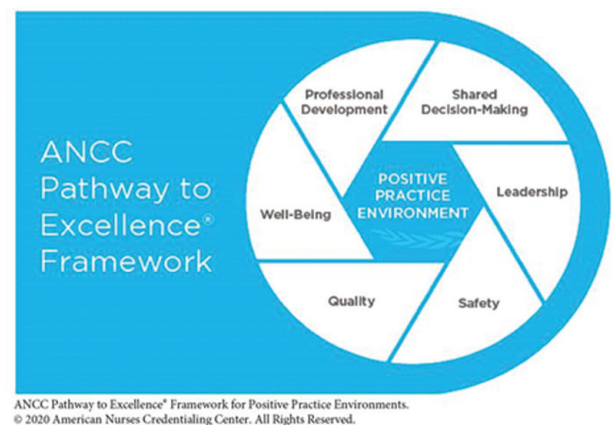
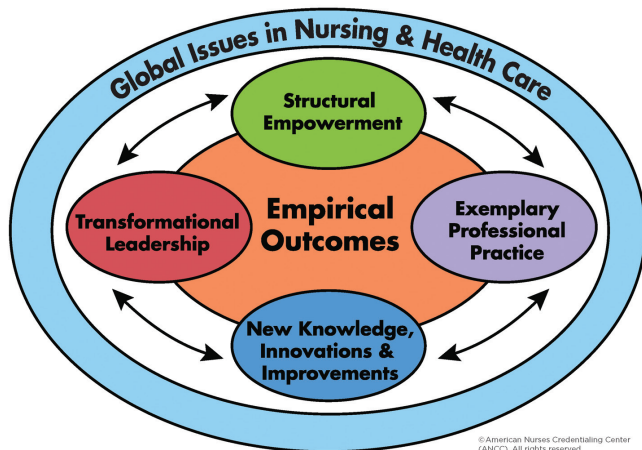
2nd -2022



Southside Community Hospital

1st Designation 2020

2nd -2023



Nursing Excellence



Magnet Certified: Centra Lynchburg General Hospital Centra Southside Community Hospital



Nurses celebrate after Centra Lynchburg General Hospital and Centra Southside Community Hospital receive Magnet designation at the ANCC Magnet Conference in October 2022.



Transformational Leadership

The Magnet Transformational Leadership model encompasses several key components:

- Mission, Vision, Value and Strategic Plan alignment
- Organization-wide change
- Organization decision-making
- Leading effectively through change
- Advocacy
- Mentoring
- Succession planning
- Communication, visibility and access
- Organizational and unit goals
- Clinical nurse input and involvement

Our Just Cause

Partnering with you to live your best life.

We want to listen carefully and get to know you well. We want to understand your hopes goals and dreams. We want to do our part so you can be your very best – as you define it. This remains true whether you are a patient, a Centra caregiver or a member of the communities we serve.

Our Values

- Respect and kindness
- Excellence
- Stewardship
- Integrity
- Teamwork
- Equity and inclusion

Our Strategic Framework



Take Pride And Stand Strong



The opportunity to write this letter to our Centra nursing body allows me to reflect upon our past year and share our plans as we look to the future.

This time last year, we were hopeful to emerge from the pandemic. However, time proved there were two more impactful variants that our healthcare providers would experience. The impact of this work has been significant on our caregivers, and as a result, we are not the same.

Many aspects of the past year were difficult, but they demonstrated our ability to flex and respond to an unexpected and demanding pandemic. From nurses working outside of their typical units, to nurse leaders working as staff, we came together and met these demands. As a profession, we know the current state of mental health has been impacted, as evidenced by our profession's reported high incidence of stress, anxiety and depression. As I often say, "We can't pour from an empty cup." We must give ourselves permission to recover, love ourselves, have self-compassion and pour into ourselves.

The past year demonstrates the imperatives of our profession by addressing the systemic issues that were already present but highlighted by the pandemic. For example, we need to grow the incoming nursing pipeline by reaching out to K-8 classrooms and we need to address the nursing faculty shortage, which led to the turning away of 80,000 qualified RN applicants last year. In addition, we must digitally transform our care delivery environments and use technology to supplement our care and decrease the cognitive burden.

Given our challenges, it remains an exciting time to be a nurse as there is so much good work to accomplish! Now is our time to transform and grow our profession, so we represent our populations. It is also the time to increase patient access and continue to provide clinically excellent and compassionate care – all part and parcel of quality care. To that end, we are building the components of our 2022-2025 Nursing Strategic Plan, produced with input from front-line staff across the organization.

As adapted from Lewis Thomas, physician, essayist and researcher, and noted in the National Academies of Sciences, Engineering, and Medicine's report *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*, healthcare delivery systems are "held together, glued together and enabled to function ... by the nurses."

Nursing is the glue... We are the primary deliverer of patient care. We are the healers who connect to the patients, residents and clients seeking our services. As Brene Brown said, "Human connection is the energy that exists between people when they feel seen, heard and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship."

As we move forward, let's commit to truly seeing one another, hearing and valuing without judgment, and giving and receiving sustenance and strength, both from our relationships with one another and with our patients, families and community. Take pride and stand strong in knowing your worth and value. As Cathryn Hoy, president of the Ontario Registered Nurses Association, recently said, "The message the public needs to know is that there is no health care without nurses."

In humble admiration,

A handwritten signature in black ink that reads "Joanie Deal".

Joanie Deal, DNP, MBA, NEA-BC
Senior Vice President / Chief Nursing Executive

Centra Lynchburg General And Virginia Baptist Hospitals

As we look ahead at an exciting future for our Centra family, it is also important to look back and honor the challenges that took place in the past year. Throughout 2021, Centra LGH and VBH continued our nursing theme of resiliency in the face of adversity. During this time, we experienced our highest COVID volumes, with nearly 180 COVID patients on the LGH and VBH campus. This challenge reared its head in many ways, with patient flow, staffing resources and priority of care nuances.

Throughout the year, we saw caregivers and leaders across both campuses step up daily to ensure that our community not only survived the pandemic, but that our Centra family was able to support one another throughout these challenging times. While the days and the shifts felt long, our progress as an organization has never been clearer.

In the past year, we went live with new daily communication pathways to help ensure stability and standardization across all divisions and campuses. We built safety reporting structures that allowed us to investigate issues and opportunities as a process-oriented team – eliminating fear and blame like we saw in the Vanderbilt situation. We witnessed our nursing heroes rising to the occasion, while also leading our organization to some of the best patient quality outcomes we have seen in years.

Throughout the year, this focus on quality and safety resulted in a dramatic improvement in our Leapfrog Safety grade. In our Spring of 2022 safety grade (which grades us based on Fall of 2021 Data), we showcased continuous improvement, driving previously unprecedented improvement in our Leapfrog scoring.





Finally, we ended 2021 with our triennial Joint Commission (TJC) Survey. The last time we went through this survey demonstrated opportunities as our organization battled multiple findings and organizational risk. However, this survey continued to demonstrate the dramatic cultural improvements our incredible staff have made. With a focus on quality, safety and communication – we went through one of the best TJC surveys that our organization has seen. This cemented our ability to continue with our accreditation status and showcase ourselves on par with some of the best institutions in the country.

As we make our way into 2022, the excitement in our organization continues to grow. We have seen a dramatic improvement in nursing retention, thanks in large part to continued dialogue and focus between our frontline nursing teams and our new director/CNO team. In 2020 and 2021, nursing experienced a nearly 20 percent turnover rate, matching what has been seen across the country. We continue a strong focus on nurse retention.

We will continue to work together to make sure that Centra not only offers the highest quality, safety, value and experience to our patients – but also transforms into the number one hospital to work at within the Commonwealth. Thank you all for your amazing work and we can't wait to see all the great things in store for LGH/VBH in the years to come!

Kim Price, DNP, MBA, RN, NEA-BC
Chief Nursing Officer, LGH / VBH

Rob E. Boesch, DNP, RN, NEA-BC, CPHQ, CNML
Associate Chief Nursing Officer, LGH / VBH



Centra Southside Community Hospital



The message that I would like to share with each of you is one of gratitude and pride. Over the past two years, our world has been shaken. You, our dedicated nursing staff, have taken major change and chaos head on. You have put our patients first. You have stood the storm. Thank you to those who have stayed this storm and to those who joined the Centra family during this time of turmoil. It is an honor to serve as a representative of our nursing staff. Your work, your dedication and your talent is what sets you apart from the rest.

Thank you.

A handwritten signature in cursive script that reads "Claudia Meinhard".

Claudia Meinhard MHA, BSN, RN, CENP

Chief Nursing Officer, Centra Southside Community Hospital



Centra Bedford Memorial Hospital



We met 2021 with continued uncertainty, and while it has been an often emotional and difficult time, you have triumphed! I am continually in awe of this team and the incredible accomplishments and growth I have seen.

I cannot express enough the gratitude I have for each of you as you persevered through the tough times and remained dedicated to our patients. Thank you for your amazing work during one of the most challenging times we have faced. During 2021 our quality and patient satisfaction scores remained high; we made it through our triennial TJC survey successfully; and we were awarded the 2021 Patient Safety Excellence Award, all while struggling through a pandemic. For that I am full of gratitude and pride. We are an amazing team, and I am blessed to work with each and every one of you. Thank you for showing up every day, working hard to take care of our community, speaking up for safety and providing excellent care every day.

A handwritten signature in black ink that reads "Stacey Vaught".

Stacey L. Vaught, MBA, MSN

Chief Nursing Officer, Centra Bedford Memorial Hospital



Structural Empowerment

The Magnet Structural Empowerment model encompasses several key components:

- Interprofessional decision-making
- Professional organizations
- Professional development
- Patient and family education
- Transition to practice
- Community healthcare outreach
- Preceptors
- Nursing recognition for addressing strategic priorities
- Organizational support continuous professional development
- Role development
- Professional collaboration
- Patient outcomes



Centra Nurse Engagement Program

CNEP Advancement

The Centra Nurse Engagement Program provides career growth, advancement opportunities and recognition for RNs and LPNs who contribute in the categories of research, education, professional engagement, clinical expertise and the Centra experience. It is a program designed to recognize levels of engagement within our organization.

“ I do CNEP to earn additional income and education while advancing my growth as a bedside nurse. Allows me to be involved and help make decisions within my company at Centra. I'm able to have a voice for changes that impact not only nursing but outcomes for patients. ”

“ I want to be a better nurse by expanding my knowledge and development. ”

“ I like to be engaged in my organization to better patient care and the community we serve. ”

CNEP Advancement

26 Centra nurses obtained CNEP III

Myesha Anderson
Amanda Bailless
Sarah Bajramoski
Chelsea Bryant
Jessica Chewning
Annie Coffey
Chelsea Dews
Crystal Falls
Kathie Gowen

Ellie Hancock
Jennifer Hankins
Heidi Heaton
Kimberly Jernigan
Sarah Landon
Stephanie Lewis
Susan May
Sally Mayberry
Charlotte Morris

Christy Nash
Carter Paige Stanley
Katelyn Ray
Drake Richardson
Emily Robinson
Cynthia Tabaian
Lori Williamson
Denise Wilson

Centra Nurse Engagement Program

CNEP Advancement

282 Centra nurses obtained CNEP IV

Lisa Abbott
Tiffany Abernathy
Jessica Aguilera-Hernandez
Angel Allred
Tracy Almond
Brooke Anderson
Joanne Anderson
Barbara Apperson
Kami Ashworth
Brooke Baldwin
Pearl Banks
Lisbeth Barajikian
Alexis Barber
Linda Barnes
Diane Bell
Paula Bell
Adrielle Benner
Lyndsey Bennett
Kasey Blazejewicz
Tara Booher
Dale Bosiger
Eunice Boyd
Grace Boyer
Katie Bradley
Karen Briggs
Jessica Brooks
Ashley Brown
Heather Brown
Mary Brown
Megan Brumfield

Alison Bryant
Jenny Bryant
Kaylee Bryant
Kelly Bryant
Tamara Bryant
Lelia Burge
Judy Burks
Megan Burks
Wendy Burks
Shannon Bussert
Anna Byrd
Celeste "Eva" Calloway
Janice Campbell
Katelyn Campbell
Jenny Candler
Holly Carson
Michelle Carter
Kelley Cash
Melanie Cash
Kelsie Cawley
Melissa Cawley Chambers
Anne Marie Caylor
Debra Chaetham
Susan Cheatham
Jessica Clark
Holly Clay
Taylor Clay
Sandra Cofflin
Jessica Coleman
Laura Collier

Francis Conklin
Joanna Costello-Cocke
Katherine Cotner
Erica Creasy
Maureen Crowder
Pamela Cunningham
Shannon Cunningham
Jennifer Current
Lisa Curtis
Lauren Dalton
Lindsey Dalton
Dale Daniel
Katie Davis
Lisa Davis
Lisa Davison
Patricia DeCarvaohoo
Mary Denaro
Jordan Digiovanni
Samantha Dixon
Heather Doss
Penny Downs
Becky Driskill
Angela Dyer
Tammy Eastwood
Grace Eaton
Megan Elliott
Maggie Ellis
Stephanie English
Natalie Enoch
Samantha Farmer

Centra Nurse Engagement Program

CNEP Advancement (continued)

Bailee Fehringer	Elizabeth Hulett	Julie Martin
Tonya Finnerty	Beth Humphrey	Kimberly Martin
Gina Fisher	Jan Hunter	Felicia Mason
Emily Foster	Jennifer Hyland	Laura Mason
Crystal Francisco	Diane Jegel	Lori Mason
Beth Furman	Audrey Johnson	Jody Massie
Lorraine Gardner	Shirley Johnson	Christy Masters
Tammy Garrett	Beth Jones	Ginger McCall
Jennifer Gibson	Brooke Jones	Natalie McCurdy
Koriella Gibson (Benson)	Heather Jones	LaTisha McDaniel
Sarah Gibson	Molly Jones	Pam McDaniel
Leigh Anne Gilbert	Shannon Karnes	Joanna McDaniels
Dawn Gillis	Sharon Kastner	Kate McKinney
Wanda Goin	Lesley Keesee	Hannah Meeks
Mary Grace Falls	Kristie Kidd	Ashley Mitchell
Kaylin Grainger	Tiffany Kidd	Jennifer Mixon
Megan Graves	Donna Kling	Gemma Monteclaro
Heather Griffin	Brittany Konen	Charles “Keith” Moon
Lisa Griffin	Hannah Kreuziger	Gloria Moore
Kelli Griffiths	Joseph Langlois	Melissa Motely
Nicole Hackett	Cassie Lankford	Bonnie Napierkowski
Monica Hall	Courtney Lawhorn	Kate Naples
Dianne Hammock	Krista Lawton	Jodie Nash
Ashlee Harms	Harley Layne	Crystal Nash
Gabrielle Harrison	Anne Lewis	Valerie Nash
Karen Hayden	Bonnie Lipscomb	Rasmia Natour
Kathryn Heidorn	Bekah Lovin	Heather Neighbors
Kristen Hendricks	Leandra Lusk	Rhae Newbill
Leslie Homan	Lauren Malott	Lydia Newlin
Shannon Howell	Paige Marks	Leslie Nowlin
Christina Hudson	Stacey Marshall	Kristen Orr
Kristen Hughes	Amber Marstin	Kelly Osborne

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Centra Nurse Engagement Program

CNEP Advancement (continued)

Rebecca Owens	Maria Scott	Allison Towler
Tonya Pafford	Lori Servas	Jesika Trent
Jessica Painter	Michele Shelton	Cindy Tweedy
Cheryl Patterson	Penny Shipp	Barbara VanAusdal
Tracey Payne	Susan Shirey	Robin Vaughan
Morgan Peltier	Jenny Shupe	Kim Vess
Jason Peters	Lya Sinclair	Andrea Vest
Jessica Phelps	Michelle Skinner	Carrie Vest
Heather Powell	Marckem Smith	Mekhla Vyas
Ashley Preusser	Sarah Smith	Ann Wade
Kylie Privette	Bridgett Smoot	Samantha Wade
Ally Puffenburger	Amy Snead	Elizabeth Wallin
Sydney Pugh	Bonnie Sorrells	Judy Ward
Tammara Quade	Gary Staton	Misty Ward
Sara Ramsey	Louraine Stegall	Klara Weaver
Amy Randolph	Katie Stellingwerf	Alex Wells
Suzanne Ray	Martina Stevenson-Smith	Anastasia Wells
Emily Reed	Deborah Stidham	Sue Whitacre
Amber Riley	Dana Stinnett	Brenda Whitehead
Marjorie Riner	Regina Strange	Connie Williams
Tina Roark	Brennan Sutton	Jessica Williams
Michelle Rogers	Halla Swiney	Lauren Williams
Kaitlin Rose	Maleah Tate	Sheila Wills
Jordan Rumburger	Jessica Taylor	Amber Wilson
Rhonda Sabra	Robyn Thirkill	Kara Wilson
Carly Sandvig	Jian Mei Thompson	Lisa Woodall
Stacy Sayre	Tammy Thompson-Pritchard	Nina Woodall
Jennifer Schenkel	Colleen Toal	Ruth Wooldridge
Lisa Schmitt	Belinda Tomlin	Jennifer Younce
Cynthia Schrock	Lisa Toms	Molly Yuille
Ashley Scott	Amanda Toombs	Erica Zelle
Lezley Scott	Julie Towe	Xiao Zhang

Transition To Practice

Nurse Residency Annual Report 2021

Centra's New Graduate Nurse Residency 2021 relaunch, in partnership with Versant, was a success. We are very proud of our new graduate nurse residents for their engagement and commitment! Residents represent a wide variety of nursing units and practice settings including critical care, acute care, emergency services, intermediate care, labor and delivery, mother baby, psych, ambulatory care and surgical services. Each resident experienced up to 18 weeks of clinical orientation with their preceptor, where they engaged in exciting hands-on learning and development while paired with their clinical preceptor on their unit. Additionally, new graduate cohorts each participated in upwards of 160 class hours focusing on clinical and professional development using a variety of learning methods including live classroom, simulation and virtual learning.

Started	February 2021	August 2021	Bridge 2021
Completed	53	53	29
Remain	39	N/A	N/A
Retention rate	<i>Graduated</i>	44	28
	73.5%	83%	96.5%

Supporting this program requires an enormous collective of dedicated professionals who give their time to ensure that our residents are successful – preceptors, subject matter experts, educators, managers, leaders, etc. – all working together to support our residents. Thank you to everyone who works so hard to ensure the success of our residents!

Leveraging Our Talent



RN-BSN Program Year End 2021

Enrollment: 18

Completion: 16

Program Outcomes (Completion, Employment, and Satisfaction): See tables below.

Advantages: Twelve-month program, three-semester in length and a revised curriculum focused on the advanced practice nurse, evidence-based practice, leadership, management and community health. Alumni discount and work agreement opportunities are available.

Program Completion Rates

Program Completion Rates: 70% Goal

RN-BSN Program

Year/Semester Of Graduation	Number Of Students Who Entered the Program	Number Of Students Who Graduated From The Program	Completion Rate
August 2021	August 2020 (7)	6	86%
December 2021	January 2021 (11)	10	91%

Employment Rates

Employment Rates Goal: 70%

Employment Rates: BSN (2021)

Graduating Year Cohort	2021	
	BSN August	BSN December
# Graduates	6	10
# of Graduates Placed	5	10
Percentage of graduates employed within 6-12 months of graduation.	83%	100%

Student Satisfaction Exit Survey: BSN programs

Graduating Year Cohort	2021	
	BSN August	BSN December
Please rate your overall satisfaction of the entire program. Likert scale: 1-5	4.3	4.3
# Students	6	10
Participation Rate	100%	100%



Daisy Honorees

“The DAISY Foundation expresses gratitude to nurses with programs that recognize them for the extraordinary skillful, compassionate care they provide patients and families.”

– The Barnes Family



FOR EXTRAORDINARY NURSING FACULTY

**HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES**

“Our expression of gratitude will help nurses always remember the unforgettable impact their care has on patients and families, inspiring nurses to provide extraordinary care not only with their brains but also with their hearts.”

– The Barnes Family

19 Centra caregivers were 2021 recipients of a Daisy Award!



Paige Andrews, RN
LGH-Cardiothoracic ICU



Amy Box, NNP
VBH-Intensive Care Nursery



Jessica Brooks, RN
VBH-The Birth Center



Ashley Davies, RN
LGH-Cardiothoracic ICU



Becca Dickerson, RN
SCH-Stepdown Unit

Daisy Honorees



Stephanie English, RN
SCH-Tele-Med-Surg



Bettina Graham, RN
BMH-Med/Surg



Donna Hartless, RN
LGH-Infusion Center and High Risk Clinic



Sharon Hawout, CNM
CMG Women's Center



Allison Hilliard, RN
VBH-The Birth Center



Sarah Lacy, RN
LGH-Cardiothoracic ICU



Jody Massie, RN
LGH-OR



Gay Reynolds, RN
LGH-Neuro ICU

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Daisy Honorees (continued)



Tina Roark, RN
VBH-Intensive Care Nursery



Jesse Rorer, RN
BMH-Outpatient Surgery



Corey Trent, RN
LGH-Forensic Nurse Department



Chad Valentine, RN
BMH-ED



Jennifer Wright, RN
SCH-Obstetrics



Lorena Yoder, RN
BMH-Med/Surg

TULIP Honorees

TULIP (Touching Unique Lives in Practice)

This special award is given to any member of the healthcare team who is not a nurse. These nominations can be made by patients, family members and caregivers. The nominees receive a TULIP pin and certificate and the award winners receive a goodie bag that contains a glass sculpture and TULIP pin.

16 Centra caregivers were 2021 recipients of a TULIP Award!



Linda Arnold, CNA
Acute Rehab



Johnny Barksdale, MRI Tech



Jennifer Eggleston, CNA
Stroobants Cardiovascular



Rosa Goode, CNA
Geriatric Psych



Terisa Horsley USA
BMH-Med/Surg



Jaclyn Hutton, MA
Stroobants Cardiovascular



Amy Keen
BMH-Radiology Tech

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TULIP Honorees (continued)



Will Lewis, EMT
LGH-ER



Erika Pittman, ST
BMH-OR



Stacey Preston, RT
BMH



Amber Raymond, USA
VBH-The Birth Center



Bettye Stanley HUC
VBH-Intensive Care Nursery



Blair Stump, USA
LGH-Intermediate



Jeanne Thacker, Ultrasonographer
LGH-VBH



Michelle Woody, Paramedic
Stroobants Cardiovascular



Jonathan Wry, CNA
LGH-Intermediate

2021 Centra Excellence Awards

Centra System Nursing Governance Board collaborated to plan and organize the first system-wide recognition, which was held May 11, 2022, at the Virginian Hotel in Lynchburg. 2021 winners and nominees, along with 2020 winners, attended this event. The program recognized winners in the following categories:

2021 Centra Excellence Award Recipients

Partner In Caring Award

A non-RN who exhibits team spirit in contributing to a superior patient experience.

Rick Bussert
Centra Lynchburg
General Hospital



Bettye Stanley
Centra Virginia
Baptist Hospital



Jessica Tomlin
Centra Medical Group



Melissa Wallace
Centra Southside
Community Hospital



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2021 Centra Excellence Award Recipients (continued)

Clinical Practice Award

Evidences the ability to maintain positive relationships with multidisciplinary members and demonstrates exceptional level of compassion toward patients and families.

Donna Hedrick
Centra Medical Group
Seven Hills Urology



Bren Owen
Centra Southside
Community Hospital
Southside Urology



Andie Maddox
Centra Bedford
Memorial Hospital
Med Surg Unit



Kimberly Morris
Centra Medical Group
Gretna



Rising Star Award

RN who has graduated within the past two years who demonstrates eagerness, enthusiasm and positive attitude.

Anna Baker
Centra Lynchburg
General Hospital
Surgical Unit



Haley Emerson
Centra Medical Group
Danville



Lenore Green
Centra Virginia Baptist Hospital
Centra Specialty Hospital

Randy Krebs
Centra Lynchburg General Hospital
Neuro Intensive Care Unit

2021 Centra Excellence Award Recipients

RN/Physician Collaboration Award

Demonstrates enthusiasm toward being a member of a group, encourages people to think for themselves and shares ideas to help others achieve goals.

Tonya Johnson

Centra Lynchburg
General Hospital
Surgical Unit



Christine Marraccini, MD

Centra Virginia
Baptist Hospital
Labor & Delivery



Pradeep Pradhan, MD

Centra Medical Group
Danville



Sunil Rajan, MD

Centra Southside
Community Hospital



Exemplary Professional Practice Award

Implements the professional practice model in every day practice and participates in safety initiatives.

Kathy Crawley

Centra Heart &
Vascular Institute



Jennifer Hankins

Centra Lynchburg
General Hospital
Emergency Department



Tiffany Kidd

Centra Lynchburg
General Hospital
Pediatrics



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2021 Centra Excellence Award Recipients (continued)

New Knowledge, Innovations & Improvements Award

Demonstrates active involvement in EBP and research that will positively impact patient outcomes.

Megan Burks

Centra Virginia
Baptist Hospital
Labor & Delivery



Jesika Trent

Centra Lynchburg
General Hospital
Neuro Intensive Care Unit

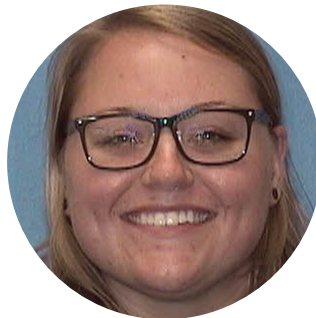


Excellence In Community Service Award

A nurse that demonstrates active involvement outside the hospital in community service activities. This nurse strives to improve the health of people and communities either locally, regionally, nationally or internationally.

Amber Marstin

Centra Lynchburg
General Hospital



2021 Centra Excellence Award Recipients

Collaborative Team Award

Builds effective collaborative relationships across different groups, supports team decisions, shows enthusiasm toward being a member and encourages people to think for themselves as a team.

Melinda Leebrick

Centra Virginia
Baptist Hospital
Paramedic



Larry Lilley

Centra Lynchburg
General Hospital
Pediatrics

Excellence In Nursing Leadership Award

A master's prepared nurse who demonstrates their commitment to the Foundational Five elements.

Misty Baunach

Centra Lynchburg
General Hospital
Cath Lab



Wendy Lafferty

Centra Southside
Community Hospital

Kim Price

Centra Virginia
Baptist Hospital



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2021 Centra Excellence Award Recipients (continued)

Wisdom In The Workplace Award

A RN or LPN who has been a nurse over 20 years who promotes positive morale through a congenial, supportive attitude.

Susan Barley
Centra Lynchburg
General Hospital



Brenda Davis
Centra Medical Group



Susan Roach
Centra Southside
Community Hospital



Cyndi Schrock
Centra Bedford
Memorial Hospital



Evelyn Harker
Centra Virginia Baptist Hospital

Transformational Leadership Award

Positive role model to peers, advocates for resources and contributes to improvements in the nursing practice.

Misty Baunach
Centra Lynchburg
General Hospital
Cath Lab



Melissa Carrico
Centra Virginia
Baptist Hospital
Mother Baby



2021 Centra Excellence Award Recipients

Structural Empowerment Award

Demonstrates active involvement in committees who impact patient outcomes, community contributions and serves as a mentor.

Sarah Gibson
Centra Medical Group
Surgical Specialist



Ashley Henry
Centra Lynchburg
General Hospital
Centra College

Molly Yuille
Centra Virginia
Baptist Hospital
Labor & Delivery



Nurse Of The Year Award

Encompasses all four aspects of the Magnet domains.

Mary Grace Falls
Centra Lynchburg
General Hospital
Cardiothoracic
Intensive Care Unit



Brittney Layne
Centra Lynchburg
General Hospital
Gretna Emergency
Department

Kim Price
Centra Virginia
Baptist Hospital



Amanda Turner
Centra Medical Group

Community Contributions

Karen Pugh, BSN, RN, Wins Power of Purpose Award

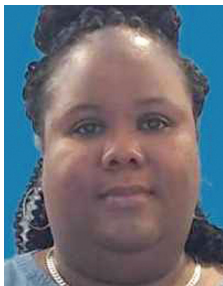
Karen Pugh, BSN, RN, has been awarded the Power of Purpose Award from LeadingAge Virginia. The award recognizes a member who:

- Provides outstanding commitment to the residents within their role in the community
- Leads with or exhibits a person-centered approach of compassion to the individuals they serve or shows specific actions that enhance and enrich the lives of residents
- Goes above and beyond their role to consistently represent the community's mission, vision and values



Karen heads the Centra Home Health medication management program that covers 14 counties.

Michelle Bennett, BSN, RN, CCM, The Links Incorporated Volunteer



Home Health proudly supports Michelle Bennett, BSN, RN, CCM, referral manager.

Michelle is a member of the Lynchburg chapter of the Links Incorporated, one of the nation's oldest and largest volunteer service organizations of extraordinary women committed to enriching, sustaining and ensuring the culture and economic survival of African Americans and other persons of African ancestry.

Michelle is the chairperson for the Health and Human Services facet, which recently obtained a HEAL (Health Equity Ambassador) grant sponsored by the American Cancer Society to help promote colorectal cancer prevention in the community. The chapter has held several different activities related to the grant, including presenting colorectal cancer testing kits to the Free Clinic of Central Virginia in Lynchburg.



The Exemplary Professional Practice Model (PPM) encompasses several key components:

- Clinical nurses involved in development and evaluation of PPM
- RN satisfaction
- Patient-centered care
- Interprofessional collaborative practice
- Care coordination
- Care delivery system
- Use of internal and external clinical practice experts
- Nurse involvement in staffing and scheduling
- Nurses using data in budgeting process
- Patient education
- Peer feedback
- Competency
- Workplace safety
- Autonomy
- Shared decision-making
- Error management
- Recruitment and retention

Exemplary Professional Practice



Care Delivery Models



Patient/Family/Community Focused Care is the center of the EXPERT Professional Practice Model. Patient/family/community care provide the overarching framework for the delivery of patient care across all settings. Recognizing that each nursing specialty provides care to a unique and diverse patient population, each clinical nursing unit has a care delivery model that is unit specific and dependent on the populations served and services rendered. All care delivery models are integrated within the framework of the overarching Professional Practice Model.



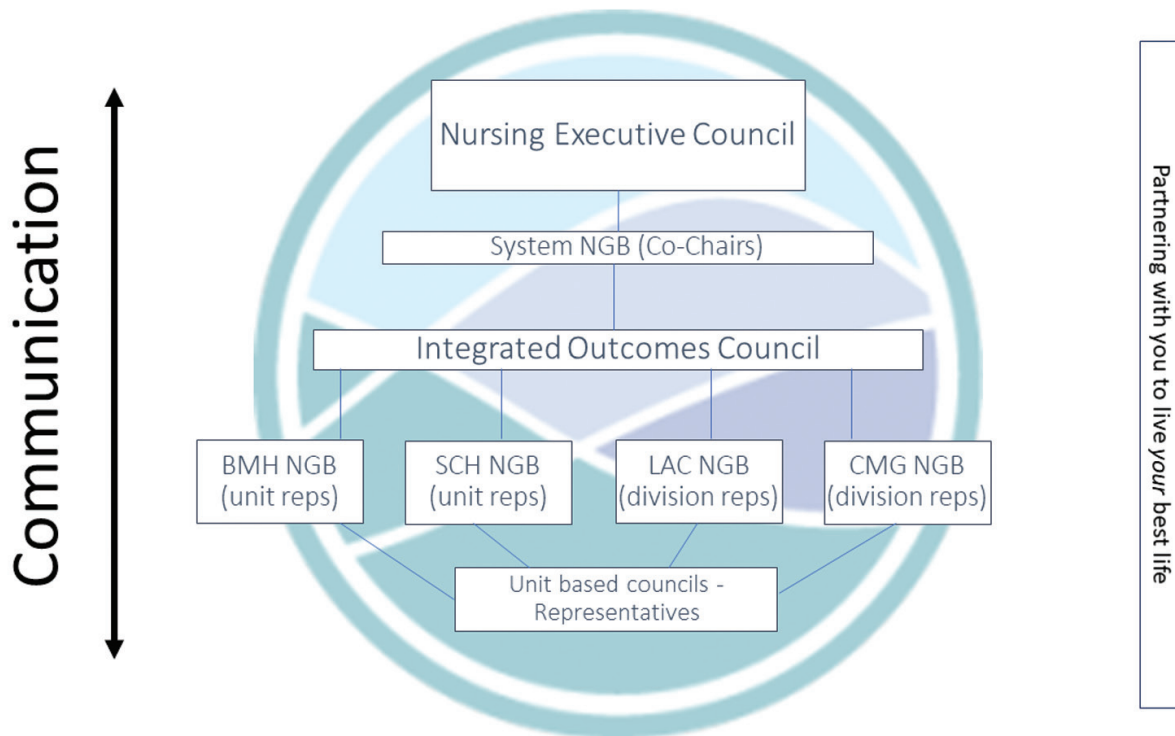
Centra's Nursing Professional Practice Model is an approach to patient/family/community-centered care that recognizes the family as a constant in the patient's life and the nurse as the coordinator of care and leader of the interdisciplinary care team. Patient/family/community care is individualized and based on patient and family needs: spiritual, physical, emotional and psycho-social.

2021 Nursing Governance Board Review

Restructuring to create shared decision-making system-wide.

Centra Nursing Governance Board (NGB) Structure

We practice in a shared governance environment in which nurses are empowered to make decisions related to patient care and nursing practice. This environment supported the evolution of our Professional Practice Model to encompass effective communication, collaboration, excellence in professional practice and professional development. Research and evidence-based practice are highly integrated within our nursing practice. Our current Professional Practice Model is based on professional autonomy, accountability and competency.



Restructure

- Creation of Integrated Outcomes Council (IOC)
- Restructure of LGH/VBH NGB-Divisional Representatives
- Formation of Centra System NGB: Co-chairs from each campus NGB
- CMG, Home Health & Hospice are in the process of forming an NGB

Nurse Governance Board Membership

Bedford Memorial Hospital NGB

Jennifer Alcorn, ER

Gina Fisher, Cardiac Rehab

Bridget Houlihan, Amb Surg Prep/Recovery

Christina Hudson, ER

Shannon Karnes, Operating Room

Anna Whitney Lawhorn, Amb Surg Prep/Recovery

Southside Community Hospital NGB

Tiffany Abernathy, SDS

Kelsie Cawley, ICU

Melissa Cawley-Chambers, ICU

Megan Crickenberger, OR

Beth Hulett, Stepdown

Mary Lord, TMS

Charlotte Morries, OB

Erica Zelle, HemOnc

Lynchburg General Hospital / Virginia Baptist Hospital NGB

Ashley Bailey, Oncology

Kasey Blazejewicz, NICU

Holly Carson, Acute Rehab

Lisa Griffin, Labor/Delivery

Nicole Hackett, Mother Baby

Shannon Howell, IMU

Ashley Hudson, DRMU

Randy Krebs, NICU

Kim Martin, Ambulatory Surgery

Lori Mason, PCC

Bonnie Napierkowski, Resource

Leslie Nowlin, LGH OR

Kelly Osborne, Endo

Katie Stellingwerf, VBH OR

Julia Torode, PCP

Kimberly Vess, Acute Rehab

Elizabeth "Alex" Walker, Adult Psych

Jessica Williams, Infusion

Interprofessional Practice

Home Health COVID Specialty Team

Our COVID Specialty Team volunteered to serve our highest acuity of COVID patients throughout the pandemic. This group served over 400 COVID patients in 2021 and more than 100 patients in the month of January 2022 alone. As a result, Home Health safely transferred patients from the COVID Specialty Team back to the general team to prevent transmissions within the community and Home Health teams.

COVID Specialty Team Members

Peggy Ayres, RN
 Jenny Campbell, LPTA
 Jennifer Claybrook, RN
 Erik Cranney, OT
 Kelly De Witt, LPN
 Kaylin Faris, PTA
 Pauline Heddings, OT
 Angela Martin, OTA
 Leigh Martin, RN

Nora Miles, PT
 Emma Mitchell, RN
 Kelley Mitchell, PTA
 Kathy Morris, PT
 Satish Ojili, PT
 Amanda O’Neal, PTA
 Ralph Perez, PT
 Terry Reed, RN
 Ashli Reeves, RN

Becky Reynolds, PTA
 Tracey Rosser, RN
 Donna Sewell, SLP
 April Stinnette, RN
 Sharon Taulbee, RN
 Lindsey Tuck, RN
 Carrie Wade, RN
 Kelsey York, LPTA

Impacting Patient Experience

NGB membership worked collaboratively with Quality & Safety and Patient Experience team members to communicate the importance of discharge instruction and medication education with our patients.

Centra Health
Nurse-Sensitive HCAHPS

	NRC Average	CMS HCAHPS Average	Centra Health			LGH/VBH			Southside			Bedford			
			1/01/21 - 12/7/21 (n=875)	1/01/21 - 12/31/21 (n=976)	Change	1/01/21 - 12/7/21 (n=427)	1/01/21 - 12/31/21 (n=465)	Change	1/01/21 - 12/7/21 (n=269)	1/01/21 - 12/31/21 (n=310)	Change	1/01/21 - 12/7/21 (n=179)	1/01/21 - 12/31/21 (n=201)	Change	
Care Transitions	Overall	51.6%	54.0%	44.5%	45.9%	1.4%	47.1%	48.7%	1.6%	40.9%	42.8%	1.9%	43.6%	44.2%	0.6%
	During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left	43.8%	47.0%	38.7%	39.9%	1.2%	41.2%	42.7%	1.5%	34.1%	35.3%	1.2%	39.4%	40.3%	0.9%
	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health	52.5%	53.0%	44.5%	45.7%	1.2%	49.3%	50.3%	1.0%	39.2%	42.1%	2.9%	41.2%	40.7%	-0.5%
	When I left the hospital, I clearly understood the purpose for taking each of my medications	60.0%	61.0%	51.2%	53.4%	2.2%	53.0%	55.1%	2.1%	49.6%	51.7%	2.1%	49.3%	52.1%	2.8%
Communication with Nurses	Overall	79.4%	81.0%	77.3%	77.8%	0.5%	77.1%	77.8%	0.7%	77.1%	77.5%	0.4%	77.9%	78.2%	0.3%
	During this hospital stay, how often did nurses treat you with courtesy and respect?	86.0%	87.0%	84.0%	84.5%	0.5%	83.1%	83.8%	0.7%	83.2%	83.5%	0.3%	87.2%	87.6%	0.4%
	During this stay, how often did nurses listen carefully to you?	76.9%	78.0%	74.5%	75.2%	0.7%	74.2%	75.3%	1.1%	74.9%	75.0%	0.1%	74.3%	75.5%	1.2%
Responsiveness of Hospital Staff	Overall	64.5%	70.0%	55.4%	56.2%	0.8%	52.4%	53.2%	0.8%	57.9%	57.9%	0.0%	59.1%	60.8%	1.7%
	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	62.4%	69.0%	51.7%	52.5%	0.8%	49.1%	49.9%	0.8%	54.6%	54.2%	-0.4%	53.8%	56.5%	2.7%
	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	67.0%	71.0%	60.2%	61.2%	1.0%	59.5%	59.7%	0.2%	56.8%	59.4%	2.6%	66.7%	67.3%	0.6%



Nurse Sensitive Indicators 2021 Year End Review

Metric (include benchmark source)	2020 Actual	Actual 2021 YTD (preliminary)	2021 Target	2022 Target
CAUTI (standardized infection rate)	LGH: 1.103 (16) VBH: No SIR (1) CSCH: No SIR (0) BMH: No SIR (0)	LGH: 0.91 (15) VBH: No SIR (1) CSCH: No SIR (2) BMH: No SIR (0)	↓ ≤0.669	≤0.682 (NHSN 50 th %tile)
CLABSI (standardized infection rate)	LGH: 1.917 (28) VBH: No SIR (0) CSCH: No SIR (0) BMH: No SIR (0)	LGH: 1.82 (26) VBH: No SIR (0) CSCH: No SIR (1) BMH: No SIR (0)	↓ ≤0.605	≤0.777 (NHSN 50 th %tile)
HAPI (prevalence survey data - % of patients surveyed with HAPI 2+ or greater)	LGH: 3.31% (31) VBH: 0.00% CSCH: 0.00% BMH: 2.63% (1)	LGH: 2.82% (29) VBH: 0% CSCH: 0.00% BMH: 1.64% (1)	↓ ↓ 1.35% (NDNQI mean of last 8 quarters, based off of Q2 2020)	LGH: 0.89% VBH: 0.00% CSCH: 0.00% BMH: 0.89% (0.89% - NDNQI average median of last 8 quarters, Q2 2021)
HAPI Medical Device Pressure injuries (prevalence survey data - % of patients surveyed with medical device-related HAPIs)	LGH: 0.1% (2) VBH: 0.00% CSCH: 0.00% BMH: 0.00%	LGH: 0.68% (7) VBH: 0.00% CSCH: 0.00% BMH: 0.00%	↑ 0.25% (NDNQI mean of last 8 quarters, based off of Q2 2020)	0.00% (NDNQI average median of last 8 quarters, Q2 2021)
Falls (total) (rate per 1000 patient days, includes neonates (baby) falls/drops per 1000 newborn days)	LGH: 3.71 (378) VBH: 3.79 (136) CSCH: 2.06 (30) BMH: 4.36 (27)	LGH: 2.89 (311) VBH: 3.04 (116) CSCH: 2.03 (32) BMH: 2.89 (20)	↓ ↓ ↓ 2.56 (NDNQI mean of last 8 quarters, based off of Q2 2020)	2.41 (NDNQI average median of last 8 quarters, Q2 2021)
Falls (with injury) (rate per 1000 patient days, includes neonates (baby) falls/drops per 1000 newborn days)	LGH: 0.95 (97) VBH: 1.17 (42) CSCH: 0.62 (9) BMH: 1.13 (7)	LGH: 0.54 (79) VBH: 0.97 (37) CSCH: 0.44 (7) BMH: 0.87 (6)	↓ ↓ ↓ 0.56 (NDNQI mean of last 8 quarters, based off of Q2 2020)	All Facilities: 0.46 (NDNQI average median of last 8 quarters, Q2 2021)

Golden Q Award

	CSCH
CAUTI	★
CLABSI	★
HAPI - Stage 2 or greater	★
HAPI - MDRI	★
Falls	★
Falls with injury	★

Golden Q Award



The Centra Southside Community Hospital nursing team, despite the staffing challenges and surges during the COVID-19 pandemic, was awarded the Golden Q Award in 2021 for outperforming in these Nurse Sensitive Indicator areas.

This award recognizes those Centra facilities that meet or exceed benchmarks. Congratulations SCH!

Nurse Resiliency



Nurse Wellness

In 2019, a startling study revealed the desperation of the nursing profession within United States: nursing had the highest suicide rates compared with other professions. ^[1] The unhealthy coping mechanisms, burnout and compassion fatigue became even more challenging as nursing teams then became frontlines of a global pandemic in 2020. A study performed by a Centra Resource Nurse echoed the same biopsychosocial struggles that were expressed globally throughout nursing. Of particular concern, this same survey also revealed that nurses did not see common treatments such as counseling, health coaching, resilience training or free support services as approachable, and ultimately did not engage even though all had been offered free of charge during this time. This is reflective of findings in *The Future of Nursing 2020-2030 Report*, which also demonstrates the difficulty for nursing teams to seek and obtain help ^[2] for symptoms such as: burnout, compassion fatigue, Post-Traumatic Stress Disorder & Syndrome (PTSD/S), and generally being unwell. ^{[1] [3] [4] [5] [6] [7]}

Centra heard nursing teams and responded to these concerns by setting up the Nurse Wellness Office, which is committed to the health and wellness of nursing teams. Centra recognizes the heroic actions

continued on the next page

Nurse Wellness (continued)

taken during the pandemic and sacrifices that are made by our nursing teams and will empower them to move from a state of surviving to thriving. This office also supports findings in the literature which indicate that healthy nursing teams promote positive patient outcomes and healthy work environments, and healthy communities. ^{[1][2][3]}

The Nurse Wellness Office brings to nursing teams help in the moment through the Code Lavender Carts/Duffels, which are accompanied by Nurse Wellness, Chaplains and Patient Experience to bring crisis stabilization and resources at the time of need. We also have honored their past contributions and sacrifices through the sleep care packages to address the reported sleep issues, virtual group meetings to express their stories, and support through “Ways to Praise” emails to give meaningful gratitude and validation. We have engaged in using Admission Discharge and Transfer Teams to provide additional support for our teams and ensure equity through education. Further, we are equipping teams with training through Care Compass, On-Site Education Fairs and MindStrong education to equip them with health/wellness skills and confidence.

Through the Nurse Wellness Office, we are partnering with our nursing teams to promote healing from our past, to equip for our present and to flourish in our future. We can accomplish this together as we partner to engage in research, develop programming and invest in our future. We look forward to a bright and healthy future not only our patients, but also for our nursing teams who have given endlessly of themselves to serve our communities.

Patient Education



Admission/Discharge Team and Discharge Lounge

- Patient experience
 - Better adherence to discharge instruction
 - 1:1 Personalized education
 - Less hospital days/lower mortality
- Nurse experience
- Hospital throughput

Patient Education Council

- Electronic video education platform
- Community education fairs
- Revitalizing patient education
- Addressing equity in healthcare education

The Magnet New Knowledge, Innovations & Improvements model encompasses several key components:

- Organizational support of nursing research
- Dissemination of research findings
- Evidence-based practice evaluation, Innovation
- Nursing involvement with design and implementation of technology
- Nursing involvement with design and implementation of work flow improvements.

New Knowledge, Innovations & Improvements





Curtis Stowers, MSN, RN, CNS, ACNS-BC, and **Aileen Cassada, MSN, RN, NRP,** co-authored an article published in *The Journal of Excellence in Nursing Leadership (Nurse Management)* about patients' perceptions of care provided by nurses with visible tattoos. This was a collaborative study with Bon Secours.



Katie Page, CNM, FACNM, co-authored an article published in the *The Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN)* about research into improving nurse self-efficacy and labor support. The study concluded that implementation of the comfort in labor safety bundle improved nurse self-efficacy in labor support techniques and increased the frequency of continuous labor support. *JOGNN* is a peer-reviewed nursing journal in the fields of obstetrical nursing, women's health nursing and neonatal nursing. It is the official publication of the Association of Women's Health, Obstetric and Neonatal Nurses. To read the article, visit <https://doi.org/10.1016/j.jogn.2021.01.006>

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JOGNN

Improving Nurse Self-Efficacy and Increasing Continuous Labor Support With the Promoting Comfort in Labor Safety Bundle

Katie Page, Alan Early, and Rachel Breman

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Keywords
cesarean birth
continuous labor support
education
labor pain
nursing
quality improvement
self-efficacy

ABSTRACT
Objective: To increase nurse self-efficacy and the use of continuous labor support and to reduce the rate of primary cesareans among nulliparous women with low-risk pregnancies by implementing the Promoting Comfort in Labor Safety Bundle.
Design: A quality improvement project with a pre-post practice implementation design. This practice change was part of the Reducing Primary Cesarean Learning Collaborative from the American College of Nurse-Midwives.
Setting: A Level II regional hospital in Virginia with more than 2,600 births annually. Births are attended by certified nurse-midwives and physicians.
Participants: Nursing staff on the labor and delivery unit in March 2016 (n = 27), September 2017 (n = 20), and June 2019 (n = 24).
Intervention/Measurements: We updated policies, educated nurses, procured labor support equipment, and modified documentation of care. We measured nurse confidence and skill in labor support techniques with the Self-Efficacy Labor Support Scale over 4 years. We tracked how many women were provided continuous labor support and the primary cesarean birth rate among women who were nulliparous and low risk.
Results: Nurses' mean self-efficacy scores increased from 76.67 in 2016 to 86.96 in 2019 (p < .001). The proportion of women who were provided continuous labor support increased from a baseline of 4.38% (471,074) in January 2015 through March 2016 to 18.06% (82454) in July through December 2019 (p < .001). The primary cesarean birth rate for nulliparous women with low-risk pregnancies remained stable, at approximately 18% from 2015 to 2019.
Conclusion: Implementation of the Comfort in Labor Safety Bundle improved nurse self-efficacy in labor support techniques and increased the frequency of continuous labor support.
JOGNN, ■■■, 2021. <https://doi.org/10.1016/j.jogn.2021.01.006>

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Katie Page, MSN, CNM, is a certified nurse-midwife, Centra Medical Group Women's Center, Centra Health, Lynchburg, VA. Alan Early, BS, is a data scientist, Enterprise Analytics, Centra Health, Lynchburg, VA. (Continued)

The authors report no conflicts of interest or relevant financial relationships.

AWHONN

<http://jogn.org>

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2021 Research And Evidence-based Projects

The Virginia Henderson Center for Nursing Research and Innovation reports indicate 16 nursing research projects, including evidence-based practice and performance improvement initiatives for 2021. The following provides an overview with the participants' names:

- **Code Lavender** – *Abigail Mabus*
- **Antibiotic Stewardship** – *Morgan MacDowell*
- **Decreasing Repeat Bilirubin Visits** – *Jessica Williams and Kelsey Medlin*
- **Students as Patients for Simulation** – *Johanna Derrenbacher*
- **Environmental Cleaning VBH Operating Room** – *Leandra Rusk*
- **Flash Therapy** – *Rachel Lakes*
- **Ileostomy Pathway** – *Kim Kennedy and Kasey Wilburn*
- **Maintain Port Patency** – *Jessica Taylor*
- **MICU in Your Face: Increasing CLABSI Bundle Compliance with Visual Aides**
- **Acuity-Based Staffing** – *Misty Ward*
- **Oxaliplatin Reaction and Desensitization** – *Natalie Enoch, Hannah Krueziger, Emily Reed and Keith Moon*
- **Surgical Smoke** – *Karen Hayden and Megan Graves*
- **Increasing Nurse Job Satisfaction Through the Use of Patient Care Huddles** – *Erin Baird*
- **Surgical Services Colorectal Surgical Site Infection Improvement Project** – *Leandra Lusk and Carrie White*
- **Taking Our Own Pulse: Four Interventions for Bedside Nurses During COVID-19** – *Tiffany Lyttle*
- **Surgical Services Colorectal Surgical Site Infection Improvement** – *Leandra Lusk and Carrie White*

2021 Research And Evidence-based Projects

Vizient/AACN Nursing Residency Program TM Nursing Student Involvement in Endoscopy

Brooke Baldwin, RN, BSN, CGRN
Susan Shirey, RN, BSN, CGRN



Background

- Nursing students who come to clinical in the Endoscopy department, were noted to not be engaged or “enjoy” their clinical experience.

Purpose

- Increase the quality of nursing student experiences in Endoscopy.


Evidence

- When gathering research we discovered that nursing students do the best when they are one to one with staff and patients.
- Since Endoscopy is specialized and observation only, this provided opportunity of growth in our area to increase engagement of students.

Methods

- Teaching/Communication Points for Nurses were developed and placed in procedure room for quick access.
- Visual Aids for students were made and placed in procedure room for both GI and Pulmonary Anatomy- this makes it easier for students to see where we are working at.

Results

- Survey was created and nursing students were asked to complete at the end of their clinical experience.
- Results were collected by Survey Monkey via QR Code and hand written survey. 
- Results that were collected were positive and good feedback- students were very pleased overall with their clinical experience.
- Staff reported increased comfort level with communicating given the teaching points provided.

Conclusion

- We concluded after collecting surveys and feedback from staff that the teaching pointers were helpful in learning to communicate and teach students. We also saw significantly more engagement from students because of the open communication that was established from the beginning of the clinical experience

Recommendations

- As a department, we will continue to utilize the teaching points and open communication with nursing staff to ensure positive clinical experiences for our nursing students.

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Pandemic Nursing Education ... Never Fear Creative Strategies are Here!

Ashley Foster, BSN, RNC-OB, Marilyn L. Graves, MSN, RN, CHPN CWO CN,
Sarah A. Hubber, MSN, RN, CNE, PCCN, Susan Martin, BSN, RN, NPD-BC



Abstract

The COVID-19 pandemic has an unexpected effect on many aspects of our lives. As nurse educators, the sudden impact in nursing education left many of us with many unanswered questions. One of our most urgent concerns became, "How to engage students in a virtual learning environment?" Centra College Nursing Faculty also found ways to increase student engagement and enhance learning. The use of an "escape room," applying leadership concepts to clinical experiences, new study methods and virtual presentations are some of the strategies used.

Introduction

Centra faculty found creative ways to increase student engagement. Faculty found many creative ways to add learning and evaluation in online activities. Faculty used several tools to engage learners. Here are some examples:

- Students were asked to use their own personal bitmoji to create a clinical scenario that illustrated a leadership concept that was discussed that week in class lecture.
- Virtual escape rooms are a popular study resource for students that allows a review of content taught while also working to engage the student in activities like case studies, educational videos, and crossword puzzles.
- Study Stack is a free online learning tool that utilizes submitted information to create over 14 different educational applications.
- Students disseminated findings from their progressive evidence-based assignment via an electronic communication platform. Classmates, faculty and organizational leaders were able to hear the presentations.

References

Foster, S. (2020). Blended learning: the future for nursing? *British Journal of Nursing*, 29(16), 985. <https://doi.org/10.12968/bjon.2020.29.16.985>

Kubin, L. (2020). Using an escape activity in the classroom to enhance nursing student learning. *Clinical Simulation in Nursing*, 47(C), 52-56. <https://doi.org/10.1016/j.cnsn.2020.07.007>

Mather, C., Guys, D., Saunders, A., Tori, K. (2020). Rapid transition to eLearning within a bachelor of nursing program: positive outcomes. *Australian Nursing & Midwifery Journal*, 27(1), 55. https://issuu.com/australiannursingfederation/docs/anmj_2020_octdec_issue/56

Methodology

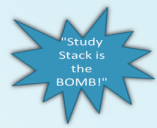
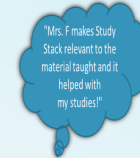
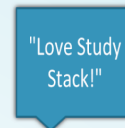
Avatar Creations

- Students were asked to use their own personal avatar to create a clinical scenario
- Illustrated a leadership concept that was discussed that week in class lecture.



Study Stack

- Studying resource that can accommodate many different types of learners
- Instructor inputs information so all activities utilize same data
- Mobile application allows for quick access
- Rated 4.6/5 by students on course evaluation



Virtual Presentations

- Throughout the curriculum students complete an Evidence Based Practice Assignment
- Virtual presentation allowed the students to disseminate their project findings
- Classmates, faculty & organizational leadership & were able to attend the event



Virtual Escape Rooms

- After lecture, students were provided the opportunity to complete a virtual escape room to reinforce content
- Gaming, simulations, and escape rooms are a great resource during online learning to engage students and allow for growth in clinical judgment, critical thinking, and content understanding (Kubin, 2020)
- Come ESCAPE Lung Cancer! Use the QR code to receive a short, interactive escape room:



Prevent Pressure Injuries In Perioperative Patients

Alyssa Kurtz BSN, RN, CNOR, Leslie Nowlin BSN, RN, Maggie Ellis BSN, RN, CNOR



Background

- More than 1,500 reports filed related to skin injuries in the Lynchburg General Operating Room over a 5-year period
- 5 confirmed patients with pressure injuries directly related to their surgery at LGH.

Purpose

- Provide education to perioperative staff on current Evidence Based Practice to prevent pressure injuries specific to the perioperative setting.
- Identify practice changes, risk assessment tools, and resources that could impact nursing care and prevent further incidence of injury.

Evidence

- Literature review showed that the Braden Risk Assessment Scale which is currently used for pressure ulcer risk assessment does not include surgery-related risk factors. (Giachetta-Ryan, 2015, p. 22-28)
- Up to 60,000 Americans die each year as a direct result of a pressure injury. (Powers & Ames, 2018, p. 7)
- Surgical patients are at particularly high risk for developing pressure injuries, **as high as 45%**. (Giachetta-Ryan, 2015, p. 22-28)



Hana Fracture Table, blogspot.com

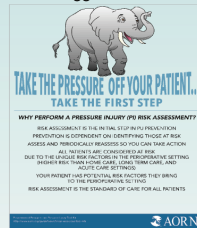


Spinal Surgery OSI Table, Mizuhosi.com

Methods

A quasi-experimental approach was used comparing pre-test and post-test results to evaluate the effectiveness of the education. Education was presented once in-person in March of 2020. The pandemic halted progress due to restrictions and reallocation of resources. The project resumed in May of 2021. Pretest questions were created in a Microsoft form. A QR code was then created for ease of access. Elsevier Clinical Skills was utilized for assigning the education to LGH OR staff which included a post test.

The education reviewed the AORN pressure injury prevention tool kit. It also included review of two evidence-based risk assessment tools: Munro scale and Scott Triggers.



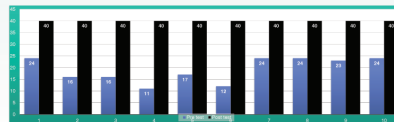
AORN Tool Kit 2019

MUNRO SCALE	
C	PREOPERATIVE
C	Consciousness
C	Current Status
M	Mobility
U	Under Age of 60
N	Nutrition
R	Recent Weight Loss
O	Overweight (BMI)
S	INTRAPERATIVE
S	Systolic BP
C	Surface
C	Core Temperature
A	ASA
A	Anesthesia Type
L	Lying Position
L	Lying Moisture
L	POSTOPERATIVE
L	LOS Prolong
E	ESI

Source: Cassandra Munro, MSN, RN, CNOR. Used with permission.

Results

A total of 24 people took the pretest. Of those, 5 out of 10 questions were answered incorrectly. A total of 40 people took the post test with 100% answered correctly.



Conclusion

Literature review and pre- test results showed a knowledge gap of best practice and resources.

Staff gained knowledge and awareness of EBP to prevent pressure injuries, specific to perioperative patients.

Recommendations

Adopting a perioperative best practice prevention bundle to facilitate EBP at the bedside.

Further research is needed to evaluate if the implementation of a risk assessment tool and prevention bundle would decrease the prevalence of incident reports and reduce pressure injuries for perioperative patients.

As a result of completing this project during a pandemic, the recommendation has been made to increase multi-modal communications and allow more time for completion of each phase of the project.

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2021 Research And Evidence-based Projects



Medication Administration Validation in First Semester ADN Students

Nada Combs, MSN, RN, CNE
Amy Patton, DNP, RN, NPD-BC, CNE

Abstract

- The IOM's report, *To Err is Human* (2000), brought medication errors to the forefront.
- Hanson (2016) reports knowledge deficits regarding medications causes errors may lead to patient harm.
- According to O'Reilly et al. (2020), many nursing students do not feel prepared or confident to administer medications safely.
- The Medication Administration Validation (MAV) project was implemented in the Spring 2021 decrease student stress, fear, as well as improving patient safety.
- The MAV simulation provided the student one-on-one time with a faculty member to ask questions and provide support.
- Jarvill et al. (2018) suggest an individualized simulation experience to improve the nursing student's competence.
- Students used the EHR to prepare medications with the assistance of the faculty member. Sweeney et al. (2019) found that incorporating an EHR aspect into simulation is priceless.

Introduction

- Nursing programs adequately practice medication administration. However, the competence of the student is not typically evaluated (Jarvill, 2020).
- Knowledge deficits and poor communication lead to medication errors (Hanson, 2016).
- Students do not feel prepared or confident to administer medications (O'Reilly, 2020).

The Plan

- Provide one-on-one time with a faculty member to ask questions and provide support, looking up meds (Jarvill, 2018)
- Collaborate with IT to obtain bar codes for simulated medications and EHR access
- Create medication cabinets that simulated the clinical
- Utilize bar coded medications used with the EHR for real life experience
- Guide the student in looking up each medication (indications, dosage, and nursing implications)
- First semester clinical instructors to participate and validate their clinical group

Goals

- The goal of the MAV project was to simulate what students see in the "real world".
- Reducing the potential for medication errors and increasing patient safety
- Increase student confidence
- Student will feel prepared to administer medications with instructor guidance
- Decrease student anxiety

Methodology

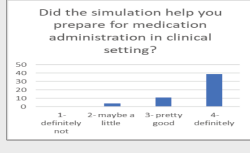
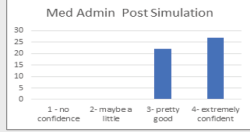
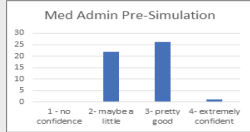
- The method used a quantitative, one group pre/post survey design.
- The MAV project consisted of a pre-simulation survey, immediate post-simulation survey, and then a post-clinical survey.

Intervention

- Each student signed up for 1.5-hour time slot
- One-on-one time with faculty members to ask questions
- Faculty support looking up medications using EHR and textbooks
- When students arrived for simulation, they were given a scenario
- The students researched each medication and completed a medication worksheet with faculty assistance
- The student worked with a faculty member using the medication cabinet
- Once the medications were pulled the student proceeded to the low fidelity simulation with their clinical instructor to administer medications

Results

- Pre-survey results: most students were hesitant in their ability to administer medications even with multiple practice sessions in the skills lab.
- Immediate post-simulation survey: students felt the simulation was beneficial in preparation of medication administration in real life.
- The end of semester survey revealed 72% of the nursing students said the simulation "definitely" helped when it came time to administer medications at the bedside. While another 20% said that it was "pretty" helpful.



Conclusion

- The literature supports the use of an EHR for nursing students (Sweeney et al., 2019).
- McCabe (2016) describes the human factor when administering medications and students should realize their personal limitations.
- The students thought the simulation was useful in preparing them for administering medications in the clinical setting.
- The MAV simulation will be continued to validate students' ability to administer medications.

Limitations

- Time constraints were the main limitation, some students needed more help than others which created either a backlog or empty pockets of time.
- There were technology difficulties with the EHR training site which added to the time constraints.

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Improving Student Outcomes by Improving Class Preparation

Amy Patton, DNP, RN, NPD-BC, CNE
Nada Combs, MSN, RN, CNE



Introduction

- The nurse educator's role is multi-faceted; Caputi (2015) suggests that the nurse educator develop a variety of strategies to meet learners' needs.
- According to the NLN (2021), the first of eight core competencies requires nurse educators to facilitate learning.
- Facilitated learning assumes that the learner takes responsibility for their own learning, while the educator guides, encourages critical thinking skills and reflection.
- Learners are expected to prepare for each class. This allows for detailed discussions of the concepts and active participation.
- Ni Gusti and Chambers (2019) explain that being late or unprepared for class may be perceived as incivility. Often students do not take responsibility for their learning.

Goals of the New Process

- Faculty goal was to incentivize class participation
- Impact learner outcomes through increased pre-class preparation
- Develop application of concepts, increase clinical judgment, therefore deepening learning
- Improve test scores
- Acclimate to NCLEX style questions

Purpose and Methodology

Purpose

- Some learners were not performing well
- Low test scores
- Unable to participate meaningfully in discussion and activities
- Lack of class participation
- Unable to apply concepts
- Class time was spent explaining basic information as opposed to focusing on application of concepts/topic
- Faculty spent many hours remediating after testing

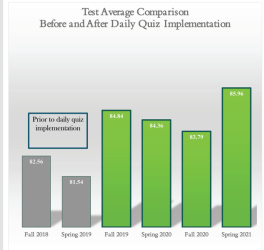
Methodology

- Overall grades from six semesters were analyzed.
- Two semesters prior to the implementation of the daily quiz were compared to post implementation
- Only two semesters of data were available for comparison due to the transition to a concept-based curriculum

Limitation

The college transitioned to Concepts Based Curriculum in Fall 2018, only two semesters of data prior to implementing the daily quizzes

Results



Student Comments

- "The daily and lab quizzes were extremely beneficial."
- "I liked daily quizzes being a grade just for the fact that it held me accountable to read the night before."
- "Thought daily quizzes were a great improvement, you should keep them."
- "I think that the daily quizzes for this class are a great addition to the course."
- "I think it helps to prepare us for what we need to look forward on the test."

Conclusion

- The daily quizzes have increased the overall test average by 1.23 points to 4.42 points
- The average test scores have improved since implementing the daily quiz.
- The graph shows pre-daily quiz average test grades per cohort (gray) and average test scores post-implementation of the daily quiz (blue).
- Many students see the benefit of the daily quiz and have seen the impact on test grades.
- Not all students appreciated the daily quizzes

Acknowledgements

Thank you!

First, to our director, Dr. Holly Puckett for believing in our ideas and encouraging us to be creative.
Dr. Heather Gable, our dean, for your wisdom and encouragement
Dr. Vicky Brunet for encouraging Centra nurses to engage in research

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Lessons Learned: Establishing a Concept Based Curriculum in an ADN program

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Abstract

- Nursing graduates today are entering a complex, ever-changing environment
- Giddens and Brady (2007) recommended adoption of a concept-based curriculum
- Implementation of a concept-based curriculum requires the students to be open to this new way of thinking (Dyer, 2018)
- Giddens and Brady (2007) note that most nursing faculty were taught in content-focused programs and may struggle with the conceptual course model
- Content must be pared down to essential information; however, nursing educators often disagree on what this relevant content should be (Giddens and Brady, 2007)
- To meet the current challenges in nursing education, Centra College transitioned to a concept-based curriculum in 2018

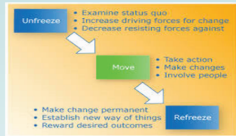
Introduction

- School converted from 3-year diploma to ADN in 2012
- Condensed 3-year curriculum to fit within the 2-year curriculum
- Considered Concept Based Curriculum in 2012- not implemented due to lack of time to process and plan
- Reconsidered CBC in 2016 due to increase in Research Literature showing advantages of Concept Based Curriculum
- Community Colleges in area converting to Concept Based Curriculum
- Faculty more comfortable in new curriculum
- Change strategy plan began

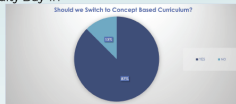
Methodology

Strategy of plan

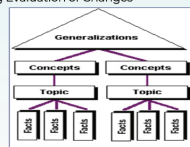
- Utilize Change Theory or Model



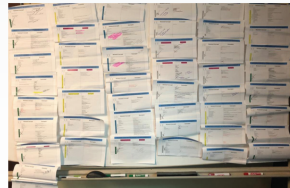
- Literature Search on Concept Based Curriculum
- Faculty Buy-In



- Faculty Training focused on Concept Based Teaching
- Processes for Change Implementation
- Ongoing Evaluation of Changes

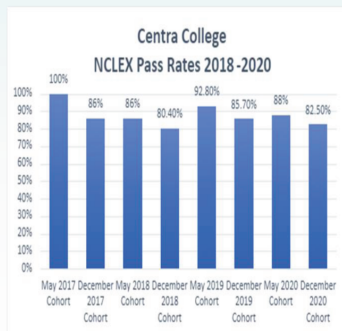


Why we did what we did, how it was implemented, and the chaos begins!!



Results

HESI Exit Exams- 2018-2021



Limitations and Conclusions

- Faculty buy-in to new curriculum
- Steep learning curve for faculty
- Lack of resources of experienced programs- expert consult
- COVID-19 Pandemic
- Rushed and unexpected transition to online teaching and learning

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2021 Research And Evidence-based Projects

Using Simulation-Based Education to Reduce Hospital Acquired Conditions

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Central Virginia Center for Simulation and Virtual Learning

INTRODUCTION

A performance improvement project for the Centra system in 2021 was to reduce Hospital Acquired Conditions (HACs) by 50%. One major initiative to achieve this goal, was to create HAC bundles according to evidence-based practice. The HAC bundles provide a template that highlights clinical practice guidelines in an overarching approach, creating a pathway for risk mitigation. Each bundle includes a clear approach to addressing measures to ensure clinical practice meets the expectation.

Nursing leadership at Centra engaged the Virtual Learning Center (VLC) team to create an educational program to address the number of HACs occurring across the system. Individual units were tasked with conducting RCAs to determine potential causes associated with the number of HACs. Individual units were triaged based on HAC numbers to determine priority. The units worked with simulation experts from the VLC to design and implement the simulation-based education tailored to their unit needs.

OBJECTIVES

The general objectives of the scenarios were to:

1. Demonstrate critical thinking skills to reduce incidence of HACs.
2. Utilize communication, teamwork and Centra Safety behaviors to provide cohesive, quality care of the simulated patient.

METHODS AND MATERIALS

Participants completed a pre-test prior to each session. Each educational program included a 45–60-minute didactic portion, simulation scenarios and an escape room. The simulation scenarios were modified to meet the needs identified by the subject matter experts of each unit. At the completion of each session, participants completed a post-test and evaluation. Actionable items and latent safety threats were collected during the program and reviewed with key stakeholders at the completion of the unit's sessions.



RESULTS

During the simulation event, there were many concerns brought to the attention of the simulation facilitators. These issues are key to understanding barriers that frontline nursing caregivers encounter when implementing the HAC bundles.

These concerns were turned into actionable items and addressed in the post event debriefing meeting with key stakeholders.



Examples of Latent Safety Threats:

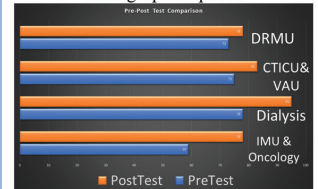
- Communication with ancillary departments when deactivating patient fall alarms for patient care and transportation
- Decreased use of "time-out" prior to insertion of central line catheters

Examples of Departmental Improvements:

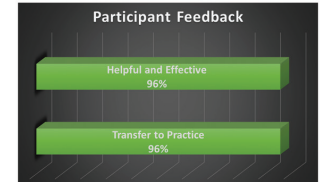
- Ensuring ASCOM cords are available in all patient rooms
- Clarification across C.N.A. caregivers in unit regarding proper CHG bathing procedure.
- Use of the Pressure Injury Advisor for wound staging.
- Ensuring hemodialysis nurses can submit Risk Master and receive policy updates

CONCLUSIONS

Simulation was a proven effective modality that allowed learners to build confidence in their clinical skills and implement strategies to reduce the potential of HACs. The pre and post test scores correlated positive improvement amongst participants.



Feedback from the participants also indicated the accomplishment of program objectives and a general satisfaction with the program.



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Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1.434.200.3000 an (TTY: 7.1.1).

বাংলা (Bengali)

মনোযোগ দিন: আপনি যদি ইংরেজিতে কথা বলেন, তাহলে ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে আপনার জন্য লভ্য হবে। 1.434.200.3000 (TTY: 7.1.1) নম্বরে ফোন করুন।



C E N T R A

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