2017 Nursing Annual Report
Centra Lynchburg General Hospital | Centra Virginia Baptist Hospital | Centra Medical Group

Centra Lynchburg General Hospital, 
Centra Virginia Baptist Hospital, and 
Centra Medical Group are Magnet®
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Transformational Leadership
Dear Centra Nursing Colleagues,

In 2017 it was my honor to have been named your Chief Nursing Officer. I look back on 2017 with pride—pride in our care delivery and pride in our nursing team. Your hard work and dedication to our mission, “Excellent care for life” resulted in the delivery of high quality care with fantastic patient outcomes.

I want to take this opportunity to thank you for your contribution to the care of the patients in Central and Southern Virginia. Without every member of the interdisciplinary team, we would not be successful. Each of you are critically important to our success, and I thank you. I hope you are as proud of your work as I am.

2017 brought with it many exciting accomplishments that set our Centra nurses apart from the rest:

- The implementation of the Daisy Award
- Earning a CMS five-star rating
- Top 50 Cardiovascular Center
- Advanced certifications in stroke, orthopaedics, palliative care, heart failure, oncology
- The revision of the clinical ladder program to the Centra Nurse Engagement Program (CNEP)
- Implementation of preceptor pay
- Lynchburg Opioid Workgroup recognition for their outstanding work
- Approval of the BSN stipend, which will be awarded in 2018
- The implementation of the Thanks to You Recognition program
- A reduction in new graduate RN turnover to 2.65 percent (down from almost 20 percent)
- The reintroduction of licensed practical nurses into acute care
- The building of a Habitat for Humanity home
- A successful Virginia Henderson Nursing Research Symposium

As we look to 2018, we find ourselves focusing on continuing to improve our True North outcomes (quality, safety, and service). In addition, we are focused on writing our Magnet document. We are striving to achieve our third Magnet re-designation. I look forward to reading the Magnet document. It is a true reflection of the professional contributions of our exceptional Centra nurses.

I look forward to getting to know you as I make rounds, attend staff meetings, and engage with you at various events. If I can be of service to you, please don’t hesitate to reach out to me.

Curt Baker, BSN, MBA, RN
Senior Vice President and Chief Nursing Officer
2017, A Year of Growth

The year of 2017 brought paramount changes to nursing leadership. In April, 2017, I was honored to be asked to return to Centra Lynchburg General Hospital and serve in a leadership role as the vice president of Acute Care Nursing. Nursing always has been my passion and remains the pivotal influencer in the experience of patients and families. The nurse is the keeper, the “navigator” to ensure the patient's safe journey through the inpatient or outpatient experience, and still the Number One trusted job in the United States.

My respect for the enormity of the responsibility and workload of the nurse is great. To that end, it's our goal to create healthy work environments where our nursing staff come together to care for patients and one another compassionately.

Professional Growth
In 2017, we had 252 nurses successfully participate in the Centra Nurse Engagement Program (CNEP). This achievement is significant and represents a high level of professional achievement at Centra Lynchburg General Hospital, Centra Virginia Baptist Hospital and Centra Medical Group. Read on in this report for a listing of those individuals who achieved a CNEP level 3 or 4!

CNEP participation is a great way for the professional registered nurse to advance his/her professional growth and earn more compensation while working toward the improvement of our patients' outcomes.

Quality and Safety Focus
Another change this year has been a renewed focus on building our acute care leadership structure. As a result, we have been able to identify and select some wonderful shift managers and clinical quality coordinators who are able to be an additional support to staff and leaders, helping to ensure our care is meeting required standards.

Going forward, we are planning a great 2018 with a renewed focus on mentoring of our new staff and on helping more of our staff participate in CNEP!

The voice of the bedside nurse is welcome. I encourage you to let us hear from you and get involved!

Joan Deal, MSN, NEA-BC
Vice President of Acute Care Nursing Services
Growth and achievement was the primary focus for critical and intermediate care for the 2017 year. There have been significant accomplishments impacting both the critical care service line and each of the specific service lines of cardiology and neurology.

It was our pleasure to welcome many new providers including our newly formed Centra Medical Group intensivist team while continuing to partner with Lynchburg Pulmonary Associates to enhance critical care services. We also welcomed two neurology interventional physicians who have expanded services to care for stroke patients in our community, including treating “wake up” stroke patients who are not able to identify when their symptoms began.

Additionally, we have been able to intervene on select patients whose symptoms have been present for up to 24 hours. We are seeing markedly improved outcomes for these patients. We also have been able to once again care for patients with cerebral aneurysms. Joining us in 2018 is an epileptologist who will round out our comprehensive neurosciences program. We also have expanded our cardiology providers and introduced a revolutionary, minimally invasive approach to mitral valve replacement surgery.

Our quality of care for specific disease processes remains a continued focus as evidenced by the many certifications and accreditations awarded as well as achievement of top performance recognition including:

- Highest ranking of 3 star status for our cardiovascular surgery program from the Society of Thoracic Surgery
- Target Honor Roll Elite and Target Honor Roll Elite Plus for our stroke care from the American Heart/Stroke Association
- Redesignation as a state Trauma Level II center for the state of Virginia
- Top 50 heart hospital by US News and World Report
- Gold Plus Get with The Guideline recognition by the American Heart/Stroke Association for Heart failure, Stroke and Mission Lifeline Cardiac care
- Advanced Heart Failure certification in 2017
- Recognition as an Advanced Primary Stroke Center, Atrial Fibrillation accreditation, Chest Pain Center accreditation

Our division was instrumental in pioneering an innovative care delivery model called the Triad Model of Care on our Cardiac Intermediate Care Unit. This model partners a triad of care givers for a single group of patients. The triad includes a registered nurse, licensed practical nurse, and certified nursing assistant. This team approach has demonstrated significant improvements in the quality of care delivered as well as in the customer experience and the team’s engagement. This pilot has now expanded into other divisions of the hospital to capitalize on the results. We also were selected as an initial department to begin work on the implementation of

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a new LEAN management system for the organization. Selected critical/intermediate care units have served as the first two areas to implement LEAN principles that allow for a more efficient and effective approach to process improvement and problem solving.

As move into 2018, the momentum is continuing with further plans for growth and expansion. This includes participation in an ICU Liberation project involving all of our critical care units in a project that improves mortality, length of stay, and quality of life for patients who require an ICU stay. The initial results of this project show marked improvement and our goal is to publish our accomplishments so that others (outside of Centra) may learn from our impressive outcomes.

Looking to 2018, we have many positive changes that will impact the way we care for patients:

- We continue to champion best practice in the care of septic shock and will be partnering with Cerner to maximize our gains.
- We will be increasing our teaching to nurses and providers by becoming a center for FCCS (Fundamental Critical Care Support) and starting a new emergency neurological life support class.
- We are partnering with our new epileptologist to open an epilepsy monitoring unit that will allow our epilepsy patient population from the region to access care locally.
- We will be expanding our inpatient services to include additional intermediate care beds for patients transitioning from ICU care.
- We will be starting an Extracorporeal Membrane Oxygenation (ECMO) program to help save the lives of patients with significant cardiac and/or respiratory failure.

Critical Care Services team members continue to demonstrate a passion for their work, recognizing the unique and sacred opportunity we have to impact the lives of those in our care. This clear connection to the purposeful work we do continues to propel us forward to seek new and better ways to meet the needs of those we serve. We reflect with pride on our 2017 work and eagerly look forward to 2018 and what will be accomplished.

Michelle Cabell, BSN, RN, MEd

Vice President of Critical Care Strategy
Centra Medical Group (CMG) nurses within more than 60 medical practices were moving and shaking in 2017. With the shortage of nurses across the nation, the nursing professional group worked together to focus on avenues to recruit and retain nurses. Some examples of the activities of our Centra Medical Group RNs include:

- Nurses were integrated into multiple committees to partner with the providers in improving patient care. One example is the Centra Medical Group pharmacy and therapeutics committee. Nurses had a voice in redefining the process of receiving the much-needed influenza vaccines. With an inter-collaborative team approach, a new process was created to drop-ship vaccines at each practice who provided the flu vaccines. This change in process resulted in vaccine availability two months in advance of previous years. Both provider and patient satisfaction improved with the change in services offered.

- Nursing took the initiative to assess the practices for emergency drug needs. Many of the practices across Centra Medical Group kept only selected emergency drugs on hand which depended on individual provider preference. A proposal was created with standard recommendations to standardize emergency drugs among all medical practices to include monitoring of storage, handling, monitoring, and ordering of drugs. As a result, emergency boxes with only the selected drugs were placed in the medical practices. This change resulted in a cost-savings by eliminating medications that were either not needed or expired but their usage. This change was supported by the providers and administrators of the practices.

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Three new nursing leadership positions have been added to the medical group. We now have an executive nurse leader/vice president of nursing taking Centra Medical Group under her leadership; all CMG nurses will report up to this position. The new positions are all director level positions that cover compliance, quality, and nursing practice. These nurses are all BSN or master’s-prepared and excited to take on the challenge. The new roles went into effect January 2018 and are:

- Director of CMG care coordination
- Director of CMG clinical care
- Director of CMG quality and compliance

Seventeen CMG registered nurses participated in the recently revised Centra Nursing Engagement Program and successfully achieved a ranking of clinical nurse III or IV. These nurses represented cardiopulmonary rehabilitation, The Wound Care Center and Forest Urgent Care Clinic. With this advancement, the nurses showcased their own projects, participated in evidence-based article reviews, and volunteered in community events. This was the first year that registered nurses formally participated in the organizational program of growth.

A new CMG preceptor program was developed and offered to staff who precept both nursing students and new employees. Although Centra offers a strong preceptor program that is largely hospital based, the Centra Medical Group staff function in the ambulatory capacity, resulting in the need for a different focus. New training materials and monitoring tools were provided to facilitate learning and growth for both the preceptor and preceptee. As a result, more than 15 nurses became preceptors in their designated medical clinic.

CMG nurses recognized the overlap of the Nursing Essentials orientation material for inpatient staff. The CMG team collaborated with the professional nursing department to include specific ambulatory needs. This resulted in additional training for newly hired staff. CMG orientation is offered at least once a month to new nurses onboarding in one of the medical practices. Specific information, training, and competencies are offered.

CMG Nurses elected to change the CMG Nursing Governance Board representation structure. CMG has been part of the Centra Lynchburg General/Virginia Baptist hospitals’ nursing governance board over the past several years. In 2017, all CMG registered nurses were asked to select a representative from their areas to attend the nursing governance meetings to represent CMG. As a result, there are a total of three representatives who participate in this important meeting. Having a CMG voice at the table has been critical to sharing information and influencing positive change.
Nursing Happenings Within Centra Medical Group – 2017

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- Nursing staff from the medical practices have been heavily involved in the development and training for the upcoming changes in electronic medical records. Cerner will be implemented September 1, 2018, and the IT department has created a clinical council to allow clinical staff to provide input and suggested changes to maximize the EMR.

Because of the involvement, innovation, and engagement of the Centra Medical Group nursing team, our patients receive Excellent care for life!

Jen Stowers, MSN, RN

Executive Nurse Leader and Vice President of Nursing for Centra Medical Group
Structural Empowerment
In 2017, the Professional Nursing Development (PND) department continued to focus on collaboration across the healthcare continuum to align efforts for improving patient outcomes with a focus on quality, safety, staff education and professional growth. This collaboration encompassed endeavors from multiple disciplines including clinical nurse specialists and the professional clinical practice team, continuing education specialist, patient safety, infection prevention, The Virtual Learning Center and Human Resources.

Professional Nursing Development coordinates Centra's Nurse Residency (NRP) Program, which was developed jointly with Vizient and the American Association of Colleges of Nursing. The program focuses on retention and support for new nurses during their first year of practice. The Nurse Residency Program began in 2013, and since that time, our turnover rate for new nurses has decreased from 19.4 percent to 4.42 percent. For 2017, we have enrolled 114 new graduate registered nurses into the NRP program. Several NRP graduates were invited to present their evidence-based practice projects at the 2017 Virginia Henderson Research Symposium.

Professional Nursing Development provided nursing orientation to 1,101 registered nurses, licensed practical nurses, and certified nursing assistants at all of our facilities, including Centra Medical Group and Senior Care Services. From this number, 683 nurses attended clinical onboarding for hospital and senior care services. The organizational competency validation program provided 266 registered nurses with competency validation training. New for 2017, the PND team assisted one of our senior care facilities with a competency validation fair, and we hope to continue this assistance for senior care in 2018.

The Professional Nursing Development team collaborated on many organizational initiatives in 2017, including CAUTI and CLABSI prevention, suicide prevention screening education, HAPI rounding, C-diff education, falls education, and training for new medical equipment.

The Professional Nursing Development team is proud of the collaborative relationships and progress made in 2017. Moving forward for 2018, PND plans to continue to fulfill Centra’s mission of “Excellent care for life” by maintaining our focus on quality, safety, staff education, and professional growth.

Holly Reynolds, MSN, RN-BC
Manager, Professional Development
Centra College of Nursing (CCON) has three nursing programs: Practical Nursing Program (PN), an Associate Degree in Nursing Program (RN ADN), and an RN–Bachelors of Science in Nursing Program (RN-BSN).

We have 46 part-time, full-time, and adjunct faculty instructors. It has been a busy year with additions of program cohorts, new programs, and implementing best practices within the nursing programs. Centra College of Nursing continues to showcase a commitment to excellence in nursing practice.

Centra College of Nursing has a true academic progression model from LPN, to RN (ADN) to a RN-BSN to meet the needs of our community we serve. In January, 2017, we accepted the inaugural class for the RN-BSN program. The program was set up as a 12-month online program to accommodate the working RN.

In 2010, the Institute of Medicine released a report, The Future of Nursing: Leading Change, Advancing Health, which recommended that 80 percent of the nursing workforce be prepared at the baccalaureate level by the year 2020. This recommendation recognized that a better educated nursing workforce is needed to ensure that all Americans have access to high-quality care.

The RN-BSN program is designed for working healthcare professionals who possess a registered nurse license and hold either a diploma or associate's degree in nursing. The program gives students who have completed the prerequisite/foundation courses an opportunity to earn a BSN degree at CCON. The RN-BSN program is divided into three semesters over the course of 12 months. This provides a uniquely flexible cohort style of learning for the working professional.

In addition to the new RN-BSN program, we initiated a change in August 2017 to both the PN and RN programs by implementing additional cohorts per year. We added a PN cohort of 30 students and also an evening/weekend RN ADN cohort of 15 students. Both these initiatives were implemented to meet the increasing demands of the healthcare workforce in our community.

Melody Sharp, DNP, RN
Managing Director of Education Services and Dean of Centra College of Nursing

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New program proposal

Centra College of Nursing submitted accreditation applications to move the Centra Nursing Aide Education Program at Centra Virginia Baptist Hospital to the college. Final approvals are expected by February 2018.

<table>
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<tr>
<th>TOTALS</th>
<th>RN-BSN</th>
<th>ADN</th>
<th>PN</th>
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<tbody>
<tr>
<td>Total Students</td>
<td>14</td>
<td>240 (36% increase)</td>
<td>52 (66% increase)</td>
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<tr>
<td>Graduates</td>
<td>8 (Dec 2017)</td>
<td>57</td>
<td>21</td>
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<tr>
<td>Retention Rate</td>
<td>95%</td>
<td>86%</td>
<td>71%</td>
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<tr>
<td>NCLEX Pass Rate</td>
<td>N/A</td>
<td>100%</td>
<td>96%</td>
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<tr>
<td>Placement Rate: Centra</td>
<td>100%</td>
<td>96%</td>
<td>86%</td>
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**Totals Nursing Aide Program**

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<tr>
<th>TOTALS</th>
<th>NURSING AIDE PROGRAM</th>
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<tbody>
<tr>
<td>10 Classes: 7 VBH, 3 BMH</td>
<td>2017</td>
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<tr>
<td>Total Students</td>
<td>112 (21 BMH, 91 VBH)</td>
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<tr>
<td>Graduates</td>
<td>96</td>
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<tr>
<td>Retention Rate</td>
<td>85.7%</td>
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<tr>
<td>Certification Pass Rate</td>
<td>85%</td>
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<tr>
<td>Placement Rate: Centra</td>
<td>92% (Four non-Centra)</td>
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VBH: Centra Virginia Baptist Hospital
BMH: Centra Bedford Memorial Hospital
We call it a labor of love. Each month, Centra’s Medical Intensive Care Unit (MICU) nurses volunteer their time and travel to communities surrounding Lynchburg to teach free CPR classes. The MICU nurses care for cardiac arrest victims. The difference between life and death is receiving CPR quickly. In rural areas, rescue squads are stretched to cover a lot of territory, making CPR and first aid training an essential skill set.

Most people either don’t know CPR or are afraid to do it. MICU nurses want community members to know they do not have to be afraid to do CPR; they want to help them be ready. The Family and Friends class is good for anyone interested in knowing CPR. What drives the nurses to teach community CPR is empowering people with the confidence to do CPR in case of an emergency. Smaller communities may need to do CPR longer if a rescue squad isn’t close by. The goal of the MICU Community CPR program is to provide training courses in the rural communities that surround Centra.

Statistics establish that 60 percent of cardiac arrests happen outside of a hospital. Of those, 80 percent happen inside a home. Survival rates drop dramatically if CPR is delayed. By providing these CPR classes, MICU nurse volunteers are hoping to support the patient at the most critical and important part of their illness where minutes count, and outcomes are greatly affected. They hope to change a life one day.

In 2017, the nursing staff of the MICU provided 19 classes and trained another 327 people in the AHA Family & Friends CPR. They traveled to many communities and counties including Chatham, Prospect, Amherst, Thaxton, Lynchburg, and many locations in between. The training was provided to the young and elderly and held in many venues including a home with a patient on a home ventilator. There have been different organizations that have requested the team: Boy Scouts, Girl Scouts, pre-schools, families, church members, government agencies, MOP groups, middle and high school camps, and health fairs. The need is unbelievable, and the nurses plan to continue until the public stops asking.

Sandra Tordoff, MSN, RN, CCRN

*Unit Manager, Medical Intensive Care Unit*
Nurses are known for their compassion, their caring, and their genuine empathy for their community. Centra’s nurses have spent many hours in 2017 giving back to the Central Virginia community through various volunteer opportunities.

Examples of volunteer efforts of Centra nurses include:

- Medical mission trips (around the world and here in the United States)
- Habitat for Humanity
- Career fairs for children and adults
- Serving food at the Daily Bread
- Participating in community events that raise money for medical charities (American Heart Association, cancer research, etc.)
- Community health fairs
The Centra Nursing Governance Board (NGB) played an integral role in ushering in two significant programs in 2017, the Centra Nursing Engagement Program (CNEP) and the Daisy Awards®.

Based on nursing feedback, the Clinical Advancement Program (CAP) was reviewed and updated to a new program that encourages engagement from bedside nurses at every level of experience and expertise. In late 2016, a CAP review committee was established that included several NGB representatives. Several drafts of the new program were brought before the NGB for review and input.

The new CNEP program went into effect in 2017, with bedside nurses announcing their intent to participate by March 1. The five categories of participation included “Education,” “Professional Engagement,” “Clinical Expertise,” “Research/Evidence-Based Practice,” and “The Centra Experience.” Portfolios with evidence of participation in each of these categories were presented by October 1, and each portfolio was reviewed by Centra leadership for approval. In 2017, 12 RNs achieved CNEP level III, and 202 RNs achieved CNEP level IV. The listing of registered nurses who achieved a CNEP level are on the following pages. Congratulations to all of these registered nurses! The CNEP program will be reviewed on a yearly basis based on outcomes and feedback and updated accordingly.

One of our NGB representatives from the PACU, Lori Servas, had a vision of bringing The Daisy Award® program to Centra. This international program was established in 1999 by a patient’s family as a way for patients and families to thank and honor nurses. According to its website, this international program is now in more than 2,800 healthcare facilities in 18 countries. Lori brought her passion for this program to the NGB, who in turn presented it to Centra leadership. The Daisy Award® program quickly gained momentum, and there were 12 recipients of this award in 2017.

The Nursing Governance Board looks forward to continuing to serve as clinical leaders in our organization.

Tammy Bryant, MSN, RNC-OB, C-EFM
Courtney Moss, BSN, RN-BC

2017 Nurse Governance Board Co-chairs
The following individuals achieved level III in the CNEP program.

Shelley Brown  
LGH Cardiac Rehab  

Shannon Bussert  
LGH Surgical  

Eva Calloway  
LGH Surgicare  

Patricia Carr  
LGH Progressive Coronary  

Joanna Costello-Cocke  
CHS CRCR Nursing Unit  

Hannah Grindeland  
LGH Cardiothoracic ICU  

Susan May  
LGH ED Observation Unit  

Katherine Naples  
LGH Cardiac Rehab  

Michelle Norton  
LGH Cardiothoracic ICU  

Judith Power  
VBH Acute Rehab  

Cornelia Stennette  
VBH Neonatal Nursery  

Maryanne Taylor  
VBH Neonatal Nursery  

The following individuals achieved level IV in the CNEP program.

Jessica Shrader  
LGH Neurological ICU  

Jennifer Schenkel  
LGH Neurological ICU  

Marjorie Riner  
LGH Neurological ICU  

Kristin Baird  
Hematology Oncology  

Natalie Enoch  
Hematology Oncology  

Brenda Whitehead  
Hematology Oncology  

Brittany Carter  
LGH Cardiothoracic ICU  

Melissa Elder  
LGH Cardiothoracic ICU  

Meredith Etheridge  
LGH Cardiothoracic ICU  

Keith Grasser  
LGH Cardiothoracic ICU  

John Holcomb  
LGH Cardiothoracic ICU  

Hannah McFarland  
LGH Cardiothoracic ICU  

Halla Swiney  
LGH Cardiothoracic ICU  

Sharon Basso  
LGH Cardiothoracic ICU  

Anne Caylor  
LGH Cardiothoracic ICU  

Katherine Crabtree  
LGH Cardiothoracic ICU  

Jacinda Shin  
LGH Cardiothoracic ICU  

Pearl Banks  
LGH Cardiothoracic ICU  

Jami Dunn  
LGH Cardiothoracic ICU  

Cynthia Merritt  
LGH Cardiothoracic ICU  

Brandy Knabb  
LGH Cardiac Catheterization  

Mark Smith  
LGH Cardiac Catheterization  

Virginia Blevins  
LGH Cardiac Catheterization  

Sharron Connely  
LGH Cardiac Catheterization  

Carilyn Patterson  
LGH Cardiac Catheterization  

Tracey Payne  
LGH Cardiac Catheterization  

Brenda Thomas  
LGH Cardiac Pavilion  

Brooke Blackstock  
LGH Cardiac Intermediate Care Unit  

Kristen Blackstock  
LGH Cardiac Intermediate Care Unit  

Erin Eagen  
LGH Cardiac Intermediate Care Unit  

Elizabeth Rollins  
LGH Cardiac Intermediate Care Unit  

Karen Briggs  
LGH Cardiac Intermediate Care Unit  

Wendell Moses  
LGH Cardiac Intermediate Care Unit  

Chelsey Eggleston  
LGH Cardiac Intermediate Care Unit  

Jian Thompson  
LGH Cardiac Intermediate Care Unit  

Anthony Webb  
LGH Cardiac Intermediate Care Unit  

Katherine Campbell  
LGH Emergency  

Jason Peters  
LGH Emergency  

Candace Craig  
LGH Emergency  

Betty Lane  
LGH Emergency  

Lauren Malott  
LGH Emergency  

Brittany Breen  
LGH Emergency  

Jennifer Cash  
LGH Emergency  

Rebecca Hamlett  
LGH Emergency  

Ruth Smulik  
LGH Emergency  

Louraine Stegall  
LGH Emergency  

Lindsey Wilson  
LGH Emergency  

Ginger McCall  
LGH Forensic Nurse  

Meagan Murdock  
LGH Forensic Nurse  

Roxeanna Terrill  
LGH Forensic Nurse  

Sara Harp  
LGH Forensic Nurse  

Donna Kling  
LGH Forensic Nurse  

Amber Taylor  
LGH Diabetic Renal  

Gemma Montecarlo  
LGH Diabetic Renal  

Teresa Doss  
LGH Diabetic Renal  

Debra Poindexter  
LGH Diabetic Renal  

Jessica Davis  
LGH Surgical  

Kristy Mays-Myers  
LGH Surgical  

Lesley Palmer  
LGH Surgical  

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The following individuals achieved level IV in the CNEP program.

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Bernadette Rozdilski  LGH Pulmonary  Hillary Yeatts  LGH Medical ICU
Ivette Pinn  LGH Pulmonary  Victoria Abbott  LGH Medical ICU
Wanda Goin  LGH Pulmonary  Tyana Fellenger  LGH Medical ICU
Stephany McPeck  LGH General Medical Unit  Leslie Homan  LGH Medical ICU
Heather Powell  LGH General Medical Unit  Elizabeth Poole  LGH Medical ICU
Courtney Moss  LGH General Medical Unit  Joanne Anderson  LGH Medical ICU
Angela Hearn  LGH General Medical Unit  Courtney Butler  LGH Medical ICU
Vicki Kerr  LGH Oncology  Sharon Kastner  LGH Medical ICU
Jill Foster  LGH Interventional Radiology  Betty Kerr  LGH Medical ICU
Heather Pollard  LGH Interventional Radiology  Kristie Napier  LGH Medical ICU
Monica Tucker  LGH Interventional Radiology  Toni Elkins  LGH Medical ICU
Patricia De Carvalho  LGH Pediatrics  Patricia Woconish  LGH Medical ICU
Tiffany Kidd  LGH Pediatrics  Sarah Smith  LGH Medical ICU
June Mays  LGH Pediatrics  Holly Carson  LGH Surgicare
Karen Tucker  LGH Pediatrics  Jessica Clark  LGH Surgicare
Patricia Conroy  LGH Pediatrics  Rika Lee  LGH Surgicare
Pamela Cunningham  LGH Pediatrics  Melissa Motley  LGH Surgicare
Audrey Johnson  LGH Pediatrics  Charity Whorley  LGH Surgicare
Paige Marks  LGH Pediatrics  Kimberly Martin  LGH Surgicare
Mary Brown  LGH Pediatrics  Katherine Pantana  LGH Surgicare
Frances Concklin  LGH Pediatrics  Glenda Proffitt  LGH Surgicare
Megan Brumfield  LGH Cardiac Rehab  Jodi Zehr  LGH Surgicare
Janice Campbell  LGH Cardiac Rehab  Shirley Johnson  LGH Surgicare
Susan Clapp  LGH Cardiac Rehab  Tiffany Mayhorn  LGH Post Anesthesia Care
Tracy Almond  LGH Cardiac Rehab  Catherine Hayes  LGH Post Anesthesia Care
Elizabeth Jones  LGH Cardiac Rehab  Lori Servas  CMG Urgent Care
Lauren Martin  LGH Cardiac Rehab  Janice Youngs  CMG Wound Care Center
Connie Williams  LGH Cardiac Rehab  Tammy Garrett  CMG Wound Care Center
Joan Wooldridge  LGH Cardiac Rehab  Angela Alred  CMG Wound Care Center
Kathy King  LGH Surg Trauma ICU  Shannon Cunningham  Centra Resource Team
Sherri Yonn  LGH Surg Trauma ICU  Melissa Jones  Centra Resource Team
Laura Hienkle  LGH Surg Trauma ICU  Kelly Carmody  Centra Resource Team
Ashley Preusser  LGH Surg Trauma ICU  Tiffany Lyttle  Centra Resource Team
Jordan Best  LGH Medical ICU  Sandra Cofflin  Centra Resource Team
Randall Collins  LGH Medical ICU  Crystal Nash  Centra Resource Team
Mary Corbett  LGH Medical ICU  Heather May  Centra Resource Team
Demetrice Poindexter  LGH Medical ICU  Whitney Welcher  Centra Resource Team
Hannah Robinson  LGH Medical ICU  Hannah Beam  Centra Resource Team

continued on page 20
The following individuals achieved level IV in the CNEP program. 

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Lyndsey Bennett</td>
<td>Centra Resource Team</td>
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<tr>
<td>Kendra Elder</td>
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<td>Ashley Myers</td>
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<td>Judy Ward</td>
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Each year, Centra nurses select a small number of their nursing peers to be recognized for their commitment to high quality patient care, professional skill and contribution to the organization. The 2017 winners are:

- Anne Marie Caylor, RN (Excellence in Community Service Award)
- Dana Andrews, RN (New Knowledge, Innovations & Improvement Award)
- Jacinda Smith, RN (Exemplary Professional Practice Award)
- Jake Cash, RN (Excellence in Nursing Leadership Award)
- Jeremy Hardison, MD (Physician Collaboration Award)
- Keith Grasser, RN (Rising Star Award)
- Kena Scott (Partner in Caring Award)
- Michele Rakowski, RN (Structural Empowerment Award)
2017 Nursing Excellence Award Winners

Rachel Ruiz, RN
Transformational Leadership Award

Wanda Goin, RN
Wisdom in the Workplace Award

Shannon Miles, RN
Magnet Nurse of the Year

Vascular Access Team
Collaboration Team Award
Centra employs seven inpatient clinical nurse specialists (CNS). A CNS is an advanced practice nurse who is an expert clinician with education and training in a specialized area of nursing practice such as acute care, oncology, critical care, or geriatrics. To be a CNS, a master’s or doctoral degree is required along with advanced certification in the area of expertise. State licensure is required to practice as a CNS, while also maintaining licensure as a registered nurse.

The Centra medical staff office provides credentialing for clinical nurse specialists to practice at Centra. CNS practice generally is described as “three spheres of influence,” which, in the Commonwealth of Virginia, includes:

1. Individual patients and populations: Provides advanced assessment, health promotion, illness prevention, and disease management for patients with complex healthcare problems.
2. Nurses and nursing practice: Provides expert consultation and innovation in nursing practice, conducting research and evidence-based practice projects, process improvement, and using leadership skills to improve outcomes.
3. Organization: Provides professional leadership as an expert consultant, advocate, and change agent. Participates in ethical decision-making, legislative, and regulatory policy development impacting patients and nursing practice.

Clinical nurse specialists in our inpatient setting each lead quality improvement efforts for some of our most impactful and challenging patient safety measures. They coordinate interdisciplinary efforts to reduce harm to patients by ensuring that patients receive evidence-based, cost-effective, high-quality, safe nursing care. Six of our seven current clinical nurse specialists have been hired into the inpatient setting since the summer of 2016.

In that period, we have seen the impact of quality improvement and evidence-based practice improvements that have helped sustain a reduction in patient harm events. One example of improved quality and reduction in patient harm is fall reduction. In the fall of 2016, the patient-fall-with-injury rate was reduced to a new sustained low rate by between 86 to 100 percent when clinical nurse specialists began hardwiring evidence-based best practice changes into nursing care. Practice changes to reduce patient harm are difficult to sustain. It takes dedication and persistence to constantly evaluate and monitor new evidence-based practices or process improvement changes and ensure the dissemination of those changes are effective and practical.

Clinical nurse specialists helped hard-wire practice changes that had previously only been temporarily successful to help achieve and sustain the reduced fall with injury rate. With the support of nursing leadership and teamwork of the bedside nurses and supportive care staff, CNS interventions have helped sustain the reduced fall rate throughout 2017.

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The clinical nurse specialists continue to diligently work on decreasing patient harm while also improving care. They appreciate Centra leadership support of CNS practice in our hospital system and working with the entire team of physicians, nurses, and all of the vital team members that are required to sustain such safety goals. Because clinical nurse specialists are so directly involved with nurses at the bedside, they are able to help integrate the concerns and ideas of nurses into new evidence-based practice projects while mentoring nurses through the dissemination and sustainment of those practice improvements. The clinical nurse specialists look forward to celebrating many more quality achievements with everyone in 2018.

Donna Washburn, MSN, RN, CNS, ACNS-BC, AOCNS

Clinical Nurse Specialist and Director Professional Clinical Practice
Matching patients’ clinical needs with appropriate care settings is extremely important, especially for patients with substance use disorders. Some patients are at risk for severe withdrawal symptoms upon cessation of alcohol and other substances. Other patients have co-occurring psychiatric conditions.

To address this need, in early 2017, Centra Mental Health Services began the journey to add seven beds dually as adult psychiatric beds and medication-assisted withdrawal (or detox beds). This unit was designed for patients whose withdrawal signs and symptoms are sufficiently severe to require primary medical and nursing care services.

In August 2017, Centra opened a seven-bed unit dedicated to the substance use disorder population. This unit is located on English 2 at Centra Virginia Baptist Hospital. A team comprising a highly skilled group of six nurses, six bachelor’s-prepared associate mental health professionals and a master’s prepared mental health professional cares for the patients on this unit.

An adult psychiatrist and a physician assistant (PA) manage medical protocols as well as assess and treat co-occurring psychiatric conditions and biopsychosocial concerns. The psychiatrist and PA provide monthly trainings to the nurses and other staff. In addition to three daily group meetings, patients are encouraged to continue their treatment residually at Centra’s Pathways Lodge or in the intensive outpatient program.

Within a few weeks of opening, there was a 50 percent increase in admissions with an average daily census of five patients.

This new unit has made a positive impact on several hospital departments, including freeing up psychiatric beds on the adult acute unit, optimizing medical bed capacity in the ICU, and providing much needed access for dually diagnosed patients in our Emergency Department.

Stephanie East, DNP, NEA-BC, RN-BC

Vice President of Nursing for Mental Health, Senior Care and Rehab
The National Institute on Drug Abuse has reported a five-fold increase in infants born with Neonatal Abstinence Syndrome (NAS) from 2000 to 2012 (Patrick, Davis, Lehmann, & Cooper, 2015). The number of infants admitted to our neonatal unit with NAS tripled in the first quarter of 2015 from previous years.

Upon identifying this data, a community coalition was created to find targeted interventions. The community coalition needed to identify an integrated network of local resources to care for and improve clinical and social outcomes for mothers and babies. Coalition partners include community resources, local law enforcement, nurse navigators, and clinicians in obstetrics, midwifery, neonatology, mental health, pain management, and pediatrics. The key to success for managing maternal opioid misuse became relationship building to provide for holistic care while enhancing education regarding opioid misuse.

The Centra Women & Children’s Services team developed a strategic plan to serve as a comprehensive center of care for substance misuse in the perinatal and neonatal populations for the Commonwealth of Virginia. The plan included developing a comprehensive treatment program that provides comprehensive prenatal outpatient opioid treatment with medications, navigator, social work, counseling, and home-visiting services. The plan also provided for an inpatient birth experience in which mothers would deliver in the Birth Center and, when stable, transfer to a unit where mothers and babies would stay together to support evidence-based research. The program also would offer ongoing post-partum support, including residence in the Oak Lane support house for up to one year post discharge.

In 2017, the team worked to develop a model of care that would allow Mother and Baby to stay together to provide neonatal extended care. We would like to thank everyone for all their help in allowing us to trial the NEST concept on the MSIU at Centra Virginia Baptist Hospital. The trial period was from October–December 2017. We had wonderful patient outcomes, and our lengths of stay decreased from 21 days to 13.42 days by having our mothers and babies stay together for care. The evidence is becoming clear that couplet care for these patients is the standard of care.

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Our interdisciplinary team has been busy reviewing the evidence and working to determine a plan of care that best allows the mother and baby to stay together. The team reviewed the census for this population, and the fact that we had our busiest year in 2017, with 2,708 deliveries. We determined that patients can be placed on the mother baby unit, utilizing our neonatal parenting rooms and our pediatric unit to provide couplet care.

Our program now offers treatment including appropriate screening, medication assistance, peer support, counseling, and consistent prenatal and post-partum care. Providers communicate, and care is coordinated. Outcomes include a decrease in the length of stay for NAS neonates in the neonatal unit. There also has been increased support for breastfeeding in this population through our lactation consultative team. Mothers in the treatment program are experiencing a decrease in relapse episodes and delivering babies with less exposure to illicit substances. The intensity of the programs supported by social services for these women has increased the opportunities for mothers and babies to bond and families to stay together.

The success of these programs is a testament to the interdisciplinary collaboration of all members of the Women & Children’s Services team.

Kim Price, DNP, RN, NEA-BC
Managing Director of Women & Children’s Services
New Knowledge, Innovations, And Improvements
The Nursing Research Council hosted three keynote speakers for the 13th annual Virginia Henderson Nursing Research Symposium. Karen Gabel Speroni, BSN, MHSA, PhD, RN; Lora Elizabeth Peppard, PhD, DNP, PMHNP-BC; and Maggie Meyer, PMP, addressed 146 attendees from Centra, local academia affiliates, and surrounding healthcare systems.

Dr. Speroni is a consultant and educator for excellence in nursing through the American Nurses Credentialing Center’s Magnet® and Pathway to Excellence® programs. Prior to the event, Dr. Speroni provided a gap analysis of our Nursing Research Council at Centra to guide her keynote address.

Dr. Peppard is an adjunct faculty member of George Mason University and a psychiatric nurse practitioner. At the 12th symposium, our learner's evaluations specifically requested more mental health targeted research, and Dr. Peppard has published multiple scholarly articles in mental health nursing practice.

Maggie is a process engineer at Centra. Performance improvement is gaining rapid noteworthiness in nursing, and we were asked to provide an overview of our performance improvement process at Centra from our gap analysis done by Dr. Speroni. Maggie provided an overview of performance improvement and the Lean Process used at Centra.

Centra speakers did EBP projects on topics that influenced outcomes on our own providers and patients. Our speakers and their project titles include:

- Katie Page, CNM, MSN
  Reducing Primary Cesarean Birth Promoting Spontaneous Labor Progress and Comfort During Labor
- Meagan M. Murdoch, BS, RN,
  Let No Abuse Go Undetected
- Kimberly F. Parr, DNP, FNP, RN
  Health Literacy: Improving Understanding of Discharge Instructions
- Tiffany L. Kidd, DNP, PPCNP-BC, CCRN-P, CPEN
  Improving Provider Compliance with Pediatric Asthma Guidelines Through the EHR
- Rhae S. Newbill, BSN, RN, CCRN
  A MICU Journey, A Pilot Study on the Use of Patient Journals in the Medical ICU

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There were 19 poster presentations of local EBP and PI projects done within the organization. Our poster presenters and their project titles include:

Leandra Lusk, BSN, RN, CNOR; Sarah Kurtz, BSN, RN  
High Fidelity Malignant Hyperthermia Simulation Drill to Enhance Learning

Angela Krecidlo, RN; Jacob Brumfield, BSN, RN; Mary Sparroft, RN  
Equipping Bedside Healthcare Provider’s Knowledge and Interventions of the Acutely Confused Patient Population

Brady Lutz MSN, RN, CCRN, CEN; Carla Harris, RN;  
Christy Fagg, MD; Missy Perkins, MS, CCC-SLP; Doug Crouse, RRT  
Expanding Progressive Mobility in the Intensive Care Unit Through an Interdisciplinary Team Approach

Christy D. Sutphin, MEd, BSN, RN; Christine Green RN, CDE  
Interprofessional Approach to Decreasing Hypoglycemic Events in the Acute Care Setting

Diane Gully, MSN, RN-BC; Alysia Y Hodge, RN; Lisa Vaught, RN  
Project Zero: One Step at a Time–A Multidisciplinary Intraprofessional Approach to Fall Prevention

Christopher Deramo, BSN, RN; Heather Harrison, BSN, RN;  
Crystal Moses, MSN, RN, MLS (ACSP) CM, CNL  
Trash-talk: Reducing Regulated Waste Through Staff Education in the Emergency Department

Rebekah Lovin, RN, BSN  
Study of Nurses’ Attitudes and Practices Toward Pain Evaluation in Nonverbal Patients

Lori Servas, BSN, RN, CPAN, Project Coordinator; Cathy Hayes, BSN, RN, CCRN; Christie Knight, RN, PACU Coordinator; Tiffany Mayhorn, BSN, RN; Regina Strange, BSN, RN; Bridget Houlihan, BSN, RN; Sarah Kurtz, BSN, RN; Brigitte Wilson, MSN, RN, CNOR, OR/PACU, U.M.; Valerie Wall, MSN, RN, OR/PACU U.M.; Linda Duncan, BSN, CNOR; Terry Hurt, MD, anesthesiologist, champion physician resource  
PACU Pause Time and Perioperative Handoff Project

Kimberly Parr, DNP, FNP-C, RN  
Health Literacy: Improving Understanding of Discharge Instructions

Katie Page, CNM  
Reducing Primary Cesarean Birth Promoting Spontaneous Labor Progress and Comfort During Labor

Benjamin “Ben” Collurafici BSN, RN II, Elizabeth “Beth” Parr, ADN, RN II; Ellie Landry AND, RN II  
Patient Perception of Congestive Heart Failure Symptoms and Readmission Risk

Valerie Tucker, RN, BSN, project lead; Kacie Pantana, RNII, BSN, CCRN, project lead; Carrie White, RN, BSN, MSN, support; Monica Hall, RN, BSN, CCRN, literature review; Debra Hamric, RN, BSN, literature review  
Using Buffered Lidocaine Wheals to Decrease Pain Upon Obtaining Intravenous Access

Helen Parke, DNP, MSN, RN  
Educational Intervention to Improve Self-efficacy and Self-care in Patients with Heart Failure

Rhae S. Newbill, BSN, RNIV, CCRN; Victoria Abbott, BSN, RN IV; Sandra Tordoff, MSN, RN, CCRN  
Pilot Study on the Use of Patient Journals in the Medical Intensive Care Unit

Paola Richard, MSN, RN, ACCNS-AG, CCRN  
Comparison of PAINAD to FLACC in Cognitively Impaired Adults

Jordan Arnol Vance, DNP, FNP-BC, CCRN
Perceived Knowledge and Perceptions of Palliative Care Among Advanced Practice Cardiac Providers

Sarah Kurtz, BSN, RN; Wendy Burks, BSN, RN; Cynthia Tabian, BSN, RN
High Risk Obstructive Sleep Apnea (OSA) Urologic Surgical Outpatients’ Average: Length of Stay in the Post Anesthesia Care Unit: A Pilot Study

Susan Cheatam BSN, RN III, CAPA; Monica Hall, BSN, RN III, CCRN; Christy Masters, BSN, RN III, CAPA
Pilot Study: Specificity of STOP-Bang Scoring Methods

Heather Vasioutovitch, DNP, FNP, RN
Provider Screening for Depression in Patients Post-Myocardial Infarction

Shannon Knowles BSN, RN, CMSRN, RN-BC; Margaret Crigger RN, ONC
Continuous Passive Motion: What Does the Literature Say?

Karen Briggs, MSN, PCCN; Wendy Moses, BSN RN-BC; Tasha Dean, BSN; Anthony Webb, BSN; Coral Hunter, BSN, RN-BC; Unit manager; Russell Walls, LPN; Kristen Harbin, LPN; Mary Jones, USA
The Impact of the CIMU Triad Nursing Model on Staff Satisfaction and Patient Satisfaction

Jennifer Larkin, MSN, RN, CCRN-K; Cynthia Walker, RN, CVRN
Implementation of a Pre-hydration Protocol to Prevent Acute Kidney Injury in Patients Undergoing Percutaneous Coronary Intervention

Debra Lynn Poindexter, BSN, RNIII, Project Leader and Coordinator; Courtney De’Loatch, CNA II; Teresa Doss, BSN, RNIII; Antrunette Wright, CNA II; Susan Brown, HUC; Anne Johnston, RNII; Kelli Owens, MSN, RNII; Robyn Hamilton, BSN, RNII
The Beginning Journey to Reducing CAUTI’s (Catheter Associated Urinary Tract Infections) on Diabetic Renal Medical Unit: Quality Improvement Initiative

Jessica Taylor RN I; Heather Doss RN II
Prevention of Infiltration and Extravasation with Vasoactive Medications

Lauren Giles, Mary Grace Falls, Elizabeth Vernon
Benefits and Barriers of Bedside Report

Emily Hurley BSN, RN II; Kerri Shepheard BSN, RN II; Kelsey Tucker BSN, RN II; Mary Ellen Justis, RN II
Pet Visitation

Heather Paine, RN, MSN
Scheduling

Award Recipient Drew White, BSN, RN, with Dr. and Mrs. George Hurt

Nursing Research Council co-chairs Stephanie East, DNP, NEA-BC, RN-BC, and Dr. Vicky Brunet, DNP, NNP-BC presented the annual award in Nursing Research Excellence to Tiffany L. Kidd, DNP, PPCNP-BC, CCRN-P, CPEN, and Drew White, BSN, RN, for their contributions to new nursing knowledge at Centra and to the nursing profession in honor of Virginia Henderson.

Unable to attend the award ceremony

Tiffany L. Kidd, DNP, PPCNP-BC, CCRN-P, CPEN