A MESSAGE FROM THE CHIEF NURSING OFFICER

One UF. These words have meaning for the nursing staff at UF Health Jacksonville. We work together with the community we serve, our colleagues in other disciplines and our colleagues at UF Health in Gainesville to meet our vision to be the region’s most valued health care asset. In the 2019 Nursing Annual Report, we are spotlighting the achievements we have made through united efforts with the University of Florida College of Nursing, ambulatory practices and our entire care team.

UF Health Magnet nursing teams understand the importance of merging ideas, resources and collective energies to achieve innovative solutions to today’s health care issues. That is why we are one of only 9% of hospitals nationwide to receive Magnet designation. We are Magnet because of our nursing leaders, clinical staff and partners, both internal and external to UF Health Jacksonville.

Nursing continues to raise the bar and be tenacious about quality care for the patients we are privileged to serve. We appreciate all our partners who unite with us in achieving excellence for our patients. Thank you for taking the time to review our report and celebrate the exceptional accomplishments of our team.

Together we are stronger, together we have achieved more and together we are a more innovative and engaged nursing staff.

Patrice Jones, DNP, RN, NE-BC
Vice President and Chief Nursing Officer
UF Health Jacksonville

MISSION
Nursing at UF Health Jacksonville collaborates to provide safe, compassionate and innovative care to patients and families in the diverse communities we have the privilege to serve. We make a difference.

VISION
Nursing at UF Health Jacksonville will be a nationally recognized leader of innovation in patient care by exceeding benchmarks for the patient and family experience, quality outcomes and nursing satisfaction.

VALUES
Integrity
Doing the right thing even when no one is looking

Respect
Providing dignity through open-minded, nonjudgmental professional care

Caring
Showing compassion and empathy to those we serve

Positive Attitude
Seeing the good and speaking the positive

Accountability
Holding ourselves and others to a high level of excellence

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A Message from the Chief Nursing Officer
MAINTAINING ZERO

Achieving and maintaining zero catheter-associated urinary tract infections, or CAUTIs, and central line-associated bloodstream infections, or CLABSIs, takes an entire unit’s dedication. In the Neurology Inpatient Unit, nurses care for a high-acuity patient population experiencing strokes, seizures and severe neurological disorders. The staff recognized a need for added diligence for these vulnerable patients. In response, nurses adopted frequent shift audits to ensure safety. Using evidence-based innovation, the unit maintained zero CAUTIs since May 2016 and zero CLABSIs since September 2017.

The pathway getting to zero required a collaborative effort among charge nurses, staff nurses and patient care associates; clinical quality nurse leader Jeneice Anderson, MSN, RN, CMSRN; nurse manager Angelique Brown, BSN, RN, CCOR; and the Infection Control Team, as well as support from Valerie Platt, DNP, RN, NE-BC, division director of nursing specialty services. The primary driver of this success was creating a culture of safety and prevention. It became part of the unit’s culture to verify the necessity of central venous access devices, or CVADs, and indwelling urinary catheters each time. Other key strategies for success include daily nurse leadership rounding, strict adherence to the decatheterization protocol and confirmation that CAUTI and CLABSI bundles were in place at all times.

More recently, the unit began chlorhexidine wipes for patients with CVADs. Nurse leaders also created a unit-specific audit tool to track compliance with documentation and trends associated with patient infection risk indicators. These risk indicators include an increase in temperature, the patient’s white blood cell count, preexisting infections, immune deficiency risks and other comorbidity factors on any patient with CVADs or indwelling catheters. This tool was initially created as a root cause analysis tool after a CAUTI was identified in May 2016 and has been used ever since.

These innovative and noted accomplishments are due to the hard work and dedication of the entire unit.
The opening and rapid growth of the UF Health North Intensive Care Unit laid the foundation for an autonomous and empowered team. Nurses, physicians and case managers from all specialties came together to solidify their mission and goals. After the employee engagement survey in 2018, they saw their biggest prospect to be the improvement of nurse and physician relationships, and promotion of nurse continued education and support.

In November 2018, the unit hosted its first operations meeting, which included physicians, nursing leaders and pharmacy staff. As a result of this meeting, they quickly implemented daily multidisciplinary rounds. The charge nurse, primary nurse, advance practice registered nurse, intensivist, pharmacist, respiratory therapist, dietitian, physical therapist, occupational therapist and speech therapist gather at 9:30 a.m. to complete rounds on all ICU patients. They discuss each patient’s diagnosis, history, length of stay and current status, giving the nurse a chance to voice any issues or concerns.

The rounds also allow the team to make real-time assessments and update the plan of care with the patients and families, if present. The team then clarifies the plan of care and communicates the patient goals to the patient, family and all staff.

In addition to the ICU operations meeting, nurse manager Amy Doyle, BSN, RN, CMS-RN, also wanted to bring the staff together to give them a feeling of support and provide educational opportunities. Along with Maribel Rodriguez-Torres, MSN, RN, CCRN, a clinical education specialist, the unit started a journal club where each nurse presents journal articles once a month, which has been well-received by staff. The presentations have increased the team’s knowledge of evidence-based practices.

The unit is successfully able to care for critically ill patients at UF Health North and has had only one CLABSI and one fall this fiscal year. The entire multidisciplinary team built more internal trust, and nurses are continuing to grow their skill sets to improve patient care.
IMPROVING RESPONSIVENESS

The call light is a vital patient communication link during hospital stays. Consistency in call light responsiveness is imperative for maintaining patient safety and communication. The Hospital Consumer Assessment of Healthcare Providers and Systems survey asks patients about the measure of responsiveness in two specific areas: call lights and toileting needs.

Nursing partnered with Quality Management on a Lean Six Sigma project to improve patient experience scores specifically related to responsiveness to call lights. Our score in fiscal year 2017 was 64.5% with an actual goal of achieving 70.2%. Nursing staff analyzed the current process and flow and developed actions based on proven practices.

The procedures implemented include:
- Development of standardized response times and expectations
- Information blitz at all nursing meetings and huddles
- Increased accountability for carrying a pager
- Re-implementation of purposeful hourly rounding
- Staff training and simulation of new processes in a lab environment

Through efforts made by the team of nurses assigned to the project, HCAHPS scores improved beyond the goal of 70.2% to 74% in December 2018. The real winner of this successful project is our patients, who will experience a more attentive and engaged nursing staff during their stay.
A NURSE’S PERSISTENCE

Earl Robinson decided to make a quick stop at the hospital for antibiotics to take care of dental-related lesions that were causing him minor pain. His quick trip turned into emergency surgery and a three-day stay at UF Health Jacksonville. His lesions were actually abscesses in his jaw line, which required immediate surgery to prevent further infection.

His surgeon, Daniel Schlieker, MD, DDS, a fellow in the department of oral and maxillofacial surgery, performed the procedure to drain and clean the abscesses. In addition to his unplanned surgery, a tracheostomy tube was put into place to help open Robinson’s airways and he was put on a ventilator to improve breathing function.

But no one was aware that Robinson’s legally blind, wheelchair-bound wife was home alone, with limited phone access to reach her husband. His bedside nurse in the Surgical Intensive Care Unit, Karen Knight, MSN, RN, quickly sprang into action upon learning the news. She took the time to get to know the extent of his emotional distress and contacted Case Management and Pastoral Care to seek additional support.

The tracheostomy tube made it very challenging to speak, so Knight remained by her patient’s side to help interpret his speech, something she was tuned into from her years of nursing experience. Along with hospital chaplain Balinda Welcome, Knight persisted in seeking help for her patient and his wife. Welcome contacted the Jacksonville Sheriff’s Office for a welfare check on Robinson’s wife.

After a few hours, Officer William Ford wheeled Robinson’s wife to his bedside. Knight paid for her food during the visit and provided her with snacks when Officer Ford drove her back home. She also helped the couple renew their cellphone plan to ensure a more frequent line of communication.

“Karen would not take no for an answer and broke through many barriers on behalf of her patient,” said Kalee Davis, MSN, RN, a charge nurse in the SICU. “When I heard the extent she went to for her patient, it left me with goosebumps. It really left all of us in the unit in awe.”
“When I heard the extent she went to for her patient, it left me with goosebumps. It really left all of us in the unit in awe.”

Kalee Davis, MSN, RN
UF Health Jacksonville
A Nurse’s Persistence
MENTORING NEW LEADERS

Nationwide nursing workforce predictions indicate a shortage of candidates for leadership roles. At times this makes it necessary to hire new leaders from outside of the organization. Engaging in formal succession planning, which includes nurse managers and charge nurse development, is a strategy endorsed by many nursing professional organizations.

Leadership engages in formal succession planning strategies called Fostering Organizational Continuity Using Structured Education and Development. The FOCUSED program is based on competencies and the 9-Box Grid Talent Management tool for evaluating next-in-line or succession planning. The tool contains employees’ information categorized into two variables: performance ranking and potential for advancement. The 9-box is used in succession planning as a method of evaluating an organization’s current talent and identifying potential leaders for continuity of goals and initiatives.

When the nurse manager position for the Trauma Center and Pediatric Emergency Room became available in November 2015, leadership identified experienced flight trauma nurse David Meysenburg, MSN, RN, EMT-P, CFRN, TCRN, for the opportunity.

Cynthia Gerdik, DNP, MBA, RN, NE-BC, associate vice president of nursing at UF Health Jacksonville, became his mentor and taught him about the power of shared governance to afford staff the ownership of problem-solving at the unit council level.

“Meysenburg demonstrated the traits needed to be an effective leader,” Gerdik said. “He was trustworthy and decisive, which were key traits in managing emergencies as a member of the flight team.”

Transitioning from a flight nurse to a nurse leader, Meysenburg recognized the need to gain exposure to Magnet principles and unit-based council activities. Practicing what he learned at mentoring sessions, he let the staff determine the new shift time of 3 p.m. to 3 a.m., to ensure staffing levels matched patient volumes and the needs of the team. The use of shared decision-making is a collaborative Magnet process allowing staff and leaders to make decisions together, taking into account the best available evidence, as well as stakeholders’ values and preferences.

In 2017, Meysenburg was evaluated in his role as a nurse manager as a top 9-box candidate. Two years after becoming nurse manager for the Trauma Center and Pediatric Emergency Room, he was promoted to division director of emergency services and trauma at UF Health Jacksonville.
In 2016, leaders from the University of Florida College of Nursing worked with chief nursing officers from the Jacksonville and Gainesville campuses to make the key decision to establish educational environments called Academic Partnership Units, or APUs. The addition provides accelerated nursing students with a unique educational opportunity within a clinical and academic environment. With the goals of increasing the number of nurses holding bachelor’s degrees in nursing to meet changing workforce demands and decreasing the nursing turnover rate, the program has achieved much success in its first few years of operation.

The model fosters a clinical partnership or homeroom assignment for nursing student clinical education. Having the same bedside clinical instructor on a homeroom unit means less attention and energy by the student nurse to adapt to changing hospitals, floors, work areas and personnel. Similarly, homeroom hospital units have the opportunity to leverage the student nurse’s time as a 14-month pre-employment phase for when it comes time to hire new BSN nurses.

Graduates from the UF Health Jacksonville APU program pay it forward and act as champions for new APU students. Emma Hawley, BSN, RN, Meredith Simmons, BSN, RN, and Danielle Jamison, BSN, RN, have become expert bedside clinical instructors for new APU student nurses. During their education, Hawley was assigned to a Progressive Care Unit at 8 North, Simmons was in the Medical Intensive Care Unit and Jamison learned that she preferred the MICU setting to the ER. Each have gone on to apply their experience in the program to provide guidance and technical knowledge to students currently navigating their education.

The APU model has allowed for the recruitment of new nurses, resulting in hiring more than 50% of new APU graduates and retaining 100% of newly hired APU nurses at the Jacksonville campus. With three cohorts completed so far, the hospital has hired 54 BSN nurses. The Gainesville campus has realized similar successes with APU students, graduating 87 BSN nurses since 2017 and hiring 41% of them, with a retention rate of 88.9%. The turnover rates for registered nurses with the program slowly decreased from 16.5% to 16% in the last three years. The innovative application supports the Institute of Medicine Future of Nursing 2020 goals of increased BSN rates and increased collaboration between education and employers.
INFUSING INNOVATION

UF Health operates two inpatient infusion centers and five satellite oncology practices in Northeast Florida. At these seven locations, nurses supported more than 30,000 infusions and injections related to cancer treatments in the last fiscal year. Nurses are a key part of the care team and have frequent contact with patients every day. This presents opportunities to improve patient experience and collaboration with our UF physicians.

MEETING ALL NEEDS

Through their strong relationships, nurses often identify and address patients with psychosocial needs beyond what traditional cancer treatment alone provides. Needs may include housing, child care, emotional needs and physical issues, such as loss of appetite and swelling. Outpatient oncology nurses administer a psychosocial assessment for all new oncology patients as well as any recurrent patients who appear to have signs of distress.

Patients who score a six or higher on the assessment are referred by nurses to the appropriate resources, such as a financial representative, a rehabilitation services representative and/or a case manager. The outpatient case manager for cancer services, Tamara Sonye, LMHC, works with these resources after ensuring any immediate physical needs of the patient are met.

Patients completed nearly 2,000 assessment forms in the last fiscal year. Of those, 23% indicated high distress levels, which were addressed through nursing and social service interventions. This collaboration between nursing and ancillary services allows patients seen at all of our off-site practices to have psychological and socioeconomic needs addressed.

TEAM HUDDLES

Marie Evelyne Parisien, MSN, BSN, RN-BC, ONC, developed a strong affinity for professional communication with her peers during her first three years with the organization. Her keen interest in nursing engagement and nursing research has led to the implementation of multiple changes within her department. She created the daily nursing huddles to better engage with her peers.

Parisien first implemented the huddles in 2019 at the UF Health Infusion Center – Jacksonville to help with communication between staff regarding each day’s patient census. Since the staff at the Pavilion location are physically separated from the physicians who see patients in the Faculty Clinic, Marwan Shalhff, MD, was invited to the morning huddles. This has allowed more open dialogue to help nurses and physicians better understand and address potential patient issues together.
“Meysenburg demonstrated the traits needed to be an effective leader,” Gerdik said. “He was trustworthy and decisive, which were key traits in managing emergencies as a member of the flight team.”

Cynthia Gerdik, DNP, MBA, RN, NE-BC
UF Health Jacksonville
Mentoring New Leaders
EMPOWERING PATIENTS

One of the greatest incentives for nurses at a Magnet organization is to take part in unit councils with colleagues and to have input in decision making with unit leadership. Jo Thompson, MSN, RN, CMSRN, LSSGB, unit nursing director of the Inpatient Psychiatry Unit, promotes and encourages the benefits of shared governance. Nurses on the council collaborate to meet organization and unit specific goals to make big impacts on patient outcomes.

The Inpatient Psychiatry Unit Council, co-chaired by Bernadine Tippit, BSN, RN, and Gabriel Butts, BSN, RN, determined their patients needed more diversional activities to help reduce aggressive behavior toward staff and others. Evidence-based principles define diversional therapy as a patient-centered practice that recognizes leisure and recreational experiences are the right of all individuals. The unit council’s goal was to promote patient involvement in leisure, recreation and play. The evidence in nursing literature indicates recreational activities may promote self-esteem and personal fulfillment. The unit council identified motivational strategies were needed to empower many patients to participate.

THE FLIP-FLOP TRAIL

A flip-flop exercise trail was completed within three corridors of the unit. Patients and staff navigate the trail, stopping at flip-flop junctions to hop on one foot 10 times or do 10 jumping jacks. Low-impact exercise promotes the physical and psychological support needed on the unit. Similarly, an empty exam room was converted to an exercise station, with a stationary bicycle and elliptical bicycle for the promotion of psychical and holistic well-being.

THE COMFORT ROOM

The unit council also developed and implemented a comfort room with soft lighting and a relaxation television channel playing mellow music and wildlife images. Patients needing less stimulation to help promote coping mechanisms for agitation or anger are directed by staff or can opt to self-direct to use the room. Staff members often accompany the patients, as sometimes less stimulation and a listening ear help decrease stress.

THE TREASURE CHEST

Redirecting behavioral activities for patients living with mental illness is frequently deployed within the unit. The unit council developed and implemented a treasure chest to reward patients who comply with redirecting strategies for behavioral challenges. The program is modeled after a token economy, defined in psychiatric settings as reinforcing favorable actions by giving tokens. Patients can earn tokens during their admission, which can be traded for special food items, television time or other rewards. At discharge, they can select various items, such as cologne, perfume and other hygiene products. Unit staff donate all treasure chest items.
INCREASING ACCESS TO CARE

One of the goals for UF Health Women’s Specialists – Jacksonville is to improve access to care for as many patients as possible, especially as a provider for high-risk pregnancies and those who could not otherwise afford care. The practice currently sees 1,800 to 2,000 patients every month, with 12 additional locations to support obstetrics patients that establish care at the downtown campus. In the practice, the upper level residents can see about 12 patients per scheduled panel, and the first-year residents can see five to seven patients, depending on the month.

Every Wednesday, support staff see 50 to 70 new obstetric patients. After this initial appointment, patients are then scheduled to see a provider and discuss the plan of care for their pregnancy.

Provider schedules were overbooked, resulting in patients waiting one to two weeks due to the lack of available appointments. The providers were frustrated because their calendars were overbooked, with the morning schedule sometimes running into the afternoon schedule. Patients were unhappy because of the long wait times or having to wait a long time for an appointment.

The nurses identified a need to open another scheduling block to support seeing patients post-delivery. Collaboratively, with leadership, physicians, sonographers and staff nurses, the idea of opening a nurse postpartum clinic was established. Nursing staff expertise facilitated earlier visits for postpartum mothers. The nurse clinic created increased access on residents’ scheduling calendars. The nurse clinic is scheduled all day on Mondays and Thursdays and can support 20 patient appointments.

The Institute of Medicine recommends nurses become full partners with other members of the health care team to lead change to improve our nation’s health care. The development of the postpartum nurse model clinic is an example of such improvement and has provided increased access for mothers at one of their most vulnerable times.
Nursing research at UF Health Jacksonville allows our nurses to contribute to improved patient care and better quality outcomes for our field. Through research, we are able to cultivate the experience and knowledge of nurses to conduct research studies and clinical quality improvement projects to advance evidence-based practices. Alongside colleagues in all disciplines, we are working to enhance patient care and safety through clinical practice within all units. Research, innovation and collaboration build relationships with others and shape the future of our organizations quality of care.

Kristen Ray, MSN, RN, CCRN, TCRN
Wildly Important Goal: Improving Hand Hygiene in the Surgical, Trauma and Neurology Intensive Care Units

Danielle Jones, MSN, RN, CMSRN, LSSGB
Wildly Important Goal: Improving Staff Responsiveness in the Medical Progressive Care Unit

Julia Paul, MSN, RN, NP-C
Initiating Clinical Guidelines for Weighing Postoperative Patients in the Skilled Nursing Facility

Shanese Matthews, BSN, RN
Establishing Cesarean Section Urgency Protocol and Improving Multidisciplinary Communication and Team Collaboration on the Labor and Delivery Unit

Karen Obermiller, BSN, RN, CWS
Readmission Rate Related to Outpatient Wound Care

David Marinis, ADN, RN, CMSRN
Paige Coggin, BSN, RN, CMSRN
Travis Peistrup, EMT-P
Cindy Collins, MSN, RN, NE-BC, CRNP
Wildly Important Goal: Improving On-Hand Patient Care Supplies and Decreasing Lost Charges and Discrepancies

Tara Cornett, MSN, APRN, FNP-BC
Jackie Stratton, BSN, RN
Blondelle Ashe-Bazil, DNP, RN, CCRN
Wildly Important Goal: Alarm Awareness in the Medical Intensive Care Unit

Amber Mason, MSN, RN, CPN, NEA-BC
Back to the Basics: The Impact of Accurately Documented Vital Signs in the Early Recognition and Response to Deteriorating Hospitalized Patients

Tara Cornett, MSN, APRN, FNP-BC
Adult Spinal Cord Injury Decatheterization Protocol

Alisha Wise, BSN, RN, CPEN
Incorporating a Human Trafficking Screening Assessment Tool on Triage

Shannon Terrell, APRN, RN
Improving Sharp and Splash Incidences Using Electronic Format

Tina Turner, MSN, RN, CMSRN
Utilizing Chlorhexidine Gluconate Wipes to Decrease Bloodstream Infection in a Trauma-Surgical Progressive Care Unit

Kristen Ray, MSN, RN, CCRN, TCRN
Operating Room to Intensive Care Unit Hand-off Communication

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Thank you to all of the nurses and staff who contributed to the creation of this annual report.

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