



2012 **NURSING** ANNUAL REPORT

Delivering Quality and Innovation in Patient Care



Dear Colleagues,

This past year has been an incredible journey filled with tremendous success for Woman's Hospital. The transition planning associated with the relocation of our new campus hospital, Magnet® re-designation, Joint Commission re-certification, as well as countless nursing initiatives to improve quality and expand care all converged into one incredibly busy and successful year.

Together, we accomplished unprecedented goals that further our mission to improve the health of women and infants. It has been a year of challenges filled with amazing opportunity and outstanding success for Woman's.

Thanks to all staff who worked this year to continue building our patient-centered community of extraordinary people and exceptional care. I look forward to our future as the premier hospital for women and infants in our community.

Sincerely,

Patricia R. Johnson, DNP, RN, NEA-BC
SVP/Chief Nurse Executive
Woman's

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Words can't quite describe the extraordinary sequences of events that happened on Move Day. We captured many of these special moments in pictures, and we believe they show our nurses at their very best.

Magnet® Redesignation

Innovation and leadership efforts are best measured by successful outcomes. Woman's has achieved notable successes in the past few years. In 2006, Woman's became the first hospital in Baton Rouge to receive the American Nurses Credentialing Center's (ANCC) Magnet® designation, symbolizing excellence in nursing. We were thrilled to receive our Magnet® redesignation in September 2012; Woman's is one of only four hospitals in Louisiana to achieve this recognition of nursing excellence. Nurses were proud to receive three exemplars within the components of the Magnet® model involving elements of transformational leadership, exemplary professional practice and new knowledge, innovations and improvement.

Exemplar 1 *Transformational Leadership*

Describe and demonstrate how nurse leaders guide the transition during periods of planned and unplanned change.

The surveyors cited the nurse leaders at Woman's as sustaining a remarkable ability to guide others in the organization through change in the face of a host of challenges. Challenges ranged from relocating patients during a hurricane evacuation, transitioning to an electronic documentation system, implementing pediatric inpatient surgery and moving to a new hospital facility.

Surveyors found the nurse leaders in the organization to have demonstrated exceptional leadership with their involvement in the preparation and planning for the move. They found evidence in discussions with executives, nurse leaders and direct nursing caregivers that all levels of staff and nursing councils participated in the process redesigns and action plans that guided their transition. Every process was reviewed, waste was identified and new processes were developed utilizing flow charts

and process mapping to rank in order of importance and modify as needed.

Additionally, they cited the move to the new hospital as inspiring an innovative use of simulation training scenarios for codes and other emergent patient situations as well as practice for the patient move. Multiple innovative discovery sessions were held at the construction site in order to answer questions, develop and explore revised processes and familiarize nursing staff with the new space. Off-duty ambulances were used for several move day simulations to practice infant transfers with dolls and to practice adult transfers with staff "actors" playing the role of patients. The surveyors found the nursing leaders at Woman's Hospital to "cultivate a remarkable climate of support as they guide staff through transition during planned and unplanned change."

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Exemplar 2

New Knowledge, Innovations and Improvements

Describe and demonstrate the structure(s) and process(es) by which nurses are involved with the evaluation and allocation of technology and information systems to support practice or nurses' participation in architecture and space design to support practice.

Again surveyors cited the new hospital, specifically the extent of the nurses' contribution to the design. They found their contributions extremely impressive and underscored the commitment of the staff to the well-being of the patients and the families. Suggestions that arose from nursing participation extended to every aspect of the patient experience. Nursing participation was instrumental to ensure universally sized and shaped rooms that easily accommodate space for the nurse, patient and her family. The participative process involved every level of nursing from leadership to nurse educators, staff nurses and even nurse assistants.

More than 80 nurses participated in the review of the full-scale mock-ups of patient rooms and an operating room to experiment with processes, patient care scenarios and workflows as well as to role play and provide essential feedback to ensure the best design. They began with an empty space and brought in actual furniture and equipment. The items were arranged for optimal efficiency as well as patient experience. The walls were then drawn and the room size and shape were established

based on their nursing recommendations. More than 90 nurses also participated in processes that included workflow analysis, patient care scenarios, simulations and role playing. Equipment decisions for the new facility involving nurses included the nurse call system, Operating Room lights, video integration systems, patient beds, patient monitors and more.

The patient advocacy evident in the architecture and space design that supports nursing practice was noted in the Assessment Center, which also attests to the remarkable culture of the organization. The Assessment Center cares for patients admissions, including deliveries and other emergent needs. Nurses insisted that each room be equipped with an adjoining bathroom. Hospital architects resisted, citing other hospitals' use of a centralized restroom. The unique needs of the obstetric and acute gynecologic patients were brought forward by nursing leaders, who held firm to their recommendation. This resulted in a design change that added a private bathroom to each Assessment Center patient room.

Furthermore, nursing leaders and direct care nurses collaborated to design the family support area for antepartum patients. This collaboration resulted in a support space for family to gather, do laundry, interact with other patients and eat meals. Antepartum patients truly benefit from this added space, with their stays of up to three months. The surveyors found the level to which nurses were involved in the architecture and space design to support practice in this organization as exemplary.

Exemplar 3

Professional Practice

Describe and demonstrate how nurses use available resources, such as the ANA Code of Ethics for Nurses (American Nurses Association, 2001b), to address complex ethical issues.

The surveyors found Woman's nurses to exhibit extraordinary commitment to the Code of Ethics, principally by practicing with compassion and respect and protecting the rights of all patients, particularly the rights of prisoners who deliver infants at Woman's.

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New Campus Move



Planning

In October 2011, nearly one year before the move to the new campus, our staff was engaged in transition planning. Preparations consisted of multiple teams and hundreds of members that focused on everything from moving patients and equipment to details such as power outlet and lighting locations. Planning for our move while still carrying on our day-to-day operations made for

a challenging yet exciting time in our history. Aside from NBBJ Consultants, who guided us through the process, our staff assumed nearly all responsibility for every aspect of planning and execution – in addition to their regular duties. It was this level of commitment and care as well as strong leadership, expertise and community engagement that made our move planning such a success.

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Practicing

We planned for the move to our new home to be completed in just 12 hours, during which time both hospitals would be in operation. Staff would go from working in a familiar environment to a completely new one; to ensure a smooth transition, staff tours and simulations were conducted. Hundreds of staff participated in five scenarios that ranged from a hysterectomy patient to an obstetrical patient with complications. This training was essential to educating our clinical staff on how to operate new technology, where to find medical supplies and equipment and how to efficiently transport patients throughout the hospital.

Acadian Ambulance was our partner in transporting patients during our move; the Acadian team had recently moved Our Lady of Lourdes Hospital in Lafayette to its new campus. A constant source of information,

Acadian Ambulance joined our staff in performing several tabletop and mock drills. Some of the issues we tackled together included the paths ambulances would follow to enter and exit each campus, where patients would be transported and how patient movement would be tracked. During these drills, we also practiced communicating pertinent information to patients' families. Mock drills began in early 2012 and continued until the week before the move.

Moving babies in our Newborn and Infant Intensive Care Unit (NICU) was undeniably the most daunting and intricately planned part of the move. Critically ill infants, some on life support, had to be carefully monitored and supervised every step of the way to our new home. Hospitals statewide lent staff and equipment so each infant would arrive safely.

Moving

Woman's new campus at Airline Highway and Stumberg Lane officially opened on August 5, 2012, and the 44-year-old campus six miles away closed its doors. Starting before dawn, 61 women and newborns and 60 NICU patients were moved to the new campus. A critically ill infant successfully underwent surgery in the NICU operating room at the new campus just 10 hours into the move, highlighting Woman's successful planning and preparation. The first newborn's cries were heard at the new campus at 12:54 PM; the last baby was delivered at the original campus at 1:23 PM.

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Quality Initiatives



Woman's receives GIFT Certification for Breastfeeding Rate Improvement

Nurses play an integral role in decision making and initiating practice changes based on best evidence, research and changes in standards of care. At Woman's, our participatory style of nursing leadership supports the adoption of nursing practice standards and active involvement of nursing in initiating practice changes. Nurses are keenly aware that they can influence healthcare and our commitment to improvement is illustrated by the following sample initiatives.

Breastfeeding Rate Improvement

Woman's breastfeeding rate remains above state average

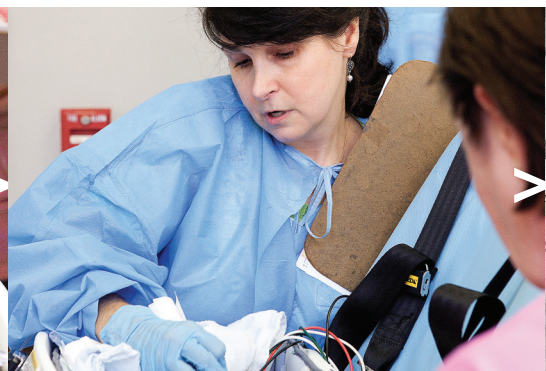
The Mother/Baby nurses' passion, dedication and commitment to breastfeeding was evident as they led an interdisciplinary taskforce to protect, promote and support breastfeeding. Through a variety of efforts, including education to dispel myths and a committed nursing staff, they achieved phenomenal success.

As of September 2012, Woman's year-to-date average breastfeeding rate was 62.8 percent, exceeding the Louisiana average of 53.5 percent, and is continuing its upward trend. Additionally, the exclusive breastfeeding rate improved from 21.9 percent in October 2011 to 25.23 percent in September 2012.

One of the team members, Neva Elliot Carter BSN, RNC, also published an article in the August/September 2012 edition of AWHONN's Nursing for Women's Health titled "Keeping Mothers and Newborns Together After Cesarean." The article depicts the practice of non-separation of moms and baby after cesarean delivery, allowing for skin-to-skin contact and early breastfeeding initiation.

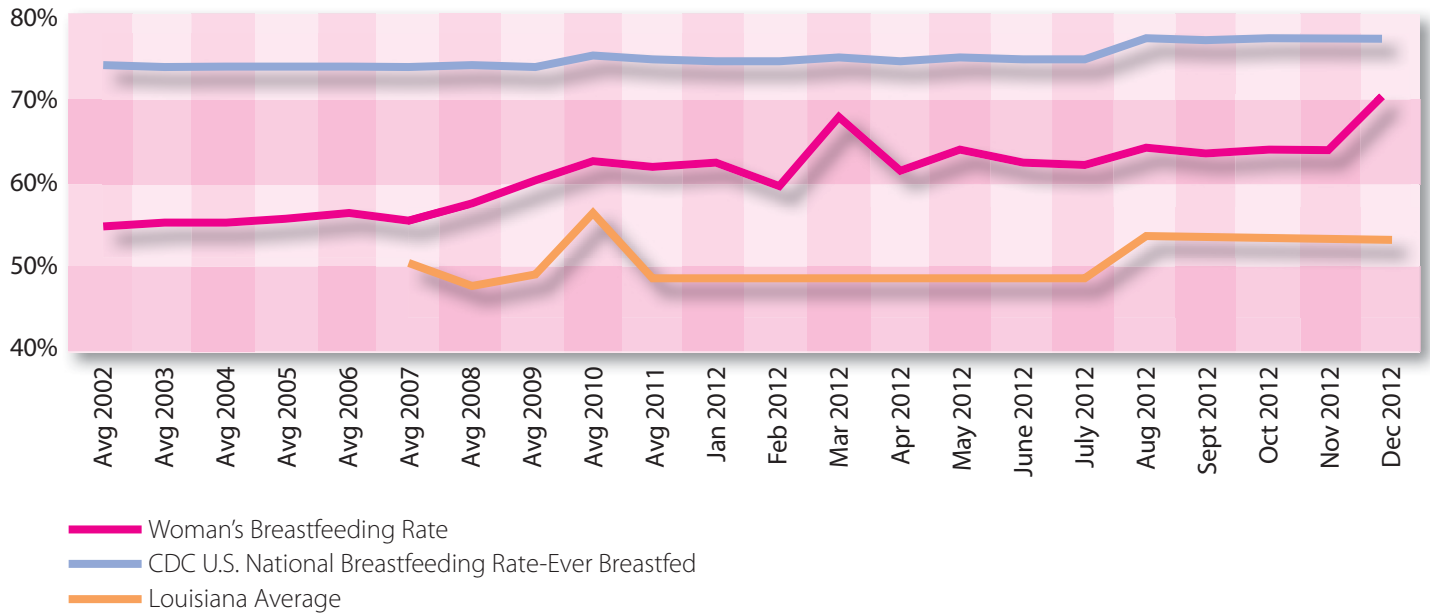
Through the team's efforts, Woman's was awarded Guided Infant Feeding Techniques (GIFT) certification by the Louisiana Maternal and Child Health Coalition in December 2011.

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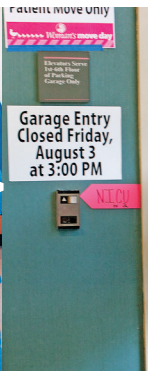
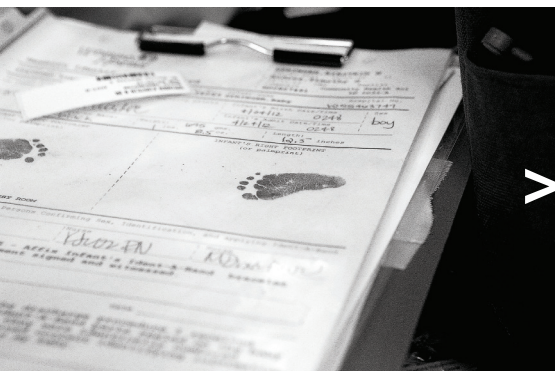


Woman's Breastfeeding Rate

(upon discharge)

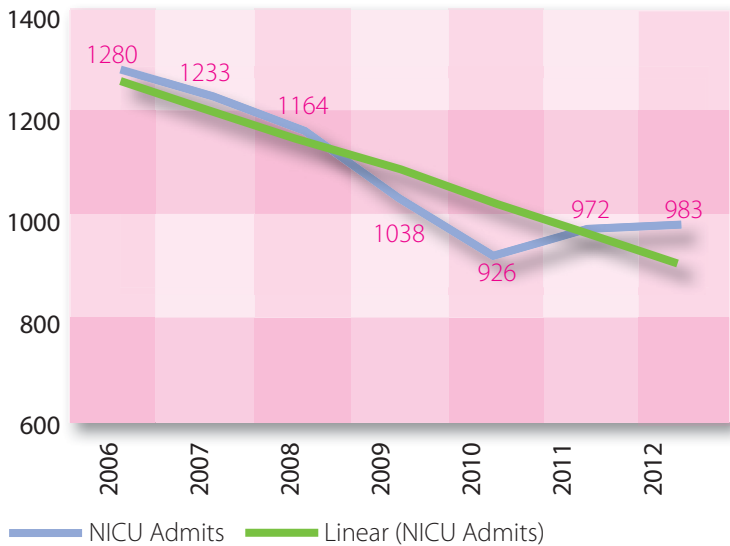


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Louisiana Birth Outcomes Project: 39 Week Induction Initiative

Woman's NICU Admissions (annualized)



NICU admissions reduced by 21 percent

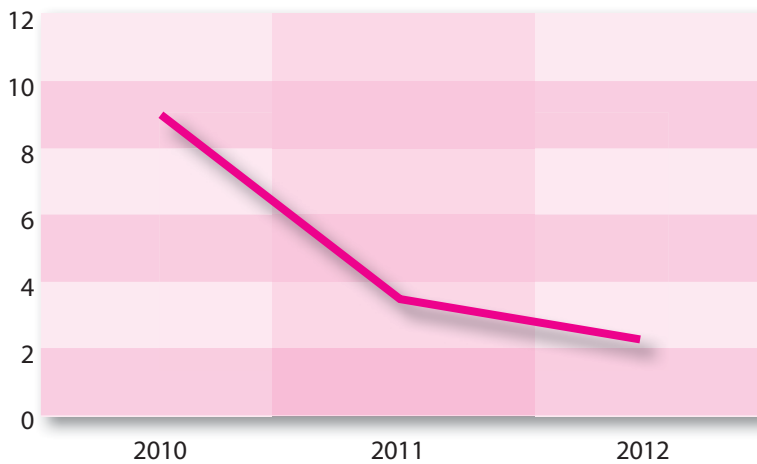
The dedication and resilience of initiating best practices as well as supporting the efforts of other healthcare organizations is evidenced by the Obstetrical Services leadership and staff. Their involvement in the Institute for Healthcare Improvement (IHI) Perioperative Collaborative established processes enhance compliance with current American College of Obstetrics and Gynecology, Joint Commission and CMS standards for induction, augmentation and operative vaginal delivery to achieve bundle scores of 95 percent or greater on three of the four bundle elements.

This successful outcome was achieved through improvements in documentation, continuity of patient care, communication among care providers, using simulation training and standardized National Institute of Child Health and Human Development (NICHD) common language on fetal monitoring, and implementing a patient advisory council in support of patient centered care. In recognition of their outstanding achievements in this initiative, the Department of Health and Hospitals (DHH) asked Woman's to be the mentor hospital in their statewide Birth Outcomes – 39 Week Initiative. Woman's collaborated with hospitals across the state in support of the implementation of a 39 Week Elective Induction Policy.

As a result, 100 percent of Louisiana's birthing hospitals have signed a contract to end non-medically indicated deliveries prior to 39 weeks as of January 2012; consequently, Newborn and Infant Intensive Care Unit (NICU) admissions have been reduced by 21 percent. Woman's work on this initiative has been recognized in IHI's Annual Progress Report.

NICU Central Line-Associated Bloodstream Infections (CLABSI)

Woman's NICU Central Line-Associated Bloodstream Infections per 1000 line days



A 75 percent reduction in the CLABSI rate over a two-year period

Woman's pursuit of excellence continues through participation in national networks focused on infants, including the Vermont Oxford Network (VON), an international group of 900 neonatal intensive care units that work together to improve the quality of care for high risk newborns and their families.

Central lines are vascular catheters that are used to provide fluids, nutrients and medications to infants. A multidisciplinary team of Woman's neonatologists, nurse practitioners, nurses, respiratory therapists, nurse leaders and infection prevention nurses implemented VON's best practices as well as those developed by the Institute of Healthcare Improvement (IHI) and the Centers for Disease Control and Prevention (CDC) to reduce central line-associated bloodstream infections (CLABSI). As a result, CLABSI rates in Woman's Newborn and Infant Intensive Care Unit (NICU) have been reduced by 75 percent over a two-year period.

Quality Measurements

Improving clinical quality and patient safety on a continuous basis is a primary goal. We rate our success by comparing with national and international benchmarks.

The level of clinical quality achieved at Woman's is the result of a disciplined and arduous process of data collection, analysis, planning and performance that leads the way to great health outcomes for women and infants. Woman's participates in data sharing with numerous national and international collaborative organizations, and compares against the highest performing hospitals and health systems in the world. We are also committed to our patients and families' right to know; transparency in reporting outcomes is another key element of our quality journey.

Transparency About Performance

Woman's is transparent about reporting our standards of excellence. On womans.org, publicly reported measures, such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Surgical Care Improvement Projects (SCIP), include:

Exceptional patient satisfaction

A national survey to measure patients' perspectives and experiences during their hospital stay. Woman's scores met or exceeded state and national benchmarks.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

	Woman's*	LA	National
Communication about Medicine	77	68	63
Communication with Doctors	91	86	81
Communication with Nurses	82	82	78
Discharge Information	94	83	84
Pain Control	78	75	70
Rate Hospital	75	74	69
Responsiveness of Hospital Staff	75	71	66
Room Kept Clean	75	74	73
Room Quiet At Night	78	73	60
Would Recommend Hospital	84	75	70

* Q3 2012

Exceptional clinical performance

Patient care research that has been shown to result in better outcomes for patients. Woman's scores met or exceeded state and national benchmarks in all but one category.

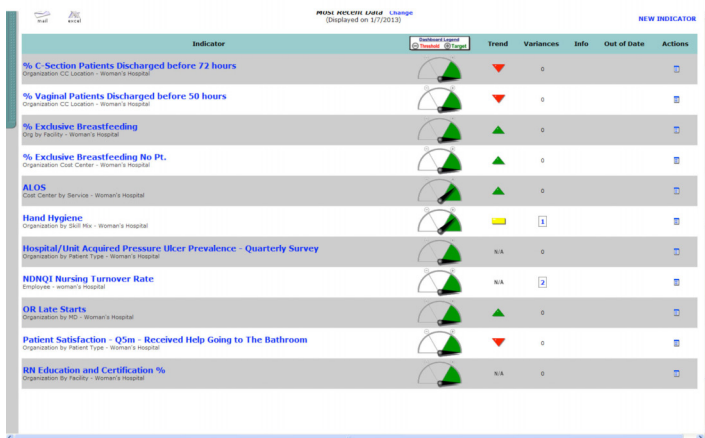
Surgical Care Improvement Projects (SCIP)

	Woman's*	LA	National
Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	96	98	98
Prophylactic Antibiotic Selection Appropriate	100	98	98
Prophylactic Antibiotic Stopped within 24 Hours after Surgery	96	96	97
Treatment to Prevent Blood Clots Ordered	100	97	98
Treatment to Prevent Blood Clots Received within 24 Hours before or after Selected Surgeries	100	96	97
Surgery Patients with Appropriate Hair Removal	100	99	100

* Q2 2012

Nursing Dashboard

In support of these and other nursing practice initiatives, a Nursing Quality Dashboard was initiated to assist tracking and retrieval of data from the National Database of Nursing Quality Indicators (NDNQI) and patient satisfaction reports, as well as internal repository data collected on a daily or monthly basis.



The goal of the dashboard is to provide timely quality information in order to develop process improvement initiatives that lead to improved patient outcomes and exceptional scores on publicly reported quality measures.

Implementation of the dashboard is a result of collaboration between Information Systems, Nursing Informatics and involved nursing areas. The dashboard is available through the hospital's Intranet site, which allows access to all nursing staff and hospital leadership. Twenty-one quality indicators are collected in all. Examples include percent of exclusive breastfeeding, catheter associated UTI rate, hand hygiene, pain reassessment and overall patient satisfaction.

National Database of Nursing Quality Indicators

Nursing satisfaction levels exceeded all national benchmarks in the 2011 nursing satisfaction survey conducted by the NDNQI. In the 2011 Web-based RN Survey with Practice Environment Scale (PES), Woman's had 12 participating units and 445 RN responses with a 77 percent response rate, exceeding the national benchmark response rate of 72 percent. Woman's nurses know they have a voice, and they don't hesitate to use it! When comparing PES scores, Woman's scored above the mean of all other participating hospitals and above the Magnet hospital mean.

The PES subscales include:

- Nurse Participation in Hospital Affairs
- Nursing Foundations for Quality of Care
- Nurse Manager Ability, Leadership and Support of Nurses
- Staffing and Resources Adequacy
- Collegial Nurse-Physician Relations

Recognizing Excellence



The Magnet® Committee leaders

Woman's nurses have been recognized for their accomplishments and endeavors through a variety of forums, including the Health Care Journal of Baton Rouge, the Baton Rouge District Nurse's Association (BRDNA), the Louisiana State Nurses Association (LSNA), the Louisiana State Board of Nursing and the American Nurses Credentialing Center (ANCC).

Woman's Named Louisiana State Nurses Association's Hospital of the Year

Woman's was named Hospital of the Year 2012 for the state of Louisiana at the 2012 Louisiana Nightingale Awards Gala, an event sponsored by the Louisiana State Nurses Association and the Louisiana Nurses Foundation. Woman's was honored for its recognition of professional nursing and innovation in leadership. This award is a reflection of the quality of work and dedication of nurses and hospital staff.



2012 Louisiana Nightingale Awards

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Woman's Nurses Received Top Honors at 2012 BRDNA Celebrate Nursing Awards



The BRDNA annually recognizes nurses who have made contributions to community, healthcare and/or nursing.

- **Amy Crochet**, RN – NICU
- **Susan Fabre Dupont**, RNC, CHTP – NICU
- **Kim Edwards**, RN, CNOR – Surgical Services
- **Bianca Ferris**, BSN, RN – Labor and Delivery
- **Natalie Grady**, MNN, RNC – Mother Baby
- **Vaun Dell Ingalls**, BSN, RNC, CNOR – Perioperative Services
- **Stacey Moore**, MPA, RN – Nursing Administration
- **Janelle Simmons**, BSN, RNC-OB – Labor and Delivery
- **LaJuana "Kathy" Ventrella**, RNC-NIC – NICU
- **Amy Wallace**, RN, OCN – Med-Surg/Oncology

Woman's Receives Safety Star Award



Woman's was selected to receive the LHA Trust Funds Safety Star Award. Our patient safety initiative – reducing surgical site infection in total abdominal hysterectomy patients – was selected as the winner in the process category.

Safety Star Award

The purpose of the Safety Star Award Program is to acknowledge members who have successfully implemented innovative ideas or processes to reduce risk related to professional or general liability exposures. LHA plans to share our initiative, process and outcomes with the rest of their membership to give others the opportunity to learn from our success.

Sue Neumann received our award at the LHA Summer Conference and represented the hospital at the American Society for Hospital Risk Managers (ASHRM) Annual Conference October 7-10, 2012, in Washington, D.C.

Woman's commitment to quality and safety are evidenced by the outcomes we achieved in our initiative to reduce surgical site infections. Staff is commended for their leadership in recognizing an opportunity and initiating a plan that has significantly reduced risk to our patients.

Outstanding Volunteer

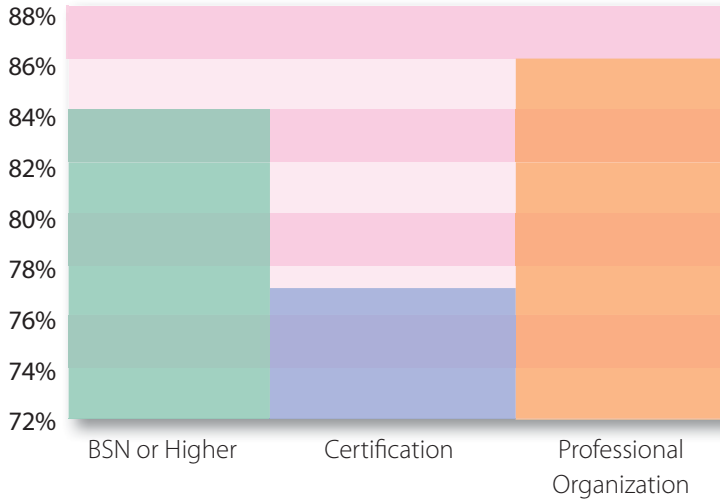
Cindy Bonfanti, RN, Pre-Surgery, was awarded the Susan G. Komen Race for the Cure Award as an outstanding volunteer in 2012.

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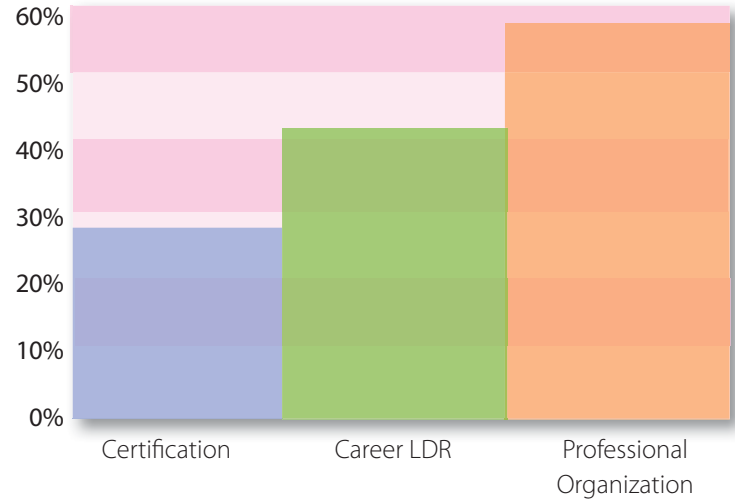


Professional Development

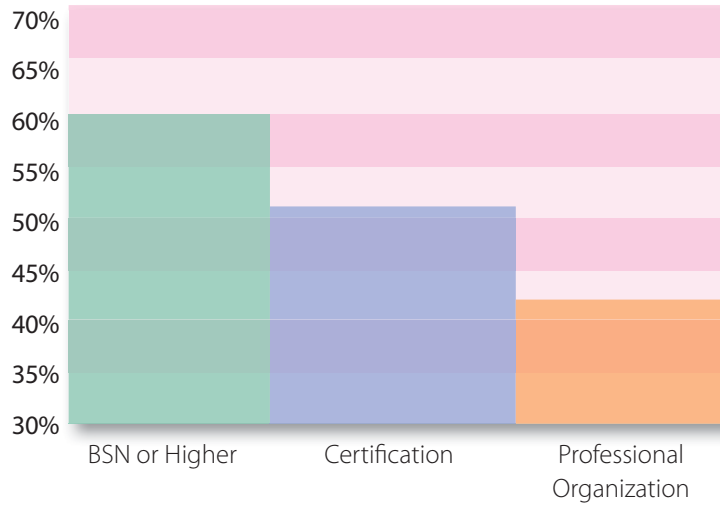
*Nursing Leadership**



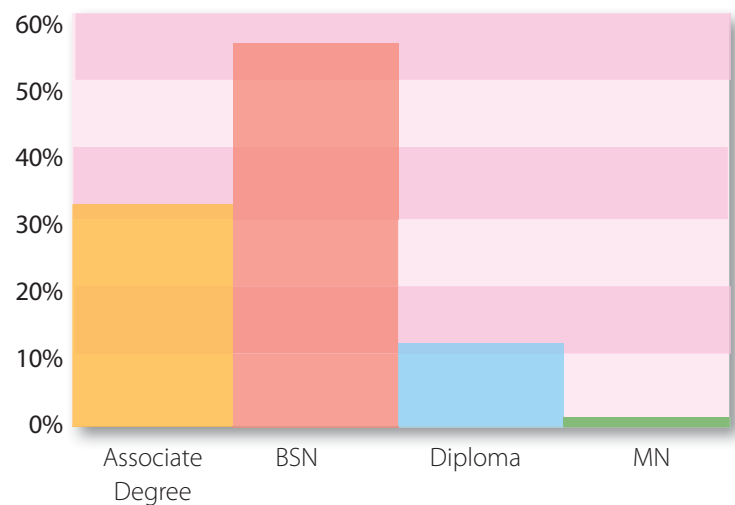
*Direct Care Nurses**



*Non Direct Care Nurses**



*Direct Care Nurses**



* Calendar year 2012

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Research

Advice Day

The fourth annual Nursing Research Advice Day Program was held October 18, 2012. At this program, six Woman's nurses participated in 45-minute consultations with Dr. Sandra Brown to discuss and refine research ideas. During the advice sessions, Dr. Brown spent time with each of the nurses to conceptualize their research problem, design their study and discuss sampling technique, instrumentation and data analysis. After the program, Dr. Brown drafted a written synopsis of the proposed research studies and the associated research work plans for each participant.

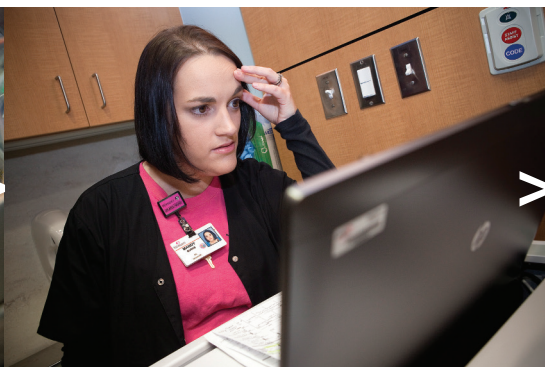
Nursing Research Day

The sixth Annual Nursing Research Day Program was held December 6, 2012. A total of 10 research posters were presented, with approximately 90 attendees. For the first time since the program's inception, all of the presentations were of research studies conducted at Woman's by Woman's nurses. Louise McLaughlin, information specialist, also hosted a table that displayed publications by Woman's nurses and resources available through the Health Sciences Library. Attendees were very complimentary of the posters and the research studies.

Presentations

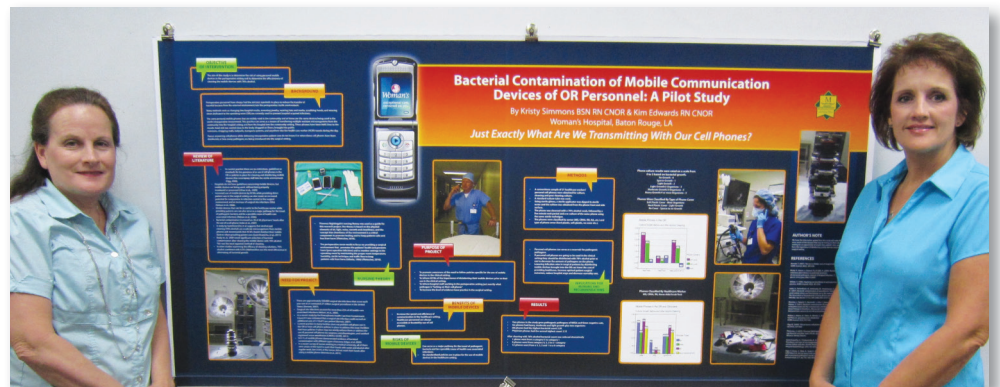
1. Building Simulation for Macro Systems Testing – James Maryman, NICU
2. Perceptions of Staff Stress: Open Bay/Pinwheel Designs vs. Single Family Rooms – James Maryman, NICU
3. TESTPILOT: Transportable Enhanced Simulation Technologies for Pre-Implementation Limited Operations Testing – James Maryman, NICU
4. Perceptions of Parent Stress: Open Bay/Pinwheel Design vs. Single Family Rooms – James Maryman, NICU
5. Perceptions of the Nurse Family Relationship: Open Bay/Pinwheel Design vs. Single Family Rooms – James Maryman, NICU
6. The Experiences of Parents of Infants Hospitalized in the Neonatal Intensive Care During the Transition From an Open-Bay Ward to a Single Family Room – James Maryman, NICU
7. High-Fidelity Simulation: The Impact on Nurses' Knowledge Acquisition, Satisfaction, and Self-Confidence – Nicole Square, Educational Services
8. Nursing Staff Perception of Evidence Based Hospital Design: Letting Go of the Old and Embracing the New – Wendy Singleton, Mother Baby and Employee Health and Mary Ann Smith, Med-Surg/Oncology/AICU
9. The Bacterial Contamination of Mobile Communication Devices in the OR – Kristy Simmons, OR
10. Pregnancy and Prolonged Hospitalization: Exploring the Lived Experience – Marree Saltaformaggio, Antepartum

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Current Nursing Research Projects

- Pregnancy and Prolonged Hospitalization: Exploring the Lived Experience, a Phenomenological Study – Marree Saltaformaggio (Antepartum)
- Nursing Staff Perception of Evidence-Based Hospital Design: Letting Go of the Old and Embracing the New – Wendy Singleton (M/B & EH), Mary Ann Smith (GYN/Oncology/PACU/AICU)
- Perceptions of Parent Stress: Open Bay/Pinwheel Design vs. Single Family Rooms – James Maryman & NICU Research Team
- Perceptions of Staff Stress: Open Bay/Pinwheel Design vs. Single Family Rooms – James Maryman & NICU Research Team
- Perceptions of the Nurse Family Relationship: Open Bay/Pinwheel Design vs. Single Family Rooms – James Maryman & NICU Research Team
- Transportable Enhanced Simulations Technologies for Pre-Implantation Limited Operations Testing (TESTPILOT) in a Newly-Constructed NICU – James Maryman & NICU Research Team
- The Lived Experience of the NICU . . . the Mother's Perception – Catherine Doyle (SELU graduate nursing student)
- Post Move Perceptions of Neonatal Intensive Care Nurses from an Open Bay to a Single Family Room Environment – Stephanie McMillan (NICU)



Kristy Simmons and Kim Edwards present their nursing research study



Wendy Singleton, Nursing Research Council Chair, and Sue Neumann, Nursing Quality Council Chair



James Maryman explains his research poster

Recently Completed Nursing Research Studies

- The Effect of an 8-week Massage Therapy Program on Perceived Stress, Absenteeism, and Turnover among NICU Nurses – Joan Ellis (Educational Services), Staci Sullivan, Darcy Gann, Susan Dupont, Chrystal Deslatte (NICU)
- High-Fidelity Simulation in Nursing Practice: The Impact on Nurses' Knowledge Acquisition, Satisfaction, and Self-Confidence – Nicole Square (Educational Services)
- Bacterial Contamination of Mobile Communication Devices of OR Personnel: A Pilot Study – Kristy Simmons and Kim Edwards (Perioperative Services)
- Building Simulation for Macro Systems Testing – James Maryman
- Shattering the Myths in the OR: A New Look at Old Practices, Patient Care Based on Evidence Based Practices – Kristy Simmons (Perioperative Services)
- Nurses' Attitudes Toward Obesity and Obese Patients – Lisa Booth (Perioperative Services)
- Attitudes Toward Obesity and Obese Patients: An Obstetrical Nurse's Perspective – Brandy Payne (OB Float Pool)
- * *Woman's served as a data collection site for the NDNQI study "Dissemination and Implementation of Evidence-Based Methods to Measure and Improve Pain Outcomes." Data collection was conducted in April and December 2011. Sue Neumann served as site coordinator.*

Nursing Research Presentations

- The Effect of an 8-week Massage Therapy Program on Perceived Stress, Absenteeism, and Turnover among NICU Nurses – Joan Ellis, Staci Sullivan, Darcy Gann presented findings at the Advanced Practice Neonatal Nursing National Conference (April 2011)
- Validity and Inter-Rater Reliability of the Infant Nipple Feeding Assessment and Communication Tool (IN-FACT) – James Maryman presented at the National AWHONN Conference (June 2011)
- Validity and Inter-Rater Reliability of the Infant Nipple Feeding Assessment and Communication Tool (IN-FACT) – James Maryman presented at the National Academy of Neonatal Nurses Conference (September 2010)
- Bacterial Contamination of Mobile Communication Devices of OR Personnel: A Pilot Study – Kristy Simmons presented at the AORN National Congress (March 2012)

Nurse Perspectives

One Small Test, One Large Impact

By Amanda Pierce, RN, Mother/Baby and Lacey Alexander, RN, Mother/Baby

A Mother/Baby nurse typically cares for postpartum mothers and healthy term infants. On a typical day, a Mother/Baby nurse performs many routine tests on all of her patients. Caring for these patients can, at times, begin to feel monotonous. However, it only takes one patient, one infant, one mother and one test to completely change our entire outlook.

One test we perform is called a pulse oximetry screening for congenital heart defects at 36 hours of age. If the result is greater than 95 percent in the right hand or foot and the difference between the hand and foot reading is less than 3 percent, the screen is negative and complete. If the result is 90-94 percent in both hand and foot or the difference between the hand and foot reading greater than 3 percent, then we repeat the screen in one hour. If the result is less than 90 percent, the screen is abnormal and we consult our neonatologist.

Although it is a rare occurrence that our infants do not pass this routine test, we came to learn just how much

this test could impact an infant's life. One night, as we performed the routine pulse oximetry test on a well appearing, asymptomatic baby girl, we realized the results were not within normal ranges and that something was wrong. She had a right hand oxygen saturation of 100 percent, and the right foot screening was 85 percent. We used a portable oxygenation saturation monitor to obtain the initial reading. We then used a cardio-apnea monitor so we could see the waveform to verify that these were the correct oxygen saturation levels. At this point, we realized that we needed to consult the neonatologist.

After receiving orders from the neonatologist, we transferred the infant to the NICU. When we arrived to the NICU, the nurses were surprised that we were bringing an infant to them that had the appearance of being completely healthy, with no obvious signs of distress. We then informed the nurses in NICU that the infant had failed the screening, and the reasoning behind the screening. Upon physical assessment, it was noted that the infant

had cold feet and the NICU nurses also were obtaining a low oxygen saturation level. At this point the NICU assumed care of the infant. It was later discovered that the infant had coarctation of aorta, bicuspid aortic valve and small VSD; the infant was placed on a Prostin drip and then transferred to Children's Hospital in New Orleans for cardiac surgical evaluation.

This was a tremendous learning opportunity. From this experience, we learned that no nursing task is a small one. From routine testing to kind words of support, we as nurses are given the opportunity to touch the lives of all of our patients and their families. An infant's life was saved that day by this routine test. We now understand the importance of the pulse oximetry screening and how it can drastically change the outcome of the newborns in our care. Our lives will forever be impacted by this routine, everyday screening, as will the lives of the families for which we provide care.

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Magnet Moment

By Esther Morgan, RN

As a float nurse, I have the unique privilege of caring for patients on all of Woman's Hospital's Obstetrical Units. I've cared for patients postpartally, newly pregnant, battling disease, laboring and delivering, and I have cared for patients who are experiencing the tragedy of a demise. On these units, I have worked alongside enduringly compassionate and efficient nurses as well as ancillary personnel, OB techs, doctors, and the list goes on. On one recent occasion, I have been reminded in a very real and emotional way just how much we (Woman's employees) live out and embody, without a conscious effort at times, the caring theory of our adopted nursing theorist, Jean Watson.

A middle-aged woman came to the hospital seeking help for mental instability and suicidal ideations. She was 20 weeks pregnant, with five biological children and one nephew, all under the age of 16, at home. She was a foreigner who had only lived in Louisiana for four months (although she spoke English fluently) and whose husband was traveling out of state,

searching for work. It was no surprise that she reported feeling isolated with no family or friends nearby and abandoned by her work-seeking husband. It was for the sake of her children (who were unaware she was at the hospital but to whom she had given instructions to go to bed and she would return later) she drove to the Assessment Center to receive treatment.

While admitting her, it became evident to me she needed more than just medical help. She needed physical rest, peace of mind, reassurance that she made the right choice to come in and ultimately nonjudgmental compassion and care from those around her. The staff in the Assessment Center did not fall short. Ashley, one of the ancillary staff members, stayed at the patient's bedside not only because she was assigned to watch for the patient's safety but to offer a listening ear and patted and embraced the patient on more than one instance to comfort her. Janet, the charge nurse that night, cared for the patient by assisting me with doctor's orders, social services communication and seeking admittance

to a behavioral health institute for this patient. She did everything within her power to make sure this woman's children would be cared for and kept together in their own home environment so as not to cause greater stress and turmoil in this family's lives. The on-call doctor carefully weighed the options of care and then patiently discussed them with her. Every healthcare worker on the unit that night personally got involved to better the care of this patient (even with a full unit) and was touched by her story.

Every patient is a life we hope to change for the better by the care we give, just as our mission states. Our efforts and care that night meant the world to our patient. With tears in her eyes, she thanked us for helping her feel safe, for not looking down on her, for ensuring the needs of her children would be met and for setting her up to receive the treatment she needed. I believe Jean Watson herself would have applauded the caring measures we exemplified as being a pure representation of her theory's intent.

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A Heart Within a Heart

By Betty Gray-Cameron, RN, BS, MA, CPAN

I've worked at Woman's for 28 good years, and I've seen many examples of love, compassion, care and stewardship exhibited. Being a former nurse in PACU/AICU, we demonstrated love by being the liaison at the bedside, doing anything and everything to bring comfort to our patients and those most dear to them. Now I'm a bit removed from the hospital setting as I now work in the Pre-Surgery Center. I am still fortunate to witness that same love, caring, compassion and stewardship. I'd like to relate a little account of such endearing qualities of a recent employee-patient interaction.

One evening in mid-January, a nice young lady from out of town came to visit us in the Pre-Surgery Center. She was preparing for her upcoming surgery and had already endured many trials and tribulations in her young life. This patient is morbidly obese with resulting heart problems and other associated physical handicaps, including the inability to walk short distances without becoming short of breath. She is also a single mother of a 23-year-old son who is very protective and supportive of her. The patient opened up to her nurse, Insa, and told her all kinds of information that wasn't pertinent to this visit. Because this kind of ventilation is sometimes necessary for the patient, Insa listened. This listening ear is a trait her fellow nurses often observe in Insa's interactions with her patients.

This patient, who will be addressed as "Miss A," couldn't walk for any distance

without becoming short of breath or weak. She was informed that she would have to make a trip to Imaging to have a chest film. The usual procedure in the Pre-Surgery Center is to point the patient in the correct direction within the hospital and describe to them the location of Imaging, but Miss A was unfamiliar with the physical layout of the hospital. Insa explained how to get to Imaging, but after many puzzled looks and questions, she decided to get a wheelchair and take Miss A there herself. This small gesture did so much for Miss A. She was thrilled and remarked about how nice everyone was to her and her sister and that this was not the standard of care that they were accustomed to receiving.

Insa exemplified stewardship, compassion and keen nursing insight as she took the necessary steps to ensure that the patient's EKG could be performed upright without compromising her breathing status. Insa knew the patient's history of congestive heart failure, marked obesity and shortness of breath, and used her nursing judgment to determine that the patient would not be able to lie flat for her EKG.

I have been fortunate to see this stewardship, compassion, caring and empathy modeled as an enduring trademark of Woman's. This "caring value" depicts nursing as "more than a job" but as that of a gratifying, self-fulfilling profession. Jean Watson, nursing theorist, depicts the nurse as transcending above

"a job" to that of ultimate fulfillment and self-actualization as a nurse. An all encompassing holistic attitude of this model of nursing, which Woman's has enveloped, upholds Jean Watson's caring theory as it not only allows the nurse to practice the art of caring but go a step further to provide compassion to the family and those closest to the patient. This manner of caring eases suffering and promotes healing and dignity and at the same time contributes to the nurse's own self-actualization and state of well-being. Watson is one of the few nursing theorists who considers not only those cared for, but also the caregiver. The entire village community is affected. In short, a little compassion, caring, stewardship, dedication and empathy has positive rewards and benefits for all involved – patients, a patient's family and nurse(s) – the hospital communal family.

In essence, this model of caring behavior takes our mission and motto a step further to nursing in a holistic fashion. It is a chain reaction process that goes a long way as it affects us all. This story really impacted my life and the goal of reaching out to our patients and others. Thank you, Insa, for being a beacon of love, compassion and stewardship to the profession of nursing.

Watson, J. (1979). *Nursing: The Philosophy and Science of Caring*. Boston: Little Brown.

Watson, J. (1988). *New Dimensions of Human Caring Theory*. *Nursing Science Quarterly*, 1(4). 175-181.

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Founded in 1968, Woman's is a nonprofit organization, governed by a board of community volunteers, providing medical care and services in order to improve the health of women and infants, including community education, research and outreach.