GHS Vision
Transform health care for the benefit of the people and communities we serve.

GHS Mission
Heal compassionately. Teach innovatively. Improve constantly.

GHS Values
Together we serve with integrity, respect, trust and openness.

Nursing Vision
Transform health care by our commitment to nursing excellence through leadership, knowledge, caring and innovation.
Message from Chief Nursing Officer

Dear Nursing Colleagues,

It is with pride that I share with you the Fiscal Year 2014 Nursing Achievements report for Greenville Health System (GHS).

The theme for Nurses Week in 2014 was “Nurses Leading the Way.” GHS Nursing staff exemplified this theme in a variety of accomplishments, with a priority focus on safe, high-quality, patient-centered care.

At GHS, the blueprint for nursing practice lies within the American Nurses Credentialing Center (ANCC) Magnet® model structure of Transformational Leadership; Structural Empowerment; Exemplary Professional Practice; and New Knowledge, Innovations, Improvement. In FY14, many successful examples of this evidence-based model were developed, implemented and measured by our Nursing division. These include our transition to a preferred Bachelor of Science in Nursing organization, record number of nurse-led research studies and projects, implementation of new Professional Practice Councils, significant increase in the “nurse engagement” score on our annual Employee Opinion Survey, formalized nurse-physician dyad teams to maximize optimal patient care, increased use of bedside shift reports for safe care transitions, and improved partnerships with patients and families.

The national healthcare landscape is poised for changes in practice delivery and point-of-care levels, and it offers Nursing staff at GHS a wealth of opportunity for professional growth, enhanced partnerships, evidence-based research and innovative practices.

Kudos to the GHS Nursing staff members who are leading the way with exemplary care, compassion, knowledge and leadership.

Onward and forward!

Michelle Taylor-Smith, MSN, RN, NE-BC, FACHE
Vice President, Patient Care Services/CNO and Chief Experience Officer
Transformational Leadership

Nursing leaders across GHS use their vision, clinical knowledge, influence, and transformational style to lead and support nurses through transitions and other challenges. Leaders advocate for needed resources, encourage innovation and support professional development. They work collaboratively in interprofessional teams to transform our organization as we move into the future.

Nursing Leadership at GHS

System-wide
Michelle Taylor-Smith, MSN, RN, NE-BC, FACHE
Vice President, Patient Care Services/CNO and Chief Experience Officer

Greenville Memorial Medical Campus
Carol Moody, BSN, MAS, RN, NE-BC
Associate Chief Nursing Officer
Director of Nursing, Cardiac Telemetry Units and House Supervision, Greenville Memorial Hospital

Kristi Coker, MSN, MHA, RN
Director of Nursing, Children's Hospital

Annette Dunphy, BSN, MSN, RN, OCN
Director of Nursing, Oncology Services; Renal; Palliative Care; Pulmonary and Oncology/Transplant Units; Liaison for Medical Clinics, Infusion Center and Dialysis Services; Apheresis Department, Oncology Multidisciplinary Center, Nurse Navigation and Integrative Oncology

Wanda Foster, BSN, MSN, RN
Director of Nursing, Adult Critical Care Services

Shawn Kelly, BSN, MHA, RN
Director of Nursing, Emergency Trauma Center; GHS Emergency Services

Terri Negron, BSN, MN, RN, FNP
Director of Nursing, GHS Women's Services-Family Beginnings, The Family Birthplace; Women's Specialty; Vascular and General Surgery; Women's Resources; Vascular Access Team; Family Partnership Program

Carole Nesmith, MSN, RN
Director of Nursing, Behavioral Health Services, Marshall I. Pickens Hospital (effective August, 2014)

Cynthia Bishop Trout, BSN, MSN, RN, CRRN
Director of Nursing, Neuroscience and Orthopaedic Nursing; Wound Care Program; Roger C. Peace Rehabilitation Hospital; Marshall I. Pickens Hospital; Liaison for Orthopaedic Clinic

Landace Woods, BSN, MSN, RN, BC, NEA-BC
Director of Nursing, GHS Home Health/Equipped for Life™

Greer Medical Campus
Bonne Johnson, PhD, BSN, MSN, RN
Chief Nursing Officer

Teresa Billig, BSN, MHA, RN
Director of Nursing, The Cottages at Brushy Creek

Laurens County Medical Campus
W. Kay Swisher, MSN, RNC
Chief Nursing Officer

North Greenville Medical Campus
Marian McVey, MSN, RN
Chief Nursing Officer

Patewood Medical Campus
Beverly Haines, BSN, MN Ed, RN, NE-BC
President/Chief Nursing Officer

Simpsonville Medical Campus
Shaunda Trotter, MSN, RN
Chief Nursing Officer

GHS Clinical University
Catherine Garner, DrPH, MSN, RN, FAAN
Executive Director, Nursing Practice and Academics

GHS Learning and Development
Terrie Long, BSN, MSN, MEd, RN
Director, Learning and Development
Visibility, Accessibility, Communication

GHS nursing leaders support staff, patients and families through visibility, accessibility and open communication.

Here are two examples:

**CNO Quarterly Forums**
Michelle Taylor-Smith, CNO, holds quarterly Nursing Forums at each campus where she shares information, networks with direct care staff and receives feedback from them.

During the year, many questions arose about tuition reimbursement and information about the Clinical Ladder program for staff nurses. Follow-up on these programs was shared at the next forum and also posted on the internal Nursing Web page for review.

**Leader Rounding**
Nursing leaders routinely perform “rounding” with staff members, patients and families. Key questions are used to gather information about what is going well and those people who warrant recognition.

Staff members are asked if they have equipment or other resources they need to perform their jobs. Answers give leaders an opportunity to recognize high performers, advocate for resources needed by staff members and identify areas of opportunity for improvement. Attendance at staff and unit council meetings, use of email, and open door office hours are other ways leaders are available to communicate with staff members.

GHS nursing leaders support staff, patients and families through visibility, accessibility and open communication.
Strategic Planning

Our GHS Nursing mission and strategic plan align with the GHS strategic plan and goals to support and improve organizational performance. Our six Pillars of Excellence—People, Service, Quality, Finance, Growth and Academics—serve as the foundation of strategic plans. Nursing leaders, including facility unit council chairpersons from across the system, attended a retreat to develop the plan.

People

**GHS People Goal:** We work to transform health care.
**Nursing Goal:** Create a culture to transform health care supported by a strong foundation in nursing based on energy, passion and professionalism.

➤ Create and maintain a culture of professional behaviors.
➤ Improve effectiveness of Nursing leaders.
➤ Increase staff engagement to support quality, safety and service.
➤ Support optimal levels of nurses at the bedside.
➤ Recruit increased numbers of BSN, MSN and PhD nurses to achieve the highest level of professionalism.
➤ Retain knowledge and experience of seasoned staff.
➤ Establish a culture of excellence consistent with Magnet™/Pathway to Excellence™ standards.

Service

**GHS Service Goal:** Patients and families are the focus of everything we do.
**Nursing Goal:** Transform the environment to empower patients and families to participate in their care and improve the patient experience.

➤ Ensure quality and effectiveness of purposeful rounding.
➤ Improve patient satisfaction at the point of service through relationship-based strategies, GHS COMPASSION Standards and principles of excellence.
➤ Improve patient satisfaction related to discharge planning, ensuring engagement and participation of the patient and family.

Quality

**GHS Quality Goal:** We provide the right care at the right time in the right place.
**Nursing Goal:** Consistently utilize evidence-based practices across the system to improve quality of care and patient outcomes.

➤ Enhance care coordination through collaboration with physicians and other members of the healthcare team across the continuum of care.
➤ Improve quality and outcomes through dissemination of best practice and alignment with evidence-based practice guidelines.
➤ Improve quality through support of internal clinical experts for service lines.
➤ Recognize and support the pivotal role of Nursing in transitions of care and Total Health.
➤ Support a culture of excellence consistent with quality tenets of the Magnet™ Journey of Excellence and Pathway to Excellence™.
Finance

**GHS Finance Goal:** We responsibly direct our resources to support our mission.

**Nursing Goal:** To be leaders and advocates for value-based care and financial stewardship to support our mission.

➤ Foster an understanding of the future of health care and increase awareness by educating staff about cost of services and resources needed for delivery of care.
➤ Explore information at all levels of Nursing on the future of health care as it relates to organizational finance.
➤ Empower staff to advocate and influence quality patient care utilizing exemplary practice standards, decreasing waste and minimizing unnecessary costs.
➤ Reduce costs, e.g., materials and linen.
➤ Collaborate with healthcare teams to redesign workflow, models of care, and delivery of care more efficiently to reduce waste and conserve resources.
➤ Recognize and reward new models of care to achieve quality outcomes and support financial stewardship.

Growth

**GHS Growth Goal:** We develop our system to meet the needs of our communities.

**Nursing Goal:** To establish a culture in which nurses use innovation to develop, lead, and manage new services and processes to meet the needs of our communities through Nursing talent.

➤ Explore additional opportunities to engage Nursing in community health initiatives, thereby meeting the needs of the community through Nursing talent.
➤ Ensure Nursing has a voice to influence patient-centered care through membership and involvement in GHS committees, task forces and community boards.
➤ Increase awareness and respect for nurses and GHS for the many contributions Nursing provides to the community.
➤ Highlight Nursing excellence as a key component to growth of the system.

Academic

**GHS Academics Goal:** We educate to transform health.

**Nursing Goal:** To be a national leader in educational development, professional growth and competency development in Nursing.

➤ Enhance staff competency and professionalism through educational opportunities, support for certification and tuition support.
➤ Exhibit scholarship through performance improvement and research.
➤ Create a Center for Nursing Education with immersion experiences for all levels of Nursing.
➤ Enhance clinical experiences for all nursing students and support new graduate nurses.
➤ Conduct surveys to assess educational needs and other Nursing interests.
Structural Empowerment

Structures, processes, policies and procedures provide a strong base for an innovative environment where professional practice flourishes. The flow of information is multi-directional. Nurses at all levels serve on decision-making bodies that support quality, safety and service. Staff members are provided opportunities for professional growth and development. Nurses are empowered to accomplish both organizational and personal goals.

Professional Practice Council (PPC)

GHS Nursing launched our new PPC structure for Nursing Councils in January 2014. This structure provides for input from ALL levels of nursing and supports bi-directional and multi-level communication.

Dr. Val Gokenbach, RN, leadership coach and consultant, was here for the “kick off” in January. All campus/facility-level PPC members had an opportunity to participate. Special education about the functioning of the Professional Practice Council structure and “Leadership 101” were presented by Dr. Gokenbach. Education sessions are available each month from 10 a.m. to 11 a.m. and are teleconferenced to all GHS campuses.

In our new structure, each campus/facility has a PPC, and each unit has a PPC. Unit chairpersons attend their monthly facility/campus PPC meeting. Each facility selects a chairperson who represents that facility at the system-level meeting, which occurs every other month. It is the responsibility of all facility/campus chairpersons to share information from their site with the system council and to return system information to their site. This structure again supports bi-directional communication.

To kick off the year, each campus brainstormed ideas of what they would like to see improved. Many items were the same in multiple sites. This activity provided an opportunity for system-wide involvement in improvements.

PPC units have worked on projects during FY 2014 that were identified during these brainstorming sessions. Projects focus on quality, safety and service. CNO Michelle Taylor-Smith and Project Manager Marcia Safran shared eye-opening information about quality and compared hospitals to the airline industry with its emphasis on safety checks. To offer additional structure and support, a Council Toolbox has been developed and is available on the Nursing Web page.

PPC members offer additional information about the PPC at a GMH drop-in. Members (some of whom are pictured) include Grant Hudspeth, MSN, RN, PPC chair-elect; Melissa Palmer, BSN, RN, CCRN, PPC chairperson of GMMC; Hope Mitchell, RN; Missy Smith, RN; Melanie Johnson, MSN, MBA, RN; and Christina Brooks, RN.
Fiscal Year 2014 System-level PPC members include the following:

- **CNO Michelle Taylor-Smith, MSN, RN, NE-BC, FACHE**
- **Melissa Palmer, BSN, RN, CCRN**, Direct Care RN, and A-CNO Carol Moody, BSN, MAS, RN, NEA-BC: Greenville Memorial Medical Campus
- **Heather Krinock, BSN, RN**, Direct Care RN, and CNO Bonnie Johnson, PhD, BSN, MSN, RN: Greenville Memorial Medical Campus
- **Kelly Daigle, BSN, RN**, Direct Care RN, and CNO Shaunda Trotter, MSN, RN: Greer Medical Campus
- **Lana Weisner, BSN, RN**, Direct Care RN, and CNO Kay Swisher, MSN, RNC: Laurens County Medical Campus
- **Terry Gilreath, BSN, RN**, Direct Care Nurse, and CNO Marian McVey, MSN, RN: North Greenville Medical Campus
- **Kelli Gandy, ADN, RN**, Direct Care Nurse, and CNO & Campus President Beverly Haines, BSN, MN Ed, RN, NE-BC: Patewood Medical Campus
- **Other key individuals**

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**Nurse Executive Leadership Team**
(formerly Nurse Executive Committee)

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**GHS System-level Professional Practice Council (PPC)**

- GrMH PPC
- HMH PPC
- GMMC-PPC
- NGH PPC
- PMH PPC
- LCHCS PPC

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**Unit Councils**

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Co-chairs of the Greenville Memorial Medical Campus PPC Melissa Palmer, BSN, RN, CCRN, and Grant Hudspeth, MSN, RN, with CNO Michelle Taylor-Smith.
Committee Highlights

As part of the restructuring of PPC, some previous councils and sub-councils moved forward with their work and now report to the system-level PPC. Here are some committee highlights for FY14.

**Nursing Research Committee (NRC)**

- Co-sponsored (with Upstate AHEC, Gamma Mu Sigma Theta Tau Chapter, MuRho Chapter, Sigma Theta Tau Chapter, AnMed Health and Greenville Technical College) our 12th Annual Research Conference, *Collaboration: Research Partnerships*; featured were four general session podium presentations by GHS staff and 10 poster presentations by GHS Nursing staff
- Presented and reviewed/critiqued 13 nursing research studies with recommendations to GHS’ Institutional Review Committee
- Established interprofessional collaboration with research partners on current and future social and behavioral studies

**Nursing Policy and Procedure Committee**

- Reviewed and/or revised more than 50 Nursing policies and procedures to ensure they are evidence-based
- Maintained Nursing Web page alerts of policy updates
- Reviewed several online evidence-based Nursing procedure manuals
- Made recommendations to purchase and implement Lippincott’s Nursing Procedures manual
- Transitioned P&P Committee to the Clinical Practice Specialists Policy and Procedure Task Force

**Nursing Retention and Recognition Committee**

- Recognized quarterly system DAISY Award winners and published winners in *The View* (GHS’ bimonthly newspaper) and *Nursing Notes* quarterly e-newsletter
- Planned and coordinated 2014 Nurses Week activities, including the selection of four Nursing Excellence Award winners
- Sponsored the inaugural GHS Nursing Gala
- Coordinated “What is a nurse?” community contest involving elementary schools
- Sponsored “Nurses Give Back to the Community” food drive
Teaching and Role Development

GHS supports continuous professional development in various ways. GHS is a consortium member of Upstate AHEC, which provides an opportunity for numerous free and significantly reduced-cost programs for all GHS staff. Many programs target nurses, such as Certification Review courses. Internal GHS classes with contact hours also are available. Nurses may use “points” in the Clinical Ladder program for attending educational offerings as well. In addition, GHS offers free space to many nursing organizations for meetings and educational offerings.

Nurses participate in professional development activities that improve knowledge, skills and/or practice in the workplace. Professional development is designed to enhance patient outcomes, improve practice and/or improve the professional practice environment.

Clinical Ladder

GHS direct care nurses have the opportunity to take part in the Career Advancement for RN Excellence (CARE) program. CARE is a three-tiered professional ladder based on Patricia Benner’s model that provides a structure for professional growth and development.

Professional development ultimately promotes high-quality patient care. The CARE program supports key strategic nursing initiatives by fostering and recognizing clinical excellence and enhancing employee satisfaction.

Participants in this self-directed program individualize their plan to earn points in a variety of ways, including Journal Club involvement, continuing education, certification, professional presentations, performance improvement, nursing research or evidence-based practice projects and by serving as a clinical adviser for new staff or as a preceptor for students. Council/committee membership and community volunteer activities are other options for obtaining points.

Professional development is designed to enhance patient outcomes, improve practice and/or improve the professional practice environment.
2014 CARE RN Recipients

We are pleased to report that 33 registered nurses participated in 2014!

- Janelle Alier, L&D (Level 3)
- Kathy Bethka, Neuro (Level 3)
- Lynnette Beyerle, L&D (Level 2)
- Marissa Browning, NTICU (Level 2)
- Kate Burgner, Oncology (Level 2)
- Sheila Craig, Radiology (Level 2)
- Heather Diliberto, CVICU (Level 2)
- Stephanie Dutch, MIP (Level 3)
- Tammy Evans, Greer L&D (Level 3)
- Holly Frye, NTICU (Level 2)
- Brenda Hensley, Vascular Unit (Level 2)
- Donna Holder, Radiology (Level 3)
- Sara Holiday, NTICU (Level 2)
- Melanie Johnson, Peds ICU (Level 2)
- Stephanie Lamarche, CCU (Level 2)
- Lauren Kunkle, CCU (Level 2)
- Judy Major, Hillcrest ICU (Level 3)
- Sammy McIntosh, Hillcrest MS (Level 2)
- Jessica Mills, ETC (Level 2)
- Savannah Moran, NICU (Level 2)
- Elizabeth Norris, Neuro (Level 2)
- Amber Olsen, Neuro (Level 3)
- Elizabeth Orr, Neuro (Level 2)
- Cheryl Quinn, NTICU (Level 2)
- Diane Pittman, 5C Pulmonary (Level 2)
- Melanie Thurston, CVICU (Level 2)
- Abby Washburn, CVICU (Level 3)
- Alicia Watson, GMMC OR (Level 2)
- Susan Wenninger, OR (Level 2)
- Kate Wessinger, ETC (Level 2)
- Debra Wilfong, Peds ICU (Level 2)
- Helena Williams, PACU-Hillcrest (Level 3)
- Jean Wright, PACU (Level 3)
Recognition of Nursing

Nursing Excellence Awards

The Recognition & Retention Committee, in collaboration with Professional Practice Council, sponsors “Nurse of the Year” awards in four categories: Inpatient, Outpatient, Leadership and Specialty. Nominations of excellent nurses may be submitted by peers and colleagues. Winners are selected by panel members who conduct “blind” reviews of the nominations. Nominations include examples of how each nurse promotes and advances the profession of nursing; displays caring and commitment to patients, families and co-workers; and demonstrates leadership.

The winning nurses are recognized during Nurses Week in May. Winners receive a certificate of excellence and also a cash reward. We are very proud of our 2014 award winners and appreciate the work of the R&R committee and PPC in selection process and recognition celebrations.

- **Specialty Nursing Award:**
  - Donna McRee, RN, IBCLC—Women’s Education, GMH

- **Inpatient Nursing Award:**
  - Sheila Craig, RN—Radiology Nursing, GMMC

- **Leadership Award:**
  - Audra Adams, RN—Outcome Management, Satellite Campuses

- **Outpatient Nursing Award:**
  - Beth Guerry, RN—Psychiatry & Behavioral Medicine

Professional development ultimately promotes high-quality patient care.
Nurses Week Celebrations

Nursing Scholarship Gala

The first Nursing Scholarship Gala took place May 2014. It was a huge success. More than 150 nurses and physicians attended the event to acknowledge nurses and support nursing scholarships. Annual nursing award winners were recognized in addition to those nominated for awards. Nurses approved for the Clinical Ladder (CARE Program) were recognized as were DAISY winners and Stellar Star recipients.

**RIGHT:** Chris Wright, MD, GHS Chief of Staff and physician champion for the Nursing Scholarship Gala, with Michelle Taylor-Smith, CNO.

**FAR RIGHT:** (l–r) Susan Chisholm, chair of the Planning Committee; Michelle Taylor-Smith, Chief Nursing Officer; and Cynthia Bishop Trout, adviser to the Planning Committee.

**TOP ROW:** Nurses from across the system joined in the fun at the gala.

**RIGHT:** Nominees for Nursing Excellence Awards from throughout GHS at the gala.
SC Palmetto Gold Nursing Awards
The Palmetto Gold Nurse Recognition and Scholarship Program is a subcommittee of the SC Nurses Foundation. The program has a two-fold purpose. The first is to recognize RNs in the state who exemplify excellence in nursing practice and commitment to the nursing profession. The second purpose is to support the future of nursing by using proceeds from the gala event to provide $1,000 nursing scholarship annually to each registered nurse undergraduate program in the Palmetto State. In the 11 years since the program was introduced, more than 75 GHS nurses have been recognized as Palmetto Gold nurses.

2014 GHS Palmetto Gold Recipients:

GMH
- Ashley Burriss, BSN, RN, OCN
- Michelle Cruice, BSN, RN, CCRN
- Bonnie Garner, BSN, RN, CEN, CPEN, EMT-P
- Shannon McCandless, BSN, RN
- Peggy O’Harra, BSN, RN, CCRN-CSC

Greer
- Beth Hedrick, BSN, MSN, RN
- Jenny Justus, BSN, MSN, RN
- Terry Williams, MSN, APRN

Patwood
- Susan Ballew, BSN, RN

We believe that caring is central to the practice of nursing and that nursing care is an integration of knowledge, skills, experience and values.
Quarterly DAISY (Diseases Attacking the Immune System) Winners

This nationally recognized award was established in memory of J. Patrick Barnes, who died of an auto-immune disease. His family was so impressed by the clinical skills, caring and compassion of the nurses who attended him that they created this award to thank nurses everywhere. At GHS, the DAISY Award is presented to a few select nurses for their extraordinary care to patients. (All RNs below)

November 2013
Adrienne Davis, Neuroscience Associates, Patewood Medical Campus
Brittany Medlin, Perioperative Services/HMH

January 2014
Anna Fridy, Ortho/Spine Unit/Patewood Medical Campus
Debbie Pizzeck, IV Team/GMH

April 2014
Tammy Evans, L&D/Greer Memorial Hospital
Donna McRee, IBCLC, Lactation Consultant/GMH

July 2014
Ann Leverette, Cardiac Cath Prep & Recovery/GMH
Elizabeth Shatten, Marshall I. Pickens Hospital

October 2014
Catherine Brown, Inpatient Case Management/GMH
Judy Walker, Pediatrics Associates–Spartanburg

SC Palmetto Gold Quilt
In 2014, SC hospitals were invited to create quilt squares for a large quilt to be displayed in the SC Board of Nursing offices in Columbia. We were proud of our GHS submissions to this project.

Pictured (top left, clockwise) are the squares from Laurens County Memorial Hospital, Greenville Memorial Medical Medical Campus, Hillcrest Memorial Hospital and Greer Memorial Hospital.
Stellar Stars of the Month
Stars are noted in The View, GHS’ system-wide newsletter. (All RNs below)

• Kris Barends, Center for Pediatric Medicine
• Katie Bartley, CCU/GMH
• Elliott Craig, Neuro/Trauma ICU/GMH
• Danny Dearybury, Women’s Specialty/GMH
• Debbie Ingram, Pediatric Supportive Care Team/Bryan NICU
• Karen Lizurick, Surgical Pre-assessment/Patewood Outpatient Center
• Benson “Ben” Quattlebaum, CVICU/GMH
• Dawn Roark, Bryan NICU/GMH
• Vicki Wells, Pediatric Hematology/Oncology

Other Recognitions

GHS Employee of the Year
Congratulations to Kris Barends, RN, APRN, NP, the 2014 recipient of GHS’ Larry M. Greer Stellar Service Award. This honor is presented to the employee best demonstrating stellar service the past year. The award is the capstone to a distinguished career of 30 years at GHS for Barends, who received the award just days before her retirement.

“I was deeply honored,” said Barends, who worked 10 years in the Bryan Neonatal Intensive Care Unit (NICU) and 20 at the Center for Pediatric Medicine. “I had the support of nursing, medicine and administration to develop the High-risk Infant Clinic for the primary care of the NICU graduate—one of the first of its kind. I thank GHS for the opportunity to implement this program to serve this fragile population. For the support given to me over the years and for honoring me with this award, thank you very much.”

Caregivers of the Year
(1–r) Caregivers of the Year include nurses Dava McCarter, Kim Smith (third left), Brandy Porter (center back) and Sherri Starr (center front).
Keeping the Promise

Within our mission to teach innovatively is the commitment to support academic health programs and students seeking healthcare degrees. GHS Nursing teamed with SC nursing partners to host the Promise of Nursing for South Carolina Gala in collaboration with The Johnson & Johnson “Campaign for Nursing’s Future.” The Charleston event raised funds to support South Carolina undergraduate nursing scholarships, graduate nursing fellowships to prepare nurse faculty and grants to help expand programs in the state’s nursing schools.

Officers in Professional Organizations

- **Kathy Bethka, BSN, RN**: Co-president, American Association of Neuroscience Nurses (SC Upstate Chapter)
- **Sue Boeker, BSN, RN**: President, Association for Professionals in Infection Control and Epidemiology (APIC) Palmetto
- **Melinda Boyce, BSN, RN**: Treasurer, SC Association of Rehabilitation Nurses
- **Anita DeWeese, MSN, RN**: Advisory Council, Association of Women’s Health, Obstetric and Neonatal Nurses
- **Diane Forrester, BSN, RN**: Secretary, Greenville General Hospital School of Nursing Alumnae Association
- **Michaela French, RN**: President, Society of Urologic Nurses & Associates (Upstate SC Chapter)
- **Stephanie Hoopes, BSN, RN, OCN**: President, Oncology Nurses Society (SC Upstate Chapter)
- **Brenda Hensley, ADN, RN**: Secretary, Vascular Nurses Society (Upstate Chapter)
- **Jill Lindmair-Snell, RN**: National Education Committee, APIC
- **Connie Steed, MSN, RN, CIC**: Secretary, Association for Professionals in Infection Control and Epidemiology
- **Helena Williams, BSN, RN**: President, SC Association of PeriAnesthesia Nurses (Piedmont District)

2013 Clean Hands Award

(l–r) Bonne Johnson, PhD, BSN, MSN, RN, Greer CNO; Stephanie Hinojos, RN, CLC, winner of the 2013 Clean Hands Award; Jan Lienau, BSN, RN, CIC; and Claudia Jenkins, RNC.
GHS nurses also are active as members in many other professional nursing organizations including, but not limited to, these groups:

- American Association of Critical Care Nurses
- American Association of Hospice & Palliative Care Nurses
- American College of Nurse Midwives
- American Holistic Nurses Association
- American Nurses Association
- American Nurses Informatics Association
- American Psychiatric Nursing Association
- Association of Nurse Executives
- Association of Operating Room Nurses
- Emergency Nurses Association
- International Society of Psychiatric Nurses
- National Association of Pediatric Nurse Practitioners
- Oncology Nurses Society
- Pediatric Nurses Society
- SC Cardiovascular Team State Liaison for the American College of Cardiology
- SC Nurses Association
- SC Perinatal Association
- Sigma Theta Tau International Honor Society of Nursing
- Upstate Nurse Practitioner Association
- Vascular Nurses Society

Note: This list is not all-inclusive. Information is self-reported. Multiple attempts were made to include appropriate information.

Nurses Visit Washington, DC

GHS nurses pursuing doctorates in nursing practice at the Medical University of South Carolina attended the Nurse in Washington Internship (NIWI) in Washington, DC, March 29-April 1. NIWI provides nurses the opportunity to learn how to influence health care through legislative and regulatory processes. Nurses attend educational sessions and learn from expert nursing advocates and government officials.

Front row: (l-r) Lai Chaim, RN (MS-ICU); Ana Kendaya, RN (4B); Denise Lepage, RN (Mary Black Hospital); Kate Luckett, RN (4B); Kim Moran, RN (3B); Gary Szeto, RN (CCU); back row: Carroll Waiboer, RN (MS-ICU).
Nurses in the Community

GHS nurses serve our mission through sharing their gifts of knowledge, caring and innovation in the community. Here are just a few examples:

Heal Compassionately

Nurses help those in need by supporting projects such as the annual Nurses Week food drive and individual unit efforts providing gifts for children and families during the holidays. Wila Rhodes delivers home-cooked meals to a local boys’ home each week. Peggy O’Harra sings in a band that performs free to support organizations such as Wounded Warriors and Loaves & Fishes. Paige Wilson is one of several nurses who volunteer at the Taylors Free Medical Clinic.

Teach Innovatively

Knowledge empowers—GHS nurses help people in community settings understand how to manage their health. Jessica Rice, stroke coordinator, collaborated with Sandip Jain, MD, in presentations on stroke at local Baptist churches. Patricia Schuman volunteers for the health fair at New Beginnings church. Pam Billings, a member of the National Alliance on Mental Illness, leads “Family to Family,” an education/support group for family members whose loved ones have mental illness. Heather Diliberto volunteers for the American Literacy Association.

Improve Constantly

From volunteering in free medical clinics to leadership service, GHS nurses support right care, at the right time, in the right place. Bobbie Rhodes serves on the board of directors for the Susan G. Komen SC Mountains to Midlands Affiliate. In October, busy community members saved time and reduced their risk of getting influenza by making use of Hillcrest Memorial Hospital’s “drive through” flu shot clinic.

The list is extensive. Thank you for the many hours you give in shared mission to improve the health and well-being of others!
GHS Supports Nurse Participation in Community Health Outreach!

**FAR LEFT:** Emergency Trauma Center nurses and staff support the Head Start Program for children.

**LEFT:** Shelley Bridges, MN, RN, Patwood, and Susan Martin, BSN, RN, supervisor at Patwood, don pink for Race for the Cure.

**FAR LEFT:** Radiology nurses host a “basket” event to support United Way.

**LEFT:** The IV Team sponsors an event for an employee in need.

**FAR LEFT:** RNs support GHS-sponsored para-cycling events.

**LEFT:** Spring baskets are assembled by OR staff.

**Going Aloft**

GHS nurses provide health information and first aid at Aloft (formerly Freedom Weekend Aloft) over Memorial Day Weekend. GHS provided over 695 volunteer hours staffing the first-aid tent, with 95 hours provided by HMH clinical staff.
Getting Down and Dirty

Getting in the mud to aid the community takes on new meaning for GHS nurses supporting United Way. Pictured are RCP RNs Melinda Boyce, MSN, RN, CRRN (front), and Valorie Brooks, BSN, MS, RN, CRRN.

RIGHT: Nursing supervisors support United Way with a taco lunch sale.

FAR RIGHT: Pediatric nurses at GMH prepare to welcome preemie graduates to a party.

Dozens of GHS nurses and other staff members support the annual Dragon Boat festival for cancer research.
Despite sub-freezing temperatures, 125 people received vaccinations at Patewood’s drive-through Flu Shot Clinic. Pictured is Beverly Haines, campus president/CNO.

In addition to Hillcrest’s 300+ flu shot drive-throughs, the Greer campus delivered over 2,000 free flu shots to the community!

Charge Nurse Matthew DeJong, RN, HMH ED, shares information with the Simpsonville Leadership class on ED procedures and operations.

Hillcrest nurses provide classes for children at Monarch Elementary School, a magnet school that focuses on health and science.
Helping Meals on Wheels
Several employees volunteer with Meals on Wheels. In fact, Patewood and Greer hospitals both have a team that share a route. Beverly Haines, president of Patewood Medical Campus, serves on the organization’s board of directors.

Triaging for the Community
The EMS Nurse Triage Program received GHS’ fourth quarter Pillar Award for Quality. This unique partnership between Greenville County Emergency Medical Services and GHS Emergency Department (ED) prevents unnecessary ED and EMS visits while making sure that medically underserved communities receive needed care and resources.

Within the first year (June 2013-August 2014), the program far surpassed its goals, with 462 avoided ED visits (25 percent decline) and 887 avoided EMS transports (48 percent drop). Total cost savings: $367,208 in avoided ED visits and $352,139 in avoided EMS transports.

Talking Cancer
Throughout March, GHS’ Center for Integrative Oncology and Survivorship was featured in a weekly series of TV interviews for The Peggy Denny Show. The local show included RNs Gina Franco and Stephanie Hoopes discussing cancer prevention, detection, treatment and survivorship.

Having a Ball
The GHS Players debuted the system’s second commissioned play—Window Pains by local playwright Anne Pecaro—as a novel way to eavesdrop on health issues facing the community. Employees primarily made up the cast of 12—including Claudia Jenkins, RNC at Greer, who had a ball opining on exercise and healthy eating—and a panel discussion featuring physicians followed the performances. The play has been presented several times at theaters and other venues throughout the Upstate, with hundreds of people attending the hour-long show.

From volunteering in free medical clinics to leadership service, GHS nurses support right care, at the right time, in the right place.
Exemplary Professional Practice

Professional Practice Model of Patient Care

Our GHS Professional Practice Model illustrates the alignment and integration of nursing practice with mission, vision, values and philosophy of nursing that, in turn, align with the system’s vision and goals. The patient and family are at the center of all we do at GHS.

Nursing Vision:
Commitment to Nursing Excellence Through Leadership, Knowledge, Caring and Innovation

The Model for Patient Care used by our nurses at GHS is based on patient- and family-centered care. The depiction developed by our staff includes hands holding a sunburst supported by a strong foundation. The foundation includes GHS’ Vision, Mission, Values, Pillars of Excellence and Philosophy of Nursing.

Nurses Collaborate in a Variety of Structures That Support Excellence

In addition to system, facility and unit-level councils, nurses at GHS assume leadership roles in many interdisciplinary committees and task forces to enhance quality.

Here are a few examples of these interprofessional teams:

- Baby-Friendly Task Force
- CAUTI Teams
- CHF Team
- Code Chill
- Fall/Restraint Reduction Team
- ICC Rounds Teams
- Nursing/Information Technology
- Pain Improvement Committee
- Pediatric Asthma Team
- Project RED
- Rapid Response Team
- Sepsis Team
- Simulation Lab Team
- STEMI Team
- Stroke Team/Rapid Response
Nursing supports this strong foundation through our Nursing Vision: Transform Health Care by Our Commitment to Nursing Excellence Through Leadership, Knowledge, Caring and Innovation. Dr. Jean Watson’s Science of Human Caring incorporates holistic care in a healing environment. The concepts of healing and caring are evident in our model and Philosophy of Nursing. We believe that caring is central to the practice of nursing and that nursing care is an integration of knowledge, skills, experience and values. The American Hospital Association and Institute for Family-Centered Care support “family centered care” as an approach to planning, delivering and evaluating health care that is mutually beneficial to partners and leads to better outcomes, including patient and family satisfaction.

GHS’ Pillars of Excellence, along with its Vision, Mission, Values, Nursing Vision and Philosophy of Nursing are the strong foundation on which our model is built.

- Hands represent the healing-caring environment and human touch as the basis for patient care, which is integrated with the GHS Vision, Mission, Values, Nursing Vision and Philosophy of Nursing.
- The patient and family are at the center of all we do. Essential members of the patient’s or elder’s life and plan of care are their Care Partner and/or family members.
- The nurse is closest to the patient as the coordinator of care, utilizing the nursing process. The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient.
- An interdisciplinary care team with professional, caring individuals is integral to care.
- Each of the sunbursts represents factors that impact care and caregivers, including professional and regulatory standards, evidence-based care, external environments, professional development, shared decision-making and culturally competent care.

The nurse is closest to the patient as the coordinator of care, utilizing the nursing process. The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient.
**Interprofessional Care**

GHS nurses assume many leadership roles in collaborative interprofessional teams and activities to improve the quality of care across GHS. Here are several examples.

**Stroke Recertification**

GHS has received its third consecutive Certificate of Distinction for Primary Stroke Centers from The Joint Commission (JC). This distinction recognizes centers that make exceptional efforts to foster better outcomes for stroke care. The two-year certification is awarded following a rigorous survey process.

Here are some of GHS’ strengths from the survey:

- Patients and family reported they “never felt rushed” by doctors and nurses
- Order sets are in keeping with national standards
- Pre-hospital collaboration (EMS) is excellent; GHS has twice the national average for administering IV thrombolytic medications (clot busters)
- Among our peer groups (JC-certified hospitals state and nationwide), GHS treats more people with acute stroke more quickly and with fewer complications; our high volume and quick response times do not compromise safety and, in fact, lead to better outcomes
- Annual allocation of resources by GHS Leadership for stroke education is among the best in the country

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**Outstanding Partner Award**

GMH received the Outstanding Partner Award from the SC Department of Health and Environmental Control during its annual HIV/STD Conference in October. GMH was commended as a service provider, community partner and leader in improving the health of South Carolinians. For the past five years, GMH Laboratory Services and Emergency Department have collaborated under a grant to offer free HIV screenings.

Pictured above are (l) Keisha Hightower, MPH, MCHES, chair, 2013 S.C. HIV/STD Conference, and (r) Adrena Harrison, MSN, RN, ACRN, director of Education, SC HIV/AIDS Clinical Training Center, congratulate GHS staff (middle l–r) Sheila West, BSN, RN, CEN, Emergency Department, and Sonya Evans, MT, Laboratory.
Bariatric Re-accreditation

Hillcrest Memorial Hospital (HMH) has been granted renewal of three-year accreditation by the American Society for Metabolic and Bariatric Surgery (ASMBS) Bariatric Surgery Center of Excellence program.

As an accredited center of excellence, HMH demonstrates that it meets the needs of these patients by providing multidisciplinary, high-quality, patient-centered care.

Patient Safety Campaign: Medication Event Reporting

The staff of Roger C. Peace Hospital's Brain Injury Unit and GMH’s Neuroscience Unit were spotlighted for their medication-related event reporting during the third quarter of FY2014 (April-June). Their efforts represent careful attention to medication administration and recognizing risks for medication error. Event reporting is key to identifying these risks—and the first step toward eliminating them and ensuring patient safety.
Safety Campaign Falls Contest

GMH staff in CV Monitored Surgery, Medical/Renal, Pulmonary and Surgical Specialty won the GHS Safety Campaign Falls Contest. This effort is the result of dedicated teamwork.

AHA Hospital Quality Achievement Award for Exceptional Heart Attack Care

GMH has been recognized for achievement in Mission: Lifeline, a program created by the American Heart Association to help ensure prompt evidence-based care for the life-threatening heart attack known as STEMI (ST-segment Elevation Myocardial Infarction).

When a STEMI alert is activated at GMH, a small army mobilizes quickly—doctors, nurses, technicians and administrative personnel representing the Chest Pain Center, Referral and Transfer Center, Call Center, Cardiac Cath Lab, 4F (Coronary Intervention Recovery) and Coronary Care Unit.

GMH is in the 99th percentile of hospitals for “door to balloon time” in under 60 minutes—the national standard for the time the patient enters the ER until the obstruction is removed by angioplasty. The 2013 average time from first medical contact at a GHS satellite to angioplasty in GMH is 69 minutes—the national standard is 90 minutes.
PI Training

In November 2013 and January 2014, several nurses completed PI training in Work-Out and/or Change Acceleration Process methodologies. Participants then applied the training to projects that improved processes ranging from streamlining the budget process to engaging staff in implementing bedside shift reporting.

Work-Out is a systematic way for a group of people to develop PI strategies in a relatively short time that have a lasting impact. Like all PI processes, Work-Out begins with a specific measurable goal. The “work-out” may take place over several days. Impact is measured over approximately 14 weeks. Change Acceleration Process typically is focused on organization-wide improvement and uses various tools.

Medication Management PI Committee

The Medication Management Process Improvement (PI) Committee began in 2014 as a combined effort of the Med Safety, Pharmacy/Nursing and Alaris CQI committees. This multi-disciplinary group is committed to enhancing medication processes throughout the system and communicating these improvements. A quarterly newsletter, GHS Quality and Med Safety, shares improvements, tips and reminders about medications, formulary changes, documentation, medication events and good catches.
And More Training
In March and April, 19 staff from across the system completed four days of PI training in Change Acceleration Process and Work-Out methodologies. These participants then applied the training to projects that improved processes ranging from communication during handoffs between the GMH Emergency Trauma Center and inpatient units, census management at GMH, patient fall rates, pressure ulcer rates, appropriate use of the GMH nursery, nursing unit council effectiveness, and RCP outpatient referral and scheduling.

Neither Sleet Nor Snow ...
Inclement weather couldn’t keep GHS employees from providing excellent care during some of winter 2014’s worst days!

NGH staff (l–r) Kati Atkins, RN; Lindsay Trotter, phlebotomist; Vanessa Baker, RRT; and Holly Trotter, PCT, came prepared to sleep over—with matching nightgowns, no less! Patients enjoyed their fun spirit.

Managed Care RNs at GMH were readily available to facilitate patient movement in spite of the weather.
Nursing Achievements in FY14

System-wide

- GHS now requires a BSN degree for many leader and staff RN jobs in the acute care setting. As a result, some nurses must sign a Memorandum of Understanding (MOU) stating that they agree to return to school and obtain an accredited BSN or MSN degree within four years. New nursing hires without a BSN degree also will need to sign a MOU if they accept a job in which a BSN degree is required.

- GHS launched phase two of its hand hygiene campaign, with an electronic monitoring system being implemented across all six campuses. This system encourages and monitors hand hygiene compliance around-the-clock and allows units to track and measure compliance.

- Bedside shift reports were initiated throughout patient care units, resulting in improved handoff communication between nurses at shift change, along with increased participation by the patient and family in the plan of care. Some units strengthened RN and MD rounding to improve handoff communication and collaborate on care coordination and discharge planning.

- General Nursing orientation was redesigned with a new competency model for both phase I and II orientation for newly hired RNs.

- The Nursing Residency Program for new graduate nurses was redesigned with a new competency model. A research study is being conducted to evaluate learning outcomes of this revamped program.

- Nurses participated in daily Safety Huddles involving all disciplines. Huddles focused on current unit information and any issues or events related to maintaining patient safety and quality.

- Creative initiatives for fall prevention were initiated by nurses involving “no pass zones” for answering call lights, using bed alarms for all patients at night and changing times for administration of medications such as no routine diuretics in late evening. Other units piloted chair alarms and planned for video monitoring of high-risk patients.

- "Ban the Basin" campaign was implemented to end the use of pink plastic basins for bathing patients based on evidence regarding infections. Staff converted to “bath in a bag” disposable products.

- Discharge preparation using the tool “ticket to home” was implemented to plan and document goals and patient education.

- Nursing collaborated with Pharmacy on several key initiatives, such as the timing of afternoon diuretic administration.
Facility and Unit Specific

- North Greenville Hospital (NGH) continues to have great success with being VAP and CLABSI free. NGH has had no central line-associated blood stream infections since October 2012 and only one ventilator-associated pneumonia case since then.

- Long-term Care Unit nurses at NGH successfully implemented caring for a new patient population—those with spinal cord injury. These patients, who require mechanical ventilation care, have experienced positive outcomes.

- NGH nurses collaborated with nurses at the Roger C. Peace Subacute Unit to relocate that unit to North Greenville. The move included new hires, along with planning and providing specialized education for staff.

- Roger C. Peace Hospital began monthly interprofessional Grand Rounds in June 2014 to promote collaboration with all members of the therapy team, Nursing and Medical Management.

- Patewood Medical Campus nurses began the journey to achieve Pathways to Excellence® designation from ANCC. This focus was supported by the staff’s ability to demonstrate quality measures that outperformed national benchmarks.

- Perioperative areas at Patewood standardized several practices to promote infection prevention and reduce employee injuries.

- Patewood's Joint Class, which prepares patients for hip or knee surgery, was expanded to include education for patients undergoing shoulder surgery.

- The Patewood campus received multiple Studer awards (noted in other sections of this report).

- Nurses from Laurens County Medical Campus were welcomed as new members of GHS and collaborated on many quality initiatives in 2014.

- Inpatient units at Laurens focused on reducing C-diff Lab. As a result, cases dropped by more than 50%.

- Laurens staff also focused on reducing MRSA infections, which declined by more than 50%—from 5 to 2 cases over one year.

- OR staff at Laurens decreased the hip surgical-site infection rate to a level below the CDC benchmark.

We believe that caring is central to the practice of nursing and that nursing care is an integration of knowledge, skills, experience and values.
• Laurens inpatient units achieved results better than CDC benchmarks in CAUTIs.

• Hillcrest Memorial Hospital (HMH) nurses received re-designation as a Bariatric Center of Excellence.

• Greer Memorial Hospital nurses on the Medical-Surgical Unit celebrated zero CLABSI and CAUTI cases dating back to January 2014.

• The perioperative area of Greer Memorial Hospital received the SC Hospital Association Zero Harm award for hip and knee surgeries.

• The SC Hospital Association also gave the hospital’s ICU the Zero Harm Award for CLABSI.

• The Greer hospital received the Studer 2014 Excellence in Patient Care Award for Highest Performing HCAHPS “Definitely/Recommend.”

• Greer boasted 100% participation in the system’s annual Culture of Safety Survey.

• Greer’s ED maintained an 87% patient satisfaction score, which was above target.

• The Cottages at Brushy Creek nurses earned a CMS Tier Five rating for their facility. The Cottages exceeded its budgeted occupancy rate, while employee satisfaction increased threefold to the 79th percentile.

Greenville Memorial Hospital

• Critical Care nurses initiated an early mobility protocol to improve patient outcomes. Some units implemented an internal patient satisfaction survey to get prospective patient/family feedback. Reducing CAUTI centered on the nurse-driven “Foley out” protocol. Patients now experience designated “quiet time” in Critical Care to reduce noise, promote patient comfort and improve patient satisfaction.

• A sepsis coordinator was hired and collaborated with ED nurses at GMH and EMS in implementing a three-hour “sepsis bundle,” resulting in improved sepsis survival.

• Pressure ulcer prevention was emphasized for CVICU nurses. A pilot of sacral dressing was planned in collaboration with OR nurses. Evidence-based practice (EBP) changes resulted in new initiatives in infection prevention.

• In response to an increasing volume of ED visits, emergency nurses at GMH collaborated on plans to improve triage, command center, patient flow, handoff communication and patient satisfaction. Pediatric emergency nurses saw all of their nurse-sensitive indicators improve and exceed benchmark as of August 2014.

• Nurses in the Women’s Hospital helped GMH receive coveted Baby-Friendly designation. Quality measures for rate of breastfeeding, skin-to-skin contact after delivery, rooming-in and prenatal education demonstrated exceptional care.
• Nurses in the Children's Hospital participated in a palliative care program in addition to focusing on fall prevention and parent education.

• The Pediatric Hematology/Oncology Unit boasted zero CLABSI, CAUTI and pressure ulcers!

• A new pediatric surgical unit debuted in 2014 thanks to the extensive involvement of staff nurses.

• Pediatric nurses focused on discharge preparation with their “Journey to Discharge” initiative. They creatively display footprints with discharge cues to educate parents and prepare for the journey home.

• Neuroscience Unit nurses celebrated zero CLABSI and pressure ulcers during the year.

• Several medical and surgical units at GMH successfully implemented admission/discharge nurse positions to promote patient satisfaction, improve patient flow and enhance efficiency.

• Care Innovation and Transformation (CIT) initiatives have been a focus for the Cardiac Telemetry Unit, resulting in improvements in several nurse-sensitive indicators and engagement of staff. CIT, an American Organization of Nurse Executives (AONE) program, centers on evidence-based practice. AONE has recognized the successes of this unit and its outcomes, with unit leaders presenting their projects at national AONE conferences.

• Nurses on the Pulmonary Unit took part in education programs and changes in care delivery to meet the needs of higher acuity patients as they transition in their level of care delivered.

• Home Health nurses outperformed in benchmarks for the majority of CMS indicators for Home Health.

North Greenville Hospital staff celebrate being CLABSI free for two years.
“Being involved in journal club is a way to learn new knowledge that I have been able to share with staff members, discuss with physicians and/or incorporate into my practice.”

Amber Olsen, BSN, RN
Neuroscience Unit

“Through research on evidence-based practice, I am able to share current practices with my co-workers. The ETC Unit has seen a decline in CAUTI and an increase in early recognition of sepsis related to evidence-based practice research.”

Jessica Mills, BSN, RN
Emergency Trauma Center

Resources Support Accountability and Autonomy

Resources such as professional literature are readily available to support decision-making in autonomous nursing practice.

Organizational autonomy demonstrates authority and freedom of nurses to be involved in broader unit, service line, organizational or system decision-making related to patient care, policies and procedures, or the work environment.

GHS has wonderful support from our Health Sciences Library staff. Librarian Loretta Westcott frequently offers classes to nurses on how to access electronic materials. When you need up-to-the-minute information, the GHS Health Sciences Library staff will provide vital, timely information on diagnosis, treatment, cost containment and hospital planning using the latest technology. From quick questions to complex research, the GHS Health Sciences Library, staffed by five master’s-level librarians and two assistants, is your ready resource.

Nursing units often contact the library for information on a new type of patient or syndrome. For example, the Urology Unit reported they would be caring for a post-op patient with a new bladder procedure. They contacted a librarian who brought them printed materials within 30 minutes of the patient’s arrival.

Journal club participation is one way nurses use professional literature. CARE participants may earn points through journal clubs. CARE nurses are required to lead at least one journal club to renew their CARE status.

Here are a few comments from CARE participants:

“Review and discussion of journal articles has increased my knowledge of evidence-based care and current research. I have incorporated that knowledge to improve unit processes such as patient hand-off and patient care, including labor support, hydrotherapy, and family-centered maternity care.”

Janelle Alier, MSN, RN, The Family Birthplace

“I have been a participant in the journal club for Radiology. Reviewing and presenting articles have broadened by knowledge of radiology and encouraged me to relay information to patients and co-workers. We have utilized the information to improve the VCUG sedations and contrast reaction protocols.”

Sheila Craig, RN, Radiology

“I presented a journal article at our unit council meeting that has impacted how we audit CAUTI. We continue to explore new articles both in clinical and psychosocial aspects for our patients.”

Abby Washburn, BSN, RN, CV-ICU
GHS Nurses Support a Culture of Safety and Satisfaction

GHS Nursing uses a Quality Circle team structure to support quality, safety, service and satisfaction. Teams include the Executive Director of Nursing Practice and Academics, Nursing Clinical Analyst, Manager of Nursing Scholarship & Research, Risk Manager, Infection Preventionist, Manager of Nursing Workforce Development, and Service Excellence Coach. Unit-specific members include the unit Director of Nursing, Nurse Manager, Clinical Nurse Educator, Unit Council Chairperson and Unit Champion of Excellence.

Unit-specific teams meet quarterly to discuss unit-specific quality indicators, patient satisfaction and unit council activities. The teams develop action plans to improve areas as applicable. Unit activities then are shared with the higher level Quality Committee to ensure communication and collaboration across the system.

GHS data are compared to external national benchmarks to validate that practice compares to, meets or exceeds the practice of other like units and facilities. Nurses practice autonomously in supporting a culture of patient safety and satisfaction. When data do not meet expected levels, action plans are developed for improvements.

Here are a few graphs demonstrating a culture of safety and satisfaction:

- **GHS transforms health care by exceeding national benchmarks for flu immunizations.**

- **GHS benefits the community we serve by exceeding national benchmarks for pneumonia immunizations.**

- **GHS exceeds national benchmarks for aspirin on arrival for acute MI patients.**
**Other Safety News**

**TOP:** This pediatric unit remains VAP free for five years and counting!

**BELOW:** The Neuroscience Unit won the Hand Hygiene award, thus supporting infection prevention.

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**Uplifting News**

Congratulations to Stephanie Lamarche, BSN, RN, Coronary Care/GMH, 2014 UPLIFT Coach of the Year! This honor recognizes dedication and commitment to patient and employee safety through UPLIFT (Using Portable Lifts in Facilitating Transfers).

(Left to right) Kathryn Hunt, BSN, RN; Pat Moore, BSN, RN, interim nurse manager, CCU, CIRU and Cardiac Cath Prep and Recovery; Stephanie Lamarche, BSN, RN; and Heather Mayer, BSN, RN, UPLIFT facilitator.
New Knowledge, Innovations and Improvements

GHS nurses integrate evidence-based practice and research into daily clinical care and operational processes. Nurses explore the safest and best practices for their patients and ways to improve the professional practice environment. Our Nursing Research Committee assesses proposals for nursing research before evaluation by our Internal Review Committee (IRC). GHS nurses also serve as members of the IRC. In sum, GHS nurses are continuously seeking innovative ways to improve care and the environment.

GHS supports the advancement of nursing research as evidenced by our listing of FY14 studies.

Nursing Research

• “An Exploratory Study of Intra-hospital Transport of non-ICU Patients for Diagnostic Testing”: Susan Bethel, MSN, RN, NE-BC; Shelley Brown, BSN, RN, CNE; Sue Beswick, RN, CNS; Sheryl Sheriff, MSN, RN, CNS; Lawrence Fredendall, PhD, Clemson University; Turner Nelson (MBA student, Clemson University)

• “Increasing Nurse Involvement: Evolution of a Shared Decision Model in an Academic Medical Center”: Susan Bethel, MSN, RN, NE-BC

• “Nursing Communication and Decision-making Affecting Workflow and Medication Administration Processes”: Susan Bethel, MSN, RN, NE-BC; Joy Rodriguez, PhD, Clemson University; Yushi Yang (PhD student, Clemson University)

• “Implementation of a Progressive Mobility Program in MSICU”: Lai Chaim, BSN, RN (DNP student, MUSC)

• “Water Immersion and Water Birth in Trial of Labor After Cesarean (TOLAC) and Vaginal Birth After Cesarean”: JoAnn Fluent-Peistrup, CNM

• “Family Member Comfort Related to PACU Visitation”: Laurie Jones, BSN, RN (Master’s student, Gardner Webb University)

• “Effects of a 12-week Oncology Rehabilitation Program on Cardiorespiratory Fitness, Metabolic Fitness, Muscular Strength, Skeletal Muscle Mitochondrial Function and Body Composition in Cancer Survivors”: Doug McCormick, MSN, APRN-BC (collaborative study with USC School of Medicine)

• “Family Satisfaction with a Pediatric Palliative Care Consult Model”: Laura Meister, MSN, RN (DNP student, American Sentinel)

• “Renal Education Program to Reduce 30-day Readmission Rate”: Kim Moran, BSN, RN (DNP student, MUSC)
• “Education: An Effective Shield Against Lateral Violence”: Jane Qubti, BSN, RN (Master’s student, Gardner Webb)

• “Impact of E-site for EBP Resources”: Sheryl Sheriff, MSN, RN

• “Succession Planning: Nurse Manager Competency”: Linda Yoder, MBA, RN (DNP student, American Sentinel)

• “Patient Navigation in Cancer Clinical Trials Pilot Project”: Nurse Navigators in GHS Cancer Center (in collaboration with Education Network to Advance Cancer Clinical Trials and Ohio lay navigators)

Note: This list may not be all-inclusive. Information is self-reported. Multiple attempts were made to include appropriate information.

Nursing Publications

• Valorie Brooks, BSN, MS, RN, CRRN; Bobbie Rhodes, BSN, MS, RN; and Nicole Tefft, BSN, RN: “When opposites don’t attract: one rehabilitation hospital’s journey to improve communication and collaboration between nurses and therapists” in Creative Nursing. May 2014.


• Connie Steed, MSN, RN, CIC; and Sue Boeker, BSN, RN: Co-investigators: “Estimation of hand hygiene opportunities on an adult medical ward using 24-hour camera surveillance: validation of the HOW2 Benchmark Study” in American Journal of Infection Control. June 2014.

Note: This list may not be all-inclusive. Information is self-reported. Multiple attempts were made to include appropriate information.
New Graduate Registered Nurses' EBP Projects

• “Bedside Shift Reporting”: Tracey Ale, Teri Hines, Angela Ezzelarb, Kellie Berger, Anne Norris; Trudy Ackard: Facilitator

• “Implementing Educational Interventions to Decrease False Positive Blood Cultures”: Jessica Allen, Carrie Ballenger, Casey Skinner; Nina Pittman: Facilitator

• “CAUTI & Perineal Care”: Kelsey Armstrong, Amy Bachman, Elizabeth Dodson, Whitney Gray, KD Gerwig, Jin Zheng; Trudy Ackard: Facilitator

• “Diabetes Education in Type 2 Diabetic”: Caroline Ashmore, Amanda Hoaghn, Donne Shirley; Bonnie Leonard: Facilitator

• “Sleep Disturbances in the ICU”: Jessica Atkins, Lizzie Calk, Carl Cromer, Lauren Dyer, Saera Kim, Adam Raynes, Lauren Williams; Rhonda Davis: Facilitator

• “Bedside Reporting”: Kati Atkins, Jennifer Ervin, Bambi Lark, Eureka Sumpter; Cindy Horton Diaz: Facilitator

• “Dangers of Iron Overload with Multiple Blood Transfusions”: Hillary Baker, Christine Bryant, Genina Meredith, Heather Prieshoff, Chelsea Sloan; Suzie Spangler: Facilitator

• “Evaluating the Morse Fall Scale”: Rachel Banta, Ashley Childress, Laura Griffin, Laura Beth Lee; Trudy Ackard: Facilitator

• “Bedside Reporting”: Cara Beasley, Caroline West, Deborah Jones, Jaclyn Williams, Mark Walkenhorst, Merri Jo Desai; Lynette Callahan: Facilitator

• “Impact of Alarm Fatigue on Nursing Staff and Patient Outcomes”: Tiffany Bottoms, Bernard Endebrock, Anna D’Alessio, John Lawrence, Rebecca Leicht; Peggy O’Harra: Facilitator

• “Effects of Sleep on Healing”: Chet Brannon, Christie Goodhue, Gina Masters, Stephanie Neely, Jennifer Subrizi; Cindy Horton Diaz: Facilitator

• “Looks Who’s Talking! Bedside Shift Report Change”: Megan Brotherton, Spencer Maney; Emily Ohanuka: Facilitator

• “Evidence-based Journal Club”: Lisa Byers, Rebecca Murray, Melissa Ramsey; Melinda Morgan: Facilitator

BELOW LEFT: Patricia Leighton, MSN Ed, OCN, describes her poster.

BELOW RIGHT: “Impact of Alarm Fatigue on Nursing Staff and Patient Outcomes” facilitator Peggy O’Harra, BSN, RN, CRN-CSC.
The patient and family are at the center of everything we do at GHS.

• “To Change or Not to Change. That Is the Question: Pediatric and Adult IV Practices”: Rena Burton, Shalanna Davis, Jessica Kull, Kate Landis, Monique Leekam, Cathy Moore; Pat Underwood and Trudy Ackard: Facilitators

• “Pinpointing Proper Pin Care”: Lauran Castellucii, Jennifer Moody, Kala Morris, Tim Robbins, Angela Scivedge, Sharon Tedeschi; Trudy Ackard and Pat Underwood: Facilitators

• “Safe Sleep: Meeting Standards”: Caroline Cauthen, Meredith Seitzer, Brittany Wesseri; Jennifer Smoak: Facilitator

• “Ketamine for Pain Control”: Kristina Chumanov, Jennifer McCuen; Shannon McCandless: Facilitator

• “Use of 2% Chlorhexidine Gluconate Cloths in Preventing Post-op Infections”: Mike Daniel, Ashlyn Mundt, Heather Munyan, DeAnne Withers; Trudy Ackard: Facilitator

• “Sterile vs. Clean Technique”: Deborah Dukes, Stacy Stokes; Lavunda Martin: Facilitator

• “CLABSI-free Using 2% CHG Baths”: Porshay Ellis, Tatsiana Katchanovich, Mark Mallari; Rhonda Stubbs: Facilitator

• “Sepsis and Antibiotics”: Katie Euechler, Caroline Campbell, Sarah Grawe, Sarah Parker, Megan Roben, Anna Kate Leverette, Dana Nemr; Sue Beswick: Facilitator

• “Assessing NG Tube Placement: Practice vs. Evidence”: Sabrina Galloway, Brandy Gilbert, Matt Mumaugh, Kathryn Smith, Kim Wellborn; Trudy Ackard: Facilitator

• “Precipitous Deliveries in the ER”: Jonta Giglio, Jennifer Knowles, Nicola Deines; Trudy Ackard: Facilitator

• “Prevention of CLABSI”: Ashely Ginn, Nicole Scates; Rhonda Stubbs: Facilitator

• “Study of Nurse and Patient Satisfaction Related to Lovenox vs. Heparin for DVT Prophylaxis”: Elizabeth Halvorsen, Margo Sackin, Ria Maraj, Stacy Schaefer, Kristen Stratton, Wai Prellwitz, Marta Siney; Shannon Sternberg: Facilitator

• “Importance of Improving Standardized Handoff Communication”: Chuck Harrington, Hannah Tosco, Jessica Brown, Nadine Carmack, Sadie Anderson, Vicki Davis, Whitney Love; Cathie Osika-Landreth and Joy Reece: Facilitators

• “Effectiveness of Curos Port Protectors on CLABSI Rates”: Jennifer Harshberger, Rachel Kappel, Hannah Ponder, Kirby Reynolds; Lavunda Martin: Facilitator

• “Preferred Clinical Learning Styles of Healthcare Staff: Teaching Neutropenic Precautions”: Vanessa Hartman, Jenny Green, Patricia Cole; Trudy Ackard and Suzie Spangler: Facilitators
• “Medication Safety in Pediatrics”: Elizabeth Hitt, Molly Honeycutt, Alesia McFarlin, Holly Moore, Kayla Stephens; Anita DeWeese: Facilitator

• “No Butts About It!”: Amanda Kamman, Allison Jerrel, Danielle Eady; Chavonne Good: Facilitator

• “Just PEW It: Preventing Pediatric Deterioration Using the PEW Score”: Marilyn Kretzmer, Gabrielle Lutz, LaToya McCombs, Cassandra Mullins-Stoops; Stephanie Pulis: Facilitator

• “Bathing in Bacteria: Scrub-a-dub in a Pink Plastic Tub”: Haley Lawhon, Dan Wright, Shenna McBride, Mandy Harrison, Uzzie Anosike, Bethany Mattson, Donny Harris, Martin Schloss; Trish McGauley: Facilitator

• “Overcoming Barriers to Bedside Shift Report”: Beth Northam-Copher, Kaitlyn Dennis, Leah Ballard, Makenzie Smith; Anita DeWeese: Facilitator

• “Postoperative Pain Control”: Liz Reynolds, Matt Stroud, Dallas Wise; Emily Ohanuka: Facilitator

• “Real-time CPR Feedback”: Kristen Rogers, Jeana Maher, Kathy Hunt, Megan Rogers, Annaelese Nagengast; Sheryl Sheriff: Facilitator

• “Pathogen Colonization of Healthcare Workers’ Cell Phones on Oncology Unit with Neutropenic Patients”: Michela Stephens, Ruth Lawrence, Krista Millar; Trudy Ackard and Suzie Spangler: Facilitators

• “Pressure Ulcer Prevention”: Geoff Zander; Cindy Horton Diaz: Facilitator
Professional Communications

• J. Atkins, RN; Liz Calk, RN; Carl Comer, RN; Saera Kim, RN; Adam Raynes, RN; Lauren Williams, RN; and Rhonda Davis, BSN, RN, facilitator: (poster) “Sleep Disturbances in the ICU” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.

• Elizabeth Atkinson, BSN, RN: (presentation) “Recognizing and Responding to Human Trafficking for Healthcare Providers” for Upstate Area Health Education Center (AHEC), presented with the Greenville County Sheriff’s Office.

• Hillary Baker, RN; Christine Bryant, RN; Genina Meredith, RN; Heather Prieshoff, RN; Chelsea Sloan, RN; and Suzie Spangler, RN, facilitator: (poster) “Dangers of Iron Overload with Multiple Blood Transfusions” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.

• Susan Ballew, BSN, RN, and Kerrie Roberson, MBA, MSN, RN-BC, CMSRN: (presentation) “Patient and Family Engagement at Transition of Care” for University HealthSystem Consortium Annual Conference in Atlanta.

• Rachel Banta, BSN, RN; Ashley Childress, BSN, RN; Laura Griffin, BSN, RN; Laura Beth Lee, BSN, RN; and Trudy Ackard, MSN, RN, facilitator: (poster) “Evaluating the Morse Fall Scale” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.

• Cara Beasley, RN; Caroline West, RN; Deborah Jones, RN; Jaclyn Williams, RN; Mark Walkenhorst, RN; Merri Jo Desai, RN; and Lynette Callahan, RN, CCRN, facilitator: (poster) “Review of Literature of Incorporation of Bedside Shift Reporting” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.

• Susan Bethel, MSN, RN, NE-BC: (presentation) “Partnering Industrial Engineering & Nursing: Human Factors Approach to Examining Nurse Interruptions” for 12th Annual Nursing Research Conference–Upstate SC in Greenville; (poster) “Examining Interruptions and Their Effects on Nursing Work in Acute Care Units” for SC Nursing Excellence Conference in Columbia (third-place winner, Nursing Research Division).

• Tiffany Bottoms, RN; Bernard Endebrock, RN; Anna D’Alessio, BSN, RN; John Lawrence, BSN, RN; Rebecca Leicht, BSN, RN; and Peggy O’Harra, BSN, RN, CCRN-CSC, facilitator: (poster) “Impact of Alarm Fatigue on Nursing Staff and Patient Outcomes” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.

• Lauren Brown, RN; Sara Holiday, RN; Jennifer Meder, RN; and Melissa Palmer, BSN, RN, CCRN: (poster) “It’s Football Season! Break Out Your Traumatic Brain Injury Playbook” for Southeastern Trauma Symposium in Columbia.
• **Anita DeWeese, MSN, RN, and Lori Stephens, BSN, RN:** (poster) “Necrotizing fasciitis in an Obstetric Patient” for Association of Women’s Health, Obstetric and Neonatal Nurses National Conference in Orlando.

• **Regina Franco, MSN, ANP-C:** (television appearance) Interviews on cancer care for *The Peggy Denny Show*, WGGS TV in Greenville; (presentation) “Quality and Survivorship: Ready, Fire, Aim – Developing a Quality Cancer Survivorship Program” for SC Oncology Association and NC Oncology Association Joint Membership Conference in Charlotte and SC Cancer Alliance Evidence Academy in Columbia.

• **Catherine Garner, DrPH, MSN, RN:** (presentation) “Maximizing the Impact of an Inter-professional Approach to Nutrition” for American Society for Nutrition Science National Meeting in Washington, DC.

• **Lynnette Gibson, PhD, RN, and Susan Bethel, MSN, RN, NE-BC:** (presentation) “Promoting Academic Practice Partnerships: The Delphi Way” for Sigma Theta Tau Nursing Education Research Conference in Indianapolis.

• **Elizabeth Hitt, RN; Molly Honeycutt, RN, Alesia McFarlin, RN; Holly Moore, RN; Kayla Stephens, RN; and Anita DeWeese, MSN, RN,** facilitator: (poster) “Medication Safety in Pediatrics” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.

• **Beverly Jameson, MN, and Robin Simpkins, NP:** (webinar) Cardiac Learning Series on best practices for decreasing CHF readmissions.

• **Claudia Jenkins, RNC, and Terry Williams, FNP:** (poster) “How to Facilitate Collaboration Between Senior Nurse Practicum Students and Your Unit to Implement Successful Evidence Based Practice Changes” for NC/SC Perinatal Association Conference in Myrtle Beach.

• **Bonne Johnson, PhD, BSN, MSN, RN:** (poster) “Collaborative Rounding by Physicians and Nurses Improves Patient Satisfaction Scores” for SC Nursing Excellence Conference in Columbia.

• **Jennifer Justus, MSN, RN, and Bhavini Patel, MS, RN:** (poster) “Building Collegiality Through Creative Education Boards” for 22nd Annual Convention for the Academy of Medical Surgical Nurses (AMSN) in Nashville.

• **Patricia Konstant, FNP-BC:** (presentation) “Management of Chronic Heart Failure” for Upstate Nurse Practitioner Association of Greenville.

• **Marilyn Kretzmer, RN; Gabrielle Lutz, RN; LaToya McCombs, RN; Cassandra Mullins-Stoops, RN; and Stephanie Pulis, RN,** facilitator: (poster) “Just PEW It: Preventing Pediatric Deterioration Using the PEW Score” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.
• Patricia Leighton, MSN Ed, OCN: (poster) “A Process Improvement Measure: Development of a Patient Satisfaction Tool in a Survivorship Program” for SC Nursing Excellence Conference in Columbia.

• LeAnn Perkins, RN; Regina Franco, MSN, ANP-C, RN; Doug McCormick, MSN, APRN-BC; Kari Savage, RN; Patricia Leighton, MSN Ed, OCN; Stephanie Hoopes, BSN, RN, OCN: (poster) “A Multi-disciplinary Survivorship Care Plan Clinic Model” for 7th Biennial Cancer Survivorship Research Conference in Atlanta, SC Nursing Excellence Conference in Columbia and 12th Annual Nursing Research Conference–Upstate SC in Greenville.


• Sherry Riggins, BSN, RN, OCN: (presentation) “Navigation of a Melanoma Patient” for Academy of Oncology Nurse Navigators Conference in Memphis, Tenn.

• Sheryl Sheriff, MSN, RN: (poster) “Impact of an E-site for Nursing Evidence-based Practice” for SC Nursing Excellence Conference in Columbia.

• Rhonda Stubbs, MSN, RN: (poster) “Decreasing CLABSI in a Medical Renal Unit” for SC Nursing Excellence Conference in Columbia and 12th Annual Nursing Research Conference–Upstate SC in Greenville.

• Sharon Warday, MSN, RN: (presentation) “Screening, Brief Intervention and Referral to Treatment” for 12th Annual Nursing Research Conference–Upstate SC in Greenville.

Note: This list may not be all-inclusive. Information is self-reported. Multiple attempts were made to include appropriate information.
Nursing Counts

- System Bed Count ..................................................................................................... 1,358
- Direct Care Staff RNs ............................................................................................... 3,149
- Nursing Directors and Administrators ................................................................. 22
- Nursing Managers ......................................................................................................... 78
- Nursing Supervisors ...................................................................................................... 92
- Certified Registered Nurse Anesthetists ................................................................. 137
- Clinical Practice Specialists ........................................................................................ 10
- Clinical Nurse Educators ............................................................................................. 31
- Nurse Practitioners ...................................................................................................... 122
- Clinical Sites (for placement of nursing students) .................................................... 97
- Clinical Nursing Student Encounters ................................................................... 1,876
- Vacancy Rate .............................................................................................................. 5.0%
- Turnover Rate ........................................................................................................... 10.9%

Educational Support and Advancement

- In FY14, GHS reimbursed over $600,000 to nurses pursuing academic degrees.
- In addition to formal education, dozens of GHS nurses took part in lifelong learning and continuing education through Upstate AHEC, professional nursing organizations, online courses and webinars.

Additionally, GHS Nursing works closely with nursing schools to enhance the experience for students. This work includes two annual meetings for increased communication and collaboration with school leaders and GHS leaders:

- Fall Faculty Meeting
- Spring Nursing Faculty Summit (bridging the gap between practice and academics)

Highest Degree Earned of Nursing Staff

- Diploma ........................................................................................................................... 145
- Associate ..................................................................................................................... 1,450
- Bachelor’s .................................................................................................................... 1,630
- Master’s in Nursing ..................................................................................................... 376
- Doctorate ...................................................................................................................... 8
- Additional Master’s Level ............................................................................................. 19
Pathway to Excellence™ Standards

1. Nurses Control the Practice of Nursing
2. The Work Environment Is Safe and Healthy
3. Systems Are in Place to Address Patient Care and Practice Concerns
4. Orientation Prepares Nurses for the Work Environment
5. The CNO Is Qualified and Participates in All Levels of the Organization
6. Professional Development Is Provided and Used
7. Equitable Compensation Is Provided
8. Nurses Are Recognized for Achievements
9. A Balanced Lifestyle Is Encouraged
10. Collaborative Relationships Are Valued and Supported
11. Nurse Managers Are Competent and Accountable
12. A Quality Program and Evidence-based Practice Are Used
ANCC (American Nursing Credentialing Center) programs have been chosen by GHS to guide and support excellence.

**Magnet™ Model 2014 Components**

**Transformational Leadership (TL)**
- Strategic Planning
- Advocacy and Influence
- Visibility, Accessibility and Communication

**Structural Empowerment (SE)**
- Professional Development
- Commitment to Professional Development
- Teaching and Role Development
- Commitment to Community Involvement
- Recognition of Nursing

**New Knowledge, Innovations, Improvement (NK)**
- Research
- Evidence-based Practice
- Innovation

**Exemplary Professional Practice (EP)**
- Professional Practice Model
- Care Delivery Systems
- Staffing, Scheduling and Budgeting Processes
- Interprofessional Care
- Accountability, Competence and Autonomy
- Ethics, Privacy, Security and Confidentiality
- Culture of Safety
- Quality Care Monitoring and Improvement

**Empirical Outcomes (EO)**
- Quality of Care