

Nurses Week



In celebration of nurses' voices

In honor of National Nurses Week 2018 (May 6 to 12), this special section of *American Nurse Today* celebrates nurses' voices.

The article by Debra Walker, PhD, MSN, MEd, RN-BC, offers strategies for increasing happiness. In the article titled "Don't wear high heels to an evacuation," a team of nurse educators shares how they went from "nonessential" to "essential" personnel during preparations for a hurricane. And David Foley, PhD, MSN, RN-BC, MPA, embraces the importance of nursing theory and encourages other nurses to "adopt a nursing theorist."

All-Pro Nursing Team Awards

This section also features *American Nurse Today's* first annual All-Pro Nursing Team winners. We invited teams from around the country to tell us why they're an all-pro nursing team. The judges—including nurses and editorial staff—reviewed and analyzed 42 submissions. All had compelling stories to tell about how they worked together to help individual patients, develop research projects, and design and implement process improvements within their organizations. After much deliberation, the judges declared the coordinators of patient placement and staffing team at Boston Children's Hospital as the winner. You can read their story, and those of the three runners-up and six honorable mention teams, in the following pages.

American Nurse Today applauds the inspiration, innovation, and influence of nurses.

Don't wear high heels to an evacuation

Lines between essential and nonessential personnel blur during a crisis.

By Vanessa Gant-Clark, MSN, RN; Janice Skipper, MSN, RN; Kirstin Pennington, MSN, RN; Fharen Grant, MSN, RN, RN-BC-CNL; Erica Grate-Simmons, MSN, RN

An unsettled air of anticipation hung heavy over South Carolina Lowcountry in October 2016 as another late-season hurricane threatened. Televisions everywhere blared with constant and changing weather updates. Working at an acute-care hospital on the east coast added yet another dimension to the unease. Patients questioned us, staff asked if we'd heard anything, and leadership continued to meet in emergency management planning sessions. The question: Leave or stay?

A full patient evacuation was unprecedented at our hospital, so none of us knew what to expect. Our facility is a tertiary care teaching hospital that provides high-level quality care—cardiology, neurology, primary, and mental health care—to over 70,000 veterans. We knew about the master plan for an emergency evacuation, but evacuating 149 beds, including 16 intensive care unit beds and 20 long-term care beds, was hard to visualize.

The evacuation question became a drumbeat after weather reports warned that our city was predicted for a direct hit. Reporting for work midweek in the nursing education department proved an educational opportunity for us. After all, who needs education during an evacuation?

Essential vs. nonessential personnel

Our department consists of five nurse educators and one manager. Two educators were new to the department but not new to our facili-

ty; they were staff nurses on our acute medicine units. The remaining three were seasoned nurse educators. As members of nursing education services, our primary duties revolve around nursing students, nurse trainees, professional development, and community engagement. We fall under the realm of nonessential personnel, right? So, naturally, it was just a matter of time

before we would be given the green light to go home.

Our newer nurse educators had spent their entire nursing career at the bedside and had always been on the “essential personnel team.” When faced with the possibility of inclement weather that warranted an extensive stay, they'd always packed overnight bags and headed to work. The idea of not being essential seemed surreal to them.

One nurse's story

I (Gant-Clark) had no doubt that everyone in the department was on the same sheet of music. As a nurse educator, I know I have many responsibilities, but I never imagined that evacuating patients to another facility in preparation for a hurricane was part of my job. So I was surprised when one of the new educators arrived in scrubs. With a

raised eyebrow and a sideways glance, I asked, “Why are you wearing scrubs?” She re-



sponded, “Why aren't you?” as she looked incredulously at my professional attire and heels. I assumed this newest faculty member was confused by her new educator role. However, when we got our orders to assist in all evacuation efforts, including patient care, she gave me a smug smile.

The message from our chief nurse and nurse manager was clear, “We are all essential today!” My initial thoughts of disbelief and pride for “paying my dues” were quickly replaced with pride at being an essential nurse as our team got to work providing exceptional care for patients and their families regardless of the circumstances because, as nurses, we are leaders.

By mid-morning, I had kicked off my heels and was working alongside the head of the emergency preparedness command, delegating and managing patient flow. We

collaborated with all members of leadership, the emergency preparedness team, managers, staff nurses, pharmacists, nursing assistants, bus drivers, and the police. Although I wasn't at the bedside, my clinical reasoning skills kicked in, including stocking buses with extra urinals, ensuring all buses had an adequate bottled water supply, asking the kitchen to make extra brown bag lunches, and delegating the appropriately licensed staff to each bus based on patient acuity.

My colleagues were scattered throughout the facility. While I was on the loading dock, our nurse manager was at the emergency department entrance assisting with the evacuation of our mental health ward. She commented later that the patients boarded their buses in an orderly fashion with smiles on their faces, likely enjoying the change of scenery, sunshine, and fresh air as opposed to their windowless lockdown ward. She said that keeping a smile on her face as other personnel left and said, "Have a great

The message was clear, "We are all essential today!"

weekend" or "Drive safely" was difficult because her Folly Beach community had already been given a mandatory evacuation order. She had come to work thinking she'd be dismissed but found herself doing something she felt ill-equipped for.

The calm after the storm

Eventually, everyone on the nurse educator team eased into their various temporary duties, including bathing and feeding the nursing home residents, packing their personal belongings, and transferring them to stretchers in preparation for their bus ride to our sister hospitals in Augusta, Columbia, and Dublin. Although some patients required reassuring, most were calm and appeared to enjoy the change

of routine, as did my colleagues.

Hurricane Matthew arrived as forecast 3 days later, and all patients were settled and far removed from harm's way. Our departmental after-action review proved to be very enlightening as we reflected on our different points of view and emotions on the morning of the evacuation—guilt for not being prepared to stay or evacuate with the patients, fear of the unknown, false expectations, and a sense of purpose and intrinsic reward while performing bedside nursing care. Overall, this experience made me appreciate my role as an RN even more. My skills and knowledge don't depend on my environment or equipment but on my passion for my patients and their well-being. Nursing is a part of me; it's not just my job. A nurse is a nurse, heels or no heels. ★

The authors work at Ralph H. Johnson VA Medical Center in Charleston, South Carolina. Vanessa Gant-Clark, Kirstin Pennington, Fharen Grant, and Erica Grate-Simmons are full-time faculty for the VA Nursing Academic Partnership; Janice Skipper is their nurse manager.



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The meaning of happiness

Strategies for pursuing and obtaining happiness.

By Debra Walker, PhD, MSN, MEd, RN-BC

Benjamin Franklin wrote this about the unalienable right to happiness delineated in the U.S. Constitution: “The Constitution only gives [you] the right to pursue happiness. You have to catch it yourself.” Do nurses really have to chase or discover happiness? What does happiness mean to you? And do you remember the first time you felt that you achieved happiness?

Meaning of happiness

Some researchers describe happiness as a state of accepting that what happens in life is necessary to being human. Life is a series of experiences that develop our character, behavior, and skills for living. Previous beliefs about happiness were based on achieving success—working hard, finding a great job or position, losing weight, driving a new care, and having money in the bank—but recent studies in positive psychology indicate that happiness defined by material gain or success isn’t sustainable. Happiness fuels success, success doesn’t fuel happiness. In addition, evidence supports the connection between the mind, body, and spirit and that happiness

is strongly related to health. Something as simple as smiling slows your heart rate during stressful situations and can lead to a happier, positive attitude in you and the people around you.

Social psychologists have been researching strategies to increase happiness and well-being after discovering that when positive thoughts and actions replace negative ones, the brain becomes more active in areas of creativity, motivation, resilience, and productivity. Happiness strategies are based on theory and research that examine the characteristics of people who profess to be happy. In light of challenges many nurses encounter both professionally and personally, these strategies may help you in your pursuit of happiness. The first step is pursuing meaningful, substantive happiness.

Pursuit of happiness

Scientists and researchers call our daily routine of plans, tasks, endeavors, projects, and ambitions “goal pursuit.” When a goal is materialistic with possible negative outcomes, anxiety and unhappiness overshadow achieving the goal. If the goal is realistic, flexible, cultur-

ally valued, and authentic, the goal may or may not be achieved, but the pleasure and satisfaction of just pursuing it can be meaningful. What you learn while working on the pursuit of a valued goal can lead to increased opportunities and the mindful satisfaction of being challenged. A perfect example is completing a nursing program and developing a sense of purpose and responsibility as a nurse.

Rather than focusing on the finish line—“I’ll be happy when I get the promotion and a salary increase”—remember that happiness lies in the journey. Steps taken in the pursuit of happiness, such as participating in wellness programs, reading self-help books, and attending wealth and happiness seminars, have value, but the key ingredients of positive psychological well-being include mindfulness, physical health, spiritual well-being, and connections with others.

Strategies for happiness

Several proven strategies increase happiness in the brain’s prefrontal cortex, the part of the brain that’s responsible for emotions.

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Mindfulness

We all find ourselves thinking about what we need to do next. Rather than giving our full attention to the patient in front of us, we're thinking about the patient we need to care for down the hall. The result is reduced productivity and feelings of unhappiness. Learning to slow down and focus on being present can lead to increased efficiency and happiness.

Meditation is one way you can learn to focus your mind. Research shows that regular mindfulness meditation can increase the happiness in the brain and permanently rewire it to more positive function. Taking just 5 minutes to breathe slowly and deliberately, not counting or holding your breath, is one of the most effective strategies to help you redirect negative thoughts and re-focus on the present moment. You can practice short meditations at home, at work, or anyplace you feel yourself becoming stressed. Sit in a comfortable position, focus on your breathing, and then bring your mind's attention to the present. When your thoughts drift to events of the past or concerns about the future, gently guide yourself back to the present and your breath.

Physical health

Taking care of yourself through diet and exercise can have lasting benefits both physically and emotionally. For example, exercise releases pleasure-inducing endorphins that boost your mood, improve motivation, decrease stress and anxiety, and reduce depression. It can also increase the development of new neurons in the brain that have been damaged by stress and anxiety. And when eating five servings of fruits and vegetables every day and exercising (walking, yoga, playing with your kids) for at least 30 minutes a day three times a week become a part of your lifestyle, you build a foundation for long-term happiness.

Spirituality

Scientific evidence shows that people who have religious or spiritual beliefs are happier than those who don't profess any type of spirituality. They perform acts of kindness and exhibit empathy and compassion. With or without a formal religion, spirituality offers protective qualities that can help us sustain happiness throughout our lives. And when practiced with a community, spirituality provides the support of others during difficult times.

Connections with others

Spending time with friends and family is the number one source of happiness. That means maintaining a work/life balance that gives you time to connect with other people. Rather than pursuing the purchase of a new car, which will give you only fleeting happiness, make time for a family vacation or a regular walking routine with your best friend, which will provide you with experiences that enrich your life.

Happiness strategies

Use these strategies to create sustainable happiness.

- **Connect socially.** Spending time with family and friends is the most important thing you can do to be happy, so create a good work/life balance.
- **Be mindful.** Appreciate the present moment and find time for daily meditation.
- **Tend to your physical health.** Health and happiness are strongly connected, so exercise regularly and eat healthy.
- **Be spiritual.** Whether religion-based or not, spirituality offers a foundation for happiness.
- **Spend money wisely.** Rather than spending money on material things, spend it on experiences—family vacations, activities with friends, a mindfulness retreat.
- **Be resilient.** Learn the art of bouncing back from adversity.
- **Give thanks.** Gratitude is linked to happiness. Take time once a day to think of one thing you're grateful for.
- **Be positive.** Some experts say you can “fake it till you make it”; smiling and engaging in positive behavior can help you become more positive even if that's not how you initially felt.
- **Live a meaningful life.** Connect with goals that have meaning to you and find joy in the journey.

Lasting happiness

Sustained happiness can't be found in material pursuits. Instead, focus on the journey of your life—the good and bad—with mindfulness and in the company of friends and family. Make your physical health a priority and incorporate a sense of wonder about the world through religion or spirituality. The result will be a life of happiness that supports you through challenging times. ★

Debra Walker is an assistant professor at Indiana Wesleyan University in Marion and Thomas Edison State University in Trenton, New Jersey.

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Rescuing nursing theory

Adopt a nurse theorist today.

By David Foley, PhD, MSN, RN-BC, MPA

I recently spent one summer working as a clinical instructor in a course that required 12-hour experiences on a very busy inpatient floor. As any clinical instructor, student, or floor nurse knows, clinical days can be long, confusing, and often chaotic. Each day I met many wonderful nurses—some had been in practice for years and others were recent graduates. In either case, it was a pleasure pairing them with students who would benefit from their knowledge, skill, and experience. As we spoke throughout the first few weeks of the clinical experience, we couldn't help but compare notes on our own experiences during our prelicensure and graduate programs. And as is often the case when a group of nurses come together, the conversation drifted easily from topic to topic, including how much nursing practice, medical equipment, and especially nursing education has changed. One nurse shared several "used to be's" and was proud that she could still calculate I.V. drip rates with the help of her trusty watch with a second hand and provide medications as accurately as any pump on the market.

While eating lunch with several instructors, students, and faculty one day, I was surprised to learn how many seemed uncomfortable at the

mere mention of nursing theory. This aversion seemed to be deeply rooted in bad experiences with the subject during their education. I was a bit puzzled by this; nursing theory was one of my favorite courses during my master's in nursing program. As our capstone course assignment, each student wrote a 30-page paper that fully explored the origins, philosophy, and practical applications of a selected nurse theorist. I chose Betty Neuman, creator of the Neuman Systems Model, which had deeply impressed me as a holistic, systems-based approach to patient assessment and care.

Taking a chance

When I was in school, the internet was much less developed than it is today and wasn't viewed as a very credible source of information. Nonetheless, I typed "Betty Neuman" and then "Neuman Systems Model" into the search bar and was surprised when her contact information appeared in the results. I took a chance, called the number, and was completely sur-

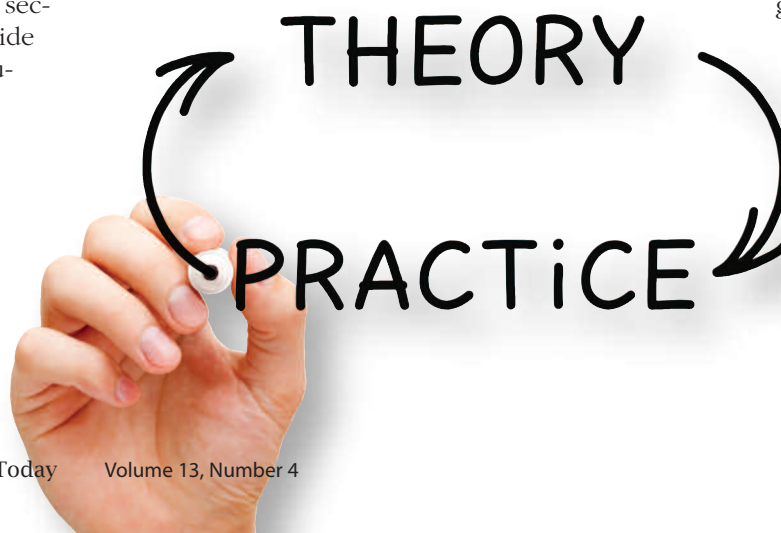
prised when Betty Neuman herself answered the phone. I also was so nervous that I nearly hung up, but I rallied to introduce myself as a graduate student researching her model. Dr. Neuman was incredibly gracious and spent the next 45 minutes sharing anecdotes on her international travels and how she felt her model lent itself to interdisciplinary collaboration and care.


Dr. Neuman asked me about my paper, and I told her I'd be presenting it to the class in 2 weeks. I will never forget her response: "I don't suppose you would want to take me to class, would you?" I assumed she was joking and laughed softly. But after she told me she lived only an hour from the classroom and was actually considering having someone take her to my class on the night of my presentation, I realized that she was serious. After a bit more discussion, she admitted that the plan might not be realistic but offered to address the class via teleconference. As approved by my instructor, I quickly made the arrangements with the university's technology department.

Show and tell

On presentation day, with the whole class and instructor watching, I nervously dialed the phone to start the teleconference and was so relieved when I heard Betty Neuman's dignified voice. She

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was extraordinarily generous with her time and spent more than an hour talking not only about her model but also about her thoughts on nursing theory in general.

At the end of the evening, the reality sunk in that I actually brought a real nurse theorist to class, albeit virtually. The experience was so fulfilling that it instilled in me an admiration for nursing theory and its application to daily practice. I've always been amazed when some nurses show apathy—or outright aversion—to the subject of nursing theory. Many say that they find the subject to be dry or uninspiring or that it invokes a painful memory of a paper or presentation that resulted in a less-than-desirable grade in nursing school.

Incidentally, my professor gave me a “B” on my presentation because she said that Betty Neuman did the presenting for me. Despite my mild objections, I knew further protest would be futile, so I quickly reconciled myself to the grade and celebrated what I instinctively knew was a milestone experience in my nursing education. After all, I brought Betty Neuman to class, and that somehow made the “B” seem quite tolerable.

Rescuing nursing theory

As the years passed, I found myself in the role of nursing instructor and taught a class entitled “Nursing theory and professional practice” to first-year, first-semester nursing students. From the outset, I was determined to present nursing theory in the most positive light possible. I demonstrated nursing theory's relevance to both research and practice, hoping that students who go on to pursue a career in bedside nursing or graduate studies will have some positive experiences upon which to draw. Each semester, I shared my Betty Neuman story and encouraged students to remember to be as generous as she was with sharing knowledge and expertise with others. During encounters with former students, I

was pleased when they told me that they remembered the story and felt it impacted them in a positive way, not only because of her generosity but also because of her model's power in identifying stressors and their effect on patients.

Encouraged by these and other stories, I've engaged in a pursuit to rescue nursing theory from the grips of boredom, dryness, and ineffective classroom experiences. How could I accomplish this goal in everyday life and nursing practice? I adopt a nurse theorist of the day and encourage my students, graduates, and colleagues to do the

I was determined to present nursing theory in the most positive light possible. I demonstrated nursing theory's relevance to both research and practice, hoping that students who go on to pursue a career in bedside nursing or graduate studies will have some positive experiences upon which to draw.

same. Adopting a nurse theorist each day doesn't mean spending time reading research-based articles (unless, of course, you feel a sense of passion to do so) or performing a recursive review of each of the theory's basic tenets. Instead, celebrate the essence of a different theorist each day.

These efforts came to fruition during my recent long 12-hour clinical days with students. I hadn't taught medical-surgical clinicals in a while and hoped my students' hopeful eyes didn't recognize my reticence. After a week or two of

establishing an organized routine, during preconference I informed the students that we would be adopting a different nurse theorist each week and to be aware of the essence of that theorist as we performed our daily nursing care. As the weeks passed, I was uplifted by the discussions we had about Watson's Carative Factors, Leininger's view of transcultural nursing, consciously initiating an effective nurse-client relationship in tribute to Pepleau, and yes, assessing our patients' stressors per the Neuman Systems Model.

By the end of the long, hot summer, I was surprised how effortless and fluid our conversations and thoughtful reflection had become as we drifted from theorist to theorist. Even more exciting was the fact that the students carried on these conversations with their assigned bedside nurses, some of whom actually popped into the conference room during postconference saying things like “I don't remember nursing school being like this...there's too much joy in this room!” and sometimes simply “You're the best.”

We weren't the best, but we were striving for excellence. One important way we did that was by remaining grounded in our nurse theorist of the day and channeling the essence of the works of Betty Neuman and her many distinguished colleagues.

I was invigorated by these clinical days and saddened when the summer ended. But it really hadn't. I continue to adopt a nurse theorist of the day and encourage you to do the same, even if for just a few moments of meaningful reflection during a brief hallway conversation or elevator ride.

A “B” indeed... ★

David Foley is an assistant professor of nursing at Case Western Reserve University in Cleveland, Ohio.

Editor's note: Hear more nurses' voices by reading entries for our Insights Blog (americannursetoday.com/insights/) on the *American Nurse Today* website.



Quick action grants a family's final wish

Coordinators of patient placement and staffing, Boston Children's Hospital

The 10 members of the coordinators of patient placement and staffing at Boston Children's Hospital pride themselves on their patient and family focus and their willingness to go above and beyond to do what's right. And, according to Suzanne Reidy, director of patient flow and staffing, they're "jacks of all trades. We are the in-house supervisors on the night shift, and everyone looks to us first for advice no matter what's going on."

All of these qualities are evident in the story this team shared as part of their submission for the *American Nurse Today* All-Pro Nursing Team award. Here's that story in their words:

CM was a 2-year-old boy who was born with a congenital heart defect. He had two of the three surgeries that were needed to correct his defect, but after the second surgery, he suffered from poor ventricular function and was placed on the list for a heart transplant and maintained on milrinone infusion at home.

In December 2016, CM was admitted to the hospital for worsening heart failure. In March 2017, he suffered a cardiac arrest and was cannulated to extracorporeal membrane oxygenation (ECMO). He was on and off the transplant list because of sepsis and new seizure activity. Both parents were with CM daily, and they longed for a new heart for their beloved son. More months passed, and CM remained in the cardiac intensive care unit (ICU) on ECMO.

In early September, CM suffered a seizure and was in status epilepticus; he needed to be intubated. When he was extubated a few days later, he exhibited unequal pupils and disordered breathing. A computed

tomography (CT) scan showed no new ischemic change, but his neurologic status continued to deteriorate rapidly. He was reintubated, and a CT scan with contrast was performed. The scan showed a brainstem hemorrhage. The parents were present and given the grim findings.

After such a lengthy ICU stay, the parents requested that he be taken to the hospital's garden for extubation on a beautiful warm September afternoon. My team was called and asked if we could help expedite a garden visit for end of life. We quickly jumped into action. I called the security supervisor and explained the situation. The team was already en route to the garden with the family, so we had to move quickly. We paged engineering to open the door because the garden had just been renovated and wasn't officially reopened yet. Because the garden is off a busy hallway and intersects three other hallways, we requested that security block each hallway and reroute staff and families.

The staff moved CM to the garden and placed him in his parents' arms. He was extubated and died peacefully. The family was so grateful for this, and we hope that they can find peace in having their wish granted.

This team of nurses and other healthcare professionals pulled together on a moment's notice to fulfill a deeply meaningful wish for a young family. The success of their effort speaks to excellent communication among team members and the hospital, a high level of responsiveness, honed decision-making skills, and true professionalism. All attributes of a cohesive and effective nursing team.

Respect is the key

Pediatric intensive care unit, Children's Hospital of Los Angeles

When asked why she submitted the Children's Hospital Los Angeles pediatric intensive care unit for the *American Nurse Today* All-Pro Nursing Team award, Hui-wen Sato, RN, MSN, MPH, CCRN said, "I wanted to share with a broader audience how nursing can be healthy and not full of negativity and bullying, even on the most chaotic and stressful of days."

This team's award submission highlights respect. In response to the question, "Describe your culture of professionalism," Sato answered: "Our unit is known throughout our hospital for our exceptional managers and our strong teamwork. Our managers are supportive, empathetic, and go out of their way to show praise and both moral and practical support. We see our managers and core charge nurses treat one another and treat us with respect, and it absolutely spills over into how we treat one another at the bedside. We are a blame-free unit, so when mistakes are made, we focus on how to improve our patient care and resolve issues. We don't focus on gossip or punishing people who make mistakes. This is simply a part of who we are."

The team's staffing and assignments also reflect re-



spect. Patient assignments are made with the strengths, weaknesses, and skill level of each nurse in mind. "We also try to assign other nurses with appropriate skill sets in neighboring areas," said Sato. "We want to ensure that every nurse has the support they need if they have a particularly challenging or very sick patient."

This multidisciplinary group of healthcare professionals exemplifies teamwork at its best, working to care for their patients and support each other.

Multidisciplinary team reduces *Clostridium difficile* incidence

Intensive care unit, AnMed Health, Anderson, SC

Aimee Sharp, MSN, RN, CCRN, NE-BC, nurse manager of the intensive care unit (ICU) at AnMed Health, has a lot to be proud of, according to Jay Wright, MSN, RN, NEA-BC, director of inpatient nursing for cardiovascular and critical care services. "Aimee has done so much to develop a culture of change," said Wright. "With Aimee's support, the ICU staff truly embrace evidence-based practice and the staff is fully engaged." And Sharp says of her team, "We want to figure out how to make things better. I'm fortunate to have this group...what we have is pretty spectacular."

In this multidisciplinary team's entry for the All-Pro Nursing Team award, they described their effort to reduce the incidence of hospital-acquired *Clostridium*



difficile (*C. diff*) in the ICU. They identified a lack of clear responsibility for cleaning some equipment in patient rooms. Some of the steps the team took to solve this problem included creating a check-

list that clearly defines what should be cleaned by environmental services and what should be cleaned by nurses. In re-evaluating the way rooms were cleaned, the team found that using ultraviolet light therapy after each discharge or transfer didn't seem to make a big impact on the *C. diff* rate. In response, they instituted bleach cleaning three times a week in all rooms. And, in coordination with the lab, the team created a *C. diff* validation form with strict testing criteria. The result of all of their efforts was an 84% reduction in *C. diff* cases (from 19 in 2015 to 15 in 2016 to 3 in 2017).

All in the family

Special care nursery team, Sentara Norfolk General Hospital, Norfolk, VA



Dorothy Garrison, BSN, RN, nurse clinician at Sentara Norfolk General Hospital, says that the “special care nursery staff see each other as family.” And, based on the team’s submission for the *American Nurse Today* All-Pro Nursing Team award, they see their patients that way, too.



Debra (not her real name) was transferred to the hospital’s maternal high-risk quaternary care center when her membranes ruptured at 32 weeks’ gestation. She hadn’t received any prenatal care after 18 weeks, and although she was 34 years old, she had the mental cognition of a 13-year-old. Debra’s daughter was born with respiratory distress and was placed on continuous positive airway pressure, antibiotics, thermoregulatory support, and tube feedings.

Debra was discharged while her daughter remained in the hospital. Because Debra had no family in the

area, she spent a month at the Ronald McDonald House across the street. During that time, the nurses on the team helped her with many of her basic needs, including food and assistance crossing

the busy street; they also communicated with the Ronald McDonald House staff to ensure that she was able to do her laundry and properly store her breast milk.

In addition, the staff helped Debra prepare to go home with her baby. They taught her about proper nutrition, safe sleeping habits, the importance of medical follow-up, and coping mechanisms.

“When Debra’s baby was discharged, there wasn’t a dry eye to be found,” said Garrison. “But that wasn’t because of fear. It was because we knew in our hearts that Debra was going to have the skills, resources, and ability to care for her child.”

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Honorable Mention Awards

Perioperative team, Fox Chase Cancer Center, Philadelphia

The Fox Chase Cancer Center perioperative team noticed delays in getting patients to surgery. After investigating, the team realized that blood wasn't getting to the operating room (OR) fast enough to start the case on time. They collaborated with pre-admission testing to complete blood type and screening at presurgical testing (for procedures that require transfusions). The preoperative staff now orders the predetermined units of blood the night before, and on the morning of surgery, preop communicates with the blood bank to ensure that the blood units are ready before dispatching transport for retrieval. Delays caused by blood being unavailable in the OR refrigerator decreased significantly.

Cardiac stepdown unit, Geisinger Wyoming Valley Medical Center, Wilkes Barre, PA

The most significant outcome of the cardiac stepdown unit at Geisinger Wyoming Valley was a 58-year-old woman who was admitted with an ejection fraction of 9% after cardiac arrest postcoronary artery bypass grafting. She received a left-ventricular assist device as destination therapy. After weeks of therapy, the patient was evaluated for transplant. She was on and off the transplant list because of a fractured femur and hospitalization for pancreatitis secondary to gallbladder disease. After recovering from a cholecystectomy, the patient received her transplant. The team will always remember her and how she touched their lives.

Heartingale Squad, Lakeland Regional Health, Lakeland, FL

The Heartingale Squad at Lakeland Regional Health presented its quality improvement mobility project, "Pre- and postoperative noninvasive nursing interventions to decrease pulmonary complication in the acute care setting," at the March 2018 American Nurses Association Quality and Innovation Conference. The outcomes of the project include decreased incidence of pneumonia, oxygen dependency, acute respiratory distress requiring higher-level care, and decreased readmission rates within 30 days of discharge due to pulmonary complications.


 Honorable
mention

Scalp cooling task force, Memorial Sloan Kettering, New York City

This team designed a program to bring scalp cooling to clinicians and patients throughout Memorial Sloan Kettering. Scalp cooling limits chemotherapy-induced alopecia. In March 2017, the team successfully launched scalp cooling services across all outpatient units treating women who have breast cancer. And in December 2017, the team switched vendors for a more streamlined process that also saves patients money.

Charge nurse team, Moses Cone Surgery Center, Greensboro, NC

This team rose to the challenge when its assistant director was out for several months because of illness. Some nurses created the staffing schedule and approved vacation and time-off requests. Others became more involved in the hiring process, interviewing applicants and making job offers. They collaborated with the executive director (who approved the temporary leadership transitions) to ensure that the center remained focused and able to offer exceptional care to patients and physicians. Everyone on the team has a renewed appreciation for the assistant director's leadership contributions to the center, and the challenge strengthened and united an already robust team of nurses.

Surgical oncology team, New York-Presbyterian/Columbia University Irving Medical Center, New York City

In collaboration with the unit council, manager, clinical nurse specialist, and patient services administrator, this surgical oncology team made huge strides in improving its quality outcomes and patient experience. They set goals in January 2017 to improve their quality scores and executed them throughout the year. From 2016 to 2017, the team saw a 90% decrease in cases of *Clostridium difficile*, a 53% reduction in falls, a 60% reduction in catheter-associated urinary tract infections, and a 32% decrease in average length of stay. •



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