



**SE11 – Nurses are recognized for their contributions in addressing the strategic priorities of the organization.**

Provide one example, with supporting evidence, of recognition of a clinical nurse for his or her contribution(s) in addressing the strategic priorities of the organization.

**And**

Provide one example, with supporting evidence, of recognition of a group of nurses for their contribution(s) in addressing the strategic priorities of the organization. UVA Health System provides many opportunities for us to recognize the great work of our employees. These opportunities range from the UTeam recognition program, which provides managers with supplies for timely recognition and rewards, to organization-level awards. Aligning recognition efforts with our strategic direction provides a common line of sight to goals and accomplishments.

**Example 1: Clinical Nurse - PNSO Nursing Excellence Award: Transformational Leader**

The annual PNSO nursing excellence awards are a high-profile opportunity to recognize nurses. ([Exhibit SE11.a: Call for Nominations 2014 PNSO Nursing Excellence Awards](#)) These nursing awards include:

- Beginning Practitioner of the Year
- Excellence in Caring
- Excellence in New Knowledge and Innovations
- Exemplary Clinical Practice
- Preceptor of the Year
- Nurse of Distinction
- Excellence in Interdisciplinary Collaboration
- Transformational Leader

The PNSO Awards Committee is a subcommittee of the PNSO Professional Development Committee and is composed of clinical nurses who oversee the entire process. Nominations with supporting evidence are received electronically through a Web-based form available on the PNSO intranet, which allows nurses in all areas and on all shifts to participate in the process. The committee members review each nomination and select winners through a blinded process.

Nominees each receive a formal copy of nomination materials submitted in their honor; they and their managers are personally invited to the awards ceremony. An email to all UVA nurses provides widespread recognition of the inspiring list of nominees, encouraging all nurses to join in the celebration at the awards ceremony. The recipient of each award receives a commemorative certificate and engraved silver “UVA Nursing”



box, along with a letter of congratulations signed by the chief nursing officer, granting the recipient \$500 in funding toward the nursing educational experience of his or her choice. A cumulative list of each year's award recipients is publicly posted on the PNSO intranet site.

On May 10, 2013, Clara Winfield, BSN, RN, CAPA, Clinician IV in the Surgical Admission Suite, was named the recipient of the Transformational Leader award. ([Exhibit SE11.b: 2013 PNSO Nursing Excellence Award Ceremony Program](#)) The criteria for the Transformational Leader award are as follows:

The clinician nominated for this award should possess these leadership characteristics:

- Demonstrates expert clinical knowledge and expertise in professional nursing practice
- Positively influences change
- Possesses initiative, shows a willingness to adopt atypical approaches to solving nursing problems when supported by evidence and promotes a collaborative problem-solving setting
- Is a knowledgeable, strong, risk-taking nurse who follows a well-articulated, strategic and visionary philosophy in the day-to-day operations of nursing services
- Conveys a strong sense of advocacy and support for the staff and for the patient
- Helps to create an environment for professional development
- Capitalizes on opportunities to transform negative staff perceptions into productive outcomes
- Encourages communication and feedback from staff
- Utilizes innovative approaches that improve patient or program outcomes
- Promotes an environment of staff empowerment and ownership

In Clara's nomination, submitted by her peers ([Exhibit SE11.c: Clara Winfield's Nomination for TL Award](#)), there are several examples that align with UVA Health System strategic priorities:

UVA Health System Strategic Priority:

Operational Excellence: Quality, Safety, Access, Service

- Example 1: "Getting our 30 first cases to the operating room on time is imperative in ensuring efficiency and productivity. One surgical service that consistently experienced delays was orthopedics. This patient population, in addition to needing the standard preoperative procedure, also required regional blocks for pain management. This extra procedure was consistently causing delays, leading to frustration. Clara consistently serves as charge nurse, preparing patients who are scheduled as first cases, and saw a way to influence the process for accuracy,



safety and timeliness. She collaborated with our unit manager, the surgical administrator for operating room (OR), and project management employees to improve first-case efficiency for the orthopedic populations.”

- Example 2: “Clara is dedicated to customer service and makes it a top priority in the perianesthesia service area. She spends a lot of time and energy ensuring the surgical experience for patients and families goes beyond their expectations. The surgical family waiting lounge (SFWL) is where patients and their families arrive and wait for their surgical procedure, and families then wait to hear from the surgeon and the Post Anesthesia Care Unit (PACU) nurse. The employees and volunteers in the SWFL are not healthcare providers, so Clara ensures they have the education and tools to provide a professional and supportive atmosphere for families and patients during this stressful time. Last year when there was a customer complaint about the lounge employees, Clara developed an action plan. To improve customer service of the lounge staff she educated the staff by having them view the Computer-based learning (CBL) programs on customer service and then met with each staff member individually. She impressed upon them that they are the families’ first impression when arriving to the hospital, and she developed an educational plan and evaluated how the process improved customer impressions. She observes and evaluates the staff routinely to ensure that professionalism is being displayed.”

UVA Health System Strategic Priority:

Advance Our Stature as a Leading Clinical and Academic Enterprise

- Example 1: “Clara is a member of the American Society of PeriAnesthesia Nurses. At one time she was only one of three nurses in SAS to be certified. As the facilitator of our Nursing Leadership Committee, Clara inspired the rest of the unit leaders to form a study group and become certified. This activity also inspired several of our newer clinicians as well. In SAS we now have seven certified nurses; Clinician II, III and IVs; and several more are studying to take the exam this spring! She is also a member of the Beta Kappa chapter of Sigma Theta Tau and is running for office of Fundraising.”
- Example 2: “Clara has been a research mentor in SAS for many years and involves all RNs who are interested in improving our practice and patient satisfaction. In April 2013 one of these research studies is being published in the American Society of PeriAnesthesia Nurses professional magazine! She is currently mentoring a new group of RNs in another research study that will also have an effect on patient satisfaction and may improve practice for all diabetics. Clara has presented her

research studies in poster and podium presentations not only in the state of Virginia, but in Arizona as well. She tirelessly looks at ways to improve the practice of perianesthesia nursing, especially in the area of patient satisfaction.”



2013 PNSO award winners – Front Row: Clara Winfield, RN; Kim Garrison, RN; JoAnn Plencner, RN. Middle Row: Aileen Feola, RN; Maria Manz, RN; Betsy Phipps, CSW. Back Row: Barbara Gordon, RN and Mary Bristow, RN.

The PNSO award winners were featured in the medical center’s online newsletter, UVA Connect ([Exhibit SE11.d: Connect Article – 2013 Nursing Excellence Award Recipients](#)).

### **Example 2: Group of Nurses - Charles L. Brown Award for CLABSI improvement**

UVA Health System Strategic Goal:

Achieve Operational Excellence: Quality, Safety, Access, Service

The Charles L. Brown Award for Patient Care Quality is a Health System award that was established in 2006 to honor the late Charles L. Brown’s service and generosity to the Health System as a former member of the Health Sciences Council in the 1990s and adviser to the former Vice President for Health Sciences, Don E. Detmer, MD. Through this fund, \$10,000 is awarded once a year to a Health System team(s) to recognize excellence in patient care. The funds are designated for continuing professional education and quality improvement efforts. ([Exhibit SE11.e: Call for Nominations, Charles L. Brown Award](#))



The following criteria are used by the award committee, which is made up of faculty and staff, to evaluate each project, looking for work that has made a real difference in improving patient safety or patient outcomes:

1. Innovative solutions to improve patient safety and healthcare quality
2. Data showing the success of the initiative and ability to sustain the improvement
3. The inclusion of major interdisciplinary stakeholders in the initiative
4. Alignment of the initiative with priorities identified by the Health System or professional organizations
5. The inclusion of relevant staff education and training related to the initiative
6. The inclusion of patient involvement and/or public education as applicable to the initiative
7. Ease of sharing the lessons and tools with other areas in the Health System or organizations

On October 23, 2012, the Charles L. Brown Award for Patient Care Quality was awarded to the pediatric intensive care unit for its work, “Reducing Central Line-Associated Bloodstream Infection in Pediatric Patients: Collaboration Across Units.” As a primary quality outcome and contributor to mortality, improvement in central line-associated blood stream infections (CLABSI) impacts operational excellence through quality outcomes.



Debra Stergios, MSN, RN; Laura Lee, MD; Catherine Davis, MSN, RN; Tausha Grim, BSN, RN, CCRN and Nancy Addison, BSN, RN, CCRN, were part of an interdisciplinary team who worked to decrease blood stream infections.


**Participants:**
**SE11 Table 1. Pediatric CLABSI Reduction Team Members**

<b>Name</b>	<b>Discipline</b>	<b>Title</b>	<b>Department</b>
Sandra Neumayr	Nursing	Nurse Manager	Pediatric ICU
Tausha Grim	Nursing	Assistant Nurse Manager	Pediatric ICU
Laura Lee	Physician	Assistant Professor of Pediatrics	Pediatric Critical Care
Gene McGahren	Physician	Professor of Surgery; Medical Director, Acute Care Pediatrics	Pediatric Surgery
Lisa Fuzy	Nursing	RN Clinician III	Pediatric ICU
Virginia Syptak	Nursing	RN Clinician III	Pediatric ICU
Amber Dillon	Nursing	RN Clinician III	Pediatric ICU
Amber Tyson	Nursing	Assistant Nurse Manager	Acute Care Pediatrics
Susan Steck	Nursing	RN Clinician III	Acute Care Pediatrics
Rochelle Jobes	Nursing	Infection Preventionist	Hospital Epidemiology
Cathy Davis	Nursing	RN Clinician III	Acute Care Pediatrics
Karri Mills	Nursing	RN Clinician II	Pediatric ICU
Laurie Brock	Nursing	Nurse Informaticist	Electronic Medical Record
Rebecca Gilbert	Nursing	RN Clinician IV	PACU
Karin League	Nursing	Associate Chief, Children's Hospital and Women's Services	Children's Hospital and Women's Services
Sherry Nelson	Nursing	Nursing Education Coordinator II	Children's Hospital Education
Evie Nicholson	Quality Improvement	Performance Improvement Project Management Coordinator	Performance Improvement
Li Jin	Quality Improvement	QI System Administration and Reporting Analyst	Performance Improvement
Sharon Bowles	Quality Improvement	Office Services Assistant	Performance Improvement



Ronald Turner	Physician	Professor of Pediatrics; Associate Dean for Clinical Research; Medical Director	Pediatric Infectious Disease
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Working to implement best practices for insertion and maintenance, the team's goal was to reduce, and ultimately eliminate, CLABSI. The team met monthly to review each infection and related data. These data included infection rates, days between CLABSI, insertion bundle compliance, maintenance bundle compliance and more. Many strategies were identified, including:

- Implementation of a best-practice central line maintenance bundle in the pediatric intensive care unit, acute care pediatrics and Kluge Children's Rehab Center
- Peer and independent line maintenance audits
- Ability to bolus medications from syringe pumps to provide sedation and pain control without needing to repeatedly access central lines
- In-depth review and evaluation of central line placement practices on all units to ensure best practice
- Switched to an alcohol-impregnated barrier device, eliminating the need to scrub the central line access point
- Extensive education for all clinicians caring for pediatric patients throughout the Health System

The result of the team's hard work, and the reason they received the award, was significant reduction in CLABSI. Rates improved from 3.9 per 1,000 central line days to 1.9 per 1,000 central line days.

The team received recognition through an all-employee email announcement, an article in multiple organization-wide newsletters, and \$10,000 toward continued professional development or quality improvement work.

- [Exhibit SE11.f: 2012 Charles L. Brown Award Winner Announcement](#)
- [Exhibit SE11.g: Link and Connect Articles for 2012 Charles L. Brown Award Winner](#)
- [Exhibit SE11.h: 11/2012 LIP Updates Newsletter](#)