Dear Nurse Colleagues,

It is an honor and a privilege to be writing this opening letter to you for our Annual Nursing Report. When I came to UVA in March 2017, I quickly recognized there is something truly special happening at the University of Virginia Medical Center and we have an extraordinary opportunity to work together to make a difference for our patients and families, our interprofessional team members and nursing care delivery.

And I am so proud to say we are making a difference! There are several things to highlight from this past year that are reflective of our Magnet excellence and your contributions. We have achieved the highest patient satisfaction results in our history in the inpatient, ambulatory and emergency department settings. Our pressure ulcer rate has been reduced by 0.5%. Nursing employee engagement and resilience scores have increased dramatically. We have achieved a positive gain of over 100 nurses between those we have hired and those who have left the organization voluntarily. Twenty five traveler nurses converted to full time status (including me!). Our nurses are actively leading and involved in A3 improvement efforts throughout the Medical Center. Six important nursing research studies are being led by UVA nurses. Our Nurse Residency Program achieved ANCC Accreditation and UVA is 1 of 33 hospitals to hold this distinction in the country. The New Graduate Nurse Retention Program and Preceptor Recognition Program, two of our strategies for nursing retention, have been initiated. Voluntary RN turnover has reduced by 1%. And to top it off, more than 50 nurses completed higher degrees (BSN, MSN, PhD, DNP) and remain active contributors to nursing practice within UVA.

I want to personally thank each of you for your partnership with me and with our team. It is my privilege to serve you as you strive to provide the most extraordinary care possible for our patients. Together, we achieve greatness!

Sincerely,

Mary Dixon, MSN, RN, NEA-BC
Chief Nursing Officer

UVA Nurses,

This is an exciting time to be a nurse at UVA. Working from your feedback, the PNSO has completed a multiyear effort that we hope will make our shared governance model more welcoming and more effective than ever before.

As a first step, we created a logical interlocking structure for our shared governance committees, starting at the local level closest to the patients. The chairs of the local committees are now members of their respective regional committees, the regional chairs sit on the Central Clinical Practice Committee, and the regional co-chairs are on the Nursing Quality Committee. We also formalized the creation of a Nursing Staffing and Scheduling Committee and launched a PCA/PCT and RN Committee. Our goal is to facilitate the flow of communication across the PNSO, encourage participation at every level and create purposeful membership.

Streamlining and strengthening the committee structure set the stage for more powerful shared governance. Our next step was to equip committee chairs with the support they needed to realize this potential. We added a leadership tool—the change theory Influencer Model—to orientation for chairs and paired our regional chairs with experienced PNSO coaches. Our intention is to provide chairs with a conceptual framework and hands-on advice that will enable them to become more thoughtful and effective leaders.

Finally, we created a process map that describes how nurses can access the new committee structure to translate their ideas into constructive change. By following this pathway, all frontline nurses—even those new to UVA—have the opportunity to become change agents. We extensively revised the PNSO bylaws to incorporate the new structure and process map so that the most current information would be available to everyone.

In addition to our initial objective of mobilizing more nurses in shared governance, these initiatives have enhanced succession planning, mentoring, and professional development opportunities. They have also amplified the voice of nurses in the Health System, creating a vehicle for committees like the regional Ambulatory Nursing Committee to participate in the organization-wide ambulatory optimization project.

People become nurses because they want to make a difference for their patients. Thanks to the efforts of PNSO cabinet members, committee chairs and others, it is now easier than ever for nurses to effect change and participate in shared governance. Many of you have taken advantage of the opportunity. Your efforts have already played a role in our improving scores for patient satisfaction, patient outcomes, and nursing engagement.

It is a privilege for both of us to serve our nurses through the PNSO. We invite you to join us.

Luella Glanzer, BSN, RN, CCRN
2017 PNSO President

Melynda Zarzyski, MS, BSN, RN, CCRN
2018 PNSO President
Clinical Career Ladder Advancements

Each level of the ladder is associated with behaviors that represent increasing expertise, responsibility and authority. Those wishing to advance on the Clinical Career Ladder must demonstrate to a panel of their peers that they consistently perform next-level role behaviors through a portfolio and interview process.

<table>
<thead>
<tr>
<th>Advancement Level Sought</th>
<th>Fall 2017</th>
<th>Spring 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Practice Nurse 3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Practice Nurse 2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Nurse 4</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Nurse 3</td>
<td>26</td>
<td>26</td>
</tr>
</tbody>
</table>

Certifications Achieved

Board certification is a key factor in the assurance of minimum standards of knowledge, skills and abilities in nursing specialty practice and contributes to better patient outcomes. National certification allows nurses to be recognized for competence in their specialty.

UVA Nurses with a Bachelor’s or Higher Degree

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>2015</td>
<td>61%</td>
</tr>
<tr>
<td>2016</td>
<td>65%</td>
</tr>
<tr>
<td>2017</td>
<td>65%</td>
</tr>
<tr>
<td>2018</td>
<td>66%</td>
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Goal = 80%

% of RNs with Specialty Certification

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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>22%</td>
<td>28%</td>
<td>31%</td>
<td>33%</td>
<td>39%</td>
<td>43%</td>
</tr>
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</table>
Nursing Retention Program

- **Launched in October 2017** with a Program Coordinator and a Data Analyst

- **Developed a 5-year Career Pathway Tool** to guide advancement on the Clinical Career Ladder

- **Coordinated** with UVA School of Nursing to secure $20,000 for Resilience Retreats for UVA nurses and select interdisciplinary partners

- **Initiated Clinician 1 Transition to Practice Mentorship Program** to complement the existing RN to BSN Mentorship Program

RN Engagement

| Category                                         | Percent of Units above the National Average
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<tr>
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<tbody>
<tr>
<td>Fundamentals of Quality Nursing Care</td>
<td>69.00%</td>
</tr>
<tr>
<td>Autonomy</td>
<td>63.00%</td>
</tr>
<tr>
<td>Professional Development</td>
<td>56.00%</td>
</tr>
<tr>
<td>Interprofessional Relationships</td>
<td>55.00%</td>
</tr>
<tr>
<td>Leadership Access and Responsiveness</td>
<td>55.00%</td>
</tr>
<tr>
<td>Adequacy of Resources &amp; Staffing</td>
<td>54.00%</td>
</tr>
<tr>
<td>RN to RN Teamwork and Collaboration</td>
<td>49.00%</td>
</tr>
</tbody>
</table>

RN Voluntary Turnover

12 month rolling average

- 15.0%
- 14.5%
- 14.0%
- 13.5%
- 13.0%
- 12.5%
- 12.0%
- 11.5%

Reported to American Nurses Credentialing Center for Magnet Designation®
Chemotherapy Extravasation - Establishing a National Benchmark for Incidence among Cancer Centers
• Contributing Author: Adrienne J. Banavage, MSN, RN-BC, OCN
• Clinical Journal of Oncology Nursing

Incongruence in Perceptions Identifying Barriers to Patient Satisfaction in the Intensive Care Unit
• Primary Authors: Sarah Thomas, MSN, RN, CCRN, ACNPC-AG
  Lindsay Quirk, BSN, RN, CCRN
  Cheri Blevins, MSN, RN, CCRN, CNS
  Beth Quatrara, DNP, RN, CMSRN, ACNS-BC
  Lisa Letzkus, PhD, RN, CPNP-AC, CCRN
• Dimensions of Critical Care Nursing

Evaluating Sleep in a Surgical Trauma Burn Intensive Care Unit - An Elusive Dilemma
• Primary Authors: Laura Longley, MSN, RN, CCRN, CCNS, TCRN
  Theresa Simons, BSN, RN, CCRN
  Luella Glanzer, BSN, RN, CCRN
  Claire Du, BSN, RN, CCRN
  Heather Trinks, BSN, RN
  Lisa Letzkus, PhD, RN, CPNP-AC, CCRN
  Beth Quatrara, DNP, RN, CMSRN, ACNS-BC
• Dimensions of Critical Care Nursing

Paroxysmal Sympathetic Hyperactivity and Environmental Factors: A Pilot Study
• Primary Authors: Lisa Letzkus, PhD, RN, CPNP-AC, CCRN
  Nancy Addison, BSN, RN, CCRN
  Lauren Turner, MSN, RN, CCNS, CCRN
  Mark Conaway, PhD
  Beth Quatrara, DNP, RN, CMSRN, ACNS-BC
• Journal of Neuroscience Nursing

Does Site Matter? Comparing Accuracy and Patient Comfort of Blood Glucose Samples Taken From the Finger and Palm of the Perioperative Patient
• Primary Authors: Lisa Farmer, BSN, RN, CAPA
  Clara Winfield, BSN, RN, CAPA
  Beth Quatrara, RN, CMSRN, ACNS-BC
  Lisa Letzkus, PhD, RN, CPNP-AC, CCRN
  Paula Schenck, RN
  Patricia Finneran, BSN, RN, CPAN
  David Pollak, RN
  Cynthia McCaskill, BSN, RN, CAPA
  Russell Nealy, RN
• American Society of PeriAnesthesia Nurses

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<thead>
<tr>
<th>Metric</th>
<th>2016</th>
<th>2017</th>
<th>2018 Jan-June</th>
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<tbody>
<tr>
<td>Initiated</td>
<td>6</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Disseminated</td>
<td>6</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Published</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Funded</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>
Nursing Excellence Award Recipients

At the 18th Annual Nursing Excellence Awards, UVA nurses were recognized for their heroic and compassionate care.

**Exemplary Clinical Practice**
Judy Hammond, Radiology

**Nurse of Distinction**
Amanda Rosenblatt, Women’s Health Services

**Preceptor of the Year**
Alyssa Davy, MICU

**Excellence in Caring**
Marlena Eggeling, PICU

**Excellence in New Knowledge and Innovations**
Susan Steck, Acute Pediatrics

**Transformational Leader**
Emilia Braun, 3 West

**Beginning Practitioner of the Year**
Meredith Templeton, Infusion Procedural Center

**Advanced Practice Nurse of the Year**
Julie Grishaw, MICU

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The DAISY® Award Recipients | July 2017-June 2018

Michelle Gibb | 6 East
Amber Wagner | Newborn ICU
Ellen Rajnes | Narancy Neuro ICU
Colleen Burns | Newborn ICU
Ashley Williamson | Newborn ICU
Nancy Farish | PACU
Charity Cochran | 4 West-TCV
Dana Stinnett | 6 East

Rebecca Talley | Newborn ICU
Lucille Richardson | 5 Central
Pamela Robertson | Coronary Care Unit
Krystal Mays | Newborn ICU
Sara Rieman | Newborn ICU
Sarah Polchow | Pediatric ICU
Anita McCray | Cancer Clinic-Multispecialty
Susan Murphy | 3 East

Bradley King | MICU
Josephine Buadu | 5 Central
Sydney Quigley | 6 Central
Diego Cardenas-Nunez | Newborn ICU
Joshua Forsyth | MICU
Elizabeth Greene | Emergency Department
Hayley Guess | Narancy Neuro ICU
Heather Stephenson | TWP Inpatient Services
Our Professional Practice Model provides a visual representation of nursing’s contribution to UVA. The model includes **values and goals** that define our professional nursing identity. The model captures the **professional elements and relationships** that define the complex role of the nurse. Serving as the anchor for the model is our quality star. Encircling the star are words that represent our care delivery system, **relationship-based care**. This system identifies the three relationships at the core of the patient experience: **the nurses’ relationship to self, to colleagues and to patients and families.**

**Nursing Quality Metrics, 2017**

- **Ambulatory Falls With Injury**
- **Falls With Injury**
- **Infusion Center Extravasation Rate: Vesicants**
- **CLABSI Rate**
- **HAPU Rate**
- **CAUTI Rate**

*Benchmark provided by National Database of Nursing Quality Indicators®*