Celebrating Nursing Excellence

ROBINSON MEMORIAL HOSPITAL

Magnet Recognition
AMERICAN NURSES CREDENTIALING CENTER
Core Values

Respect - To display a regard for life, dignity, diversity, and individuality of those served and those serving.

Integrity - All of our relationships must be based on ethical behavior; acting with truthfulness and always doing the right thing for our community and each other.

Compassion - Our commitment to serve with understanding, sympathy, and care.

Excellence - To constantly strive for the highest quality in everything we do - accept nothing less.

Nursing’s Vision Statement

“TO ACHIEVE NURSING EXCELLENCE WITH EVERY ENCOUNTER THROUGH OUR CARE, COMPASSION, LEADERSHIP, EDUCATION AND RESEARCH.”

Letter from the Chief Executive Officer

For the past 18 years, I have had the unique honor of serving as President and CEO of the hospital where I was born. All three of my children were born at Robinson Memorial Hospital. Many of my family members and friends have been treated at the hospital over the years. I am most proud of the excellent and compassionate care that all of our patients receive from our nurses and other caregivers. I have experienced this care first-hand on many occasions. This standard of excellence is consistent and is a standard that all employees strive to meet each and every day.

Robinson Memorial has been designated as a Magnet hospital since 2006 and was the first adult hospital in Portage, Summit and Medina counties to be granted Magnet status. Receiving Magnet recognition for the second time on August 16, 2011 from the American Nurses Credentialing Center was a very proud day for the entire hospital family. Coupled with our recent recognition as one of 65 great community hospitals in the nation by Becker’s Hospital Review and being named as one of the best places to work in Northeast Ohio for the ninth consecutive year, speaks volumes about our hospital’s local and national reputation of providing the very best care to our patients and families. All of these recognitions are well deserved and are evidence of the outstanding nurses and other employees who are the key to the continued success of Robinson Memorial Hospital.

Stephen Colecchi, FACHE
President and Chief Executive Officer
Robinson Memorial Hospital
As Chief Nursing Officer of Robinson Memorial Hospital, it gives me great pleasure and pride to introduce the 2011 nursing report, Celebrating Nursing Excellence. In this report, we will share the stories and experiences of our expert nursing staff who exemplify the American Nurses Credentialing Center’s (ANCC) Magnet principles, every minute of every day throughout our organization.

This past year has been one of many changes, opportunities and improvements that impact the nursing care we deliver. We set the bar high and the challenges seemed endless, but our nurses successfully exceeded all expectations – a testament to the high level of excellence that defines nursing practice at Robinson Memorial. As the year of our first Magnet redesignation journey, it was our first survey in which we were scrutinized under the new Magnet Program standards and expectations. Although stressful and rigorous, the journey proved to be both affirming and transformational. It was certainly one of the most significant accomplishments of the year – earning, for the second time, the nation’s highest recognition for excellence in nursing – the prestigious Magnet designation!

Other key accomplishments reflected in this report include changes made to facilitate the “voice of the nurse” being heard from the bedside to the boardroom, the restructuring of the shared governance model, the strengthening of the unit based councils, and the proliferation of interest and activities in nursing research and scholarly activities. The stories and accomplishments are about the science of nursing and the emotion of caring. They blend the expertise and compassion that nurses at Robinson Memorial Hospital demonstrate each and every day. Our exceptional nurses doing excellent work; yielding high quality outcomes and compassion.

On behalf of the nursing leadership team, I congratulate each and every member of our nursing team for a job well done during a most extraordinary year.

Linda Breedlove, RN, BSN, MBA, NEA-BC
Vice President, Patient Care Services and Chief Nursing Officer
Robinson Memorial Hospital
Transformational Leadership

Transformational leadership enables professional nurses to make decisions that affect their individual practice and patient care delivery.

As an advocate for nursing practice and excellent patient care at Robinson Memorial Hospital, Linda Breedlove, Chief Nursing Officer, demonstrates collaborative, consultative and consensus-seeking qualities. She has a strong vision for building and advancing nursing practice throughout the hospital.

Nurses at all levels serve as transformational leaders and convey a strong sense of advocacy and support on behalf of their patients and colleagues. They participate with the chief nursing officer to operationalize the mission, vision and strategic initiatives of the hospital.

Nurture’s vision, philosophy and Patient-Centered Professional Practice Model are aligned with the hospital’s mission to, “Provide high quality, caring and cost effective services; to inspire our staff to exceed the expectations of our patients and their families; and to achieve financial results to ensure its continued success.”

Nursing’s Patient-Centered Professional Practice Model defines nursing within the organizational structure and promotes positive role integration, a strong image and effective quality practice for nurses at all levels. This model provides a framework for staff nurse participation in decision-making, and promotes registered nurse accountability. In an ever-changing healthcare environment, this model allows for dynamic change and provides a mechanism for staff nurse representation, participation and shared governance.

The nursing councils within the Professional Practice Model are integrated, interlinked, and interactive to meet the primary goal of optimal patient outcomes. These councils are:
- Director Council
- Manager Council
- Leadership Council
- Professional Practice Council
- Nursing Quality Council
- RN Advisory Council
- Nursing Research & Scholarly Activities Council
- Unit-based Nursing Councils

This council structure facilitates shared governance, whereby nurses take ownership and have accountability for their nursing practice. Our nurses are provided with the opportunity to participate, be actively involved, have a voice, and provide direct input for decision-making that impacts nursing practice. However, decisions, problem-solving efforts, and identified opportunities for improvements made by the members of these nursing councils, often times not only contribute to, but help drive organization-wide decision-making processes.
Impact of Transformational Leadership on Nursing Practice

Director Council
- Established process for notification and recognition of certification achievements.
- Dedicated resources to support staff nurse participation on future state design teams for the development of an electronic medical record (EMR).
- Organized an ethical educational presentation for Leadership Council and co-chairs of all other shared governance councils.

Manager Council
- Developed a coverage process by which managers cover each other’s units during vacations.
- Conducted manager peer review through a shadowing and interviewing process based on professional development principles of 10 Ways to Become a Better Leader.
- Coordinated efforts to develop strategies to improve RN satisfaction scores.

Leadership Council
- Initiated processes for obtaining hospital email addresses for all nurses who participate in a council, committee or task force.
- Approved a proposal developed and submitted by Professional Practice Council for Shared Governance Decision-Making Algorithm designed to define decision-making processes.
- Planned and facilitated Magnet initiatives throughout the Re-designation journey.
- Proposed and received approval for the purchase of CE Direct, an online continuing education program, for all nurses to utilize either on-site or at home.

Nursing Quality Council
- Decided to formulate a Falls Prevention Task Force led by the CNO and comprised of bedside staff nurses to review our fall risk assessment tools, policy, and criteria for identifying patients at risk for falls and make recommendations for changes.
- Introduced new ways of disseminating nursing quality data through charts and graphs at the unit level.
- Implemented a Restraint Task force to ensure that current evidence-based practices are in place to reduce restraint use.

Nursing Research & Scholarly Activities Council
- Provided oversight and support for nurses to participate in evidence-based practice initiatives/research studies.
- Developed a Nursing Research Academy.
- Planned the annual 17th Nursing Research Day.

Professional Practice Council
- Collaborated with pharmacy to develop a printed medication record for all admissions to eliminate hand written transcription of medication orders.
- Recommended and received approval to purchase new gloves after trialing different gloves on the nursing units.
- Changed nursing practice to use chlorhexidine skin prep for all IV starts.

RN Advisory Council
- Served as the Nursing Care Committee to complete an annual review of the nursing staffing plan and offer recommendations for revisions to the plan.
- Recommended review of policy defining the minimum commitment of hours per diem nurses are required to work.
- Recommended relocating offices from inpatient clinical areas in order to increase the availability of patient rooms.

Unit-based Nursing Councils
- Medical Surgical nurses developed and trialed in partnership with Pharmacy a process for printing medication administration records for all admissions in an effort to expedite the admission process and prevent transcription errors. This new process was introduced in all inpatient care areas.
- Critical Care nurses created a “Welcome to Critical Care” video to orient families to the Critical Care environment.
- PACU nurses implemented the use of peppermint aromatherapy to provide relief of nausea/vomiting for discharged patients on their ride home.
Shared Governance Retreats

Shared governance is a journey, not a destination. It is a practical approach to reshaping professional nursing practice. Cultivating a shared governance culture takes patience and perseverance.

Nursing’s success with shared governance at Robinson Memorial is evident in the nursing leaders’ understanding, that a solid infrastructure is necessary to provide the framework for the professionalism of nursing. Our shared governance councils have served as a re-configuration of nursing practice and are intended to define staff nurse-based decisions, accountability, roles and ownership. Shared governance gives nurses a voice in the activities that affect their clinical practice and work environment.

One approach taken to enhance and strengthen shared governance is through participatory shared governance retreats. Led by Linda Breedlove, CNO, nurses at all levels are invited to attend shared governance retreats conducted at least twice a year. At the retreats, nurses engage in “taking a look back, to leap forward,” to reshape and advance professional nursing practice at Robinson Memorial Hospital. Nurses attending include:

- Executive Nurse Leadership
- Nursing Leadership
- Unit-Based Councils Leadership
- Professional Practice Council Leadership
- Nursing Quality Council Leadership
- Summa Health System Professional Practice Council Leadership

Examples of advancements in shared governance and the professional practice environment are:

- Designed a Shared Governance Decision-Making Algorithm.
- Formed Manager Council.
- Created Nursing Quality Manager position.
- Achieved Staff Nurse appointment to System-wide Practice Council.
- Implemented Clinical Nurse Specialist Consultation Service.
- Convened a Nursing Policy & Procedure Committee.
- Convened a Perinatal Loss Committee.
- Convened a Restraint Task Force.
- Developed a Research Academy.
- Redesigned processes for fall risk assessment and prevention, processing and securing patients’ home-medICATIONS, and printing of initial medication records for new admissions.
- Empowered Stepdown unit staff nurses with increased autonomy and accountability to independently make staffing decisions without seeking prior approval from management to add an on-call registered nurses into staffing.
- Achieved increased nurse certifications.

Transformational Leadership

“I came from a Magnet hospital and specifically wanted to work in a Magnet hospital only. There are so many benefits to working in an atmosphere where nurses have a governance structure and have a say in influencing patient care and quality.”

Myra Giangardella, RN-BC
Robinson Memorial nurses at all levels exemplify the characteristics of strong, effective leaders; evident through their collaboration, communication, coaching, mentoring, and teaching skills. They exercise their power and influence to accomplish nursing and hospital goals and ensure an environment exists that empowers nurses to provide high quality care. As advocates for nursing and nursing excellence, nurse leaders provide support and leadership enabling staff nurses to be actively involved, grow professionally, advance in their career, and make a positive impact on nursing practice and patient care outcomes.

Nursing conveys a positive image throughout Robinson Memorial Hospital and the community we serve. Robinson Memorial nurses are pivotal in planning and meeting the needs of the community and the hospital. Nursing is represented on every strategic task force at Robinson Memorial Hospital and is seen as a critical component of successful initiatives. Nursing provides professional input, care guidance and practice information and is integral to the successful implementation of hospital initiatives, projects, and policy development.

### Professional Development

Robinson Memorial Hospital upholds the philosophy that education is integral to the professional and personal development of an individual. To support educational endeavors, Robinson Memorial has a generous tuition reimbursement program:

- Nurses working full-time are eligible for 100 percent tuition reimbursement.
- Nurses working part-time are eligible for 50 percent tuition reimbursement.

Tuition reimbursement is applicable to any degree program (vocational, associate, bachelor, master, doctoral) or other course work related to a professional program leading to certification, which is directly related to the employee’s current job, or any current existing job at the hospital. Currently, 60 percent of Robinson Memorial nurses hold degrees at the baccalaureate level or higher.
Linda Breedlove, CNO, advocated for all nurses at Robinson Memorial to have the opportunity to obtain a professional certification. She proposed and achieved administrative approval for 100 percent prepayment for the cost of a review course and examination for professional certification for any registered nurse hired into a full-time, part-time or per diem position at the hospital.

An important aspect of this initiative was to recognize and celebrate nurses for their achievement of certification. A “wall of fame” photo gallery of certified nurses was unveiled on National Nurses’ Certification Day and is on display in the main lobby of the hospital.
On site, the Magnet Appraisers verified and amplified the organization’s support for professional development and certification. The CNO established her expectation that all senior nurse leaders attain certification and role model this to their staff. 100 percent of nurses in leadership positions have achieved their certification. There is an impressive display of formal studio portraits of certified nurses just inside the main lobby.

“We verified the generous tuition support for both undergrad and graduate study, as well as, that nurses receive advance payment in full for certification review courses and their exam fees. Nurses who complete a formal education program and/or certification are recognized at a banquet hosted by the CEO…”

Recognition of Nursing

The Robinson Memorial Hospital Foundation recognizes and supports the advancement of nursing practice by providing education funds dedicated to the professional development of nurses at all levels. Nurses are given the opportunity to attend national, regional or local conferences sponsored by a professional organization. Department-specific education funds are also allocated for the purpose of providing resources and support to enhance the continuing education and professional development of staff members of the respective department the funds are earmarked for. The Foundation has specific education funds earmarked for the following departments:

• Nursing
• Surgery Department Education Fund
• Emergency Department Fund
• Critical Care Education Fund

Healthcare Career Scholarships are also available for nurses to attend a professional conference. Individual scholarships up to $2,000 are available for healthcare professionals to cover travel expenses, lodging, meals, and tuition to conferences within the United States. Over the past three years, more than $52,500 has been allocated through the Robinson Memorial Hospital Foundation to nurses for professional development.

Affiliations with Schools of Nursing

Robinson Memorial Hospital has long maintained collaborative relationships with schools of nursing to provide clinical nursing sites for education and practice. More than 110 students are hosted each semester for nursing clinicals and practicums. Robinson Memorial collaborates with the following schools of nursing to host both undergraduate and graduate nursing students:

• Kent State University
• Hiram College
• University of Akron
• Ashland University
• Frances Payne Bolton
• Malone College
• Ursuline College
• Walsh University
• Youngstown State University

Structural Empowerment

“...working in a Magnet Hospital means that nurses are motivated to further educate themselves and there is a culture that gives the nurses a voice. Our voices are stronger so we can advocate for our patients better.”

Stacy McGarvey, RN

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Robinson Memorial Hospital celebrates excellence in nursing by participating in the Cameos of Caring Program. This program was introduced in Northeast Ohio in 2002 by the University of Akron to recognize direct care nurses who exhibit exemplary practice, a passion for nursing, and a desire for continued professional development.

Year after year, Robinson Memorial’s Cameo of Caring nurse is selected from an outstanding number of staff nurse nominees who exemplify what it means to be an exceptional nurse. Recipients of this prestigious award attend a formal gala that is attended by more than 500 people, including nurses representing 12 institutions throughout the region, family members, friends, and colleagues. With recognition speeches, short videos of the nurses “on the job,” and a uniquely designed leaded glass Cameos award – it is an evening equivocal of the Academy Awards and an unforgettable event.

Although it is a huge honor to receive the Cameos of Caring Award, it is also a distinct honor to be nominated. A celebration luncheon for all the Robinson Memorial nominees, with the CEO in attendance, is held by the CNO and nursing leaders to recognize and extend congratulations to the exceptional group of nurses nominated each year.

On the last day of camp week, a reception is held for campers’ families and a slide show is presented depicting the fun camp activities their children participated in throughout the week. Each family also receives a CD of these candid photographs of the children. A group art project, initiated with the assistance of local art teachers who volunteer their time, is completed by the campers by the end of each Healthcare Heroes Camp session and unveiled during this reception. All art projects created by the Healthcare Heroes campers are permanently displayed in one of our facilities.

Healthcare Heroes Camp provides an excellent venue for Robinson Memorial nurses to shine in their roles as teachers and to reach out to the community we serve and highlight what healthcare is all about. By the end of camp, the campers can identify a variety of nursing roles and other healthcare career opportunities. Our goal is that Healthcare Heroes Camp inspires our next generation to seek a career in healthcare.

Since 2004, Robinson Memorial Hospital has offered a unique, one-week long summer camp experience for 24 children in third through sixth grade called “Healthcare Heroes Camp.” The program is designed to increase awareness and spark an interest in healthcare careers among children at an early age. Due to the popularity of Healthcare Heroes Camp, there is an overwhelming community response to the available openings. As a result, campers are selected by lottery from nearly 100 applicants every year.

Each day of the camp revolves around a structured theme that exposes students to different hospital departments and healthcare professionals. Nineteen different hospital departments participate by offering activities throughout the week. Camp counselors escort the students behind the scenes of the hospital to learn about healthcare careers via daily observations, explorations, and hands-on activities. Campers visit areas and experience programs such as Surgery’s “Behind the Scenes Day,” Emergency Department’s “We Have A Little Emergency - (WHALE) Day,” and Cardiology’s “Courageous Heart Day.”

They learn about how common medical equipment is used, such as blood pressure cuffs and heart monitors, practice putting on gowns, gloves, and masks, and become aware of healthy lifestyles while enjoying a camp-like atmosphere.

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Congratulations to Robinson Memorial’s 2011 Cameos of Caring Awardee

William “Bill” Foster, RN, CEN

2011 nominees:

Kristen Burt
Jennifer Knippenberg
Carrie Farrington
Brea Loewit
Kathleen Hrobak
Lyndsey Richards
Deborah Snyder

Community Involvement - Healthcare Heroes Camp

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Robinson Memorial Hospital provides a magnetic work environment that inspires professional nurses to continue to raise the bar for nursing practice and quality patient care. Staff nurses are supported and empowered to always act in the best interest of the patient. Registered nurse decision-making in patient care occurs at all levels throughout the hospital. Many tools are in place to support the autonomy of the registered nurse in independent decision-making; some of these include care standards and guidelines, staffing guidelines, protocols, and algorithms. Nurses practice autonomously and participate in nursing practice initiatives that affect quality care and patient outcomes.

Advanced Practice Nurses
Recognizing the value of advanced practice nurses, the hospital leadership is committed to providing this professional resource in support of quality patient care. Four categories of advanced practice nurses are currently employed at the hospital including:
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Certified Nurse Midwife (CMW)
- Certified Registered Nurse Anesthetist (CRNA)

All advanced practice nurses employed by Robinson Memorial Hospital are required to obtain credentialing in order to practice within their advanced nursing roles. Based on their specific practice specialty, our advanced practice nurses play an important role in coaching other nurses, educating patients and families, collaborating on research projects, and developing evidence-based practices throughout the hospital. They support the professional practice of nursing through the facilitation of optimal healthcare and the promotion of evidence-based practice and nursing excellence.

Robinson Memorial employs six clinical nurse specialists who are experts in the fields of oncology and palliative care, women’s and family health, emergency services, medical surgical, cardiovascular, and diabetes care.

Clinical nurse specialists are integral in their role to coordinate and guide clinical activities and projects. They are accountable for collaborating with members of the healthcare team to design, implement, and measure safe, cost-effective, evidence-based care. Their major responsibility as advanced practice nurses is to maintain current professional knowledge and competencies that contribute to the advancement of the practice of nursing.

Clinical Nurse Specialist Consultation Service has been developed at Robinson Memorial to facilitate evidence-based practice in the organization. Clinical nurse specialists work collaboratively with staff nurses to advance nursing practice and improve patient outcomes. They provide clinical expertise and specialty knowledge to effect system-wide changes that enhance care processes. Nursing staff rely on the clinical nurse specialist to assist with the evaluation and revision of practice standards to ensure that nursing practice is evidence-based.

Other roles of the clinical nurse specialists:
- Participating as Policy & Procedure Committee members.
- Serving in adjunct and part-time faculty roles for nursing students in baccalaureate and master degree programs from our affiliations with schools of nursing.
- Engaging staff nurses to conduct research and scholarly activities.
- Mentoring staff nurses to present peer-reviewed research articles monthly for Journal Club critique and discussion.
Nurses in the Birth Center formed a Perinatal Loss Committee after identifying a need to offer support and information to grieving patients and families who have suffered a perinatal loss.

In an effort to provide support, encouragement, and help guide grieving patients and family members through their loss, Birth Center staff nurses give them teddy bears, donated by the Peace Bear Project, so they have something to cuddle and hold. Gift bags are offered to the mothers containing comfort items such as tissues, chapstick, a tablet, a journal, and a charm.

Hospital chaplains are available to baptize the baby, and a baptismal certificate is presented to the family. Professional photographs are taken by Now I Lay Me Down To Sleep photography studio and provided for the family free of charge. In October 2011, families who experienced a perinatal loss during the past year were invited by the Perinatal Loss Committee to attend the first annual Remembrance Day Memorial Service to honor the memory of their child.

This committee has also benefited the Birth Center staff nurses, as they have received educational tips and tools to help enhance the overall care provided to grieving patients and family members. Policies and forms addressing the procedures to follow when a perinatal death occurs have been revised. The Birth Center staff compiled information packets for patients addressing available support groups, a listing of funeral homes and cemeteries with contact phone numbers to help make the arrangements easier, and post-delivery care educational handouts that focus specifically on the mother.

Other hospital departments, including the Auxiliary, Robinson Memorial Foundation, Marketing and Public Relations, Service Excellence, Environmental Services, and Nutrition Services have provided an immense amount of support to the Perinatal Loss Committee which has contributed to the successful impact of this committee.

In an effort to give back to the Peace Bear Project, the Perinatal Loss Committee sold baked goods at the hospital’s craft fair and donated the proceeds to this organization. Birth Center staff nurses also volunteer their time and talents to make commemorative bracelets that are placed on the Peace Bears.

Exemplary Professional Practice Magnet Exemplar - How the Nurses Meet the Unique and Individual Needs of Our Patients and Families.

“On site, the Magnet Appraisers verified and amplified how nurses use resources to meet the unique needs of patients across care settings:

- Hospice nurses make teddy bears for bereaved families who have suffered a loss using clothing or personal items from their loved one…provide massages and music therapy for patient comfort…have a Kids Camp for children of cancer patients, write ‘Life Stories’ with dying patients for their families…make CDs for the patients that can be played at funerals, and have a memory tree that is decorated by family members in memory of deceased patients.
- Medical Surgical nurses on the orthopedic unit developed specific educational materials to address the aftercare needs of their joint replacement patients who were of limited literacy.
- ED nurses spoke of their efforts to promote care for their patients with behavioral health and development disabilities. Patients who present in the ED are often well-known to the staff and the staff’s communication assure patients are linked to the appropriate care in the community.
- PACU nurses are actively exploring medications and alternative therapies using peppermint oil for the relief of postoperative pain and nausea while minimizing the use of narcotic and sedating agents.
- Nurses in the Diabetes Care & Education Center have developed ‘Come Grow With Us’, a unique program designed to combat obesity in local children from ages 2-16. For the children enrolled in the program, container gardens are planted to encourage healthy eating combined with increased physical activities.
- Birth Center nurses recognized the need for additional support for parents experiencing perinatal loss.
- They formed Perinatal Loss Committee and hold an annual special recognition day for these families."

Palliative Care Consult Services

Patients at the end of life experience terminal pain and restlessness. The literature supports that terminal pain is a significant healthcare problem that affects over 70 percent of patients with advanced illness. Augmenting patient services to include palliative care can address symptom management at the end of life.

In October 2009, Robinson Memorial Hospital embarked on an initiative to implement an inpatient Palliative Care Consult Services program to assist patients and families with symptom management and end-of-life care planning. A multidisciplinary team was formed to provide patients and families with a full range of services, including palliative care physicians and a clinical nurse specialist with palliative care expertise, a clinical social worker for psychosocial support, a clinical pharmacist, volunteer staff, spiritual care, care conferencing, and in-depth pain management.

The goals of the Palliative Care Consult Services program are established to:

- Prevent and relieve suffering and support the best quality of life for the patient and their families.
- Affirm life by supporting future goals of the patient and family, including hopes for cure or life prolongation, hopes for peace and dignity through the illness, as well as support through the dying process and death.
- Guide the patient and family in honest and informed decisions that enable them to work towards their goals during the time they have remaining.
- Manage pain and suffering with psychosocial and spiritual care based on the wishes, benefits, and needs of the patient and family.

Palliative Care Consult Services are available to the following patient populations:

- Patients with acute, serious, and life-threatening illnesses (such as acute stroke). Cures or reversibility may be a realistic goal but interventions pose significant burdens and result in poor quality of life.
- Patients living with progressive chronic conditions (such as chronic renal failure, neuro-degenerative disorders, advanced heart disease).
- Patients living with life-limiting injuries resulting from accident or trauma.
- Patients diagnosed as terminally ill (end-stage dementia, terminal cancer) that are unlikely to recover or stabilize.

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Initial Program Review

The Palliative Care Consult Services program has had a significant impact on our patients. Initial monitoring studies were conducted in the first year of the program to evaluate symptom management 48 hours prior to death, spiritual interventions, do not resuscitate (DNR) status, and comfort level at time of death. The study consisted of 34 patients with terminal illnesses during their last two days of life. 16 patients were receiving palliative care services and 18 patients were non-palliative care. No statistical difference in comfort level was noted between the two groups at time of death no matter the unit location. Study results revealed the following statistics:

- Palliative Care group experienced significantly better symptom management than non-palliative care group (83% vs. 65%).
- Palliative Care group experienced significantly more spiritual interventions in than non-palliative care group (94% vs. 56%).
- Palliative Care group had significantly more DNR orders than non-palliative care group (100% vs. 61%).

Year Two Program Review

In the second year of the Palliative Care Consult Services program, utilization of this service has grown by leaps and bounds as evidenced by:

- A 23% growth from the prior year with a total of 223 palliative care consults received.
- Approximate consult rate per bed of 1.27.
- Average day consult requested is 5.5 - 6.0 days into the hospitalization.

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- Approximate consult rate per bed of 1.27.
- Average day consult requested is 5.5 - 6.0 days into the hospitalization.

- The medical-surgical units generate the majority of the consults at 69%.
- The most frequent disease of palliative care consult patients is pulmonary, cancer or cardiac disorders.
- Mean age of palliative care patients is 75-years-old.
- 51% of the patients are male.
- Primary referral sources by physician specialty groups are Hospitalist/Intensivist, Internal/Family Medicine, and Oncology.

“Working at a Magnet hospital is evidence that the nursing staff at Robinson Memorial Hospital is among the best in the world. It is truly a feather in our ‘proverbial nurses cap’! It is an honor to work in such an environment.”

Sandy Jenkins, RN
Case Management

The Case Managers can wear many hats in any given day and are a valuable asset in the patient’s care continuum. From the start of the patient’s hospital experience, Case Managers assist in implementation of comprehensive and coordinated care. To do this, the Case Managers work together with nurses and other healthcare providers in a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual’s health needs.

This collaborative process further encompasses communication and facilitates care along a continuum through effective resource coordination.

It is the goal of Case Managers to assist patients and their families to achieve optimal health, assist with access to care, and ensure appropriate utilization of resources. All of these goals are balanced with the patient’s right to self-determination. Our Case Managers know that communication and the knowledge of available resources and access options are the keys to promoting quality patient care and cost-effective outcomes.

Nursing-sensitive Quality Indicators

- Central Line Associated Blood Stream Infections
  - ICU/CCU
  - Step Down

- ICU/CCU Patients with Hospital Acquired Ulcers
  - Prevalence Survey

Exemplary Professional Practice
Exemplary Professional Practice

Falls 4 S.U.R.E

Although Robinson's patient fall rates in 2009 and 2010 outperformed the NDNQI benchmark, nurses recognized that even one fall can be serious. Quality monitoring of falls and falls with injury led to the appointment of a Falls Prevention sub-committee comprised of members of the Nursing Quality Council. The charge of this sub-committee was to investigate current practice and identify steps to move towards a Zero Falls Culture at Robinson Memorial Hospital.

The Fall Prevention 4 S.U.R.E. Program was created in early 2011 by staff nurse members of the Fall Prevention Committee, to reduce patient falls and to surpass the national benchmark set by the National Database of Nursing Quality Indicators (NDNQI), as part of the hospital-wide culture of safety initiative. Implementation of Phase One of the Fall Prevention 4 S.U.R.E. program included four interventional elements:

- Strengthening nurse ability to protect patients from falls
- Reproducing results, utilizing evidence-based initiatives
- Empowering the patient and family to have an active role in fall prevention
- Unifying nursing unit fall assessment tools and protocols

The Fall Prevention 4 S.U.R.E. program was recently presented as a virtual poster at the American Nurses Credentialing Center (ANCC) National Magnet Conference.

Strategy: Prevent Falls 4 S.U.R.E.

Robinson Memorial Hospital, Ravenna, OH

Virtually Poster Presentation for 2011 ANCC Magnet Conference

Virtual Poster Presentation for 2011 ANCC Magnet Conference

Investigate Current Practice

- Investigate incident and near-miss reports
- Review current fall assessment tools and protocols
- Discuss contributing factors for falls
- Review current fall assessment tools and protocols:
  - Literature review for best practices & evidence-based fall prevention tools

The "Ah-ha!" Moment (Results)

- Immediate improvements in fall prevention
- Improved fall prevention education
- Increased nurse/PCA comfort with fall assessment
- Improved fall prevention outcomes

Opportunity for Improvement Identified

- Nurse on unit identified an area for improvement

Preventing Readfalls

Using the Schmid Fall Risk Assessment Tool:

- 48 newly admitted patients on 5 units
- Using the current tool
- 1 patient (2%) identified as a fall risk
- 48 patients (98%) identified as no fall risk
- Using the Schmid Fall Risk Assessment Tool and protocol
- 27 patients (55%) were identified as LOW fall risk
- 22 patients (45%) were identified as NO FALLS

November 2010 - 1st tool used to identify fall risk

Comparative Information

Bed Size 100-199

Total Falls Per 1,000 Patient Days

| | | | | | |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
| 2.5 | 3.5 | 4.5 | 5.5 | 6.5 |

Fall Prevention 4 S.U.R.E.

A Plan to Reduce Patient Falls

Amanda Douch RN, Bucky Cam RN-BC, Amore Wagner RN, Jackie Pink RN-CVRN, Misty Sullivan RN

Linda Breedlove RN, RN, MBA, MA-BC, Cynthia Mazerik MN, RN, ANA-C, Jan Bahle MSN, RN, CVN, CTTS, Christine Horvitz RN-BC

Robinson Memorial Hospital, Ravenna, OH

Virtual Poster Presentation for 2011 ANCC Magnet Conference

“Through a model of shared governance and transformational leadership, these staff nurses took the lead to pave the way for ownership of fall prevention safety initiatives at Robinson Memorial Hospital. The end results have been a solid evidence-based program that is already yielding very positive outcomes. We look forward to more positive outcomes from OHAIS’ grant.”

Linda Breedlove, Vice President, Patient Care Services and CNO

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Fall Prevention 4 S.U.R.E.

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Linda Breedlove, Vice President, Patient Care Services and CNO
Since August 11, 2011, a Daily Safety Roll Call has been conducted every morning at 8:45 a.m. in the hospital’s Board Room. Every morning, except on holidays and weekends, the leaders of the hospital either report in person or call in by telephone to the Board Room to report on significant safety, quality, or service concerns from the last 24 hours (Look Back) and identify high risk activities/issues anticipated in the next 24 hours (Look Ahead). This Roll Call is led by our President and CEO, Stephen Colecchi. In his absence, another hospital leader will step in to lead the Roll Call.

The Administrative Supervisor on duty starts off the Roll Call with a brief overview of events that have occurred in the past 24 hours. Following, approximately 25 additional leaders report significant safety events that may have occurred in their respective areas. Examples of events that could be reported include:

- Unit Census/Number of surgeries/diagnostic procedures
- Pink-slipped patients
- Near-miss events
- Restraint use
- Transmission-based precautions
- Unusual occurrences/events
- Reporting on Emergency Code Events
- Staffing issues
- Patient, visitor and staff injuries
- Falls and number of days since last fall
- Mislabeled lab specimens—number of days since last mislabeled specimens

Safety Roll Call outcomes as of December 31, 2011:

- 48% of the roll calls led by the CEO
- 41% of the roll calls led by the CNO
- 7% of the roll calls led by other Vice Presidents
- 4% of the roll calls led by Directors
- Total of 93 significant events requiring immediate attention/resolution were reported.
- Shortest time to resolution: one hour
- Longest time to resolution: 13 days
- Median time to resolution: less than 24 hours

The commitment of our hospital leadership team confirms that Robinson Memorial Hospital is for safety. By reporting these events and bringing them to the forefront every morning, hospital leaders are able to address issues as they occur and resolve them in a timely manner. The Daily Safety Roll Call has heightened everyone’s awareness and has impacted our culture of safety here at Robinson.

“I am proud to work for a Magnet hospital because of the input nursing has in shaping research-based nursing practice. The shared governance concept has opened lines of communication that in the end improve patient care and safety.”

Helen McGrew, RNC-BC

Exemplary Professional Practice
New Knowledge, Innovations, and Improvements

The starting point of innovation is the generation of new knowledge and creative ideas. Innovation occurs in nursing with new or reinvented ideas, tools, and systems. This creativity is grounded in evidence-based practice with a strong commitment to advancing nursing and enhancing the quality of our patient’s lives that is demonstrated through many avenues.

Nursing Journal Club

Since 2006, Robinson Memorial nurses have facilitated a Nursing Journal Club in an effort to inspire more staff nurses to become involved in advancing nursing research and scholarly activities in our hospital. This club has effectively sparked the interest of staff nurses to conduct nursing research literature reviews and become engaged in nursing research projects.

Each month, a staff nurse and a clinical nurse specialist partner together and choose an article of interest to review at that month’s journal club meeting. Using PowerPoint, a summary and analysis of the journal article is presented. An interactive discussion ensues revolving around the research components of the article which provide nurse attendees with the opportunity to learn key components of the research process. Nursing Journal Club meetings are open to all nurses and are awarded contact hours.

2011 Journal Club Presentations:


Daniels, D. & Bahle, J. (2011, August). Information systems use, benefits, and satisfaction among Ohio RNs: Podium presentation at Robinson Memorial Hospital Journal Club, Ravenna, Ohio.

Fink, J. & Bahle, J. (2011, February). The process used by surrogate decision makers to withhold and withdraw life-sustaining measures in an intensive care environment. Podium presentation at Robinson Memorial Hospital Journal Club, Ravenna, Ohio.


Nursing Research Studies

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Study Status</th>
<th>Principle Investigator</th>
<th>IRB Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception of the Value of Certification for Nurses</td>
<td>Completed</td>
<td>C. Majoriak, MSN, ACNS-BC &amp; J. Bahle, MSN, RN-BC</td>
<td>N/A</td>
</tr>
<tr>
<td>Palliative Care Consult Service Impact on Symptom Management at the End Of Life</td>
<td>Completed</td>
<td>M. Penkala, MSN, AOCNS &amp; K. Verona, MSN</td>
<td>Fall 2009</td>
</tr>
<tr>
<td>Professional Judgments about Advance Care Planning with Community Dwelling Consumers (pilot)</td>
<td>Completed</td>
<td>R. Ludwick, K. Haagman, S. Haartz, &amp; B. Palmisano</td>
<td>Fall 2009</td>
</tr>
<tr>
<td>Benefits of Self Management of Blood Pressure in a Diabetic Self-Management Education Program</td>
<td>In Progress</td>
<td>E. Eichler, MSN, CDE &amp; P. Nisioche, RD, LD, CDE</td>
<td>Fall 2010</td>
</tr>
<tr>
<td>Promoting Effective Advance Care for Elders (PACE)</td>
<td>In Progress Funded</td>
<td>B. Ludwick, K. Allen, S. Rainway, W. Smucker, M. Pappas-Reich, B. Palmisano, &amp; S. Haartz</td>
<td>Spring 2010</td>
</tr>
<tr>
<td>Factor Influencing the Likelihood to Use Physical Restrainer in the Care of Adult Patients</td>
<td>In Progress</td>
<td>A. Battil, R. Beniti, E. Chandler, M. D’Avella, R. Kahn, C. Leonard, L. Minor, E. Nigam, &amp; E. Sando</td>
<td>Summer 2010</td>
</tr>
<tr>
<td>Professional Judgments about Advance Care Planning with Community Dwelling Consumers (State-Wide Study)</td>
<td>In Progress Funded</td>
<td>R. Ludwick, K. Haagman, S. Haartz, B. Palmisano, D. Merolla, K. Allen, M. Sanders, D. Wear, J. Aultman, &amp; M. Hewit</td>
<td>Fall 2010</td>
</tr>
<tr>
<td>Knowledge of Patients about Community</td>
<td>In Progress</td>
<td>S. Moorey, RN-BC &amp; K. Haasen, RN, CDE</td>
<td>Spring 2011</td>
</tr>
<tr>
<td>Experience of Family Decision-Making in Withholding &amp; Withdrawing Life Sustaining Measures in the ICU/CICU Environment of a Small Community Hospital</td>
<td>Completed</td>
<td>D. Lawrence, MSN</td>
<td>Spring 2011</td>
</tr>
<tr>
<td>Multi-Institutional, Randomized Study of the Transition to Practice Model of Patient Safety &amp; Quality Outcomes</td>
<td>In Process</td>
<td>N. Specter, PhD, A. Calvelli, RN, NE-BC (Site Coordinator)</td>
<td>Spring 2011</td>
</tr>
<tr>
<td>Dissemination &amp; Implementation of Evidence-Based Methods to Measure &amp; Improve Pain Outcomes</td>
<td>Completed</td>
<td>S. Beck, PhD &amp; N. Dutton, PhD A. Calvelli, RN, NE-BC (Site Coordinator)</td>
<td>Spring 2011</td>
</tr>
<tr>
<td>The Effects of Music Therapy on Hysterectomy Patient’s Comfort, anxiety, and Patient Satisfaction during their Hospitalization</td>
<td>In Process</td>
<td>M. Gusz, RN, SANP-D &amp; K. Lennon, RN</td>
<td>Winter 2011</td>
</tr>
<tr>
<td>Nurses’ Attitude Toward Poverty</td>
<td>In Process</td>
<td>J. Wittenauer, RN &amp; B. Merolla, RN-BC</td>
<td>Winter 2011</td>
</tr>
<tr>
<td>Impact of a Structured Education Program on Compassion Fatigue</td>
<td>In Process</td>
<td>M. Penkala, MSN, AOCNS &amp; R. Foster, RN, CEN</td>
<td>Winter 2011</td>
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On April 29, 2011, Robinson Memorial Hospital nurses hosted the 17th Annual Nursing Research Day: "The Power of Empathy in Healthcare." The day started with a keynote presentation by Dr. Mary Dolansky, an award winning nurse researcher from Case Western Reserve University, who spoke on "Institute of Medicine Future of Nursing: Accelerating Change and the Advancement of Science."

Presentations and break-out sessions included a variety of topics related to improving patient care, including delirium prevention and treatment, chronic illness management during disaster, advance care planning in the community, and the impact of palliative care consults in a hospital setting.

The afternoon keynote speaker was Dr. Kevin Dieter, FAAHPM, who addressed compassion, fatigue, and "Healing the Healers." Dr. Dieter is Board Certified in Palliative and Hospice Medicine and is the Program Medical Director for Robinson Palliative Care Consult Services at Robinson Memorial Hospital, and the Assistant Medical Director of Hospice and Palliative Care for Summa Health Care System.

Nineteen peer-reviewed posters were exhibited along the halls of the first floor, including several projects by Robinson Memorial Hospital staff. One of these posters featured highlights of Falls 4 S.U.R.E., the hospital’s newly implemented evidence-based falls prevention program and another by a respiratory therapist showcased the impact of the Pulmonary Rehabilitation Program on patient outcomes at Robinson Memorial.

Known to be one of the longest running research conferences locally, more than 80 people attended this prestigious event including staff nurses, student nurses, faculty, and nursing administrators. Since its inception in 1995, Robinson’s Nursing Research Day has grown to include nursing-led research projects from over 18 health systems, hospitals, universities, and community agencies from across Northeast Ohio and the neighboring states of Pennsylvania and West Virginia.
New Knowledge, Innovations, and Improvements

Regional/National Podium & Poster Presentations


New Knowledge, Innovations, and Improvements


Penkala, M. & Verrona, K. (2011, August). Palliative consult service impact on symptom management at the end of life. Presentation at the Northeast Ohio Medical University Palliative Care Advisory Committee Meeting, Rootstown, Ohio.


Welch, L. (2011, April). Evaluation of the performance improvement of COPD patients that have completed the pulmonary rehabilitation program. Poster session presented at the Robinson Memorial Hospital Annual Nursing Research Day, Ravenna, Ohio.


Grants


New Knowledge, Innovations, and Improvements

National Council of State Boards of Nursing Transition to Practice Pilot Study

Robinson Memorial Hospital is one of 113 hospitals chosen by the National Council of State Boards of Nursing (NCSBN®) to participate in an innovative, multi-state study to evaluate safety and quality outcomes in nurse transition to practice programs. The states of Illinois, Ohio, and North Carolina were selected to participate in the study by NCSBN.

Due to the changes in healthcare in the past 20 years, the NCSBN Transition to Practice Study was created as the need for a standardized transition-to-practice model has become apparent. While previous studies of transition programs have looked at retention rates, new nurse satisfaction, preceptor satisfaction, and nurse’s perceptions of competence and confidence, prior research has not examined actual patient outcomes.

This study will compare patient outcomes in organizations that will be randomized to use either the NCSBN transition model (study group) or to use its usual practice of transitioning new nurses to practice (control group). Robinson Memorial Hospital was selected as part of the control group for Phase I of the study.

In Phase I of the study, conducted from July 1, 2011 through December 31, 2012, the focus is on following newly licensed registered nurses hired to work in hospital settings. During this time, the newly hired nurses will participate in interactive, online transition to practice modules, work one-on-one with a preceptor, and receive institutional support from their hospital.

Phase II, which begins April 2012, will follow the same study protocol as Phase I, but will incorporate newly hired registered nurses who work in settings other than hospitals (such as long-term care, community and correctional facilities, and schools) and the addition of newly licensed practical/vocational nurses who work in all healthcare settings.

Data is collected and submitted to researchers at NCSBN throughout the study to measure actual patient outcomes, such as infection rates, patient falls, patient satisfaction, as well as new nurse competencies, job satisfaction, and job stress. Once both phases of the study have concluded, the safety and quality outcomes of the control group, along with those of the study group, will be compared.
In March 2011, two Taiwanese registered nurses visited Robinson Memorial Hospital for nearly a week to observe the role of the clinical nurse specialist, to discuss and examine how evidence-based practice is incorporated into nursing, and to gain new knowledge about the innovative practices occurring at Robinson Memorial. They also wanted to learn about the various clinical services Robinson Memorial Hospital provides, especially for new mothers and babies.

These nurses were also very interested in learning more about nursing roles, policies and procedures, health education programs for the community and women’s health issues and evidence-based policies in obstetrics. Both scholars were given an in-depth tour of the hospital and also were provided with the opportunity to spend time observing the operations of different nursing units.

Visiting were Hsiu-Jung Chen, PhD, RN and Shih-Ching (Claire) Chou, RN. Hsiu-Jung Chen, PhD, RN, is an associate professor at HungKuang University in Taichung, Taiwan. Dr. Chen teaches pediatric nursing and nursing theory in the nursing graduate program. Her special interest is in epilepsy and she has published in both the Journal of Clinical Nursing and Journal of Pain and Symptom Management. Shih-Ching (Claire) Chou, RN, is the head nurse at the International Ward, Changhua Christian Hospital in Changhua City, Taiwan. Chou has experience in obstetrics and neonatal intensive care and is currently in graduate school pursuing a master’s degree.

The visit, arranged by Dr. Ruth Ludwick, Director of Nursing Research at Robinson Memorial, stemmed from a relationship with HungKuang University that first started in 2006 when the dean of HungKuang University, who was visiting Kent State University, asked to visit a local hospital. That request led to a tour of Robinson Memorial Hospital. Over the years, Ruth has established collaborative relationships with nurses in Taiwan, having traveled back and forth to their country to present educational nursing symposiums for them on nursing practice in the United States. Consequently, Taiwanese nurses are inspired to travel overseas to visit Robinson Memorial.

"Having Shih-Ching Chou and Dr. Hsiu-Jung Chen visit was a wonderful opportunity for us as a community hospital to share and learn with other nurses from a different culture," said Ruth Ludwick. "Many healthcare institutions in Taiwan are very large. The hospital Claire works in has over 1,500 patients and about 40 patient units. There are similarities in issues the nurses face; though with any culture, there are differences too. It’s what we can learn from them and what they can learn from us that was the goal for this visit."

"In the short time we’ve been here we can see some differences," said Chou shortly before her visit ended. "We don’t have as clear job roles for advance practice registered nurses in Taiwan like here. Head nurses in Taiwan educate patients, provide care for patients, and control department budgets." The nurse to patient ratio is higher in Taiwan than in the U.S. The ratio in Taiwan ranges from a minimum of 8:1 to 12:1.
New Knowledge, Innovations, and Improvements

Innovations and Improvements

Surgical Services Renovation

The newly renovated Surgical Services Department supports the provision of patient-centered care with state-of-the-art technology, equipment, and space design. Major changes were made during the renovation project based on input from Surgical Services nurses, physicians and department staff.

The department now includes a 19,000 square-foot addition and a 21,000 square-foot renovation of the surgery area, doubling its previous size. There are eight new, state-of-the-art operating rooms that include digital imaging, allowing surgeons to compare real-time X-ray images. They also feature boom-arm technology to float equipment and high-definition monitors over the floor so the surgical team can reconfigure rooms and work more efficiently. Custom air handling units include ultra-violet emitters to control microorganisms. Patient and family-centered care, comfort, and accessibility were also key factors in the project planning.

Outcomes realized as a result of the new design of the Surgical Services Department include improved workflow processes for staff, redesigning of care delivery models, and an enhanced surgical experience for patients and families. Major improvements made as a result of this renovation project are:

- Pre-op and PACU are adjacent to each other which allows staff to work in both areas and flex staffing based on patient flow, promotes a team atmosphere, and offers opportunities for cross-training of skills and competencies.
- Special consideration was given to the flow of patients, staff, supplies and instrumentation to improve privacy, efficiency, and separation of clean and dirty flow.
- Physician/family consultation areas were increased from one to three consult rooms.

- Anesthesia and Resource Nurse Control Desk centralized to improve coordination of operating room activities.
- Expansive waiting area created with small group seating to meet the needs of the family.
- The pre-op and post-op bays were enlarged to include privacy walls to enhance family visitation experience.
- Each OR suite includes pass-through cabinetry to minimize traffic in and out of the room.
- Scrub areas enclosed to maintain infection control practices.
- Each Operating Room is integrated with a work station with full view of the surgical field and control of selected equipment.
- Dedicated Inpatient Endoscopy Suite with external visualization of negative pressure indicator.
- Each OR suite has a separate patient entrance and supply point-of-entry.
- Enhanced staff and surgeon lounge areas with Internet and hospital intranet capability, surgical planning work station, and Scrub-Ex dispensing machine for scrub attire.
- Created a departure location for more private, curb-side patient discharge.
- Addition of a classroom and meeting room to support professional education for all staff and physicians.
- Administrative offices consolidated to improve access, communication, and facilitate team building.
- Anesthesia and Pre-admission Testing Center are more accessible to each other to improve pre-surgical clearance activities.

Robinson Memorial Hospital performs about 10,000 surgeries and endoscopy procedures each year. Some of the specialties include podiatry, urology, gynecology, orthopedics, ENT, ophthalmology, gastroenterology, spine surgery, oral maxillofacial surgery, general surgery, plastic surgery, pain medicine, thoracic, and vascular medicine.
New Knowledge, Innovations, and Improvements

Magnet Moments
Successful Magnet Re-designation Journey

Robinson Memorial Hospital was well represented at the 2011 American Nurses Credentialing Center’s Magnet Conference in Baltimore, Maryland. The hospital sponsored 25 employees to attend the annual conference to receive public recognition and celebrate our achievement of redesignation status as a Magnet Hospital. This was most certainly the celebratory highlight for our hospital in 2011.

Those attending included nurses from emergency, critical care, surgical services, medical surgical, oncology, cardiology, birth center, case management, visiting nurse and hospice, and nursing administration departments, along with the CEO, the CNO, and the Magnet Program Director. Our successful Magnet re-designation journey once again affirmed that Nursing at Robinson Memorial Hospital is deserving of the gold standard award of Magnet status.

During the Magnet conference in Baltimore, I realized exactly how proud I am to work for Robinson Memorial Hospital, how advanced we are compared to many other larger hospitals, and that nursing leadership is taken seriously. It is an honor to say I work for a Magnet hospital. Magnet status enables us nurses to feel empowered to make changes- we do have a voice.”
Darla Marsh, RN
Locations

- Robinson Memorial Hospital
- Robinson Medical Arts Building
- Robinson Health Center at Kent - 401 Devon Place
- Robinson Health Center at Kent - 411 Devon Place
- Robinson Health Center at Kent - 408 Devon Place
- Robinson Health Center at Mantua
- Robinson Health Center at Aurora
- Robinson Health Center at Aurora
- Robinson Health Center at Garrettsville
- Robinson Health Center at Streetsboro
- Robinson Rehab Center and Sport Clinic-Kent
- Robinson Professional Center
- Robinson Health Center at Brimfield
Mission

The mission of Robinson Memorial Hospital is to provide high quality, caring and cost-effective services; to inspire staff to exceed the expectations of our patients and their families; and to achieve financial results to ensure its continued success.