Professional Practice Model

Blueprint for Exceptional Nursing Practice

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Our healthcare delivery system continues to evolve, shifting from volume to value-based care. Nurses consistently have been the experts in providing the best value for patients by putting them first at the point of care. The nursing profession is uniquely positioned to lead the way in providing innovative, coordinated care that is grounded in a Professional Practice Model.

Hoffart and Woods (1996) define a Professional Practice Model as “a system that supports registered nurse control over the delivery of nursing care and the environment in which care is delivered.” Nurses at each Baptist Health entity collaborated to design their respective Professional Practice Model. They reflected upon the significance of their individual and collective nursing practice and how it relates to their specific patient population. As a result, the models include key elements of their nursing practice at the unit level.

While each entity has a unique Professional Practice Model, nursing’s core values are embedded within each model. The schematics are grounded in a nursing theoretical framework and contain the underlying concepts of comfort, caring, cultural competence and diversity. Patient- and family-centered care anchors our nursing practice throughout Baptist Health.

The essence of the Professional Practice Model is a commitment to quality and exemplary practice. Our models are built upon the foundation of shared governance in order to achieve optimal outcomes. Additionally, an environment fostering collaborative care and teamwork is emphasized to facilitate seamless care transitions. And finally, the importance of a competent nursing workforce is built upon a commitment to professional development.

In this issue of Nursing Excellence, you will see firsthand the intricate Professional Practice Models that serve as the blueprint for exceptional nursing practice throughout Baptist Health. Each entity has a compelling story explaining how the components of their Professional Practice Model are executed. These powerful descriptions outline how our nurses practice, communicate, collaborate and develop professionally to deliver extraordinary nursing care to our patients, families and community.

Baptist Health’s chief nursing officers celebrated nursing excellence at the Robert B. Cole Distinguished Nursing Lecture Series. Pictured, left to right, are Richard P. Cole, Diane Amado-Tate, R.N., Becky Montesino-King, DNP, Kathy Sparger, R.N., Tina Jones, R.N., and Deborah Mulvihill, R.N.

On the cover: Baptist Health nurses celebrated National Nurses Week with unit-based activities, award ceremonies, Shadow a Nurse Day events and the Robert B. Cole Distinguished Nursing Lecture Series.
The foundation for Baptist Hospital’s Professional Practice Model was laid in 1999, when our nurses were asked to participate in the selection of a theoretical framework to guide our practice. Dr. Jean Watson was selected as our nurse theorist. A genuine spirit of caring and concern for patients and one another is deeply rooted at Baptist Hospital, and this culture provides a natural environment for Dr. Watson’s Theory of Human Caring.

Dr. Watson’s first visit to our hospital was in November 2002. She toured our nursing units and talked with nurses about caring practices. This was the beginning of a long-term relationship between Baptist Hospital and Jean Watson — a relationship that continues to energize our nurses today.

Dr. Watson’s most recent visit to our hospital was during Nurses Week 2014. On this visit — her sixth — she addressed our nurses at Honors Hour and personally congratulated our Magnet Nurses of the Year. She also met with the members of the Caring Council and explained how her relationship with Baptist Hospital nurses has enriched her body of work.

In the Baptist Hospital Professional Practice Model, professional nursing care is at the center, represented by a heart exemplifying caring and love as described by Dr. Watson (2005). The heart encircles the patient and nurse in dynamic interaction with one another — a point that Dr. Watson describes as a transpersonal caring moment. Nurses occupy a central role in the creation of healing experiences from the core of self and outward to the patient, the hospital and the community. Nurses acknowledge that each individual action affects the whole.

It is remarkable that our Professional Practice Model so closely mirrors Dr. Watson’s later publications. This speaks to the synchronization of caring and healing at Baptist Hospital by nurses who are truly professional.

Nurse-driven Protocol Improves Performance

Using our Professional Practice Model as a framework, Baptist Hospital’s Nurse Governance Council helped develop the 2015-2017 Nursing Strategic Plan, which includes National Database of Nursing Quality Indicators (NDNQI). Medical-surgical catheter-associated urinary tract infection (CAUTI) was one nurse-sensitive indicator identified as an improvement area.

With the goal of reducing and sustaining CAUTI rates below the NDNQI benchmark, a team of unit-based patient outcome facilitators developed a nurse-driven protocol to discontinue Foley catheters. The protocol was presented to the Medical-Surgical Collaborative, Medical Executive Committee and Nurse Governance Council, and subsequently approved. Clinical nurse educators provided education and the protocol was implemented in February 2014. Clinical nurses now assess and remove Foley catheters using the protocol, which is clearly posted on each Workstation on Wheels.

As a result of this performance improvement, the medical-surgical CAUTI rate decreased from 3.67 in third quarter 2013 to 0.83 in fourth quarter 2014 — significantly below the NDNQI benchmark of 2.06.
The South Miami Hospital Professional Practice Model describes the framework in which our nurses practice, collaborate, communicate and develop professionally. The model aligns with our hospital’s mission, vision, philosophy and standards of practice. It captures the professional elements and relationships that define the complex role of the nurse.

Although the main components of our model were identified many years ago, the model’s details continue to evolve to reflect changes in healthcare and our community. Our schematic was revised in 2011 with the assistance and insight of our clinical nurses who serve as our Magnet ambassadors. The previous image, while very comprehensive, was a bit too busy. The new schematic was inspired by Madeleine Leininger’s Sunrise Model, and it depicts the different dimensions of cultural care, diversity and the universality theory of nursing.

Our Professional Practice Model stresses nurse autonomy, accountability, collaboration and professional relationships and development. It has the patient and family at the core, and illustrates the fact that nursing practice is not confined within the walls of our hospital building. Our mission, vision, guiding principles and philosophy influence our behavior as we carry out high-quality nursing care. The sun’s rays depict the structure, resources and processes in place to support the delivery of high-quality care to patients and families.

CAUTI: Chasing Zero

In fourth quarter 2014, South Miami Hospital’s Critical Care Unit’s catheter-associated urinary tract infection (CAUTI) rate was 5.26 compared to the benchmark 2.06. This performance increased treatment costs and downgraded the hospital’s patient safety score.

Under the direction of Rosy Canete-Yoham, ARNP, and Edwin Vides, R.N., an interdisciplinary team was formed to review processes and identify barriers using the TRiM (Teams, Refocus, Imagine, Measure) method. The goals of the performance improvement project, which aligned with many of our Professional Practice Model components, were to outperform national benchmarks and reduce the Critical Care CAUTI rate to zero.

The following interventions were implemented:
- Critical Care Unit added an ARNP who focuses on quality outcomes.
- Staff received education and competencies.
- Bath basins were substituted with “bath-in-a-bag” and Chlorahexadine wipes.
- Infection Control implemented Theraworx — a silver-impregnated cloth for pericare.
- A gap analysis revealed variability in Foley insertion and maintenance techniques.
- Hand hygiene compliance was monitored.
- Foley issues were discussed during daily rounds.

The outcome of this initiative is a zero CAUTI rate for the past seven months, an estimated cost savings of $13,182 to $32,955 and improved patient safety.

Pictured, left to right, are Jorge Murillo, M.D., Jacqueline Ruiz Farias, PharmD, Edgar Pierre, M.D., Rosy Canete-Yoham, ARNP, Margarita Castro, R.N., and Edwin Vides, R.N.
Doctors Hospital's Professional Practice Model is a blueprint for nursing clinical excellence. It symbolizes our commitment to fundamental core nursing values and alignment with the mission and vision of Doctors Hospital and Baptist Health.

Our dynamic model represents the core values that are most important to our organization and professional nursing practice. Patients and families are at the center and our core values surround them. Encircling the model is communication, which stresses the importance of effective interaction and collaboration between nursing and all healthcare disciplines involved in delivering patient care. The pineapple, a proud symbol that shows we are part of Baptist Health, integrates the model’s elements.

Our Professional Practice Model was developed in 2010 by a steering council that included nurses from all levels. The council reviewed and discussed other models. Focus groups of direct care nurses refined the list of values and developed several visual models, which were then presented and discussed at multiple forums prior to finalization.

Fast-forward to today at Doctors Hospital, where nursing continues to evolve due to rapid changes in our healthcare environment. Our Professional Practice Model effectively guides the focus of our Magnet Steering Council and Shared Governance Councils. Recently, each nursing unit received a replica of the model and was challenged to make their model “come alive.”

Nurses directly refer to our Professional Practice Model and connect every new initiative, project, practice and policy in their area to its elements. This exercise shows that our model continues to direct our practice decisions and defines what is important to professional nurses at Doctors Hospital.

### Initiative Enhances Patient Satisfaction

The Surgical Services unit practice council project entitled Intra-Op Calls focuses on patient and family comfort, cultural competency and communication. This shared governance project, which encompasses all values of our Professional Practice Model, has helped improve and sustain patient satisfaction scores above the 90th percentile.

Intra-Op Calls provides comfort and caring by decreasing patient and family anxiety. Teamwork, leadership collaboration and support from physician champion Jack Cooper, M.D., led to the creation of the “green care card.” The card features a nurse’s name and contact number and is presented to a patient’s family member during the preoperative interview. Family members are kept informed of surgery progress, and the perioperative nurse provides hourly updates.

Intra-Op Calls promotes nursing integrity and demonstrates our commitment to professional excellence and advocacy for patients and families. Katharine Kolcaba’s Comfort Theory and evidence-based practice promote high-quality outcomes and safe patient care. The initiative supports a beneficial partnership between the nurse, surgeon, patient and family.

Operating room nurse Linda Sanmartin, R.N. (on telephone), calls the patient’s family member during surgery to provide a status update.
Homestead Hospital's Professional Practice Model was developed by leaders and staff in the early stages of our journey to Magnet designation. The model's five components — Collaboration, Professional Development, Clinical Practice, Communication and Care Delivery System — are represented by tree branches that cradle a nest. The nest symbolizes patients and families — the core of care — nurtured and protected by the branches. And finally, the bird represents the external and internal challenges embraced by the nursing team to meet the demands of the future.

Collaboration
Collaboration and shared decision-making are vital to our relationships with patients and families, community members and the interdisciplinary team. Diverse unit practice councils provide the framework of our robust shared governance model. Teamwork, collegiality, respect for diversity and community partnership are important for care coordination, which are valued and nurtured throughout the organization.

Professional Development
We are accountable for our professional development and recognize advancement through the professional nursing advancement program (PNAP) and formal recognition activities. Nursing leaders promote lifelong learning and urge nurses to keep up with educational, licensure and competency requirements and pursue advanced degrees and certifications. These efforts are supported through tuition reimbursement, scholarship programs, conference grants and free continuing education programs.

Clinical Practice
In line with our mission statement, quality, patient safety, evidence-based practice and research are emphasized to achieve the best patient and family outcomes.

Communication
Our nursing team recognizes that effective communication with each other, the interdisciplinary team and patients and families is necessary to provide safe, high-quality care. We utilize bedside shift reports, hourly rounding, interdisciplinary rounding and standardized hand-off communication. Additionally, shared governance councils promote communication across the continuum.

Care Delivery System
We utilize the Comfort Theory and patient- and family-centered care as frameworks for care delivery. Additionally, specialty units deliver care based on the recommendations and guidelines set forth by their professional organizations.

Improving Initiation Time of Therapeutic Hypothermia
When the therapeutic hypothermia program started at Homestead Hospital in 2008, only 24 percent of the Intensive Care Unit nurses were trained in this protocol. The use of the beneficial therapy has increased, and so has the demand for trained nurses. To meet this need, our nursing team implemented a performance improvement initiative that demonstrates the Professional Practice Model components of Collaboration, Professional Development, Clinical Practice, Communication and Care Delivery System.

With leadership support and clinical nurse input, our ICU clinical nurse specialist and Emergency Department clinical nurse educator collaborated and educated 34 nurses in their departments, raising the number of nurses trained in therapeutic hypothermia from 24 to 86 percent. The clinical nursing team also developed a checklist, streamlined communication between the ICU and Emergency departments and obtained a therapeutic hypothermia cart. As a result of these process improvements, the number of therapeutic hypothermia cases initiated increased to 22 during a 16-month period and the average amount of time to initiate the treatment decreased from seven to four hours.
Mariners Hospital

Message From Chief Nursing Officer Cheryl Cottrell, R.N.

Mariners Hospital's Professional Practice Model represents a shared framework of nursing care and was developed by staff nurses from each of our unit practice councils. Creation of the model was an important step on our journey to earn the Pathway to Excellence designation.

Our nurses began crafting our Professional Practice Model in 2010, and it was completed in 2011. The team solicited input and ideas from nurses in all units. They felt the model should include the needs and concerns of our nurses and a comfort component, as defined by Katharine Kolcaba, our nursing theorist. The model also reflects components of the American Nurses Association Code of Ethics and the Magnet model, including transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation and improvement and empirical outcomes. And finally, it was important to our nurses that the schematic reflected the atmosphere in which they live and work.

At the center of our model are the patient and family, with all other elements supporting Patient- and Family-centered Care. The model’s core concepts of Respect, Comfort, Collaborative Relationships, Professional Development and Ethics are vital to our nursing practice. We focus on these elements and practice shared decision-making to achieve clinical excellence and optimal patient outcomes.

Research Assesses Model’s Use and Effectiveness

A research project initiated by the Multispecialty Acute Care Center's unit practice council assesses the knowledge of the hospital's nursing Professional Practice Model and its use in daily practice by registered nurses and clinical partners at a rural facility. Bedside nurses, nonclinical registered nurses and nurse practitioners have been participating in the study.

The council, with the help of nurse scientist Aubrey Florom-Smith, R.N., designed a site-specific survey and tested the use of this instrument during the project. The survey focused on each of the Professional Practice Model components. The survey results will help the Mariners Hospital nursing team formulate specific educational interventions, make necessary alterations to the Professional Practice Model and initiate additional research that will advance the nursing practice at a small rural facility.
Denise Harris, R.N.

Professional nursing practice entails a comprehensive understanding of the dependent, independent and interdependent roles of nursing and the application of those roles with patients, families, communities and the interdisciplinary team. (Wolfe, 2008)

West Kendall Baptist Hospital’s Professional Practice Model was developed by our nurses eight months after our hospital opened its doors to the community. These nurses, which included executives, managers, supervisors, clinical educators and direct care nurses, thoroughly discussed the role of a practice and care delivery model and reviewed internal models as well as models used by other respected healthcare organizations. They found that the most successful models included high levels of nurse autonomy and control over practice, effective communication between physicians and nurses and a strong and visible nurse leader.

After an introspective and competitive process that included consideration of our values and the “genetics of nursing” at West Kendall Baptist Hospital, a Professional Practice and Collaborative Care Delivery Model was creatively and meaningfully crafted.

Our Professional Practice Model is the driving force of nursing care at West Kendall Baptist Hospital. The diagram illustrates the alignment and integration of our nursing practice with the global community, our mission and vision and the eight values of Shared Governance, Advancement of Nursing, Professional Development, Cultural Competence, Empirical Outcomes, Faith-based Nursing, Collaborative Care Delivery and Quality and Safety. The organization’s pillars of success are important components, and at the center of it all are the patient and family. The model serves as a guide for all nurses at all levels and in all settings at our hospital.

Following the principles of our Professional Practice Model helped us focus our nursing efforts, achieve high-quality patient care and positive outcomes and achieve Magnet designation within three years of our hospital’s opening!

The Meaning of Our Professional Practice Model

“It promotes autonomy in our nursing practice and exceptional collaboration among healthcare providers.” • Carmen Avila-Quintana, R.N., 4S clinical nurse.

“As a leader, I work in partnership with nurses, partners in care and patients and families in accordance with our model to provide excellent and comprehensive patient- and family-centered care.” • Dhanya Paul, R.N., patient care supervisor.

“We collaborate as professionals to provide the very best patient care. In order to be the best, we must ensure that we have excellent quality, safety and patient satisfaction outcomes.” • Griselle Diaz, R.N., Emergency Department manager.

“It drives the excellent patient- and family-centered care that we give our patients every day. It represents Baptist Health’s pillars as well as the values that make West Kendall remarkable.” • Brandi Joseph, R.N., 3N clinical nurse educator.

“Everything we do for patients, families, partners in care and our practice is embedded in our practice model, and it serves as a guide on our professional path.” • Rosalina Butao, R.N., EBP, MP & QI director.

“It’s a distinctive approach to nursing practice that is embodied in all patient care settings and is guided by the mission, vision and values that unify us as nurses.” • Annette Alvarado, R.N., Surgical Services patient care manager.
The Professional Practice Model represents the structural and contextual framework within a healthcare organization and guides the care delivery of the professional registered nurse. It’s important that the model represents the organization’s principles, values and culture.

At Baptist Outpatient Services, the focus of our Professional Practice Model is Relationship-Based Care. This care delivery system is patient- and family-centered and emphasizes the power of relationships. As such, the development of collaborative relationships is paramount to providing excellent patient care.

Relationship-Based Care comprises three critical relationships: the relationship between the caregiver and patients and families; relationships among colleagues; and the caregiver’s relationship with self. These interactions are crucial to creating a caring and healing environment. Key elements that are also essential to implementing Relationship-Based Care are Leadership, Teamwork, Professional Nursing Practice, Care Delivery, Resources and Outcomes.

Our Professional Practice Model supports our strategic goals, which include increasing patient satisfaction, enhancing staff satisfaction and engagement, improving physician and staff collaboration, increasing clinical quality and maintaining patient safety. Periodic, systematic outcome measurement ensures that Relationship-Based Care stays current and relevant.

Relationship-Based Care is best implemented through a shared leadership structure. Frontline caregivers develop specific plans for implementing the principles of Relationship-Based Care at their center, while leaders focus on more strategic, systemwide efforts. This structure fosters decentralized decision-making and empowers staff members in designing their own practice and systems.

In our culture, care providers reconnect with the purpose and meaning of their work, teamwork is based on personal commitment rather than superficial compliance and patients and families feel safe and cared for as caregivers make “intensely human” connections.

“We experience the essence of care in the moment when one human being connects to another. When compassion and care are conveyed through touch, a kind act, through competent clinical interventions, or through listening and seeking to understand the other’s experience, a healing relationship is created. This is the heart of Relationship-Based Care.” (Relationship-Based Care: A Model for Transforming Practice, Koloroutis et al., 2004)

Treating Patients and Peers Like Family

Baptist Outpatient Services’ Professional Practice Model places the patient and family at the center of everything we do at our facilities. A Relationship-Based Care model guides our nurses as they provide high-quality, compassionate care to our patients and families day in and day out. It also drives the culture in our organization — a culture that we call “intensely human.” This culture of caring stresses personal and emotional connections with patients, families and each other.

“Our ‘intensely human’ culture creates an environment that is like family and home,” said Rey Hondrade, R.N., clinical nurse manager at Galloway Endoscopy Center. “For caregivers, the workplace is uplifting and coming to work is not actually ‘work’ at all. And for patients and families, the atmosphere is comforting. Patients are never treated like a number; they are treated like family.”
Seasoned Nurses Enhance the Lives of Patients and Colleagues

Guided by their entity’s Professional Practice Model, these Baptist Health nurses are influencing practice, collaboration, communication and nursing satisfaction and development to provide the highest quality of care for their patients, families and community.

Jan Brodnax, R.N., has been a nurse for 21 years and with Baptist Health for 22 years. As the Magnet director at South Miami Hospital, she strives to organize structures, simplify processes and create action plans for performance improvement. “I enjoy working on multiple initiatives,” she said. “It gives me a greater perspective on what is happening in our hospital and in nursing. I have the opportunity to contribute valuable ideas and solutions to help our nursing team be successful and maintain our Magnet status.”

Rosalina Butao, MSN, joined West Kendall Baptist Hospital as Magnet director five years ago, when the hospital opened. She has helped assemble teams and create a framework of systems that led to the hospital’s recent Magnet designation. “We are so grateful, and we are beaming with pride,” Ms. Butao said of the accomplishment. Guided by her own faith, the 28-year nursing veteran strives to “inspire colleagues to be excellent in all they do.” She encourages new nurses to “fulfill your purpose, be passionate and be committed.”

Julie David, MSN, Homestead Hospital’s Magnet director, says, “Magnet is an external validation of the extraordinary work that nurses do every day to make a difference at a patient, organization and community level.” The hospital submitted its Magnet application document this past February. Ms. David is inspired by the members of Homestead Hospital’s leadership team, who advocate relentlessly for their staff and patients. The 22-year nursing veteran enjoys motivating, mentoring and recognizing nurses. She has some advice for her peers: “Don’t underestimate the difference that you make in the lives you touch,” she said. “Being a nurse is a privilege.”

Rey Hondrade, R.N., whose nursing career spans 23 years, serves as clinical nurse manager at Galloway Endoscopy Center. Under his direction, the Center was honored by the American Society of Gastroenterology’s Endoscopy Unit Recognition Program, which recognizes units that demonstrate a commitment to delivering quality and safety as reflected in their policies, credentialing, quality improvement and staff training and competency assessment. For his efforts, Mr. Hondrade was chosen as Baptist Outpatient Services 2013 Leader of the Year. He is inspired by his special-needs son. “My son exemplifies patience and hard work, and has taught me to put things in proper perspective,” Mr. Hondrade said.

Pictured, left to right, are Dawn Kressly, MSN, Donna Sparks, DNP, Sherry Stathers, R.N., Rey Hondrade, R.N., Julie David, MSN, Rosalina Butao, MSN, and Jan Brodnax, R.N.
Colleagues

Dawn Kressly, MSN, Magnet director at Doctors Hospital, has been a nurse for 25 years. “But who’s counting?” she asks. After all these years, she absolutely loves her job. “I have the ability to influence change that affects patients, employees and the entire organization,” she explained. Ms. Kressly describes a typical day as “exhilarating — like skiing down a double black diamond slope full of twists and turns.” The high-energy nurse enjoys swimming, biking, running, fishing and playing tennis. Her goals are to achieve Magnet designation at Doctors Hospital, complete an Ironman triathlon and learn to tap dance.

Donna Sparks, DNP, has been a nurse for 39 years and has served as assistant vice president and Magnet director at Baptist Hospital for three years. “Attaining Magnet designation is no easy feat,” she admits. “It requires relentless diligence. But we have the right people in the right seat on the bus, and we are all driving toward the same mission.” Dr. Sparks is currently working on Baptist Hospital’s recertification documents, which are due at the beginning of 2016. Her advice to new nurses — “take the time to listen to patients and families. When you truly listen, you’ll gain insight on everything you need to know.”

Sherry Stathers, R.N., serves as Mariners Hospital’s Pathway to Excellence and Magnet coordinator, a position she has held for one year. Her 19 years of nursing experience guide her as she strives to “increase her knowledge about these two designations in order to maintain the hospital’s Pathway to Excellence status and help nurses use evidence-based practice to provide the very best patient care.” When Ms. Stathers is not motivating the nursing team, she takes full advantage of the Keys’ environment and goes scuba diving, boating and fishing. She also enjoys spending time with her five grandchildren.

Nursing Notes

Spotlight on Nurses Week

At South Miami Hospital’s Nurses Week awards ceremony, Freda Arzadon, R.N., MCVI CVCU, was named Magnet Unit Nurse of the Year. Joining her at the celebration were, left to right, Kathy Sparger, R.N., vice president and chief nursing officer; Ms. Arzadon; Paulette Thompson, R.N., patient care manager, MCVI CVCU; Deborah Mulvihill, R.N., vice president and chief nursing officer, Baptist Health; and Susan Butler, R.N., assistant vice president, Nursing Administration.

At Doctors Hospital, nurses were honored at the Nurse of the Year Awards. Pictured, left to right, are Paul Mungo, MSN, vice president, Clinical Operations; Anisley Paua, R.N., who was named Surgical Services Nurse of the Year; Maria Cabrera, MSN, patient care manager, Surgical Services; and Diane Amado-Tate, MSN, vice president and chief nursing officer.
Baptist Hospital’s Magnet Nurses of the Year were recognized at Honors Hour during Nurses Week.

Jonathan Pinero, R.N., float pool nurse, center, was named Baptist Outpatient Services Nurse of the Year. He is pictured with Brian Graham, R.N., director, Nursing Administration; and Tina Jones, R.N., vice president and chief nursing officer.

Three community members spent time with Paul Hann, R.N., Surgical Services, during Shadow a Nurse Day at Mariners Hospital. The annual event provides a glimpse into a day in the life of a nurse.

Left to right, Yvonne Brookes, R.N., director, Clinical Learning; Dennise Haughton, ARNP; Christine High, R.N.; and Barbara Blanco Marchante, R.N., manager, Clinical Learning, gathered at the Robert B. Cole Distinguished Nursing Lecture Series to honor and recognize Baptist Health nurses.

West Kendall Baptist Hospital’s leadership team celebrated with the winners of this year’s “Oscars.”
Nursing Achievements
Presentations, Publications and Research

Presentations:
Mavel Arinal, R.N., Tanya Cohn, R.N., Fatima Garcia, R.N., Julie Lamouroux: Compassion Satisfaction in Florida RNs, SFONE Conference, Jan. 2015.
Carmen Avila-Quesada, R.N., Sandra Bazdidas, R.N., Olivia White, R.N.: "Get in or Get Out!" Implementation of an Observation Unit in a Community Hospital, Florida Nurses Association South Region Symposium, Miami, April 2015.
Diane Amado-Tate, R.N., Judy Bowling, R.N., Carolyn Lindgren, Ph.D., R.N., Maria Ojeda, R.N.: Survey of Nursing Practice at Doctors Hospital, 5th Annual Florida Nurses Association South Region Symposium, April 2015.
Claire Crosswell, MSN, Erika Gonzalez, MSN, Hollie Gow, MSN, Pam Sabatino Holmes, MSN, Alex Mendez, R.N., Yessenia Muniz, R.N., Nicole Parr, R.N., Marvin Rosete, R.N., Gabrielle Taborada, R.N.: Type and Screen Safe Double Check Process Improvement, GMAC Miami Teaching Institute Conference, Miami, March 2015.
Myra Diaz, R.N., Hollie Gow, MSN, Shamma Legrand MSN, Alex Mendez, R.N., Jazmith Patino, MSN, Patricia Russell, R.N.: Innovative Strategies to Reduce Delays with Coronary Artery Bypass Graft Patients in the Critical Care Unit. GMAC Miami Teaching Institute Conference, Miami, March 2015.

Jose Gutierrez, R.N.: Ethical Considerations When Caring for the Stroke Patient, Cayman Islands Nurses’ Association Annual Symposium, Cayman Islands, Spirituality in Nursing Care, Baptist Health Pastoral Care Spirituality in Healthcare Lecture Series, Miami, 2015.
Brandi Joseph, R.N.: A Medical-Surgical and Telmetry Unit’s Journey to Disease-Specific Heart Failure Certification from The Joint Commission and Reducing Readmission Rates, Florida Nurses Association South Region Symposium, Miami, April 2015.
Andrea Lavallée, R.N.: Assessment of Self-efficacy in EBP Activities for RNs, SFONE Conference, Jan. 2015.
Publications:
Robbins, Michael, (May 2015) How to Find and Train Staff to Work in the Cardiac Cath Lab, Cath Lab Digest.