Working Together for Patients and Families

Message From Corporate Vice President and Chief Nursing Officer
Deborah S. Mulvihill, R.N.

Only by combining the knowledge and experience of an interdisciplinary team can we meet the needs of patients and families in today’s ever-changing healthcare landscape. The 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, recommended that nurses work as full partners with physicians and other healthcare professionals in redesigning healthcare, emphasizing the need to foster teamwork. Ongoing research in this area validates enhanced quality care and patient outcomes when nurses lead innovative collaborative improvement efforts.

Interdisciplinary collaboration facilitates the delivery of exceptional patient- and family-centered care through coordination of services. It empowers patients and families to become active partners of the healthcare team. For healthcare professionals, it fosters innovation and improves job satisfaction. For healthcare organizations, it stimulates creative practice environment redesign, improves access to care and care transitions, and reduces costs.

Nurses are constantly at the patient’s bedside, putting them in the unique position to provide leadership for patient education and diffuse collaborative improvement efforts for the patient’s ultimate benefit. Members of highly effective interdisciplinary teams view nurses as their “eyes and ears.” Physicians, therapists, dietitians, pharmacists, and social workers often depend on nurses to reinforce and follow through with instructions they have provided patients. These team members also depend on nurses to provide feedback about patient progress and information that may help them plan and adjust goals.

In this issue of *Nursing Excellence*, you will discover how interdisciplinary collaboration leads to insights and solutions that may never have been realized by one healthcare professional working in isolation. Baptist Health nurses join forces with partners in care to improve performance; provide community outreach; meet Magnet, Pathway to Excellence and Baby-Friendly designation standards; conduct interdisciplinary rounds; and promote excellence in clinical practice through collaborative boards and evidence-based practice councils.

Baptist Outpatient Services continues to grow, and integrated teams are coordinating their efforts to ensure our new facilities meet the needs of the community. The systemwide Advanced Clinical Practice Advisory Council and its three committees are models of interdisciplinary collaboration. They are successfully working as a unified team to improve the practice environment of advanced practice nurses and maximize their effectiveness in today’s changing healthcare landscape.

The philosophies, initiatives and accomplishments highlighted in this issue are evidence that our nurses and partners in care possess the characteristics of highly effective interdisciplinary teams: strong communication, mutual respect, a desire to work as a team and recognition of a common goal — to work together on behalf of our patients and families.

On the cover: Left to right, Deborah Gillman, R.N., clinical educator; Michael Fili, M.D., endocrinologist with Baptist Health; and Lois Exelbert, R.N., certified diabetes educator, serve on the Baptist Hospital Diabetes Care Collaborative Team that is transforming patient care. In the background is Monica Pavlova, R.N., 3 Main. See story on opposite page.
Providing quality care to patients with complex medical problems requires the perspective of multiple healthcare disciplines in order to successfully manage and meet the patient’s immediate and long-term needs. The Diabetes Care Collaborative Team (DCCT) is an interdisciplinary group of experts comprising nurses, physicians, social workers, diabetes educators, dietitians, pharmacists and medical technologists. The DCCT evaluates and executes processes to improve the care, coordination and outcomes related to patients with diabetes mellitus.

Under the leadership of endocrinologist Michael Fili, M.D., immediate past president of the medical staff, and Lois Exelbert, R.N., certified diabetes educator, the group systematically tracks glucose data to assess the quality of care delivered and identifies data sources to aid in tracking glycemic control prior to and after implementation of protocols. The group also continuously reviews evidence and orchestrates patient care process changes as evidence-based standards of care evolve.

Our performance and achievements exceed the American Diabetes Association’s 2016 Standards of Medical Care in Diabetes. The following DCCT accomplishments continue to impact our patients with diabetes in positive ways:
- Developed seven diabetes-specific physician order sets and a bilingual patient discharge instruction page.
- Created an Intranet diabetes resource page, providing employees quick access to policies, order sets, teaching booklets and general tips.
- Conducted an annual diabetes symposium, attracting international speakers and attendees.
- Collaborated with Community Health to provide educational classes to the public in both English and Spanish.

Tracked and logged remarkable outcomes in:
- Achieving blood sugar results less than 200mg/dl.
- Performing A1C tests.
- Reducing episodes of blood glucose under 60 mg/dl.
- Following hypoglycemia treatment protocols.
- Adhering to timely administration of insulin.
- Partnered with Florida International University to create FIU’s first Massive Open Online Course (MOOC) on the topic of diabetes.

Path to Coordinated Diabetes Care

During her 45-year career at Baptist Hospital, Lois Exelbert, R.N., manager of the Diabetes Care Center, has helped create a “solo to synergy” nursing environment.

Ms. Exelbert earned a Bachelor of Science degree in nursing from Hunter College in New York. Eight months after moving to Miami, she joined the newly opened Baptist Hospital as a medical-surgical nurse and later worked as a float nurse. Eager to find a home within the hospital and help develop a patient-centered setting, Ms. Exelbert partnered with nursing administration to initiate a diabetes education program.

At that time, there were no diabetes educators to provide mentorship and no formal educational programs. Through self-study, Ms. Exelbert cultivated a Diabetes Self-management Training program. She has since completed all certification programs and earned a master’s degree in adult education. In addition to serving as diabetes education coordinator and co-chair of the Diabetes Care Collaborative Team, she leads the Diabetes Resource Nurse Group. While helping to build a team at Baptist Hospital, Ms. Exelbert also has been busy raising four children and enjoying her ten grandchildren.

“Incredible professionals and partnerships have provided me with support and stamina in my quest to provide patients and families with the best diabetes care possible,” Ms. Exelbert said.
As Baptist Health grows in numbers and complexity, the nursing team has been working to standardize procedures across the organization. Standardization is especially important with high-risk, low-frequency procedures performed by direct care nurses.

Nurses traveling to various Baptist Health campuses through the Centralized Staffing Center (CSC) encountered different processes, which increased the risk for variation and compromised the delivery of evidence-based practice, leading to errors, duplication and frustration.

To address these issues, CSC leadership proposed to the chief nursing officers a plan to standardize nursing policies, procedures and forms across the system. Three chief nursing officers worked with the float nurses to identify high-priority, high-risk processes and conduct a gap analysis on the differing procedures. Nurses also compared policies, procedures, forms and order sets within the system to identify best practices.

While this first step was positive, it became evident more work was necessary. The nursing team formed the Evidence-Based Clinical Practice Council (EBCPC), which includes representatives from every entity, to approve nursing policies, procedures, protocols and standards of practice, with the goal of delivering positive patient- and family-centered outcomes. All strategies are founded on evidence-based practice, following the Clinical Excellence through Evidence-based Practice model.

Milly Selgas, MSN, assistant vice president, Quality, PI, Accreditation Readiness & Magnet at South Miami Hospital, serves as Council chair, and Suzanne Balbosa-Saunders, MSN, director, Centralized Staffing Center, serves as co-chair. Interdisciplinary membership on the Council provides a robust structure.

Since its formation, the EBCPC has:
- Standardized terminology that refers to policy, procedures, protocols, standing orders, pre-printed orders and nurse-driven protocols.
- Created a standardized numbering system for forms and order sets.
- Approved Mosby’s as the resource for most nursing procedures.
- Formed a committee to review all evidence-based practice changes by Mosby.

Move to Improve! Early Mobility Protocol for Patients in the ICU

There is growing evidence that keeping ventilator patients in the ICU immobile and sedated contributes to complications such as muscle mass loss, delirium, pressure ulcers, ventilator-associated pneumonia and increased length of stay. Current literature demonstrates patients can safely be mobilized, even while requiring mechanical ventilation.

An interdisciplinary team collaborated to implement an early mobility protocol for ventilated patients, with the goals of decreasing length of stay by half a day and ventilator days by 30 percent.

The team included Vicki Michalakos, R.N., Rosy Canete-Yoham, ARNP, Critical Care; Jose Morales, respiratory therapist; Christina Tamargo, physical therapist; Aimee Green-Blumstein, R.N., patient care manager; Vernon Bartholomew, R.N., director; Juan Rodriguez-Moran, M.D., medical director; Eric Rico, Performance Improvement; and Edwin Valdes, R.N., clinical educator.

Based on a stepwise approach, the patient’s mobility goals were discussed each day during interdisciplinary rounds and communicated via rounding cards and patient room white boards. The bedside nurse coordinated sedation liberation, which maximized the patient’s readiness for activity.

Implementing an early mobility protocol has decreased length of stay by 1.54 days, reduced ventilator days by 32 percent and saved an average of $30,000 to $60,000 per month.

The team’s early mobility protocol has improved patient care and outcomes.
Doctors Hospital

Message From Chief Nursing Officer Diane Amado-Tate, R.N.

Doctors Hospital nurses advocate for the health and welfare of their patients, often leading care coordination from admission to discharge. The collaborative relationships we have with our interdisciplinary team are essential to providing outstanding patient- and family-centered care and quality outcomes.

Members of our interdisciplinary team communicate with each other and support one another. They combine their unique expertise to meet complex patient needs. Studies show that patients who receive care in a collaborative environment are more satisfied and better prepared to manage their care after discharge.

At Doctors Hospital, we are amplifying the valued partnership with interdisciplinary team members by re-engaging them in our shared governance councils, including Nurse Leadership, Resource Council and Unit Practice Councils. Ongoing patient safety initiatives for hand-off communication, multidisciplinary rounds and new projects, such as BOOST and Massimo, ensure that our patients receive high-quality care from an integrated team.

Collaboration does not stop in the confines of our hospital’s walls. Every year, our nurses partner with Community Health at the Doctors Hospital Senior Health Fair to address the well-being of our active senior community. Our caring and compassionate nurses educate seniors and promote wellness and disease prevention. This year, our nurses will redefine their role in the community by conducting diabetes education classes at the Adult Activity Center in the War Memorial Youth Center, increasing their visibility and accessibility in the Coral Gables community.

We are proud to join forces with Miami Orthopedics & Sports Medicine Institute, providing care during Miami Dolphins games, Miami Open and the Miami Marathon and Half Marathon. This partnership enables our nurses to collaborate and practice in innovative ways, amplifying their expertise and impacting a much larger community.

Our future healthcare challenges are unpredictable; however, the need for a strong collaborative interdisciplinary team providing continuity of care remains constant.

The Positive Impact of Teamwork

Doctors Hospital clinical nurses partner with Miami Orthopedics & Sports Medicine Institute to deliver high-quality care to athletes, sports enthusiasts and community members. Our nurses bring their talents and expertise to professional and amateur sporting events, cultural festivals, youth camps and wellness events. They join forces with physicians, athletic trainers and physical therapists to provide emergency care and first aid, treat athletic injuries and offer injury prevention and wellness education.

At this year’s Miami Marathon and Half Marathon, Doctors Hospital and Baptist Health nurses lined the 26.2-mile course to ensure the 23,000 participants had quick access to emergency care and first aid. Joining in this effort were Ann Marie Anderson, R.N., Ambulatory; Michelle Harrison, R.N., CDU; Becky Ka Pi Ng, R.N., 3 South; Francesca Canal, PACU; Ruth Mathieu, R.N., IVR; Maxine DelLanos, R.N., PI; Michelle Santana, R.N., PACU; Alanna Sanders, R.N., ICU; Melissa Marballie, R.N., Wound Care; Carol Marten, R.N., Administration; Lorraine Saunders, R.N., CDU; Kitty Green-Cox, R.N., ICU; and Trina Vidal, R.N., ICU.

“Teaming up with emergency physicians and nurses at the marathon is an amazing opportunity,” said Alanna Sanders, R.N., who works in the medical tent every year. “I am able to take my nursing skills to the community. Athletes and fans are exceptionally thankful, and I feel so proud to be making a difference.”

Every year, an interdisciplinary team comes together to provide medical care at the Miami Marathon and Half Marathon.
Interdisciplinary collaboration is necessary to change processes and improve outcomes. Successful collaboration requires a team to define the issue, involve all stakeholders, formulate structure and establish accountability.

The Homestead Hospital team defined a challenge not uncommon in many hospitals: a bottleneck formed as patients were moved from the Emergency Department to patient care units. In February 2015, a committee of house supervisors, bed placement clerks, emergency nurses and bedside nurses began work to improve patient throughput.

The committee reviewed the current process and identified communication and hand-off issues as reasons for delays. The team partnered with MS3 and 3 South leaders and staff to launch a pilot. They surveyed nurses for feedback, educated staff on the process change, produced tracking logs and created a process flow chart for quick reference.

To improve throughput, staff members from the Emergency Department and patient care units focused on enhancing communication. Prior to the patient’s arrival on the unit, nurses reviewed the electronic record, obtained important information from the hand-off nurse and confirmed readiness of the patient’s room. Environmental bed turnovers and accuracy of bed assignments also affected process compliance, and these issues were addressed. The goal was an aggressive 30 minutes from bed assignment to patient-in-bed. During the pilot in MS3, the team regularly achieved a time of 30 to 40 minutes.

During the project’s fifth month, members of MS4, MS5 and the Emergency Department joined the committee and the rollout. In August, the performance improvement launched hospitalwide. Education, reinforcement, monitoring and tweaking of the process continued. In December, data revealed an improved throughput of 40 to 50 minutes to all units.

Throughput continues to improve as the process becomes hardwired. All team members working together to achieve a common goal has resulted in better outcomes for our patients and a more efficient practice environment for our staff.
Interdisciplinary collaboration improves and enhances patient care at Mariners Hospital. The Evidence-based Clinical Practice Council (EBCPC), part of the shared governance practice model, is a good example of interdisciplinary collaboration in action.

The EBCPC addresses processes that previously were managed by the Patient Safety Council, Evidence-based Practice Council, Code Review Council and Medication Safety Council. These Councils met independently; however, meeting attendance was low and few disciplines were represented. The Councils joined forces as the EBCPC in order to increase participation, involve more disciplines, improve effectiveness and, ultimately, improve the delivery of high-quality patient care at Mariners Hospital. The EBCPC is open to all disciplines. Physicians, nurses (direct and non-direct care) and team members from Pharmacy, Laboratory and Cardiopulmonary regularly attend the meetings.

The EBCPC’s mission is to promote excellence in clinical practice and patient care through evidence-based practice and research. One noteworthy Council accomplishment is the development of the recently approved Stop Bang apnea screening tool, which assesses a patient’s BMI, neck circumference and snoring frequency to screen for sleep apnea. Current evidence and the Sentinel Event Policy, part of The Joint Commission’s Patient Safety Systems Chapter, triggered the introduction of this screening tool. The tool was presented to the EBCPC for review, revisions and approval. The Medical Executive Committee and nursing leaders also reviewed and approved the concept. During the next step of rollout, the Outpatient unit tested the tool and the Council evaluated users’ critical feedback. The EBCPC collaborated to organize and implement nursing staff training prior to fully launching the tool. The Stop Bang tool is utilized to assess all inpatients and OR and moderate sedation patients.

**Implementation of Nurse-led Interdisciplinary Care Rounds**

Rosie Sanchez, MSN, Intensive Care Unit nurse manager, and Melanie O’Neill, MSN, Multispecialty Acute Care Center nurse manager, initiated interdisciplinary care rounds (ICR) to increase direct care nurse participation in the plan of care and improve communication among caregivers and patients. As part of the performance improvement process, the pair reviewed relevant literature, obtained leadership approval and educated staff members. Implemented in February 2015, ICR is conducted every weekday on every patient by nurses, the hospitalist ARNP and direct care discipline team members from Physical Therapy, Respiratory Therapy, Social Work, Pharmacy, Pastoral Care and Dietary. Caregivers share information and patients play an active role in their healthcare.

ICR improves nurse and patient satisfaction.

In line with the initiative’s targeted outcome, nurses are more involved in their patients’ care plans and also report the added benefit of improved time management. Interdisciplinary care rounds have led to significant improvements in HCAHPS overall communication with nurses, discharge scores and patient satisfaction. Care rounds also have improved patients’ rankings of pain control and medication education. And patient feedback is inspiring: “All of you are here for me? Wow! I feel special.”

Caregivers continually discuss and adjust the ICR process to ensure its effectiveness for the interdisciplinary team and our patients.
Leaders, physicians, nurses and staff aspiring to work at West Kendall Baptist Hospital at the time of its opening identified collaboration as a cultural necessity and an important dynamic in the workplace. This philosophy aligned with the hospital’s vision to deliver exceptional quality within a culture of patient- and family-centered care and launch the first Family Medicine Residency Program at Baptist Health.

When individuals collaborate, they work together toward a common purpose or objective. New employees at West Kendall understand the expectations of operating within a collaborative patient- and family-centered care framework. To hardwire these principles, they sign a commitment document during orientation. Physicians, leaders, medical students and residents also are educated on the topic of interdisciplinary collaboration during their onboarding process. As a result, collaboration has become the norm.

Why is this important? Healthcare literature and research are replete with the benefits of effective coordination and its impact on patient outcomes (Martin, Ummenhofer, et al., 2010). Interdisciplinary collaboration certainly has contributed to the many successes of West Kendall Baptist Hospital since its opening. Noteworthy outcomes and achievements include:

- Inpatient and Emergency Department patient satisfaction at or above the 90th percentile.
- Physician satisfaction above the 90th percentile.
- Avatar employee engagement at the 99th percentile.
- The Joint Commission Top Performer on Key Quality Measures.
- The Joint Commission heart failure certification.
- The Leapfrog Group Hospital Safety Score: grade “A.”
- ACGME 10-year accreditation for West Kendall Baptist Hospital Family Residency Program.
- ANCC Magnet designation.
- World Health Organization Baby-Friendly designation.

Our collaborative culture that puts patients and families first is shaped by teamwork, leadership, quality, innovation, service, integrity and compassion. As the saying goes, it takes a village. The West Kendall Baptist Hospital village is working together to achieve excellence.
The healthcare landscape is ever-changing, and Baptist Outpatient Services continues to grow. To keep pace with the many changes, I persistently partner with all stakeholders to ensure we are delivering high-quality care to our community. The acquisition of new Baptist Outpatient facilities has proven to be beneficial to our community and organization. Our outpatient and diagnostic centers are located across an expansive area, providing patients and families with greater access to quality care. With this growth have come improvements in clinical and quality outcomes, better financial results and enhanced physician and employee relations.

Our diversified growth has enabled me to evaluate differences in clinical and operational practices among centers in order to optimize quality of care and apply best practices throughout Baptist Outpatient Services. Instituting practice changes can be challenging for staff members who have become comfortable with known processes; however, sharing knowledge and exchanging ideas have led to successful systems and outcomes in all service areas.

A positive atmosphere, enhanced communication and reciprocal relationships at all levels are necessary components of a productive practice environment. Adopting a collaborative culture has helped improve the patient and family experience by creating a seamless journey through the continuum of care at Baptist Outpatient Centers.

Expanding Excellence

Baptist Outpatient Services acquired Northpoint Surgery Center in Palm Beach in December. The successful transition is attributed to the collaboration of an interdisciplinary “all-hands” team, which included colleagues from Human Resources, Security, Supply Chain, Finance, Information Technology, Health Information Management, Pharmacy, Marketing & Communications, Risk Management, Float Pool and Clinical Support.

Team members met weekly to coordinate efforts and prepare for the acquisition. They gathered information and coordinated resources to ensure their respective departments were prepared for the facility’s first day as Baptist Health’s Northpoint Surgery Center. Pharmacy stocked additional medications, Float Pool scheduled staff to support the Center’s registration process and Clinical Support managed the paperwork transition for physicians and nurses, helping to ensure a seamless and safe transition of care.

Baptist Outpatient Services’ chief nursing officer and Integration and Human Resources representatives made numerous site visits, serving as liaisons to introduce Northpoint staff members to the Baptist Health culture.

The “all-hands” team members collaborated to successfully transition employees, physicians, patient care and business transactions to the Baptist Health way by sharing their positive attitudes, caring ways and high standards.

Northpoint Surgery Center patients are in good hands with this “all-hands” team.
“Some people teach but do not know the subject, while others know the subject but cannot teach.” These are wise words from Joanne Aberilla, MSN, Intensive Care Unit clinical nurse educator at West Kendall Baptist Hospital, who is on a mission to continue learning and sharing her knowledge with others.

Ms. Aberilla conducts didactic training sessions; however, she prefers to teach in what she calls “the live classroom:” the ICU. “I find it best to teach and learn at the height of the activity,” she explained. Partnerships with the interdisciplinary team enhance her success as a clinical educator. Ms. Aberilla often involves subject matter specialists when she teaches, partnering with physicians, respiratory therapists, social workers, dietitians and pharmacists.

To stay connected to the bedside practice and enrich her teaching, Ms. Aberilla still cares for patients in the ICU. “I never want to lose touch,” she explained. “You cannot give what you do not have, so experience is key.”

Born, raised and educated in the Philippines, Ms. Aberilla began her Baptist Health career nearly 15 years ago as a nurse in the South Miami Hospital ICU, where she later transitioned to clinical education. In early 2011, she joined the West Kendall Baptist Hospital team to open the new hospital.

Achieving Magnet recognition from the ANCC was a high point for all West Kendall staff members, not only nurses, says Ms. Aberilla. “Magnet may be a distinction for nursing excellence, but it is an empowered structure fostered by transformational leaders who develop and support new knowledge and innovation, exemplifying professional practice. This is what West Kendall is all about.”

Through her involvement on systemwide committees, Ms. Aberilla is striving to spread synergy across Baptist Health. She serves as chair of the CPR Committee, which joins an interdisciplinary team to evaluate codes and improve processes. She led the development and implementation of the interdisciplinary mock codes and post-code debriefings at West Kendall.

Ms. Aberilla also is co-chair of the Baptist Health Adult Critical Care Best Practice Committee, a group touted as the think tank for Critical Care. Her involvement in this committee sparked her work on the management of clinical alarms, leading to the appointment as a lead for the systemwide Accelerated Change Team for Clinical Alarms and Noise Management.

An ICU research study addressing the spiritual side is her most important work to date, Ms. Aberilla says. The study looks at the results of applying prayer and Bible study in practice at West Kendall. “It’s important to consider the spiritual side of healing,” explained Ms. Aberilla, who also serves at her church and teaches Sunday school. “We are a faith-based healthcare system, and it would be sad if there was no expression of faith in our practice.”

Interdisciplinary involvement by the total healthcare team is central to effective patient care, Ms. Aberilla says. “Great results are achieved when everyone works together in harmony, not cacophony. We have to do the work, not just talk about it. Well done is always better than well said.”
Achieving Magnet designation is the result of extensive preparation and longstanding commitments to exceptional nursing practice and patient care through quality and process improvements and interdisciplinary collaboration. West Kendall Baptist Hospital and Homestead Hospital have earned Magnet recognition from the ANCC. They join Baptist Hospital and South Miami Hospital on the list of 425 U.S. healthcare organizations out of 6,000 that have achieved this high honor. Doctors Hospital is on target to submit its proof of Magnet status documentation in February 2017.

While Magnet is a benchmark for nursing excellence, exceptional patient care is the responsibility and pride of every Baptist Health staff member.

“It has always been our philosophy that collaboration among the entire hospital team is required to achieve Magnet status,” said Gail Gordon, R.N., chief nursing officer at Homestead Hospital. “Therefore, we brought everyone to the table when implementing initiatives and employing reward and recognition.”

Rosalina Butao, MSN, director of Magnet, EBP and Quality Indicators at West Kendall Baptist Hospital, added, “To achieve Magnet status, we satisfied a comprehensive set of standards measuring the strength and quality of nursing and interdisciplinary collaboration. Our care delivery model shows interaction with all disciplines, our Magnet Steering Council includes other disciplines and when we carry out performance improvement, evidence-based practice and research projects, we work with our partners in care.”

Mariners Hospital is commended for achieving Pathway to Excellence re-designation from the ANCC. The hospital was the first in Florida to earn the designation in 2012. There are currently 136 Pathway-designated organizations in the U.S.

Cheryl Cottrell, R.N., chief nursing officer at Mariners Hospital, noted that although the designation is given by the nurses’ professional organization, Pathway to Excellence is a hospital accomplishment. “Receiving this designation confirms our commitment to nursing excellence and an environment where collaboration among all hospital departments is highly valued and supported,” she said.
Nursing Notes

Recognition for Nurturing a Culture of Health and Safety

Nurses in Employee Health Services and Wellness Advantage collaborate with multidisciplinary teams to deliver evidence-based innovative programs that improve the health and well-being of Baptist Health employees and promote a culture of safety. Their efforts were rewarded with the 2015 Corporate Health Achievement Award, presented to Baptist Health by the American College of Occupational and Environmental Medicine (ACOEM). The award is the highest honor bestowed by the ACOEM in recognition of exemplary employee health and occupational and environmental medicine practices. Baptist Health also received the prestigious award in 2010.

My Unlimited Potential, FitBit and campus-based clinics that treat minor illnesses and injuries were heralded by ACOEM as best practices. The Employee Health and Wellness teams also are commended for achieving 98 percent compliance for employee influenza vaccinations, up from 42 percent in 2014.

“This successful result can be attributed to systemwide collaboration of chief nursing officers, nurse leaders, advanced practitioners and team members from Infection Control, Marketing & Communications and Information Technology,” said Princess Stanislaus, R.N., director of Employee & Corporate Health Services. “Our Baptist Outpatient System Flu Fighters operating in North Dade and Broward County also did an exceptional job.”

Numerous departments throughout Baptist Health join forces to organize, promote and execute the annual Employee Health Fairs, says Henry Guzman, R.N., director of Wellness Strategies. “This is our largest and most influential program addressing and contributing to employee wellness,” he explained.

Other successful employee wellness programs include Knowing Your Numbers — a campaign that stresses the importance of biometrics — and You Matter — a program that links employees with Wellness coaches and Employee Health nurses to address their concerns about excess weight and potential health consequences.

Breaking Barriers in Advanced Practice Nursing

Interdisciplinary collaboration has been essential to the progress made by the Advanced Clinical Practice Advisory Council as it seeks to promote a more collaborative practice environment for advanced practice nurses, increase standardization and, ultimately, improve patient outcomes. The Council is co-chaired by Maria Suarez, DNP, ARNP, assistant vice president of Advanced Clinical Practice, and Javier Perez-Fernandez, M.D., medical director, Critical Care Services at Baptist Health, and comprises representatives from every entity, including advanced practice nurses, chief nursing officers, physicians, physician assistants and various leaders.

“We needed the partnership of physicians and other members of the interdisciplinary team to move forward,” Dr. Suarez said. “Advanced practitioners not only were facing practice barriers from governmental regulations; they were confronting barriers within our organization.”

The Council and its three committees — Professional Development, Clinical Practice and Evidence-based Practice — address practice issues voiced by advanced practitioners at focus groups and entity-based meetings. The Council reviews the concerns presented by the entity chair/co-chair and engages the appropriate committee to obtain resolutions, Dr. Suarez explains.

Since its inception in June 2015, the Council has worked to standardize job descriptions, develop pay scales, provide continuing education at an annual symposium and recognize the accomplishments of advanced practice nurses. The Council currently is working on several noteworthy initiatives, including writing its bylaws, developing a dashboard to measure outcomes, outlining advanced clinical competencies, establishing additional research opportunities, introducing a Journal Club to bring evidence-based practice to the bedside, designing an orientation program for new advanced practitioners and developing a residency program for new APRNs and those changing specialties.

Although barriers restrict the practice of nurse practitioners, we have taken the lead to promote shared governance and improve advanced practice at Baptist Health,” Dr. Suarez said. “It is becoming clear to all stakeholders that including advance practitioners in the decision-making process related to their practice increases their satisfaction and morale, improves patient outcomes, reduces costs and improves reimbursement.”