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The nursing profession is transforming. Trends in nursing are streamlining healthcare so patients can receive the best treatment. Today, nurses are more involved with patient care than ever before, which is why there is a push for nurses to earn a BSN or graduate-level nursing degree. And caring for an aging population with chronic health conditions like diabetes, obesity and kidney and heart disease has increased the need for nurses with specialized training.

Nurses must stay current with the constantly developing healthcare theories and research. They must be tech-savvy and adaptable to new procedures and technological advancements. Telemedicine allows nurses to provide patient care remotely; while electronic medical records enable clinicians to access patient information at the bedside.

In This Issue

This issue of Nursing Excellence highlights changes in the scope of nursing practice at Baptist Health. Miami Cancer Institute opened January 2, creating new career opportunities for nurses and other skilled clinicians. Nurses and physicians at the Institute are collaborating to develop programs that streamline and enhance the delivery of patient care. Among those initiatives is the Outpatient Oncology Patient Intake department, described on page 8. You will learn about nurse-led initiatives that increased patient satisfaction, reduced the number of patient falls and improved clinicians’ workflow and handoff. You will discover how nurse practitioners and nurse navigators are positively impacting patient care. Our nurses have developed systems to address growing challenges in healthcare delivery, such as a culturally sensitive teaching tool and a team strategy that holds all team members responsible for delivering high-quality patient care.

Details of Baptist Health’s new Competency and Clinical Advancement Program (CCAP) are highlighted in this issue. CCAP recognizes and rewards nurses for taking steps to enrich their knowledge and improve their direct patient care competencies.

A warm welcome to three nurse executives contributing to Nursing Excellence: Patricia Rosello, MSN, RN, chief executive officer and chief nursing officer of Baptist Outpatient Services; Michele Ryder, MSN, RN, MSHSA, chief operating officer and chief nursing officer at Miami Cancer Institute; and Carol Biggs, RN, MBA-HA, DHSc, vice president and chief nursing officer at South Miami Hospital.

A New Role

Deborah Mulvihill, MSN, RN, FACHE, who served as Baptist Health’s vice president and chief nursing officer for nine years, was named chief executive officer of Bethesda Hospital West and system vice president of Patient Services for Bethesda Health, Inc. In 2015, Baptist Health announced its plans to merge with the Boynton Beach hospital system.

On the cover: Left to right, Lourdes Diaz, RN, and Belkis Gonzalez, RN, Miami Cancer Institute, welcomed patients on opening day; Alex Llanes, RN, and Veronica Conejo, BSN, RN, South Miami Hospital, collaborate to improve patient care; and Eileen Oxamendi, BSN, BBA, RN, Baptist Health Nursing Informatics, teaches a Cerner training course.
Implementation of telemedicine for acute ischemic stroke patients positively impacted Baptist Hospital’s process to achieve accreditation by The Joint Commission as a Comprehensive Stroke Center — the highest level of stroke certification available. Baptist Hospital is one of only a few facilities nationwide to receive this distinction, which indicates that it has the resources, staff and training necessary to treat the most complex stroke cases.

On October 6, 2015, Baptist Hospital Emergency Department nurses and Baptist Health Neuroscience Center stroke team nurses began utilizing Telestroke to decrease the amount of time from patient arrival to initiation of treatment with tPA — a medication that dissolves blood clots.

This “door-to-needle time” represents an area of rapid evolution in stroke treatment, since the time that lapses from the onset of symptoms to the treatment for stroke is a huge factor in determining how significant its effect will be.

An acute stroke patient arriving in the Emergency Department is promptly evaluated by an emergency physician and nurse and a stroke team nurse before being transported to the Imaging Department for an emergent brain scan. While the patient is on the CT scan table, the on-call stroke neurologist is contacted via Telestroke, which uses two-way, live video and audio and a diagnostic image-sharing application.

Using this cutting-edge telemedicine system, the neurologist can direct and view in real time a physical examination of the patient performed by the on-site physician and nurses. The neurologist also can review the patient’s CT scan images and speak with the patient and family members via Telestroke to obtain vital information, such as the precise time symptoms began to occur. Telestroke enables the neurologist to quickly diagnose a stroke and determine the best course of action.

Nurses Coordinate Stroke Care at the Bedside With Telestroke

Emergency Department nurse Obed Bello, MSN, RN, CEN, and stroke team responder Isabel Soto, RN, credit Telestroke for improving patient care and outcomes of acute stroke patients at Baptist Hospital. Prior to the implementation of Telestroke in 2015, the median time from patient arrival to the administration of intravenous tPA was 49 minutes. In the months following its implementation, the median door-to-needle time steadily declined, averaging 30 minutes in October 2016.

When it comes to stroke care, “time is brain.” “Every minute counts,” said Mr. Bello. “Minimizing the time to receive treatment for stroke is key to improving a patient’s chance to have an excellent outcome.”

Telestroke is an excellent example of nurses working in conjunction with ever-changing technology to transform patient care at the bedside.
Healthcare continues to evolve, challenging leaders to adopt different approaches to provide safe, high-quality, cost-effective, patient-centered care. To improve the delivery of care and enhance the patient experience at Baptist Outpatient Services’ Urgent Care Centers, a multidisciplinary team of physicians, directors, managers, clinical supervisors, quality educators and staff members developed Team Care 3.0. This strategic initiative emphasizes that “the patient is everyone’s patient.”

Team Care 3.0 enables our teams to work collaboratively by establishing an all-hands-on-deck environment. Patient care at our Urgent Care Centers often is initiated by a clinical support technician, an imaging technologist or a laboratory technologist. We recognize that the patient experience begins with these three disciplines, beyond the specific specialty that performs the patient intake.

Treatment rooms have been properly set up to facilitate workflow and eliminate patient wait times in the lobby. Registered nurses effectively delegate to other disciplines, and every team member is responsible for delivering outstanding patient care. Clinicians in each discipline perform skills within their scope, allowing our registered nurses to work at the top of their licensure. Increased autonomy and accountability has led to enhanced critical thinking skills and improved morale among all staff members.

Our high-performing teams share several characteristics, including recognition of member contributions, effective communication, shared decision making and shared vision and values. Attaining these characteristics suggests that there is trust and flexibility among our staff members. It is evident that teamwork is a critical competency for providing safe, high-quality care.

The success of Team Care 3.0 is attributed to the partnerships and engagement of the Urgent Care Centers’ multidisciplinary teams. The quality education team and clinical nurse supervisors created resource materials to increase the competency skills of the clinical support technicians, imaging technologists and laboratory technologists. During staff meetings, they introduced the care delivery changes, conducted training and encouraged feedback from all participants.

The systematic implementation helped the team easily adapt to changes in workflow and accept Team Care 3.0 as a standard of care delivery. The approach has enhanced all aspects of patient care. As with most performance improvement initiatives, frontline staff engagement was crucial to implementing a successful structure.
Doctors Hospital

Message From Chief Nursing Officer Diane Amado-Tate, MS-HSA, MSN, RN, NE-BC

While all changes do not lead to improvement, all improvement requires change (Institute for Healthcare Improvement). The rate of change in healthcare is revolutionary and, therefore, nurses must place great emphasis on patient safety and quality care. The good news is, this commitment leads to improved patient outcomes.

It is our obligation as healthcare professionals to promptly react to fast-paced changes in technology, workflow, congressional reform, regulatory guidelines and reimbursement to provide patients with the best care in the best environment. The framework we use at Doctors Hospital for continuous improvement is based on the Clinical Excellence Through Evidence-based Practice (CETEP) model.

The use of evidence-based practice (EBP) in nursing is key to our daily patient care activities and now is considered the norm. EBP influences the way we develop policies, practices and protocols. According to the Institute of Medicine, “EBP is the integration of the best research, clinical expertise and patient values when making decisions about patient care.” No longer do we base nursing practice on our best guess, intuition, tradition or beliefs, all of which are often referred to as nursing’s “sacred cows.” We must question “why we do what we do.” Clinging to comfortable ways of nursing practice because “that’s the way we’ve always done it” is no longer commonplace.

One example of a traditional practice in hospital nursing is weighing patients early in the morning. Our nurses raised the questions: “Why do we weigh patients in the morning, and what does the evidence tell us about this practice?” Using EBP to support nurses’ innovations serves as a foundation for improvement and leads to positive patient outcomes. Supportive results create an environment of enthusiasm that resonates every day in the practice of nursing at Doctors Hospital.

Weighing the Evidence

Weighing patients in the early morning hours, usually at 5 a.m., was a traditional practice at Doctors Hospital. However, this practice disrupted patients’ sleep schedules, resulting in negative feedback. And since the practice was taking place during morning shift changes, weight data often was not recorded or accurately recorded, leading to delays in care.

Doctors Hospital nurses Michelle Corey, MSN, MBA, RN, and Daphney Carter, MSN, RN, MHA, examined the evidence of this “sacred cow.” The evidence described:

- a need for an accurate patient weight to determine clinical interventions, with no mention of a specific time of day.
- a morning weigh-in for outpatient heart failure patients who were self-monitoring at home.
- an American College of Cardiology Foundation/American Heart Association Class I recommendation to weigh hospitalized patients at the same time each day, with no reference to the time of day.

After presenting their findings to the nursing team, Ms. Corey and Ms. Carter moved forward to change the patient weigh time to 10 p.m. Post-intervention statistics revealed that patient weight error rates have decreased and the patient experience has improved.

Ms. Carter (left) and Ms. Corey challenged the status quo and changed a traditional nursing practice.
Medicare revenues differ for inpatient and observation patients. And observation status policy has, at times, been confusing. Observation status is a well-defined set of criteria for patients who require tests and monitoring for a proper diagnosis. Patients should not remain in observation for more than 48 hours. If the inpatient status is met, patients should be converted to inpatient status to receive additional treatment.

The volume of observation patients has consistently increased over the years. In 2015, observation patients at Homestead Hospital were placed in an open bed on any available unit and treated by the nurses on that unit. As a result, the length of stay for these patients was above the recommended threshold. A multidisciplinary team of physicians, nurses, care managers, senior administrators and performance nurses assembled to evaluate inefficiencies in the observation process and make changes to reduce observation status to less than 25 hours. Patients who required more-intensive care would be admitted.

The research group designated 3 South as the observation unit. An intensive education initiative was the next step in the improvement process. Physicians were provided Centers for Medicare & Medicaid Services guidelines for admission, billing and documentation of observation patients. Nurses learned to improve communication with patients and family members, establishing expectations for a timely diagnosis. Nurse practitioners were hired to assist physicians on the night shift and help guide diagnostic testing and the assessment of results. Typical diagnoses of chest pain, syncope, nausea, dehydration, headache and abdominal pain were admitted to the observation unit. Scripts for staff were developed to standardize communication.

In 2016, the volume of observation patients increased 28.4 percent over 2015. However, the percentage of patients discharged within 25 hours has grown from 42 percent in March 2015 to 51 percent in August 2016, prior to Cerner implementation. The team continues to fine-tune the observation process.

Homestead Hospital

Message From Chief Nursing Officer Gail Gordon, MSN, RN, NEA-BC

Improving Cerner Workflow Communication

In the fall of 2015, Baptist Health announced its plan to implement Cerner Millennium across the system. One year later, Homestead Hospital was the first Baptist Health hospital to go live. Electronic medical records are the next step in the continued progress of healthcare that can strengthen the relationship between patients and clinicians.

Electronic medical records automate access to information and have the potential to streamline the clinician’s workflow. Although the hospital staff was well trained prior to the Cerner go-live, post-implementation leadership briefings revealed workflow issues. Leslie Everett, BSN, RN, CCRN, ICU and PCU nurse manager, proposed the formation of a multidisciplinary team to address the concerns. She led the meetings that enabled bedside caregivers to provide valuable input and collaborated with Alicia Browne, BSN, RN, special projects coordinator, to create standardized education that improved clarity and simplified handoff.

To enlighten current and future Cerner users, the group created nine workflow communications. They were shared with the Homestead Hospital staff, Centralized Staffing Center, Clinical Learning and the staff at Baptist Hospital — the next team that implemented Cerner.
Nurse-implemented protocols, such as preventing patient falls in the hospital, can positively impact patient length of stay and costs. Up to 50 percent of hospitalized patients are at risk for falls, according to American Nurse Today, and up to half of falls in hospitals result in injury. Medicare and Medicaid do not reimburse for costs associated with inpatient fall injuries, which can reach upwards of $27,000 per patient. Two quality measures developed by the American Nurses Association’s National Database of Nursing Quality Indicators (NDNQI) aim to lower patient fall rates and falls with injury, and Mariners Hospital participates in NDNQI nursing quality measures.

In 2014, our Multispecialty department had a patient fall rate of zero to 3.5 per 1,000 patient days. In the last quarter of 2015, the fall rate rose to 6.35 per 1,000 patient days. Decreasing patient falls became a priority for our Unit Practice Council (UPC), and the group believed involving our bedside nurses was crucial to accomplishing this goal.

During the first quarter of 2016, UPC members reviewed current practices and found inconsistencies in the steps taken to identify risks and prevent inpatient falls. They researched the literature and developed and implemented a process to address the problems. The nurses instituted departmental performance improvement measures and developed a fall audit that includes Morse Fall Scale completion during every shift, IPOC/IPER documentation, patient door and chart indicators, and gait belt and bed alarm use.

As a result of these nurse-implemented protocols, no falls occurred in the first three quarters of 2016. In the fourth quarter, there were two falls without injury. These cases were reviewed and a process revision was implemented.

The Mariners Hospital Multispecialty Acute Care Unit Practice Council investigated our nurses’ knowledge and daily use of our Nursing Professional Practice Model (PPM). PPMs are a visual representation of a nursing practice’s beliefs, values, theories and systems. PPMs can evolve over time; therefore, it is essential to periodically evaluate them.

Mariners Hospital’s PPM symbolizes our dedication to providing high-quality patient- and family-centered care. Our care is based on mutual trust, respect and dignity. We are committed to meeting the comfort needs of patients and families, promoting collaborative relationships with the entire healthcare team, recognizing professional development and serving as advocates for our patients to improve their health and well-being. Through these practices and shared decision making, we achieve clinical excellence and optimal patient outcomes.

The Council employed an observational cross-sectional design and utilized a convenience sample. The survey consisted of 45 items with a Likert-type scale. The survey instrument successfully determined nurses’ and clinical partners’ level of knowledge and PPM use, indicating their familiarity and comprehension was high.

The Council will display a poster highlighting these results at this year’s Mariners Hospital Best Practice Fair and systemwide research conference. The poster also has been submitted for presentation at the Academy of Medical-Surgical Nurses’ national conference.
Miami Cancer Institute

Message From Chief Nursing Officer Michele Ryder, MSN, RN, MSHSA

Miami Cancer Institute successfully opened its doors on January 2 after years of careful planning and preparation. The Institute is a "hybrid cancer center," combining the best of academic and community oncology under one roof in a world-class outpatient facility.

We are integrating existing cancer services into the Institute while at the same time growing and expanding our offering to include services and programs such as state-of-the-art conventional radiation oncology technology and the first South Florida proton therapy center, advanced surgery techniques, patient support, symptom management and palliative medicine, diagnostic testing, infusion, clinical trials, genomic medicine, multidisciplinary clinics, navigation and survivorship. These comprehensive services require skilled nurses and advanced practitioners at the helm, assisting and guiding patients through the complexities of cancer care. The scope of oncology nursing practice spans from prevention and early detection to treatment and through symptom management and palliative care.

Miami Cancer Institute has a unique and evolving partnership with Memorial Sloan Kettering Cancer Center that enables our team to bring the most up-to-date advanced cancer care to our community setting. Our organizations seek to align specific standards of care and resources in oncology clinical care, surgery, chemotherapy, immunotherapy and radiation oncology to create a foundation of growth in the community.

Our nurses participate in all levels of the Memorial Sloan Kettering alliance to ensure standardization of practice is thoroughly reviewed for evidence-based compliance.

Patient Intake Decreases Patient Stress and Improves Care

Miami Cancer Institute nurses and physicians created the Outpatient Oncology Patient Intake department to reduce patient anxiety before an initial visit and enhance the overall patient experience. Like intake departments often found in hospitals and surgical centers, Patient Intake at Miami Cancer Institute gathers medical and surgical histories, completes patient assessments and directs patients through the continuum of care.

Nurses and physicians collaborated to develop the disease-site templates utilized by the department. Before a patient’s initial visit, medical records staff collects the patient’s records and Patient Intake nurses review the information and diagnostic images and enter the medical, surgical, family and social history into the electronic medical record. An intake nurse speaks with the patient by phone to conduct a review of system and answer questions. Patient Intake also partners with Patient and Guest Services, Social Work, Navigation and other departments to identify ways to enhance a patient’s care with personalized attention.

Intake services have been rolled out to radiation oncology, medical oncology, urologic oncology and neuro oncology. The process has revolutionized the way patients are seen in radiation oncology, reducing nursing processing time by 30 to 45 minutes. Physicians are highly satisfied with the program, which has reduced their clinic visit times by 15 to 20 minutes as well as dictation times.

Patient Intake nurses, whose skills include high-level critical thinking, intuitiveness, compassion and a commitment to improve patient engagement and satisfaction, have positively impacted the patient experience at Miami Cancer Institute.

Outpatient Oncology Patient Intake nurses prepare each patient and the clinical team for the patient’s first visit to Miami Cancer Institute, resulting in seamless patient care.
Improving Cultural Communication Enhances Patient Results

At South Miami Hospital’s Miami Cardiac & Vascular Institute Outpatient Center, nurses provide continuous education to support treatment compliance and clinical support to optimize quality of life. While providing chronic disease management services, we must be aware of the cultural differences that exist in South Florida’s diverse patient population.

Case in point: During a follow-up visit, a warfarin patient revealed that he had stopped taking his blood pressure medication because the tablet was green. He explained that his warfarin educational materials advised him to avoid green foods because their high levels of vitamin K would interfere with medication effectiveness.

Upon reviewing the educational materials, we noticed the foods listed did not account for cultural differences. As a result, patients were making radical changes to their diet to conform to the recommendations. To prevent misunderstandings and achieve improved outcomes, our nursing team is developing a culturally sensitive teaching tool that will help our diverse patient population better understand how their diet interacts and influences warfarin therapy.

MCVI nurses aim to reduce racial/ethnic health disparities with the implementation of a culturally sensitive teaching tool.
The principal mission of every nurse at West Kendall Baptist Hospital is to ensure the best possible outcome for each patient. Nurses assume this responsibility by embracing the Florence Nightingale Pledge, an adaptation of the Hippocratic Oath taken by physicians: “… With loyalty will I endeavor to aid the physician… and devote myself to the welfare of those committed to my care.”

Centers for Medicare & Medicaid Services has moved toward a value-based payment system, thrusting patient outcomes into the spotlight and incentivizing providers for delivering high-quality, efficient care. However, outcomes-related care is not new to nursing. In fact, it is the foundation on which our profession was established. Florence Nightingale conducted the first nursing outcomes research 150 years ago, documenting unsanitary and unsafe conditions in hospitals. The basic measures for improving sanitation and hygiene introduced at that time resulted in a dramatic reduction in mortality rates, falling from 43 to 2 percent. This focus on outcomes elevated the status of the nursing profession.

Today, we are still faced with the colossal task of creating and maintaining a safe care environment that results in improved patient outcomes and motivates nurses to uphold their pledge to be devoted to those committed to their care. Accomplishing this requires visionary nursing leadership that emphasizes nurse training and education and recognizes the value of nurses’ contributions. At West Kendall, this philosophy is embedded in our culture. We are convinced that great care results in improved outcomes, as evidenced by our initiatives, such as regular monitoring of nurse-sensitive indicators, and our accomplishments, which include achieving Magnet designation three years after opening.

The continued growth and elevation of the nursing profession hinges on the ability of each nurse to recognize a patient’s outcome as an indicator of evidence-based nursing care quality. We must continue to document the tremendous impact nurses make in healthcare. It is through this documented validation that nursing will take its rightful place among the most trusted and respected professions — a much appreciated and deserved honor.

By Sandra McLean, MHSA, MSN, CCRN, assistant vice president of Nursing
When Yamile Leon, MSN, RN, OCN, CN-BN, accepted the role of oncology navigator at South Miami Hospital’s Center for Women & Infants in 2010, she was among the first patient navigators at Baptist Health. Today, she is one of more than a dozen oncology navigators at Miami Cancer Institute.

“I was a part of the beginning of the patient navigator movement,” said Ms. Leon, a Miami native. “Now, navigation services are a Commission on Cancer (COC) standard and required for accreditation.”

“Now, navigation services are a Commission on Cancer (COC) standard and required for accreditation.”

Patient navigators guide patients, families and caregivers through the care continuum, helping them overcome barriers to receiving care and facilitating timely access to clinical services and resources. Two decades after the concept of care coordination was pioneered, oncology care continues to be transformed through the widespread expansion of patient navigation programs.

Not only has the number of patient navigators in the Baptist Health system grown, their roles have become increasingly specialized. As an oncology navigator at the Center for Women & Infants, Ms. Leon assisted more than 1,000 patients with all cancer types and assisted at the Fibroid Center. In her current role as thoracic oncology navigator at the Institute, her focus is disease-site specific, which allows her to hone her oncology clinical knowledge and expertly and compassionately guide approximately 300 patients.

“Miami Cancer Institute provides cancer patients with comprehensive resources in such areas as nutrition and exercise, social work and financial counseling,” Ms. Leon said. “I collaborate with these robust teams to provide my patients with the very best care.”

Ms. Leon also oversees Baptist Health’s Lung Screening Program, which introduces her to patients at the point of entry — when a lung cancer diagnosis is made. The ensuing relationship is personalized and long-term.

“Rather than taking care of patients at the bedside, I see them through the continuum of care — through survivorship or end of life,” said Ms. Leon, who was an oncology bedside nurse for five years. “I learn what it is that motivates each patient to fight, and I help patients keep this in focus as they forge forward.”

Ms. Leon says that she did not originally pursue the specialty of oncology; it “chose” her. After earning a Bachelor of Science in nursing in 2004 as a member of the Scholars Program, she completed her clinical training on the oncology floor and then accepted the first available bedside nursing position, which also was in oncology.

Ms. Leon recently earned a master’s degree in nursing while juggling her increasing career responsibilities along with the role of wife and mother to her 6-year-old daughter. Reflecting on her career, she says she would choose this same path if she had to do it over again.

“As soon as I heard about the opening of Miami Cancer Institute, I knew I wanted to be a part of it,” Ms. Leon said. “It’s so fulfilling to make a difference in the lives of these patients and families.”
Mercedes Condom, BSN, RN, PCCN, enjoys the warm welcome she receives from nurses when she reports to a unit in her Caribbean blue and black scrubs. The response is evidence that Baptist Health’s Centralized Staffing Center (CSC) is impacting the delivery of care in multiple nursing areas.

The CSC was created in 2012 to operate as an internal nursing agency that matches Baptist Health’s own highly trained nurses with specific staffing needs throughout the system. The program not only improves staffing efficiency, it also offers nurses work-life balance and expands their clinical experience and competencies in culturally diverse environments.

“I work in a different unit every day,” said Ms. Condom. “It’s challenging and exciting. It’s an adrenaline rush.”

Ms. Condom began her 24-year nursing career at Baptist Health as a bedside nurse. She has held various nursing roles in such areas as direct patient care, nursing administration, specialty units, home care and urgent care. When she joined the CSC float pool four years ago, she returned to bedside nursing only to find it had changed — for the better. Today, nurses no longer are viewed as a doctor’s assistant, but rather as a professional healthcare provider with the training and knowledge to back it up, explains Ms. Condom.

“The nursing practice has evolved from following directions and completing tasks to truly managing a patient’s plan of care,” Ms. Condom said. “This is my calling. My role as a float pool nurse has given me wings to advocate for patients and their families.”

As Ms. Condom travels from entity to entity, she passionately shares her vast knowledge with new nurse graduates in the system and conveys our system’s best practices, including successful Cerner implementation strategies. “Cerner has helped bridge the gap between the clinical world and IT world,” Ms. Condom explained. “It has streamlined patient care and enhanced communication among healthcare team members.”

The Centralized Staffing Center and its talented nurses have improved Baptist Health’s ability to deliver safe and effective patient- and family-centered care. And no matter where you practice, that is the goal of every nurse, says Ms. Condom.

Ms. Condom looks forward to the new challenges each day offers.

Barbara Lumpkin Act Expands Scope of Practice

The Barbara Lumpkin Prescribing Act was passed in April 2016 and went into effect the first of the year. The bill allows advanced registered nurse practitioners and licensed physician assistants in Florida to prescribe controlled substances under the direction of a supervisory physician for patients in hospitals and nursing homes. Barbara Lumpkin, RN, Baptist Health’s government relations consultant, has been advocating for this cause since 1993.

“Advanced practitioners now can treat patients within the full scope of their training and licensure, enabling them to provide appropriate and timely treatment to patients,” Ms. Lumpkin said. “The delivery of healthcare in Florida will be significantly impacted.”

Recognizing Nursing Achievements

Take pride in your professional practice by reading about the accomplishments of Baptist Health nurses. Nursing Achievements can be found on the Intranet, under the Nursing tab and the Nursing Excellence — Achievements link. Nurses are recognized in the following categories: Presentations, Publications, Research, Education, Certification, and Professional Awards and Recognition.
CCAP Provides Pathway to Professional Growth

Baptist Health’s Competency and Clinical Advancement Program (CCAP) recognizes and rewards nurses for professional growth and direct patient care competencies in the clinical setting. The program is modeled on the stages of clinical competency defined by nurse researcher and theorist Patricia Benner, PhD, RN.

Nurses based at Baptist Health hospitals can progress five levels in the new point-based advancement program: Novice; Advanced Beginner; Proficient; Advanced; and Expert. Advancement to the fourth and fifth levels is voluntary. Baptist Outpatient Services nurses can progress four levels to Advanced nurse. Advancement to the fourth level, which is the highest achievement for nurses at Baptist Outpatient Services, is voluntary.

CCAP participants can earn points for achievements in length of nursing service, nursing education, specialty certification, professional activities, community involvement and evidence-based practice projects and research.

CCAP replaces the Professional Nurse Advancement Program (PNAP), in which only 6 percent of Baptist Health nurses participated. Nurses with advanced and expert PNAP status will be evaluated for placement in CCAP.

“Feedback from our direct care nurses drove the development of CCAP,” said Becky Montesino-King, DNP, RN, NEA-BC, CENP, vice president and chief nursing officer of Baptist Hospital. “The new model rewards career longevity and recognizes aspects such as work setting complexity. We are confident that Baptist Health nurses can achieve success in this program, and patient care outcomes and nursing engagement and job satisfaction will improve because of it.”

Part-time and full-time direct care nurses who meet program requirements and are in good standing for the past six months are eligible to apply. Nurses seeking advancement will submit an application along with supporting documentation to their supervisor. Advancement is effective for two years, and a new application must be submitted every two years to maintain status within the program.

CCAP criteria can be accessed on the Intranet, under the Nurses tab and Competency and Clinical Advancement Program link.

Honoring a Distinguished Nursing Career

As South Miami Hospital Vice President and Chief Nursing Officer Kathy Sparger, MSN, RN, retired last fall, she looked back with admiration and forward with anticipation. During her career, her mission was to help people — patients and families as well as hospital employees.

“My leaders afforded me the opportunity to mentor and empower my team members,” she said. “I was in a position to help people grow and thrive, and it was the most satisfying part of my job.”

Ms. Sparger’s 38-year nursing career at South Miami Hospital included experience as a bedside nurse, head nurse in Critical Care and nursing house supervisor — a position that enabled her to gain a “global” perspective, she says.

Ms. Sparger was named chief nursing officer in 1994. Under her direction, the hospital earned prestigious awards and achieved outstanding results that can be attributed to nursing excellence.

In retirement, Ms. Sparger plans to give back to the community because she still has so much to give.