

NURSING

VANDERBILT UNIVERSITY
MEDICAL CENTER

Transforming patient care through professional practice

August 2017



A newsletter
from the office
of the Executive
Chief Nursing
Officer

Marilyn Dubree,
MSN, RN,
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VUMC GETS THIRD MAGNET

Vanderbilt University Medical Center (VUMC) has received a third consecutive Magnet designation from the American Nurses Credentialing Center (ANCC), the organization announced in a conference call on July 20.

The announcement was the culmination of an intensive appraisal process that lasted more than three years and involved nurses and staff in all areas of Vanderbilt University Adult Hospital, Monroe Carell Jr. Children's Hospital at Vanderbilt, Vanderbilt Psychiatric Hospital and The Vanderbilt Clinic.

The ANCC's Magnet designation is the highest honor an organization can receive for the provision of nursing care and inter-professional collaboration. Only about 6 to 7 percent of hospitals have the distinction, and Vanderbilt received it in 2006 and 2012. No other hospital system in Middle Tennessee has achieved Magnet designation.

"For our hospitals to be Magnet designated once is wonderful. For Vanderbilt to be designated for the third time as being among the nation's top 6 or 7 percent for nursing care is just incredible," said C.

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We did it! Vanderbilt University Medical Center received its third Magnet designation on July 20.

This is an outstanding accomplishment, and reflects several years of hard work, both individually and in teams. We are the only hospital system in Middle Tennessee to receive Magnet status, one of only three such organizations in Tennessee and among an elite 6 to 7 percent of such facilities in the country.

I would like to extend my heartfelt thanks to everyone who made this designation possible. You prove everyday that Vanderbilt is the

very best place to be a nurse. We stand out among our peers for transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations and improvements; and empirical outcomes.

In this issue, we look again at our biggest initiative yet, our transition to Epic clinical systems. Please take a moment to read the latest update.

Enjoy this issue,

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Wright Pinson, MBA, M.D., Deputy Chief Executive Officer and Chief Health System Officer for VUMC. “ I want to congratulate every nurse who has been a part of this. I want to thank you for your ongoing contributions, your continued dedication to patients, families and colleagues and your spirit of collaboration that has made this achievement possible.”

Magnet recognition measures organizations for excellence in five areas — transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations and improvements; and empirical outcomes.

“You are part of the best nursing community in this country,” said Marilyn Dubree, MSN, RN, NE-BC, Executive Chief Nursing Officer. “I know that; the Magnet commission knows that. I particularly am honored to serve with you and to lead this organization every day, and I am so, so proud of you.”

Preparation for VUMC’s third Magnet designation began in summer 2014. In April 2016, VUMC submitted its electronic Magnet document, consisting of evidence-based examples from across the organization in response to



VUMC nurses, executives and other staff celebrate with confetti cannons as the third Magnet designation is announced in Light Hall.

more than 72 questions. The document, which would have been 275 pages if printed, provided demographic information including data on quality and patient and staff satisfaction. In October, VUMC submitted supplemental information at the request of the ANCC.

That was followed by a Magnet Site Visit, held from April 24 to 28. Four ANCC appraisers spent a week at VUMC to determine the organization’s culture by listening to as many nursing and staff members as possible.

Appraisers participated in more than 40 meetings with staff nurses, physicians, administrators and leaders representing all departments and units throughout the main VUMC Campus, One Hundred Oaks and network of clinics. Appraisers also solicited feedback from the commu-

nity and Vanderbilt staff and held an open meeting that anyone could attend.

Hospitals typically earn Magnet Recognition for a four-year period, and the ANCC conducts annual reviews requesting updated documentation. At the end of four years, the Medical Center will repeat the Magnet Recognition process.

“Congratulations to everyone,” said Sabrina Downs, MSN, MBA, RN, NE-BC, director of Professional Practice and Magnet. “It doesn’t matter what your role is at Vanderbilt. It doesn’t matter what your title is, what your badge says. If you’re an individual who comes to work at one of our many, many spaces that we have here at Vanderbilt, on campus, off campus, you are an integral part of what makes us a Magnet organization.”

CELEBRATING THIRD MAGNET DESIGNATION

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"Congratulations to everyone. It doesn't matter what your role is at Vanderbilt. It doesn't matter what your title is, what your badge says. If you're an individual who comes to work at one of our many, many spaces that we have here at Vanderbilt, on campus, off campus, you are an integral part of what makes us a Magnet organization." — **Sabrina Downs, MSN, MBA, RN, NE-BC, director of Professional Practice and Magnet**

"Vanderbilt is top of the mountain with the third Magnet designation!" — **Yvette Cox, RN, Float Pool**



DOCUMENTING CHARGES CHANGING WITH EPIC

One of the work processes that will change for nurses after eStar Go Live is the way charges are documented. In terms of sheer volume, charging for medications is the most significant. For many years, medications have been charged at the time they are dispensed – either when they are prepared and sent up from pharmacy or removed from an automated medication dispensing cabinet, such as AcuDose. After eStar Go Live, charging will occur on documentation of administration.

Any of these documentation processes will result in a medication charge: bar code scanning, manually documenting on an MAR, via “one-step meds” in operative and procedural areas or by using the immunization “activity.” The organization will also document infusion stop times on I&O flowsheets. This provides the documentation needed to support a nursing infusion charge for qualifying patients.

There are several high-risk areas for missed medication administration documentation:

- Patient not available (or unable to give medication for

some other reason) when a dose is due. Overdue meds will display at the top of the MAR to remind users to give as soon as possible.

- No order has been entered. This usually occurs when a medication needs to be given urgently and is removed from the AcuDose and given before the order can be entered. An interface between

EpicLeap

eStar and AcuDose will result in this drug displaying on the MAR as an “override pull.” Once an order is entered for the medication, the order will need to be linked to the dose and the administration documented in order to generate a charge.

- Failure to return/credit doses not given and failure to document waste. If a medication is removed from the AcuDose cabinet but is not given, it needs to be returned to the cabinet or it will result in a “charge discrepancy.”

Accuracy is the goal for medication documentation and charging. We want to doc-

ument and charge for every dose given and we want to document doses not given, return doses removed from AcuDose but not given, and place doses discontinued or left over at time of discharge in credit bin so they can be credited back.

Hard-wiring these new behaviors will be supported by new charge reconciliation procedures by inpatient unit and clinic managers and their delegates. They will use reports from eStar to identify missed charges and work with staff before the end of each clinic session or inpatient shift to document doses given and not given.

In addition to medication charging, other charge procedures will also change with eStar implementation. Paper-based charge processes will be automated and eStar will provide many new tools for accurate, timely documentation of charges.

As eStar training begins in August, staff will learn about these new procedures and workflow walk-throughs that will happen over the next several weeks. Staff will have an opportunity to practice common charge entry scenarios for each setting.