ADDRESSING WORKPLACE VIOLENCE

Violence from patients is an issue that has touched many areas of Vanderbilt University Medical Center (VUMC), particularly over the last several years. Physical and verbal abuse of employees is unacceptable, and a group of professionals from throughout the organization is working to address the issue.

A steering committee has been launched to address the Management and Prevention of Disruptive Behaviors and is made up of representatives including the Emergency Department, Employee Assistance Program, Vanderbilt University Police Department, Patient Relations, Quality, Safety, and Risk Prevention, General Counsel and representatives from VUMC entities.

“The safety and well-being of patients as well as our employees are our highest priorities,” said Marilyn Dubree, MSN, RN, NE-BC, Executive Chief Nursing Officer. “Please be assured that we hear and understand the concerns of our staff, and are working diligently to address them.”

Jay Morrison, MSN, RN, Senior Associate of Nursing, is co-leading the steering committee, which began its work earlier this year, following work from several groups around the Medical Center looking to continue on page 2

Every day, Vanderbilt nurses achieve the remarkable. Often, this means caring for an increasingly complex patient population. Over the last few years, we have noticed an increase in patients with behavioral health issues who are physically and verbally violent to staff members.

Some might think that this is just part of the work that we do. However, I want to assure you that this behavior is not acceptable. A group of professionals throughout the Medical Center is studying ways to prevent and manage these disruptive behaviors, and we will take action.

I want you to know that we “have your back.” It is so important that we have a safe and supportive environment not only for our patients, but for us as employees. Your input is most valuable in this process.

We are less than one month away from EpicLeap. I am looking forward to making this transition with our capable team of nurses.

Enjoy this issue,
address the issue. Morrison said that the group is studying data and determining the best approach to educate staff to directly respond to violent situations, in addition to how to structure interventions from backup staff. One such approach could be a dedicated rapid response team to de-escalate such incidents.

“I think there are certain levels of aggression at the bedside that nurses in general will tolerate, and we consider that part of the patient’s illness, but I think we’re past that,” he said. “That is what nursing has traditionally written off as business as usual — the patient in a traumatic state responding. But now we’re starting to see where that gets escalated much more quickly, and that is more difficult to manage.”

Michele Hasselblad, MSN, RN, Associate Nursing Officer of the Medicine Patient Care Center and a co-lead of the steering committee, said the increasing prevalence of patients with substance abuse, particularly opioid abuse, may be a contributing factor in driving the increase in patients with behavioral health issues.

“There is definitely recognition that this is a problem that needs to be addressed,” Hasselblad said. “Speaking for nurses, it’s not something that nurses receive a lot of training and education for in their preparatory, undergrad education. That’s one need, but not all. We really need modeling of how to do those interventions.”

Morrison said his group is working to determine the greatest causes of workplace violence, in order to implement a targeted solution.

Employees who are confronted with violent patients have resources to cope. The Employee Assistance Program’s experienced counselors provide brief and targeted psychological support to help staff and resolve personal or workplace concerns. Call Work/Life Connections-EAP at 615-936-1327 for a confidential appointment.

“It’s never too late to reach out to that as a resource,” Hasselblad said.

And employees who are injured as a result of patient contact are encouraged to visit the Occupational Health Clinic in the Medical Arts Building. The clinic can be reached at 615-936-0955.

The current steering committee follows efforts from committees studying workplace violence in several areas of the Medical Center, including Vanderbilt University Adult Hospital, Monroe Carell Jr. Children’s Hospital at Vanderbilt and Vanderbilt Psychiatric Hospital.

Kim Linville, MSN, RN, manager, Inpatient Medicine, 8 North, helped study the issue for the adult hospital. She said staff feedback, including a Redcap survey with more than 600 responses at the adult and Children’s hospitals, has been very important. “I’m excited that it has gone to a higher level,” she said.

Cristina Loaiza, BSN, RN, manager, Pediatric Surgery, Trauma and Adolescent Medicine, helped study the issue at Children’s Hospital. “I think it’s a really complex multidimensional issue that we’ve been challenged with,” she said. “I think we’ve gained a lot of momentum lately.”

Hospital leadership, including chief nursing officers of all the Vanderbilt hospitals, is closely involved and is supportive of the efforts to prevent and manage disruptive behaviors. “As health care providers, our top priority is always to keep our patients safe,” said Kathie Krause, MSN, RN, chief nursing officer for Children’s Hospital. “We should never forget, however, that we have an equally important responsibility to keep our staff safe as well. My role as a leader is to ensure that one is not accomplished at the expense of the other.”
VUMC LESS THAN A MONTH AWAY FROM AN EPIC LEAP

In 2014, Vanderbilt University Medical Center (VUMC) was notified that the vendor of several of the computer applications used in VUMC would stop supporting those applications in early 2018. That announcement kicked off a series of events that led to today – within a month of a “Big Bang” Implementation of eStar. During the crowded months since starting this journey, VUMC has mobilized people and financial resources and allocated a lot of time to design the new system and to redesign hundreds of workflows. An army of people have been engaged in this effort, including subject matter experts, Epic Leap ambassadors, superusers, nursing preceptors, work group members, trainers and students.

“We have built a very complex system, tested it, trained future users, and practiced the many steps required to successfully implement such a monumental change,” said Karen Hughart, MSN, RN, senior director of Nursing Informatics.

As VUMC nears implementation, it is a good time to recall the principles that have guided the collective efforts. The Medical Center made a concerted effort to construct tools and processes that will improve our ability to provide patient-centered care across the continuum of care. It was also important to make sure the tools supported the ability of our staff to work efficiently and effectively in teams that also cross artificial barriers.

This transition will be stressful – but it will also be an exciting culmination of the huge effort made to get to this point. The Nurse Wellness Committee has planned a series of events to help staff deal with the stress of a major change. Visit the Nursing Web Site at https://ww2.mc.vanderbilt.edu/vanderbilt-nursing/ for the schedule for events, including yoga, massages, healthy snack cart and pet therapy.

As VUMC enters this final month of preparation, it is a good time for each of us to examine our individual hopes for the new system. How will you be able to deliver better care for patients on your unit using these new tools? How will the team in your clinic be able work together more effectively? How will your department be able to address quality issues more effectively? How will support to Research increase?

Nurse Leaders talked about what opportunity from the new system is most exciting to them:

“The ability to enhance communication with our patients and our team members across the care continuum.” – Jenny Slayton, MSN, RN, executive director of Quality Improvement

“eSTAR will allow us to provide care with even stronger integration than we have now. The ability to really provide a seamless continuum of care is a benefit for both our patients and our caregiving teams.” – Kathie Krause, MSN, RN, chief nursing officer, Monroe Carell Jr. Children’s Hospital at Vanderbilt

“We will have readily available data to support evidence-based decision-making.” Karen Hughart, MSN, RN, senior director of Nursing Informatics.
**VANCE LEADING TENNESSEE NURSES ASSOCIATION**

Haley Vance, DNP, APRN, CPNP-AC, has been elected president of the Tennessee Nurses Association (TNA). Vance, who is an acute care pediatric nurse practitioner for Pediatric Neurosurgery, will serve a two-year term, which began in September and ends in September 2019.

Vance joined Vanderbilt’s Pediatric Neurosurgery team in June 2012, after coming from Children’s of Alabama in Birmingham, where for over six years she served in a variety of roles caring for pediatric neurosurgery patients.

“Haley Vance is highly respected by her colleagues and peers, loved by our patients, a sought after educator, and just a terrific and critical partner in our efforts in pediatric neurosurgery,” said Jay Wellons, M.D., chief of the Department of Pediatric Neurosurgery.

Vance was voted APRN of the year at Vanderbilt in 2016. She is an associate member of the American Association of Neurological Surgeons and a member of the International Society of Pediatric Neurosurgery.

**BRIGHT RECEIVES CCCTM CERTIFICATION**

Gail Bright, MBA, RN, has received a Certification in Care Coordination and Transition Management (CCCTM) from the American Academy of Ambulatory Care Nursing (AAACN).

Bright is a patient care coordinator at Vanderbilt University Medical Center.

The course that led to the certification covers multiple dimensions of the role of an ambulatory care nurse, including advocacy, education and engagement of patients and families, teamwork and collaboration, informatics and telehealth. The goals of the certification include improving patient outcomes, enhancing access to quality care, decreasing hospital readmissions and health care costs, and helping patients navigate the health care system.

Bright said that throughout her 36-year nursing career, she has always felt that certification in one’s current area of practice is important. “Being able to assure that a patient has everything they need to manage their health issues despite barriers is important and meaningful,” Bright said. “I am happy to be a part of this team and very proud to have my CCCTM.”

Julie Scott, MSN, RN, director of Care Coordination for Vanderbilt Population Health, noted Bright’s dedication to her role. “She has a genuine passion for helping others,” she said. “We are so proud of Gail for this great accomplishment.”