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NIH Clinical Center Nursing Department

Annual Report
2023

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NIH Clinical Center

The NIH Clinical Center is on the Journey to ANCC Magnet® Accreditation

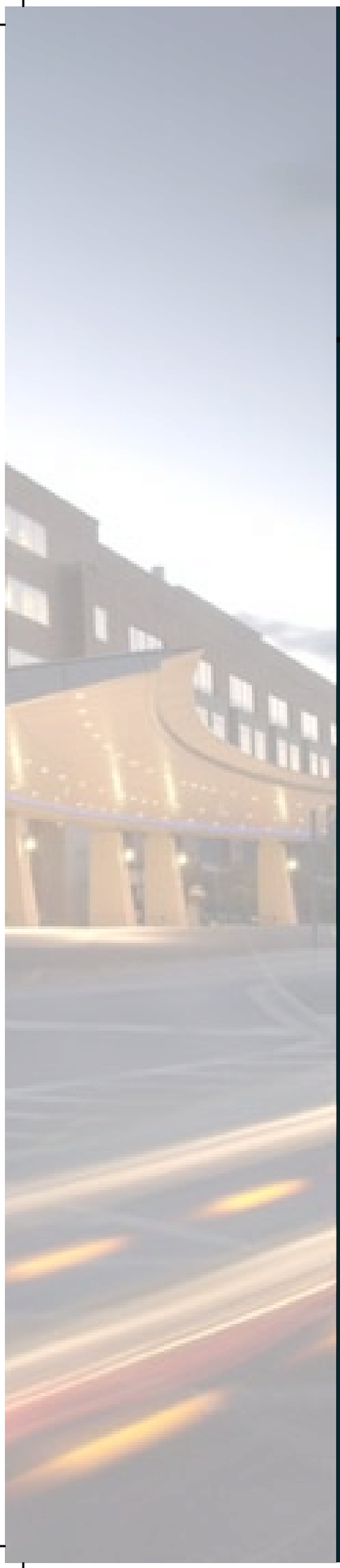
MAGNET EXCELLENCE

ACCREDITED PRACTICE TRANSITION PROGRAM WITH DISTINCTION

Clinical Research Nursing

The specialized practice of professional nursing focused on maintaining equilibrium between care of the research participant and fidelity to the research protocol. This specialty practice incorporates human subject protection; care coordination and continuity; contribution to clinical science; clinical practice; and study management throughout a variety of professional roles, practice settings, and clinical specialties.

International Association of Clinical Research Nurses. (2012). "Enhancing Clinical Research Quality and Safety Through Specialized Nursing Practice." Scope and Standards of Practice Committee Report.



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Mission

We improve human health by supporting cutting-edge clinical research and providing compassionate, evidence-based nursing care to a diverse population of patients and their families.

Vision

To be the premier Nursing Department where the world's best clinical research nurses provide expert patient care, generate new knowledge, and develop innovative practices to improve patient outcomes.

Message from the Chief Nurse Officer

Greetings Colleagues,

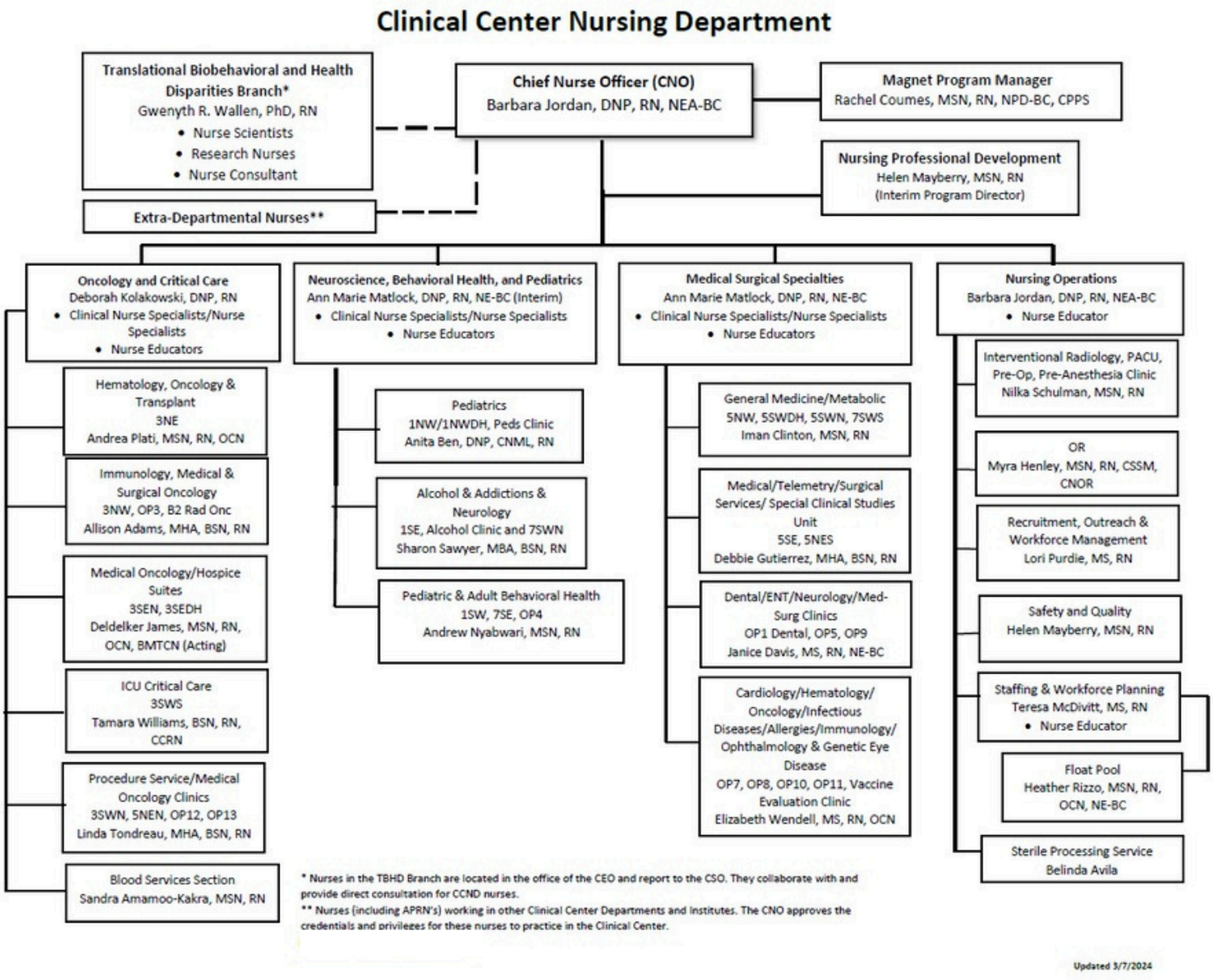
We are pleased to provide the annual report of the activities and accomplishments of the National Institutes of Health Clinical Center Nursing Department and its partners for calendar year 2023. During this past year we continued to focus on a multitude of improvement efforts in the care we provide to our patients. This was also the year in which our Magnet journey really took off. The Magnet document writing team focused on identifying the stories to tell the Magnet appraisers that demonstrate the deep commitment to excellent patient care and a positive practice environment that we have in the Clinical Center. The Magnet Ambassadors were very busy in educating their colleagues about the Magnet standards and they put on an excellent and engaging Magnet Fair. Our Shared Governance Committees, Unit Based Practice Councils and the Diversity, Equity and Inclusion Council had an outstanding year. Their accomplishments are highlighted in this report. In addition to improving processes that support patient care, we are improving the environment in which patient care is provided. The nurse stations on the 3rd floor, the outpatient examination rooms on OP7 and OP9, the Pediatric Clinical and the PACU have been undergoing renovations. This is made possible by the NIH Clinical Center's Capital Improvement Fund. The areas that have been completed thus far look amazing and are much better spaces for our patients and staff members.

I would like to thank the editorial team and all the contributors from the Nursing Department and Clinical Center for creating an outstanding report. 2023 was a very busy year with changes occurring in many places. I appreciate that our CCND staff work through these changes and continue to provide outstanding care to our patients and tremendous support to one another. I am honored and privileged to be able to work with you and for you as your Chief Nurse Officer. Thank you for all that you do and for an extremely successful 2023!

Sincerely,

Barbara Jordan, DNP, RN, NEA-BC
Chief Nurse Officer
NIH Clinical Center Nursing Department

Nursing Department Organizational Structure



Nursing Department Executive Team

Barbara Jordan, DNP, RN, NEA BC, Chief Nurse Officer and Service Chief for Nursing Operations

Deborah Kolakowski, DNP, RN, Service Chief for Oncology and Critical Care

Ann Marie Matlock, DNP, RN, NE-BC, Service Chief for Medical Surgical Specialties,

Genny Mbamalu, DNP, MPA, RN, NE-BC, Service Chief, Neuroscience, Behavioral Health & Pediatrics

Diane Walsh, MS, RN, Special Assistant to the Chief Nurse

Rachel Coumes, MSN, RN, NPD-BC, CPPS
Nurse Consultant, Magnet® Program Manager

The Executive Team includes the Chief Nurse Officer (CNO), the Service Chief for Critical Care and Oncology, the Service Chief for Medical Surgical Specialities, The Service Chief for Neurosciences, Behavioral Health and Pediatrics, the Service Chief for Nursing Operations, the Special Assistant to the Chief Nurse, and the Nurse Consultant for Magnet® Program Management. The Nurse Executive Team meets regularly to plan operations, allocate resources and set policy to govern clinical research nurse practice.

The NIH Clinical Center: Magnet® Journey 2023

The NIH Clinical Center officially kicked off its journey to Magnet® accreditation on January 12, 2023 when it submitted the formal application for accreditation to the American Nurses Credentialing Center (ANCC). Submission of the Magnet® application is the first of several milestones on the journey to accreditation, and requires organizations to meet a number of specific criteria prior to submission of the application. These requirements include:

- Chief Nurse Officer must hold a minimum of a Master's Degree, with at least a Bachelor's Degree in nursing
- Demonstrate CNO Accountability of RNs in all areas where nurses practice
- All Nurse Managers, Service Chiefs, and Program Directors must have a minimum of a Bachelor's Degree in nursing. A formal leader table is submitted with the application document.
- Compliance with all state, federal, and/or international laws as related to RNs in the workplace

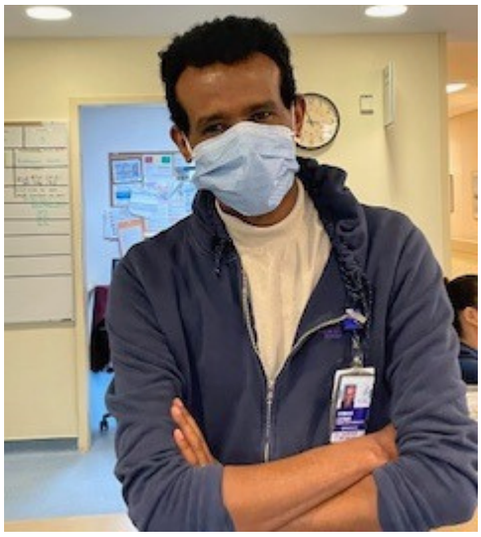
2023 NIH CC Magnet Fair

The NIH Clinical Center Magnet Ambassador Team conducted an inaugural Magnet Fair on October 26, 2023. Participants took a "Journey to Excellence" complete with a special passport and educational games/activities, as they visited all the lands of Magnet.

The event drew over 200 attendees who played games, found goodies, snacks and learned about Magnet accreditation and what types of work is required to be successful. Visitors to the lands were treated to a variety of experiences, including dining at the Transformational Leadership Café, flying the Exemplary Professional Practice Airlines, taking their chances with Structural Empowerment Jeopardy or tossing around ideas at the New Knowledge, Improvements and Innovations corn hole area.

The event was a huge success, with excellent staff engagement and participation, which helped set the stage for further Magnet Readiness work.

Transformational Leadership

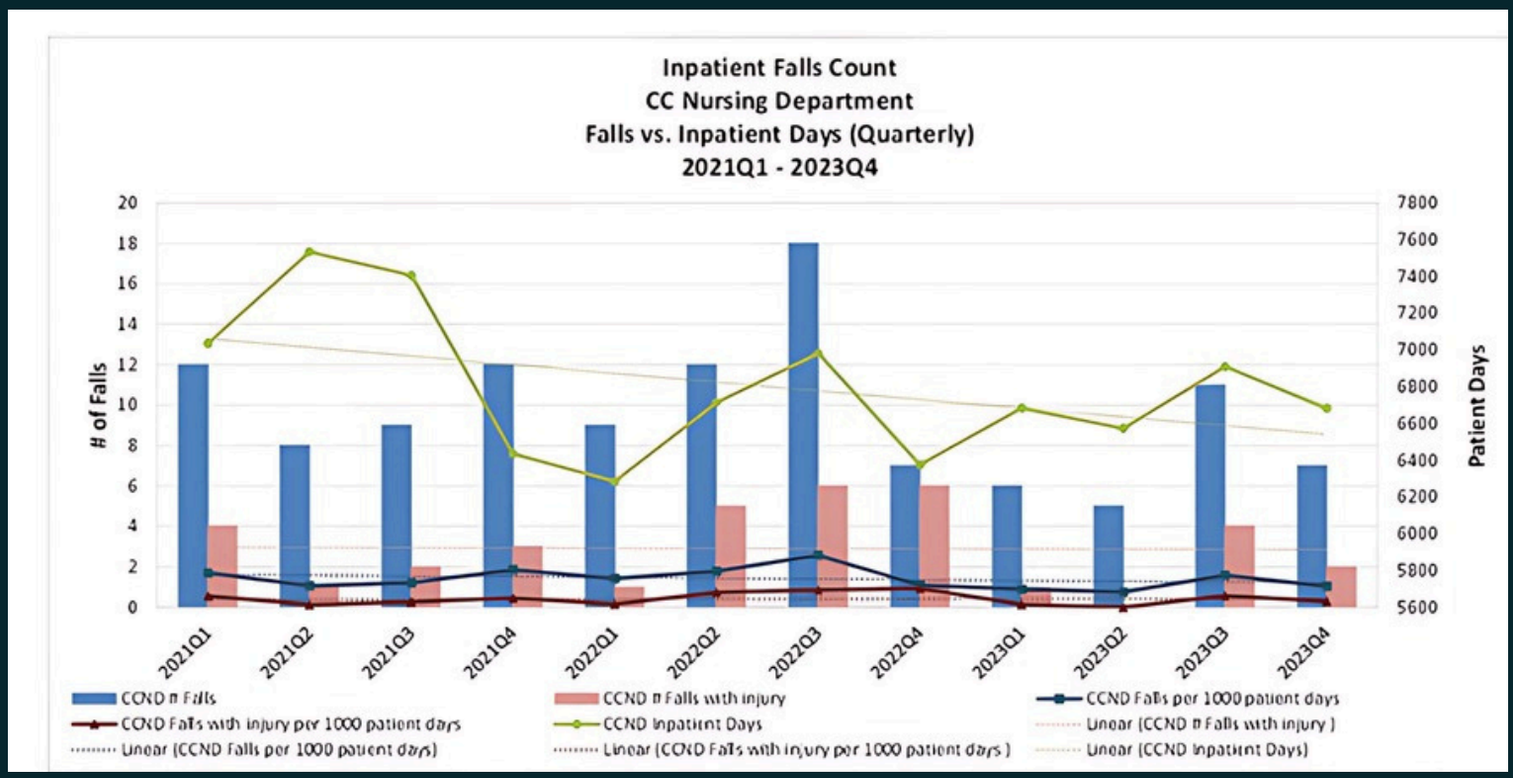


Interdisciplinary Effort Promotes Clinical Center Wide Falls Reduction

Many NIH Clinical Center patients may be classified as high risk for falls during their inpatient or ambulatory visit. To fully address risks and develop safety strategies associated with falls, an organizational culture that supports active engagement and interdisciplinary collaboration is necessary. The Clinical Center Nursing Department leads an interdisciplinary team, appropriately named the *SMART- MOVES* Falls Prevention Committee. Members of SMART-MOVES include ambulatory and inpatient clinical nurses, nurse managers, clinical educators, clinical nurse specialists, and providers from the Clinical Center Quality and Safety Office. In addition, Rehabilitation team members are included on the committee.

SMART-MOVES has worked to develop evidence-based processes, assessments and tools which helped refocus organizational approaches to maintain a safe environment for patients. Over the course of the year, SMART-MOVES has reviewed and modified the CCND Standard of Practice *Falls Risk Assessment and Prevention*, implemented an evidence-based fall risk assessment tool, re-educated clinical staff on revised, targeted interventions for inpatients and ambulatory patients, and increased availability of safe transfer and mobility devices.

Efforts of the SMART-MOVES fall prevention team have contributed to a substantial and sustained reduction in falls and falls with injury in 2023. The efforts by our team have contributed to a significant reduction in falls and falls with injury. Over the course of 2023, the rate of falls within the Clinical Center fell 11% and rate of falls with injury dropped 50%. The CCND and the SMART-MOVES Fall prevention committee are committed to continue work diligently to keep our patients safe.



Leadership Rounding Initiative Launched

As part of an effort to improve the patient experience, a small group of nurse leaders, Medical Services Specialties Service Chief, Dr. Ann Marie Matlock; 7SWN Nurse Manager, Heather Rizzo; and 5NW Nurse Manager, Dr. Iman Clinton, implemented leadership rounds on all inpatient units. The group conducted a review of the evidence and all available Press Ganey Patient Experience data to develop a pilot plan, which would be implemented on 5NW. Upon completion of the pilot, the group presented lessons learned and recommendations to CCND's executive team. Leadership rounds were then implemented on all inpatient units.

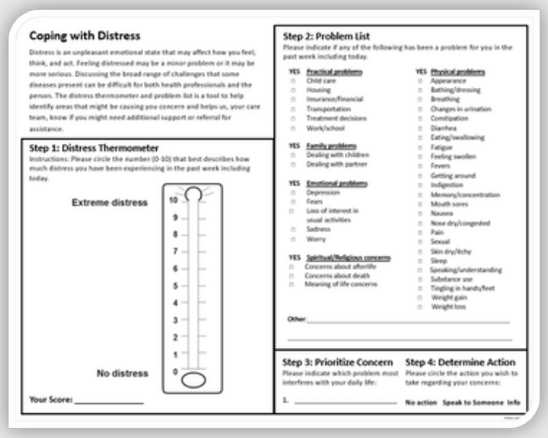
Leadership rounds went live on October 2, 2023. Nurse Managers utilize a standard template to guide leadership rounds. Since, the implementation of leadership rounds nurse leaders have gained better insights on the patient's experience and perception of their overall care. Many unit based and CCND improvements have developed as a result of leadership rounds. One major development is the implementation of the Sleep Hygiene Kit which includes sleep masks and ear plugs. While conducting leadership rounds a patient expressed overall appreciation for the staff and nurses but provided one suggestion for improvement; to offer eye masks for sleep due to the increased lighting in the patient rooms as a safety precaution.

Leadership Rounding Process:

- Nurse Managers should round on 25% of the unit's census.
- Pick a time that works best for the unit's patient population and set aside a set time to accomplish the 25% goal.
- Touch base with the patient's assigned nurse prior to rounding on the patient. Tackle issues that are within your scope and escalate to Service Chief or other department lead if an issue arises that is out of your scope.
- Provide feedback to staff, whether it is recognition of a job well done or opportunities for improvement.

Moral Distress Screening in Ambulatory Areas

Distress is common among patients with an oncology diagnosis, with up to 61% of patient's demonstrating significant levels during their illness (Siegel et al., 2020). Distress differs among patients based on variables such as cancer type and stage and patient factors such as gender, age, and race (Traeger et al., 2014). Of particular concern is the impact that distress has on cancer outcomes. Distress has been shown to reduce patient engagement/care experience, decrease treatment adherence, lessen quality of life, and reduce survival rates (Mausbach et al., 2015; Lin et al., 2017). The National Comprehensive Cancer Network Clinical Practice Guideline in Oncology: Distress Management (2023) recommends routine screening for psychosocial distress and subsequent assessment or referral to appropriate services by those responsible for the care of patients with cancer. Identifying and treating distress is an important element of cancer care as it promotes improved patient satisfaction thereby improving engagement and quality of life for affected patients and families.


Coping with Distress

Step 1: Distress Thermometer

Extreme distress

No distress

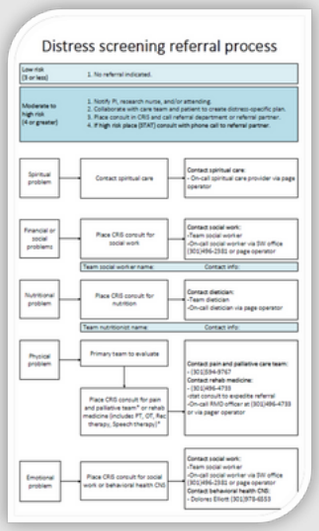
Your Score: _____

Step 2: Problem List

Step 3: Prioritize Concern

Step 4: Determine Action

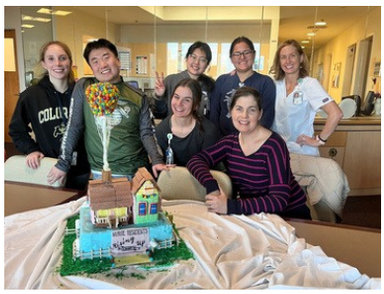
A Moral Distress Screening Program (DSP) had been successfully implemented in B2 Radiation Oncology and the core team, led by Amy Wilkins, BSN, RN, OCN®, Joan Aaron, BSN, RN, OCN®, Deborah Kolakowski, DNP, RN and Rosemary Miller, MSN, RN. Oncology patients were screened for distress and referred to the appropriate service/provider, based on screening results. With the success of the DSP in B2 Radiation Oncology, additional pilot testing and implementation of the interdisciplinary DSP was completed using the *Plan-Do-Study- Act* framework. The DSP was successfully implemented in multiple ambulatory areas. In addition to B2 Radiation Oncology, patients in medical oncology, surgical oncology, neuro oncology and oncology day hospital patients undergo DSP. Results of the screening have proven to increase elements of patient satisfaction and promote relationship based care. Patients who report distress are referred to the appropriate service, per the DSP Algorithm, where they are provided with additional care and resources.



Structural Empowerment

Clinical Research Nursing Residency Program: 10 Years and Counting

The NIH Clinical Research Nursing Residency Program (CRNRP), is the first of its kind in the United States, designed to assist newly licensed graduate nurses in the transition from nursing school to professional practice and a career in clinical research nursing. The residency program curriculum emphasis is not centered on one clinical specialty, but on building critical thinking, professional practice skills, and clinical competency in the context of a clinical research environment.



In alignment with the CCND mission and vision, the CRNRP aims to:

- Prepare Clinical Research Nurse (CRN) residents to provide safe and evidence-based, quality care to research participants
- Empower CRN residents to make meaningful contributions as nurse leaders in the clinical research setting
- Contribute to the overall growth of the clinical research nursing enterprise

Cohort 9 (2022-2023) Graduated September 2023: Kelechi Alozie, RN (5NW) Ashaneik Craw, RN (3NW) Minosh-Alexia Limunga-Echewah Enyeji, RN (1NW) Jenny Ha, RN (PACU) Bianca Ignacio, RN (OR) Matthew Navato, RN (3SEN) Katherine Sorrentino, RN (1NW)

Cohort 10 (2023-2024): Jana Bowcut, RN (OR) Wujin Cho, RNi (5NW) Laura Gardner, RN (3SEN) Aubry Grame, RN (1NW) Carolyn Keating, RN (7SE) Ki-Yong Park, RN (5NW) Nora Reyes, RN (1NW)

Nurses Week 2023

The Clinical Center Nursing Department's Wellness, Recognition & Retention Committee organized Nurses Week Celebrations and Recognitions. The Clinical Center Nursing Department awards where many wonderful employees were honored for their dedicated and tireless work to improve the lives of patients at NIH. We were honored to have Dr. Katie Boston-Leary delivered the key-note address.

Dr. Boston-Leary's keynote was energizing and informative. There were many unit-level celebrations.

Celebrating Diversity: Men in Nursing

In September, the CC Nursing DEI Council, sponsored by the CCND Executive Team, hosted its second annual "Men In Nursing" Celebration. This year's theme "Why Nursing?" provided the opportunity for our colleagues who identify as men to share their reflections on why they became Registered Nurses and why they continue to serve in this profession.

Our featured speaker, Dr. Ernest Grant, PhD, RN, FAAN, named in 2022 as one of the 100 Most Influential People in HealthCare, by Modern HealthCare, served as the first male President of the American Nurses' Association. Dr. Grant shared his reflections on his leadership journey and the unique intersection of being a male nurse and an African-American man.

Featured panelists were Dr. Steve Risch, Ermias Germe, Gregory Purcell. Adam Massenburg, Alex Artcher, Phillip Bernaldez and Scott Barker. The panelists added to the richness of the celebration by submitting their reflections in writing. The recorded webinar and reflections of all participants are featured on the CC DEIA intranet page "Highlighting the Diversity of CC Staff."

Professional Development Highlights

After 10 years at the helm, we bid farewell to Julie Kohn-Godbout, Program Director, CCND Office of Professional Development (NPD) in January 2023 as she transitioned to Program Director of the Translational, Biobehavioral, and Health Disparities Branch. Under Ms. Kohn-Godbout's leadership, the Nursing Department's Professional Development program enjoyed considerable growth and development with only a few examples highlighted below:

- Developed a proposal to transition the Department to the Wright Competency Assessment in Healthcare.
- Ensured ongoing workforce readiness and competence together with Central Nurse Educators and Service Educators by offering evidence-based clinical practice education and trainings.
- Served as Co-Chair of the Clinical Center's first Healthcare Simulation Training Program.
- Facilitated the credentialing and privileging of Extradepartmental & Institute nurses.

Since Ms. Kohn-Godbout's departure, Helen Mayberry has served as Interim Program Director. In 2023, the Office of Nursing Professional Development:

- The CRNRP graduated nine (9) Nurse Residents and enrolled ten (10) new Nurse Residents.
- In collaboration with Clinical Nurse Specialists, Service and Clinical Educators, Central Hospital Supply (CHS), and vendors, an expansive educational and training program was developed introducing nurses to updated standards of practice, procedures, and new products for the routine care and maintenance of Central Venous Access Devices. This effort brought the Department's policies into alignment with the Intravenous Nursing Society Standards (2021) and culminated in the development of a 2-hour online module, the hosting of a 3-hour hands-on Train the Trainer sessions attended by 80+ nurses, and a first of its kind vendor-support product fair.

Professional Development Highlights (cont.)

- Partnered with the Materials Management and Environmental Services Department and Central Hospital Supply to implement a new Peripheral Intravenous Closed System Catheter including the release of online training modules, development of unit-level champions, and facilitated around-the-clock vendor-supported training on all shifts.
- Continued leading the redesign of the CCND's competency assessment program moving the Department to an evidence-based model that increases the individual's accountability for their own growth and development.
- Together with the Office of Recruitment, Outreach, and Workforce Development (ROWM), onboarded and facilitated new employee orientation for new CCND employees.
- Coordinated and facilitated the renewal of over 330 Basic Life Support credentials.
- Facilitated the ongoing credentialing and privileging of more than 450 Extradepartmental and Institute nursing staff.

2023 Training and Education Initiatives:

New and Updated Standards and Processes

- Syringe Pumps to Administer IV Push Opioids New and Updated Products
- Implementation of the Lorazepam Refrigerator Lock-Box
- Implementation of a Closed Intravenous Catheter System
- Self-Releasing Safety Belt and Chair Sensor Pad Updated Trach Safety Kit
- Advance Directive Documentation Updates
- Peer Feedback Process Updated
- Alcohol Use Disorders Identification Test-Concise (AUDIT – C)
- Braden QD Pressure Injury Risk Assessment Monitoring Patients with IV Opioids and Patient Controlled Analgesia Updates
- Orders Reconciliation Manager
- Pediatric Humpty-Dumpty Falls Risk Scale
- 2023 CVAD & VAD Updates for Unit Champions
- 2023 NIH CCND CVAD & VAD Updates Adult Abuse & Neglect Screening Updates
- Adult Falls Risk Assessment Scoring System (FRASS) Adult Falls Prevention Program Education

CCND AWARDS

Chief Nurse Officer Award
Helen Mayberry

Nursing Executive Service Award Oncology and Critical Care
Joan Aaron

Nursing Executive Service Award Oncology and Critical Care
Megan Mikula

Nursing Executive Service Award Neuroscience, Behavioral Health, & Pediatrics
Eugena Bergvall

Nursing Executive Service Award Medical Surgical Specialties
Debbie Gutierrez

Nursing Executive Service Award Nursing Operations
Nilka Schulman

Clinical Excellence Award
Meredith Frey

Patient Education Excellence Award
Jira Laprat

Patient Education Excellence Award
Liz Boren

Patient Education Excellence Award
Agusta Premkumar

Patient Education Excellence Award
Ann Peterson

Patient Education Excellence Award
Mary Myers

Safety and Quality Excellence Award
Vicky Ezeakolam

Excellence in Leadership Award
Ruth Widener

Rising Clinical Research Nurse Excellence Award
Nathalie Zacarias

Nursing Education Excellence Award
Philip Bernaldez

Technician/Technologist Excellence Award
Valeria Hoang

Administrative Support Service Award
Corrine Fernandes

Tannia P. Cartledge Clinical Research Nursing Mentorship Award
Melanie Mudd

CCND AWARDS

Clinical Inspiration Excellence Award

Stem-Cell RPE Eye Surgery Team- Valeria Hoang, Richard Balta, Joann Postadan, Mikee Andres, Jessica Lann, Belinda Avila

Clinical Inspiration Excellence Award

Clinical partners in the development of the first in human stem cell ocular transplants- Rochelle Woodard, Babbie Babilonia, Alice Khasar, Beverly Gildersleeve, Eva Sarbah-Yalley, Farahnaz Hassanshahi

Excellence in Teamwork Award

Mighty STARS of OP9- Ruth Walters, Beatrice Annum, Shadawn Scott Simmons, Babylane Encarnacion-Tuason, Kelly Stevens and Sharon Park

Excellence in Partnership Award

Best partnership- Alexa White, Elena Fontan, Justina Zurita, Phung Lee, Cristina Martin-Tafalla, and NCI- Tonya Jenkins, CRNP

Clinical Center Nurses Help Make Camp Fantastic A Reality

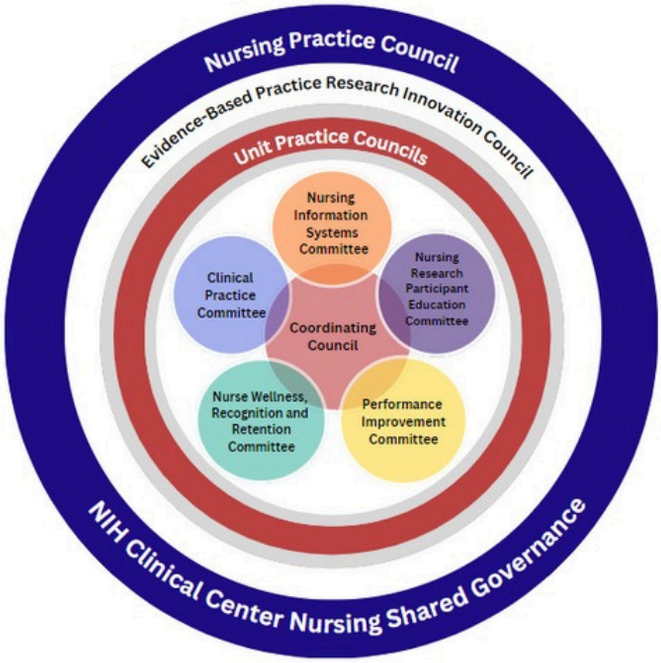
Camp Fantastic is a week-long summer camp for children ages 7-17. Children who are currently receiving treatment for cancer, or have received cancer-specific treatment within the past three years or hematopoietic stem cell transplant within the past 5 years can attend. The children come from hospitals in the Washington D.C., Maryland, and Virginia areas to have a week filled with activities such as sports, swimming, horseback riding, crafts and other adventures. Camp provides the unique experience of integrating normal camp activities, fostering connections with peers who have similar medical experiences, and balancing any medical care needs.

The Pediatric Oncology Branch (POB) of the National Cancer Institute (NCI) organizes, coordinates and implements the medical aspects of camp. Camp is part of an NIH protocol and each camper becomes an NIH patient. The Clinical Center Nursing Department supports the camp each year by sending nurses to work at the camp for 3 day to one week periods of time. The set up of the Camp Infirmary is coordinated by CCND nurse and staffed by LIPs, nurses, and an NIH pharmacist.

2023 marked the 40th anniversary of Camp Fantastic and the first in-person camp since 2020 due to the pandemic. There are 95 to 110 children who attend camp each year, and require minimal to extensive medical care such as chemotherapy, blood work and/or blood transfusions. The camp has an infirmary where campers can be monitored closely when needed. All of the children go through med line at each meal and at bedtime. This provides a time for nurses, campers, and counselors to share concerns and communicate medical updates.

Specialove®
for children with cancer

CCND Shared Governance: The Nurses' Voice



The ANCC Magnet® Program defines shared decision making as a dynamic partnership between leadership, nurses and other healthcare professionals that promotes collaboration, facilitates deliberation and decision making, and fosters accountability for improving patient outcomes, quality and enhancing work life (adapted from Vanderbilt University Medical Center, n.d.).

Shared Governance Empowers Nurses to Positively Influence:

Patient Safety & High Quality Care

Professional Autonomy

Work Environment & Well-Being

Alignment of Practice With Mission & Vision

CCND Shared Governance 2023 Highlights

Nursing Practice Council (NPC)

The Nursing Practice Council (NPC) supports professional nursing practice grounded in evidence and facilitates professional development through collective decision-making. All credentialed nurses working at the NIH are governed by decisions made through NPC. Accordingly, these nurses are encouraged to raise practice issues and to submit NPC requests for discussion and consideration. In addition, NPC provides a forum to disseminate information regarding professional nursing practice standards. NPC is open to any credentialed nurse to raise practice issues and to submit NPC requests. Credentialed nurses are responsible to remain informed of the decisions made by NPC. This is achieved through active participation in committee functions and the clear articulation of their perception of an issue, question, or concern related to professional nursing practice and recommendations of changes to the same.

In 2023 the NPC processed a total of 190 NPC requests and Shared Governance initiatives that supported the CCND Magnet journey. Through the committees, the NPC continued to support quality improvements within the Clinical Center Nursing Department, unit-based and hospital wide.

During the course of the year the NPC Chair worked with the committee chairs to review outstanding requests from 2020-2022 and determine their status. Stakeholders were contacted to see if their requests were resolved, could be closed, or would remain open for follow up. Eighty percent of the outstanding NPC requests were updated.

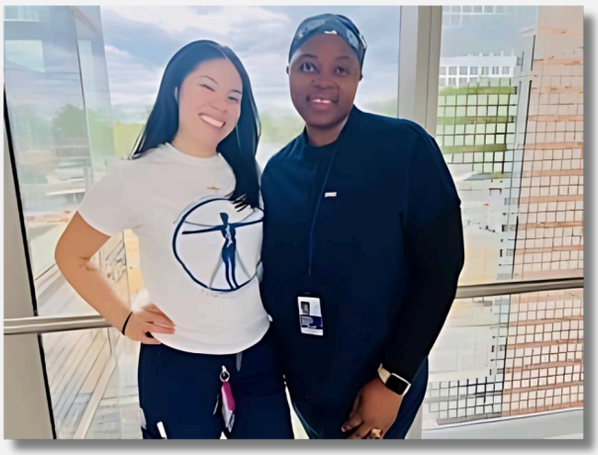
Towards the end of 2023, with collaboration between DCRI, the Shared Governance Chairs, Chair Elects and committee sponsors, a new NPC tracking request was developed in Microsoft List. It is more user friendly, organized, fully automated, directly emailing NPC Chair, Chair Elect, requestor, and updating the NPC tracking document in real time. A new simplified automated NPC Request Form was also created to conform with the new NPC Tracking List.

Every year, the Shared Governance By-Laws are updated and voted on. The big change for this year was the merging of the Nurse Wellness Committee, Recognition and Retention Committee into one strong focused committee.

CCND Shared Governance 2023 Highlights

Nursing Research Participant Education Committee (NRPEC)

The Nursing Research Participant Education (NRPEC) Committee facilitates the systematic review and development of education materials for patients at the National Institutes of Health Clinical Center. They utilize an Evidence Based Practice model and collective decision making to develop and revise research participant education materials. NRPEC works with the Clinical Center's Research Participant Education Committee (RPEC) to facilitate document revisions and dissemination of the materials to all participants and their caregivers.



In 2023, NRPEC facilitated the systematic review of 58 patient education documents. Out of the 58 documents, 27 were revised during committee meetings and 39 were published on the Patient Education Document Directory. NRPEC with stakeholders created various new documents, such as “Managing Stress” and “Memory or Concentration Challenges Related to Cancer Treatment or Bone Marrow/Stem Cell Transplant.” NRPEC completed six NPC requests, including a request which allowed patients to access the Patient Education Website and materials from the patient televisions. NRPEC closed 18 NPC requests from previous years. In addition, NRPEC implemented Document Tracking via Excel on the MS Teams Channel.

CCND Shared Governance 2023 Highlights

Clinical Practice Committee (CPC)

The Clinical Practice Committee (CPC) maintains evidence-based Standards of Practice (SOP) and Procedure (PRO) documents for the NIH Clinical Center Nursing Department (CCND). In 2023, the CPC team Partnered with Clinical Nurse Specialist (CNS) colleagues, Nursing Information Systems committee (NIS), Nursing Professional Development (NPD), Nursing Research Participant Education Committee (NRPEC), Safety and Quality, Department of Clinical Research Informatics (DCRI), Website Request team and other partners to ensure efficient and timely project completion. Fifty-nine documents were edited, reviewed, approved & posted to the nursing intranet, 58 of which, were reformatted into the new CCND CPC SOP/PRO template. CPC developed nine Elsevier Skills® with NIH Guidelines. There was a total of 38 NPC requests delegated to CPC. Of this number, 24 NPC requests were completed and closed out. Eight additional NPC requests were completed and closed-out from preceding years.

CPC continued its utilization of MS Teams in both meeting and group collaboration capacities to optimize committee functioning. The CPC Committee built on its work from 2022 by creating a standardized process to review, approve and post NIH- specific updates to an existing evidence-based practice procedure resource (Elsevier), which the committee voted to call NIH Guidelines. Additional Committee project highlights included collaboration on the revision of the NPC request tracking project & NPC request tracker. The CPC committee is ever grateful for the leadership and support provided by Nursing and its strong partnerships that extend throughout the nursing department and far beyond.

CCND Shared Governance 2023 Highlights

Performance Improvement Committee (PIC)

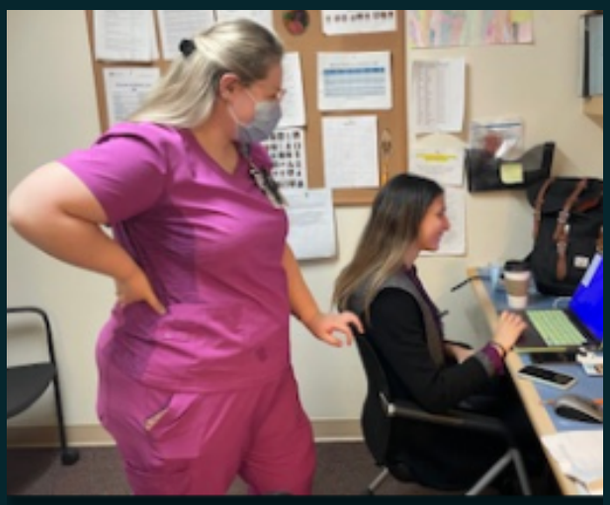
The Performance Improvement Committee (PIC) promotes quality outcomes, including research integrity, through identification, facilitation, and ongoing evaluation of performance and quality improvement initiatives and patient safety initiatives. PIC makes recommendations on prioritizing issues and addressing trends and/or opportunities related to the practice of clinical research nursing and patient safety. In 2023 PIC focused on a variety of projects related to patient safety in the Clinical Center.

The committee's accomplishments included:

Patient safety during transport within the Clinical Center. The committee finalized a department policy with leaders that defines situations in which patients should be accompanied by a nurse or other clinician. The work on this policy was initiated in 2022 and completed in 2023. The New Policy provides guidance to nurses in determining circumstances in which a patient should be accompanied by a health professional during transport within the Clinical Center.

The PCA/ Epidural hand-off was planned, implemented, and developed by PIC in 2023 as an interdisciplinary PCA/ Epidural Guide for epidural narcotic hand-off flow in the Perioperative area for the safety of the Clinical Center staff and patients. This guide was finalized and brought to The CPC committee for inclusion in the SOP/PRO Patient Controlled Analgesia as a possible standardization throughout the CC.

Plan for unit representatives helped their home units and clinics prepare for the Joint Commission's visit for 2024.



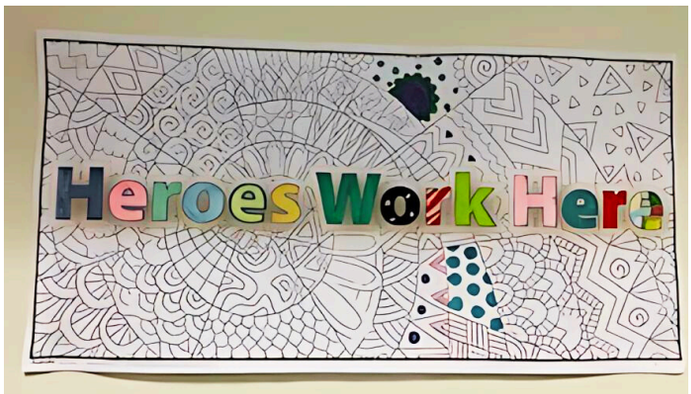
CCND Shared Governance 2023 Highlights
Wellness, Recognition, & Retention

The Wellness, Recognition & Retention (WR&R) Committee works to cultivate a culture of employee wellness and recognition through the implementation of wellness activities, recognition programs, and retention efforts that seek to promote self-care and retain highly qualified healthcare professionals.

In 2023 the committee merged the Nursing Wellness Committee and Recognition & Retention Committee to form: Wellness, Recognition and Retention Committee (WR&R). The Shared Governance By-laws were updated to reflect this change and there was the formation of Sub-committees to continue projects started by the Wellness Committee prior to the merge, the main one being the committee to launch the Code Lavender initiative.

WR&R also sponsored the 2023 Nursing Awards that included new more inclusive categories. There were 73 nominations and a wonderful celebration and awards ceremony featuring a keynote address by Dr. Boston-Leary. WR&R also sponsored Certified Nurse's Day where certificates and awards for all certified nurses were presented along with a treat cart.

The House of Hope award guidelines were updated to include non-nursing team members as nominees and recipients. WR&R sponsored a summer t-shirt design contest. The winner was Isabella Colvin from 5NW. WR&R also sponsored the Best Friends at Work Photo contest.



CCND Shared Governance 2023 Highlights

Nursing Information Systems Committee (NIS)

The Nursing Information Systems (NIS) Committee partners with Department of Clinical Research Informatics (DCRI) to continuously update, manage, and improve the Clinical Center's Clinical Research Information System (CRIS), the hospital's electronic medical record. NIS receives numerous NPC requests annually, many of which help align current nursing practice with documentation.

In 2023, the NIS committee processed 56 new NPC requests, approved 20, tabled 21 requiring more information, closed ten unfeasible or duplicates, and rerouted five to other groups. A total of 44 NPC requests, including requests from previous years, were completed, and four were closed. The committee heard the following presentations from stakeholders: Patient Education Instructions to enroll in Follow My Health, Copy Forward Function, Transfusion Practice Workgroup about the 2-layer verification when ordering blood products, On call now tool, Humpty Dumpty Pediatric Falls Tool, Update Distress Screening Note, Advance Directive note, Abuse and Neglect Documentation, Suicide Risk Screening tool, Bedside Mobility Assessment Tool (BMAT) 5 levels, Electronic Medication Reconciliation, and Braden QD & Intervention Mockup.

Four workgroups, each making significant strides, were formed to work on the following requests: limb restriction and how best to document this in CRIS, improve the robustness of the IPASS Nursing Huddle sheet, streamline the Admission Assessment, and update all outdated neurological terminology in the CCND policies and SOP.

The first three workgroups have almost finalized their projects, with a nursing order set for limb restriction already submitted. A proposed mockup of the Nursing Huddle sheet was submitted to DCRI for feasibility review after presentations to PIC and NIS committees with leadership. The admission Assessment streamline project is still in process, showing promising signs of success. The NIS committee also published the User Support Team (UST) rounding on all patient care units that support and improve the CCND with technology issues.

CCND Shared Governance 2023 Highlights

Evidence-Based Practice - Research Innovation Council (EBP-RIC)

The Evidence-Based Practice-Research Innovation Council (EBP-RIC) provides consultation and/or guidance to Clinical Research Nurses (CRNs) and other inter-professional team members interested in conducting formal initiatives to improve care at the bedside through three approaches: evidence-based practice (EBP), quality improvement (QI), or research. The EBP-RIC facilitates consultation with experts in methods and/or other topics based on the scope of the initiative, coordinates the process of obtaining CC Nurse Executive Team approval, tracks progress, evaluates the outcome of the initiative, and facilitates dissemination. The EBP- RIC works collaboratively with the Shared Governance Committees, Nursing Practice Council (NPC), EBP Fellowship Co-Directors, and nursing department leadership.

In April 2023 the NIH Clinical Center Nursing Department (CCND) held an Evidence-Based Practice (EBP) leadership workshop on campus with forty (40) CCND leadership participants in attendance. The CCND also held an Evidence-Based Practice (EBP) 5-day Immersion course on campus with ten (10) participants in attendance in February 2023. There were also an additional two (2) participants in an off-site EBP 5-day Immersion course held in November 2023. This cadre of nurses will be instrumental in implementing and sustaining EBP throughout the clinical setting.

Throughout the year seven (7) attendees of the EBP 5-day Immersion courses presented their EBP projects during the monthly EBP-RIC Council meetings. The Council also received nine (9) NPC requests that were either specific to project development, or the Council was asked to give guidance regarding the request EBP-RIC unit representatives are encouraged to develop EBP bulletin boards on their units with the goal of educating and highlighting evidence-based practice in action. Three (3) representatives presented their bulletin boards during the 2023 meetings.

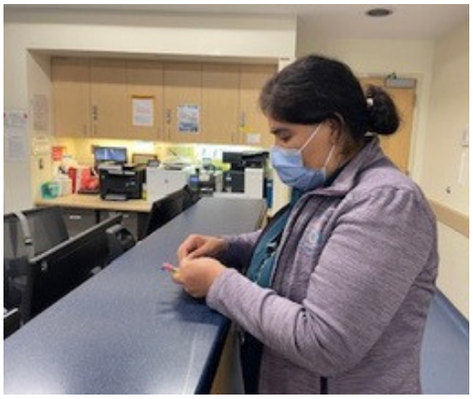
CCND Shared Governance 2023 Highlights

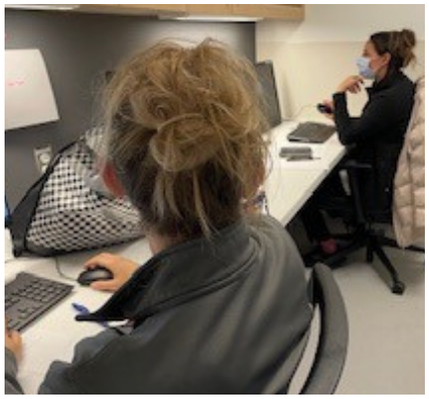
Unit Practice Councils (UPCs)

As part of Shared Governance, the Clinical Center Nursing Department established Unit Practice Councils (UPCs) several years ago. The purpose of a UPC is to empower and promote frontline staff, mainly Clinical Research Nurses, to participate in unit-level decision-making over unit-specific issues.

Every year, the UPC chairpersons report out on their units' initiatives and progress. 3NE, 5SWN and 3NW engaged with increasing certifications. 3NE instituted a study group to assist staff in achieving certification with five nurses obtaining certification. 5SWN was able to increase overall certification to 80%. In addition to certifications, 3NE created new contact cards to facilitate interdisciplinary team communication and minimize RN interruptions. Satisfaction improved by 55% post interventional. 7SWN increased their respect for diversity by having observations and celebrations of cultural holidays throughout the year. The Operating Room focused on specimen management and policy updates. While the Post Anesthesia Care Unit (PACU) evaluated communication and discharge criteria. 3SENs project was ensuring accurate intake and output documentation. Hospital Acquired Pressure Injury (HAPI) Prevention was the primary focus in the ICU. 5SE revised the float nurse guidelines.

The staff responded positively to the initiatives. In addition, the number of positive affirmations shared on unit bulletin or positive STARS reports have increased. These are just a small example of the work done by our UPC teams this year. The UPCs remain a vital part of our Shared Governance. As evidence by the projects presented in these paragraphs. The UPC continue to strive to improving patient care and to cultivating a better the work environment.





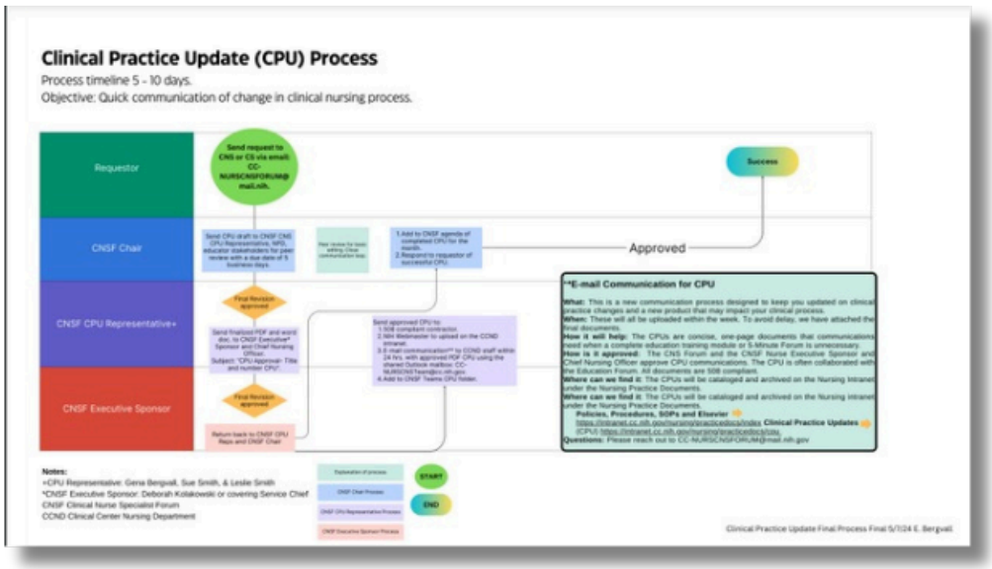
Exemplary Professional Practice

Implementation of Clinical Practice Updates (CPUs)

The Clinical Nurse Specialists (CNS) and the Clinical Nurse Specialist Forum (CNSF) identified the need for a quick, structured, formal, and easily consumable communication methodology when a practice change occurs. The previous practice was to send an e-mail from different disciplines, which created variability and led to confusion and possible error. A document did not exist to meet the needs for practice changes outside of a complete education program, an education five-minute forum, or policy development within the NIH CCND.

A review of current practices, literature synthesis, and CNS expertise led to the creation of the Clinical Practice Updates (CPU). The CPU is a one-page document that informs the NIH Clinical Center nursing of an updated practice or product change. The goal of the CPU is to aid nurses with improved evidence-based decision-making, outcomes, efficiency, and overall autonomy while reducing risk, practice variability, and confusion within their practice. The CPU provides a strategy for all nurses to be on the same page and an opportunity to link practice to the new NIH CCND Professional Practice Model.

The CNSF created and approved a CPU template and process. CPU process timeline is 5-10 days. The CPU is peer-reviewed by the CNSF, stakeholders, and executive sponsor Dr. Deborah Kolakowski. A final review is approved with Dr. Barbara Jordan.



CPUs Approved in 2023

Enteral Nutrition Close System Adult and Pediatric

Intranasal Medication Administration: Use of the Atomizer

Parental Medication Administration Guideline Purified Water for Severely Immunocompromised Patients

Subcutaneous Injections Update

Trach Safety Kit: Content Change

Clinical Center Simulation Center Activities

Throughout 2023, the NIH CCND has continued to partner with the NIH Clinical Center Simulation program, finding new ways to engage in simulation for staff education and expanded readiness. Dedicated efforts have focused on high-risk, low-volume clinical scenarios and opportunities for inter-professional simulations focused on team dynamics, optimized communication, and system improvement.

The MSS team, integrated innovative technology into their annual skills collaborated with the NIH CC Simulation Center to develop a scenario reflective of a real-life patient experience. The purpose of this initiative was to provide an immersive learning experience for CRNs, allow learners to practice skills needed during real-life scenarios, and increase patient safety by improving clinical response during an emergent situation. A standardized scenario was developed to elicit critical thinking, allow participants to demonstrate skills, and verbalize knowledge of competencies. The NIH CC Simulation program provided space, tools, and personnel to bring nursing teams together in a comfortable, relaxed, and safe environment. During debriefing sessions, nurses were given the opportunity to express their feedback, concerns, and recognize the importance of their role in the delivery of high-quality patient care.

Nurses from the pediatric program of care and the ICU partnered with the pediatric hospitalist service to develop a habitual, weekly training program inclusive of interprofessional simulation designed to enhance preparations for care of acutely ill children. This partnership has focused on various clinical scenarios reflective of the pediatric program of care portfolio while supporting enhanced collaboration and teamwork.

Revised Opioid Monitoring Guidelines

The Opioid Administration Guideline team collaborated with interdisciplinary colleagues to address strategies for safe implementation practices that will be utilized throughout the Clinical Center Nursing Department for both adult and pediatric patients. Based on the Care of the Person Receiving Opioids Guidelines, the team developed processes and outcome measures for the safe administration of intravenous opioid that includes the use of syringe pumps, pulse oximetry, and standardized monitoring guidelines that guide nursing practice.

The initial step was the development of standardized opioid guardrails that were loaded on each Alaris syringe pump manually so that intravenous opioids could be administered within the manufacturer recommended dosage and time. The nursing team developed a plan for communicating and educating the nurses starting with major revisions to our standards of practice.

An Absorb module was developed to educate nursing staff on the Pharmacy Opioid Guidelines, revisions in nursing practice and use of the Alaris syringe pump. Biomed and CHS distributed syringe pumps and set tubing par levels to all units and clinics to assure the necessary equipment was available inpatient, clinics, and Day Hospitals. The next phase is the implementation of capnography for patients at high risk of respiratory depression.

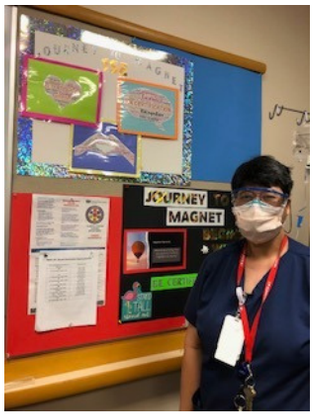
Rolling in Smiles: The Implementation of Pediatric Toy Cart in the Perianesthesia Care Setting

The waiting period in the perioperative area before a surgical procedure is a time of high anxiety for children and their parents. Karina Bridges, a nurse in the CCND PACU, identified this issue and collaborated with DPM leadership—Dr. Muhammad Yousef, Nilka Schulman, Rose Daisy Jones, Dr. Andrew Mannes, and Paulette Price to introduce a toy cart in the preoperative space.

Why toys? Toys are an evidence-based proven method to reduce anxiety in pediatric patients and are utilized frequently in our clinics and inpatient units. The toy cart was created in late August 2023 and has been a successful addition to the department. A brief study was conducted from November-March 2024 to determine what the impact of offering age-appropriate toys to pediatric patients was on alleviating preoperative anxiety during the waiting period before surgery. The results showed that since the availability of toys in the pre-operative area, pediatric anxiety has significantly decreased (94%) and overall patient satisfaction has increased. One guardian stated that “My child was very nervous about her procedure, but once we got dressed and ready for her surgery, the nurse brought over the toy cart and provided a tiara to my child in her favorite color. My daughter told me she instantly felt better and more confident.”

The initiation of a toy cart in the pre-operative space has helped numerous inpatient and outpatient pediatric patients at the NIH by spreading smiles and decreasing anxiety. A special thank you to the Department of Perioperative Medicine for continuing to fund and support this nursing led initiative.

New Knowledge, Innovations, & Improvements



Clinical Nurse Specialists Promote EBP and Innovation

Clinical Nurse Specialist/Nurse Specialist Team

CNS/NS	Population	Subspecialty	Service Line
April C. Ames-Chase, PhD, RN, PMH-BC, CARN, CNL	Adult	Behavioral Health Psych	NBHP/
Eugena "Gena" Bergvall DNP, APRN, CRNP-BC, CCNS-BC, ACCNS-AG, ACNP, CCRN, CNRN	Adult	Neurology	NBHP/ Neurology
Ann Peterson PhD, RN, CMSRN, APRN-CNS	Adult	Pulmonary	MSS
Steve Risch DNP, RN, APRN-BC, CCRN-K, CCNS	Adult	Oncology/ Critical Care/Transplant	OCC
Leslie Smith DNP, RN, BMTCN, AOCNS, APRN-CNS	Adult	Oncology/ Transplant	OCC
Susan Smith DNP, APRN, ACNS-BC	Adult	Critical Care	OCC
Patricia Todd DNP, APRN, PCNS-BC, CPEN	Pediatric	Critical Care	OCC
Assumpta Ude PhD, RN, FNP-BC	Adult	Endocrine & Metabolic	MSS
Myra Woolery PhD, RN, CNS	Pediatric	Oncology /Transplant	NBHP

OCC=Oncology & Critical Care, MSS=Medical Surgical Services, NBHP = Neurology, Pediatrics, Behavioral Health

Projects

CNS	Unit/Dept	Project
Leslie Smith, Steve Risch, Trish Todd	CCND	Implementation of monitoring guidelines in patients prescribed intravenous opioids
Leslie Smith, Trish Todd	CCND	Implementation of the syringe pump for infusion of opioids ordered as intravenous push
Leslie Smith	CCND	Use of Elsevier as source for procedures including ability to add NIH guidelines
Leslie Smith	CCND	Implementation of biosimilars
Leslie Smith	CCND	Process for patient waste disposable with toilet lid installation and rinsing wand removal
Leslie Smith	CCND	Improvement of documentation of transfusions
Ann Peterson	CCND	5SW/DH Best practices in Sickle Cell Disease pain management
Ann Peterson	CCND	5NW Pilot of pain management in SCD with syringe pump technology
Ann Peterson	CCND	Clinic 7- Updating Patient education in Bronchiectasis & Respiratory Diseases for clinic staff
Ann Peterson	CCND	Peripheral VAD education handout
Ann Peterson	CCND	Updating staff for new extravasation CC process
Ann Peterson, Pharm, Peds GI	CCND, Phar, Medicine	Expanding fecal microbiome transplant options for pediatric and adult patients
Ann Peterson, Meg Mikula	CCND	Streamlining trach supply kit ordering, combining peds/adults kits
Ann Peterson, RT, Pulmonary Consult Service	CCND, RT, PCS	Improving RN documentation to facilitate decision making on NIVS
Gena Bergvall & Trish Todd	CCND	The construct and infrastructure build of evidence-based practice within CCND
Trish Todd, Jill Rothschild, Anita Ben, Tamara Goodwin	CC	Pediatric unplanned off hour outpatient visits
Trish Todd, Gwen Wallen, Deb Kolakowski, Gena Bergvall	CCND	INSPIRE 2.0
Trish Todd, Lee Ann Keener, Angeline Thomas, DLM	CC	Pilot study & procurement of small volume blood volume tubes
Trish Todd, Mabel Gomez, Jen Jabara, Julie Hogan & Ron Gillis	CCND	Pediatric Bridge to Practice Simulation
Trish Todd, Gena Bergvall, Alexis Braxton	CCND	EBP Pathway to Proficiency
Gena Bergvall, Sue Smith, Leslie Smith	CCND	Creation & implementation of the Clinical Practice Update (CPU) approval process, template and intranet posting
Susan Smith	CCND	CVAD SOP/PRO implementation Unit Champion and CRN education and training.
Susan Smith	ICU	Reducing CLABSI
Susan Smith	ICU	Reducing HAPI
Susan Smith	CCND	Reducing CLABSI
Gena Bergvall & Susan Smith	ICU/7SW/N	Implementation of Safety Mittens
Susan Smith, Gena Bergvall, Leslie Smith, Steve Risch	ICU/CCND	Implementation of Cortrak for placement of small-bore feeding tubes
Susan Smith	ICU	Implementation of AACN CCRN exam study program and pre-paid exam vouchers
Steve Risch, Leslie Smith, Trish Todd	CCND	Parental medication administration guidelines (PMAG) workgroup.
Steve Risch	CC	Reducing falls throughout CC
Steve Risch	CCND	Implemented new cardiac telemetry documentation and pulse oximetry. New standards for adjusting alarms.
Steve Risch, Amy Wilkins, Erika Jaworski	OCC	Practice gap analysis of outpatient fall practices.
Steve Risch, Colleen Bond, Vikas Kapoor, Meredith Frey	CCND	Exploratory analysis to determine the need for a system wide symptom care clinic
Steve Risch	CCND	Implementation FRASS falls screening tool
Myra Woolery, Pam Horowitz	CCND, DCRI, Biomed	Philips VS30 Implementation-Phase II. Pediatrics with BP alerts and Ambulatory care
Myra Woolery/Rosa Rousseau	CCND/DCRI	Implementation of Humpty Dumpty falls screening tool

Service Now Improves Product Procurement Process

Previous product procurement processes for CCND staff was found to present a number of challenges.

- No process efficiency, nurses and clinicians don't fully understand procurement
- Time consuming and delay with procurement of products
- Process is manual, inefficient, and archaic
- E-mail dependent and manual data processing
- Practice deviations (i.e., work arounds) creating variations of products and data standards slow down clinical operations
- No transparency when communicating procurement updates and outcomes on a dashboard

Issues such as these led to delays in procurement of products and extensive use of resources (time, training,...). A team convened to explore alternative systems. Corey Stephens, RN, Gena Bergvall, RN, Kristina Hagan, RN, and Angeline Thomas, RN determined that Service Now, a system already in place in the Clinical Center, would meet the needs of the department.

Service Now went live in May 2023, and is available to all CCND staff. The system if fully automated, and has increased efficiency outcomes significantly. Service Now has been streamlined into the CCND Shared Governance NPC Request System:

- Automation built to “trigger” the process after NPC request submitted through the NPC Request Form
- Once entered into Service Now AND discussed at NPC meeting, CCND Nurse Consultant accepts the request
- Automatic email with Bookings Standardization calendar goes out to requestor to schedule a Standardization committee presentation
- Requestor presents to Standardization on scheduled date/time
- Decision is made my Standardization and approved or rejected in Service Now
- If approved, request moves forward to procurement process with MMESD

Since roll out of Service Now, the time spent by Nurse consultants significantly decreased from over 20 hours/month to approximately 10 hours per month. A cost savings of over $200,000 over the first year occured with an expected savings of over $100,000 per year in the future. Additionally, the number of product procurement requests increased from 2-5 per month, to 16 per month.

Renovations

The Clinical Center Nursing Department (CCND) has numerous ongoing Capital Improvement Projects, within the Clinical Center (CC), which promote a work environment that supports excellence in nursing and optimizes patient safety. These multimillion-dollar projects will continue over many years, in collaboration with multiple departments and stakeholders.

Outpatient Exam Room Refresh:
Patient exam rooms on OP7 and OP9 have been equipped with state-of-the-art amenities including otoscopes, exam desk, patient and visitor chairs, flooring, dimmable interior lights, and more. Ensuring compliance with ADA standards, this space offers a clean, safe, and modern environment tailored to enhance the comfort and well-being of all patients and staff.

Research Apheresis- Transfusion Services Laboratory (TSL) and Blood Services Section (BSS)
The E Wing Construction Project: This collaborative effort between nurse leaders and contractors upgraded various aspects of the area, including storage space, flooring, patient exam beds, dimmable lighting, patient TV's, wooden finishes, and nurse station. The goal was to enhance functionality, safety, and the overall working environment for both patients and staff, while maintaining a focus on patient safety.

INSPIRE 2.0
Innovation for Nursing Sensitive Practice In a Research Environment 2.0

The original Innovation for Nursing Sensitive Practice In a Research Environment (INSPIRE) model was developed at the NIH Clinical Center Nursing Department (CCND) with the vision of improving clinical research nursing practice and patient safety through innovation. The model is presented as a decision-making flow diagram. (Wallen et al., 2014). The INSPIRE Committee was developed using the original INSPIRE Model as the foundation of the EBP, QI and research process.

In 2020-2021, there were structural changes within the NIH Clinical Center Nursing Department. It was found that the direct care nurses did not utilize the INSPIRE committee and model process. This presented an opportunity to re-evaluate the INSPIRE committee and the INSPIRE model.

Working closely with our Shared Governance Coordinating Council, made up of direct care nurses, monthly meetings were conducted and a new shared governance committee was developed: The Evidence-Based Practice, Research Innovation Council (EBP-RIC). In addition, as one of the Magnet pillars, CCND was required to display nursing research and EBP infrastructure as Magnet examples.

Through this process, gaps were identified. The INSPIRE process (model) indicators for identifying initiatives for EBP, QI or research had changed. This presented an opportunity to enhance the framework and reassess the components of the original INSPIRE model within CCND. The collaborative effort with the author of the original INSPIRE model (Wallen et al., 2014) identified gaps that led to the development of INSPIRE 2.0.

The INSPIRE 2.0 framework was improved and simplified by providing a Requestor Process Guidance document to guide the requestor through the INSPIRE 2.0 process. In addition, mentors were identified to offer support and guidance. The NIH Nursing Intranet EBP website was updated with toolkit access and an NIH librarian was assigned to assist nurses with library searches.

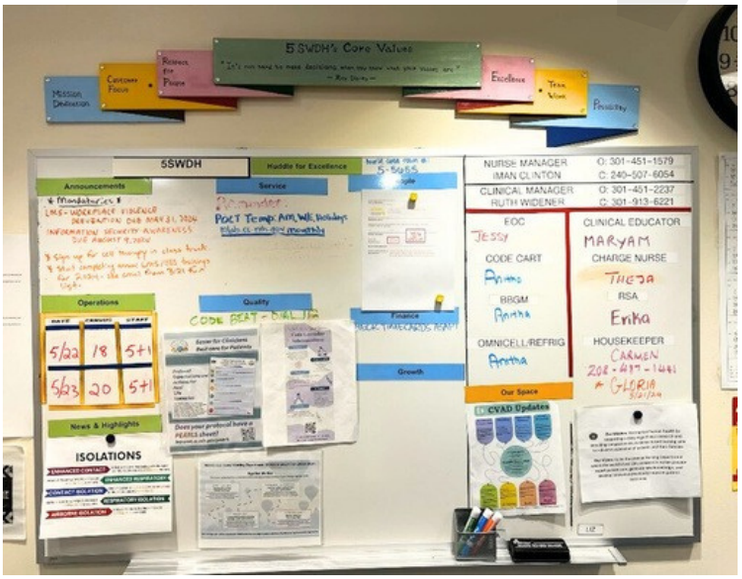
Unit Huddle Board Updates

The NIH Clinical Center Nursing Department (CCND) recently standardized the Huddling for Excellence process across our nursing units. The 2023 effort aimed to standardize the huddle procedure to better serve all shift nurses and provide a consistent resource for staff reference. The goal was to enhance the efficiency and effectiveness of staff gatherings around the huddle boards, ensuring seamless display and access to crucial information.

The recommended implementation decision made in 2017 to structure the Huddling for Excellence process using the 5 Pillars of Studer's framework was reviewed. Pictorial information about current state was gathered by Ms. Rahimzadeh and Dr. Adeoye. While the Huddle for Excellence was intact in some areas and valued, a standardized approach was no longer apparent largely because there were no easily accessible guidelines to follow.

The Huddle for Excellence Boards now display real-time updates, important announcements, patient care information, and unit-specific metrics. Their interactive nature allows nurses to quickly access patient and staff needs, communicate essential information, and coordinate care more efficiently. This has significantly improved information flow and collaboration among nursing staff, ultimately enhancing patient care.

In summary, it is anticipated the updated Huddle for Excellence process will significantly improve communication and collaboration among our nursing staff. By standardizing the Huddle for Excellence process and providing a reliable reference resource, we expect to foster a more cohesive and efficient work environment. Positive feedback from nurses and noticeable improvements in unit operations highlight the success of this initiative within the NIH Clinical Center Nursing Department.



Key team members involved in this project included Project Lead, Celine Rahimzadeh (Management Analyst, Safety & Quality Office), Anthonia Adeoye (Nurse Consultant, Safety & Quality Office), Helen Mayberry (Program Director, Safety & Quality Office, Iman Clinton (Nurse Manager, 5NW, 5SWN, & 5SWS/DH), and Joan Aaron (Service Educator, Oncology & Critical Care). Their collective focus was on creating a streamlined, standardized approach to the Huddling for Excellence process across all patient care areas.

Central Venous Access Device (CVAD) Care and Central Line Associated Blood Stream Infection (CLABSI) Prevention Fair

The inaugural CCND CVAD Care and CLABSI Prevention Fair was held October 17-19, 2023. The event provided clinical staff with opportunities to learn about several new CVAD care products and updates to practice documents. CVAD care products were requested and procured through the shared partnership between CCND Shared Governance and NIH CC Standardization Committee. In addition to the procurement of new products, changes to nursing practice documents were made. All changes were made to support efforts to reduce CLABSI in many of our vulnerable patients.

Over 250 CCND staff participated in the hands-on event, where they discussed new products with vendors and participated in hands on practice sessions. Nursing experts were present to introduce and discuss upcoming changes to the CVAD Standards of Practice and Procedures.

Participant feedback was overwhelmingly positive commenting the fair was informative and well organized. Participants expressed that they liked the demonstrations, having experts there to answer their questions, being able to practice procedures, and they enjoyed the interactive learning games.

2023 CCND Publications and Presentations

Journal Article	Oko-Odoi, A., Bergvall, E., Kolakowski, D., Allison-Aipa, T. (in press). Implementing a fall prevention protocol to reduce inpatient oncology fall rates. Clinical Journal of Oncology Nursing.
Journal Article	Abd-Elmoniem, K. Z., Yeramosu, T., Purdy, J. B., Ouwerkerk, R., Matta, J. R., Ishaq, H., Hawkins, K., Curl, K., Dee, N., Gharib, A. M., & Hadigan, C. (2023). The role of hiv as a risk modifier for coronary endothelial function in Young Adults. HIV Medicine, 24(7), 818–826. https://doi.org/10.1111/hiv.13484
Online Multimedia	Bergvall, E. (2023). Essentials of Critical Care Orientation (ECCO) Online Program Neurological Disorders, Part 2 – ICU and PCU Module Reviewer. American Association of Critical Care Nurses. https://www.aacn.org/education/online-courses/essentials-of-critical-care-orientation/ecco-course-syllabus?tab=ICU%20Track
Presentation	Rousseau, R., Nyabwari, A., White, K., Woolery, M. (2023). Bridging the Knowledge-Practice Gap in a Pediatric Behavioral Health Clinical Research Unit with Multi-Modality Simulation. Society of Pediatric Nurses 33rd Annual Conference, Building Bridges & Making Connections. Pittsburgh, PA.
Presentation	Rousseau, R., Shin, P., Gillis, R. (2023). Take One! Engaging Simulated Patients to Implement the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C). International Nursing Association for Clinical Simulation and Learning Annual Conference, Imagining the Future of Simulation. Providence, RI.
Presentation	Bergvall, E., Plueger, M., Dewar, S. (March 2023). Managing complex peri-ictal behavior in the epilepsy monitoring unit: Determining the need for a practice guideline. American Association of Neuroscience Nursing Annual Conference: Celebrating the Value of the Neuroscience Nurses. (Orlando, FL.)
Presentation	Bergvall, E.; Ariguzo, D.; Boateng, M.; (March 2023). Peer-led coaching model with technology innovation strategies to empower nurses to pass the Certified Neuroscience Nurse (CNRN) Exam. American Association of Neuroscience Nursing Annual Conference: Celebrating the Value of the Neuroscience Nurses. Orlando, FL.
Presentation	Ezeakolam, V., Ude, A.O., McEachern, C., Morgan, Tracyann. (April, 2023). Integration of a Collaborative Dry Run to Facilitate Consistent and Safe Implementation of a Phase 1 Drug Study. International Association of Clinical Research Nurses Annual Conference. Philadelphia, PA.Farmer, N; Tuason, R, Middleton, K., Ude, A., Tataw-Ayuketah, G., Flynn, S., Kazmi, N., Baginski, A., Mitchell, V and Wallen, G (March, 2023). Participant-based Study Design: Use of Virtual Focus Groups to Explore Acceptability of a Cooking Intervention among African-American Women Living in Washington, D.C. [Poster presentation]. Association for Clinical and Translational Science, Washington D.C.
Presentation	Todd, P., (2023). A closer look at blood draw volume practices across a research hospital system. SINI; Summer Institute of Nursing Informatics University of Maryland School of Nursing. July 20, 2023. Virtual Podium Presentation
Presentation	Fontan E.(2022) Role of the Protocol Coordinator in Clinical Research Nursing. 2022 IACRN 14th Annual Conference . Atlanta, GA
Presentation	Ezeakolam, V., Ude, A., McEachern, C., Morgan, T. (October/2023). Integration of a Collaborative Dry Run to Facilitate Consistent and Safe Implementation of a Phase 1 Drug Study. International Association of Clinical Research Nurses Conference. Philadelphia, PA.

2023 CCND Publications and Presentations

Presentation	Smith, L. (2023, May 9). Diagnosis and management of liquid malignancies leukemia and lymphomas [Classroom lecture]. University of Maryland.
Presentation	Peterson, A. M., Laprat, J., & Premkumar, A., (2023). Bronchiectasis: Nurse led evidence-based practice. Respiratory Nursing Society & Interprofessional Collaborative, 31st Annual Educational Conference. Roanoke, VA.
Presentation	Todd, P., (2023). A closer look at blood draw volume practices across a research hospital system. SINI; Summer Institute of Nursing Informatics University of Maryland School of Nursing. July 20, 2023. Virtual Podium Presentation
Presentation	Fontan E.(2022) Role of the Protocol Coordinator in Clinical Research Nursing. 2022 IACRN 14th Annual Conference . Atlanta, GA
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Presentation	Calixte, A. J. (2023). The Balancing Act: The Role of the Pediatric Clinical Research Nurse in the Management of Relapsed Childhood Acute Lymphoblastic Leukemia. Association of Pediatric Hematology/Oncology Nurses Annual Conference. Cleveland, OH.
Presentation	Crayton, C., Barb, J.J., Yang, L., Jacobs, J., Mbulu, C., Schwandt, M. L., Sawyer, S., Herman, K., Ramchandani, V., Diazgranados, N., Wallen, G.R., Maki, K.A. (June 2023). An Assessment of Stress, Childhood Trauma, and Oral Health Outcomes in Treatment-Seeking Patients with Alcohol Use Disorder. 46th Annual Research Society on Alcoholism Scientific Meeting. Bellevue, WA. (Poster presentation)
Presentation	Ezeakolam, M.V., Ude, A.O., McEachern, C., Morgan, T. (April, 2023). Integration of a Collaborative Dry Run to Facilitate Consistent and Safe Implementation of a Phase 1 Drug Study. International Association of Clinical Research Nurses Annual Conference. Philadelphia, PA.
Presentation	Calixte, A.J. (2023). The Balancing Act: The Role of the Pediatric Clinical Research Nurse in the Management of Relapsed Childhood Acute Lymphoblastic Leukemia. Association of Pediatric Hematology/Oncology Nurses Annual Conference. Cleveland, OH.
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