

**The World is Changing.
Medicine is Changing.
We're Leading the Way.**



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



The world is changing. Medicine is changing.
At The Ohio State University Wexner Medical
Center, we're *leading the way*.

And our nurses are on the *front lines*.

We are truly fortunate to have a strong, devoted team of nurses and patient care staff at the Ohio State Wexner Medical Center who demonstrate excellence in the care they provide each and every day. Our nursing staff exhibit their dedication to advancing patient care through continual improvement and translation of evidence-based practice, interdisciplinary collaboration and support for one another and the diverse communities we serve.

Our team at the Ohio State Wexner Medical Center uses the art and science of nursing each day to serve our patients and families with compassion and a strong commitment to quality, safety, service and outcomes.

I invite you to take a moment to review our fiscal 2019 nursing priorities, which align perfectly with our five-year nursing strategic plan. I also encourage you to review and share this annual report among your peers, so together we can continue to advance nursing practice and promote health and wellness across the nation and beyond.

Sincerely,



Jacalyn Buck, PhD, RN, NEA-BC
Interim Chief Nursing and Patient Care Services Officer
Administrator, Health System Nursing Quality,
Research, Education and EBP
Associate Chief Nursing Officer,
Medical Surgical Nursing; Women & Infants







2019 NURSING ANNUAL REPORT

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Partnership is Paramount: Ohio State Receives the 2018 Midwest Nursing Research Society's Partnership Award

In April 2018, The Ohio State University Wexner Medical Center and The Ohio State University College of Nursing (CON) celebrated its long-standing academic and clinical partnership as the 2018 recipient of the Midwest Nursing Research Society's (MNRS) "Research thru Academic-Clinical Partnerships" research interest group Outstanding Partnership Award. Mary Nash, PhD, RN, FAAN, FACHE, NEA-BC former chief nursing and patient care officer, and assistant dean, Clinical Affairs, The Ohio State University College of Nursing; and Bernadette Mazurek Melnyk, PhD, RN, CRNP, FAANP, FNAP, FAAN vice president for Health Promotion, university chief wellness officer, dean and professor, College of Nursing, received the award on behalf of Ohio State at the MNRS Annual Conference in Cleveland.

"The medical center's academic nursing environment shares a strong connection to the College of Nursing," Nash says. "While many organizations are often divided by the difference between their academic- and service-oriented missions, this award affirms Ohio State's collective commitment to advancing nursing science."

MNRS advances science, transforms practice and enhances careers through a network of scholars. One of its special interest groups focuses on recognizing collaboration between clinical service and academics. This award marks Ohio State's second national partnership award, having first received the American Association of Colleges and American Organization of Nurse Executives Award in 2013.

“ *Practicing nurses often don't get recognition for their academic endeavors, making the volume of collaborative research projects even more significant because they demonstrate that our nursing and patient care teams are fully committed to the academic mission of our hospital.* **”**

– Esther Chipps, PhD, RN, NEA-BC



Partnership is paramount and deeply embedded in the culture at Ohio State. As a result of this long-standing collaboration, the research program at the Ohio State Wexner Medical Center has been recognized repeatedly. The medical center received special exemplar status for research during its third Magnet® redesignation in 2014. Currently, the organizations are collaborating on 23 joint publications, as well as nine research projects that include research team members from both the CON and the medical center. A combined eight national and international presentations have been delivered between 2014 and 2017.

“One attribute that makes Ohio State successful at our research collaborations is that we have a very highly educated nursing staff,” says Esther Chipps, PhD, RN, NEA-BC, clinical nurse scientist. “The organization values higher education and leverages all that Ohio State’s College of Nursing brings to the clinical setting.”

Appointments of faculty to Ohio State’s Research/Evidence-Based Practice (EBP) and Innovation shared governance council and the creation of a Nursing Science Collaborative Council in 2017 further demonstrate the dedication across all levels of the organization to connect activities and initiatives in ways that are mutually beneficial. Ohio State’s new partnership with the Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare also reflects the organization’s commitment to EBP.

“Ohio State has visionary nurse leaders who believe that joint research efforts can significantly move the needle in improving clinical care,” Dr. Chipps says. “Together, Mary Nash and Bernadette Mazurek Melnyk believe in the value of nursing science and are committed to making this research take shape in real-world settings.”

In 2011, Ohio State announced a comprehensive plan to develop EBP practitioners, promote EBP outcome-driven initiatives and identify a strong pool of EBP mentors to provide ongoing support. Additionally, medical center staff currently serve on the CON’s EBP Steering Committee, and many staff mentors participate as teaching faculty to lead EBP workshops throughout the nation. Ohio State has also implemented a Dedicated Educational Unit which serves as an innovation unit for implementation of new EBP practices. Today, there are more than 25 ongoing EBP projects throughout the medical center at any given time.

“Historically, it takes approximately 17 years to bring research into a clinical setting,” Dr. Chipps says. “But because of our collaborative approach, Ohio State has the capacity to make this happen much more quickly.”

The CON alone has received more than \$11 million in externally funded research and educational grants. Among recent collaborative research accomplishments, Ohio State is leading a national study, with Dr. Chipps as principal investigator, to evaluate how the use of the electronic medical record has affected the uptake of EBP. Jacalyn Buck, interim chief nursing and patient care services officer at the Ohio State Wexner Medical Center, along with a collaborative team from the medical center and the CON, also conducted a study to catalog nurses’ time spent on various activities to learn to what degree nurses are practicing at the top of license. Another study’s principal investigator, Emily Neiman, a certified nurse midwife, is working with faculty from the CON to examine the benefits and risks of waterbirths, which will contribute to the national effort to provide evidence for the safe practice of waterbirth.

“We’ve modeled for future generations of nurses that we encourage and value nurse science and that nurses contribute meaningfully to the medical center,” Dr. Chipps says.

Peer-Driven Recognition Program Drives Organizational Culture

In September 2017, 8 Brain and Spine Hospital's Unit Leadership Council's chairs, Elizabeth Thirtyacre, BSN, RN, and Judith (Judy) Earman, BSN, RN, worked in collaboration with Blaze Hirsch, MSN, CNML, CMS-RN, nurse manager, to lead a fairly new unit. The Brain and Spine Hospital had been open for only about one year, and the composition of the unit included many new nurses, along with staff who had been with the organization for some time.

To unify the 70 team members of 8 Brain and Spine, the Unit Leadership Council and nurse manager set out to create a program to foster a sense of community and camaraderie, with the goal of returning meaningful dividends in terms of both staff satisfaction and patient care. While they recognized that it would take time and effort to develop a successful, peer-driven tradition, they saw this opportunity as a vehicle for shaping the culture of the unit.

“We knew it was important to acknowledge the valuable contributions of each team member,” Hirsch says. “But we also knew that building a deep sense of mutual trust and a positive culture could only be possible through a peer-to-peer recognition program. By empowering the members of the unit to engage in and help shape their own peer-recognition program, we were confident that they’d be more likely to help each other out, and continue to go above and beyond to spread goodwill to one another.”

– Blaze Hirsch, MSN, CNML, CMS-RN

The Unit Leadership Council started encouraging team members to post BRAVO recognition cards on the refrigerator in the unit's break room. Today, the unit averages more than 100 cards each month. Hirsch files the BRAVO cards in folders for each employee and recognizes a single employee at a time by sharing all of the BRAVO cards that the employee has accumulated over a period of time.

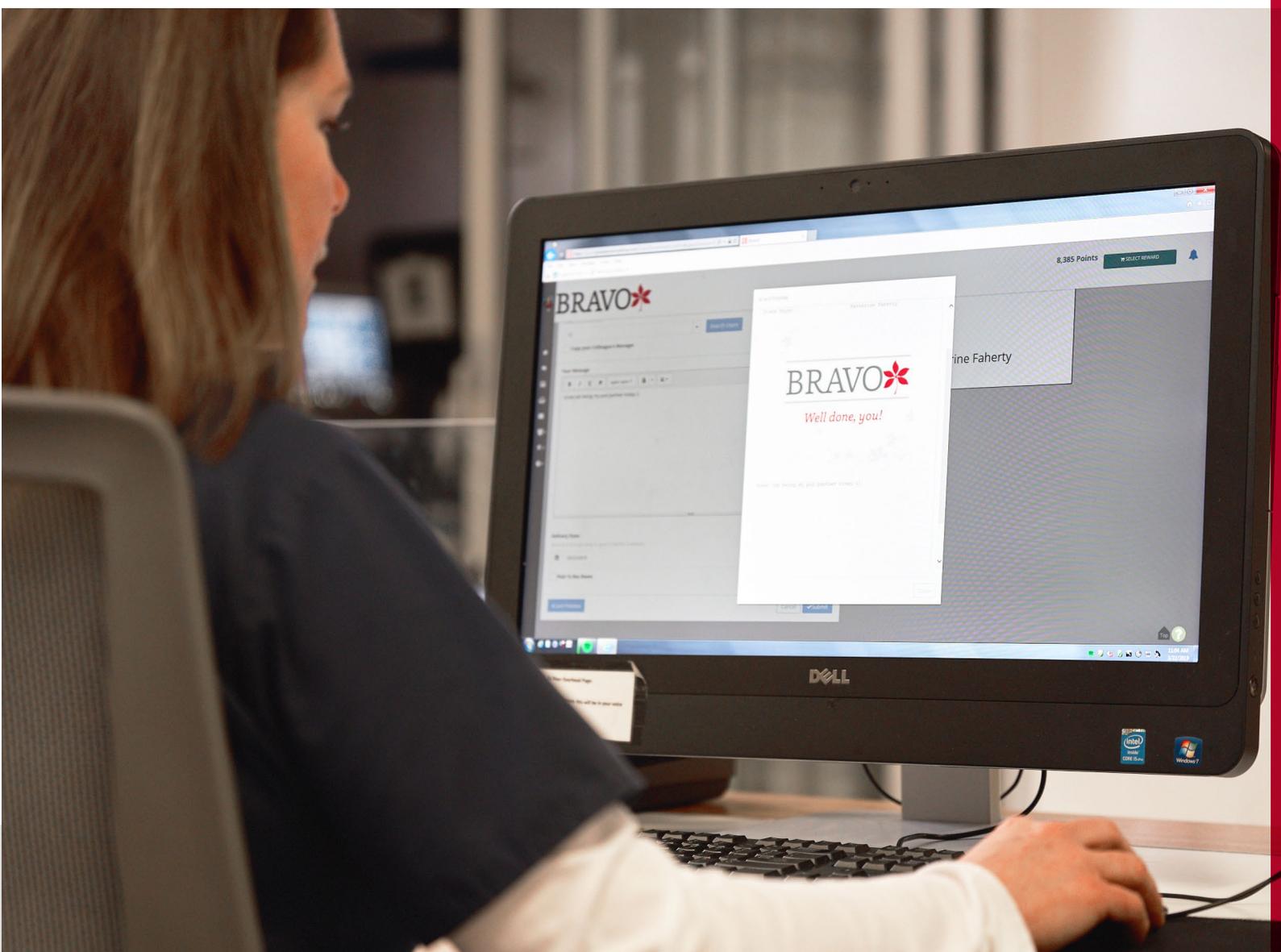
“It is truly a staff-driven program,” Hirsch says. “At each huddle at the beginning and end of every shift, we start with our mission, vision and values, and we always ask, ‘Did you recognize someone today with a BRAVO?’ Over time, we hope that the unit's culture of peer-recognition and gratitude will spread throughout the organization.”



Although the medical center's ONEVoice survey was conducted some time ago, when the BRAVO program had only been in place for two months, the Unit Leadership Council is looking forward to the unit's 2019 survey results. Since the peer recognition program has been in place, the unit has experienced the biggest increase in patient satisfaction scores compared to units throughout the rest of the organization. And if the recent Magnet® Recognition survey is any indication, the Unit Leadership Council anticipates significant improvements in staff morale and satisfaction ratings.

BRAVO

Well done, you!



IV Pump Integration: Nursing Staff Lead Project to Increase Patient Safety, Devote More Time to Patient Care

In November 2016, The Ohio State University Wexner Medical Center launched an initiative to integrate electronic infusion pumps, also called IV pumps, with patients' electronic health records (EHR) via the medical center's Integrated Healthcare Information System (IHIS). The sponsors for this initiative included Mary Nash, PhD, RN former chief nursing officer, Kris Kipp, MSN, RN, FAAN, FACHE, NEA-BC executive director, Patient Services, and chief nursing officer, The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute; Robert Weber, RPh, PharmD, MS, administrator, Pharmacy Services, and assistant dean for Medical Center Affairs, BCPS; and Thomas Bentley, RN, MS, FHIMSS, CPHIMS, deputy chief information officer.

In addition to the team at Ohio State, the IV pump integration project team, which included several nursing and patient care staff, collaborated closely with IHIS administrators and the medical center's two vendors: BD Alaris, the medical center's electronic infusion pump supplier, and Epic, the EHR platform that the medical center uses to help facilitate integrated care in a digitally secure environment.

"We brought together a strong core, cross-functional implementation team comprising 18 members from across the organization," says Mary Lou Hauenstein, MBA, BSN, RN, NEA-BC, former director of nursing Transplant Services,. "This team met throughout the process to ensure smooth rollout of this new technology."

The first phase of the project spanned 18 months and has already returned significant positive results on behalf of the medical center's patients and staff. While increasing patient safety was the primary impetus behind the project, the organization has also realized substantial time and cost savings.

The IV pumps allow doctors and pharmacists to prescribe medications by recording them directly into patients' EHRs. The orders are automatically sent to the IV pump to dispense the medication. This new workflow eliminates the need for nursing staff to transcribe the order into the machine by hand, which greatly minimizes transcription errors that can occur at a higher rate using manual entry. Once the pump begins, IHIS receives information from the pump to confirm that the settings match the order.

"An additional positive outcome stemming from this initiative has come in the form of time savings," Hauenstein says. "The information is auto-programmed directly from the EHR according to physicians' or pharmacists' orders. This means that nursing staff are spending significantly less time on data entry and devoting more time to delivering quality patient care."



While they no longer enter the information directly, nurses still provide an important safety checkpoint as they review the prescribed medicine that has been entered into the EHR and then gets transferred to the IV pumps. Nursing staff still have the ability to override the system if they believe there has been an error, thus preventing an incorrect medication or dosage from being administered to patients. The organization is currently measuring these alert overrides to determine the degree to which this new technology has helped improve the quality of care. An additional benefit to patients and Ohio State is the accurate capture of data, including rate and dose changes, as well as end-times for infusion-based therapies, such as chemotherapy. Because end-times for chemotherapy must be documented in order to submit invoices, this allows finance staff to invoice more efficiently.

The IV pumps went live on March 6, 2018. In March alone, 22 Ohio State nursing staff trained more than 200 nursing and patient care staff super-users on the use of the IV pumps. Within only a few months following implementation, more than 92% of nursing staff at the Ohio State Wexner Medical Center had already adopted full use of this new technology. According to corporate representatives for this technology, an 80% adoption rate is considered very good for most organizations implementing the IV pumps.

Real-time data is also available as a result of the IV pump integration project, and nurse managers can now view statistics at the unit level related to adoption rates, alert override rates and other important metrics to identify opportunities for continuous improvement.

The first phase of implementation included all of the inpatient units at East Hospital, Harding Hospital, Dodd Rehabilitation Hospital and Brain and Spine Hospital. The second phase of implementation expanded this solution to include emergency departments, East Hospital and University Hospital, clinical decision units and outpatient units. The project will conclude with a third phase, which will deliver the implementation of the IV pumps and training to the remaining ambulatory sites and staff to bring system-wide standardization across the organization and enhanced quality to the patient experience.



Ambulatory Primary Care Program Patients Overcome Barriers to Healthier Living



In 2011, The Ohio State University Wexner Medical Center renewed its certification for a patient-centered medical home, through the National Committee for Quality Assurance. Two years later, the Centers for Medicare & Medicaid Services (CMS) launched its four-year Comprehensive Primary Care (CPC) pilot program, which explored how practices and health systems are reimbursed to lower the cost of care while improving quality of care and patient experience. As a result of its success, CMS in 2017 launched phase two of this initiative, Comprehensive Primary Care Plus (CPC+). CPC+ is a national, five-year initiative comprising 14 different regions and 3,000 practices, including Ohio State.

One of the benefits of CPC+ is its enhanced payment model. Practices that are enrolled in CPC+ receive care management fees. CPC+ also provides a number of quality metrics that practices are accountable for achieving, and performance-based incentives for participating practices.

Care management fees have helped increase staffing so that the medical center can deploy team-based care throughout its primary care practices – nurse case managers, clinical pharmacists, social workers, mental health specialists and nutritionists all play important roles in improving the health of patients. The medical center currently operates family medicine clinics throughout central Ohio, in New Albany, Upper Arlington, Worthington, Gahanna, Thomas Rardin on The Ohio State University’s main campus, Lewis Center and a clinic near Ohio State East Hospital.

As a result of CPC+, these ambulatory sites have doubled their staff in the program’s first 18 months. As of today, there are 11 nurses, seven LPNs and two program coordinators, all contributing to the day-to-day operations of these eight ambulatory primary care locations.

“What is innovative about our approach to staffing is that our two program coordinator positions were created to connect patients to community resources,” says Belinda Bardall, MS, BSN, RN, NE-BC manager of Family Medicine, Care Coordination and Ambulatory Services, at The Ohio State University Wexner Medical Center Family Medicine. “While they aren’t licensed social workers, they help patients overcome barriers that might be preventing them from living healthier lives.”

From transportation to and from appointments and assistance with finding more affordable prescription medications, to access to food pantries and more, these coordinators cover several clinics. Bardall’s team is also collaborating with The Ohio State University’s College of Nursing to create a nurse residency, thanks to an HRSA grant. Additional training and a yearlong certification program for nurses to focus on the primary care specialty also launched in early 2019.

“Primary care coordination can be much different from what many nurses experience working in a hospital setting,” Bardall says. “Rather than focusing on critical situations, primary care takes a more holistic approach by focusing on variables that may not seem to directly impact health outcomes at first glance.”

Bardall’s team has focused much of its energy around outreach initiatives to get patients accustomed to starting with primary care for all of their healthcare needs. The team has become extremely proactive in following up with patients after they leave the hospital, providing education and encouraging use of primary care locations to prevent unnecessary future hospital visits. Performance data to date has reflected significant increases in cervical, breast and colon cancer screenings, as well as immunizations and well-child checkups.

“Our growing team has taken on a lot of new responsibilities, and they work hard to make continuous improvements,” Bardall says. “We focus on meeting patients where they are and helping them transition to a better state of health.”

“Trauma centers **save lives.**”

– Michael Sutherland, MD, Medical Director,
Trauma Services, East Hospital

East Hospital Launches Trauma Center, Offering Critical Emergency Care Close to Home

In September 2018, The Ohio State University Wexner Medical Center East Hospital achieved provisional Level III trauma center designation from the Ohio Department of Public Safety and the Ohio Department of Health.

“We consider ourselves to be a part of this neighborhood. So this was our opportunity to expand the services that are available to take care of the sickest patients that come through our emergency room,” says Michael Sutherland, MD, medical director of Trauma Services.

As a provisional Level III trauma center, Ohio State East Hospital now provides emergency care to adult victims of trauma from car accidents, falls, violent crimes and other causes. This new service complements the Emergency Department’s existing programs focused on other time-sensitive, life-threatening conditions, such as heart attacks and strokes.

“Ohio State has a strong record of providing the highest level of care for traumatic injuries and has been doing so for more than 30 years at the University Hospital Level I trauma center,” says David McQuaid, RPh, MBA, FACHE, chief executive officer of Ohio State Health System. “By offering trauma services in East Columbus, area residents will have access to this exceptional emergency care closer to home.”

East Hospital’s trauma center focuses on the full spectrum of patient care services, including prevention, immediate care, inpatient care and rehabilitation. It’s staffed 24 hours a day by emergency medicine physicians, with general and orthopedic surgeons and anesthesiologists readily available. The nursing staff is certified in trauma, and the center features advanced technology and supplemental services, such as physical therapy.

“The thing that has the biggest impact on that is having those resources readily available if the patient needs them and approaching each patient in a very standardized way,” Sutherland says.



Trauma cases have always shown up at East Hospital as walk-ins, but clinical staff previously focused on stabilization and transfer to a trauma center elsewhere, explains East Hospital Emergency Department Nurse Manager Ken Groves MSN, RN, CEN, CCRN. With the additional trainings and certifications in trauma-responsive care, staff now have additional expertise and quick access to an operating room.

“Our staff has been really high-energy, highly engaged,” Groves says. “We’re really excited to elevate that game and bring resources to our Emergency Department that are very unique.”

“We’ve been in the process of developing a Level III trauma program for more than two years,” says Mary Howard, DNP, RN executive director of East Hospital. “The initiation of Level III trauma care is the culmination of months of training, process enhancements and facility improvements to ensure every trauma patient receives exceptional care.”

East Hospital’s Emergency Department serves about 52,000 patients annually, with expectations of about 1,000 additional patients due to the new trauma designation.

“While it might be relatively a low number, we feel that it’s very important care; if it’s one life that we’re able to make a difference in, that’s important to us,” Howard says. “A major part of our strategic plan is a healthy community, and whatever role we can play, we want to do that.”

East Hospital completed a consultation visit with the American College of Surgeons (ACS) Verification Review Committee in May 2018 and will operate as a provisional trauma center as the next step toward full verification.

“Our trauma center journey at East Hospital is just beginning,” Sutherland says. “As we care for patients, we are committed to continuous improvement and research so that residents in east Columbus receive high-quality, evidence-based emergency services.”

East Hospital is a member of the Central Ohio Trauma System, and its trauma leadership advocates on a regional and state level to improve trauma care and disaster preparedness. ACS is a national scientific and educational association of surgeons that maintains a voluntary verification program for trauma centers.

New Behavioral Emergency Response Team Offers De-Escalation Support for the Bedside Nurse

When Tammy Moore, PhD, RN, NEA-BC, associate chief nursing officer at the Ohio State Wexner Medical Center Neurological Institute, noticed what seemed to be an increase in the number of patients requiring specialized support as a result of substance withdrawal and behavioral and mental health-related challenges, she helped assemble a team to examine the prevalence of this issue. The task force confirmed that the medical center was experiencing an increase in security staff calls to help manage and de-escalate these types of situations. Additionally, recent staff satisfaction and engagement surveys indicated safety as a serious concern.

With these findings and the full support of the medical center's leadership team, the task force began to investigate potential solutions by first exploring successful initiatives at other hospitals. To address the needs at The Ohio State University Wexner Medical Center, Moore and the task force created the Behavioral Emergency Response Team (BERT).

"Workplace safety is a huge issue nationally – even internationally – and, according to the Health Care Advisory Board, safety was named as the top priority for healthcare leaders," Moore says. "BERT is just one solution to provide our staff with the additional tools and support needed to manage patient situations."

BERT is designed to increase the security of staff and patients, and to take a more proactive approach to managing these situations. Having BERT in place helps provide an additional layer of peer support prior to security staff getting involved, and it provides another alternative to using medication to calm patients. BERT comprises five nurses and five site technicians with expertise in de-escalating situations.

"We are grateful for the commitment of our senior leadership, who supported the implementation of BERT and the additional FTEs needed to staff this new team," Moore says. "With BERT, many of our staff can continue to provide high-value care with unparalleled patient experience – and feel safer doing so."

Additional outcomes the team hopes to achieve through BERT include communicating to the community that the medical center staff members know how to compassionately care for and meet the needs of patients experiencing behavioral health crises. Moore and the task force also anticipate that the staff will quickly recognize the expertise among BERT team members and will be able to learn new techniques from the team as these groups collaborate.





Nursing Strategic Plan Sets New Vision for the Future

When The Ohio State University Wexner Medical Center first unveiled its strategic plan in fall of 2017, Nursing launched efforts to align strategic priorities to support the overall goals of the organization. The Nurse Executive Council was thorough in its approach and collaborated with volunteers from the Patient and Family Advisory Program, which includes more than 100 patients and family members serving as volunteer advisors to provide feedback and insights into patient needs and experiences. Nursing also included The Ohio State University College of Nursing (CON), physicians, pharmacists and physical therapists.

“There has been a great deal of energy and engagement throughout the planning process,” says Jackie Buck, PhD, RN, NEA-BC, interim chief nursing and patient care services officer. “By engaging nurses who work at the bedside, nurse leaders and many strategic partners in our process, some very innovative ideas were surfaced and incorporated into the plan.”

The previous plan had been in place since 2013. Since that time, the landscape of health care has shifted dramatically. The Affordable Care Act brought significant changes at every level of the industry. Culturally, organizations have increasingly shifted from a volume-driven approach to one that focuses more on the quality of care and outcomes for patients.

“Another change in the landscape has been the impact of the opioid epidemic on nurses and patient care staff,” says Kim Brown, DNP, RN, NEA-BC, director of Nursing Professional Practice and Regulatory Affairs. “Patients who are suffering from substance withdrawal and mental health issues are becoming more prevalent and need specialized support in addition to the treatment for whatever other medical conditions that have brought them to us.”

Nursing’s strategic planning process culminated in a retreat to vet the plan in September 2018. This retreat included more than 200 nurse leaders to review Nursing’s 26 key strategies and to prioritize the strategies to be addressed in 2019.

“We are very proud that, during this planning process, the implementation team engaged more front-line nurses than ever before,” Brown says. “By conducting a Strengths, Weaknesses, Opportunities and Threats analysis with the chairs of the Unit Leadership Councils, we incorporated the perspectives of hundreds of front-line nurses across the organization to identify and develop our strategies.”

The strategic goals and their associated strategies are designed to help the organization realize the collective vision for Nursing at Ohio State and make a significant contribution to the medical center. Some highlights from the plan include a comprehensive mentoring program and a transition program for nurses at all levels to provide ongoing support and encouragement in the pursuit of excellence.

“One key tactic that is exciting includes the empowerment of nurses to embrace process improvements to enhance practice, as well as the continued partnership with the College of Nursing to enhance collaboration related to research and evidence-based practice,” Buck says. “Another focus area is developing additional innovative partnerships in support of creating healthy communities.”

Of the 26 strategies, Nursing will begin working on nine strategic priorities in 2019:

Talent and Culture

- Create and sustain a nursing culture that inspires our workforce to live the organizational values.
- Create a transition program to expand welcome of new nurses from orientation through year three to build nurses’ skillsets, support engagement and improve retention rates.

Biomedical Discoveries

- Develop nursing clinical research and evidence-based practice priorities to align activities under high-impact opportunities.
- Develop nursing research best practices and leadership structure in partnership with the CON and health science colleges to enable increased research and develop new investigators.

Multidisciplinary Education

- Expand career progression for nurses at all levels and expand clinical ladder for additional professionals including patient care technicians.

Care Delivery

- Empower nurses within the care team to work at the top of their license, enhance individual contributions, instill accountability and enable safe, effective care utilizing the Synergy Professional Practice Model.

Healthy Communities

- Develop innovative community partnerships and expand nursing involvement in community boards to engage the community and enhance the medical center’s reputation through the value and trust provided by nurses.
- Implement initiatives to increase the capacity for Nursing to participate in healthy communities and outreach activities.

Resource Stewardship

- Implement initiatives to reduce waste in the system to increase nurses’ time with patients and increase the value of outcomes.

Strategic Plan Wheel



Nursing Strategic Plan Sets New Vision for the Future *(continued)*

“While this list may seem daunting, the planning process helped unify us to tackle these systematically,” Brown says. “We have started to revise our job descriptions to better align the expectations and the roles that each of us will play in achieving our strategic priorities. We are also in early stages of shaping our mentorship program and implementing our retention plan.”

In a period of constant change in health care, the Nursing strategic plan spans the next three to five years and outlines many challenges to overcome, while remaining flexible and embracing the many unknown changes and challenges that lie ahead. From reimbursement models to the development of new models of care, Nursing will certainly experience the results.

“In planning our strategies, we challenged ourselves to create a nursing enterprise that leads health care and our profession,” Buck says. “All of our tactics are challenging, but we want to stretch ourselves in an effort to lead the way with our talented team of nurses who are engaged, innovative and armed with the vision to create the future.”

Nursing will share its progress reaching goals outlined in the plan on a regular basis in the months and years to come. Nurses and patient care staff will be instrumental in realizing this new vision, in collaboration with many interdisciplinary teams.

“To achieve this plan, communication will be key, and we will tout our progress continually,” Buck says. “As a Magnet® institution, we at Ohio State embrace the voices of our nurses, celebrate our achievements and seek to provide mentorship, professional development and growth opportunities. The sky is the limit, and there has never been a better time to be a Buckeye Nurse.”





Ross Pressure-Mapping Trial Leads to Quality Improvements



In early 2018, nursing staff on a 30-bed intensive care unit (ICU) at The Ohio State University Wexner Medical Center Richard M. Ross Heart Hospital recognized an opportunity to improve the quality of care for patients. Due to the increased acuity of the types of patients, many were experiencing hospital-acquired pressure-related injuries (HAPI) that may have been prevented using more accurate turning techniques.

“The patients on our ICU tend to be very sick,” says Sheila Chucta, DNP, APRN-CNS, ACNS-BC, clinical nurse specialist, Ross Heart Hospital. “Whether they are recovering from open heart surgery or on life support, it is often very difficult to turn these patients because of pulmonary or cardiovascular instability. As a result, they weren’t being turned as frequently as we would have liked, and the number of pressure injuries on our unit were higher than we would have liked them to be.”

From April through June 2018, Chucta, Julie Rodgers, BSN, RN, PCCN, manager of Health System Nursing Quality, and Lisa Post, BSN, RN, nurse manager, 4 Ross, launched a pilot program in an attempt to reduce the number of HAPIs. Leveraging new technological advancements, the pilot utilized a new tool to map pressure on the patients. The tool digitally transfers the pressure map to a monitor. As a result of the nurses visualizing precisely where the pressure was on each patient participating in the pilot, they were then able to turn the patients more effectively and with accuracy. They could also use micro-shifting techniques to alleviate the pressure and minimize areas of pressure.

“Our goal for this three-month pilot was to achieve a 50% overall reduction in HAPIs,” Rodgers says. “We surpassed this goal and did not have any reports of sacral HAPIs during the trial.”

As a result of the pilot, Nursing has worked in collaboration with finance and administration to purchase the program. To date, the medical center is in the process of implementing this new technology on 4 Ross, and more than 130 nurses and patient care assistants (PCAs) have been trained to use the tool.

“This solution not only helps realize a reduction in cost of care for our patients,” Post says, “but it also helps reduce the severity of injuries and associated wound care. And because Centers for Medicare & Medicaid Services does not pay hospitals for stage 3 and 4 HAPIs, this new technology will result in a significant savings for the medical center.”

In addition to achieving the primary goal of reducing HAPIs, there were other positive benefits that the pilot revealed. In demonstrating the new technology to patients and their families, the families could now take a more active role in the care of their loved ones. Additionally, the nurses using the pressure-mapping tool experienced an increase in their confidence related to the level of care they were able to provide.

“ Our nurses could see the data and the outcomes. They could see that the patients were safer and more comfortable. ”

– Sheila Chucta, DNP, APRN-CNS, ACNS-BC

Ohio State Nursing Leading the Way to Save Billions of Dollars in Healthcare Costs

According to The Joint Commission, every year in the United States alone, hundreds of thousands of patients fall in hospitals, with 30% to 50% resulting in injury and additional treatment. According to one study, these injuries add an average of 6.3 additional days to the patients' hospital stays.

Falls with injuries cost on average approximately \$14,000, which translates to billions of dollars in healthcare costs that are incurred each year as a result of falls.

Patient falls are not uncommon, but one factor that is contributing to a rise in falls is the prevalence of adult obesity. Not only do falls result in patient injuries, but the number of patient care staff who are at risk for injuries while trying to move patients is also a critical safety issue that The Ohio State University Wexner Medical Center is seeking to address. At the medical center, these trends impact a range of staff, from RNs and PCAs and even environmental workers, who frequently move patient beds. Preventing falls can make a significant difference in the lives of care team members and patients alike.

Fortunately, with critical input from front-line patient care staff, the medical center has taken an aggressive approach to protecting both patients and staff. This includes a fall prevention policy, a fall risk assessment wheel and educational materials and programming to educate clinicians and patients on fall-prevention measures. And in late 2017, the medical center made a significant investment in the purchase of ergonomic equipment to help patient care staff safely lift and move patients.

“This is one instance where a top-down approach was very much needed and has been extremely effective in getting everyone on board,” says Brenda Hixon, DNP, RN, APRN-CNS, director of Health System Nursing Education at the medical center. “For more than 15 years, I have been extremely involved in evidence-based studies that have shown how dramatically obesity is growing and, with it, the increased risks for patient care staff.”

In early 2018, the nursing team began to collaborate with senior leadership and additional stakeholders to identify a new ally in preventing falls and other injuries associated with routine patient handling. This came in the form of a partnership with ArjoHuntleigh, a leading global medical technology company that helps professionals across care environments improve the lives of people affected by reduced mobility and other health challenges. The company reports that 70% of all nursing injuries are attributable to complications from lifting patients, and utilizing mobility equipment can lead to a 30% to 50% reduction in patient falls.

Determining where the different types of equipment would be best utilized was a scrupulous process as well as a team effort. “In collaboration with ArjoHuntleigh representatives, we assessed every unit, room by room, to determine patient types, then and translated that into specifications for the assortment of equipment needed on each unit,” says Beth Steinberg, MS, RN, NEA-BC, associate chief nursing officer, Critical Care and Emergency Services.





The equipment was installed in East Hospital and ready for use in June 2018, and, according to Steinberg, the early returns are good. “Patients and staff are safer,” Steinberg says, noting that outcomes will continue to be monitored. Beyond safety, the equipment can also aid in shortening patients’ hospital stays. “The more you mobilize patients during their hospital stays, the faster they recover, and the faster they can return home from the hospital.”

The next steps are critical.

“The rollout will be an ongoing process,” says Steinberg, also a member of the medical center’s Health and Wellness Steering Committee. “Training and full adoption of these new practices are central to the program’s success. Learning how to use the new tools is just the first step.”

The Ross went live in late 2018, followed by University Hospital in early 2019. Patient Care staff were trained in advance of the rollout.

“Collectively across the three phases of the rollout, we will have trained more than 2,500 staff members,” Hixon says. “This a significant commitment, with most of these staff members participating in two hours, and super users participating in eight hours of training. But it also means that more than 2,500 staff members will be able to continue to do the work that they love more safely, and with far fewer injuries throughout their careers.”

ArjoHuntleigh will remain an invested partner, helping track the impact of its equipment on staff and patient safety, and even reimbursing the medical center’s investment, should improvements fall short.

“The anticipated positive outcomes are significant, but they simply can’t be accomplished without everyone’s commitment to this program,” says Beth Haselwood, MSN, RN, NEA-BC, administrative director, Nursing Services, at East Hospital. “By utilizing the tools and the training available to us, we can achieve this together, providing the safest and best possible care for all of our patients and patient care team members.”

Designing Personalized Care for Outpatient Surgery Center Patients

The Ohio State University Wexner Medical Center opened its first outpatient surgery center as part of the Eye and Ear Institute in 2009. The second came in 2016, with the opening of the medical center's Jameson Crane Sports Medicine Institute (JCSMI), which then housed four operating rooms and was home to 30.9 full-time equivalent (FTE) employees, including 20 nurses. At the Crane Sports Medicine Institute, patients undergo surgery as a result of sports injuries, including knee, ankle and hip arthroscopies, as well as fractures, rotator cuff repairs and more.



“While building up the volume of patients at our new surgery center, we took an iterative approach to designing the specialized care our patients needed,” says Sheryl Burtch, MA, BSN, RN, director of Ambulatory Surgery. “We engaged a Patient Experience Work Group to better understand what was working and where barriers might exist that could prevent us from achieving the best results possible.”

The team determined that, leading up to the surgery, patients were often anxious about the procedure. Following their surgery, patients also expressed opportunities for improvements to be made surrounding discharge instructions. With this direction, the team quickly responded by producing two patient education videos, with detailed instructions for what to expect leading up to the surgery and how to prepare for the post-operation recovery period, including demonstrations on how to remove and re-apply a sling, which can be difficult to explain using written instructions.

“We have also implemented a new Comprehensive Pre-Anesthesia Center (ComPAC) under the direction of Dr. Michael Guertin,” Burtch says. “During this visit, we provide each patient with the name and contact information of a specific nurse, who has access to the patient’s specific situation, including the patient’s pre- and post-operation instructions. This nurse can address any concerns related to medications, transportation and other factors surrounding outpatient surgeries.”

Additionally, a nurse calls each patient the next business day following the surgery, to ensure a smooth transition and to address concerns without an appointment or unnecessary travel on the patient’s part. Beyond this customized level of patient care, there are broader positive implications. Because patients do not stay overnight in a hospital, they see a reduction in healthcare costs. More hospital beds are also available for patients facing more critical conditions.

Today, the JCSMI has six operating rooms and 39.95 FTEs, including 27 nurses. And the success of the team’s innovative approach to designing customized care is evident. In October and November 2018, the JCSMI operating rooms achieved 100% patient satisfaction scores. Outside of these months, JCSMI has consistently ranked in the 99th percentile when compared nationally. An increase in patient volume also reflects the group’s continued success. JCSMI Ambulatory Surgery is on track to exceed fiscal year 2018 with a 47% growth in operating physicians and a projected fiscal year 2019 volume of 3,291 — an increase of 977 cases from fiscal year 2018.

Nurse Residency Program Achieves Accreditation

In the late 1990s, national trends revealed significant rates of attrition in the field of nursing. As a result, many organizations were responding to this crisis by developing nurse residency programs. Not immune to this trend, The Ohio State University Wexner Medical Center became an early adopter through utilization of a vendor-based nurse residency program, with its first formal iterations in place as early as 2003.

When Marlene Sampson, PhD, MSN-Ed, RN, associate director of Health System Nursing Education and director of the Buckeye Nurse Residency Program, became the residency coordinator in 2015, she saw the potential for the nurse residency program to meet even more needs — especially needs that are unique to newly graduated nurses entering the workforce. Sampson interviewed managers throughout the organization and conducted extensive research on best practices of existing, successful nurse residency programs. In July 2017, the medical center relaunched an improved program.

Today, the nurse residency program takes place over the course of six months and is designed for residents who have just graduated, who have earned their nursing licenses and who have fewer than one year of employment in the field. The goal of the program is to increase the confidence and competence of these individuals through peer support and to provide opportunities to practice new skills and critical thinking.



“ This program is highly focused on providing that extra layer of emotional support and places a special emphasis on the importance of self-care so that these nurses can provide the best care possible to our patients. ”

– Marlene Sampson, PhD, MSN-Ed, RN



The program begins on the first day of hire during orientation, and it encompasses unit orientation and several seminars that span topics such as dealing with difficult patients and how to cope with death and dying.

On Dec. 3, 2018, the American Nurses Credentialing Center (ANCC) announced that the medical center's Nurse Residency Program had officially achieved accreditation. This accreditation makes Ohio State one of just 68 accredited Nurse Residency Programs nationwide, and one of only a handful in the state of Ohio.

“Nursing students are advised to seek out accredited programs upon graduation,” Sampson says. “And the ANCC sets the standards across the U.S. to ensure that programs such as this one are robust and promote evidence-based practice. This accreditation will benefit our new nursing staff, the organization and our patients.”

Sampson also credits the Nurse Residency Program for Ohio State Health System's most recent 97% retention rate for nurses' first six months of employment with the organization. Within the Ohio State Health System, approximately 250 recent nursing school graduates were hired in 2017.

Sampson currently facilitates each of the 11 cohorts annually, with participation ranging from 10 to 40 new nurses per cohort. She brings in subject matter experts to deliver the content of the seminars, and she is making plans to further develop the program by adding more simulation opportunities, so that nurses can acquire more hands-on experiences. Additionally, there will be an increased emphasis on self-care to prevent and reduce clinician burnout, which is on the rise nationally.

“Our nurse leaders bring so much knowledge and experience to add to the depth of this program,” Sampson says. “Looking ahead to 2019, our goals will be to continue to build the confidence of these new nurses, increase simulation exercises into the curriculum, further increase the retention rate and continue to focus on underscoring how critically important self-care and well-being are in this line of work.”

All hospitals, including Dodd Rehabilitation Hospital, the Ohio State Brain and Spine Hospital, Ohio State Harding Hospital, the Richard M. Ross Heart Hospital, University Hospital and East Hospital, are actively involved in the program. Cohort members continue to stay in touch with one another beyond graduation from the residency program. Those who have completed the program are invited back to mentor and provide support to the next generation of nursing team members.



EBP Quickstart Program Fast-Tracks Continuous Improvements to Providing Patient Care

Bernadette Melnyk, PhD, RN, CPNP/PMHNP, dean, associate vice president for Health Promotion and chief wellness officer at The Ohio State University College of Nursing (CON), is known for promoting the use of evidence-based practice (EBP). She has developed a five-day EBP immersion course, available through the CON; however, the current nursing staff at the Ohio State Wexner Medical Center needed a similar, more foundational and more accessible EBP program designed to educate employees on how to complete the seven steps of the EBP process.

The EBP Quickstart Program was developed to do just this. Launched in 2012, the program uses a cohort approach based on the needs of the organization, with approximately 15 to 25 participants in each cohort. The program is designed to use EBP to collect enough information based on existing literature and research to promote change in how care is delivered to patients. It is important to note that EBP is quite different from research, which explores new knowledge.

“While this Quickstart Program is inclusive and open to all disciplines, we are proud that nursing staff led the way to launch this initiative,” says Bevra Brinkman, DNP, APRN-CNS, ACNS-BC, associate director of Health System Evidence-Based Practice & Standards. “However, nurses can’t work alone, and we collaborate with the healthcare team to perform at optimal levels.”

As part of the program, EBP Quickstart participants receive instruction on how to describe and formulate searchable questions prior to reviewing existing literature. The Ohio State University Health Sciences Library staff help mentor and guide participants on search strategies to find the best available information on topics, and each participant is matched with a librarian to learn these skills. Participants also learn how to evaluate and appraise the literature.

Once search strategies have been demonstrated, participants then learn best practices for how to implement change within their area of practice. If healthcare team members feel that they have found enough supporting evidence to make a practice change, this program provides guidance for developing a plan to modify a specific practice and measure the outcomes. One can choose to advance to the immersion course to develop EBP implementation strategies.

“The EBP Quickstart Program provides an opportunity for the medical center, as an organization, to inculcate EBP into the culture and the everyday work that we do,” Brinkman says. “We review and appraise current literature and apply learnings to clinical care, which is an expectation the organization has for their team members.”

Looking ahead, the medical center will begin to incorporate EBP into nursing in a more official capacity by including EBP in the nurse job description. It exists in pockets of job descriptions currently, but soon, all staff nurses will have this as a standard part of their job description.



To date, more than 500 healthcare team members have completed the EBP Quickstart Program, and 80 team members completed the five-day EBP Immersion through the Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare. Brinkman plans to deliver the EBP Quickstart Program to seven cohorts throughout 2019. Additionally, new graduate nurses will complete the program following their six-month Buckeye Nurse Residency Program.



Unknowingly Caring for Our Own

In November 2015, Rhiannon Mundy, BSN, RNC-OB, had fallen asleep at the wheel and awoke to the realization that she had crashed her vehicle into a tree. Her neighbor, who happened to be out jogging, helped her out of her car, and before Mundy could begin to process what had happened, she was being transported in an ambulance to the emergency room, lights flashing and sirens blaring.

“When I arrived at The Ohio State University Wexner Medical Center University Hospital,” Mundy says, “I was greeted by a nurse named Charles. I thought I was managing the situation fairly well. I was keeping it together emotionally, as well as physically.”

At that time, Charles Vidourek, MS, RN, VA-BC, was a staff nurse in University Hospital’s Emergency Department and had worked there for nearly three years. Within a few hours of Mundy’s arrival, the pain started rushing in as the adrenaline was subsiding. And the reality of what had just happened to her was really sinking in.

“Tears were flowing,” Mundy says. “But Charles never faltered; he was there right beside me. He maintained a positive and caring attitude in a situation that happened to be the most traumatic experience of my life. Even when my family arrived and took over the hospital room, he extended his sense of calm to my family, supporting them as well.”

Not only is the medical center Mundy’s preferred hospital destination, but it is also her place of employment. Vidourek had just happened to pick up the shift that coincided with Mundy’s accident, and he wasn’t even aware that she was also a nurse at the medical center until after she had been treated.

“When you work with trauma after trauma in the ED,” Vidourek says, “it is an extremely high-charged environment, and there are many stressful situations that you just have to take in stride. You often don’t have time to reflect on a particular experience to sort of decompress before moving on to the next situation.”



Likewise, as a nurse for more than 10 years on a busy OB unit at the medical center, Mundy knew firsthand how medical staff interact with any number of patients on a given day. But until her accident, she had never had a serious condition and had never been on the other side of the bed. Mundy can now fully appreciate how much of a difference it makes when a healthcare provider takes the time to explain what is going on with the patient's body, as well as the plan of care a patient can expect.

"I am sure that the nurses like Charles see dozens of patients each day," Mundy says. "And at any given moment, they may not realize how truly monumental the impact they are having on a single patient's life. But the reality is that they are making more of a difference to that patient than they could ever understand."

More than a year after her accident, Mundy appeared on Vidourek's unit to personally express her gratitude. Vidourek was shocked to see her again, and even more shocked as she began to read her Daisy Award nomination and present him with the award in front of his peers.

"I don't think that Charles could ever know what a difference he made," Mundy says. "There is no way I could ever repay him for the care that he gave me. But hopefully I can, by presenting him with a Daisy Award – I wanted him to understand how grateful I will forever be for the care he provided."

Today, Vidourek is a vascular access nurse for the Ohio State Wexner Medical Center Vascular Access Team that serves University Hospital, Ross and several of the medical center's outpatient locations. Mundy continues her career as a postpartum nurse at the medical center, and she has since started to pursue a master's degree in nursing.



Holistic Approach to Care Extends Beyond the Patient



Katie Faherty, BSN, RN, CCRN, a staff nurse in the Medical Intensive Care Unit (MICU) at The Ohio State University Wexner Medical Center, recalls the day that Jenny Brehm arrived with her mother, who was experiencing complications after a fall and was admitted to the MICU for a bleeding ulcer. Brehm's mother needed to be transported to another department for further testing, and Faherty traveled alongside them staying with them throughout that procedure. The results indicated that Jenny's mother needed surgery that same night.

“Katie made both my mother and me comfortable,” Brehm says. “She was so kind and caring that I was able to relax and just be with my mom.”

In addition to her acute medical condition, Brehm's mother also suffered from dementia and hearing loss. Brehm recounts how Faherty looked directly at her mom when she spoke to her, in a tone and manner that were comforting.

“She listened intently to both of us,” Brehm says. “She made sure I was able to sit close to my mom at all times, often giving up her own chair. She met all of my mother's physical and personal needs and did it with incredible compassion.”

When Faherty arrived at work the following morning, she learned that Brehm's mom had not survived the night. “I will forever be grateful that Katie made my last day with my mother a good one, despite the conditions, and that my mom left the world after having such compassionate care,” Brehm says. “Katie exceeded all of my expectations and did it with such ease that I didn't worry about what was happening around us. I was able to truly focus on my mom because I knew Katie had it all covered. She felt like a trusted friend.”

Brehm, who at the time was also a nurse at the medical center, nominated Faherty for a Daisy Award for her care and compassion.

“I was very surprised and completely humbled to receive this Daisy Award. While that day certainly stood out to me, it was also a fairly typical day in the MICU,” Faherty says.

Faherty, who received her nursing degree from The Ohio State University College of Nursing, started in the MICU unit as a student. She's been an Ohio State Wexner Medical Center employee in the MICU since completing her degree.



In 2006, Faherty's father was admitted to the unit, where he passed away. This experience put Faherty on the receiving end of the tremendous care provided by the MICU patient team.

“It doesn't matter who you are,” Faherty says. “When you're stripped down to nothing but a hospital gown, we are all the same. We are more vulnerable. Every patient is someone's loved one, and everyone who comes through our doors deserves to be treated with dignity and respect.”

Faherty not only attributes this mindset to her personal experiences, but she also acknowledges the importance of Ohio State's Magnet® Hospital designation, where excellence is both highly valued and celebrated. Because patient care team members are given some autonomy guided by evidence-based practice, Faherty believes, it empowers them to achieve better patient outcomes.

“Many of the patients that we care for in the MICU are not conscious or are delirious, so it is critical that we take a more holistic approach by treating, educating and caring for the family members along with the patient,” Faherty says. “This multidimensional approach to care is what aligns all of our intentions and actions, helping us to focus on achieving the best patient outcomes possible. And that's what makes us successful.”



Beyond the Job: Making Magic Happen for a Patient and His Daughter

“To have a helpful hand in this surprise that was so meaningful to the patient and his daughter was amazing.”

– Jason Matlack, Chaplain



In the summer of 2018, a patient was experiencing some untimely complications from an existing condition. At the time this father was admitted to The Ohio State University Wexner Medical Center, his daughter was just days away from her wedding. The patient was heartbroken at the thought of missing his daughter's wedding ceremony as well as their father-daughter dance at the reception. But he was insistent that the big day move ahead as planned without him, knowing how many details had already been arranged.

"A wedding itself is emotional enough, but with my dad being in and out of the hospital, I knew it would be a battle," the patient's daughter says. "Unfortunately, the doctors told us a few days before my wedding that it would be best for him to stay in the hospital to heal. It was a very tough battle to face. My dad has dreamed of the day that he would walk one of his daughters down the aisle."



Hearing this story, the patient's nurse, John Crayton, BSN, RN, staff nurse, 8 Rhodes Progressive Care Unit (8PCU), started to make some serious magic happen behind the scenes in collaboration with the patient's daughter and bride-to-be and many additional medical center staff.

"When John first approached me, he asked if the patient's family could use the conference room on our floor," says Brian Williams, BSN, BSM, CCRN, nurse manager, 8 Rhodes, 8PCU. "I said 'Absolutely,' and then sent his request to Critical Care nurse leaders Jamie Baldwin, MSN, RN, NEA-BC, and Beth Steinberg, MS, RN, NEA-BC. From there, the idea continued to grow."

The nurse leaders reached out to Chaplain Services for assistance. Jason Matlack, who oversees the James Chapel, was given a heads-up the day before the big event, and his colleagues helped make sure that the James Chapel would be available for private use by the family.

On the bride's big day, John Crayton informed his patient that he needed to have an X-ray right away. The patient was concerned that he'd miss watching the livestream of his daughter's wedding. Little did he know what was in store for him.

"As hard as it was to accept that my dad would not be walking me down the aisle or get to dance with me for the father/daughter dance," the bride says, "we saw God work in all ways. By the power of God and some amazing, fantastic people at The Ohio State University Wexner Medical Center, we had the opportunity to surprise my dad and go to the hospital Saturday before the wedding. The moment he saw me was a moment I will never forget. There were a lot of tears but a lot of laughs, too. We were able to dance to our song. What an unbelievable experience. Though I wish he could've walked me down the aisle and danced with me at the wedding, it was a moment I will cherish forever."

This experience was not only unforgettable for the patient and his daughter, but the collaboration behind the scenes also had a lasting impact on the medical center staff.

"Rarely do we get called for life's celebrations in our roles," says Matlack. "More frequently, our services are put to use in times of distress."

The Ripple Effect of Research: Registry of Water Labor and Delivery Restores Choice for Patients

In 2014, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) released a single opinion statement indicating that waterbirths may have risks for mothers and babies, had no known benefits and that this service should be provided only in the context of a clinical study. The Ohio State University Wexner Medical Center's Certified Nurse Midwives (CNMs), who had provided this offering since March 2013, were forced to stop waterbirths immediately, without any forewarning.

"We discovered that there was a significant gap in research related to waterbirth in in-hospital settings that were based in the United States," says Emily Neiman, MS, APRN-CNM. "We were determined to leverage our research to fill this void while also using our study to advocate on behalf of our patients."

As one of approximately six locations throughout Ohio to offer the service, it was critical for Ohio State to launch the study as quickly as possible. In January 2016, the CNMs' waterbirth registry was approved by the institutional review board, and the team began recruiting participants and collecting data in March 2016.

"We felt so passionately about continuing to provide this option for the women we serve that we took this study on without any funding," says Beth Austin, MSN, APRN-CNM.

In 2016, ACOG released an updated opinion that eliminated the need for patients to be part of a clinical trial to have an in-hospital waterbirth. However, the organization maintained its recommendation against waterbirth. This shift opened the door for women to continue to choose this service, as long as they were appropriately screened and provided informed consent.

The CNMs forged ahead with their study, grouping participants into three groups: waterbirth, water-labor-only and neither. The screening process required participants to be full-term, singleton, vertex and undergoing spontaneous labor. Participants completed a survey at six weeks postpartum to gauge their satisfaction with the birth experience. The study resulted in 55 waterbirths, 58 water labors only, 106 who did not use the tub and 152 who were interested but did not meet the screening criteria to participate in the study.

While the final data set has yet to be analyzed, "the study findings so far suggest that there is no difference in terms of outcomes for babies, which is exactly what we were hoping for," Austin says. "Our initial analysis seems to support the literature that has been published over the past 10 to 15 years – that with proper screening, waterbirth is a very safe option."

The team is submitting the results of the study for publication in the *Journal of Midwifery & Women's Health*. Additionally, the Ohio State Wexner Medical Center OB Safety Council has granted the CNMs permission to continue to offer the option of waterbirth beyond the trial.

"I'm so proud that we initiated and completed this study," Neiman says. "And I look forward to pointing to our data as a way to start conversations about this option with physicians, nurses, residents and patients who are curious or are considering coming to Ohio State specifically for this offering."



“ We were driven by our united desire to offer women a viable choice for labor and delivery. ”

– Elizabeth (Beth) Austin, MSN, APRN-CNM

Making a Difference in a Vulnerable Population: A Pilot Study on White Noise and the Impact on Alcohol Withdrawal

When The Ohio State University Wexner Medical Center's nurse leadership asked for nursing and patient care staff to help design and lead new research projects, a group of nurses with a wide variety of backgrounds at East Hospital stepped up to the challenge. They began meeting bi-monthly to brainstorm, and the project that emerged was one that had universally impacted their work: to find a way to reduce the discomfort of patients experiencing alcohol withdrawal symptoms.

"It is painful to watch patients go through withdrawal and to have limited medical options to help them cope," says Candace Hicks, BSN, RN, nurse manager, Tower N5, at East Hospital. "This population of patients experiences high levels of anxiety, historically, patient care staff have had few tools and techniques to help alleviate these symptoms. This was the main impetus behind our pilot — to make a difference for these patients."

The team was determined to examine existing best practices and to explore new techniques to help with this challenge, which had impacted each of them throughout their careers. Approximately 3% percent of the population in the United States self-report that they have experienced alcohol withdrawal, and one in five patients who have been admitted to an acute care setting presents with an alcohol-related condition.

From yoga to massage therapy, the team researched published literature related to alternative therapies. They discovered that white noise machines had been effective with patients with psychiatric disorders and children with ADHD. The team decided to explore this as a potential alternative therapy for alcohol withdrawal. White noise is defined as a continuous sound that includes the entire range of human hearing. Some examples of white noise are birdcalls, streams, thunderstorms, rain, waves and crickets chirping.

After several months of writing the proposal and awaiting the required approvals, the research team enrolled 78 patients; 39 (prospective group) who met the criteria for the potential to withdrawal were enrolled upon hospitalization. This group was compared to 39 patients who had been previously hospitalized with the same criteria (retrospective). The 39 participants were given a white noise machine for the duration of their hospital stay.

"The patients who participated in the pilot noted that the ocean waves and other sounds helped distract them from their symptoms, especially at night," says Holly Chesnick, MS, RN, nurse manager, Tower 5 at East Hospital. "The white noise helped them manage their symptoms, making them feel more comfortable and less anxious."

The team looked at the whether the white noise reduced the symptoms of alcohol withdrawal and if the patients required less pharmaceutical intervention. The pilot study results suggest that there may be a place for the use of white noise machines with this patient population. The team hopes to expand the study in a more controlled environment from both patient and patient care staff perspectives.



“The process of designing the study, developing the methodology and conducting in-depth analysis of the data has been amazing,” says Lilian Hirko, MS, RN, Endoscopy staff nurse and the study’s principal investigator. “While we can’t claim causation, we can definitely point to correlation.”

The team also hopes the pilot will encourage other nursing research teams to consider exploring white noise therapy across other types of psychological conditions, including drug addiction. Widespread use of white noise therapy has the potential to result in benefits for patients, as well as help realize significant cost savings as a result of shorter hospital stays.

“This nurse-led project has empowered us to uncover new opportunities to find better solutions to the clinical challenges we face in our daily work,” Chesnick says. “I encourage my colleagues to be brave and bold, and to follow your curiosity to improve approaches to clinical care for the benefit of our patients. We are fortunate in that we have nurse scientists across the medical center who are eager to mentor us through each step of the research process and to celebrate our achievements.”

The nurses who led this pilot study included: Lilian Hirko, MS, RN; Holly Chesnick, MS, RN; Candace Hicks, BSN, RN; Jarrod Kissling, BSN, RN; Emma McCoy, BSN, RN; Marlene Sampson, MSN, RN; Krista Hetrick, SN; and Esther Chipps, PhD, RN, NEA-BC.





Time Motion Study Documents Nursing Activities in Support of Top-of-License Practice

In 2010, the Institute of Medicine (IOM) published the report “The Future of Nursing: Leading Change, Advancing Health.” This report provided recommendations for nursing’s contributions to improving health care and patient outcomes. One of these recommendations, the need for nurses “to practice to the full extent of their education,” leverages the unique knowledge and capacity of nurses to provide high-quality, efficient, cost-effective care. Practicing to the full extent of education has emerged as “top-of-license practice.”

Funded by the American Nurses Foundation (ANF) Nursing Research Grants Program, Jacalyn Buck, PhD, RN, NEA-BC, interim chief nursing and patient care services officer, and her team designed and implemented the first known study to use an electronic time motion tool to explore nurses’ workflow and activities related to communication, hands-on tasks and locations where activities occurred. The study was conducted on a medical-surgical unit at The Ohio State University Wexner Medical Center. A total of 316 hours of observations were completed across three blocks of time (7-11 a.m., 11 a.m.-3 p.m. and 3-7 p.m.) on the sample unit.

“Because the healthcare environment continues to rapidly evolve,” Buck says, “it is critical to develop new strategies to improve nurses’ time allocation to achieve the highest level of patient care possible.”



The results revealed that nurses spent 25% of their time charting and reviewing information in the electronic health records (EHR) system, averaging 31.63 minutes for charting and 21.51 minutes reviewing information (per four-hour observation). Nurses' work was not distributed equally across a 12-hour shift; greater frequency and duration in hands-on tasks occurred between 7 a.m. and 11 a.m. In addition, nurses spent approximately 10% of their time performing non-nursing activities or tasks deemed delegable.

Other findings from the study revealed that nurses spent nearly a quarter of their time multitasking. The most frequent types of multitasking included nurses communicating with patients during medication administration, assessment and charting, and communicating with other nurses while charting and reviewing the EHR. Results also revealed that nurses are often interrupted by phone calls; 16% of these occurred while the nurses were in patients' rooms, and 10% while in the medication room.

"Our study results have provided additional evidence to the growing body of literature on nurses' time allocation, multitasking and interruptions," Buck says. "Our goal was to assist nursing leaders to develop strategies for transforming nursing practice through re-examination of nursing work and activities, and to promote nurses working at top-of-license practice."

Study team members include Po-Yin Yen, PhD, RN; Jacqueline Loversidge, PhD, RNC-AWHC; Esther Chipps, PhD, RN, NEA-BC; Lynn Gallagher-Ford, PhD, RN, NE-BC; Lynne Genter, MS, RN, CCRN; and Jacalyn Buck, PhD, RN, NEA-BC.

An Ohio State Nurse Develops an Innovative App to Help Heart Patients



It's not every medical center that can take one nurse's idea and create the necessary tools to transform her concept into new software that helps patients.

But at The Ohio State University Wexner Medical Center, a unique collaboration between a cardiovascular nurse and a team of digital developers is helping heart patients take control of their health.

Rose Chumita, BSN, RN-BC, staff nurse, knew that her patients at the Ohio State Richard M. Ross Heart Hospital were eager to improve their heart symptoms, but they didn't have the right resources to keep them accountable and monitor progress.

"After surviving a heart attack, many patients go through cardiac rehabilitation for three months," Chumita says. "When they leave rehab, it can feel like they've lost the close relationship with their care team. Some patients travel long distances to see us at the Ross Heart Hospital, sometimes with six months between appointments – that's a long time to wait to check on their progress."

Chumita decided to fill that gap with an app.

She knew that research already shows improved health habits and outcomes for patients with access to interactive messaging and other personalized technology. These patients are better able to lower their blood pressure, weight and cholesterol, among other health improvements. Their treatments also end up costing less.

Chumita's development team anticipates that the app also will lead to reduced hospital readmission rates among these patients.

After submitting a proposal, Chumita was awarded the annual Elizabeth M. Ross Nursing Fellowship to facilitate the app's creation. The fellowship is part of a \$1 million endowment made possible by a generous donation to support new efforts of Ross Heart Hospital nurses.

A software engineering team in The Ohio State University's Department of Biomedical Informatics joined Chumita to bring her idea to life. Led by Puneet Mathur of Biomedical Informatics, the research and development group combined its technological know-how with Chumita's insight into patient behavior to create the MyHealthTrack mobile app.

The app is uncomplicated, presenting users with minimal buttons to input blood pressure readings and weight, as well as fluid and sodium intake throughout the day. A grant from The Ohio State University College of Nursing's Innovation Studio enabled the purchase of wearable activity trackers for the pilot program. This allows patients to connect the wristbands with the app to track their daily steps alongside other health metrics.

"The design is made for a patient population on the older side of the age spectrum," Mathur says. "They don't want to have to look around for many buttons."

MyHealthTrack warns users when their numbers fluctuate too high or too low, and it gives immediate feedback and suggestions. Patients can easily make cause-and-effect connections between, for example, their blood pressure and diet that day.

"This app gives patients something self-motivating and tangible that isn't dependent on the heart care team," Chumita says. "It's a way for them to contribute to their own better health."

While patients log data into the app, Chumita and other healthcare providers back at the hospital are able to view their patients' numbers and offer more individualized suggestions to each person. An "insights" view within the app shows users their numbers over time. It gives both patients and their local primary care providers a wider, clearer picture of their day-to-day health than the numbers gathered at just one visit to the doctor.

MyHealthTrack currently is available to a limited group of Ross Heart Hospital users, but soon the app will be available to more patients. The team's long-term goal is to make the app downloadable to anyone, both in the Apple App Store and in the Google Play Store.

Mathur hopes to make the app's framework available to wider patient populations with other chronic conditions, such as diabetes.

"This collaboration is one that other institutions struggle with – their clinicians have great ideas, but they don't know how to implement them," Mathur says. "The Ohio State University Wexner Medical Center is self-sustained, with the resources not only to generate these ideas, but also to bring them to life and stay one step ahead."

Chumita is one of more than 5,000 Ohio State Wexner Medical Center nurses dedicated to improving the lives of patients through compassionate, high-quality, innovative care.

Infusion Services Expand to Three Locations

In 2018, The Ohio State University Wexner Medical Center significantly enhanced the care and convenience for patients needing infusion services in central Ohio by expanding its number of outpatient infusion centers from one to three locations.

In addition to the existing infusion center at Outpatient Care East, the medical center opened two additional infusion centers in June 2018. With one new center at the organization's Martha Morehouse Outpatient Care and the second at Hilliard Infusion and Lab, patients now have better, more conveniently located access to these services.

"We are excited about the expansion of infusion services at these two additional sites and the opportunity to grow our partnership with our medical specialty groups and providers," says Reginald Pryear, DNP, MBA, RN, associate chief nursing officer of Ambulatory Services.

“ These centers have opened the doors for our patients and allow us to meet the needs of the anticipated future growth at our ambulatory sites. ”

– Reginald Pryear, DNP, MBA, RN, associate chief nursing officer, Ambulatory Services

While all patients need a referral from their doctor, the medications dispensed through infusion tend to be more routine in nature, but not necessarily appropriate for home care. And each of the three infusion locations focuses on a subset of conditions.

"These infusion centers serve a variety of patient populations and are frequently the best option for patients who require specialty medications," says Holly Chesnick, MS, RN, infusion clinic nurse manager.

The Outpatient Care East and Hilliard locations are focused on providing services to patients with rheumatology and pulmonary conditions as well as women's health, such as treating patients for iron deficiencies. The Martha Morehouse location specializes in neuro-muscular disorders, cognitive neurology, multiple sclerosis, migraines, neurology research and other specialty infusion needs. All three locations also provide blood transfusion services.

"Prior to the opening of these additional locations," Chesnick says, "patients who were in need of blood transfusion services were showing up at emergency rooms throughout the city, which is not ideal from a skill-set perspective, and emergency departments are not conducive environments for providing these services. Also, by opening these additional outpatient locations, it helps keep patients' healthcare costs down."

The new infusion centers invoke an inpatient experience, but in an outpatient setting. By having dedicated infusion chairs — 12 at Outpatient Care East, 16 at Martha Morehouse Outpatient Care and eight at the Hilliard location — plus specialized equipment for intravenous infusions, the medical center is better positioned to handle the more than 900 patients who currently receive this therapy on a monthly basis.

“This expansion has allowed us to accommodate our current and future anticipated growth in patient populations who need infusion therapy,” Chesnick says. “But it also provides more opportunities to advance the clinical trials that have emerged from significant research discoveries here at Ohio State.”

More than just the additional square footage the three locations offer registered nurses who are specifically skilled at administering and monitoring patients during infusion procedures. With one nurse for every three patients, they are able to more quickly recognize and minimize any adverse reactions patients might experience from the medications.

“Nursing has been instrumental in all of the work leading up to the opening of these new, state-of-the-art facilities,” Chesnick says. “We immersed ourselves in the design and examined every aspect of the functionality of the space and the equipment, as well as the comfort and environmental branding that would impact the patient experience.”

Beyond nursing’s role, the centers’ operations were designed so that each could collaboratively and holistically deliver a safe, high-quality experience for patients. Now, patient care representatives help schedule and verify insurance coverage for the patient, attending physicians oversee the infusions, and on-site pharmacists help manage side effects and avoid drug interactions. The three infusion centers already have realized significant growth, and, with that, have improved health outcomes in people’s lives.





New Hospice Program at 7 East Rhodes Opened January 2019

Several years ago, a group of Ohio State University Wexner Medical Center intensive care unit (ICU) nurses invited Mary Justice, MBA, associate executive director, Patient Care Services and Clinical Transformation, to attend a meeting to explore how staff could better manage end-of-life care. Following this meeting, Justice partnered with Ellin Gafford, MD, director, Division of Palliative Medicine and medical director of Hospice Services, to explore opportunities to expand end-of-life care options for patients at the medical center. The goal was to create a seamless end-of-life transition-of-care model for patients, many of whom who had trusted Ohio State with their health throughout much of their lifetimes.

“Providing end-of-life care involves training and competencies that are specialized, and not everyone possesses this capability,” Justice says.

While the medical center has evolved its various iterations of hospice units in the past several years, the new Hospice Program at 7 East Rhodes reflects the culmination of these efforts to design the best possible end-of-life care model. The group ultimately decided that, because of the complexities surrounding the acquisition of a hospice license, the organization would benefit more by developing a request for proposals and outsourcing the care for this highly specialized inpatient unit.

“By partnering to create the general inpatient hospice unit, which is sort of a hospital within a hospital, we are offering a new option for patients who are hospice eligible, and who are unable to safely leave the hospital for reasons such as medications or a device they are utilizing,” Justice says.



“ We are fortunate to have our own dedicated palliative physicians, nurse practitioners and social workers that currently provide this care across many units in our medical center today. ”

– Mary Justice, associate executive director of Patient Care Services and Clinical Transformation

The medical center selected Hospice of Central Ohio to run this new unit on its behalf. This unit is a shared, medical center-wide unit, and it's available to patients from University Hospital, East Hospital, Ross and The James. Without this unit, patients would otherwise be in an ICU or other inpatient unit, which tends to be somewhat noisier and, at times, more chaotic — full of bright lights and high foot traffic for staff, other patients and their visitors.

The new hospice program also supports the organization's overall strategic plan by developing new healthcare delivery models that include post-acute resources to help patients across the full continuum of care. It also advances the medical center's strategic goal of developing initiatives that support population health.

“It's important that, as an organization, we are able to care for our patients at whatever stage of care they are in,” Justice says. “Throughout the entirety of their life journeys.”

The new 12-bed general inpatient hospice unit opened on 7 East Rhodes in January 2019.



Finding a NICHE in Nursing: Rediscovering Their ‘Why’ Through Caring for the Geriatric Patient Population

Nurses Improving Care for Healthsystem Elders (NICHE) is an international nursing education and consultation program designed to improve geriatric care in healthcare organizations. The NICHE program of New York University Rory Meyers College of Nursing provides resources for nursing and interdisciplinary teams to achieve organizational goals for the care of older adult clients. Founded in 1992, NICHE’s network of healthcare organizations includes more than 700 member organizations and 56,000 individual learners across five countries.

As The Ohio State University Wexner Medical Center’s patient population continues to age, the number of geriatric patients admitted to the medical unit at 11 East Rhodes has continued to rise. As a result of this shift in patient population over the past several years, nursing staff in this medical unit were increasingly confronted with additional challenges related to meeting the complex needs of this unique patient population while delivering quality care. To overcome these challenges, the medical center’s leadership and 11 East Rhodes staff nurses joined forces to launch an initiative to develop improved models for the geriatric population.

“Several of us just adore this population, and we recognized the need for specialized care,” says Katheryn “Katy” Michael, MS, RN, CNL, CSMN-RN, geriatric resource nurse. “Geriatric patients are more prone to secondary infections and falls, and they tend to lose mobility faster than younger patients. So we pulled together the best research and evidence to address these challenges through new, customized models of care.”

In 2016, 11 East Rhodes pursued and achieved its first NICHE designation. By September 2017, 10 nurses had completed extensive online education modules to become geriatric resource nurses (GRNs). The group then set out to establish specific program goals and a timeline for several initiatives designed to support their goals. From developing protocols to improve the quality of patients’ wake and sleep cycles to enhancing their independence and increasing their mobility and functionality, the team selected metrics that would reflect the program’s impact in improving staff and patient satisfaction and other desired outcomes, such as reducing falls.

The nurses on the unit formed a cluster unit, where two of the four sections in the 39-bed unit would be dedicated to serving this population. They also defined which patients would be eligible for this specialized unit: over 65 years of age, and presenting any combination of dementia, delirium, confusion and functional decline, or those recovering from a fall.

Each section has two nurses and one PCA assigned to that group of patients. And because they are stationed in closer proximity to the patients, the nurses can better anticipate call lights and be more proactive and attentive to patients’ needs. They also use safety belts that patients can unbuckle in their chair, notifying nurses of their intent to move. Rather than using a chair alarm, the belt allows the nurses to be by their patients’ sides when they need assistance and to help prevent falls.



The NICHE nurses also established a routine to assimilate what the patients might be doing if they were at home, and to enhance their quality of life for the duration of their hospital stay. In addition to providing meals, getting the patients mobilized is a huge priority, as it speeds up their rate of recovery. The unit also has a dedicated PCA, who stationed in a new geriatric activity room with games and puzzles, providing patients a place to socialize during the day and incentivizing them to walk more.

“We might not be able to turn back the clock,” Michael says, “but we can help them by getting to know them on a personal level, and we can help them manage daily activities like medication compliance, which can result in significant improvements to their quality of life.”

While the patients and their family members placed in this unit may not even be aware of the unit’s NICHE designation, they can sense that the neighborhood is different, and the HCAHPS (patient experience) survey scores reflect this. On average, the unit’s geriatric patients rate their overall experience higher than the non-geriatric patients.

“Our geriatric patients and family notice that we’re extraordinarily passionate about what we do,” says Krystal Renz, MS, RN-BC, nurse manager, 11 East Rhodes, University Hospital. “We make ourselves available, and we are attentive to their needs.”

What’s more, the metrics are confirming these anecdotes. Unit-specific patient experience data indicate a 5% increase in overall patient satisfaction compared to the non-geriatric beds within the unit.

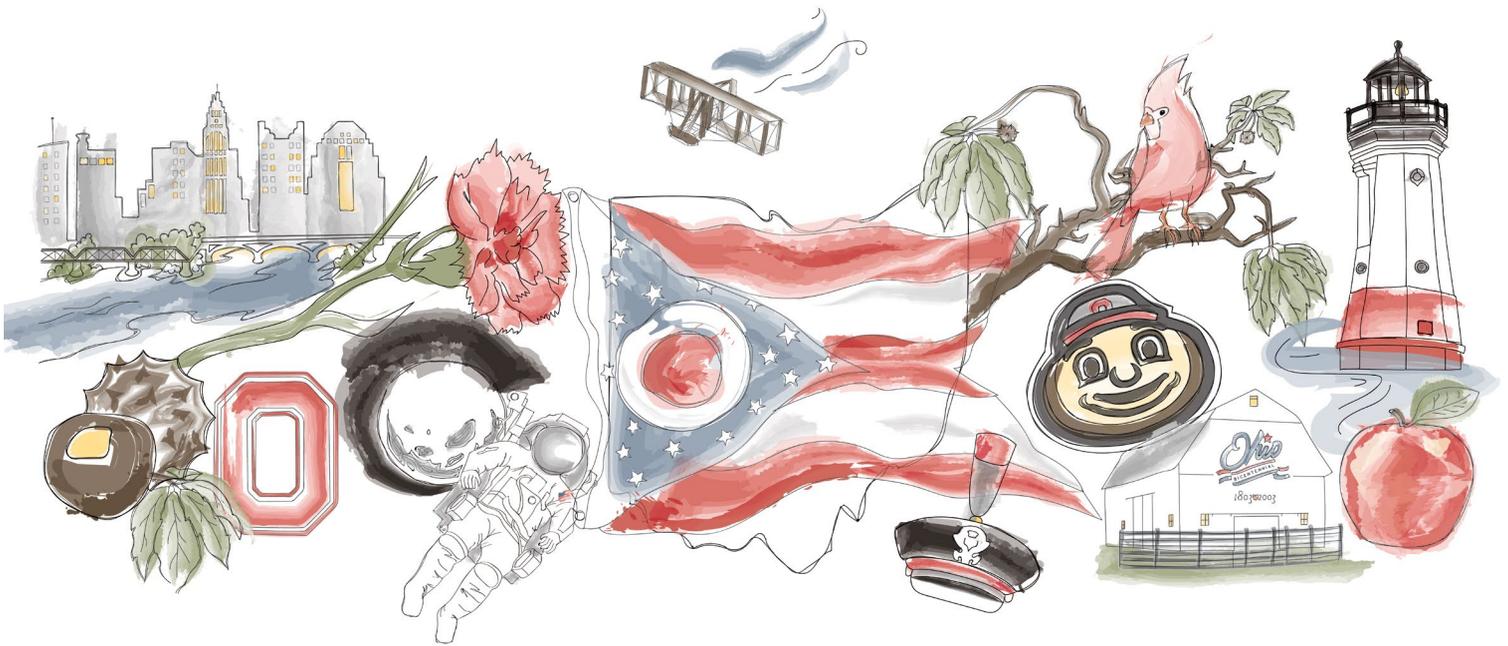
These nurses are also leveraging their expertise by training the PCAs on geriatric care and have started to host additional training for nurses who are new to the organization. By raising awareness and sharing best practices, their reach can extend beyond their unit.

“If you enjoy caring for geriatric patients and want to hone your specialty, this is the place to be,” Renz says. “As GRNs, we have the autonomy to design a model of care that is collaborative, evidence-based and tailored to our geriatric patients’ unique needs.”

The initial goal of this initiative was to help geriatric patients recover as quickly as possible from their acute illnesses, and to get them back home so that they can be active again in their families’ lives and in their communities. But it has also resulted in significant transformation in the nurses who stepped up to achieve this designation. From the time the NICHE unit opened in September 2017, nurses have consistently reported positive experiences and expressed significant increases in role satisfaction.

“Since receiving the NICHE designation, many nurses have expressed that they’ve found their ‘why’ again,” says Deborah Francis, DNP, RN-BC, APRN-CNS, clinical nurse specialist on the NICHE unit. “Through this specialization, they are more empowered and determined to realize new levels of quality care to this population.”

As of late 2018, 80% of the nurses on the unit have attained this certification to deliver specialized care to these patients. It is currently the only unit to hold this designation at the medical center.



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