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**ON THE COVER:**  
2017 Nursing Superstar award winners  
(Pictured on front cover, L to R)  
Tracey Cundiff  
Asri Byll  
Lynn Eiding  
Pamela Comer  
Kritina Martinez  
Jody Durbin

**Editors:**  
Melissa Weissman, DNP, RNC-NIC, CPNP-PC  
Marianne Everett, MSN, RN, CSN
In 2017, we finalized our ANCC Magnet document for submission. It took many years of hard work, dedicated patient care and excellence in nursing practice. Why do all this work? Because our nurses asked for Magnet, and for good reason.

The Magnet model has been studied and researched since the first Magnet designated hospital in 1994 at the University of Washington Medical Center. The Magnet model is compared to other quality frameworks such as Total Quality Management (TQM), Six Sigma and the Malcolm Baldrige Quality Award. The research concluded that these frameworks help organizations implement best practices for excellence strategies, assessments and benchmarking, and can lead to improved organizational performance. The outcomes of Magnet hospitals have also been studied and showed improved outcomes in quality, safety, employee engagement and customer satisfaction, which is why nursing schools encourage students to seek Magnet organizations for employment.

To prepare ourselves, we have been actively involved in nursing research to strengthen our practice and profession. Professional development continues to be a top priority through continued education with nursing scholarships and continuing education programs offered at Virtua. Our plan to increase BSN nurses continues with our acute care hospitals having over 63% BSN RNs. Nursing recognition programs included our 2nd Annual Virtua Nurse Day and Nursing Excellence awards. This year we implemented peer review, the professional development advancement program at Memorial Hospital and offered our first specialty Nurse Residency and Fellowship program in the Emergency Department.

With all of this, I strongly believe that Virtua is ready for this recognition. Not because we are perfect, but because I have seen a transformation in the last four years. To quote Jim Collins, author of Good To Great, “Greatness is not a function of circumstance. Greatness, it turns out, is largely a matter of conscious choice.” You have made this choice, not for the recognition but to be the best for our patients and our practice.

So what is next? Our final application document was submitted on February 1, 2018. ANCC Magnet appraisers have finished their review of our Magnet Document and **we scored high enough to be going directly to site visit**! Typically, there is a request for additional documentation or clarification prior to this recommendation. This really happens infrequently! You should all be so proud of the work we do here at Virtua for patient care and nursing practice. Magnet will be coming to see us August 20-24. The Magnet Champions and nursing leaders will be communicating with the organization to prepare for this very exciting visit.

At the end of the day, it will be the visit that shows the appraisers and our community that Virtua nurses are among the best in the world and worthy of this prestigious recognition. I, for one, know this to be true. Virtua nurses never cease to amaze me with their passion and dedication for patient care.

Thank you for all that you do every day to care for our patients and community.

It is your time to shine... YOU deserve this!

Be well,

Tracy Carlino
Nursing Professional Practice

Our Nursing Mission
To provide compassionate evidence-based care, achieving safety, high quality outcomes and to advocate for the wellness of our community.

Our Nursing Vision
Virtua nurses will be the premier providers of patient and family centered care across the continuum of health and wellness through evidence-based nursing practice and clinical excellence.

The Virtua Values
We value integrity, respect, caring, commitment, teamwork and excellence. These are the core values of our organization and of Virtua Nursing.

Professional Practice Model
Professional nursing practice at Virtua focuses on the experience of our community: our patients, families, customers, co-workers and all who interact with a Virtua nurse.

Our professional practice model (PPM) provides a unifying framework for what Virtua nurses believe about practice, collaboration, communication, professional development and reflects our philosophy of nursing.

The Virtua Star serves as the foundation for our PPM with additional nursing-centric components identified by Virtua nurses from all levels of practice. The PPM concepts provide guidance for all we do to provide all our customers with the VIRTUA EXPERIENCE.

Our Governance Structure
Shared Governance
Shared governance provides a structure for collaborative nursing practice between nursing leaders and direct care nurses.

Responsibility for care delivery, authority for decisions and accountability for outcomes is jointly accepted by nurses at all levels of practice. This structure leads to improved productivity, increased nurse satisfaction and highest quality patient care.

Our model is structured around professional practice and specialty practice councils, existing at the unit, divisional and system levels. All nursing councils report to the Virtua Nursing Congress, which is attended by direct care nurses and nurse leaders.

Our Care Delivery Model
Relationship Based Care
Our care delivery model focuses on the existence of relationships between the caregiver, the patient/family and other health care team members.

This understanding relationship provides a basis for creating a patient-focused plan of care.

RBC provides a framework for practice that aids our patients in being well, getting well and staying well.
Nursing Congress Updates: 2017

The Virtua Nursing Congress consists of unit chairpersons who meet quarterly in a system forum (Congress) and monthly in a divisional forum (Professional Practice Council). The quarterly Nursing Congress meetings are for networking and sharing between the Shared Governance unit chairpersons and leaders from across the health system. Presentations are focused on nursing practice, key nursing practice updates and the outcomes of nursing quality indicators.

January, 2017 Session: Shared Governance Survey

Shared Governance is a way for leaders to hear from clinical nurses. This session reviewed the outcomes of a survey conducted in the fall of 2016 about leaders’ perception of Shared Governance. The survey asked leadership to identify barriers to becoming involved with Shared Governance; the nurse’s favorite aspects of the Professional Practice Councils; their least favorite aspect of the Professional Practice Councils; and solicited suggestions on how to make Nursing Congress a better experience for the participants.

April, 2017 Session: Code of Ethics

A key component associated with Magnet credentialing is the ANA Code of Ethics. Two of our Advanced Nurse Clinicians (Christine Morca, MSN, RN-C and Donna Siegmeister, MA, RN-BC, CNRN, PCCN) presented “Guide to the Code of Ethics” as an interactive lunch and learn. Moral development and the bioethical principles of autonomy, non-maleficence, beneficence, justice, veracity and fidelity were presented, and an example and their relevance to clinical nursing practice was discussed. The evolution of the Nursing Code of Ethics, including the nine provisions, were divided into 3 categories: the fundamental values and commitments of the nurse; the boundaries of duty and loyalty; and the aspects of a nurses’ duties beyond individual patient encounters, such as shaping health policy, research and participating in professional organizations. The Virtua Nursing Congress then divided into nine groups; each group received one of the nine provisions. The participants presented case situations that they had encountered throughout their years of nursing practice, and how their decisions were guided by the Nursing Code of Ethics provisions. It was an interactive presentation in which the participants earned one CE credit.

July, 2017 Session: Diluting Medications

One of the key practice changes discussed at this session was related to diluting medications. This change involved input from nursing, pharmacy and our regulatory team. We had a panel discussion with Greg Poletav, AVP for Pharmacy Services; Caryn Kaplan, AVP for Quality and Safety; and JoAnne Phillips, Director of Clinical Practice. Each panelist gave a short presentation, and the floor was open for a great discussion with many questions from the nurses. The lunch and learn of the day focused on the nurse as a person with an ANA theme of “Healthy Nurse, Healthy Nation” - presented by a Virtua nutritionist, whose presentation focused on healthy habits, decreasing stress, mindful eating, chair yoga and guided imagery.

October, 2017 Session: Technology as a Partner to Nurses

HelenAnn Epstein, MLS, MS, AHIP, FMLA, our Virtua informationist, provided a presentation on “There’s an App for That” to help nurses understand the criteria for selecting an app and how to judge the quality of the apps. She provided us with a list of 19 commonly used “must have” apps from NurseJournal.org. To address clinical technology, the lunch and learn session, “Alarm Fatigue,” was presented by JoAnne Phillips, DNP, RN, CNS, CPPS, Director of Nursing Practice. Alarm fatigue is a significant technology hazard, and Dr. Phillips discussed the contributing factors to alarm fatigue and how Virtua will be addressing alarm fatigue in the upcoming months.
What is Relationship-Based Care?
Relationship-Based Care (RBC) is our care delivery model at Virtua.

Patient & Family (Customer):
The Center of RBC
- Expectations
  - Every customer is treated with respect and dignity by every person every time.
  - Families are members of the care team. We welcome and integrate them into the care of the patient.
  - Customers are kept informed and are actively involved in planning their care and determining goals.

Caring and Healing Environment:
The Foundation of RBC
- A caring and healing environment makes RBC possible.
- Relationships, systems and the physical environment contribute to health and well-being for ourselves, our colleagues and those we serve.

The components of RBC that make up our caring and healing environment include:
- Leadership
- Teamwork
- Outcomes
- Professional Nursing
- Care Delivery
- Resources
Magnet Champion Activities 2017

- Educated their respective areas about our journey toward Magnet status
- Helped ensure that colleagues received the Magnet-related information and answers that they needed to feel comfortable articulating our clinical excellence
- Helped identify and encourage staff to share their stories about their professionalism and pride in nursing
- Magnet Mondays
  - First Monday of each month
  - Days and nights
- Magnet Rounds
  - Went onto the units, asked key Magnet survey questions
  - Allow staff to ask questions and get to know key leaders
- Champions Badge Buddies
  - Easily identified Magnet champions
- Huddle on the Shuttle
  - Marlton utilized their shuttle to discuss key Magnet topics with staff
- Nursing Outcomes Posters on Unit
  - Highlighted important quality metrics, both system wide and unit level
  - Highlighted key Magnet concepts, such as the Nursing Professional Practice Model
  - Completed October 2017
- Magnet Champions Newsletter
  - Provided information to staff related to each component of Magnet and raised important questions that surveyors could ask the staff
- Celebrations
  - Table at annual Virtua Nurse Day to excite and engage staff
- Education to Nursing and Non-nursing Staff
  - Attended department meetings to share information and engage all Virtua employees
  - Utilized various methods of education including power point, handouts and even Jeopardy!
  - MAGNET CHAMPION VIDEO available at VINE> Virtua Nurse Tab> Magnet Toolkit

Magnet Champions Newsletter - Provided information to staff related to each component of Magnet and raised important questions that surveyors could ask the staff
Transformational Leadership
Leading Through Unplanned Change

The next few pages include some of the exemplars that were included in our Magnet application document. These are just a few examples of the stories told in our application that show the outstanding work we do at Virtua. To read more of the document or to see if your unit was highlighted in one of the exemplars, go to http://virtua-magnet.org/ Login: VHS; Password: Magnet2018

On August 9, 2017, Margaret Lynch, MSN, RN, visually noted that the Morphine and Dilaudid parenteral solutions were no longer in the Carpuject™ syringes, but were dispensed from the automated dispensing machines in a small syringe that would enable direct slow IV administration. This was out of the ordinary and an unplanned change. Usually when there is a drug shortage, the organization is able to anticipate and develop an interim strategy to ensure safely delivered medications, which did not happen in this situation. In addition to notifying her nursing director, Patrick Callahan, MSN, RN, CCRN, Margaret notified Nurse Leader, JoAnne Phillips, DNP, RN, CPPS, Director of Nursing Practice.

Dr. Phillips partnered with Jeanmarie Perch, PharmD, BCPS, Medication Safety Pharmacist, to understand how the new device was added to the automated dispensing system without any planning or communication. Dr. Phillips created a communication tool, referred to as a TRIP sheet (Translating Research into Practice) to disseminate the information about the new syringes. TRIP sheets are utilized throughout Marlton hospital to communicate the most important facts. The information was given to the Advanced Nurse Clinician (ANC) team who were at the bedside and could spread the communication effectively and quickly using email, flyers, and through clinical rounds.

On September 12, 2017, Dr. Phillips was notified by Amanda Mazaleski, MSN, RN, CNL, at Virtua Marlton hospital that another new device for the administration of Morphine and Dilaudid had been added to the automated dispensing machines. The new device, the “iSecure Syringe” was much more difficult to use and the staff had concerns about the safety of the device. Again, Dr. Phillips worked with the nursing staff at Virtua Marlton hospital to understand their concerns and successfully guide them through the unplanned change of medication delivery.

Nursing leaders partnered with pharmacy leaders to identify the current issues with medication availability and device usage. They interviewed clinical nurses to understand their challenges; obtained information about the different devices; met with the clinical leaders (ANCs) to facilitate the dissemination of the educational material; and conducted clinical rounds to follow up on the introduction of both of the new devices – all to help lead through unplanned change.

RBC is Leadership
Melissa Zak, MBA, BSN, RN, CPN, NEA-BC
VP Patient Care, Virtua Memorial

Leading an organization through a transformational journey requires structure and a certain skill set. According to our Relationship Based Care model, in order to help facilitate change, leaders must have a fine balance of inspiration, infrastructure, education and evidence to transform a culture of nursing.
In 2017, Virtua Voorhees hospital partnered with Cherry Hill High School West (CHHSW) to identify high potential future Virtua nurses to participate in the Virtua High School Intern Program for the second time. In May, an informational letter announcing the program was sent to all junior level students and their parents/guardians. The information letter is an affirmation of our partnership and is from the CHHSW principal and Virtua’s Assistant Vice President of Clinical Learning and Academic Affiliations.

This program gives high school students interested in becoming nurses glimpses into their future careers and provides an unprecedented learning opportunity. Students selected for this educational experience attend classes at CHHSW in the morning to complete their required courses for graduation and then travel to Virtua Voorhees on Tuesday and Thursday afternoons for a variety of learning experiences. With a focus on nursing roles, students participate in experiential learning opportunities throughout different departments in the hospital including our state-of-the-art learning lab.

### Requirements for students applying to the program include:

- Rising senior planning to attend a college program to pursue a career in health care with preference given to those planning to pursue a career in nursing
- A strong academic history – must submit transcripts with the application
- Demonstrates organizational and leadership skills
- Must have a strong commitment to complete the program
- Completed application and declaration of intent
- Three letters of recommendation (guidance counselor, teacher, community member)
- Attendance at the Virtua Open-House with their parents/guardians

Before going out to any of the departments, the interns participate in an interactive session that includes information about Virtua’s mission, vision and values. They learn about who we are as an organization, the significance of the “Virtua Experience” and gain an understanding of Relationship Based Care. Participants also participate in a number of simulations in the Simulation Lab including, code blue simulations, adult and infant CPR, and heart and lung sounds.

Through this high school intern experience in nursing, students gain concrete, real-life patient care experience. Upon conclusion of the program, students completed three presentations about their experience.

Ten students participated in our inaugural year. Four students were directly accepted into nursing programs, five students were accepted as biology majors with three interested in transferring to nursing programs, and one was accepted into a physician assistant program. The cohort from 2017 had seven students, five of whom expressed an interest in pursuing a career in nursing.
New Knowledge and Innovations
Utilization of Tele-sitter Technology at Memorial Hospital to Decrease Number of Observers

With Virtua’s growing demand for patient observers, we needed to identify a way to provide increased monitoring for patients, meeting specific safety and fall criteria, while reducing observer costs and continuing to improve patient quality and safety. Virtua Memorial uses approximately 40% of Patient Care Technicians (PCTs) as observers and has a daily average of about 10 observers.

Ongoing conversations took place with nursing leaders and clinical nurses regarding a need to evaluate alternative options for monitoring patients that needed direct observation. Many times the PCT was reassigned to a room to observe one patient, which then limits the support to the other patients on the units. Workforce recruitment was another significant challenge. Nursing began to explore the new innovations in remote safety monitoring available with telehealth technology. A tele-sitter steering committee was developed to explore the technology and help staff adapt to this new way of observing some of the most challenging patients.

Only one other hospital in NJ was utilizing this innovation. While remote or centralized monitoring for telemetry is commonplace in the industry, using an in-room device that would be a live video and audio feed to centrally monitor patients that are high fall risk/safety risk is not something that was heard of at Virtua Memorial.

Goal: Reduce Virtua Memorial observer cost

Measure of Effectiveness: Actual dollars spent in observer salaries demonstrated by the biweekly budget report

Intervention/Initiative/Activities.

- Some of the innovative features of the AVASys’ Video Mobile Unit (VMU) technology and workflow that ensured nurses their patients would be safe although being centrally monitored included:
  - Trained staff dedicated to watching up to 12 monitors only.
  - The ability for monitor staff to talk to the patients through the monitor to redirect them.
  - Patients could also talk to the monitor staff.
  - Monitor staff could sound a very loud distinct alarm should a patient continue to attempt to get out of bed despite redirection and guidance from the monitor staff.
  - Nurses at the bedside could press a privacy button when performing care to the patient.
  - Patients had to meet developed quality criteria to initiate and continue on the tele-sitter program.

- To operationalize this new concept and workflow, the tele-sitter steering committee developed policies, protocols, a new job description, admission and discharge processes, and information was shared at local and system multidisciplinary committees.
- Recruitment for video monitoring technicians
- July 20, 2017 – Go live with program at Memorial
**Post-Intervention Data:**
During the post-intervention timeframe, the Virtua Memorial Hospital observer cost averaged $51,200 a pay period. This represents a 24% reduction in observer salary dollars per pay period.

**Virtua Memorial Reduction in Observer Salary Costs**

<table>
<thead>
<tr>
<th>Date</th>
<th>Dollars (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/3/2017</td>
<td>$67,406</td>
</tr>
<tr>
<td>6/17/2017</td>
<td>$56,448</td>
</tr>
<tr>
<td>7/1/2017</td>
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<td>7/15/2017</td>
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<td>7/29/2017</td>
<td>$47,024</td>
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<td>8/12/2017</td>
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<td>8/26/2017</td>
<td>$52,720</td>
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<tr>
<td>9/9/2017</td>
<td>$46,960</td>
</tr>
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Acute gastroenteritis is a very common childhood illness that is best managed in an outpatient setting, but this is not always the case. Often parents bring a child to the emergency department (ED) resulting in increased congestion and economic costs. Oral Rehydration Therapy (ORT) has been found to be as effective as intravenous therapy in the rehydration of a child with mild to moderate dehydration. However, the methods by which ORT are performed in EDs continues to be inconsistent amongst providers, leading to delays in care or prolonged stays in the hospital.

At Virtua Memorial, a commonly seen diagnosis in the Pediatric Pavilion emergency department is dehydration due to acute gastroenteritis. Jody Durbin, BSN, RN, CPEN, CEN, CPN, clinical nurse and chair of the Pediatric Pavilion Shared Governance (SG) Team, noted inconsistencies in practice for providing patients ORT. Jody suggested that a nurse-driven protocol for ORT for pediatric emergency patients be developed. Jody and her clinical nurse colleagues were committed to evaluating the Quality and Safety portion of the Professional Practice Model. After their evaluation, Jody and her peers noted the inconsistencies, which resulted in patients being in the ED for over two and a half hours.

**Evaluation of the Professional Practice Model:** In evaluating the Professional Practice Model, the Pediatric Pavilion Shared Governance team:

- Developed a nurse-driven protocol through the use of an interdisciplinary shared governance team led by clinical nurses.

- Evaluated and supported the relationships between the nursing staff and the family by utilizing Relationship Based Care (RBC), since the family was now encouraged to be an active participant in providing their child ORT while in the emergency department and after discharge to home.

- Supported the Nursing Mission to provide compassionate, evidence-based care to our community by doing a thorough literature review and developed practice guidelines based on the most current evidence-based literature.

- Implemented change consistent with the Virtua Star Values, including Quality and Safety, by developing a nurse-driven protocol that reduced LOS and improved through-put metrics in the Pediatric ED.

- Implemented change consistent with the Virtua Star Values, including Customer Loyalty, by creating a parent and patient education tool that encouraged participation in ORT and early discharge from the Pediatric ED.
**Goal:** Reduce average length of stay for pediatric patients with acute gastroenteritis in the Memorial Pediatric Pavilion Emergency patients.

**Measure of Effectiveness:**
Time of arrival to time of discharge in minutes of pediatric patients with diagnosis of acute gastroenteritis.

During the post-intervention timeframe, pediatric patients with acute gastroenteritis spent an average of 112 minutes in the emergency department. This represents a 32% reduction.

### OUTCOMES

**Memorial Peds Pavilion Average Length of Stay**

**Pediatric Patients with Acute Gastroenteritis**

<table>
<thead>
<tr>
<th>Month</th>
<th>Apr–16</th>
<th>May–16</th>
<th>Jun–16</th>
<th>Jul–16</th>
<th>Aug–16</th>
<th>Sep–16</th>
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<tbody>
<tr>
<td></td>
<td>165</td>
<td>150</td>
<td>120</td>
<td>110</td>
<td>120</td>
<td>107</td>
</tr>
</tbody>
</table>

**Average Time in Minutes**

0  20  40  60  80  100  120  140  160  180

**Pre**  **Intervention**  **Post Intervention**

May & June '16
One aspect of our 2017 Magnet journey was ensuring Virtua nurses met the standards of the New Knowledge, Innovations and Improvements component for Magnet designation.

This exists to ensure that nurses at Virtua can advance research and use evidence-based practice in all clinical settings. Our active nursing research and evidence-based practice (EBP) councils lead the way using the Johns Hopkins model for EBP as its foundation.

In all, we reported on 37 research studies led by Virtua nurses, spanning campuses and specialties. Elizabeth Werfel, BSN, RN, represented Memorial Hospital with a story of her team’s study on hub-scrubbing to prevent bloodstream infections; Anne Bertino, MS, RN, wrote of her study about nursing supervisors at Voorhees Hospital; and Donna Barto, DNP, RN, CCRN shared results of Marlton Hospital’s clinical nurses participation in a study of temporal-artery thermometer technique. Home care was represented with Donna Berry, MSN, RN and Diane Trump, BSN, RN. Their study on reducing catheter-associated urinary tract infections in the home was selected by the New Jersey Hospital Association for Excellence in Quality Improvement.

Some demonstrated our collaboration with professional organizations and universities, like Ann Coyle RNC’s support of a study through Stockton University exploring NICU parents’ experiences, and Pam Gallus, MSN, RN’s work with the March of Dimes and Virtua’s Center for Women.

Student projects represented half of the research projects led by Virtua nurses, demonstrating our commitment to ongoing learning.

Virtua nurses continue to exceed expectations in generating and incorporating evidence in our practice. If you would like support for a project, or would like to join the nursing research council in support of nursing research at Virtua, please contact Amy Glasofer (aglasofer@virtua.org).
In order to help reduce the number of CAUTIs, we did the following:

- Created a CAUTI Council to assist with the reduction of CAUTI infections system wide
- Used SurveyMonkey® to assess nursing knowledge, usage and barriers in using the nurse driven protocol
- Developed education for patients to meet the National patient Safety Goals (NPSG)
- Developed a data collection tool to assess compliance with CAUTI bundle and documentation of NPSG education
- Researched and collaborated with physicians to update policy to reflect current evidence and best practice.

Better Care, Better Outcomes
Reducing Catheter-associated Urinary Tract Infections (CAUTI)

Looking ahead to 2018, the Council will disseminate education system wide on:
1. Utilizing available alternatives
2. Ensuring appropriate indication for placement of an indwelling catheter
3. Aseptic technique on insertion
4. Proper care and maintenance
5. Prompt removal

ICU CAUTI Utilization 2016 and 2017

2017 Outcomes:
Marlton Hospital has been the leader in maintaining the lowest CAUTI rates throughout the system. Our goal is zero. System wide ICU CAUTI utilization has trended down in all three divisions in 2017.
Better Care, Better Outcomes
Reducing Hospital Acquired C. Diff Infections

In order to reduce the number of hospital-acquired C. Diff infections, we did the following:

- **Trinity Guardian Mattress Cover Trial**
  - Trialed on four units at Marlton Hospital - 3N, 3S, 4N and 4S
  - All four units experienced a decline in C. diff rates in 2017 compared to their historical average.
  - Pilot units (3N&4S) experienced a 73% reduction in rates for the March-July time period 2017

- **Fluoroquinolone Restriction at Virtua**
  - Utilization/reduction policy implemented with guidelines for usage established by stewardship team of pharmacy and ID physicians
  - Use in ED and ICU permitted/limited to one dose by ED or ICU physician if deemed necessary

2017 Outcomes:
- Shows declining trends on all campuses
- **2018 goals include:**
  - Developing sustainable, ongoing education
  - Review ED practices and appropriate initiation of C. Diff protocols
  - Drill down individual cases for patterns and unstandardized practices
  - Support new pilots and initiatives to address HO C. Diff issues

**Hospital Onset C diff, Rate per 10,000 patient days**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Marlton</td>
<td>12.5 (59)</td>
<td>8.43 (38)</td>
<td>5.39 (21)</td>
<td>1.65*</td>
<td>1.488*</td>
<td>0.783</td>
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<td>Memorial</td>
<td>5.18 (43)</td>
<td>7.05 (59)</td>
<td>4.54 (36)</td>
<td>0.67*</td>
<td>0.909</td>
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<td>Voorhees</td>
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<td>8.03 (78)</td>
<td>6.14 (57)</td>
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<td>1.011</td>
<td>0.739*</td>
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<td>Virtua</td>
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<td>7.75 (175)</td>
<td>5.40 (114)</td>
<td>.094</td>
<td>1.050</td>
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<tr>
<td>South</td>
<td>8.61 (126)</td>
<td>8.16 (116)</td>
<td>5.92 (78)</td>
<td>1.10</td>
<td>1.140</td>
<td>0.750*</td>
</tr>
</tbody>
</table>

**RBC is Care Delivery**

**Catherine Hughes, MSN, MHA, RN, NEA-BC**
VP for Nursing Integration and Outcomes and Behavioral Health

Relationship Based Care is our care delivery model for patients and families. Virtua nurses organize work, make decisions and provide care based on the premise that relationships are key to accomplishing patient goals. When patients feel safe and connected to their care team, care is appreciated and better outcomes are achieved. Every day we hear stories from grateful patients who recognize that relationships with staff have made their experience better. Daisy Awards and Press-Ganey Survey comments are examples of how our patients give us this positive feedback. Relationship Based Care aligns with the Virtua Experience and our caring culture: keeping patients and families at the center of what we do and creating lasting relationships with the communities we serve.
Better Care, Better Outcomes
Reducing Central Line-associated Bloodstream Infections (CLABSI)

In order to reduce the number of CLABSI we did the following:

- Initiated the Virtua CLABSI Council in April 2017
- Developed and initiated Clabsi prevention strategies Virtua wide, which integrated CDC, IHI, TJC guidelines and standards into policy and practice through awareness, education, competencies and compliance monitoring

2017 Outcomes:

- January to April (pre-Council intervention) rate was 1.98, and May to December (post-Council intervention) rate was 0.44.
- A statistically significant difference (p=0.04) between the pre- and post-intervention periods for the system ICU rate.

2018 goals include:
- Maintain practice and policy consistent with regulatory guidelines for the prevention of Clabsi
- Reduce system-wide variability with products, practice, and policy related to prevention of Clabsi
- Reduce of 2018 Virtua Clabsi rate by 2% from 2017 rate.

Virtua ICU CLABSI, 2017

RBC is Teamwork
Heidi Baur, MS, RN, NE-BC
VP Patient Care, Virtua Voorhees

On April 11, the NICU had four critically sick babies - some were on the unit and others were coming to the unit. It happened at change of shift and on a day when many staff attended the Virtua Small Baby Symposium, so resources were tight. Many of our nightshift nurses stayed well beyond the end of their shifts and nurses who were not working that day came in to assist. Nurses who were at the Virtua Small Baby Symposium heard of the unit’s distress and voluntary offered to come in to work. This is just one example of how Virtua Voorhees embodies teamwork in Relationship Based Care.
2017 Falls Committee Accomplishments

1. Compliance with Falls Bundle was reinforced at every divisional meeting.
2. Progressive Mobility was made a priority at every division.
3. 2017 Data: Total Falls/1000 days. Target < 2.15. Q1=2.27, Q2=1/18, Q3=1.69, and Q4=2.05. YTD for 2017=1.96 as compared to 2016=1.97

Pressure Injury Reduction Council:
Hospital Acquired Pressure Injury Achievements

- Virtua pressure injury system-wide incidence for 2016 was 1.50% and in 2017 was 1.18%, a .32% decrease.
- Roll out of hospital acquired pressure injury debriefing tool
- Female urinary incontinence trialed, approved and being used at Virtua
- 2017 wound education symposium day with over 100 Virtua nurses attending
- Collaboration with Virtua Respiratory Department to decrease medical device related BiPAP mask pressure injuries
- Wound and Ostomy Skills Days provided to staff system wide

2017 System Sepsis Committee

- Developed and implemented strategies to increase sepsis bundle compliance. Among the strategies were the lactic acid reflex order and timing of second lactate.
- Revised order sets to be consistent with Center for Medicare & Medicaid Services compliance definitions
- Implemented a core measure sheet to assist RNs with sepsis pathway and specific documentation
- Audit and follow-up with respective personnel on fall outs

Achievements

- Continued improvement of administering 30mL/kg IV fluid bolus
- Compliance percentage in year 2016 was 62.5%; improved to 76.1% in year 2017.
- Improved overall bundle compliance to 58.3% in year 2017, up from 40.3% in year 2016
- Pilot project for pre-hospital sepsis interventions launched by Anthony Cascio from EMS. Results are pending.
Nursing Leads in an EPIC Way

Our OneVirtua implementation was a resounding demonstration that Virtua nurses can be counted on to support innovation in practice across the organization. October 4, 2017 marked the Wave 1 Go-Live of Epic in our VMG offices, Urgent Care facilities and Access Center. In parallel, 2017 was bustling with subject matter experts attending countless design and adoption sessions. Nursing Clinical Operational Readiness Chairs worked tirelessly to ensure our hospitals, EDs and hospital outpatient departments were prepared for our March 1, 2018 Go-Live.

# RN Super users

<table>
<thead>
<tr>
<th>WAVE 1</th>
<th>WAVE 2 NEARLY</th>
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<tr>
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# of Clinical Operational Readiness Committees with a Nurse Chair

- Ambulatory, Wound, Center for Women
- Home Health, Long Term Care, Surgical Services
- Maternal Child Health, Inpatient, Behavioral Health, Quality, UR/CM, ED, Cardiac Rehab, Cardiology, Respiratory

Training and Build

- 2,570 Nurses were trained
- 20 RN Credentialed Trainers
- 7 RN Principal Trainers from Operations
- 8 RN Analysts from Operations

RBC is Resources

Joanne Wilson, MSHA, BSN, RN, LNHA
VP Post-Acute Services

As a Virtua nurse, I am proud to observe my colleagues incorporating the tenets of Relationship Based Care into their clinical practice. Throughout the continuum, Virtua nurses place patients and families at the center of their attention. Through our relationship with the patient and family, we identify what is most important or of immediate concern to the patient and allocate our time and resources to achieve great outcomes.
Clinical Learning Team
2017, Learning by the Numbers

407 # of Live Programs

15,852 Total # of contact hours awarded

5,574 # of Participants in CE programs

1,245 # of learners who used Nursing Reference Center Plus

5,080 # of contact hours awarded through Nursing Reference Center Plus

118 # of new nurse residents

750 # of new hires who participated in Clinical Regulatory

Education Report for 2017

Number of graduate clinical placements: 63 students

Graduate clinical hours: 10,558

Undergraduate placements: 592 students

Undergraduate clinical hours: 29,049

$50,000 in scholarships were given to 14 nurses pursuing their BSN, MSN, and Doctoral Degrees in Nursing.

$35,000 awarded to Voorhees 1A by the Virtua Foundation Grant to provide oncology education program.

7 high school interns completed our second year-long high school collaboration with seven of our first group completing their first year in nursing school.
Number of graduate clinical placements: 63 students
Graduate clinical hours: 10,558
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$35,000 awarded to Voorhees 1A by the Virtua Foundation Grant to provide oncology education program.
7 high school interns completed our second year-long high school collaboration with seven of our first group completing their first year in nursing school.

Certification Reviews:
• CCRN /PCCN
• Inpatient Obstetrics
• Medical/Surgical
• CEN
• Maternal Newborn
• Nurse Executive/Advance NE

Basic Dysrhythmia Course

Charge Nurse Workshop
CHOP Symposium (Fall and Spring)
ED Nurse Residency Program
Evidenced-Based Practice
LTC Nurse Residency Program
Nurse Residency Program
Pharmacology Update for our Advance Nurse Practice Nurses

Physical Assessment Workshop
Preceptor Workshop
Relationship Based Care
Shared Governance & Relationship Based Care (Foundations)
Villanova Nurse Manager Certificate Program
VirtuaNurse Leadership Academy
• Renee Thompson – Incivility & Bullying

Pictured above: Substance Abuse Continuing Education Class Co-hosted with Camden County

Professional Development Highlights

RBC is Practice
Lisa Ferraro, MBA, BSN, RN, NEA-BC
VP Patient Care, Virtua Marlton

Year after year, nursing is voted the most trusted profession. This trust is an essential piece of the Relationship Based Care model. While collaborating with patients and families, they trust that we will be their advocate and stay committed to providing them with the safest care. Our excellent quality outcomes demonstrate that Virtua nurses do this on a daily basis.
Congratulations to this year’s Professional Development Advancement Program (PDAP) recipients!

**LEVEL 3**
- Alexander, Cheryl
- Anuszkiewicz, Mandy
- Berghaier, Darlene
- Berti-Hearn, Linda
- Bregman, Amy
- Broadway Saggiomo, Amy
- Burk, Lauren
- Casey, Vicki
- Castellucci, Dana
- Chinosi, Andrea
- Clower, June
- Connelly, Margaret
- Conroy, Alexis
- Corn, Nancy
- Cuccinotta, Kelly
- Dougherty, Susan
- D’Souza, Precy
- Errigo, Jennie
- Fonollosa, Karen
- Frech, Tami
- Geis, Rebecca
- Giberson, Stephenie
- Guinaugh, Judith
- Hart, Diana
- Herndon, Amanda
- Hummel, Stephanie
- Knowles, Kelly
- Kovach, Marilyn
- Kresge, Linda
- Lynch, MaryAlice
- Lyons, Kevin
- Matlack, Patrick
- Matricardi, Marny
- McCarty, Jane Anne
- McCleery, Joanne
- McFetridge, Nicole
- McMaster, Katie
- McNally, Mary
- Mkle, Anne
- Minix, Natalie
- Miranda, Betzy
- Mitchell, Kathleen
- Papeika, Anthony
- Patel, Priya
- Player, Cheryl
- Plum, Jessica
- Recinto, Nina
- Sapuay, Grace
- Schillinger, Christine
- Smith, Lori
- Sosna, Carli
- Sulzner, Jennifer
- Tabamo, Francisco
- Tejada, Lynnea
- Thomas, Smitha
- Tiernan-Palermo, Jennifer
- Walker, Lonnie
- Wilson, Karen

**LEVEL 4**
- Britland, Pamela
- Konstantinides, Paula
- Richman, Carly
- Rosario, Dana
- Singh, Briana
- Spiers, Lauren
- Wheeler, Amanda

Are you interested in applying for PDAP in 2018 or have questions about the program? Reach out to Christine Moraca or Jill English with your questions!

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**Progress Towards 80% RNs with BSN or higher by 2020**

**Virtua Voorhees**

![Virtua Voorhees Registeren Nurses with BSN Degree or Higher](chart)

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<th>Projected 2018</th>
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**Virtua Memorial**

![Virtua Memorial Registered Nurses with BSN Degree or Higher](chart)

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**Virtua Marlton**

![Virtua Marlton Registered Nurses with BSN Degree or Higher](chart)

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## New Degrees

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<tr>
<td>Angela Gartland</td>
<td>BSN, RN</td>
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<td>Memorial</td>
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<td>Brenda Cantwell</td>
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<td>ICU</td>
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<td>Brieannne Holloway</td>
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<td>Colleen Chiodo</td>
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<td>David DiVenti, PCT</td>
<td>Associates of Health Science Degree</td>
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<td>Dawn Ober</td>
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<td>Enice Stegmuller</td>
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<td>Jacqueline Wills</td>
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<td>Cherry</td>
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<td>Tia Walker</td>
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<td>Abigail Canlas</td>
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### Nurses on Boards in the Community

- **Karen Mansfield MSN, RN, CNOR**
  President Garden State Chapter 3105 of AORN

- **Susan Politsky PhD, RN, NE-BC**
  ONL Education Council

- **Catherine Hughes MSN, MHA, RN, NEA-BC**
  Organization of Nurse Executives/NJ – Mentorship Committee Co-chair

- **Nadine Cottle BSN, RN, RNFA, CNOR**
  AORN Garden State Chapter Board Member

- **Donna Barto, DNP, RN, CCRN**
  Editorial Advisory Board Nursing Critical Care Journal

- **Jane Nicole Johnson, MSN, CWON, ANP-BC**
  Southern NJ Advisor for National Ostomy Association

- **Kathleen Judge, RN, APN-C, ACNS-BC, NP-C, CWON-AP, CCCN, NEA-BC**
  Wound Ostomy Continence Nurse Certification Board, Advance Practice Board
  Member of National Task Force for Wound Ostomy Continence Nurse Society: Consensus Paper on “Avoidable vs. Unavoidable Pressure Ulcers”
  Southern NJ Advisor for National Ostomy Association

- **Kimberly Briggs, RN**
  “Chair of the Integrated Care Initiatives Committee for the South Jersey Behavioral Health Innovations Collaborative
  NJHCQI Behavioral Health Integration Transformation Team Member.”

- **Leslie Foran-Lee, MSN, RN, PCCN**
  AACN Board Member, Secretary, of Southeastern Pennsylvania Chapter (SePA) American Association of Critical Care Nurses

- **Meg Coley MSN, RNFA, CNOR**
  NJ State Legislative Coordinator for AORN, Garden State Chapter 3105; Vice President Garden State Chapter 3105 AORN

- **Lis Digneo BSN, RN, CNOR**
  Board member AORN, Garden State Chapter 3105

- **Karen Fonollosa BSN, RN, CNOR**
  Board member AORN, Garden State Chapter 3105 (Scholarship Chair)
Award Winners 2017

Beacon Award for Excellence, Silver – Memorial Special Care Nursery
Back row, L-R: Clare Verdon, Maria Leitte-Julia, Dr. Elizabeth Fong, Vanessa Williams, Kathy Denton, Shannon Stillwell, Melissa Weissman, Billie Myers, Paula Barcus-Calla, Eileen Ferrell, Joy Haines, Cami Corvino; Front row, L-R: Patty Harris, Donna O’Brien, Lora Carberry, Christine DiPascale, Krista Wessner, Shannell Tuloch

Beacon Award for Excellence, Marlton ICU
Julieanne Halpin RN, Fey Czarnowski BSN, CCRN, Monica Baran BSN, CCRN, Kevin Lyons BSN, CCRN, Gijo Mathew BSN, CCRN, Lauren Burk BSN, BS, CCRN, Felrita Watkins BSN, Dona Barto, DNP, RN, CCRN

Best Research Paper from Association for the Advancement of Medical Instrumentation for paper “Use of Monitor Watchers in Hospitals: Characteristics, Training, and Practices”
Joanne Phillips

First Place for Poster Presentation, Evidence Based Practice, New Jersey Emergency Nurses Association Conference
Virginia Jones, Tracy Orfe, Jody Durbin, Kristie Roohr, Bobbi Gray, Melissa Weissman

First Place for Poster Presentation at Trends
Courtney Foody MSN, Presenter

International Geriatric Fracture Society Virtua Marlton Division
Nurses Night Out from California Casualty
Karen Fonollosa, BSN, RN, CNOR of OR
Karen Fonollosa, BSN, RN, CNOR and Paul Minnick, Senior Vice President and Chief Operating Officer
Daisy Award Winners 2017

**Robert Bicking, RN, Virtua Berlin**
“Robert was extremely helpful and caring. He made my visit so comfortable and made sure I understood everything that was going on. I will continue to come back to this Virtua thanks to Robert.”

**Heather Manning, Virtua Marlton**
Heather had a patient who had an end-of-summer family trip planned with her kids and husband to Disney World but could not go due to an upcoming hospital visit. Heather, along with other staff, put pictures of Disney World and the hotel where they were supposed to stay on the front of her room door and other pictures of Disney World all over her room. She also gave her a teddy bear, Mickey Mouse and balloons. This cheered up the patient who was very happy. She couldn’t believe how nice Heather was to do this for her.

**Karen Miller, Virtua Memorial**
“Karen goes beyond in everything she does to show me how much she cares about me. She is not a relative or a friend, but she serves me better than a friend or relative would. She oversees every little detail. When she writes ‘Feel Better’ on my wall board, I know she means precisely that.”

**Jason Parker, Virtua Marlton**
“I went to the OR for a total knee replacement. While in the recovery room, Jason noticed my foot was cool and he could not get a pulse. Vascular surgery was immediately called and back into the OR I went. If it weren’t for Jason’s quick actions to remedy my dysfunctional popliteal artery, I might not be going home today with my lower leg and foot! Bravo Jason, I am eternally grateful.”

**Jessica Plum, Virtua Marlton**
“Jessica Plum is so kind and patient. She took the time to explain things and made arrangements to get a wheelchair so my wife and I could sit outside. I really feel that she cares about her patients and their needs.”
2016 Nursing Excellence Awards

Nursing Excellence Awards

L to R: Pamela Britland, Barbara Cline, Pamela Comer, Tracy Cundiff, Shirley Janiszewski, Terry Raiczyk, Carol Strekis and Donna Williams

Nursing Leader Awards

L to R: Meredith Schott, Kristina Martinez, Maureen Mahon, Stephen Lassiter, Asri Byll and Lauren Burke

Nursing Scholar Awards

L to R: Rahnee Mariano, Felicia Rockko, Jody Durbin, Jane McCarty, Dana Rosario, Bailey DiTullio and Linda Berti-Hearn

Outstanding Patient Experience Award

L to R: May Ann Aningalan, Claudia DiMond, Victoria Dykes, Joy Haines, Liz Murphy, Elena Pappert and Jonathan Wells

Excellence in Advance Practice Nursing Awards

L to R: Melissa Weissman, Memorial Pediatric Pavilion; Rhonda Coyle, Marlton 4 South and Donna Siegmeister, Voorhees PCU
Volunteer & Community Work

Backpack/school supplies drive
Berlin Borough Fall Festival
Berlin Community Festival
Berlin Rehab Community Care Show
Breast Cancer Awareness
Photography Contest
Burlington County Farm Fair with community education
Camden Castle Program - Collection of backpacks
Camden Children’s Garden Clean-up
Camp Oasis
Carol Mullen Girl Scout Health Care badge initiative (11/2017)
Dress for Success volunteer in career center, personal shopper and mentor (6/2017-present)
Volunteer Princeton House Treatment Center, Moorestown NJ (mentor)
Collection for nursing and rehab patients
Community family dinners
Community halloween party with Castle Program
Coordinated annual cookie tray delivery to hospital departments for Christmas
Deptford Health Fair-Breast Cancer Awareness Table
Donations to Toys for Tots campaign
Gift of Life dinner
Give Kids The World

Glen Highland Farm – Border Collie Rescue, Morris, NY.
Beyond Balance Therapeutic Riding Center – Mount Holly, NJ.
Professional Association of Therapeutic Horsemanship (PATH) International Member Center.
Eastern States Dressage and Combined Training Association (ESDCTA).
Go Red
Headroom mom at Our Lady of Mt. Carmel for Prek3 and 1st grade classes
Participated in American Heart Association Heart walk, and ran a table for stroke education and awareness (October 2017)
Insane Inflatable 5K Run
March of Dimes fundraising during the year and participation in annual basket auction
Member of the Philadelphia Medical Reserve Corp; manning the First Aid Tent at the Broad Street Run May 2017
Philadelphia Soul Takeover – Pitman, NJ

South Jersey Food Bank

President of the Garden State Chapter 3105 of AORN
Relay for Life
Ronald McDonald House dinner
Serve dinner at Cathedral Kitchen the first Tuesday of every month
Vineland Veterans Home - raised money to purchase a lift chair and donated personal items
Virtua Senior Day Care Center in Camden - provided Christmas gifts
Volunteered at Cathedral Kitchen
Volunteering at the FoodBank of South Jersey
Volunteering at the New Vision Homeless Shelter
Community assessments
Food drive/Coat drive
Blood drive
Community Basketball League
American Legion Auxiliary
Church usher/Bible study teacher
Church lector/Communion asst
Motivational speaker/Minister
Girls camp in the summer
Food Bank/Church services at Burlington Woods
Feed homeless at church
Donations to Haiti
We offered two opportunities for more than 20 Girls Scouts to earn their Nursing Badge through our Carol Mullin/Virtua nurse Girl Scout Initiative.

**Virtua Nurses Day**

**Recognition Continued in 2017**

Virtua Nurses Day is an opportunity to bring all Virtua nurses together – system-wide – to network, learn and to celebrate our commitment to clinical excellence. This year the Barry Brown Health and Education Center was transformed into a nursing haven. More than 450 nurses had the opportunity to pamper themselves with chair massages, shopping, and share learning activities to better care for themselves.

Not only does Virtua recognize the importance of Virtua Nurses Day, but so does the New Jersey State Senate. On September 26, 2016, the Senate designated the 4th Thursday of every September as Virtua Nurses Day. The proclamation recognizes that “the nurses of Virtua have continued to uphold the praiseworthy goals of delivering compassionate, evidenced-based care, achieving safe, high quality outcomes, and advocating for the wellness of the communities in which we serve.”
What Our Patients are saying

I was sent to Virtua Hospital via Virtua Urgent Care. The experience there and the entire staff was courteous and efficient. Totally awesome.

Every nurse that worked with me was outstanding and so appreciated by my family and myself.

The nurses and doctors were very professional and came to my need.

We were blessed with three amazing nurses during our stay. With their help, advice and care, it made a bad situation better.

I feel that all my needs were taken care of by very efficient, friendly, professional people who always showed care for their patients.

All my nurses and techs were very nice and explained everything. Very knowledgeable and treated me with courtesy.

The nurses we had really went out of their way to make the stay in the hospital enjoyable.

Everyone, from the first receptionist to the nurse, who was kind enough to help me to the car should be commended.

The doctors, nurses, and everyone involved with my care was wonderful.

If I could rate Virtua above a ten, I would. Never have I received such good care. Happy with my stay there. The nurses are the best.
Virtua has a social media presence and many of the VirtuaNurse stories and activities are shared through Twitter, Facebook, LinkedIn and Instagram. If you are new to the social media craze, here are some tips to ensure professionalism on these sites:

- Post statements you’d feel comfortable sharing with your boss or clients in person.
- Never negatively comment about work online.
- Be grammatically unimpeachable.
- Post photos of yourself that you consider to be professional.
- Share links or other friend’s information that may be considered to be universally acceptable.
- Hide friend’s comments or information that is deemed to be inappropriate.
- Only link, follow or friend people you know and trust.
- BE mindful of HIPPA and never post information about a patient.

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To support the nursing strategic plan of increasing community recognition of the Virtua Nurse, the Virtua Logo Shop offers a large selection of Virtua Nurse branded apparel and other items to showcase your Virtua pride. In addition, the logo shop promotes the professional development of the Virtua Nurse by donating 20% of every sale to the Virtua Nurse Scholarship Fund. $50,000 in scholarships are available annually.

To learn more, visit the logo shop via the VINE or at virtualogoshop.com.