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



NIH Clinical Center Nursing Department Annual Report

2021-2022



clinicalcenter.nih.gov

Clinical Research Nursing

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

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



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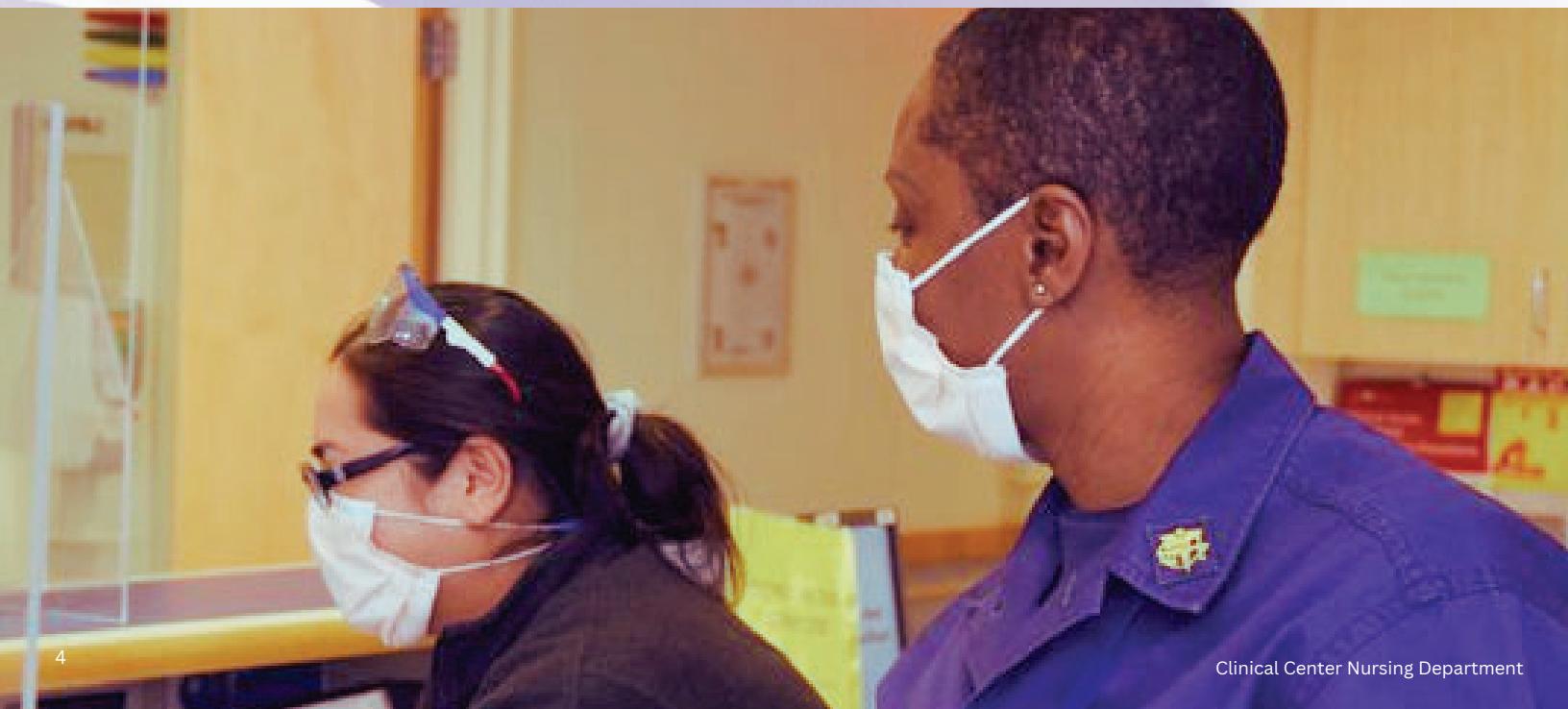


Mission

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

Vision

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



Message from the Acting Chief Nurse Officer



Greetings Colleagues,

We are pleased to provide the report of the activities and accomplishments of the National Institutes of Health Clinical Center Nursing Department and its partners for calendar years 2021 and 2022. As we are emerging from under the shadow of a historic pandemic, it is important to acknowledge the many contributions made by our staff members and colleagues. We have learned a lot over the three years of the pandemic

and have made numerous changes to workflows and practices. Telehealth is now an important aspect of our care delivery model. Administrative processes moved from paper to electronic.

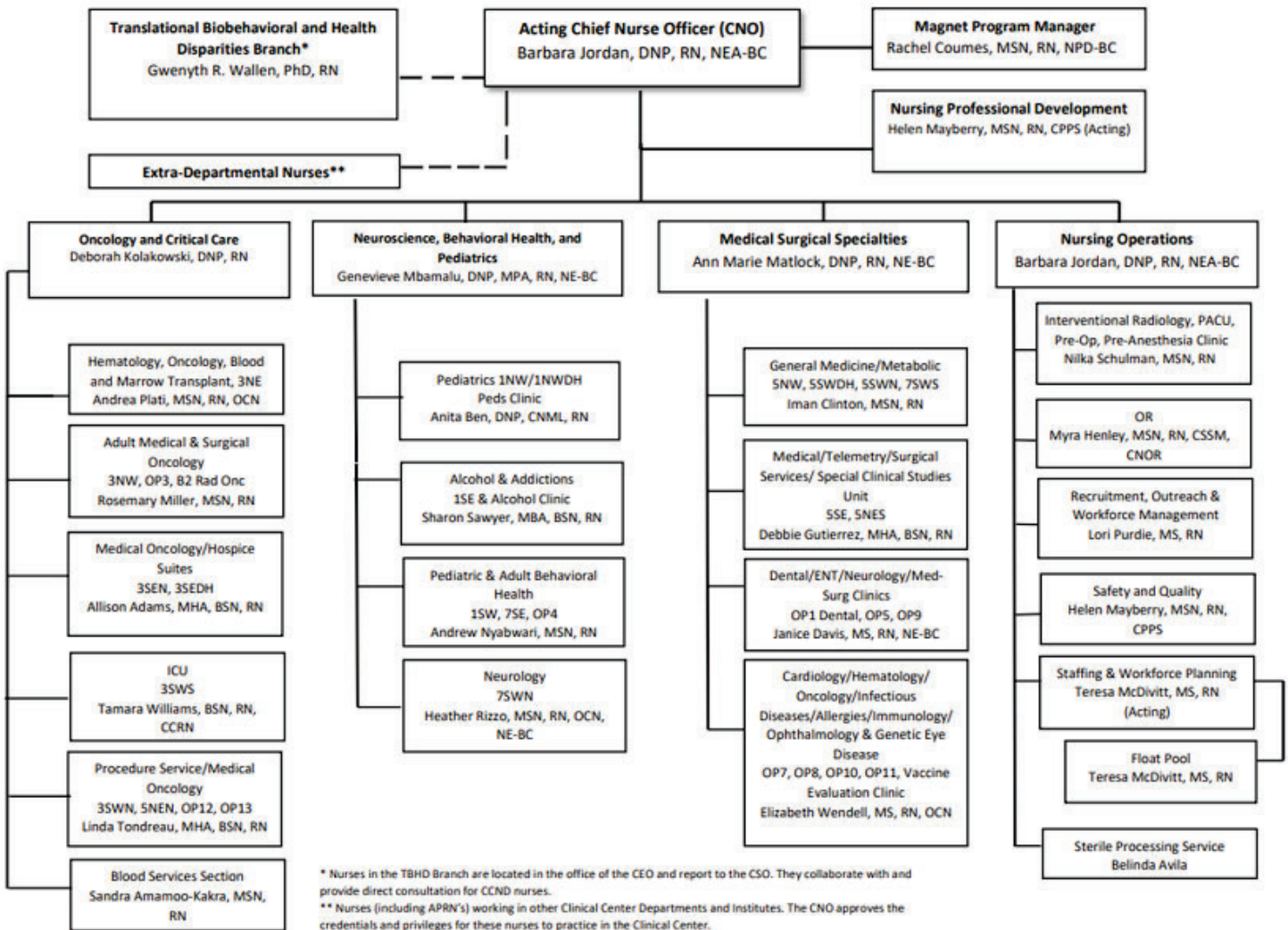
In 2020, we offered telework to staff members who had never before worked remotely so they could continue to work while we had fewer patients in the Clinical Center. We have all been impacted both personally and professionally by the pandemic and have had to learn to adapt to all the changes. Despite our challenges, what hasn't changed is the excellent care that is provided to our patients. In 2021, the Clinical Center received the NDNQI Award for Outstanding Nursing Quality from Press Ganey. This is a testament to the dedication of our staff members to provide the highest quality care to our patients and their families. There are numerous achievements to be found in the following pages of this report. I would like to thank the editorial team of Rachel Coumes, Diane Walsh, Louise Balligan, Kristina Hagan, Pam Horwitz, Ray Nudo and all the contributors from the Nursing Department and Clinical Center for creating an outstanding report. I also want to thank all the people who work in the Nursing Department for coming to work every day and being their best for our patients and one another. I am truly proud to be a member of this exceptional Nursing Department. It is an honor to work with you and for you.

Sincerely,

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

Nursing Department Organizational Structure

Clinical Center Nursing Department



* Nurses in the TBHD Branch are located in the office of the CEO and report to the CSO. They collaborate with and provide direct consultation for CCND nurses.

** Nurses (including APRN's) working in other Clinical Center Departments and Institutes. The CNO approves the credentials and privileges for these nurses to practice in the Clinical Center. There is no reporting relationship.

Updated 4/28/23

Nursing Department Executive Team



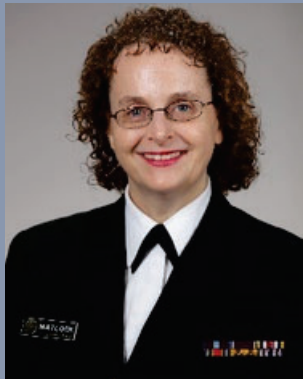
Barbara Jordan, DNP, RN,
NEA BC, Acting Chief Nurse Officer
and Service Chief for
Nursing Operations



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



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



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



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



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

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



Patient Activity 2021

	2021*
Admissions	2,990
New patients	5,372
Inpatient days	28,967
Average length of stay (days)	9.4
Outpatient visits	68,566

The NIH Clinical Center had **38,432** queries about clinical trials in the 2021 fiscal year.

Clinical Research Activity 2021

	2021
Active Onsite Protocols	1,525
New Onsite Protocols	150
Unique Principal Investigators	502

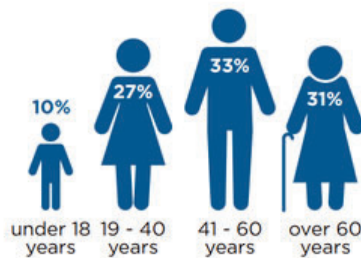


Patient Demographics

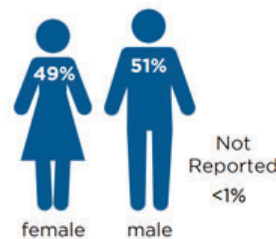
Distribution of Clinical Center Patients by Self-Identified Race

Race	Percent
White	63%
Black/African American	17%
Asian	7%
Not Reported	7%
Multiple	4%
American Indian/Alaskan	<1%
Hawaiian/Pacific Islander	<1%

Age Distribution of Clinical Center Patients



Gender Breakdown of Clinical Center Patients



Demographic information is based on 14,925 patients seen in the Clinical Center in the 2021 fiscal year.

2021 Workforce Distribution

The Clinical Center has a workforce of 1,913 permanent federal employees.

44%
Nursing and patient care/support services - 840



37%
Clinical and imaging sciences departments - 704



13%
Operations - 244

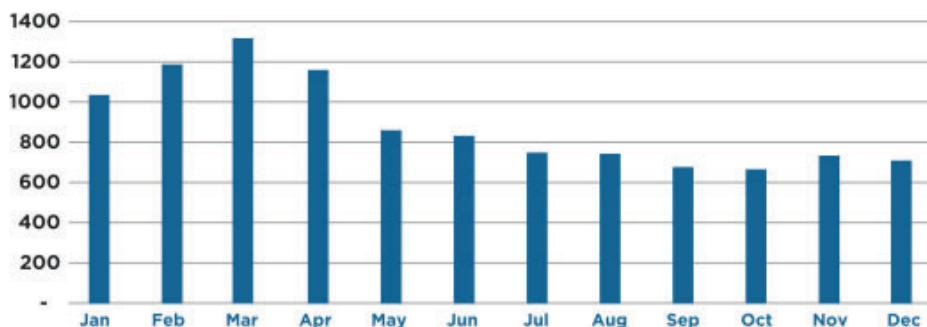


6%
Administration - 125



All workforce figures from October 1, 2021.

NIH Clinical Center Telehealth Appointments 2021



Total Appointments Completed: 10,546

*Information retrieved from the NIH Clinical Center Data Report 2022
<https://www.cc.nih.gov/sites/nihinternet/files/assets/about/pdf/2022CCDataReport.pdf>

* To ensure safe hospital operations, patient admissions were reduced effective March 2020 due to the SARS-CoV-2 (Covid-19) pandemic.

The NIH Clinical Center Nursing Department Professional Practice Model

The NIH Clinical Center Nursing Department Professional Practice is Guided By:

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

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

Our specialty practice of

Clinical Research Nursing is focused on care of patients participating in clinical research and we collaborate with the interdisciplinary team members to ensure accurate protocol implementation.

We incorporate, from our model of care, the essential roles of primary nurse and protocol coordinator. These roles facilitate communication and collaboration between care environments and enhance **patient centric care**.

We ascribe to the model of **Relationship Based Care**, focused on the following relationships: care provider's relationship with patient and their families, care providers relationship with self and care provider's relationship with colleagues.



We nurture a **Healing Culture** with a compassionate focus on our patients, their families, and ourselves.

We provide specialty care as outlined by the **Domains of Practice** – Clinical Practice, Study Management, Care/coordination and Continuity, Human Subjects Protection and Contributing to the Science.

We support professional development and leadership qualities, encourage specialized certification, and **empower** our CRNs to be autonomous and collaborative with interdisciplinary team members.

We recognize **evidence-based practice** is essential to maintaining a standard of excellence. Unit based practice councils and a strong Shared Governance structure is in place to ensure quality and safety for the best patient outcomes.

We are – Nurses Inspiring Hope



The ANCC states that professional practice models (PPM) illustrate the alignment and integration of nursing practice with the mission, vision, and values that nursing has adopted. The CCND released its Professional Practice Model in December 2022. The PPM was created with input from clinical nurses and nurse leaders throughout the department and finalized by a collaborative PPM workgroup. Our PPM is patient/family centered and incorporates a framework of relationship based care. The elements of our PPM align with our revised mission and vision and provide a structured model for the way we practice, communicate and care for patients while working toward high quality outcomes.

The 2022-2024 CCND Strategic Plan

A Strategic Plan outlines the objectives and goals that an organization has identified in order to realize its vision and fulfill its mission.

The Clinical Center Nursing Department released its 2022-2024 Strategic Plan in May 2022. The plan is the culmination of several months of collaboration between members of the nursing executive team, nurse leaders, clinical nurses, and the NIH Office of Strategic Planning and Management Operations. The American Nurses Credentialing Center identifies a strategic plan as a "plan resulting from a process of "reviewing the mission, environmental surveillance, and previous planning decisions used to establish major goals and nonrecurring resource allocation decisions" (Griffith & White, 2002, p. 683).

Our Strategic Plan framework was built using the ANCC Magnet® Model components; Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovation, and Improvements. The evidence-based model highlights critical elements that must be present for an organization to achieve the highest level of excellence in quality, safety and nursing practice.

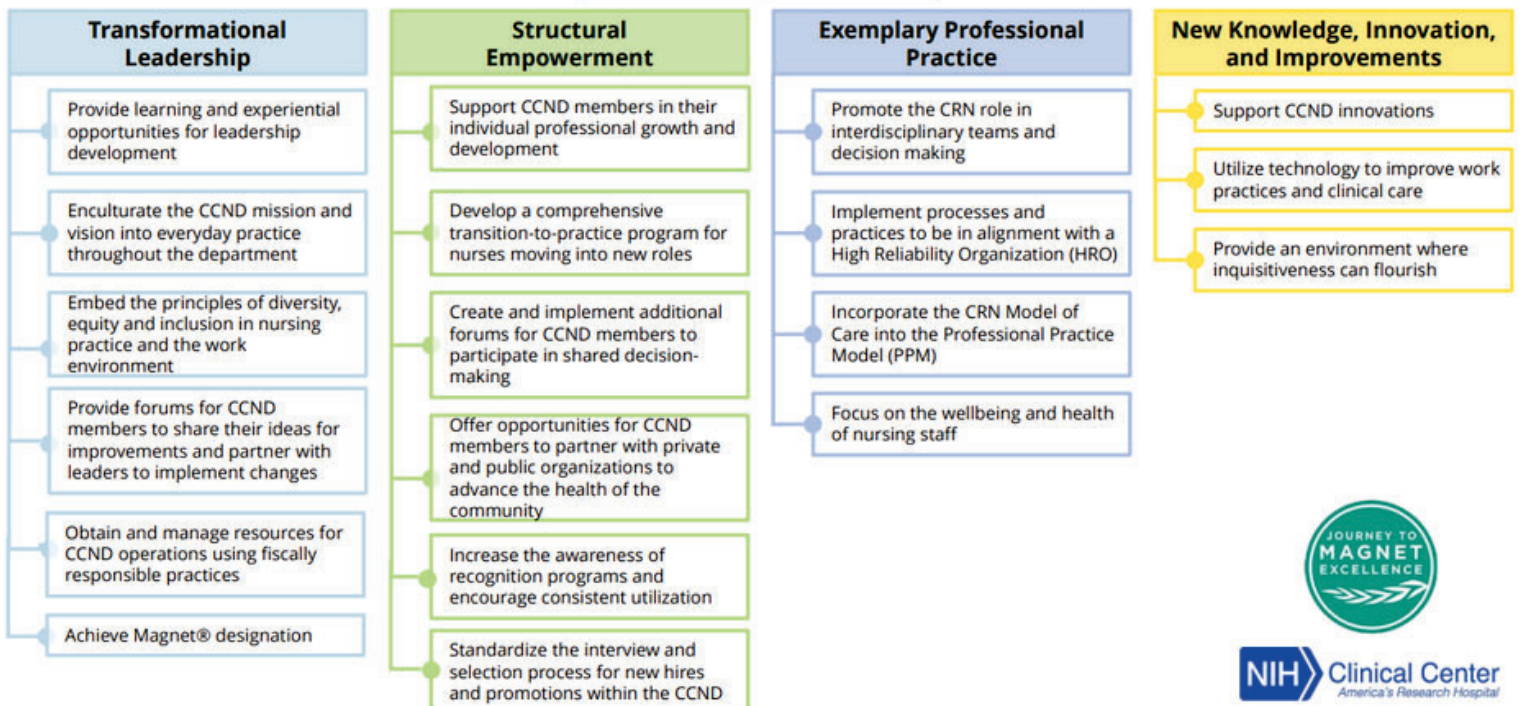
Essential milestones of the work included a review and revision of the CCND Mission and Vision statements. Our previous Vision statement focused on establishing clinical research nursing as a recognized clinical specialty, which was achieved. The new Mission and Vision statements reflect current and future practice of clinical research nurses in the provision of evidence-based, patient-centered care.

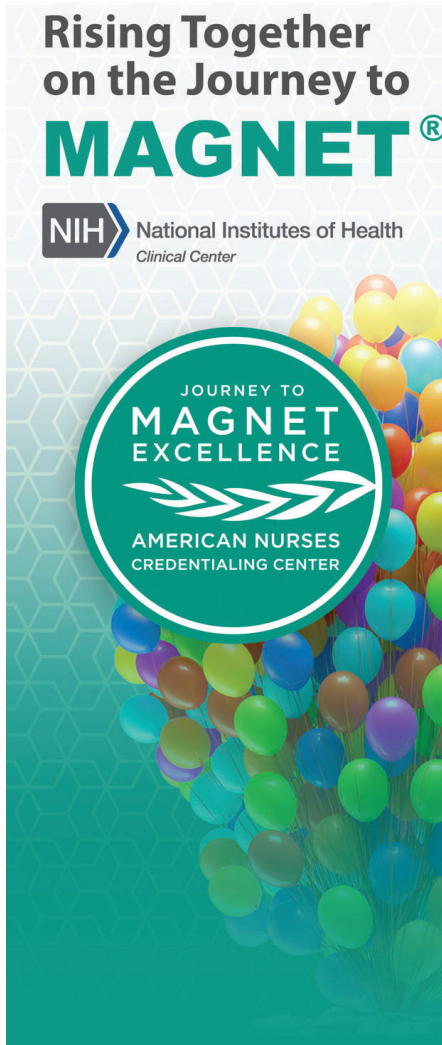
NIH Clinical Center Nursing Department (CCND) Strategic Plan (2022-2024)

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

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

STRATEGIC GOALS:





The NIH Clinical Center officially launched our ANCC Magnet Journey in October 2020. As a formally recognized Pre-Intent Organization, Clinical Center teams worked to create solid foundational elements that support and drive our path forward to Magnet accreditation.

- ✓ Chartered the Magnet Document Team, which conducted an in depth organizational gap analysis to determine our readiness for the journey
- ✓ Chartered the Magnet Ambassador Team for CCND and Extradepartmental areas. The team focus is Magnet readiness and communication.
- ✓ CCND revision of Mission and Vision statements to reflect current and future practice
- ✓ Acquisition/promotion of certification support programs to make professional certification more accessible to staff
- ✓ CCND Strategic Plan 2022-2024 developed and disseminated
- ✓ Outreach, communication and education to Institute and Clinical Center partners to promote inclusion and awareness of the Magnet journey
- ✓ Collaborative development of the Clinical Center Nursing Department's Professional Practice Model (PPM)
- ✓ Chartered the Clinical Center Magnet Steering Committee, which provides oversight and accountability for accreditation progress
- ✓ Increasing awareness and focus on metrics and outcomes data to identify improvement opportunities and to tell our stories of excellence



Organizational Excellence



CCND COVID-19
PANDEMIC RESPONSE

5th Floor Screening and Testing

In 2021 the main entrances to Building 10 continued operation of 24/7 screening booths (since March 12, 2020). Screeners reviewed signs and symptoms of COVID-19 with employees and visitors, provided a new NIH-issued surgical mask and a daily screened sticker to every person that entered the building. The screening team consisted of PHS officers, CCND nursing staff and contract PCTs and RNs. Protocols were developed with 5SE/SCSU for symptomatic patients who were identified at entrances. The protocols ensured safe transport for patients from the entry ways to the secure unit on 5SEN for further Covid-19 evaluation. Employees were sent home with instructions to follow up with OMS and visitors asked to leave the campus.

In 2021, a total of 1,515,125 people were screened in Building 10. 42 people screened positive. Non-patient visitors were not permitted in Building 10 without prior authorization from the CCND Nurse Consultant for Infectious Disease, in collaboration with the Office of the Director and Service Chief of Medical Surgical Services. 40-150 Non-Patient visitor requests were received monthly with only mission critical visits approved. Screeners collaborated with Capt. Antoinette Jones, CC Patient Representative, for a daily list of approved patient visitors. Question and answer sessions were moderated for the nursing staff by the CCND Nurse Consultant for Infectious Disease, Hospital Epidemiology Service Staff, the Clinical Center Patient Representative and Safra Lodge representatives. The sessions covered issues related to patients and visitors, with follow up education provided to the nursing units. Patient visitors and outside presenters were slowly permitted to enter Building 10 as 2022 progressed.

Asymptomatic employee testing (AST) continued into 2021 with staff consisting of contract RNs, 5SE nursing staff and CCND nurse volunteers. Additional support from NIH security and CC escort services for specimen transport was also provided. Employees were permitted to request priority testing for travel outside of the United States, which averaged approximately 18-60 requests a month.

Employees were given the option of mid turbinate swabbing or saliva collection for covid-19 testing, with results available in about 48 hours. 3,000-7,000 people were tested each month between May and August 2022. Testing was offered 5 days a week initially but was slowly decreased to 3 days a week due to a decrease in demand.

On November 14th, 2022, CUE COVID self-testing was implemented after collaboration with microbiology to confirm acceptable reliability, validity and sensitivity of the system. IT integration, and process and through put on the 5th floor were also evaluated to ensure an efficient workflow. 5SE and contract RNs were trained to perform the CUE testing and appointments were still enforced.

5SE/SCSU Collaborations and Care

5SE/SCSU nursing staff administered the COVID-19 vaccine, *EVUSHELD*, Bebtelovimab and other monoclonal antibodies to patients. 5SE/SCSU clinical staff were in constant collaboration with Hospital Epidemiology staff to ensure appropriate COVID-19 patient transport policies with the establishment of a new route through Molecular Imaging. Nursing staff trained Occupational Medicine Services (OMS) staff to perform mid turbinate swabs and safely handle specimens in the symptomatic employee car line. In addition to the support provided to the NIH COVID-19 response efforts, 5SE/SCSU staff continued to implement new clinical protocols (such as a Monkey Pox trial). The team also continued to prepare and train for potential Biosafety Level 3/4 exposures (such as Ebola). 5SE/SCSU staff provided training to Respiratory Therapy, ICU, Critical Care Medicine Department, National Institute of Allergy and Infectious Disease (NIAID), PVCS, Radiology and the Infectious Disease Consult service, in special respiratory isolation .



ICU/IMC Care of Critically Ill Covid-19 Patients



The ICU/IMC nursing staff provided care to critically ill COVID-19 patients in their IMC when SCSU Covid-19 patients required a higher level of care. The IMC was expanded from 6 to 12 beds in order to accommodate the population of COVID patients. The Procedures, Vascular Access and Conscious Sedation (PVCS) unit was moved to the ICU in order to provide additional space for patient care while still continuing to provide services to the Clinical Center patients. CCND nurses with previous ICU experience volunteered to care for patients and supplement staffing to provide support for the ICU nurses. Covid-19 patients were admitted from local Emergency Rooms and ICUs in order to partner with the community in the fight against COVID-19.

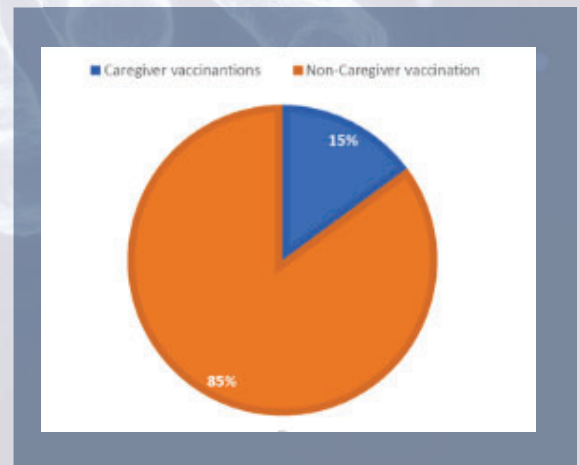
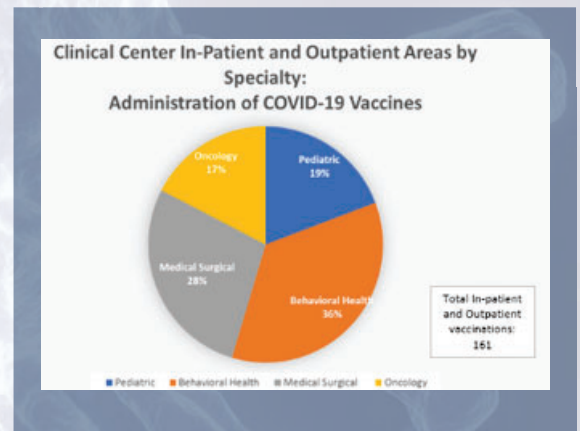


Central Hospital Supply diligently worked to maintain the supply of Personal Protective Equipment (PPE). Leadership, ICU staff and CCND nurse volunteers strived to ensure high quality, safe care for all critically ill patients in the Clinical Center.

OP7 COVID-19 Vaccination Clinic

Planning for a centralized patient and caregiver COVID-19 vaccination clinic was initiated in February 2021, and the first vaccination was administered on April 23, 2021. The OP7 nursing leadership and staff collaborated with multiple stakeholders including the Chief Medical Officer, the Director of Department of Occupational Health and Safety (DOHS), Service Chief for MSS, Department of Clinical Research Informatics (DCRI), CC Pharmacy, Patient Support Service Department, Medical Support Assistants and National Heart Lung and Blood Institute (NHLBI) Leadership. Vaccine administration training was coordinated with the NIH employee COVID vaccination team through Janet Valdez and Sharon Flynn. OP11 staff received training to ensure continuity of operations in the event additional staff were needed to support OP7. In addition to administering the vaccines in the OP7 clinic, vaccinations were mobile for patients and caregivers under 18 or those whose health status/disposition restricted them to their inpatient or outpatient area.

The last OP7 clinic vaccination was given on July 15, 2021 as COVID-19 vaccination administration was implemented throughout the Clinical Center. A total of 161 COVID-19 vaccinations were given to patients and their caregivers in the brief amount of time the service was offered. OP7 was honored to be part of this public health initiative providing enhanced protection from COVID-19 for the high-risk patient and caregiver populations



OMS Support/Medical Contact Tracing

The COVID-19 Call Center started in March 2020 and was scaled back in April 2021. During the peak of the pandemic there were 174 volunteers, with 6 volunteers from the CCND. The contact tracing team, which processed positive/return to work employees, negative employees and contact investigation, had over 100 volunteers and detailed staff from various ICs. A total of 50 volunteers and detailed staff were from the clinical center. OMS staffed the COVID-19 vaccine clinic with up to 95 nurses and physician, 27 PHS officers and a combined total of 37 from OMS staff and contractors. Over 16,000 COVID-19 Vaccine doses 1 and 2 were given from 12/2020 to 12/2021 with 14 dose 3s and 3462 boosters given. Car line testing was transitioned to OMS oversight in May 2022 with staff from SCSU and 5SE providing mid-turbinate training and support for OMS staff.

NIH Clinical Center Employee Vaccine Clinic

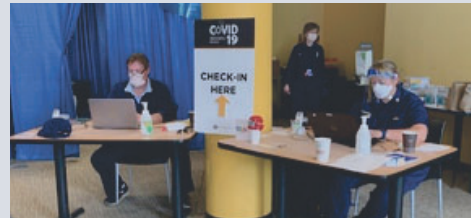
The COVID-19 Mass Vaccine clinic was staffed with PHS officers, Clinical Center, CCND volunteers and OMS federal and contracting staff. The clinic providers administered over 35,000 vaccines from 12/2020-12/2021, which included dose 1, dose 2, dose 3 (for immunocompromised employees), and a booster dose. The clinic was managed by several PHS officers and Judy Chan, Nurse Practitioner, Occupational Medical Services. PHS officers were assigned to provide NIH employees with appointments reminders and to manage the vaccine wait list in an effort to minimize vaccine waste. PHS officers, CC volunteers, and OMS contractors administered COVID-19 vaccines or monitored workers at a post vaccination clinical observation area. In addition, PHS officers, CC physician, physician assistant and nurse practitioner volunteers were assigned to staff an emergency area where patients could receive emergency care and/or direct observation during or after vaccination. Sharon Flynn, Director of Patient Safety and Education, NHLBI and PHS Officer Bobby Cox provided training and orientation for all the volunteers at the vaccine clinic.

COVID-19 Vaccine Metrics 12/2020-12/2021 (Employees, Contractors, Volunteers, Fellows)

NIH Workforce	Total Vaccinated
NIH employees	15073
Contractors	9159
Fellows	2852
Volunteers	779
Other	7987
Total Vaccinated	35850

Staffing for COVID-19 Clinic 12/2020-12/2021 (From CC)

	Total
PHS Officer	27
Volunteer	Up to 95 from CC
OMS contractors hired for COVID-19 vaccine	13
OMS staff (Federal and Contractors)	24



United States Public Health Service (USPHS) Commissioned Corps

The Department of Health and Human Services supported the public health and medical response efforts for the novel coronavirus (COVID-19) outbreak by dispatching clinical strike teams of commissioned officers to serve in a variety of roles. The NIH nurse officers were members of those teams deployed to support the COVID-19 pandemic response. These efforts commenced in March 2020 and continued through the end of 2022.



As America's Health Responders, our NIH Commissioned Corps nurse officers are available at a moment's notice to deploy to preserve public health and national security during national and global public health emergencies. These officers bring caring, compassion, and hope to patients who are severely ill and suffering from this infectious disease. In 2020-2022 NIH nurse officers responded to:

- Miramar California - cared for COVID-19 positive Princess Cruise Lines passengers during the mandatory quarantine period.
- Partnered with State Department's Healthcare personnel to establish the first COVID-19 testing stations throughout the nation.
- Established the first testing process.
- Educated the State Department Healthcare personnel on the proper techniques and procedures for testing and wearing the appropriate PPE.
- Established immunization stations across the nation to vaccinate thousands of residents against COVID -19.
- Provided work force relief to several healthcare organizations (psychiatric facilities, skilled nursing facilities, community hospitals and clinics) across the nation in support of the overwhelmed staff.
- Supported the Unaccompanied Minor's mission at the borders to screen for COVID-19 and provide immunizations as indicated.
- Supported the Armed Forces on military facilities to screen, test and vaccinate Afghani refugees.





Transformational
Leadership



The CCND Respite Room

Research has demonstrated that restorative breaks reduce nursing fatigue. In 2021, the Clinical Center Nursing Department engaged in an exciting project to renovate a space on 5NW into a relaxation and respite room for the nursing staff. The respite room nursing team worked together to make this project a reality. The space was transformed with lighting, acoustics and massage chairs making it the perfect space to relax and rejuvenate for 15-30 minutes before returning to patient care. With the help of the CCND Nurse Wellness committee, color schemes, guidelines, maintenance and scheduling processes were developed. An educational video was also created and released to highlight room equipment, benefits of use, and user guidelines.

The CCND Respite Room Grand Opening Ceremony was held on October 12, 2022. The aim of the respite room is to provide a space to promote health and wellness for nursing staff, along with promoting a positive impact on the quality and safety of health care delivery at the Clinical Center.

CCND Partnership with ANA's Healthy Nurse, Healthy Nation

The evidence suggests that although nurses may excel in caring for others, they often fall short in caring for their own health and well being. In 2022, the CCND Nurse Wellness Committee partnered with the American Nurses Association's Health Nurse Healthy Nation Initiative to provide access to a number of free health and wellness resources. The initiative is offered in an online platform and focuses on physical activity, rest, nutrition, quality of life, safety and mental health. The program offers an annual survey of participants, which allows the CCND to better understand the well being needs of nurses, and develop specific initiatives to support the ongoing needs of our staff.

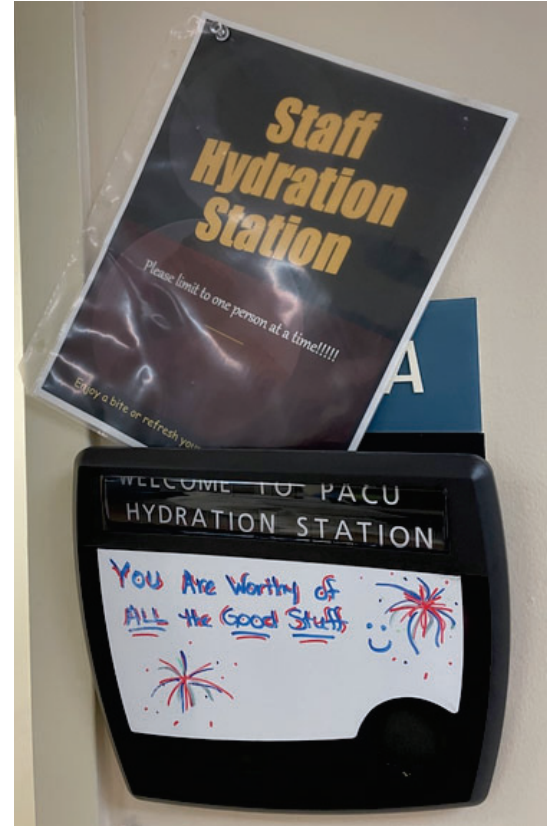
The epidemic levels of nurse burnout, depression and suicide have been widely studied and support the idea that a healthy nursing workforce has a positive impact on the quality and safety of healthcare delivery. With this knowledge in mind, the CCND worked to implement resources to promote improved wellbeing and health for nursing staff.



PACU Hydration Station

During the Covid-19 pandemic, it was important that nursing units established a safe eating and drinking location for employees. A convenient location for hydration and self care, near workstations and patient care areas, became imperative as staff were providing patient care while wearing masks, which increased the need for more frequent breaks and hydration. A space where staff could safely remove masks, without increasing the risk for exposure to the team and patients, was a priority.

PACU staff contributed ideas for the room and a location near the nurses station was identified. PACU leadership; collaborated with CC facilities to build a counter space with an appropriate power source, purchased a small undercounter refrigerator and chairs (2), developed rules for use of the space, and created signage. PACU leadership also purchased and donated a beach scene portrait to help create a relaxing, calm environment. This initiative was well received by nurses and our colleagues. It afforded the team with the ability to safely deliver patient care while maintaining the well-being of nurses and colleagues.



Interventional Radiology(IR) Adaptation and Customization of Perioperative Information System (POIS)

In 2020, Interventional Radiology (IR) embarked on a journey to incorporate the Department of Perioperative Medicine (DPM) Perioperative Information System (POIS) for patient documentation and daily perioperative operations into daily work. This system supports the perioperative IR documentation and workflows, data analysis, procedure processes in order to maintain patient safety and promote the quality of IR care. This change required Clinical Center surgeons/requestors who use POIS SISWEB (surgical portal request system) to request and schedule all IR procedures. IR completed successful adaptation to POIS on May 4, 2021.

Phase two included real time tracking boards deployed on July 28, 2021. The digital boards provide information associated with patient/staff workflows, date/time, surgeon, procedure name, unit, disposition, patient demographics, anesthesia type, and admission type and room location within IR. Real-time tracking boards were specifically designed to meet the daily patient/staff scheduled information needs in the IR patient care area.

Displays include:

- Main IR display
- Waiting Room Display
- Registration/front desk Display
- Schedule for tomorrow
- Sign off board Display

Phase Three will incorporate Sis-analytics data mining to continue promoting real time best practice, safety for our patients.



Sterile Processing Section (SPS) Joins CCND

On February 27, 2022 the Sterile Processing Section (SPS) moved from the Materials Management and Environmental Services Department to the Clinical Center Nursing Department. This included a total of 16 FTE and one contractor, and a budget of over \$2,000,000. The Sterile Processing Section is responsible for the following functions:

Cleaning of Equipment Ordered Through the Visual Supply Catalogue

- SCD machines
- Isolation carts
- Feeding pumps
- K-Pads
- High level disinfection services
- Flexible scopes from OP3, OP5 (ENT), PVCS, Respiratory, Operating Room
- Transvaginal probes
- Prostate probes
- Respiratory Therapy devices
- Sjogren's Group (use devices that collect saliva)
- Cleaning of instruments from various departments & the Operating Room
- Sterilization of instruments from various departments & the Operating Room

-Department drops off all sterilized or high-level disinfected items

-Department picks up all dirty instruments or medical devices from soiled utility rooms





Structural Empowerment

NIH Clinical Research Nurse Residency Program

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



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



The CRNRP prepares Clinical Research Nurse (CRN) residents to provide safe and evidence-based, quality care to research participants

The CRNRP empowers CRN residents to make meaningful contributions as nurse leaders in the clinical research setting

The CRNRP contributes to the overall growth of the clinical research nursing enterprise

GRADUATION OF COHORT 8

Cohort 8 graduated October 2021 in a virtual graduation ceremony that was attended by the Nursing Department, organizational colleagues, families, and friends. Cohort 8 consisted of 10 nurse residents representative of each CCND service line, and marked the inaugural participation of the perioperative (OR) and perianesthesia (PACU) in the residency program.



CRNRP Cohort 8 nurse residents. Top row (L-R): Taylor Gietschier, 7SWN; Erin Freitas, 3NW; Amber Hampton, 3NW; Alessandra Breen, 5NW; Karina Bridges PACU. Bottom Row (L-R): Caitlin Geeslin, 1NW; Alicia Calixte, 1NW; Junga Kim, 3NE; Ayesha Mack, 3NE; Dennis Washington, OR

REDESIGNATED 2021

ACCREDITED WITH DISTINCTION PRACTICE TRANSITION PROGRAM (PTAP®)

In April 2021, the CRNRP was redesignated as an accredited transition to practice program *with distinction* – this recognition reflects our organization's commitment to providing an evidence-based framework in support of new graduate nurses.



NIH Clinical Research Nurse Residency Program



2021-2022 Highlights:

CRNRP OUTCOME MEASURES 2021-2022

Category	Goal	Description	Benchmark	Aggregate Data/Outcome Measure															
<i>Professional Development</i>	Nurse residents will engage in CCND Leadership within 3 years of completing the CRNRP	<p>Leadership progression is demonstrated as nurse residents assume informal leadership roles on the unit, within the CCND, or NIH organization at large</p> <p>Informal leadership roles are defined as positions that promote excellence in nursing practice, improve performance and outcomes, support unit-based or organizational initiatives – examples include charge nurse, preceptor, unit leadership, CCND Shared Governance committee chair</p>	75% of nurse residents assume leadership roles within 3 years of completing the program	<table border="1"> <thead> <tr> <th>Cohort</th> <th># yrs post program completion (as of 03.2023)</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Cohort 8 (Oct 2020-Oct 2021) N=10</td> <td>1.42</td> <td>80%</td> </tr> </tbody> </table>	Cohort	# yrs post program completion (as of 03.2023)	Outcome	Cohort 8 (Oct 2020-Oct 2021) N=10	1.42	80%									
Cohort	# yrs post program completion (as of 03.2023)	Outcome																	
Cohort 8 (Oct 2020-Oct 2021) N=10	1.42	80%																	
<i>Practice-Based Knowledge, Skills, and Attitudes</i>	By the end of the nurse residency program (12 months), nurse residents will function independently as CRNs	Clinical proficiency as evidenced by competency assessment tools	90% validation of competencies required on the unit of hire	N=10 93%															
<i>Self-Reported</i>	Upon completion of the CRNRP, nurse residents will report satisfaction with the transition support provided by the CRNRP	<p>Participant/RN satisfaction as reported in the Casey-Fink Graduate Nurse Experience Survey</p> <p>*tool scored per instructions provided by developers</p>	Increase in aggregate data from the Casey Fink selected scores from start of program to end of program (select factors: support, organizing/prioritizing, communication/leadership, professional satisfaction)	<p>N=10</p> <table border="1"> <thead> <tr> <th>FACTOR</th> <th>PRE</th> <th>POST</th> </tr> </thead> <tbody> <tr> <td>Support</td> <td>3.4444</td> <td>3.5000</td> </tr> <tr> <td>Organizing/Prioritizing</td> <td>2.9000</td> <td>2.8000</td> </tr> <tr> <td>Communication/leadership</td> <td>2.5833</td> <td>3.0833</td> </tr> <tr> <td>Professional satisfaction</td> <td>3.6667</td> <td>3.3333</td> </tr> </tbody> </table>	FACTOR	PRE	POST	Support	3.4444	3.5000	Organizing/Prioritizing	2.9000	2.8000	Communication/leadership	2.5833	3.0833	Professional satisfaction	3.6667	3.3333
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Professional satisfaction	3.6667	3.3333																	
<i>Financial</i>	The CCND will retain 80% of participants after one-year post program completion	Retention	80% of nurse residents remain in their position one-year post program completion	N=10 100%															

Professional Development Highlights 2021

- Simulation Technician, Ron Gillis, joined the Clinical Center Simulation Program.
- CCND simulation partnerships with stakeholders
 - GM1 Gangliosidosis Interprofessional Care Team
 - Dental Team
 - Pain and Palliative Care Team
 - National Cancer Institute
- Revised online and in person course offerings to ensure safety and risk reduction per Covid-19 guidelines
- Developed clinical competencies for extra-departmental nurses seeking patient care designation to ensure their clinical practice met same rigorous standards as CCND staff
- Development of Neuro Nursing 1.0 Course as part of hospital-wide quality improvement initiative on neuro assessment
- LMS Absorb expanded to provide 53 courses to more than 1650 staff
- Nursing Professional Development collaborated with the Clinical Practice Committee to develop the Bedside Mobility Assessment Tool (BMAT) SOP
- Staff education for use of Sage Prevalon® MATs (Mobile Air Transfer System), which were deployed to 10 patient care areas

CCND Training Initiatives

Returning Patient Personal Meds

Phillips MX 550 Portable EKG Monitor Refresher

Patient Discharge Opioid Education

Pharmacogenomic Testing Changes

Arjo Hydrotherapy Tubs

Ticket to Ride Relaunch

Diabetes Education

Phillips Vital Signs Machines Phase I

Implementation

ICDX: Nursing Plans of Care

Trach Tubes

Abuse and Neglect

Management Med Instruments & Supplies in the CC

Suicide Risk Screening

Patient and Visitor Recording Policy

IPASS/Bedside Shift Report

CLABSI Prevention Training

Cycling PN on Moog Pump

Rx Crush

Professional Development Highlights 2022

- Neuro Nursing 1.0 Course offered as part of a hospital-wide quality improvement initiative on neuro assessment. 570 staff completed online component and 300 staff completed in-person skills/simulation training.
- Absorb LMS provided 100 course offerings to over 1800 staff
- Collaborated with nursing competency expert Donna Wright, MS, RN, NPD-BC, to conduct review and gap analysis of CCND competency program. Outcomes of the consultation will be overall improvement and alignment with best practices for competency identification and validation.

Neurological Assessment 1.0: Education To Improve Outcomes in Neurological Emergencies

An interdisciplinary Neurological Nursing Assessment Workgroup was convened in late 2019 in response to the Clinical Center priority to improve neuro assessment. The goal of the group was to create and implement an educational program that aimed to improve nursing neurological assessment skills including early recognition of neurological decline and appropriate nursing responses for acute neurological emergencies. Through steadfast efforts over a two year period and even with a variety of potential roadblocks such as COVID-19, the workgroup succeeded in implementing the program in the Fall of 2021.

To date, 60% of NIH Clinical Center direct care nurses have completed the online component. 19% of these nurses have completed the two hour in person skills/simulation sessions with a goal of having 100% of the nurses complete the program in 2023.

CCND Training Initiatives

Adrenal Insufficiency , Controlled Substance Disposal System (Cactus Sinks), Neuro 1.0 Online/In-Person Course, COVID 19 Vaccine Patient Administration, Blood Products “Right to Refuse” , Falls Prevention Strategies for Adults, BMAT, Acknowledgement of Risk for HDs



Clinical Simulation

The NIH Clinical Center Simulation Program uses high fidelity experiences to provide innovative and immersive simulation education in team-focused, interprofessional clinical scenarios. Led by a collaborative team inclusive of nursing and medical professionals, the NIH Clinical Center Simulation team partners with stakeholders throughout the NIH Clinical Center to provide opportunities to simulate clinical experiences in a safe, supportive learning environment. The NIH CC Simulation Program provides opportunities for various medical professionals to practice technical skills, critical thinking, effective communication, and collaborative teamwork. Simulation activities incorporate a variety of simulation modalities and methodologies including state-of-the-art, high-fidelity simulators, more basic task trainers for procedural practice, and the utilization of standardized patients, or human actors, to simulate the desired scenario in the most realistic way possible. Simulation scenarios are aimed at improving the safety, effectiveness, and efficiency of Clinical Center care teams.

In 2022, more than 175 simulation scenarios were hosted, with nearly 600 participants, as a part of the NIH CC Simulation program. Scenarios ranged from the successful Neuro 1.0 series, focused on nursing neuro assessment, a simulated airplane scenario in collaboration with NIAID, weekly simulations with the Critical Care Medicine Teams, a newly established program in collaboration with radiology, and a partnership with the CODE BERT team.

In 2022, the NIH Clinical Center Simulation Program hosted events to increase awareness and access to the simulation program. The NIH CC Sim program celebrated Simulation in Healthcare Week to highlight the value of simulation education and to celebrate the myriad of simulation programs available throughout the NIH Clinical Center. In addition, the NIH CC Sim Program partnered with the quality and safety team to host a room of errors themed escape room for National Patient Safety week. The patient-safety focused event provided opportunity for the nearly 50 participants to recognize the many ways that nurse's daily assessments help to ensure patient safety.



As the pandemic continued to impact the ways in which we gathered and participated in education, the NIH CC Simulation Program also explored ways in which education could be supported in the context of a pandemic. A partnership with the Pain and Palliative Care team led to the development of a novel, immersive, patient-perspective video-based learning series that provided learners with a first-person patient perspective of the experience of a clinical research participant undergoing cancer treatment at the NIH Clinical Center.

The NIH Clinical Center Simulation Program has established several in-situ programs throughout the NIH Clinical Center, allowing healthcare teams to practice in their daily clinical environment. Team training, inclusive of all members of the healthcare team, is an integral part of simulation design and implementation in the NIH CC Simulation program. The unit-based, in-situ, simulation program continues to expand and currently includes several inpatient units, radiology, day hospitals, and clinics throughout the NIH CC.

Simulation provides opportunities for teams to practice what they have experienced, or anticipate they may experience, in a wide-variety of clinical experiences. The clinical simulation experience, paired with expert-led debriefing, provides for a powerful educational and reflective experience for healthcare team

U.S. Public Health Service Commissioned Officers' Awards

Commendation Medal

CAPT Robert Cox
CDR Nam Hoang
CDR Kristen Cole
LT Celestina Igbinosun

Achievement Medal

CDR Andrew Nyabwari
LCDR Jennifer Jabara
LCDR Melanie Webb
LT Kimberly Rivers
LT Ralph Tuason

PHS Citation

LT Joycelyn Leverette
LT Ralph Tuason



NIH Director's Awards

2021

Critical Care COVID-19 Transport team
Deborah Kolakowski, Debbie Gutierrez,
Tamara Williams

Clinical Center Nursing Executive Team
Barbara Jordan, CAPT Ann Marie Matlock,
Deborah Kolakowski

NIH COVID-19 Vaccine Clinic Team
Julie Kohn- Godbout, Kristen Cole

NIH Asymptomatic Testing Team
Ann Marie Matlock

2022

NIH Director's Work/Life and Well Being Champion
Allison Adams

Administrative Award NIH Aging and Adult
Dependent Care Committee
Martina Lavrisha

Administrative Award-NINDS BEACON Program
for Nurses Committee
Eugena Bergvall

NIH COVID Vaccine and Booster Clinic Team
Anitra Fitzgerald-Monroe, Clarisa Goba, Rachel Coumes

NIH Mandatory Vaccination Implementation Team
Ann Marie Matlock, Anitra Fitzgerald-Monroe,

COVID-19 Response Case Management System Group
Keith Baptiste, Crista Dolenc, James Gagnon



NIH Clinical Center CEO Awards 2021

Debbie Gutierrez

In recognition of exemplary leadership and dedication to the 5SE/SCSU staff and Clinical Center community during the continuation of the COVID pandemic

OP7 Nursing Staff Covid-19 Vaccination Team

For the development and implementation of the COVID 19 vaccination program for patients, families, and outpatients of the NIH Clinical Center

Agusta Premkumar

For identifying training opportunities to increase the use of KBMA in the ambulatory setting to support the safety of patients in the Clinical Center

GM1 Gene Therapy in Infants Protocol Preparation Team

In recognition of exemplary readiness efforts to ensure safe care for infants enrolled in first in human clinical trial

1SW/7SWN Protocol Partnership Group

In recognition of exemplary collaboration between 1SW and 7SWN in the Natural History Study of Inflammatory and Infectious Diseases of the Nervous System

High Fidelity Simulation Education Group

In recognition of the education and training with the use of high-fidelity simulation for nurses caring for pediatric acutely ill children

Pamela Horwitz

For extraordinary initiative and leadership in the development of a tracking database for resource allocation during the COVID 19 pandemic

3SWN Procedure Service Team

For creating an innovative Travel PIV Service to optimize patient care during the COVID 19 pandemic

Molecular Imaging Team

In recognition of the Nursing Molecular Imaging work group for their efforts to support patients and align the department with nursing policy and procedures

CRN Advanced Certification Program Group

In recognition of mentoring CRNs in pursuit of professional certifications

Pediatric Blood Draw Volume Team

For the evaluation of blood volume drawn to reduce the volumes of blood needed for the infant gene therapy protocol

Frankie York

In recognition of exceptional performance beyond regular duty requirements during a critical shortage of program support specialists with the oncology and critical care areas

Ticket to Ride Group

For the implementation of Ticket to Ride

ICDx and Nursing Plans of Care Group

For the implementation of ICDx in CRIS, a problem list and care management tool developed to support the documentation of nursing plans of care

CCND Clinical Ladder Team

In recognition of the intradepartmental collaboration needed to develop consistent and equitable procedures to facilitate the implementation of the new Clinical Ladder promotion process

Karina Bridges

Rising Star Award

Healthcare Provider Contracts Group

for the selection and implementation of 11 new healthcare provider contracts for the CC Nursing Department to support patient care and CC operations

NIH Clinical Center CEO Awards 2021

Melanie Mudd

For exceptional leadership of the Clinical Research Nursing Residency Program resulting in ANCC Practice to Transition Accreditation Program (re)accreditation with distinction

CCND Equity, Diversity & Inclusion Council Leads

For implementation of the Nursing Department's Equity, Diversity, & Inclusion Council to enhance and sustain a culture that unites staff for individual unique differences

Alaris IV Syringe Module Group

For implementation of the Alaris IV Syringe Module including solutions to address patient safety considerations as well as integration with existing clinical and IT equipment

NIH Clinical Center CEO Awards 2022

Nurses Week 2022 Wellness Presentation Team

In recognition of an outstanding Nurses Week 2022 presentation focused on recognition, wellness and self-care for nursing staff

CCND 2022 Awards Team

In recognition of developing an electronic submission for the CCND Awards using MS Forms and Power Automate to enhance and streamline the process

Andrew Nyabwari

For advancing interdisciplinary training collaboration at the CC with high risk, low volume cases through the integration of state-of-the-art simulation training healthcare professionals

NIH CC Simulation Program Team

For advancing interdisciplinary training collaboration at the CC with high risk, low volume cases through the integration of state-of-the-art simulation training healthcare professionals

NIH Clinical Center CEO Awards 2022

Pediatric Leadership Team

In recognition of outstanding collaboration and teamwork in performing extra duties to ensure smooth operations in pediatrics during a time of leadership transition

Behavioral Health Clinical Managers Group

For outstanding leadership and going above and beyond normal duties while the Nurse Manager is covering Pediatrics

Hazel Gilbert

In recognition of outstanding work as Program Specialist during a significant staffing shortage

Audit-C Group

For outstanding contributions to the AUDIT-C workgroup pilot

Environment of Care Escape Room

For outstanding contributions towards developing an Environment of Care Escape Room, a game-based learning strategy that involves solving puzzles, riddles, and clues

Respite Room Group

In recognition of promoting an opportunity for nurses to develop wellness and work life balance

5NW I-131 Radiation Treatment Team

For patient-centered care for a paraplegic patient requiring I-131 radiation treatment

Sabrina Shrestha

In recognition of infectious excitement, acquisition of research knowledge and increasing leadership responsibilities

NIH Clinical Center CEO Awards 2022

Susan Park

For numerous contributions to 5NW, as it relates to work-flow as well as promoting staff work-life balance

Falls Prevention Task Force

In recognition of improving patient safety by implementing strategies in falls prevention

Nursing Administrative Team

In recognition of leadership in nursing administration supporting the OCC and MSS Services during a time of increased activity and limited resources

Telemetry and Cardiac Monitoring Team

For implementation of a telemetry monitoring program on 5NW and installation of new cardiac monitors with software upgrades in the ICU and PVCS

ICU CLABSI Team

in recognition of the extraordinary work achieved to reduce Central Line Associated Blood Stream Infections for patients in the Intensive Care Unit

3NE Married Model of Precepting

In recognition of embracing a concerted effort to hire and orient staff to the 3NE inpatient care unit in a meaningful and supportive manner

Glynis Kobe

In recognition of excellence in developing an innovative and creative solution to facilitate protocol implementation in the Day Hospital

3NE Floating Guidelines Team

In recognition of work to update the 3NE floating guidelines through a staff driven process

Cellular Therapy Apheresis

In recognition of exceptional efforts to ensure the quality of apheresis products for novel cellular therapies

Azeb Gebreselassie

For single-handedly operating the Research Apheresis unit and covering blood donor collections during a time of increased visit volume

3NE CVAD Revalidation Group

In recognition to plan and carry out education on new CVAD practices to reduce CLABSI in the immunocompromised patient population

Pneumatic Tube System Upgrade Team

For contributing to the Pneumatic Tube System upgrade, an interstitial highway connecting Clinic Center departments for rapid delivery of medications, specimens, blood components, & supplies

Cactus Sink Controlled Substance Disposal Project Group

For implementing the Cactus Sink Controlled Substance Disposal System, a patient safety initiative aimed to reduce controlled substance diversion by rendering wasted product non-retrievable

Clinical Ladder Committee of Peers Group

In recognition of applying expert clinical knowledge and leadership in the development and implementation of the CCND Clinical Ladder Committee of Peers Portfolio Review Process

Sabrina Shrestha

Rising Star

NIH Clinical Center CEO Awards 2022

PACU Pre-Op Calls Group

For thinking outside the box and ensuring that the flow of patients to a procedural area is smooth and safe

Dennis Washington

For exemplifying passion for his work through exemplary practice, outstanding accomplishments and contributions to improved patient outcomes early in his career

Cari McKnight

For continuous recognition of all team members and dedication to increasing morale through the creation of quality of work-life activities within Perioperative Nursing and DPM

Stephanie Wildridge

In recognition of her dedication and tireless efforts to approve and coordinate patient admissions to the Clinical Center

Myra Henley

In recognition of leadership and outstanding contributions to the development of an innovative program that led to the receiving of the 2022 TrueNorth award

PACU Patient Safety Team

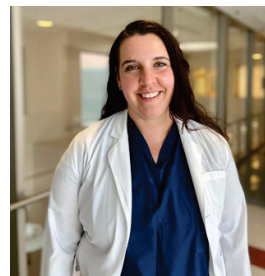
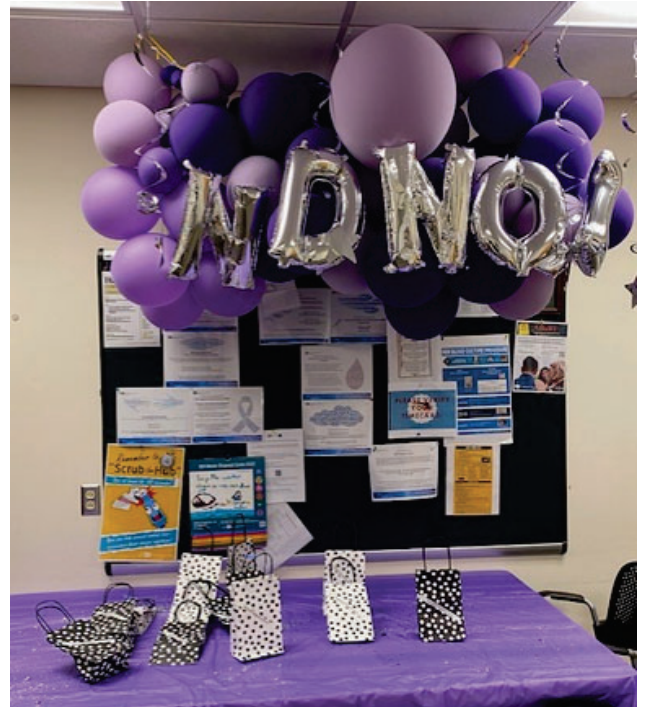
For a heightened focus on safety and quality of our patient's that is consistent with our organizational goals

Joan Templeton

For dedication towards patient care and commitment to our organizational goals

Neurological Nursing Assessment Group

For development and implementation of a Neurological Nursing Education Program aimed at early recognition and response to neurological decline and neurological emergencies



CCND Awards

CNO Award

Denise Kerrigan Kingsley 2021
Kristine Kauflin 2022

Tannia P. Cartledge

Mentorship Award
Anthony Valenzuela 2021
Ann Marie Matlock 2022

Oncology & Critical Care Services

Leslie Smith 2021
Legna Hernandez, Del James,
Shirley Gorospe 2022

Neurology, Behavioral Health, Pediatrics

Andrew Nyabwari 2021
Rosa Rousseau 2022

Medical Surgical Services

Mary Myers 2021
Janice Davis 2022

Nursing Operations

Kathleen Carpenter,
Teresa McDivitt, Carole
Henry, Celerina Hicks,
Arlene Kessel, Patricia
Smatlak, Lillian Somuah 2021
Myra Henley 2022

Clinical Excellence

Cindy Palmer 2021
Anita Oko-Odoi 2022

Excellence in Patient Education

Anne Absalom 2021
Sonja Bartolomei 2022

Safety and Quality

Kristine Kauflin 2021
Faith Martin, David Glen 2022

Leadership

Karen Holcomb 2021
Elizabeth Ferguson 2022

Rising Clinical Star

Elizabeth Ferguson 2021
Elena Fontan 2022

Nursing Education

Alex Classen, Jillian Brems 2021
Celeste Klutsey 2022

Team Excellence

Patricia Todd, Lee Ann
Keener, Alex Classen,
Heather Ballard, Krista Cato,
Deb Kolakowski 2021

Screening Team:

Joan Templeton,
Paul "Griffin" Wilfong,
Rose Jones, Lilian Njoki,
Lauretta Kanu, Nancy
Zelaya, Melissa Tebi,
Trudy Muir, Joanna Boyd,
Karina Bridges, Mary
Lishewski, Joyce Cooper 2021

Team PACU: Nilka Schulman,
Annie Thomas, Normi Street 2022

Partnership

Assumpta Ude 2021
Transplant Huddle- Jennifer
Wilder, Theresa Jerussi,
Andrea Plati, Deborah Ben-Zeev 2022

Clinical Inspiration

June James 2022

Patient Care Tech

Michael Duran,
Matthew Johnson,
Najat Ali, Jacquelyn
Greenfield, in collaboration
with Debra Ariguzo,
Mauricio Camillay,
Folasade Fatusin 2021
Pawel Gawlick 2022

Administrative Support

Stephanie Black, Jacqueline
Fletcher, Senora Mitchel,
Ja'Nisha Harrison,
Magelyn Nunez-Monegro,
and Jasmine Guthrie 2021
Donna Coplin 2022
Sheila Dobson 2022

Restructured Clinical Ladder

The Clinical Center Nursing Department Senior Leadership team established career advancement as a top priority for the department. Clinical ladders are commonly designed as professional advancement programs which recognize and reward clinical nurses for education and certification, research, clinical skills, and leadership. As such, the CCND Senior Leadership team announced the goal to implement a new CCND Clinical Ladder promotion process for CRN4/GS12 candidates.

With the support of our Chief Executive Officer Dr. James Gilman and partnership with our Human Resource colleagues, CCND established a Clinical Ladder Committee to restructure the CCND Clinical Ladder program.

Prior to the restructured clinical ladder process, the CRN 3, equal to a GS 11, was the top of the clinical ladder for clinical research nurses in the CCND. Advancement to the Sr. CRN (GS 12) was a competitive process that required posting a Vacancy Announcement through Human Resources in which interested individuals needed to submit an application.

Some of the key components of the restructured clinical ladder process included:

- Updating the official Nurse (Sr. Clinical Research Nurse) GS 12 to Nurse (Clinical Research Nurse) CRN 4/GS-12 with the statement “This position is at the full performance level”
- Development of CCND Committee of Peers (COP) to conduct portfolio review sessions
- The COP consists of current CCND experienced CRN 4’s representative of all CCND Services
- The COP reviews all portfolios and provides feedback to the respective Nurse Manager
- The final decision to advance the CRN 3 to CRN 4 is made by Nurse Manager in consultation with the Service Chief

The restructured Clinical Ladder process was launched successfully in January, 2022. There were 3 cycles, periods in which portfolios were accepted for review by the Committee of Peers in 2022. The cycles resulted in 91 portfolio reviews and 40+ promotions to date. The plan is to continue to hold portfolio review sessions several times throughout each year.



Extrdepartmental Committee Representation

The Clinical Center Nursing Department (CCND) has nursing representatives on twelve Clinical Center Committees, twelve standing committees of the Medical Executive Committee, and one NIH Committee. The Chief Nurse Officer appoints nursing representatives to the committees and the Chief Executive Officer provides final approval. Appointments are conditional upon confirmation by the chair of the extra-departmental committee. Term of office is determined by the By-Laws of the extra-departmental committee.

Extra-departmental committee representatives are charged with representing the interests of CCND, seeking input from and reporting outcomes to the Nursing Practice Council and/or the CCND Executive Group as appropriate. CCND nurses contribute to interprofessional decision making, safety and quality improvement through participation in these committees.

STANDING COMMITTEES OF THE CLINICAL CENTER MEDICAL EXECUTIVE COMMITTEE

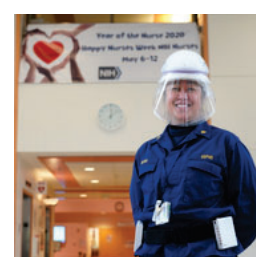
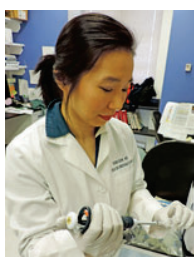
- NIH CC Patient Safety and Clinical Quality Secretariat
- Cardiopulmonary Resuscitation Committee
- Ethics Committee
- Hospital Infections Committee
- Clinical Information Management Committee
- Pediatric Care Committee
- Pharmacy and Therapeutics Committee
- Pharmacogenetics Subcommittee
- Clinical Center Medication Safety Committee (CC-MS)
- Environmental Safety Committee
- Transfusion Committee
- Surgical Administrative Committee (SAC)

CLINICAL CENTER COMMITTEES

- Administrative Policy Committee
- Capital Equipment Replacement Committee (CERC)
- Interdisciplinary Clinical Documentation Advisory Group
- Point of Care Testing Committee
- Research Participant Education Committee
- Standardization Committee
- Systems Solutions Partners Meeting
- Information Technology Advisory Group (ITAG)
- Facility Life Cycle Committee:
- Environment of Care (EOC) Leadership Committee
- Enterprise Scheduling Advisory Group
- Medical Executive Committee

NIH COMMITTEES

- Radiation Safety Committee





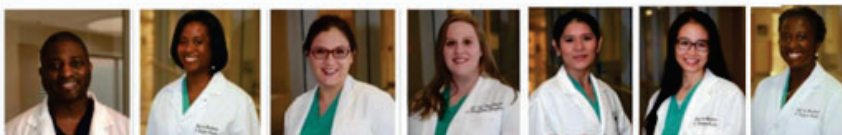
NIH CC Operating Room Staff Recognized With TrueNorth Award®

The Competency and Credentialing Institutes (CCI) is the credentialing body for a number of certifications including the Certification for Perioperative Nurses (CNOR).

"CCI developed the *TrueNorth Award* in 2013 to recognize facilities that use certification as a "true north" to guide their perioperative nurses to be lifelong learners, models of competent practice, and advocates for excellence and patient safety. To be considered for this high award of merit, facilities must apply and provide detailed information on how their organization recognizes and rewards certified nurses. Facilities are also required to demonstrate the impact certification had on both patients and staff and must include letters of endorsement to support the efforts of their facility" (CCI, 2023).

The NIH Clinical Center Operating Room team was the recipient of the 2022 TrueNorth Award for their outstanding support and encouragement of nurses who earned CNOR certification. The team, led by Myra Henley, the unit set a 2018 goal to increase the certification rate for perioperative nursing staff to at least 50%. By 2021, 62.5% of the perioperative nurses were certified.

The journey to certification for the operating room team was made possible through hard work, determination and encouragement from their leadership staff, as well as peer support champions who helped non certified staff meet their certification goal.



Congratulations CCND Perioperative Nursing Team: 2022 CCI Award Winner for Certification Excellence



Top Left to Right: Dennis Washington, RN, Amber Cleveland, RN, Jess Turner, RN, Ellie Custis, RN, Marilyn Fitsche, Flower Nguyen, RN, Celeste Kil
Bottom Left to Right: Myra Henley, RN, Missy Wheatley, RN, Karen Holcomb, RN

QR Code to access the awards ceremony



Highlights from our Shared Governance Committees

Clinical Practice Committee (CPC)

The Clinical Practice Committee (CPC) maintains evidence-based Standards of Practice (SOP) and Procedure (PRO) documents for the NIH Clinical Center Nursing Department (CCND). In 2021-2022 forty-four documents were reviewed by the CPC as a scheduled review, requested revision, or retirement. Included in these documents, were four new SOPs/PROs for the CCND, seven were unit-based documents. Additionally, there were a total of 77 NPC requests delegated to CPC. Though the COVID-19 pandemic impacted the ability of the CPC to meet in person, close and meaningful collaboration with Clinical Nurse Specialist (CNS) partners, CPC members and unit leaders, was achieved through virtual meetings.

CPC effectively adopted MS Teams in both meeting and group collaboration capacities which ensured that the essential functions of the committee continued throughout 2022. Committee project highlights include the design of a new document template to optimize SOP/PRO ease and usage and a process to make NIH-specific updates to an existing evidence-based practice procedure resource (Elsevier).

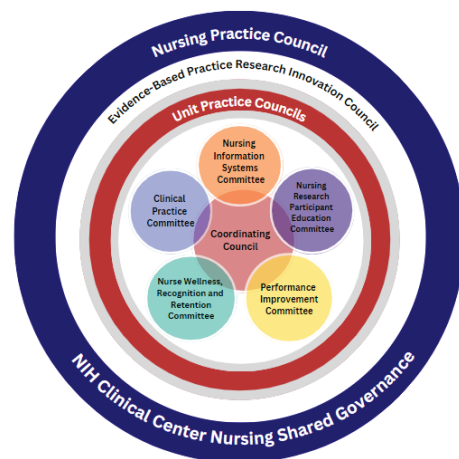
Nursing Research Participant Education Committee (NRPEC)

The Nursing Research Participant Education Committee (NRPEC) facilitates the systematic review and development of education materials for the research participants at the National Institutes of Health. We utilize an Evidence Based Practice model and collective decision making to develop and revise research participant education materials. NRPEC works with the Clinical Center's Research Participant Education Committee (RPEC) to facilitate document revisions and dissemination of the materials to all participants and their caregivers. In 2021-2022 the committee updated, approved, and posted twenty-two documents to the Patient Education Website. These documents were also translated into Spanish and posted.

In February of 2022, the Nursing Research Participant Education Committee was merged with the Clinical Center Research Participant Committee (RPEC) for the review and implementation of governmental standards of educational materials; including readability, accuracy, plain language, and disabled accessibility of patient education materials. All the education resources were posted in one central location on the Clinical Center intranet site. New Document Submission Forms and Document Templates were developed and a central e-mail box for document submission was created. The committee continues to work on four requests that were submitted in 2022.

The committee also participated in the following educational activities:

- Learned the features of MS Teams such as how to create a Team and add channels, how to add/delete members to teams, how to set up meetings and group emails, and how to use the Apps MS Teams offers.
- The process of translating documents from English to Spanish, how to request translation in a different language other than Spanish, the expected turn around time to get documents back, and website to access translated documents.



Structural Empowerment

Performance Improvement Committee (PIC)

The Performance Improvement Committee (PIC) promotes quality outcomes, including research integrity; through identification, facilitation, and ongoing evaluation of performance and quality improvement initiatives and patient safety initiatives. PIC makes recommendations on prioritizing issues and addressing trends and/or opportunities related to the practice of clinical research nursing and patient safety. In 2021 -2022, PIC focused on a variety of projects related to patient safety in the Clinical Center.

The committee's accomplishments included:

- Patient safety during transport within the Clinical Center. The committee developed a draft policy that defines situations in which patients should be accompanied by a nurse or other clinician.
- The implementation of the Clinical Center's Ticket to Ride process, which is designed to improve handoff communication when patients travel for procedures, diagnostic studies, and other appointments outside their home units. In collaboration with RADIS, the PIC conducted audits over several months to assess the Ticket to Ride process and develop the final process.
- Developed a standardized nursing discharge checklist, which was made available for inpatient units to adapt to their own needs.
- Explored ways to strengthen the Clinical Center's processes for independent double checks of high-alert medications. PIC advocated for simplifying nurses' workflow when they want to refer to the Pharmacy's list of High Alert Medications. The committee collaborated with Mary Myers, Nurse Educator, in developing a revised version of the Independent Double Check training module for our newly-hired nurses.
- Assisted with the rollout of the Clinical Center's new process for ensuring the return of patients' personal medications on discharge day. The committee studied the problem and developed the new process in 2019 and 2020. The new process was implemented in 2021.
- Studying the need to rotate and refresh posters and other educational messages aimed at staff members. This project resulted in the addition of a new element to the Environment of Care checklist.
- Unit representatives helped their home units and clinics prepare for the Joint Commission's visit in 2021.

Nurse Wellness Committee (NWC)

The Nurse Wellness Committee (NWC) works to cultivate a culture of wellness among nurses in the nursing department. They collaborate with the Clinical Center nursing community to identify health and wellness needs and explore self-care.

The committee provides a forum for individual wellness initiatives to be developed. They identify and promote existing wellness opportunities in the CC and provide information on evidence-based wellness programs facilitated by qualified practitioners.

Accomplishments included:

- Gathering staff input for effectiveness of self-care practice using MS Teams to gather data
- Facilitating greater awareness of nurse wellness resources already established in the CC
- Creating educational opportunity for nursing self-care, using Absorb and the nursing skills lab
- Collaborated with staff initiatives such as Project Knit Well, Spread the Warmth, and Spring into Motion Fitness Team
- Increased Magnet awareness on the units and clinics
- Educated staff on self-care- Reviewed monthly national health focuses, and provided presentations on Yoga, ergonomics, and aromatherapy
- Contributed to the Respite Room design, furniture and grand opening
- Implemented and maintained gratitude/wellness boards on the units
- Healthy Nurse Healthy Nation (HNHN) partnership finalized and campaigned
- Participated in RISE Leadership and Peer Responder Training

Nursing Information Systems Committee (NIS)

The Nursing Information Systems (NIS) Committee partners with Department of Clinical Research Informatics (DCRI) to continuously update, manage, and improve the Clinical Center's Clinical Research Information System (CRIS), the hospital's electronic medical record. NIS receives numerous NPC requests annually, many of which help align current nursing practice with documentation. In 2022, NIS was directly involved with over 60 NPC requests. The committee also continues to work on NPC requests from 2017 onward. Some of the committee's accomplishments include:

- Facilitation of the revision and reorganization of Outpatient Clinical Summary tile.
- Suppression of the copy/forward functionality in nursing documentation. This was in response to instances where copy forward had been used inappropriately within nursing notes and pertinent, patient safety data had been missed.
- Blood transfusion consent made more readily available for nursing and physicians. Consent now must be verified before a blood product is ordered. Consent is easily accessible from the nursing blood pick-up order.
- Major overhaul of PCA flowsheet.
- Creation of Admission Assessment documentation work-group. This work-group is led by the outgoing NIS chair and will continue to operate within NIS.

Recognition and Retention Committee (R&R)

The CCND Recognition and Retention (R&R) Committee exists to recognize staff for their valuable contributions to the organization and the nursing profession, to develop activities that recognize clinical research nurses, and to create a positive work environment to retain staff. In alignment with CCND goals which target Magnet objectives, this committee focuses on recognizing and retaining highly qualified and valued nurses through coordinating awards programs, encouraging professional development and implementing initiatives to engage staff.

The following are highlights of the R&R Committee's accomplishments for 2021 and 2022:

- "Behind the PPE" NPC Request 991: Facilitated the collection of photos for staff that were created into cards to wear so patients could see what staff members faces looked like behind PPE masks.
- Facilitated the Clinical Center Nursing Department Awards Ceremony
- The Office of Workforce Management & Development presented on empathy, nursing burnout and resilience, and wellness (2022)
- Oscars Style Awards presentation (2022)
- Revamped process for submitting nominations and scoring nominations (2022)
- Updated R&R bylaws to include R&R's First PCT member
- Conducted Magnet Roadshow
- Conducted Best Friends at Work contest, sweater decorating contest, family traditions Padlet submissions, holiday spirit week, and nurses spirit week.
- Facilitated the creation of a webpage on the intranet that contains important information on awards, employee health and wellbeing resources, performance and professional development and other employee resources for CCND staff.
- Facilitated House of Hope Awards:
- Padlet created to create a centralized location for acknowledging award winners
- Created poster template for units to post award winner's photo and write up
- Created MS Forms Template for online nomination submissions
- Supported CCND holiday celebration (2022)
- Holiday door decorating contest
- Holiday photobooth
- Holiday spirit week

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

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

The EBP-RIC was incorporated into the Clinical Center Nursing Department's Shared Governance structure in December 2021 when it was officially approved by the Nursing Practice Council. However, development of the council began more than a year and a half before, when Co-directors, Drs. Gena Bergvall and Trish Todd began collaborating with Dr. Cheryl Fisher and the Coordinating Council to establish the purpose of the EBP-RIC and determine its role within the CCND Shared Governance structure. As a way of disseminating the vision and educating nurses about this new council, the EBP-RIC Co-directors held several open house meetings in the fall of 2021. Over 30 nurses participated in these meetings to learn more about the EBP-RIC.

In February 2022, the EBP-RIC held its first meeting. A chair and chair-elect were elected over the next few months and the leadership of the council was established. Dr. Deborah Kolakowski was appointed the Executive Sponsor to help consult the council along with the EBP Co-directors. During the first year of the EBP-RIC, the council provided education sessions on the Melnyk and Fineout-Overholt the Seven Steps of EBP based on the Advancing Research and Clinical Practice through Close Collaboration (ARCC) Model EBP model as a standing agenda item (2010). The council also accepted several NPC requests related to EBP inquires and provided recommendations to each requestor. Throughout the first year of the council, there was robust participation from CCND staff and leadership at each meeting.

In September 2022, a group of 12 EBP-RIC leaders and future EBP mentors attended the Ohio State University (OSU) Fuld EBP Immersion, which included a full week of training on the steps of EBP. Each participant completed an abbreviated EBP project during that timeframe and presented it to the group. During the EBP Immersion, the EBP-RIC leaders were equipped with tools from OSU and were strengthened in their EBP knowledge and skills.

One highlight of the first year of the EBP-RIC was comparing results of the validated EBP Beliefs, Implementation, and Organizational Culture Scale that council members completed at the onset of the council and during the last meeting of 2023 (Melnyk, 2021). The surveys demonstrated an overall increase in council members EBP beliefs, implementation, and organizational culture. As the EBP-RIC continues to develop its processes and role within the Shared Governance structure, it is sure to contribute to increasing the culture of EBP within the nursing department.

Unit Practice Councils (UPCs)

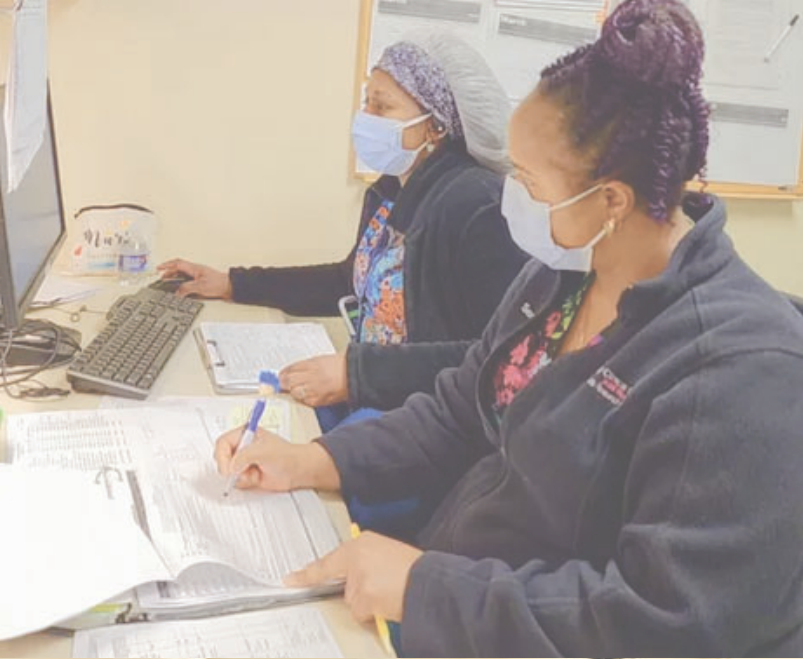
As part of Shared Governance, the Clinical Center Nursing Department established Unit Practice Councils (UPCs) several years ago. The purpose of a UPC is to empower and promote frontline staff, mainly Clinical Research Nurses, to participate in unit-level decision-making over unit-specific issues.

Every year, the UPC chairpersons report out on their units' initiatives and progress. Presented are some of the projects from in 2021. 5SE implemented bedside reporting at the change of shift to increase continuity of care, decrease incidents of omissions and misinterpretations of information. 1NW used NDNQI surveys to identify the need to spend more time with the patients. 3NE developed a new unit process for two nurses to perform independent skin assessments when patients are admitted or transferred from another unit. They titled it the "four eyes skin assessment." OP10 used KBMA on a hand-held barcode technology device, a.k.a. the zebra phone, for medication administration with the goal of increased patient safety.

In 2022, several units created newsletters to facilitate communication among staff members and provide a simple, reliable source of information. 5SWN, 3NE and 1NW started projects to address some of the concerns of float staff. Each unit took a different approach to issues surrounding float staff. 5SWN had an increase in their staff being floated. Their goal was to make the float experience more enjoyable and less stressful. 3NE focused on assignments being made fairly and standardizing the process. Finally, 1NW worked on a resource guide that will assist the Pediatric clinic nurses when they worked on the 1NW inpatient unit. This resource guide helped nurses navigate through for a productive day. The 3SEDH worked on improving RN to RN interactions. There are several more projects which other UPCs have developed.

The UPCs remain a vital part of our Shared Governance. As evidence by the projects presented in these paragraphs. The UPCs continue to strive to improve patient care and to cultivate a better work environment.

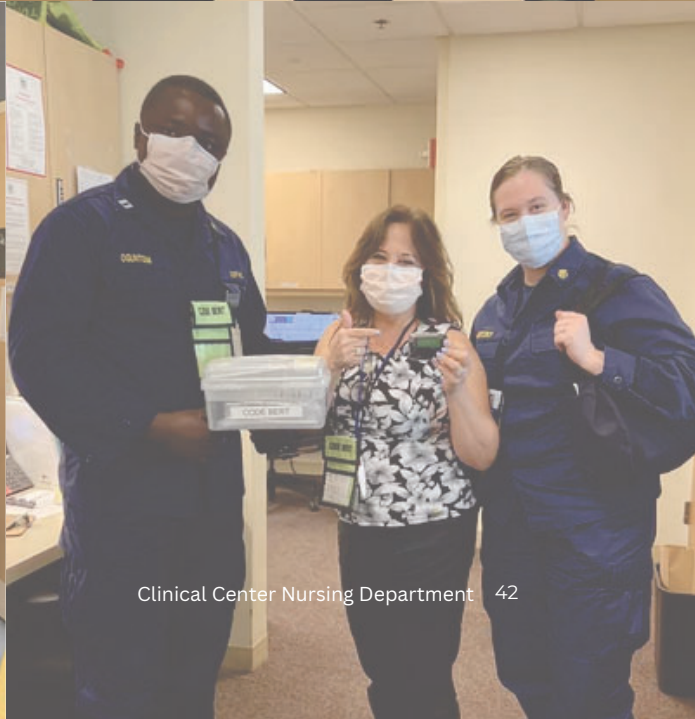




Exemplary Professional Practice



THANK YOU
Doctors, Nurses, Techs, Admins and
everyone who saved my brother's life.
We love you. GOD Bless you all.
We're forever grateful.
The Yerby Family



THE NIH CLINICAL CENTER RECOGNIZED BY PRESS GANEY AS A 2021 NDNQI AWARD FOR OUTSTANDING NURSING QUALITY® WINNER.

Thanks to the hard work exhibited by all our nursing staff and interprofessional colleagues, we were recognized as one of Press Ganey's top-performing healthcare organizations across the nation. The Clinical Center was one of six healthcare organizations across the nation recognized by Press Ganey. We were recognized for exhibiting the highest levels of standards as a teaching hospital.

Alongside Press Ganey's team, we have greater insight into how we continue to raise the bar in taking care of the patients we serve and make an impact during an era of unimaginable change.

The award is based on a comparison of the means in clinical quality measures such as rates of CLABSI, CAUTI, hospital-acquired pressure injuries and patient falls. It also looks at nursing education and certification as well as other nursing workforce measures. We were ranked highest as a teaching hospital across 17 measures.

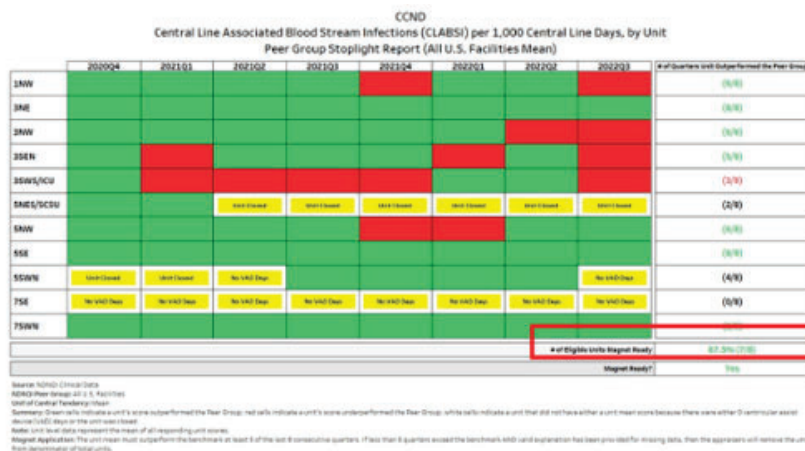
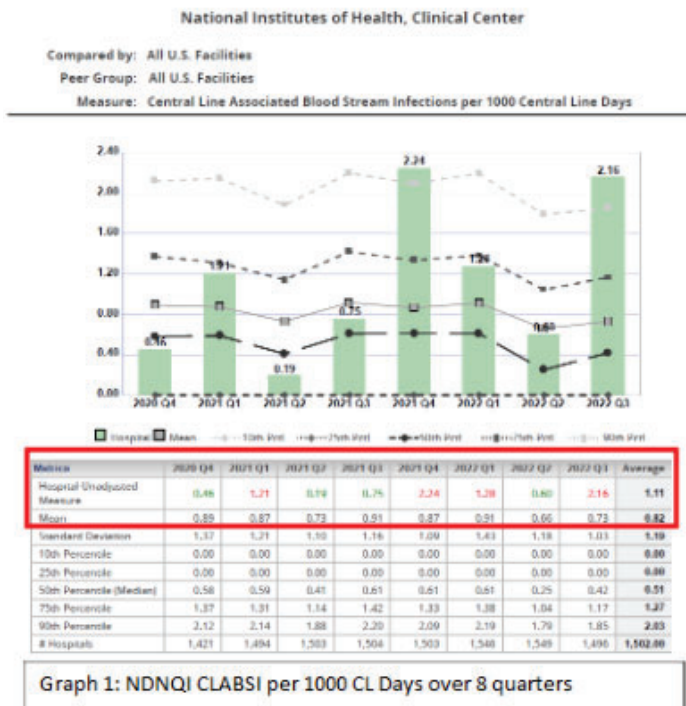
This prestigious award reflects the organization's remarkable work and unwavering commitment to the Clinical Center mission "to provide hope through pioneering clinical research to improve human health."



Prevention of Central Line Associated Bloodstream Infection (CLABSI)

The NIH Clinical Center continues to work toward eradicating CLABSI. Our rate of events per 1000 central line days remains above the mean of all U.S. facilities (see graph 1 below). We have been able to exceed that goal in 4 of the past 8 quarters, so progress is being made. Seven of eight of our units have been able to meet or exceed the number of CLABSI events per 1000 central line days over the past 8 quarters and are ANCC Magnet ready (see graph 2 below). The ICU has successfully implemented a line access quality improvement program. Since implementation they have reduced the number of ICU CLABSI 80 percent from five events in 2021 to just only one event in 2022.

The revised central venous access device (CVAD) standards of practice and procedure will launch mid-2023 with updated procedures and products for CVAD maintenance. All CRNs will receive education both online and in person. A nursing team also worked to create a new CLABSI prevention patient education document which will also launch in 2023. This document will be given to all patients with a CVAD. This document will promote understanding of the NIH team commitment to CLABSI prevention and partnership in ensuring protection of CVADs to infection.



As experienced across the nation during the pandemic, there have been several supply chain challenges affecting CVAD maintenance. Our CHS team works closely with distributors to ensure disruptions are minimized. They communicate closely with nursing leadership as supplies come into short supply so that our nurses managing patient CVADs are aware of alternatives as they are made available.

CCND Clinical Nurse Specialists (CNS) Team Develops Practice Model

A Clinical Nurse Specialist (CNS) is an advanced practice registered nurse (APRN) with clinical specialty expertise for a population. CNSs practice in three spheres of impact: direct patient care, nurse/nursing practice, and at the organization/systems level.

Activities in one sphere interact, impact, and enhance activities in the other spheres. The full impact of the role is demonstrated when a CNS functions in and across all three spheres. Therefore, the role fluctuates at any given time, depending on the needs of the healthcare system, patient care unit, patient/family, or community. While the spheres intersect and overlap, the direct care sphere is the all-encompassing, overarching focus of the CNS role.

A CNS has a Masters or Doctorate Degree in Nursing from a state-approved school of nursing accredited by either the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE) with a major in the clinical nursing specialty to which the nurse is assigned. A CNS has a minimum of 5 years experience, is certified in a specialty area, and is accountable for a specific patient population within a specialized program of care.

Clinical Nurse Specialists utilize their knowledge of evidence based practice, research, and outcomes management within the clinical environment to promote high quality outcomes and to maximize safety across a variety of systems. To learn more about the work of our CNS team, visit <https://www.cc.nih.gov/nursing/cns/index>

CNS/NS Research Publications 2022:

Bergvall, E., Walter, S., & Rita von Gaudecker, J. (2022). Epilepsy. In L. Littlejohns, M. McNett, & D. W. Olson (Eds.), *AANN Core Curriculum for Neuroscience Nursing* (7th ed., pp. 279–354). essay, American Association of Neuroscience Nurses.

Bergvall, E., McMahan-Konick, J., Noe, C., & McNamara, L. (2022). American Association of Critical –Care Nurses (AACN) Clinical Nurse Specialist Wellness through Acute Care – Adult Gerontology Board Certification Exam Item Writer. <https://www.aacn.org/certification/get-certified/accns-ag>

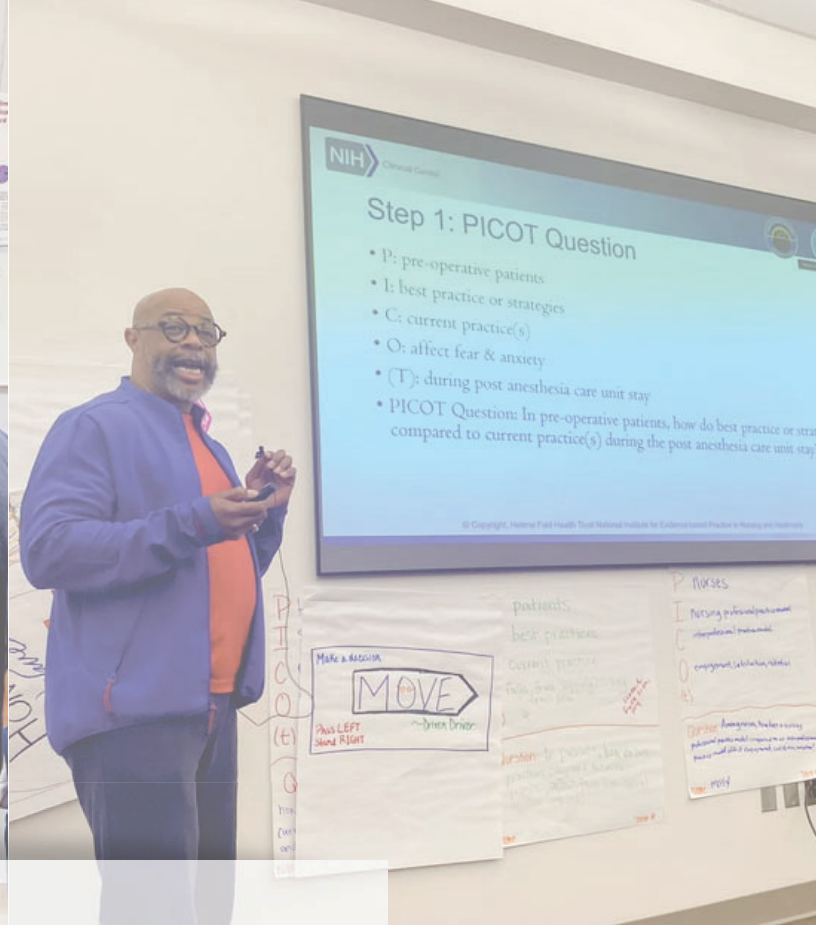
Bergvall, E. (2022). American Association of Critical –Care Nurses (AACN) Essentials of Critical Care Orientation (ECCO) Online Program Neurological Disorders, Part 2 – ICU and PCU Module Reviewer. <https://www.aacn.org/education/online-courses/essentials-of-critical-care-orientation/ecco-course-syllabus?tab=ICU%20Track>

Smith, L. (2022, August 19). Smith discusses evolving landscape of lymphoma treatments. *Oncology Nursing News*. <https://www.oncnursingnews.com/view/smith-discusses-evolving-landscape-of-lymphoma-treatments>

Ude, A. O. (2022). Experiences of stress among West Africa-born immigrant women with hypertension in Washington DC area. *Public Health Nursing*.

Ude, A. O., De Baca, T. C., Dixon, S. A., Arboine, S. A., Terry, N. L., & Chung, S. T. (2022). Transitioning care in youth-onset type 1 and type 2 diabetes: a scoping review protocol using the socio- ecological model framework. *BMJ open*, 12(10), e064186.





New Knowledge, Innovations & Improvements



First in Human Novel Infant Gene Transfer Therapy Protocol

In June/July 2021, the NIH CC conducted first in human novel infant gene transfer therapy. Prior to this study, the NIH Clinical Center infrastructure had not been fully prepared to support inpatient infant care (lack of equipment, policy, procedures, emergency response, critical care, IR, PACU etc.). However, with advances in science, successful gene transfer therapy in older children, and promising results; the science has made it difficult to not explore infant gene transfer therapy when there is evidence to suggest it can slow down or halt disease progression in infant stage of life.

With support from executive leadership to ensure clinical readiness, key stakeholders from 14 departments, four services, representatives from Children's National Hospital (CNH), and one amazing research team came together to conduct a deep dive into the study. This deep dive started with performing a Failure Mode and Effects Analysis (FMEA). A process often used in the clinical center for high risk studies.

For this first in human, infant gene therapy protocol, the FMEA identified 194 potential risks (or failure modes) in eight major areas. This analysis helped identify vulnerabilities and proactively ensured that safety measures were in place across the clinical center prior to enrolling any child. To mitigate some of those risks, additional resources that were required:

- Expansion of the emergency response plan to include additional after-hours intensivist coverage.
- Pediatric trained intensivist and respiratory therapist from CNH joined the team of care providers.
- Nursing policies and procedures using evidence-based practice models were developed for breastfeeding.
- Infant supply carts were established and emergency equipment such as an infant respiratory "go bag" was created. Code and Infusion sheets were created in 1 kg increments from 5kg through 15kg.
- Extensive nursing education and training program was developed and implemented.

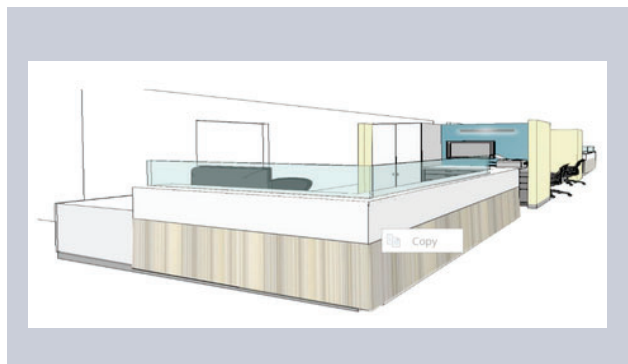
After discussions with the research team to better understand the complexities of the disease process and treatment, we were able to develop a training program with the focus on potential emergent situations. Extensive education and training methodologies were put in place for our pediatric nurses, ICU nurses, PACU & IR nurses.

A group of ICU, PACU and IR nurses were trained in lab simulation and in situ simulation with the CNH PIC intensivists for emergency responses. Meeting the education needs of several different specialty areas was both challenging and essential, requiring understanding their specific learning needs.

This project involved many people and departments, as showcased in the FMEA, and most importantly the ability to conduct this study offered advances in science. It is hard to dispute that infant research protocols and clinical care at the NIH Clinical Center can lead to the discovery of new ways to treat, prevent, and understand incurable diseases in infants.

Nursing Station Refresh Project

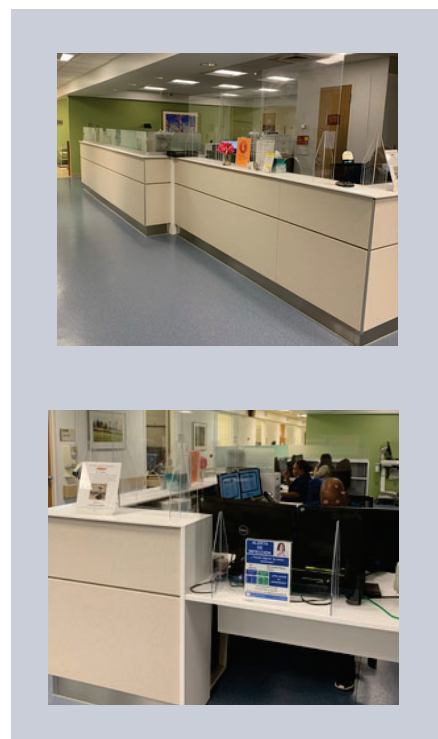
In December of 2022 the CCND broke ground on a 3-year Capital Improvement Project to refresh the inpatient nursing stations. The multi-million-dollar project, which started on the 3rd floor, will progress thru all non-behavioral health inpatient units, with an estimated completion date in 2026. Planning for the project began in 2021, and has incorporated collaboration with multiple departments to include CCND, BioMed, DCRI, Space Management, Facilities, and CIT to provide a physical environment that promotes patient safety with organizational characteristics of a work setting to facilitate nursing practice.



The timeline has been developed to accommodate patient care so that only one station on each unit will be under renovation at any given time. The stations are designed with seamless solid surface materials which are easily disinfected. The ultimate goal of the project is to create a work environment that supports excellence in nursing while optimizing patient safety.

The Ambulatory Nursing station refresh project, which began in July 2019 for 10 clinics, was completed during the Covid pandemic in 2021. The Ambulatory Care Nursing stations were built more than 30 years ago with wood trim, choppy work spaces and materials that are difficult to disinfect and no longer used.

Nursing leaders and contractors reviewed a variety of modular furniture plans to ensure that choices for the overall plan would support the work of each clinic. Temporary nursing stations were developed by nursing and used during the construction of the new nursing stations so that all of the clinics remained open during the renovation process. As the project progressed, information and meetings to gather additional information included many stakeholders, such as DCRI, contractors, and facilities. Each station has an ADA accessible counter, privacy glass and updated lighting. During the restrictions implemented by the Pandemic, this multimillion-dollar project continued to move forward, according to the projected time line.



In the Fall of 2021, all 10 updated Nursing stations were completed and opened for use. They provide a light, airy workspace for staff and institute stakeholders, with plenty of outlets for computers and devices. The redesigned Nursing stations support a clean, patient centered environment, that is aesthetically pleasing.

CCND DEI Council

The Clinical Center Nursing Diversity, Equity and Inclusion Council (CC Nursing DEI Council) was formed in December 2020. In alignment with the CCND Strategic Plan, this Council will serve as a pathway for developing strategies that bring us together as nurses, CCND staff members and as human beings.

Mission

We serve CCND as a diverse and inclusive group of action-oriented change agents who facilitate the enhancement and sustainment of an environment of equitable treatment and belongingness.

Vision

Our Council, through alignment with the CCND vision, strategic actions, initiatives and partnerships, will foster an environment where all CCND staff feel they belong and are empowered to reach their potential.

CCND DEI Council Activities

- Commemoration of National Heritage Months
- Review of the Behavioral-Based Interview Tool (BBI), viewed through a DEIA lens
- The UNITE Committee held two virtual listening sessions with the NIH Clinical Center Nursing Department's Equity, Diversity, and Inclusion (CCND EDI) Council. The purposes of these listening sessions were to listen and learn about perspectives and experiences related to racial and ethnic equity at NIH and in the biomedical research enterprise.
- NIH Office of EDI National Disability Employment Awareness Month Program. Interview with special guest Ms. Ryann Moran Kress, a disabled RN who is also an LGBTQIA Advocate. Discussed challenges, opportunities
- Recognition of National Heritages Months

The Evidence-Based Practice Fellowship

The NIH CCND EBP Fellowship was implemented in 2021 to provide qualified nursing staff with advanced education and EBP skills development while maintaining their role at the bedside. The program was developed and implemented by Dr. Trish Todd and Dr. Gena Bergvall, with the support of the CCND Nurse Executive Committee and a number of other nurse leaders in the department. Candidates must apply to the program. Once selected, EBP Fellows attend the intensive EBP Immersion Experience, provided by the Fuld Institute at The Ohio State University.

Goals of the Program:

- Provide advanced knowledge of evidence-based practice theory & practice
- Identify issues & develop improvement strategies
- Provide skills in research utilization & problem identification
- Stimulate innovate thinking
- Foster professional and scholarly growth & development

EBP Fellowship Roles

EBP Fellow	Primary responsibility is to learn the EBP process and to implement and evaluate the EBP project.
Nurse Manager	Integral member of the team to work closely with the fellow providing necessary data to identify unit and organizational issues. Close collaboration with the EBP team (fellow, mentor, and facilitator) to facilitate project identification, selection of the fellow, and to guide fellow towards success.
Mentor	Primary responsibility is to facilitate the project, while addressing the challenging steps, keeps the project on track and serves as the liaison with the EBP program facilitators.
EBP Program Co-directors	Primary responsibility is to provide education and resources for the fellows, mentors and managers to ensure successful completion of the program.
All team members	Develop timeline and projected worktime schedule based on project needs.

EBP Fellowship Application Requirements



EBP Fellowship Cohort 1: 2021-2022

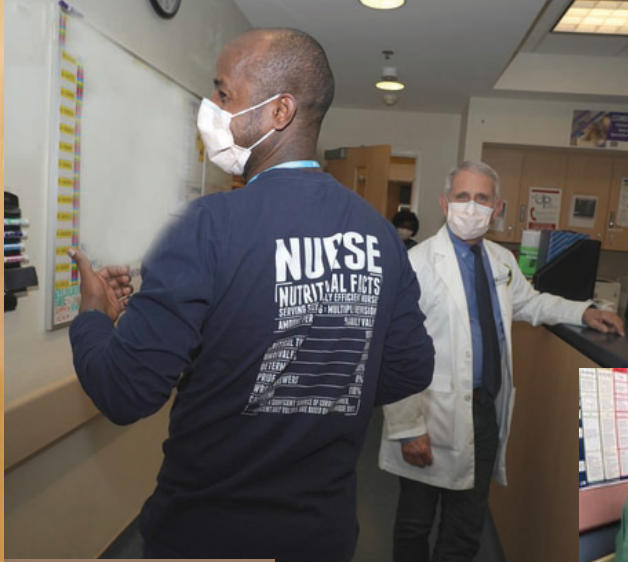
EBP Project: Resources After Discharge via Follow My Health App

Chantal Gerrard, MS, RN

Uninterrupted Meal Breaks Free From Patient Responsibilities

Folasade Fatusin, RN

To Learn More About the Fuld National Institute for EBP: <https://fuld.nursing.osu.edu/about-overview>



Can't Stop Won't Stop

NURSE

NUTRITIONAL FACTS

SERVING SIZE : 1 HIGHLY EFFICIENT NURSE*

AMOUNT PER SERVING : MULTIPLE REVISIONS

%DAILY VALUE**

CRITICAL THINKING	100%
UNRIVALED SKILL	500%
DETERMINATION	100%
PRIDE	300%
WRONG ANSWERS	0%
CAFFEINE	110%

*NOT A SIGNIFICANT SOURCE OF CORRECT GRAMMER.

**PERCENT DAILY VALUES ARE BASED ON YOUR UNIQUE DIET.